**INSTITUTIONAL REVIEW BOARD (IRB) RESEARCH APPLICATION**

*For IRB use only:* Exempt Expedited Full-Board **IRB #**

***All*** investigators listed on this application must have completed ***at least one*** institutional CITI Basic Course in Human Subjects Research (HSR) ***before*** submitting this application. To demonstrate completion of this training, each listed investigator must attach a completion certificate to Part IX of this application. The NSU IRB accepts ***either*** of the following CITI Basic Course completion certificates:

* ***Biomedical (Biomed) Comprehensive***(approximately 3.5 to 4.5 hours to complete)
* ***Social-Behavioral-Educational (SBE) Comprehensive***(approximately 3.5 to 4.5 hours to complete)

Additionally, if you have already completed either of these institutional Basic Courses from CITI for which the initial 3-year certificate has expired, the NSU IRB will accept either a *Biomed* or *SBE Refresher* completion certificate according to the following schedule: *Refresher Stage 1*, 3 years after completion of the Basic Course; *Refresher Stage 2*, 6 years after completion of the Basic Course, and *Refresher Stage 3* (*Biomed* only), 9 years after completion of the Basic Course. Also, any current or former IRB Member who has completed the more extensive *IRB Members* training (approximately 9 hours to complete) and is serving as an investigator on a study submitted for IRB review may attach this completion certificate to demonstrate completion of training. Note that some other HSR Basic Courses from CITI or CITI courses from other institutions ***MAY*** be recognized on a case-by-case basis; please contact the NSU IRB ***BEFORE*** applying with such credentials.

Notice to NSU investigators: To access CITI HSR course content, you must first [register for a new CITI account](https://support.citiprogram.org/s/article/updated-guide-to-getting-started) using your NSU email address.

Notice to outside investigators: The NSU IRB will accept any of the aforementioned completion certificates from your home institution. If you do not have a home institution, you may use NSU’s institutional CITI access, but you will bear the costs of the Basic Training courses (approximately $180 per course).

Please review the [NSU IRB Policies & Procedures](https://offices.nsuok.edu/irb/) prior to completing this application**.** Please contact the IRB Chair at irb@nsuok.edu if you have questions about completing or submitting your research application.

RESEARCH **MUST NOT BE INITIATED** UNTIL YOU RECEIVE AN APPROVAL EMAIL FROM THE IRB
If you are notified that your application has been evaluated as acceptable contingent on certain changes, you must not start data collection until you have submitted the requested changes and received notification that the revised application has been fully approved. Starting data collection before receiving documentation of study approval constitutes research misconduct as defined in the university policies.

**Project Title:**

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| *\*Note: Unless the use of deception is justified elsewhere in the application, the project title here should be consistent with the title used in the informed consent document(s).* |

# PART I - INVESTIGATORS and KEY RESEARCH PERSONNEL (cut and paste sections for additional investigators)

*The Principal Investigator is responsible for communicating the terms of the approved application to all investigators.*

***NOTE: ALL student-led projects must be supervised by a Faculty Sponsor.***

|  |  |
| --- | --- |
| **PRINCIPAL INVESTIGATOR (PI)** |  |
| Title (*select one*)  |  | Dr.  |  | Mr. |  | Ms. |  | Mx.  |
| Full Name |  |
|  |  |
| Institutional email address |  |
|  |  |
| College/Department |  |
|  |  |
| Daytime Phone |  |
|  |  |
| Institution and mailing address, if not affiliated with NSU |  |
|  |  |
| Investigator Status (*select one*): |  |
|  |  | Faculty |  | Staff |  | Graduate Student |  | Undergraduate Student |  | Other (specify) |
|  |  |

|  |
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| **FACULTY SPONSOR (FS) or CO-INVESTIGATOR (CI)***The Faculty Sponsor is responsible for shepherding student investigators through all major steps of the research process. This can include suggesting methods and literature relevant to a study, reviewing research design to head-off possible obstacles to the recruitment of subjects or to the collection and analysis of data, keeping students aware of deadlines and requirements, and offering encouragement and guidance. As the first line of defense against common or easily avoidable application errors, Faculty Sponsors are expected to review student researcher protocol very carefully. Please check to make sure that the application is complete and detailed enough to give the IRB reviewers sufficient understanding of the research to provide for fair consideration. This sort of review should happen well* ***before*** *submission of the application to the IRB and will often be an iterative process involving several steps.****NOTE: ALL student-led projects must be supervised by a Faculty Sponsor.***  |
| Title (*select one*)  |  | Dr.  |  | Mr. |  | Ms. |  | Mx.  |
| Full Name |  |
|  |  |
| Institutional email address |  |
|  |  |
| College/Department |  |
|  |  |
| Daytime Phone |  |
|  |  |
| Institution and mailing address, if not affiliated with NSU |  |
|  |  |
| Investigator Status (*select one*): |  |
|  |  | Faculty |  | Staff |  | Graduate Student |  | Undergraduate Student |  | Other (specify) |
|  |  |

