**APPLICATION FOR HUMAN SUBJECTS REVIEW**

***\*THIS FORM MUST BE TYPED\****

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Researcher: | | | | | Date: | |
| Dept. /Office: | | | Organization: | | | |
| Address: | | City: | | State: | | Zip Code: |
| Phone: | E-mail: | | | | | |

Names and Affiliation(s) of Co-Researcher(s) (If Applicable):

Type of Review:  New  Renewal

If Renewal, are there any substantive changes?  Yes  No

Project Title:

Location of Study:

Data Collection Period: From:       To:       (mo/yr) (mo/yr)

Site Authorization from Research Site:  Yes  No  Not Applicable

If Yes, Date:       (Attach Authorization(s) to Application)

Supported by Research Grant(s)? Please indicate funding source. Federal regulations require Human Subjects Committee to review the complete grant application

Unfunded  Funded  Seeking funding from       source

If Yes, Funding Source(s):       Amount(s) (Total or Per-capita):

1. **Project and Purpose**: Briefly describe (a) - The project or study, and (b) - What human participants will experience during the proposed study or project. Describe all strategies or experimental methods to be used, design and program activities. Indicate what data, measures, or observations will be collected and used in the study or for the project. If any questionnaires, tests, or other instruments are to be used, include a brief description and one copy of the instruments.
2. **Methodology**: Specify who the project participants or research subjects will be, giving age, race/ethnicity, and general details. Indicate how they will be solicited, recruited, or contacted. Include any recruitment letters and materials with this document. State how much time will be required of each participant or subject. Describe procedures to which individuals will be subjected. Use additional pages if necessary.
3. **Voluntary Participation**: Specify the steps that will be taken to insure that each individual’s participation is voluntary. State what, if any, inducements will be offered for their participation.
4. **Confidentiality of Data and Privacy Protection:** Describe the methods to be used to safeguard the privacy of your participants, ensure the confidentiality of data obtained, including plans for publication, disposition, and destruction of data, including that of computer, print, videotape, and audio materials.
5. **Informed Consent:** Attach a copy of all consent forms to besigned by the participants and/or any statements to be read to or provided to the participant.
6. **Risks to Participants**: Describe (a) - Any potential risks to participating individuals – physical, psychological, social, legal, or other; (b) - Include all known and anticipated risks to the participants such as side effects, risks of placebo (inert) treatments, etc.; and (c) - In research that proposes substantial risk to human participants, list emergency backup procedures that are in place such as medical or counseling interventions.
7. **Benefits**: (a) - Describe the benefits/or any compensation that the participating individuals can expect, and (b) - Describe the gains in knowledge that may result from the project or research study.

**Attachments**: Please indicate which items will be included with your application:

|  |  |
| --- | --- |
| Cover Letter | Research Proposal |
| Curriculum Vitae | Informed Consent Forms |
| Site Authorization | Questionnaire Interview Outline |
| Verbal Script | Confidentiality Statement |

In making this application, I certify that I have read and understand the Manual for Human Subjects Review Applicants, and that I intend to comply with the Yavapai College Policy. Significant changes in the protocol will be submitted to Yavapai College for written approval prior to these changes being put into practice. Further, I understand that, as Researcher, I am responsible for the collection and retention of all informed consent forms and additional documents pertaining to this research study.

SIGNATURES:

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Researcher Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chairperson (if Yavapai College Faculty Member) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor (if thesis or dissertation research) Date

Do not write below this line.

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**This application has been reviewed by:**

Director, Office of Institutional Research  Human Subjects Review Committee

**This application is:**

Approved with No Substantive Changes  Approved with Changes Attached

Project requires review in       months  Disapproved

Comments or modifications/conditions for approval, or reason for disapproval:

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director, Office of Institutional Research Date

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Dean (when applicable) Date

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Dean (when applicable) Date

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President (when applicable) Date

Please return to:

Director, Office of Institutional Research

Yavapai College

1100 E. Sheldon St., Bldg. 30 - 119

Prescott, AZ 86301