

Submission Checklist

APPLICATION FOR HUMAN SUBJECTS IN RESEARCH CLEARANCE

The attached form is to be completed by those using human subjects in research. Please click the following link (or go to the RESP link at the bottom of this page) to read [“Requirements for Research Using Human Subjects”](#) to help define the application category for your submission. Applications, can be submitted electronically using the submission button located on page four. Once you press the submission button, an email will automatically populate at which point you may attach additional documents. You may also print, complete, scan and email the application to the email address below. If you have questions, or, need assistance with submitting your application, you may contact Sharon Ruggirello at 530-898-3145 or IRB@csuchico.edu Hard copy applications will not be accepted.

Each of the items below must be included on your form. Please mark each item on the checklist below when it is completed.

1. Application Category

- a. Exempt from Full Board Review
- b. Expedited (*before checking - see definition in [Requirements for Research Using Human Subjects](#)*)
- c. Joint Review
- d. Full Board Review
- e. Psychology Board

2. Copy of Survey or Research Instrument attached

3. Copy of Informed Consent form attached

4. Obtain signature (on page 4) of the Department Chair, or thesis committee chair for thesis project, or faculty supervisor for group or individual class project(s) or other campus unit supervisor for research originating in non-academic units.

NOTE: Incomplete applications will not be processed. Incomplete forms will be returned for the required information before any further processing, which may result in a delay of clearance.

You will be notified when your application is approved, at which time you may proceed with data collection. A Post Data Collection Questionnaire will be emailed to you along with your letter of approval. After completing data collection, you will need to fill out and return the Post Data Collection Questionnaire in order to be fully cleared. Failure to provide this may result in academic delay.

Signature

Date

Name (print)

This application is also available on-line Research and Sponsored Programs (RESP) Human Subjects web page:
<https://www.csuchico.edu/resp/IRB/IRB%20Forms.shtml>

APPLICATION FOR HUMAN SUBJECTS IN RESEARCH CLEARANCE

Complete **ALL** items below: If an item does not apply, indicate N/A. Incomplete and unsigned applications cannot be processed.

Primary Investigator: _____ CSU Chico ID# _____

Select a, b, c or d: a. Undergraduate: b. Graduate c. Faculty d. Staff

If a. is selected: Faculty Advisor _____

If b. is selected:

Graduate Coordinator _____ Thesis Chair _____

If c. is selected: Application is required for a grant or proposal? Yes No

If Yes—Name of Funding Source: _____

College/Department of Primary Investigator:

College _____ / Dept _____

Home Address of Primary Investigator: _____

Street Address or P.O. Box

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Email: _____

Secondary Investigator: _____

(Faculty Advisor or Theses Chair is required to be Secondary Investigator if a student is primary investigator)

College _____ / Dept _____ / Email: _____

Application Category

Project Title:

Briefly describe the project purpose and methodology:

Project's: Beginning Date _____ Ending Date _____
Begin date can't precede approval mm/dd/yy mm/dd/yy

Select one: New Project Modification Substudy

If Modification or Substudy, please list project title and name of primary investigator from previous study.

Complete all sections (Only if a section is not applicable to your project, indicate N/A)

Subject population: _____

Subject source: _____

Number of subjects (*may include estimated range*): _____

How subjects will be contacted: _____

Note: In most research, **subjects MUST give** written (*usual*), oral (*sometimes*), or written AND oral informed consent. A copy of your Informed Consent form must be attached to this application, see page 4 of [Requirements for Research Using Human Subjects](#) (control click link or see link at bottom of this application's cover page) for detailed information about Informed Consent requirements.

Specify types of instruments to be used (e.g., tests, questionnaires, interview guides, etc.)

A copy of all instruments to be used must be attached. If modifications must be made subsequent to submission, submit the [Human Subjects in Research Amendment](#) form available on the Human Subjects Forms page of the RESP website.

How administered: Phone Mail Face-to-face Email Internet

Length of subject participation: _____

Frequency of subject participation: _____

Data will be recorded using (Check all that apply *and for film, photo, audio/video recording specify in Informed Consent*):

- Written Notes Photography Audio tape Video tape Computer
 Film Other (Please describe _____)

Subjects' confidentiality must be preserved. This requires that their identity and the fact and the nature of their responses be kept in confidence. Please indicate all measures you will take to ensure the protection of subjects' confidentiality including **where all data will be stored** (e.g., password-protected computer, locked cabinet in University office, etc.) and **when data will be destroyed**:

Is this community-engaged research? yes no

If yes, how are/were the community partner(s) involved in the research? Check all that apply.

- Topic development, need identification, and/or development of research questions
 Research design and/or selection of appropriate measures and data collection methods
 Contribution to consensus about findings, conclusions, and/or recommendations for implementing findings
 Dissemination of findings and actions taken based upon results
 Only provided access to study subjects or project sites; not involved with study design, subject recruitment, data collection, data analysis, or dissemination of results

RECOMMENDATION

This activity has been reviewed in accordance with Federal regulations, including its relevant subparts. In compliance with these guidelines,

I concur I do not concur (Require full board review.)

that this project is **exempt from full board review** of the Institutional Review Board or Unit Regulatory Body. (also sign here if application is in the *expedited* category)

Department Chair or other Supervisor (Faculty & Staff) _____
Date

Faculty Supervisor or Thesis Chair (Students) _____
Date

I concur I do not concur (Require full board review.)

that this project is **exempt from full board review** of the Institutional Review Board or Unit Regulatory Body.

Chair, Institutional Review Board _____
Date

Comments: _____

Full Board Review

I concur I do not concur

that this project has gone through the Institutional Review Board or Unit Regulatory Body and the required modifications have been completed.

Chair, Institutional Review Board _____
Date

Comments: _____
