

**IRB Application for  
Human Participant Research  
February 2025**



**INSTRUCTIONS:** Please read all the instructions carefully. Complete all fields by typing in the boxes, and enter “N/A” when it does not apply to your project. If you have questions or are unsure how to complete a section, contact the MCC IRB Administrator, [IRB@mohave.edu](mailto:IRB@mohave.edu) .

**1. PROTOCOL TITLE**

Title of Project:			
IRB Log No.:	<i>Assigned by the IRB</i>	Review Category:	<i>Assigned by the IRB</i>
Revision No.:	<i>Assigned by the IRB</i>		

**2. PRINCIPAL INVESTIGATOR INFORMATION**

Principal Investigator:			
Department or Affiliation:			
Email:		Phone:	

**PI Status (check ONE):**

<input type="checkbox"/>	MCC Faculty	<input type="checkbox"/>	Student, Undergraduate
<input type="checkbox"/>	MCC Staff	<input type="checkbox"/>	Other (explain below):

**Student Researcher Information** (*MCC faculty/staff researchers, SKIP the blue boxes below*)

Research Advisor:	
Department.:	
Type* of project:	

\* Examples: Research project, Capstone project, Independent Study, etc.

**IMPORTANT NOTE to STUDENT RESEARCHERS:** When this application is complete, your research advisor must review this form and all your supporting documents. Next, they must complete **Section 16** at the end of this application. Finally, they must email this form and all supporting documents to [IRB@mohave.edu](mailto:IRB@mohave.edu) from the advisor’s MCC email address. Do not submit your application to the IRB directly.

### 3. PROJECT DATES

NOTE: Project work, including recruitment, **may not begin** before IRB approval or exemption.

Anticipated starting and completion dates:

to

Comments? (anticipated project phases, specific timelines, deadlines, etc.):

### 4. FUNDING:

Will an external source (not MCC) fund this project?

Yes:

No:

If yes, list the funding source or sponsor name:

5. **RESEARCH STATEMENT:** Provide an abstract or summary of your project. Briefly describe your motivation, research hypothesis, and goal(s) of the study. Avoid specific or technical jargon unless explicitly defined or explained in lay terms. Maximum 500 words.

6. **RESEARCH RESULTS:** What will you do with the results of the study? (e.g., publish, present publicly, share the data with collaborators or sponsors, write a thesis or capstone, etc.)  
**NOTE:** If you will NOT share the results of this project outside a classroom, please contact the IRB Administrator at [IRB@mohave.edu](mailto:IRB@mohave.edu) BEFORE completing this form.

### 7. PARTICIPANT POPULATION

a. Indicate which of the following groups will be research participants (check **ALL** that apply):

<input type="checkbox"/> Adults	<input type="checkbox"/> Terminally Ill	<input type="checkbox"/> Prisoners
<input type="checkbox"/> Minors (under 18 in Ohio)	<input type="checkbox"/> Non-English Speakers	<input type="checkbox"/> LGBTQ+
<input type="checkbox"/> Students	<input type="checkbox"/> Mentally/Physically Disabled	<input type="checkbox"/> Unhoused Persons
<input type="checkbox"/> Senior Citizens (over 65)	<input type="checkbox"/> Cognitively Impaired	<input type="checkbox"/> Addicts
<input type="checkbox"/> Employees in a work setting	<input type="checkbox"/> Institutional Residents	<input type="checkbox"/>
<input type="checkbox"/> Single Subject Populations (e.g., by gender, race, ethnicity, or religion)		

Describe the study population characteristics, including inclusion/exclusion criteria, if applicable:

#### b. Research with Students

Will you recruit students from courses you are teaching or advisees?

Yes:

No:

If "Yes," consult Faculty Use of Students in Research handout. Explain below how you will ensure you will not know which students have or have not consented to participate in your study until **after** you have submitted semester grades.

**c. Research with Employees**

Will you specifically recruit MCC employees?

Yes:  No:

Will you specifically recruit employees of other organizations?

