**Instructions:** Complete and sign the form. Handwritten IRB applications will not be accepted. Submit completed applications to [IRB@tbr.edu](mailto:IRB@tbr.edu).

**For Exempt Review:** Submit one (1) copy of **Form A**, **Attachment to Form A, Form C**, and, if used, copy of survey or interview questions, consent form(s), letter(s) of permission to conduct research. Documents should be in this order when submitted. Consolidate all supporting documentation into a single PDF document, but please submit Form A as a signed PDF document separately.

**For Expedited or Full Board Review:** Same as for Exempt above; however, **Form B** must also be included in lieu of Attachment to Form A. A valid certificate of completion for human subjects training (one for each investigator) may be required by the TBR IRB Chair or grant awards.

|  |  |  |
| --- | --- | --- |
| **NOTE: This section is to be completed by the TBR IRB Chair (co-Chair).** | | |
| **Certification of Exempt Research** | **Requires Expedited Review:** | **Requires Full Review:** |
| Name:  Signature:  Date:  **TBR IRB Approval Number:** **tbr\_** | Name:  Signature:  Date: | |

**Project Title:**

**Principal Investigator (PI):**

**PI’s Dept:**       **PI’s Email:**

**Co-Investigators (If needed, list additional investigators on separate sheet)**

1.       **Dept.:**

2.       **Dept.:**

3.       **Dept.:**

4.       **Dept.:**

5.       **Dept.:**

6.       **Dept.:**

***NOTE****: Only the PI & Co-PIs listed here will be authorized to collect and analyze data, have access to the data, and to disseminate the data in any way or form (e.g., publication, conference presentation, internal meeting).*

**Projected Dates of Study: Start:**   Upon Approval or (type date)       **End**:

**Probable Review Category:**

Exempt  Expedited  Full Board

If Exempt, Specify Category for Exempt Research (Check One):

1  2  3  4  5  6

**Funding Status:** Not Funded  Funded  Funding Pending

Funding Source:       Grant Proposal # or Index #:

**1. Existing Data:** Will this study involve the use of existing data, documents, records, pathological specimens, or diagnostic specimens if not publicly available? No  Yes  (If Yes, attach documentation indicating the authorization to access the data)

Children & Minors (under 18) OUTSIDE of an educational setting

Cognitively impaired persons

Prisoners

Institutionalized persons

Non-English-speaking persons

Other (describe):

**2. Subjects (Check all that apply):**

Adults (18+ years)

Children & Minors (under 18) IN an educational setting

Minorities

Elderly/Aged person

Students: (Describe):

**3. Reporting of Data will include (Check all that apply):**

Names of participants

Job titles

Addresses

Phone numbers

Social security numbers

Names of employers

Other unique or sensitive information (describe):

Age

Gender

Ethnicity

Marital Status

Income

Types of Employers

**4. Will codes be used to link data with individual subjects?**   No  Yes

**5. Does your research require informed consent by participants**  No  Yes

If yes, how will you obtain consent?  Written  Electronic  Other (describe):

**6. Is compensation offered?**   No  Yes

**7. Number of human subjects:**

**8. Method used for recruiting subjects:**

**9. Will subject(s) be involved in deception?**  No  Yes

**10. Method used:**

Interview  Survey/Questionnaire  Observations  Experimental  Other

***NOTE****: Questions for interviews & surveys/questionnaires must be submitted.*

**11. Potential Risk Exposure:**

None  Physical  Psychological  Economic  Legal  Social

**12. Instruments**

Standardized tests

Survey/Questionnaire

Interview

Equipment (list on separate page)

Other (specify on separate page)

**13. Recorded by**

Written Notes

Voice Recorder

Electronic Media

Video Tape/Film

Photograph

**14. Administered By**

In Person (group)

In Person (Individual)

Telephone

Online Media

Electronic Mail

Mail

**15. Findings Used For**

Publication

Evaluation

Dissertation / Thesis /

Capstone project, etc.

Other (specify on separate page)

**In signing this, I certify that the information in this application is accurate and the research outlined in this application will be conducted only in accordance with the approved application. In addition to the TBR IRB approval, I should obtain administrative approval from campuses before contacting my subjects.**

**Principal Investigator:**

Typed Name:

Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_