**Applicant:**

**Applicant Email:**

**Applicant Phone Number:**

**Applicant School:**

**Begin Date:**

**End Date:**

**Project Title:**

**1. Co-Investigators**

Please provide up to five co-investigators.

1a. Name:

1b. Email:

1c. Primary Phone:

1d. Name:

1e. Email:

1f. Primary Phone:

1g. Name:

1h. Email:

1i. Primary Phone:

1j. Name:

1k. Email:

1l. Primary Phone:

1m. Name:

1n. Email:

1o. Primary Phone:

**2. Research Information**

2a. The study is being conducted as part of *(check one)*:

\_\_\_\_\_\_ Faculty Research

\_\_\_\_\_\_ Doctoral Dissertation

\_\_\_\_\_\_ Master's Thesis

\_\_\_\_\_\_ DNP Capstone Project

\_\_\_\_\_\_ Graduate Student Research

\_\_\_\_\_\_ Honors or Individual Problems Project

\_\_\_\_\_\_ Class Project

\_\_\_\_\_\_ Grant or Contract

\_\_\_\_\_\_ Other

*2b. If other, please specify:*

2c. What is the research intended to accomplish?

2d. What previous research has been done? (Please supply a brief literature review)

2e. Please check the types of measures to be used

\_\_\_\_\_\_ Observation of behavior

\_\_\_\_\_\_ Education Tests (cognitive, diagnostic, aptitude)

\_\_\_\_\_\_ Survey

\_\_\_\_\_\_ Interview

\_\_\_\_\_\_ Focus Groups

\_\_\_\_\_\_ Audio Recordings

\_\_\_\_\_\_ Video Recordings

\_\_\_\_\_\_ Other

*2f. If other, please specify:*

2g. Please select the type of data to be collected:

\_\_\_\_\_\_ Quantitative

\_\_\_\_\_\_ Qualitative

\_\_\_\_\_\_ Mixed Methods

2h. Please provide a description of your research design and procedures.

**3. Instruments in Study**

3a. \_\_\_\_\_\_ This study is using an instrument, such as a questionnaire, survey, etc.  
 Please include the instrument being used in the study:

**Choose File:**

**4. Researching in an Organization**

4a. \_\_\_\_\_\_ The research will be conducted at a particular organization (workplace,  
 school, military base, retail outlet, etc.)

*If checked, please provide a letter of consent from the organization where the research will take place. The letter should be signed by the organization's administrator and should state that they understand and give consent for your research to be conducted. Please make sure that this letter is done on official company letterhead.*

**Letter of Consent (file):**

***If the research takes place at RMU, NO letter of support is needed.***

**5. Financial Support**

5a. Please select the type of funding being used:

\_\_\_\_\_\_ Unfunded

\_\_\_\_\_\_ Internal Funding

Source:

\_\_\_\_\_\_ External Funding

Sponsor/Source:

\_\_\_\_\_\_ Grant  
 Award No:

5b. Please select the source of financial support:

\_\_\_\_\_\_ None

\_\_\_\_\_\_ Federal Aid

\_\_\_\_\_\_ Department of Education

\_\_\_\_\_\_ Commercial

\_\_\_\_\_\_ Other  
 Source:

**6. Participant Information**

6a. Number of Participants:

6b. Participant Age Range:

\_\_\_\_\_\_ Under 18

\_\_\_\_\_\_ Ages 18 and Older

\_\_\_\_\_\_ All Ages (Minors and Adults)

Parental consent is **required** for children ages 18 and under.

6c. Gender:

\_\_\_\_\_\_ Male

\_\_\_\_\_\_ Female

\_\_\_\_\_\_ Both (Male and Female)

**Will any of the following classes of vulnerable subjects be involved in the proposed study?**

*Pregnant women, infants, prisoners, individuals with compromised mental status, or children.*

6d. Vulnerable subjects? \_\_\_\_\_\_ Yes

\_\_\_\_\_\_ No

If **yes**, you must select **all** that apply.

\_\_\_\_\_\_ Pregnant women (if they are specifically targeted)

\_\_\_\_\_\_ Infants

\_\_\_\_\_\_ Prisoners

\_\_\_\_\_\_ Individuals with compromised mental status

\_\_\_\_\_\_ Children\*

\*If you selected children above, you **must complete the following section (6e-6g)**.