Yes:  No:

If “Yes” to either question above, describe procedures for protecting employees’ confidentiality in their workplace. When studying employees in their workplace, a breach of confidentiality could potentially put participants’ reputations and employability at risk.

**d. Population Size**

What is the approximate number of participants you will recruit?

If applicable, describe the targeted number or percentage for each arm of the study:

**e. Participant Recruitment**

How will your study participants be recruited? Check **ALL** that apply and include all applicable recruitment materials with your submission.

<input type="checkbox"/> Recruitment Emails	<input type="checkbox"/> Advertisements	<input type="checkbox"/>
<input type="checkbox"/> Direct Solicitation	<input type="checkbox"/> Social Media	<input type="checkbox"/> Snowball / Word of Mouth
<input type="checkbox"/> Flyers or Posters	<input type="checkbox"/> Oral Scripts	<input type="checkbox"/> Other (describe below)

Please describe your recruitment process, including your methods for ensuring that your population fulfills the inclusion/exclusion criteria described in **section 7.a.**:

**8. INFORMED CONSENT ([45 CFR 46.116](#))**

Submit all consent and assent materials with this form. Use a or refer to [45CFR46.116\(b\) and \(c\)](#) for *The General Requirements for Informed Consent*.

\*\*\* If NO consent or assent will be obtained, leave **8.a.** and **8.b.** blank and complete **8.c.** below.

**a. Type of Informed Consent Obtained** (check **ALL** that apply):

<input type="checkbox"/>	Adult Consent
<input type="checkbox"/>	Consent from an adult’s Legally Authorized Representative (LAR), if applicable
<input type="checkbox"/>	Passive Consent (also known as “Opt-Out” Consent)

Use of Minors (under the age of 18 in Ohio)

<input type="checkbox"/>	Parental/Guardian consent
<input type="checkbox"/>	Child/Minor Assent for non-readers (not able to read or not proficient at reading)

- Child/Minor Assent for proficient readers.
- Passive Assent (also known as “Opt-Out” Assent)

**b. Partial Waiver or Alteration of Consent: Concealment and Deception**

Concealment is when specific information about the study is *initially withheld* from participants. Deception is when researchers deliberately give participants *false information about some aspect of the study*. Both are forms of *partial informed consent*; in both cases, participants must be fully debriefed at the end of the study. You must complete this section if your research involves concealment or deception. Otherwise, skip this section.

(i) Specifically, describe the type of concealment/deception you will use:

(ii) Why is concealment or deception necessary for this experimental design?

(iii) How will participants be debriefed? (You must submit the debriefing statement.)

**c. Complete Waiver of Informed Consent:**

If you do not plan to obtain any form of informed consent/assent, you must complete this section. Otherwise, skip to **Section 8.d**. Contact the IRB Office to discuss the *very specific circumstances* in which informed consent may be waived entirely.

- Adult informed consent will not be obtained.
- Parental/Guardian consent will not be obtained.
- Child/Minor assent will not be obtained.

If any items in **8.c.** are checked, you must justify below why informed consent will not be obtained. Refer to [45 CFR 46.116\(d\)](#) and [§46.117](#) for the federal guidelines regarding waivers of informed consent. You may skip **Section 8.d.** below.

**d. Method to Document Informed Consent ([45 CFR 46.117](#))**

You must check (i) or (ii) below:

- (i)  Written Consent and/or Assent with signature(s) will be obtained.
- (ii)  No signed Consent/Assent will be obtained from participants.

If (ii) is checked above, a *waiver of documentation of consent* is requested. (See [§46.117\(c\)\(1\)](#) for requirements) Indicate below how study participants will be informed and will grant consent and give a rationale for not collecting signatures in the text field below.

- A paper **Information Sheet** will be presented. Explain the rationale below.
- Oral Consent** will be obtained from participants. Explain the rationale below.

**Electronic Consent** will be obtained. (e.g., online surveys) Study information will be presented, and consent will be obtained electronically.

