**Hartwick College**

**INSTITUTIONAL REVIEW FOR HUMAN SUBJECTS RESEARCH**

**Part 1: Submission Cover Sheet**

**[To be submitted electronically and with hard copy]**

**Check appropriate category:**

O Exempt O Expedited Review O Full Review

**Project Title:**

**Principal Investigator (primary Hartwick contact person for project):**

Name:

Status (Faculty, Staff, Student, Other):

Department (e.g., Anthropology, Biology, etc.):

Date Completed Hartwick’s online *Human Research Subjects Protection Training*:

Campus Address:

Phone Number (where you can be reached live or by voicemail):

E-Mail Address (one you check regularly):

**Other Members of the Research Team:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Project/Role:** | **Title/Affiliation:** | **Date Completed Hartwick *Human Research Subjects Protection Training*:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Is this project a collaborative work with a principal investigator from other institution(s)?** O No O Yes (Please be sure to include collaborators in the “Other Members of the Research Team” table, above, or attach an additional sheet.)

**If the principal investigator is a student, please list the name and contact of the faculty supervisor. Note that the faculty supervisor must indicate knowledge and approval of this proposal by signing this form on page 5.**

Faculty Advisor for this project:

Department:

Date Completed Hartwick’s online *Human Research Subjects Protection Training*:

Campus Address:

Campus Telephone:

Campus E-Mail:

**PROPOSED PROJECT DATES: Start:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Finish:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mm/dd/year mm/dd/year

**Do you expect the project to continue beyond one year?**

|  |  |
| --- | --- |
| O Yes | O No |
|  |  |

**NOTE: Project approval is valid for a maximum of one year only, from the date of IRB approval. Investigators must request a continuation of approval annually if the project extends beyond one year; be sure to update the IRB if your contact information changes so that we can send you a reminder.** Only two continuations will be granted for a given project. After three years, the project must be resubmitted.

**SOURCES OF INTERNAL AND EXTERNAL FUNDING, if applicable (please attach the grant submission or relevant excerpts if part of a larger grant):**

NOTE: Internal sources of funding could include Hartwick Faculty Research Grants, Emerson scholarships, Freedman prizes, etc.

**TYPE OF PROJECT (check all that apply):**

\_\_\_\_\_ NEW PROJECT \_\_\_\_\_ CONTINUATION \_\_\_\_\_ RENEWAL

\_\_\_\_\_ CHANGE IN PROCEDURE FOR A PREVIOUSLY APPROVED PROJECT: PROTOCOL #\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ PROJECT TO BE UNDERTAKEN AS AN ACTIVITY UNDER A PREVIOUSLY

APPROVED TRAINING OR DIVISION GRANT ENTITLED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For students: also check all that apply, below:

\_\_\_\_\_ Senior project/thesis

\_\_\_\_\_ Directed study (for academic credit)

\_\_\_\_\_ Independent study (for academic credit)

\_\_\_\_\_ Internship (for academic credit)

\_\_\_\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSED PROJECT (please attach research proposal using format outlined in *PART 2: Project Proposal*):**

\_\_\_\_\_ Involves a cooperating agency or program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Human participants who are:

\_\_\_\_\_ Adults (≥18 years of age)

\_\_\_\_\_ Minors (<18 years of age)

\_\_\_\_\_ Individuals with mental or other health impairments or disabilities

\_\_\_\_\_ Pregnant women

\_\_\_\_\_ College students

\_\_\_\_\_ Prisoners

\_\_\_\_\_ Human subjects in locations other than the U.S.A. (international research)

\_\_\_\_\_ Other (please specify)

Involves the following methods (check all that apply):

\_\_\_\_\_ Focus group (attach focus group format and questions)

\_\_\_\_\_ Interview (attach format and script/questions)

\_\_\_\_\_ Questionnaire (attach form or forms to be administered)

\_\_\_\_\_ Observation

\_\_\_\_\_ Task (attach description)

\_\_\_\_\_ Test (attach description and/or form if applicable)

\_\_\_\_\_ Non-medical intervention or treatment

\_\_\_\_\_ Deception (attach script for debriefing session)

\_\_\_\_\_ Physiological intervention (e.g., medications, experiencing temperature change, etc.)