|  |  |
| --- | --- |
| **CO-INVESTIGATOR (CI)** |  |
| Title (*select one*)  |  | Dr.  |  | Mr. |  | Ms. |  | Mx.  |
| Full Name |  |
|  |  |
| Institutional email address |  |
|  |  |
| College/Department |  |
|  |  |
| Daytime Phone |  |
|  |  |
| Institution and mailing address, if not affiliated with NSU |  |
|  |  |
| Investigator Status (*select one*): |  |
|  |  | Faculty |  | Staff |  | Graduate Student |  | Undergraduate Student |  | Other (specify) |
|  |  |

***Copy and paste the Co-Investigator block as needed for additional investigators.***

# PART II – FUNDING INFORMATION

Provide complete information about all funding sources for this research, including pending sources.

*Attach a complete copy of the proposal submitted to the sponsor. Submission of your grant application is a regulatory requirement that will be retained as part of your IRB Research Application.*

***You must submit all necessary documentation for this application, such as consent forms and survey questionnaires, in addition to the copy of the grant, even if those forms are included in the grant application.***

1. Check all of the appropriate boxes of funding sources for this research. Include pending funding source(s).

|  |  |
| --- | --- |
|  | Not applicable *(skip to Part III)* |
|  |  |
|  | University |
|  |  |
|  | College |
|  |  |
|  | Federal |
|  |  |
|  | State |
|  |  |
|  | Tribal |
|  |  |
|  | Other *(please specify)* |
|  |  |

2) Contract/Grant Title

|  |
| --- |
|  |

3) Funding Source

|  |
| --- |
|  |

4) P.I. of Grant or Contract

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5) Sponsor

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6) Contract/Grant Number *(if applicable)*

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PART III – ADMINISTRATIVE DATA

1. Proposed start date or upon IRB approval

*Approval will be granted for up to one year. After this time, request an extension by email to* ***irb@nsuok.edu****. Note that the PI must retain ALL records of approved research* ***for three years*** *after the last approval end date.*

1. Project type

|  |  |
| --- | --- |
|  | Faculty research project |
|  |  |
|  | Student research project | 1. *Choose one:*
 |  | Undergraduate |  | Graduate |
|  |  |  |  |  |  |  |
|  |  | 1. *Please specify:*
 |  | Course project |
|  |  |  |  |  |
|  |  |  | Honors project |
|  |  |  |  |
|  |  |  | Thesis project |
|  |  |  |  |
|  |  |  | Capstone project |
|  |  |  |  |
|  |  |  | Optometry project |

1. Will **medical clearance or screening** be necessary for subject recruitment because of inclusion or exclusion criteria, administration of substances such as food or drugs, or physical exercise conditioning?

|  |  |
| --- | --- |
|  | No. ***Skip to Question 4.***  |
|  |  |
|  | Yes. *If yes, complete Questions a and b.* |
|  |  |
|  | a. Explain how clearance will be obtained in the gray text box below. |
|  |  |
|  |  |
|  | b. If a screening instrument is used, please attach a copy to the end of the application or copy the text of the instrument in the gray text box below. The text box will expand to accommodate your information. |
|  |  |

1. **Study Sites** (select all that apply)

*Note that off-campus study sites for which organizational authorization is appropriate (e.g., a school, a business, etc.) will require separate site permission from a legally authorized representative sent to the NSU IRB before the study can begin. Some off-campus study sites may require an IRB Authorization Agreement (IAA) to be established between the NSU IRB and another institution; please check with the study site first to know what is appropriate for research conducted there.*

|  |  |
| --- | --- |
|  | NSU Tahlequah |
|  |  |
|  | NSU Broken Arrow |
|  |  |
|  | NSU Muskogee |
|  |  |
|  | Other. *Please specify in the text box below. Have email site permissions sent to* *irb@nsuok.edu**.*  |
|  |  |

