



## **Institutional Review Board (IRB) Application for Research Protocol Approval**

Herzing University's Institutional Review Board (IRB) reviews all research protocol requests to determine if it is human subject research that meets definitions in The Common Rule and therefore requires review and oversight by the IRB. It is the investigator's responsibility to give complete information regarding procedures and the informed consent process. After submitting the application, the IRB will notify the applicant, in writing, of its decision or if additional information is needed.

### **Checklist**

Please make sure to submit the following items along with this application for your submission:

- This application
- A copy of all questionnaires and surveys, if used
- Informed Consent – attach all informed consent documents that will be provided to participants before they participate
- Confidentiality and Anonymity – attach information to describe how participant's privacy will be maintained and how confidentiality will be guaranteed
- A copy of your CITI Certification (free certification for Herzing affiliates through Canvas)
- A copy of the application and approval letter from any external IRB (*if applicable*)



**Institutional Review Board (IRB) Application for Research Protocol Approval**

**Step 1: Your Information**

Project Title:	
Principal Investigator:	
Check One: Herzing	<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Not affiliated with Herzing University
Email:	
Primary Phone Number:	

**Step 2: Location, Faculty, and Date Information**

Location/Sponsor:	
Faculty Information (if student PI):	Faculty Name:
	Faculty Email:
	Faculty Phone:
Projected Start Date:	
Projected Completion Date:	

**Step 3: Research Overview**

<p><b>Research Question</b></p> <p>Use the P.I.C.O.T. model below for each research question your study is designed to answer          P = population    I = intervention or issue of interest    C = comparison intervention or issue of interest          O = outcome    T = time frame (note: timeframe is not always required to be specified)          Example: In (your specific population), how does (your specific intervention) compared to (your specific comparison intervention or issue of interest) influence/affect/impact (outcome) within/over (timeframe)?</p>

**Institutional Review Board (IRB) Application for Research Protocol Approval**

**Project Abstract**

Please provide a brief summary of the proposed research including the purpose, variables, value of the study, and the intended method of use and/or publication of the knowledge gained from the study.

**Methodology**

Please provide a description of your research methodology. Include the measures, where and how you plan to collect data, and over what time period. Identify all personnel who will participate in this research and outline their qualifications.

**Data Security**

Please provide a description of your data security plan for both physical and electronic data that includes protected or identifying personal information. Include where the data will be stored, the security of the location or computer system, the length of retention of the data, and the method of disposition of old data.



**Institutional Review Board (IRB) Application for Research Protocol Approval**

**Step 4: Participant Information**

Are all participants members of a population who have the ability to provide informed consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any of the participants be younger than 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the participants be Herzing University students, faculty, or other staff? (Note: If yes, your study requires full IRB review)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will participants receive compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If participants receive compensation, please detail the compensation here	
Describe how participants will be selected or recruited.	
<b>Risks</b> Please describe all know, anticipated, or possible risks to the participants below (psychological or physical)	
<b>Benefits</b> Please describe the anticipated benefits to the participants below	



## Institutional Review Board (IRB) Application for Research Protocol Approval

### Step 5: Acknowledgement of Responsibilities and Signatures

Please note that:

- Any additions or changes must be submitted to the IRB for written approval prior to these changes being implemented.
- Once the project has begun, any adverse effects or unanticipated problems connected with human subjects must be communicated immediately to the IRB by emailing [irb@herzing.edu](mailto:irb@herzing.edu)
- All informed consent documents must be kept by you for a period of three (3) years following the completion date of the project
- Any data collected from Herzing University students, alumni, faculty and/or staff and/or any other constituents for purposes of this study is proprietary. Any publication of findings may not identify or implicate Herzing University. Any external report produced on findings generated by this study, including any presentation or publication, may not identify, reference or implicate Herzing University in any way.
- Upon completion of the study, a copy of the final deliverable will be submitted to Herzing University.
- Any additional publications or presentations produced based upon this study will be submitted to Herzing University.

I certify to the best of my knowledge the information presented is an accurate reflection of the proposed research project.

**Principal Investigator (PI) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Sponsor Signature\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Required if PI is a student. The faculty signing above confirms the application is accurate and accepts responsibility as Co-PI.