|  |  |  |
| --- | --- | --- |
|  | Clover Park Technical CollegeInstitutional Review Board | **Application for IRB Review** |
| **Principal Investigator Information** |
| **Date of Submission** | Enter date. | **Application Type** | Choose an item. |
| **First Name** | Enter text. | **Last Name** | Enter text. |
| **Email Address** | Enter text. | **Telephone Number** | Enter text. |
| **Other Researchers** | Enter text. | **Affiliated Institution** | Enter text. |
| **Institutional Supervisor** | Enter text. |
| **Supervisor’s Contact** | Enter text. |
| **Project Information** |
| Project Title | E enter text. |
| Does this project have IRB approval from another entity? (If so, that approval should be attached). | Choose an item. |
| Is this research being conducted with support from a grant funded by the federal or state government? | Choose an item. |
| **Expected Start Date** | Enter date. | **Expected End Date** | Enter date. |
| **Proposal Questions** |
| ***Background and Purpose:***How does the study contribute to existing knowledge? | Click or tap here to enter text. |
| **Design, Procedures, Materials and Methods:** The IRB will need to know the exact location of where the research is taking place and any recruitment invitations, flyers, posters, emails or any other materials, must be reviewed by the IRB. | Click or tap here to enter text. |
| **Measures and Observations:**What is the data that is being collected, what will it measure, and how are you collecting it?The IRB must review any questionnaires, survey, interview questions or other instrument used to collect data. | Click or tap here to enter text. |
| **Risks and Benefits:**The risks should be spelled out with an explanation of how the risks will be mitigated to protect the participants. | Click or tap here to enter text. |
| **Informed Consent:**How you will provide informed consent?The IRB must review any Informed Consent documents provided to the participants. | Click or tap here to enter text. |
| **Anonymity and Privacy**Explain how the participant’s privacy will be protected.Describe how long the data will be stored, how safe the storage is and when it will be destroyed. | Click or tap here to enter text. |
| **Participant Population:**Describe, in detail, the participant population including any vulnerable population indicators such as incarcerated persons, pregnant women or minors. | Click or tap here to enter text. |
| **Economic Consideratons:**What inducements are you including for participation in your project and how will it be distributed? | Click or tap here to enter text. |
| **Time:**What is the total expected duration of the project?What is the amount of time that will be required of the participant | Click or tap here to enter text. |
| **Attachments:**Please describe in detail all attachments submitted with this form. | Click or tap here to enter text. |
| **Signature** |  | **Date Signed** | Click or tap to enter a date. |