1. **Potentially Vulnerable Populations**

*Indicate any groups included for recruitment as participants in the study; check all that apply. NSU IRB policy specifies that all non-exempt research and some exempt research applications including any group below will be reviewed by the full board. Note also that the inclusion of potentially vulnerable populations may require additional steps to be taken to ensure ethical treatment of participants, such as elimination of even the appearance of coercion to participate in the study. The recruitment of some potentially vulnerable populations may also require additional oversight. See item 8) below for exempt research categories.*

|  |  |
| --- | --- |
|  | Children (under 18 years of age) |
|  |  |
|  | Pregnant Women |
|  |  |
|  | Elderly (65 & older)  |
|  |  |
|  | Psychologically Impaired |
|  |  |
|  | Cognitively impaired |
|  |  |
|  | Prisoners |
|  |  |
|  | Native American Tribes and/or Tribal Organizations |
|  |  |
|  | Students enrolled in a class in which the instructor is an investigator in the study  |

1. **Other Institutional or External Oversight**

*Check the items listed below that apply to this research project. This information may be forwarded to the appropriate institutional personnel and/or committee(s).*

|  |  |
| --- | --- |
|  | Not applicable |
|  |  |
|  | NSUOCO (Optometry) Student Projects Committee |
|  |  |
|  | Cherokee Nation IRB |
|  |  |
|  | Indian Health Services Oklahoma Area Office IRB |
|  |  |
|  | Other institutional oversight committee *(please specify in the text box below):* |
|  |  |

1. **Conflict of Interest**

*Please refer to NSU IRB Policies on* [*Conflict of Interest*](https://offices.nsuok.edu/irb/PoliciesandProcedures/ConflictofInterest.aspx)*. Additionally, NSU’s* [*Policy for Responding to Allegations of Research Misconduct*](https://policies.nsuok.edu/AcademicAffairs/RespondingtoAllegationsofResearchMisconduct.aspx) *defines Conflict of Interest as “the real or apparent interference of one person's interests with the interests of another person, where potential bias may occur due to prior or existing personal or professional relationships.”*

Is there any potential or perceived conflict of interest associated with this study between the researcher, sponsor and/or Northeastern State University?

|  |  |
| --- | --- |
|  | No |
|  |  |
|  | Yes. *Please explain in the text box below. The IRB may require additional information.* |
|  |  |

1. **Federally Exempt Research Claim**

***VERY IMPORTANT:*** *If you believe that your study fits one of the eight so-called “exempt research” categories as defined by federal law in 45 CFR 46.104(d), please indicate which one below. Note that claiming an exemption on this application does NOT have any of the following effects:*

* *make your study exempt from IRB review or oversight,*
* *guarantee any sort of IRB approval, or*
* *exempt your study from applicable institutional policies.*

*Nevertheless, making a relevant exemption claim here can increase the speed at which exempt research is recognized. Please be aware that the category descriptions below appear in summarized form; for more information on these categories, please refer to the federal government’s more extensive Common Rule guidelines on* [*exempt research*](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/common-rule-subpart-a-46104/index.html)*.*

|  |  |  |
| --- | --- | --- |
|   |  | **Exemption 1:** Research will be conducted in established educational setting using normal educational practices; cannot include any other data collection procedures |
|  |  |
|  |  |  |
|   |  | **Exemption 2:** Research will involve only educational tests, surveys, interviews, or observations of public behavior; cannot include children if investigators participate in the activity; cannot include children if personally identifiable information is collected; may be subject to limited IRB review |
|  |  |
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|   |  | **Exemption 3:** Research will involve only benign behavioral interventions with adult participants; cannot include children; may be subject to limited IRB review |
|  |  |
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|   |  | **Exemption 4:** Research will involve the collection or study of data that is either publicly available or recorded in such a way that (under most circumstances) subjects cannot be identified; may be subject to limited IRB review |
|  |  |
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|   |  | **Exemption 5:** Research—generally federal in nature—will study, evaluate, improve, or examine a public benefit or service |
|  |  |
|  |  |  |
|   |  | **Exemption 6:** Research will involve only taste or food quality evaluations |
|  |  |
|  |  |  |
|   |  | **Exemption 7:** Research will involve the storage or maintenance of identifiable data for secondary research use (see Exemption 8); broad consent and limited IRB review are required |
|  |  |
|  |  |  |
|   |  | **Exemption 8:** Research will involve the secondary use of identifiable data (see Exemption 7); broad consent and limited IRB review are required |
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# PART IV – SUMMARY OF STUDY ACTIVITIES

*Submission of a copy of a grant application does not replace completion of this section. Please respond to each item. Incomplete forms will be returned. The text fields will expand as you type.*

*Note that, in most cases, the IRB will require* ***at least a full paragraph*** *in each section to develop an understanding of the study sufficient for an effective review.*

1. Provide background information for the study including the purpose of the proposed study, research question, hypotheses and any other relevant information.