If **8.d.(ii)** is checked, explain the rationale for NOT collecting a signed informed consent form:

### 9. DATA COLLECTION & CONFIDENTIALITY ISSUES

a. Data collection methods, check ALL that apply:

<input type="checkbox"/> Questionnaire or Survey	<input type="checkbox"/> Collecting archived data or databases
<input type="checkbox"/> Web / Internet	<input type="checkbox"/> Intervention
<input type="checkbox"/> Interview	<input type="checkbox"/> Focus Groups
<input type="checkbox"/> Observation	<input type="checkbox"/> Testing / Evaluation
<input type="checkbox"/> Video or Audio Taping	<input type="checkbox"/> Instruction / Educational Curriculum
<input type="checkbox"/> Computer Collected Task Data	<input type="checkbox"/> Physical Tasks
<input type="checkbox"/> Other:	<div style="border: 1px solid black; width: 700px; height: 25px;"></div>

b. Will the data be collected **anonymously** so that no one, *not even the researchers*, can determine who participated?

Yes                       No

c. If you answered **NO** to **9.b.** above, describe procedures for keeping all data confidential and secure. Explain how the data will be stored or shared throughout the study.

### 10. METHODOLOGY

Describe step by step *how* you will conduct this research. Address how you will identify, contact, and recruit your participants; how you will obtain informed consent; the location and duration of your data collection; how you will collect data; what data you will collect; how you will debrief your participants, if applicable; and how you will analyze the data. If you use an electronic survey (Qualtrics, Google Forms, etc.), provide the link to the completed survey. If several co-investigators will conduct the research, specify *who* will be responsible for *what* step(s). Reference all attachments when applicable.

### 11. RISK FACTORS

You must acknowledge all potential risks, even if they are unlikely. Do your research methods involve any of the following elements?

Coercion or undue influence, or the <i>potential</i> for coercion .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Procedures that might cause mental discomfort .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Procedures that might cause physical discomfort .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Collection of information that, if disclosed, could be embarrassing or harmful to the participant's reputation, employability, financial standing, or insurability or place the participant at risk for criminal/civil liability .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Procedures that might cause physical harm to participants .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Biomedical procedures, including the use of drugs or EEG recorders	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Participants will be audio or video-recorded or photographed .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Participants who are members of a vulnerable population .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

a. Describe any other potential risks to participants besides those above. You must consider all potential physical, psychological, social, legal, and other risks.

b. Assess and explain the likelihood and seriousness of all potential risks, even if you think they will be avoided.

c. Describe the procedures you will use to mitigate risks and any provisions for ensuring necessary interventions in the event of a distressed participant or other adverse event.

## 12. BENEFITS

Describe the anticipated direct benefits to study participants and/or contributions to general knowledge in this field of inquiry. **NOTE:** compensation or SONA points are not benefits.

## 13. COMPENSATION

If the research participants will be compensated or rewarded, indicate the type and amount of compensation. If participants are being recruited from MCC classes, indicate whether students are receiving course credit (extra credit or assignment credit) and, if so, what alternatives are offered to those students who do not wish to participate in the research:

## 14. SUPPORTING MATERIALS

All supporting documents must be submitted with this application. The IRB must review all materials presented to or seen by participants during the study. These materials must be free of spelling and grammatical errors and formatted neatly and professionally. Indicate below what materials will be submitted with his application. Check **ALL** that apply:

Recruitment materials (invitation email, flyer, social media post, SONA page, etc.)

<input type="checkbox"/>	Informed Consent documentation (all formats)
<input type="checkbox"/>	Data instruments (surveys, interview questions, tests, links to internet surveys, etc.)
<input type="checkbox"/>	Debriefing statement
<input type="checkbox"/>	Electronic survey link(s): <input type="text"/>
<input type="checkbox"/>	Letters of support from data collection sites
<input type="checkbox"/>	Résumé or CV from the members of the research team
<input type="checkbox"/>	Other (specify): <input type="text"/>

Supporting material files should be emailed to [IRB@mohave.edu](mailto:IRB@mohave.edu) along with this completed application form. It is very helpful if you name your documents so that they identify what they are. (e.g. *RecruitmentFlyer.pdf*, *Informed\_Consent.doc*, *Debrief\_page.pdf*, etc.)

