In the interest of ensuring the protection of rights and well-being of human subject involved in research at Edmonds Community College, the EdCC Institution Review Board (IRB) must review and approve all proposed research involving employees or students at the College or being carried out at EdCC property. Please respond to each of the questions below. (\* Required)

First Name: \* Click here to enter text.

Last Name: \* Click here to enter text.

E-mail address: \* Click here to enter text.

Phone number: \* Click here to enter text.

Name of research project: \* Click here to enter text.

Funding source for research project: \* Click here to enter text.

**RESEARCH OVERVIEW**

1. In a short narrative (500 words or less), please describe, in general terms, the research project, paying particular attention to the role of human subjects, the degree to which human subjects will be informed of the research project, research procedures, and the overall goals of the research. \*

Click here to enter text.

**PARTICIPANTS AND THEIR RECRUITMENT**

1. Explain the target population of the research, highlighting any involvement of vulnerable populations (e.g. minors, elderly, those with mental or physical disabilities, etc.) How many participants will be involved? What are the criteria for inclusion or exclusion in the study? \*

Click here to enter text.

1. How are participants to be recruited? Please explain this process in full. \*

Click here to enter text.

1. How will the consent of the participants be achieved? Please send all consent forms via email attachment to [Charlie.Crawford@edcc.edu](mailto:Charlie.Crawford@edcc.edu) \*

Click here to enter text.

**RESEARCH PROCEDURES AND METHODS**

1. Describe how the data will be collected. If a survey is to be used, please send a copy of the survey form to [Charlie.Crawford@edcc.edu](mailto:Charlie.Crawford@edcc.edu) \*

Click here to enter text.

6a. How will the confidentiality of the participants be protected? \*

Click here to enter text.

6b. After data are collected, how will the confidentiality / security of this be protected? \*

Click here to enter text.

6c. Provide a date for the destruction of data if that is planned. If not planned, explain the reasons for not doing so. \*

Click here to enter text.

**RISK TO PARTICIPANTS**

7a. Describe known or potential risks to participants of the study, regardless of how slight. \*

Click here to enter text.

7b. What efforts will be employed to reduce or manage potential risks to participants? \*

Click here to enter text.

8. What are the expected benefits of the research? \*

Click here to enter text.

**IRB FINAL REPORT (submit a separate report referencing the research title and assigned IRB No. found in your letter of approval to the IRB Chair, Charlie.Crawford@edcc.edu)**

9a. Please give a brief overview of how your project went and your outcomes.

Click here to enter text.

9b. Did you have to make any changes from what you outlined in your application?

Click here to enter text.

9c. How many participants did you end up with?

Click here to enter text.

9d. Did you present your results? If yes, indicate where and when?

Click here to enter text.

9e. Please provide a link to the results of your study.

Click here to enter text.

**Acknowledgement of Human Subjects and Institutional Review Board (IRB) Procedures**

* I acknowledge that I have read and understand the [IRB Policies and Procedures](https://sites.google.com/a/email.edcc.edu/irb-development/project-charter) . Remember to report any adverse events or complaints received from the research subjects to the IRB Chair, Charlie Crawford, at Charlie.Crawford@edcc.edu
* Upon completion of research, I will submit an IRB Final Report to the Chairman of IRB.
* If needed, individuals considering research involving human subjects must complete research training through [http://www.ogc.fullerton.edu/tutorial/human.asp](http://www.google.com/url?q=http%3A%2F%2Fwww.ogc.fullerton.edu%2Ftutorial%2Fhuman.asp&sa=D&sntz=1&usg=AFQjCNEtQ6iP9rc8NmHvOeKF8X1QVoLxwg).

Please check: Yes: ☐ No: ☐

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_