\_\_\_\_\_ Biomedical procedures (e.g., blood sample of specified amount, cheek swab, etc.)

\_\_\_\_\_ Secondary analysis

\_\_\_\_\_ Videotaping (requires specific consent)

\_\_\_\_\_ Audio recording (requires specific consent)

\_\_\_\_\_ Medical records review

# **Hartwick College**

**INSTITUTIONAL REVIEW BOARD**

## **Part 2: Project Proposal**

**[To be submitted electronically and with hard copy]**

1. PROJECT TITLE
2. DESCRIPTION OF THE PROJECT:
3. PURPOSE FOR THE PROJECT:

1. PROTOCOL (SUMMARY OF PROCEDURES): Include a description of:
2. Research design, methods, and procedures (including copies of the actual questionnaires, etc. that will be administered):
3. Number of participants:
4. Participant population:
5. Participant selection and recruitment:
6. Compensation/Inducement:
7. Confidentiality:

1. BENEFITS:
2. RISKS:
3. USE OF DATA AND POTENTIAL DISSEMINATION:
4. CONSENT FORM (attach separate document)

NOTE: All completed consent forms must be stored with the IRB as soon as possible after completion. Please forward signed forms to: **IRB, Carla J. Kinser, Bresee Hall, Room 205.**

If study procedures require an alternative storage arrangement due to special project circumstances, please describe where the signed consent forms will be kept and for what period of time. Note that ALL signed forms must be submitted to the IRB no later than the date of project completion.

1. DEBRIEFING SCRIPT (if applicable; attach separate document)
2. Please submit:
3. **One (1) original hardcopy of your entire submission (Parts 1 , 2 and 3, with all relevant attachments) to:**

Hartwick Institutional Review Board (IRB)

Carla J. Kinser

Office of Academic Affairs  
Bresee Hall, Room 205

1. **An electronic file of *PART 1 and 2 and all relevant attachments* (readable in Word 97-2003) and send to** [**IRB@hartwick.edu**](mailto:IRB@hartwick.edu)**. Be sure to include your (principal investigator) name and project title in the body of your e-mail.**

**Part 3: Signatures Page**

**(To be submitted with hard copy)**

The policies and procedures on use of human subjects for research at Hartwick College apply to all activities involving use of human subjects and performed by persons conducting such activities under the auspices of the College. Research activities involving human subjects will be initiated once review and approval by the Institutional Review Board is received.

My signature below certifies that all of the information in this proposal (both parts one and two) is accurate and complete, and no other procedures will be used in this project. I will also submit any modifications to this project for approval prior to implementation. I have reviewed Hartwick’s policies and procedures on research involving human subjects, including the completion of required training appropriate to this research. I understand my responsibilities and agree to abide by the provisions of these policies and procedures.

**Student Projects:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Principal Investigator Name Principal Investigator Signature Date

Include signatures for other key personnel on project, below, if applicable:

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

Name Signature Date

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

Name Signature Date

I certify that this project is under my direct supervision and that I am responsible for ensuring that the

investigator(s) comply with the provisions of approval and their responsibilities as investigators,

including completion of required training appropriate to this research.

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

Project Faculty Advisor Name Project Faculty Advisor Signature Date

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

Chair/Program Director Name Chair/Program Director Signature Date

**For Faculty and Staff and for Outside Agent Projects:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Principal Investigator Name Principal Investigator Signature Date

**Please submit:**

1. One (1) original hard copy of your entire submission (Parts 1, 2, and 3,) with all relevant attachments) to:

**Hartwick Institutional Review Board**

**Carla J. Kinser, Bresee Hall, Room 205**

2. An electronic file of *Part 1 and 2* (readable in Word 97-2003) with all relevant attachments to [IRB@hartwick.edu](mailto:IRB@hartwick.edu).

Be sure to include your (principal investigator) name and project title in the body of your e-mail.

Revised 12/13/2019