6e. What is the age range of the children:

6f. \*Approximate number of children in the study:

6g. Choose one:

\_\_\_\_\_\_ The research is limited to educational tests or observations of behavior

\_\_\_\_\_\_ Investigator(s) will interact directly with the children

**7. Risk Factors**

7a. Discuss the direct and indirect risks to participants and how any risks will be managed:

7b. If deception is involved, please explain:

7c.\*Indicate the degree of physical or psychological risk you believe the research poses to human subjects:

\_\_\_\_\_\_ **Minimal Risk:** the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological tests or examinations.

\_\_\_\_\_\_ **Greater than Minimal Risk\*:** the probability and magnitude of harm or discomfort anticipated in the research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological tests or examinations.

\*If Greater than Minimal Risk, please attach detailed information of the procedures that will create the harm, as well as the scrip to be followed by the researcher

7d. Choose File:

**8. HIPAA Compliances**

If your study is governed by HIPAA compliances, download the [IRB HIPAA Compliance Form](https://rmuirb.com/documents/hipaa-consent-form.pdf), complete the document, and fill out the following section.

8a. \_\_\_\_\_\_ My study will require compliance of HIPAA rules and regulations

Below, please upload the completed version of the IRB HIPAA Compliance Form from above:

**Choose File:**

If you wish to submit a HIPAA waiver for retrospective chart reviews, download the [IRB Waiver of HIPAA Privacy Authorization for Research-Retrospective Chart Reviews](https://rmuirb.com/documents/hipaa-privacy-waiver.docx) *(.docx file)*, complete the document, save it as a PDF file, and fill out the following section.

8b. \_\_\_\_\_\_ I am submitting an IRB Waiver of HIPAA Privacy Authorization for Research-Retrospective Chart Reviews Below, please upload the completed version of the IRB Waiver of HIPAA Privacy Authorization for Research-Retrospective Chart Reviews from above:

**Choose File:**

**9. CITI Program (required for all students)**

9a. Have you completed the [CITI (Collaborative Institutional Training Initiative) Program](http://citiprogram.org/) training?

\_\_\_\_\_\_ No

\_\_\_\_\_\_ Yes

If yes, please upload proof that you have completed this training:

9b. Choose File:

**10. Additional IRB Approval**

10a. Do you have an additional outside (other than Robert Morris University) IRB approval?

\_\_\_\_\_\_ No

\_\_\_\_\_\_ Yes

If yes, please provide proof of your other approval:

10b. Choose File:

**11. Recruitment Information**

11a. Select the levels of recruitment being used:

\_\_\_\_\_\_ RMU Directory

\_\_\_\_\_\_ Postings, Flyers

\_\_\_\_\_\_ Radio, TV

\_\_\_\_\_\_ Email solicitation

11b. Please specify how email addresses are obtained:

\_\_\_\_\_\_ Web-based solicitation

11c. Specify websites:

\_\_\_\_\_\_ Participant pool

11d. Specify what pool:

\_\_\_\_\_\_ Other

11e. Please specify:

11f. \_\_\_\_\_\_ The research requires special evaluation and screen of potential participants to determine appropriateness for inclusion.

11g. Please elaborate on screening process:

**12. Consent Form, Script with IRB Contact Information and any Relevant Data (i.e., survey, interview questions, etc.)**

12a. Please include a copy of the consent form, script with IRB contact information and any relevant data gathering instrument (i.e., survey, interview questions, etc.). Please merge all files into one .pdf document and upload it below.

**Choose File:**

**13. Participant Compensation and Costs**

13a. \_\_\_\_\_\_ Participants will be compensated for the study

13b. Please explain:

13c. \_\_\_\_\_\_ Students will be offered class credit for participation

13d. \_\_\_\_\_\_ There will be costs to the participants

13e. Please explain:

**14. Confidentiality and Data Security**

14a. \_\_\_\_\_\_ Personal identifiers, recordings, files, and any other material used in the study will be held in a secured location.

**15. Conflict of Interest**

15a. Do you or any individual who is associated with or responsible for the design, the conduct of, or the reporting of this research have an economic or financial interest in, or act as an officer or director for any outside entity whose interests could reasonably appear to be affected by this research project?

\_\_\_\_\_\_ Yes

15b. If yes, please explain: