LARAMIE COUNTY COMMUNITY COLLEGE
INSTITUTIONAL REVIEW BOARD
RESEARCH STUDY APPLICATION FOR PERMISSION TO USE HUMAN SUBJECTS IN RESEARCH
Please type responses. Do not leave any item blank.
Use as much space as necessary for required explanations and descriptions

Principal Investigator(s) (PI): ***Attach curriculum vitae if not a full-time LCCC employee.***	
Phone:	Date:
Department:	
Institution:	
LCCC Sponsor (required if principal investigator is not a full-time LCCC employee):	
Title of Research Project:	
Please check purpose of project: ___Class Assignment ___Master's Thesis ___Doctoral Dissertation ___ LCCC Research ___Other (please explain):	
Please check the type of review being requested: ___Exempt ___Expedited ___Full ***If requesting Exempt Review or Expedited Review, attach an explanation which includes justification using the definitions found in Section VIII of the LCCC IRB Human Subjects Research Manual.***	
Where will work be done?	
When will the research begin?	When will the research end?

CHECKLIST FOR RESEARCHER **Please check the appropriate column.**		
YES	**NO**	**GENERAL ISSUES**
		1. Are federal funds involved? If yes, sponsor's name:
		2. Are other external funds? If yes, sponsor's name:
		3. Is this application a renewal application for same research done one or more years ago and previously approved by this committee?
		4. Do you have
		a. any vested interest in any commercial enterprise associated with any aspect of the protocol?
		b. any other conflict of interest?
		Explanation required if the answer to either 4a or 4b is YES; use the EXPLANATIONS section of this application to fully explain and identify the safeguards taken to prevent investigator bias in subject recruitment and/or the consent process.
		5. Will this project require the supervision of a physician? **(Explanation required if YES; use the EXPLANATIONS section of this application.)**

CHECKLIST FOR RESEARCHER Please check the appropriate column.			
YES	**NO**	**SUBJECT RELATED ISSUES**	
		6. Has the selection of subjects been equitable, with particular recognition of the special problems of research involving vulnerable populations such as pregnant women, children, prisoners, mentally or physically disabled persons, or economically or educationally disadvantaged persons? **(Explanation required if NO; use the EXPLANATIONS section of this application.)**	
		7. Will the research impact any members of vulnerable populations such as pregnant women, children, prisoners, mentally or physically disabled persons, or economically or educationally disadvantaged persons? **(Explanation required if YES; use the PROTOCOL OF RESEARCH PROJECT Safety Measures section of this application.)**	
YES	**NO**	**N/A**	**CLASS ASSIGNMENT ISSUES**
			8. Have the subjects been given a choice of the following: participate or do an equitable alternative assignment (i.e., book review, paper, etc.)? **(Explanation required; use the EXPLANATIONS section of this application.)**
			9. Have the subjects been offered an incentive (such as money, extra credit for the class, etc.) to participate in the research? **(Explanation required if YES; use the EXPLANATIONS section of this application.)**
			10. Will this research be conducted during regularly scheduled class time? **(Explanation required if YES; use the EXPLANATIONS section of this application.)**
YES	**NO**	**INFORMED CONSENT/ASSENT ISSUES** **A copy of the informed consent form must be attached to this application.**	
		11. Will each subject, prior to the research, indicate informed consent/assent to participate by completing and signing a written form which includes:	
		a. A description of the potential risks to the subjects including physical, psychological, emotional, social or spiritual well being? **(Explanation required if NO; use the EXPLANATIONS section of this application.)**	
		b. A description of how the personal privacy of the subject will be protected? **(Explanation required if NO; use the EXPLANATIONS section of this application.)**	
		c. A description of any incentives for the subjects and restrictions for receiving such incentives? **(Explanation required if NO; use the EXPLANATIONS section of this application.)**	
		d. An indication that the subjects' participation is entirely voluntary and that they may withdraw at anytime? **(Explanation required if NO; use the EXPLANATIONS section of this application.)**	
		e. A description of any debriefing that will be made available to the subjects? **(Explanation required if NO; use the EXPLANATIONS section of this application.)**	

SUMMARY OF RESEARCH STUDY PROTOCOL	
Project Description: Provide the following information: brief description of research methods, time required for single session, number of sessions, psychological or medical methods to be used, and research objectives or hypothesis(ses); if a survey instrument or other interview protocol is to be used, please attach a copy. Specifically address any proposed coercion or deception in the study design, including the rationale for such activities.	
Number of Subjects: _____	**Age of Subjects:** ___Over 18 ___Under 18 **If under 18, indicate how parental consent will be obtained:**
Safety Measures: Outline specific safety controls. • If applicable, indicate what OSHA requirements will be observed. • If applicable, indicate what universal standards will be observed. • If subjects may be pregnant women, children, prisoners, or mentally or physically disabled persons, indicate special precautions that will be observed. • If physician's attendance is necessary, explain why.	
Physician's Name and Contact Information (If Physician's attendance is necessary):	
ATTACH THE COMPLETE RESEARCH STUDY PROTOCOL TO THIS APPLICATION.	

REQUIRED EXPLANATIONS FOR CHECKLIST RESPONSES Clearly indicate the item reference for each explanation.

REQUIRED SIGNATURES

I have read the LCCC IRB Human Subjects Research Manual and I certify that

- my proposed research study is in conformity with college policy, and
- I have completed the web-based training course offered by the National Institutes of Health [see http://phrp.nihtraining.com/users/login.php?l=3] within the past three years. (Attach a copy of your most recent training certificate of completion if it is not already on file in the LCCC IR Office.)

Principal Investigator	*Date*
Attending Physician (if applicable)	*Date*
Other Sponsoring Agency (if applicable)	*Date*

LCCC Supporting Signatures

By signing below, individuals agree that they support the proposed research study and that the study is consistent with the mission, vision, and values of the college.

LCCC Sponsor (if applicable)	*Date*
Division Dean or Department Head	*Date*
Vice President	*Date*

DISPOSITION BY LCCC IRB

___ Exempt ___Expedited Review ___Full Review

___Approved ___Tabled ___Disapproved

___Continuing Review Required

Next scheduled review is _____ or upon completion of the study, whichever comes first.

Chair's Signature	*Date*