FORM A—FULL RESEARCH REVIEW APPLICATION FORM (IRB)

Study Title: _____

Date of Request _____

Project Director(s) _____

Contact Information: phone (note if office, home, or cell) _____

Address: _____

Proposed Project Start and End Dates: _____

Please answer the questions below and return this form with:

- ❖ A copy of the Consent Form that will be provided to the participants (See Form E for a sample Consent Form).
- ❖ A completed copy of the Human Subjects Research Consent form Checklist (Form D).

I. Project information:

A. Project Activity Status:

- □ New Project
- □ Annual Review of Continuing Project
- □ Revision to Previously Approved Project—Please Specify:
  - ◊ Revision in Protocol
  - ◊ Revision in Precautions
  - ◊ Revision in Confidentiality of Data
  - ◊ Revision of Consent Forms
  - ◊ Other Revision _____

B. This project involves Schenectady County Community College

- □ Yes
- □ No

C. This project involves Schenectady County Community College Employees, or Foundation Employees

- □ Yes
- □ No

D. Human subjects from the following populations will be involved in this study

- ☐ Minors
- ☐ Mentally Disabled
- ☐ Elderly
- ☐ High School Students
- ☐ Prisoners
- ☐ None of the above

E. Total number of participants to be studied: _____

II. Abstract Describing Project and Purpose (Include a description of the purpose of the research, its methodology, and all anticipated risks and benefits). If any questionnaires, tests or other instruments are to be used include a brief description and a copy of each instrument.)

III. Protocol (Who will be the research participants? How will they be solicited or contacted? Include any recruitment letters or other recruitment materials with this document; How much time will be required of each participant? Describe procedures to which humans will be subjected—used additional pages if necessary).

IV. Precautions (What precautions will you take to minimize risk to research participants? What steps will be taken to insure that each subject's participation is voluntary? What, if any, incentives will be offered to the participants for their participation?)

V. Confidentiality of data (Describe the methods to be used to maintain the confidentiality of data obtained and insure the anonymity of participants and of Schenectady County Community College. Please include plans for publication, disposition or destruction of data, etc.)

VI. Consent (Attach a copy of all consent forms to be signed by participants and/or any statements to be read to the participants)

I certify that the protocol and method of obtaining informed consent as approved by the Schenectady County Community College Institutional Review Board will be followed during the period covered by the research project. Any future changes to the research project will be submitted to the IRB for review and approval prior to implementation.

_____ _____

Date Project Director