

**APPLICATION FOR USE OF HUMAN SUBJECTS IN RESEARCH**

**Instructions:**

- Prepare your research project according to the following outline. (**Hand written forms will not be accepted.**)
- Submit the signed form to the Office of Academic Affairs. All forms must be completed in full with appropriate signatures to be reviewed by the committee.

**Principal Investigator** \_\_\_\_\_ Phone Number \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_ Email \_\_\_\_\_

Correspondence Address \_\_\_\_\_  
\_\_\_\_\_

**Faculty Sponsor (If Applicable)** \_\_\_\_\_ Phone Number \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_ Email \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Type of Project:** Faculty Research

Student Directed Research

Thesis  Dissertation  Other (\_\_\_\_\_)

Course Requirement:  16 week  8/9 week (course #: \_\_\_\_\_)

**Duration of Project:** Starting Date \_\_\_\_\_, **but not before written approval is obtained.**

Expected End Date \_\_\_\_\_

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I certify that to the best of my knowledge the information presented herein is an accurate reflection of the proposed research project. I accept the responsibility for the conduct of this research, the supervision of human subjects and maintenance of informed consent documentation as required by IRB. I certify that the research procedures for this project and the method of obtaining consent (if any), as approved by the IRB, will be followed during the period covered by this research. Any future changes will be submitted for Board review and approval prior to implementation. An End-of-Project Form must be submitted upon completion.

\_\_\_\_\_  
Principal Investigator Date

\_\_\_\_\_  
Faculty Sponsor (If PI is a student) Date

\_\_\_\_\_  
Chair of Department Date  
(If PI is a Faculty Member & Project is Level II)

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**REVIEWER(S)**

\_\_\_\_\_  
Primary Reviewer (Level I) Date

\_\_\_\_\_  
Co-Reviewer (Level II) Date

**ACTION TAKEN:**

- Approved through \_\_\_\_\_
- Contingent
- Disapproved

**COMMENTS OR CONTINGENCIES:**

- See Attached

**GENERAL INSTRUCTIONS**

1. This form (1040EZ-I) is to be completed if you are conducting research utilizing an interview. Webster records containing confidential information require Academic Affairs approval for release, prior submitting application. Level III projects containing possible risk(s) to human subjects that are considered “special populations” (including children under age 8, mentally handicapped, or legally incompetent) must be submitted on the 1040 form.
2. All researchers, instructors and students are expected to examine the information available on the IRB web site <http://www.webster.edu/irb> before beginning this form and prior to investigating public or private records.

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**PART I: Design Issues.** Please answer the following by checking the correct answer.

1. Are subjects free to withdraw at any time without penalty? Yes  No
2. Is there deception of subjects? Yes  No

**You cannot use this form if you answered NO to question 1 or YES to question 2. Use form 1040 instead.**

3. The interview design is (check one):      Structured       Semi-structured       Non-structured 
  - Please attach a copy of the interview script. If the interview is semi- or non-structured, please provide a copy of the discussion guidelines or interview topics to be covered.
4. Does the consent form correspond to the requirements stated on the web page? Please review the web site <http://www.webster.edu/irb> before answering this question ( <http://www.webster.edu/irb>). Yes  No

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**PART II: Attach a summary of your project.** This addendum should include the following components:

- Introduction – Discuss the goals and purpose of the present study. Include citations to relevant studies if you feel this would help the Board make their decision.
- Methods – Describe the procedures you will be using to conduct the study. This should be **very** detailed. The Board should be able to “conduct” your research using this description.
- Stimulus materials – Provide all scripts, consent forms and questionnaires cited in the Methods section.

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**PART III: Please answer **all** of the following items providing additional information where appropriate. Use NA when questions are not applicable.**

**A. Participants**

1. Describe your subject selection procedures.
2. Describe the characteristics of your population(s). Include the size of your sample, the ethnic background, sex, age and their state of health. If your population is all one gender or ethnic group, please explain.
3. Who makes the initial contact with the participants? (If you want to use patients/clients of another professional, the other professional must make the initial contact, to protect patient/client confidentiality)

**B. Confidentiality** (helpful tips to protect confidentiality are available at the IRB web site <http://www.webster.edu/irb/>)

1. Will subjects be identifiable to anyone other than the researchers through records, responses or identifiers linked to the subjects? Yes  No
2. **How** do you intend to record information so participants can not be identified directly or through identifiers? Address how you will protect their rights, welfare and privacy. (Identification of subjects requires Level II approval.)
3. Will subjects' responses be:           Video Taped? Yes  No            Audio Taped? Yes  No 
  - If yes, how do you intend to protect the subjects' identity (e.g., erase tapes following transcription)?
  
  - If yes, will subjects be given the opportunity to review the tapes immediately following the interview? Will subjects be given the opportunity to withdraw the use of their taped responses from the research project immediately following the interview? Explain why or why not.

**C. Risks**

1. Will the interview entail a discussion of sensitive aspects of subjects' behavior, such as illegal conduct, drug use, sexual behavior or use of alcohol? Yes  No 
  - If yes, explain
2. Could subjects be at risk of criminal or civil liability, damage to employability, financial standing or undue embarrassment, if responses became known outside this research project? Yes  No 
  - If yes, explain
3. What safeguards will you use to protect the subjects from risks?
4. Identify any monetary expenses that participants will incur as a result of participation in your project. Any monetary expenses should also be presented in the consent form.

**D. Benefits**

1. Describe the benefits you expect to gain from this project. (This should include any direct benefits to the participant(s) as well as