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1. Describe the methods to be used in this study, including the research design, the nature of measurements or observations to be used as data, how data will be collected, and how data will be analyzed. The methods must be described in sufficient detail for the IRB to characterize any human subjects-based study as a "systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge" according to [45 CFR 46.102](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/revised-common-rule-regulatory-text/index.html#46.102)(l).

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1. Describe the potential research subjects (participants). Explain your relationship to them, if applicable.

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1. Present a step-by-step description of the procedures that you will ask participants to complete, including the method of administration (e.g. *telephone* interview, *online* test, *paper* survey).

*Review the IRB policies regarding* [*internet research*](https://offices.nsuok.edu/irb/PoliciesandProcedures/InternetResearch.aspx)*, if applicable.*

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1. Indicate the approximate amount of time it will take participants to complete each step of the procedure, including the time to complete any data collection instruments. Note any tasks that participants might be asked to complete multiple times.

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1. Attach a copy of each study document or copy the text of the document below. This includes all surveys, tests, interview or observation protocols, etc. If the survey is being done online, provide an active link for reviewers to see, but the complete text of all materials must ***also***be attached at the end of the application.

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1. Describe the recruitment procedures. Explain who will approach potential participants and what will be done to protect the individual’s privacy in this process.

|  |
| --- |
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1. Attach a copy of any material used to recruit subjects or copy the text of those materials below. Materials can include advertisements, hand-outs, telephone scripts, verbal recruitment scripts, cover letters, etc.

|  |
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1. How would you characterize the risk level of this study? Note that [35 CRF 36.102](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/revised-common-rule-regulatory-text/index.html#46.102)(j) defines *minimal risk* this way: “*Minimal risk* means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.”

|  |  |
| --- | --- |
|  | No greater than minimal risk |
|  |  |
|  | Greater than minimal risk |

# PART V – PRIVACY PROCEDURES

1. During either participant recruitment or data collection and analysis, will you collect or record any direct identifiers (names, social security numbers, addresses, telephone numbers, e-mail addresses, facial photography/videography, etc.)?

*Note that the IRB expects that all steps will have been taken to eliminate the need for the collection or recording of direct identifiers.*

|  |  |
| --- | --- |
|  | No. **S*kip to Question 2.*** |
|  |  |
|  | Yes. *Complete Questions a-e.* |
|  |  |
|  | a. Explain why it is necessary to record findings using these identifiers. |
|  |  |
|  |  |
|  | b. Describe the coding system you will use to protect against disclosure of these identifiers. |
|  |  |
|  |  |
|  | c. Describe how subject identifiers will be maintained or destroyed after the study is completed. |
|  |  |
|  | d. Will you retain a link between the study code numbers and direct identifiers after the data collection is complete?*Note that the PI must retain ALL records of approved research* ***for three years*** *after the last approval end date.* |
|  |  | No |
|  |  |  |
|  |  | Yes. *If yes, explain why this is necessary and state how long you will keep this link.* |
|  |  |  |
|  |  |
|  | e. Will you provide a link or identifier to anyone outside the research team? |
|  |  | No |
|  |  |  |
|  |  | Yes. *If yes, explain why and to whom.*   |
|  |  |  |

1. In what format(s) will data be collected and stored (handwritten field notes, electronic spreadsheets, online survey software/program, video recordings, etc.)?

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1. Do your data formats include audio, photographic, or video recordings?

|  |  |
| --- | --- |
|  | No.  |
|  |  |
|  | Yes.  |
|  | *If yes, describe the general recording setting, how identities will be protected in recordings, how much of the participant's person will appear in images (if applicable), how recordings will be used, how recordings will be stored and/or destroyed, and how non-participants will be identified and excluded from recordings. This information must* ***also*** *appear in the informed consent document(s), wherein it is recommended that a participant may opt out of such recordings regardless of other forms of participation.* |
|  |  |

1. Where will the data be stored, and who has access to it during storage? What security provisions will be taken to protect these data (password protected computer or files, encryption, locked file cabinet, etc.)? Address each data source separately.

