Institutional Review Board

ST. JOSEPH'S UNIVERSITY

Application for FULL IRB Review

Please first check the criteria for FULL Review described in the SJNY IRB manual, under Procedures of Review to insure you are submitting the correct application.

SECTION 1: INVESTIGATOR INFORMATION

a. Name**:**

b. Telephone Number**:**

c. E-mail**:**

d. Department / Office Affiliation**:**

e. SJNY Status (check one)**:** ☐ Student ☐ Faculty ☐ Administrator ☐ Staff

STUDENTS: Please indicate below the course or organization for which you are conducting this research. Complete whatever is relevant.

Course Number and Title:	Campus Organization:
_____	_____
Instructor's Name:	Moderator's Name:
_____	_____
Instructor's email address:	Moderator's email address:
_____	_____

SECTION 2: PROJECT INFORMATION

Title of Research**:**

Estimated Start Date: Anticipated End Date:

Additional Materials Needed:

Submit a copy of your *method section* along with this application. It should specify the sampling criteria and procedures; experimental manipulations and measuring instruments; and procedures for obtaining informed consent, interacting with subjects, and collecting data, **copies of all measuring instruments to be used in the research** (i.e., all scales, questionnaires, surveys, assessments and all other types of self-report), and all stimuli. The IRB must see everything that the participant is going to see.

SECTION 3: CONCERNS FOR FULL REVIEW

a. Will any participants be (check all that apply):

☐ minors (less than 18 years old)?
☐ pregnant women?
☐ cognitively or emotionally compromised adults?
☐ prisoners?

If you checked any of the boxes, explain below any risks posed by their participation and the procedures in your protocol designed to ameliorate such risks.

b. If any participants will be from institutions/organizations outside of St. Joseph's University, have you received official approval from those settings (i.e., teachers, supervisors, principals, agency directors) (check one)?

☐ Yes. Submit approval notices along with this application.
☐ No. Explain below why official approval from the institutions/organizations is not necessary for your research.
☐ Not applicable.

c. Do you anticipate your participants will experience any physical or psychological harm/discomfort/risk (check one)

☐ No.
☐ Yes. Describe below the discomfort that may occur, explain why it is unavoidable, and indicate how you intend to ameliorate it including possible medical/psych referral.

d. Describe how the confidentiality of the participant's responses will be protected.

e. Will your research protocol employ deception by commission (check one)?

☐ No.
☐ Yes. Justify below the need for such deception and describe the debriefing you will use to reestablish an honest relationship with your participants.

f. Will your research protocol involve video recording, audio recording, or photographing participants (check one)?

☐ No.
☐ Yes. Identify below which media will be used, how the material will be secured during the research, and what will be done with it when the research is completed.

g. Do you anticipate participants may have cultural and/or language problems with your research protocol (check one)?

☐ No.
☐ Yes. Describe below how you will address such potential problems.

Section 4: Investigator's Declaration

I declare that the information provided in this application and in the attached documents is accurate and complete to the best of my knowledge.

_____	_____
Signature of Investigator	Date Submitted

NOTE: If you modify any aspect of your research protocol reported in this application, a new application for review must be submitted to the IRB in a prompt manner. Data collection may not proceed until the new application is approved. Failure to secure IRB approval for modifications to the research protocol constitutes non-compliance with institutional policy regarding the protection of human research subjects.