### 15. CERTIFICATION STATEMENT

ALL investigators who are engaged in this research, including the analysis of data, must be listed on this application and must read and agree to the following **Certification Statement**:

*By providing my name and initials below, I certify that I have read and understand Mohave Community College's policies and procedures governing human subject research as described in the MCC's Institutional Review Board Policy. I will fully comply with those policies and not conduct any research activities without IRB approval. I further acknowledge my obligation to:*

- (1) Obtain written approval of significant deviations from the approved protocol BEFORE making those deviations;*
- (2) Immediately report all adverse events of the study to the Chairperson of the Institutional Review Board and my research advisor, if applicable.*

PI initial here:  I agree to the above Certification Statement.

<b>Name of Principal Investigator:</b>	<input type="text"/>
<b>Today's Date:</b>	<input type="text"/>
<b>CITI Training Completion Date:</b>	<input type="text"/>

### CO-INVESTIGATORS:

All the co-investigators listed below must read and agree to the **Certification Statement** above. CITI training is required for all researchers engaged in human subject research. When applicable, please provide full names and titles (Ph.D., M.D., LCSW, BCBA, etc.).

Name:	<input type="text"/>
Email:	<input type="text"/>
CITI Training Completion Date:	<input type="text"/>
Affiliation (if not	<input type="text"/>

MCC):

Name:

Email:

CITI Training Completion Date:

Affiliation (if not MCC):

Name:

Email:

CITI Training Completion Date:

Affiliation (if not MCC):

Name:

Email:

CITI Training Completion Date:

Affiliation (if not MCC):

Name:

Email:

CITI Training Completion Date:

Affiliation (if not MCC):

If more co-investigators need to be listed, please add names in an attachment.

#### 16. ADVISORS of STUDENT RESEARCHERS (all other researchers skip this section)

Faculty or staff advisors of students conducting human subject research must actively participate in preparing their students for the role of researcher. They must instruct them in the ethical conduct of research and assist in preparing this application for IRB approval. Research advisors must also ensure that the research meets the highest ethical standards.

##### **Responsibilities of the Advisor:**

Research advisors shall ensure their advisees do the following:

- Minimize the risks to human participants,
- Plan and accomplish appropriate recruitment strategies for identifying participants,
- Understand the elements of the informed consent process,
- Develop readable, error-free recruitment materials and consent forms,
- Establish and maintain strict guidelines for protecting anonymity and confidentiality, and
- Conduct their research in compliance with MCC and IRB policies and procedures.

Student applications must be submitted by their research advisor using the advisor's MCC email address. By submitting this application, the research advisor confirms that they have reviewed the complete protocol and are ultimately responsible for protecting human subjects in their students' research.

**Must be completed by the advisor:**

Name of Advisor:			
Date Approved:		CITI Training Date:	

*Initial here:*  I have reviewed my student's (or students') research plan and read this application and all supporting documents. I understand my responsibilities as described above.

**17. SUBMISSION INSTRUCTIONS**

- **Faculty or Staff Principal Investigators:**  
Submit this form with all supporting documents as email attachments to [IRB@mohave.edu](mailto:IRB@mohave.edu) .
- **Student Principal Investigators:**  
You must first review this application with your research advisor. Your advisor must read and complete **Section 16 (above)** and then submit this form and all supporting documents as email attachments to [IRB@mohave.edu](mailto:IRB@mohave.edu). The email submission from your advisor's MCC address is the "signature" verifying that they approve your application.

Within two working days, the PI, co-investigators, and advisor (if applicable) will receive an email acknowledgment when the application has been received and processed for review. You will also be given an **IRB Log #**.

If you have questions or need assistance completing this application, contact the IRB Administrator at [IRB@mohave.edu](mailto:IRB@mohave.edu)

**For IRB Office Use Only:**

Review Notes:	
Revision History:	
Continuation History:	
UAE/Protocol Deviations:	
Project Closed:	