*Note that the PI must retain ALL records of approved research* ***for three years*** *after the last approval end date.*

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1. If data will be destroyed, please provide an estimated month and year for when this will occur. Address each data source separately. Note that you must provide justification if you wish to retain identifiable data securely beyond three years after the last approval end date.

*Note that the PI must retain ALL records of approved research* ***for three years*** *after the last approval end date.*

|  |
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1. If data will be destroyed, describe how this will be done. Address each data source separately.

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1. Will you place a copy of the consent form or other research study information in the subject’s medical, personal or educational record? This information should be clearly explained in the consent document and/or process.

|  |  |
| --- | --- |
|  | No |
|  |  |
|  | Yes. *Explain why this is necessary.* |
|  |  |

1. Will any record of the subject’s participation in this study be made available to his or her supervisor, teacher, or employer?

|  |  |
| --- | --- |
|  | No |
|  |  |
|  | Yes. *Explain why this is necessary.* |
|  |  |

1. Will you require a [Federal Certificate of Confidentiality](http://grants1.nih.gov/grants/policy/coc/index.htm)?Certificates of Confidentiality are issued by the National Institutes of Health (NIH) to protect identifiable research information from forced disclosure.

|  |  |
| --- | --- |
|  | No |
|  |  |
|  | Yes. *Explain why this is necessary.* |
|  |  |

# PART VI – INFORMED CONSENT INFORMATION

*View sample informed consent documents on the* [*Resources for Researchers*](https://offices.nsuok.edu/irb/ResourcesforResearchers.aspx) *page.*

1. **Informed Consent**: Please cut and paste all consent documents or copy the text of these documents in the box below.
	1. If subject participation is anonymous (i.e., not even the investigators can determine whether or not someone from the research population is a participant in the study), then the IRB recommends including the text of an information sheet or cover letter containing all required elementsof informed consent.
	2. If subject participation is not anonymous, you must include the text to the consent form.
		1. For adult participants, include the text for the consent form.
		2. For children and youth participants, provide both the text for the assent form for the child/youth ***and*** the text of a permission form for the parents.

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# PART VII – RISKS AND BENEFITS

1. Indicate if the research involves any of the following possible risks or harms to subjects. Check all that apply. **If none of these risks apply, you may skip Part VII 1a to 1c and complete Part VII 2 and 3.**

|  |  |
| --- | --- |
|  | Use of confidential records (education or medical records, etc.) |
|  |  |
|  | Manipulation of psychological or social variables such as sensory deprivation, social isolation, or stressors |
|  |  |
|  | Probing for personal or sensitive information in surveys or interviews |
|  |  |
|  | Presentation of materials which subjects might consider sensitive, offensive, threatening or degrading |
|  |  |
|  | Possible invasion of privacy of subject or family |
|  |  |
|  | Risk of physical injury or harm |
|  |  |
|  | Social or economic risk |
|  |  |
|  | Legal risk |
|  |  |
|  | Employment/occupational risk |
|  |  |
|  | Use of deception (if yes, complete 1c) |
|  |  |
|  | Other risks, specify:  |
|  |  |

1. Describe the nature and degree of the risk of harm checked above. The described risks/harms must be disclosed in the consent form.

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1. Explain what steps will be taken to minimize risks or harms and to protect participants’ welfare. If the research includes potentially vulnerable populations (Part III-V), identify each group and answer this question for each group.

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1. If **deception** is used, describe the use of deception in detail. Include the debriefing process and the debriefing script. The principal investigator must offer the participant the opportunity to withdraw his/her data after finding out that deception was used in the study.

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1. Describe the anticipated **benefits** of this research to the individual subject or to others that may reasonably be expected from the research.

*Note that this section cannot be left blank.*

|  |
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|  |

1. What are the broader anticipated **benefits** of this research and how will they be realized?

*Note that* ***NEITHER*** *of the individual sub-items in this section can be left blank.*

1. Describe the anticipated **benefits** of this research for society and explain how the benefits outweigh the risks.

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1. Describe the steps that will be taken to **realize** the aforementioned societal benefits of this research and to ensure that this research will contribute to generalizable knowledge. For example, please indicate here any intention to share the results or findings of this research at a conference, in a publication, in some other publicly available form, etc.

