

To apply for the IRB to consider your research protocols, please use the following link: <https://forms.gle/hEavXNcgpKRQF2wAA>

The form is complex, and while many answers are pre-determined choice, some require a carefully thought out narrative. This document offers you the form prompts so you know what to expect. We suggest that you use these prompts to write your narrative answers in a separate document, make sure everything is accurate and error-free and then copy and paste the information into the form.

When filling out the application, you can click the back button on the application at any time to make sure that the answers you provide are complete and accurate.

For any questions, please contact irb@caldwell.edu

The prompts are:

ACTION RESEARCH EXEMPTION REVIEWS:

Valid email address

Name of the Principle Investigator, Status at Caldwell, Department information

Information about additional investigators, if any

Information about the CITI training and certificate of completion (should be attached to the application)

Project title and type

Provide course number and project type(s)

Provide the information about CITI training students will undergo

Provide the types of population your students will be working with (select all that apply)

Provide the types of data you will collect (select all that apply)

Provide assurances, signature and date.

<div data-bbox="151 311 1199 597"><p>Email *</p><p>Your email _____</p><p> This is a required question</p></div>	<p>Insert your valid email address, the one you use and check often. For Caldwell students, faculty, and staff, make sure this is your Caldwell address. Thank you.</p>
<div data-bbox="128 672 1255 1333"><p>PI INFORMATION</p><p>Name of the PI *</p><p>ENTER YOUR NAME HERE _____</p><p>Are you a student, CU faculty, or staff? *</p><p><input checked="" type="radio"/> Yes</p><p><input type="radio"/> No</p></div>	<p>Enter the name of the Principle Investigator (PI) and mark other appropriate choices to tell us more about the PI on the project.</p>

PI Department/Program *

- Applied Behavior Analysis
- Business/Computer Science
- Education
- Nursing/Public Health
- Psychology/Counseling
- Sociology/Criminal Justice
- Sciences
- Other
- Not affiliated with Caldwell University

Additional investigators

Is there an additional investigator on this project? *

- Yes
- No

ADDITIONAL INVESTIGATOR(S) INFORMATION

Who else is affiliated with the project and how? *

Your answer



Tell us if there are any additional investigators on the project. If there are, fill out their information.

PROTECTION OF HUMAN SUBJECTS TRAINING

Date of completion of the latest CITI training. The basic CITI training for the Caldwell University IRB purposes is Social-Behavioral-Educational (SBE) Comprehensive training for non-nurses and Biomedical (biomed) Comprehensive for nursing students/faculty. The CITI training must be completed within past three years). *

Date

10/03/2022 

Additional Training, date of completion

Date

mm/dd/yyyy 

Please include proof of CITI training(s) for all researchers and/or faculty sponsors involved with the project. Completion date must be within past three years). *

 citiCompletionCe... 

 Add file

Tell us about the completion of CITI training for you and other researchers on the project. Make sure that you and everyone on your team complete the appropriate CITI course:

- Non-nurses should complete Social-Behavioral-Educational (SBE) Comprehensive course.
- Nurses should complete Biomedical (Biomed) Comprehensive course.

The CITI training must be completed within past three years).

Add certificates indicating the completion of training when prompted to do so.

Introduction

echernobilsky@caldwell.edu [Switch account](#)

 Draft saved

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Only the email you enter is part of your response.

* Required

PROJECT INFORMATION

Project title *

ENTER THE TITLE OF YOUR PROJECT HERE.

Type of project *

- Individual Research Project
- Class Project
- Thesis/Dissertation
- Course Exemption (please note that only faculty teaching courses may apply for course exemption)
- Course Exemption (Action Research ONLY)

Tell us about your research project, provide the title and mark what type of project that is.

COURSE EXEMPTIONS (ACTION RESEARCH ONLY)

Please fill out this section if you are applying for a course exemption and your course is an action research course.

Please note that upon the approval of the exemption, you need collect and securely store a consent form and the permission from site to conduct research. Please label each consent form and site permission with the course number and section, academic year, and the last name of the student (e.g., ED610-001, 2022-23, Smith). These forms must be stored in digital format for seven years after the completion of the projects and may be requested by the IRB at any time for review.

Thank you.

Course number, section *

Ed 610-611

Are all students working on the same project in this course? *

Yes

No

Please provide course number and whether the students will be completing the same project as a class.

If you answered "No" to the previous question, please explain the types of projects that will be taking place in your section of this course.

EXPLAIN HERE

Explain how you will ensure that each student completes the CITI training before working with human subjects. *

EXPLAIN HERE

Who will be the participants in your students action research projects? *

(Mark all that apply)

- Children under the age of seven
- Children between ages seven and eighteen
- Adult students
- Teachers
- Administrators

MARK ALL THAT APPLY

Please provide brief but complete explanations to the prompts, then choose all that apply to the questions that require marking the answers.

Please mark the types of data students will be collecting for their projects (mark all that apply) *

- Classroom Observations
- Field notes
- Test and quizzes
- Routine assignments
- Likert-type surveys
- Open-ended surveys
- Audio data
- Video data

*PLEASE MARK
ALL THAT
APPLY*

Please discuss risks and benefits to the participants in your students' action research projects. *

EXPLAIN FULLY HERE

Please provide information on how students in your course section will protect confidentiality/ anonymity of the participants. *

PLEASE EXPLAIN HERE

Assurances:

As a faculty teaching the course, I certify that to the best of my knowledge the research described above qualifies for exemption under 45 CFR§46-104. I agree that any course/action research project that does not fit the descriptions provided in this application will be submitted to the Institutional Review Board for consideration before it is implemented. I also agree to report any adverse events to the IRB in a timely manner. I recognize that the Institutional Review Board is only responsible for ensuring the safety and integrity of human participants. I recognize that I am responsible for ensuring this research complies with the mission statement of the University. *

- I agree to the assurances listed above
- I do not agree to the assurances listed above

Provide assurances, signature and date.

Signature

This application requires an electronic signature, provided by typing your * name in the box below. By providing your signature, you are certifying that (1) the information provided in the application is accurate and complete, (2) that you understand that research described in the application, including the recruitment of participants, may not begin until full approval has been granted by the CU IRB, and (3) that the research will be conducted in accordance with the above-listed assurances.

Your answer



Today's date *

Date

Time

mm/dd/yyyy



:

AM



You can click the back button at any time to make sure your application is complete and accurate.
CLICK SUBMIT ONCE YOU ARE DONE.