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Date Submitted

**Southeastern Community College  
Institutional Review Board**

\_\_\_\_\_  
File Number

**APPLICATION FOR HUMAN SUBJECTS REVIEW**

Principal Investigator: \_\_\_\_\_

Check one: \_\_\_\_ Faculty \_\_\_\_ Administration \_\_\_\_ Staff \_\_\_\_ Undergraduate

Program/Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Campus Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

Person to contact regarding questions: \_\_\_\_\_

Campus Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

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

Anticipated Funding Source: \_\_\_\_\_

**Check each of the following that are included in your research:**

- Research on regular and special-education instructional strategies, curricula, or classroom management methods.
- Test, survey, or observational research in which the subject *cannot be identified*, either directly or indirectly, with their responses or information recorded about them.
- Test, survey, or observational research in which the subjects *can be identified* with their responses or information about them.
- Survey or observational research in which the subject's responses or behaviors, if they become known outside the research, could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability.\*
- Survey or observational research that deals with sensitive aspects of the subject's own behavior, such as illegal conduct, drug use, sexual behavior, or use of alcohol.
- Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens which *are not publicly available* OR from which the information is recorded by the investigator in such a manner that subjects *cannot be identified*, directly or indirectly.
- Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens which *are not publicly available* OR from which information is recorded by the investigator in such a manner that subjects *can be identified*.\*
- Research involving exercise by the subjects.\*
- Research involving noninvasive procedures routinely used in clinical practice.
- Research involving voice and video recordings.\*
- Research that will involve manipulating the subject's behavior in a way that is stressful to them.\*
- Research involving minors (under 18).\*
- Research involving subjects institutionalized as mentally disabled.\*
- Research involving prisoners.\*
- Research involving interviews.\*
- Research involving questionnaires.\*
- Research involving tests not normally used in educational or clinical settings.\*  
(Specify): \_\_\_\_\_

\*These procedures generally require Informed Consent.

**Identify other key personnel involved with human subjects on this project:**

**Identify anticipated funding source:**

**Identify other organizations or agencies involved in the project:**

**PROJECT DESCRIPTION**

See "Required Elements in the Project Description for IRB Review.pdf"  
The Project Description may be submitted on separate sheet(s).

**I. Abstract describing the project and its purpose.**

**II. Description of the protocol.**

**III. Description of risks and precautions.**

**IV. Anonymity and confidentiality.**

**V. Consent.**

**VI. Benefits.**

**ASSURANCE:**

I certify that the protocols described in this application are complete and accurate, and are consistent with applicable protocols submitted to external funding agencies. All protocol activities will be performed in accordance with Southeastern Community College, state, and federal regulations. The protocol as approved by the Southeastern Institutional Review Board will be followed during the period covered by this research project. Any future changes to the research project will be submitted to the IRB for review and approval prior to implementation. No activities involving the use of human subjects will be initiated without prior review and approval by the SCC Institutional Review Board.

_____/ /	_____/ /
Principal Investigator/Project Director	Co-Investigator/Student (if approp)
_____/ /	_____
Supervising Faculty (for student projects)	Course
_____/ /	
Department Chair	

**Submit** this completed and signed form in hard copy to the institutional research office on the SCC West Burlington campus or electronically to the IRB chair, Janet Shepherd, [jshepherd@sccowa.edu](mailto:jshepherd@sccowa.edu).

**Disposition:** You will be notified of the IRB's decision regarding your proposed research. Disposition may be Approved, Further Review, or Denied. You may not begin the project until you receive notification of the IRB's decision.