*Note that, to fall under the purview of the IRB, a proposed study* ***must*** *fit the federal definition of ‘research’ as found in* [*45 CFR 46.102*](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/revised-common-rule-regulatory-text/index.html#46.102)*(l): “*Research *means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.”*

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# PART VIII – COMPENSATION INFORMATION

Will any compensation or inducements (monetary inducements, extra credit, etc.) be offered to the subjects for their participation?

|  |  |
| --- | --- |
|  | No |
|  |  |
|  | Yes |
|  | *If yes, describe the inducements in the next text box. Include a statement in the informed consent document explaining how compensation will be handled in the event the participant withdraws from the study.* |
|  |  |

# PART IX – CITI TRAINING COMPLETION CERTIFICATE VERIFICATION

For each investigator listed in this application, please COPY AND PASTE ***only*** the blue ‘**Verify at**’ links from the completion certificates of any allowable CITI Basic Course. Note: No screen shots or other images of all or part of the completion certificates will be accepted.

*Please see p. 1 of this application for details about which certificates are allowable. Copy and paste the Co- blocks as needed for additional investigators.*

 **‘VERIFY AT’ LINK FROM CITI HSR BASIC COURSE COMPLETION CERTIFICATE**

|  |  |
| --- | --- |
| *Principal Investigator:* |  |

|  |  |
| --- | --- |
| *Faculty Sponsor:* |  |

|  |  |
| --- | --- |
| *Co-Investigator:* |  |

# PART X – OTHER ATTACHMENTS

Please attach here any files referenced elsewhere in the application for which no more appropriate place for attachment is available.

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|  |

# PART XI – SIGNATURES

**PRINCIPAL INVESTIGATOR (PI)**

By including my signature (an electronic signature will suffice) on this research application, I certify that I am knowledgeable about the regulations and policies governing research with human subjects and have sufficient training and experience to conduct this particular study in accordance with the approved research protocol.

*Principal Investigator Date (MM/DD/YYYY)*

**CO-INVESTIGATOR (CI)**

By including my signature (an electronic signature will suffice) on this research application, I certify that I am knowledgeable about the regulations and policies governing research with human subjects and have sufficient training and experience to conduct this particular study in accordance with the approved research protocol.

*Co-Investigator Date (MM/DD/YYYY)*

*Copy and paste the Co-Investigator block as needed for additional investigators.*

**FACULTY SPONSOR (FS)**

By including my signature (an electronic signature will suffice) on this research application, I certify that I am knowledgeable about the regulations and policies governing research with human subjects, have sufficient training and experience to supervise any student in this study in accordance with all conditions for approval, and have personally reviewed this application and approve its content. I also certify that it is my responsibility to provide adequate supervision of any student investigators in this study

*Faculty Sponsor Date (MM/DD/YYYY)*

|  |
| --- |
| **Submitting your Application** |
| **Submit only ONE file as a Word document**. Emails with more than one file will not be accepted, nor will shared Google Docs or PDF files. If you have separate PDF files, Word files, etc., copy and paste them to this Word document. Save this file (in Microsoft Word format) and send it **as a downloadable email attachment** to: irb@nsuok.edu As part of the application form, include ***as appropriate**** Solicitation Announcements
* Recruitment materials
* Data Collection Instruments (i.e. Interview questions/Questionnaires/Survey(s))
* Informed Consent Documents (*Parental/Legal Guardian Permission Form, Child Assent Form)*
* Medical Screening Instrument
* Proposal and/or Contract or Grant
* Debriefing Script (for studies involving deception)

You can also copy and paste them to Part X of this document. Below, check off any documents that will be *mailed* to the IRB care of NSU Academic Affairs at the following address: Office of Academic AffairsAttn: Institutional Review BoardNortheastern State UniversityAdministration 119600 N Grand AveTahlequah, OK 74464, USA\_\_ \_ Original hardcopy or faxed letter of approval from [off-campus study sites](https://offices.nsuok.edu/irb/PoliciesandProcedures/ResearchInvolvingOtherInstitutions.aspx) (e.g., public schools) or email from appropriate representative originating from his/her official email account in the capacity to grant permission.\_\_\_ Other: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Upon receipt of the emailed application, the person submitting the application will receive an automated confirmation of receipt.  |