# Golden West College IRRB Application Form

Researcher Application
Internal Research Review Board
Golden West College

Application to conduct external research involving Golden West College (GWC) students or employees

In an effort to ensure that study participants are fully aware of the nature of the research, their rights are protected, and that the research aligns with the mission, vision, values and strategic goals of Golden West College, this Internal Research Review Board Form and process is established to protect class time, employee and student rights, and college liability.

It is the responsibility of the principal investigator to establish and maintain acceptable ethical practices in research. Anyone - employees, students or external persons - who wishes to initiate an external research project must secure permission through completing the Internal Research Review Board Form. To apply for IRRB review at GWC, you will be required to submit IRB approval (include original application documents) from the institution with which you have an affiliation along with this completed application. Please e-mail this completed application along with the IRB documents to ldavissosenko@cccd.edu.

The IRB requires all researchers connected with the data collected from GWC to undergo formal IRB training. Please submit documentation of your certification with your final submitted package. All other related documents that will be used in the study should also be attached (e.g., consent forms, questionnaire, advertisements, etc.).

There are three levels of review including: (1) exempt from review, (2) expedited review, and (3) full review. The level of review is determined by the IRB based on the amount of risk to subjects. Even if you have your study reviewed elsewhere at another IRB, it does not necessarily mean that this IRB will assign the same level of review to it. The GWC IRB approval will only be given for increments of one year. Research projects that the IRB Committee would typically review with this form are limited to the following: a) master's degree theses, b) doctoral dissertations, c) GWC grant-funded projects, d) GWC Research and Institutional Effectiveness projects, and, e) external agency projects. This form is not intended for GWC student conducting research as part of a course requirement.

## SECTION A

**Title of Project:**

**Principal Investigator:**

**Institution:**

**Department:**

**Campus Address:**

**Campus Phone Number:**

**E-mail:**

**Other Phone Number:**

**Home Address:**

**Co-Investigators (if applicable):**

# SECTION B

**I. Research Project Summary**

Please describe the purpose/goals of the research and any hypotheses/expected outcomes of the study. Describe the scientific need or rationale for this study and the importance or significance of the knowledge to be gained. Please limit research project summary to 500 words or less.

**II. Participants and Recruitment**

Please check all the populations you wish to study:

☐ GWC administrators ☐ GWC faculty ☐ GWC staff ☐ GWC students

*Vulnerable populations:*

☐ Children under 18 (need parent consent & child assent)
☐ Fetuses
☐ Prisoners
☐ Hospitalized
☐ Other:
☐ Senior citizen (65 and older)
☐ Pregnant women
☐ People with disabilities
☐ Institutionalized

a. Describe the proposed participant population. Include the approximate number of participants and specific demographics. Clearly note all inclusion/exclusion criteria for participation (e.g. gender, ethnicity/race, age, sexual orientation, religious background, health status, etc.) and the reason behind such inclusion/exclusion. Also note if any special vulnerable populations will be purposefully sampled.

b. Describe the recruitment procedures. Please note the location of (experimental) procedure. If the (experimental) procedure will take place in class, prior clearance from instructors is required. If off campus, note whether permission has already been obtained. If permission from an off campus location has been obtained, please attach the letter of permission. Indicate when the (experimental) procedure will take place. Describe how any perception of coercion (e.g., students must participate in a survey to get extra credit in a class) by the potential participants will be mitigated. Please describe any compensation or incentives offered to potential participants. Attach recruitment documents (flyers, recruitment scripts, letters of solicitation, etc.).

c. Describe the process for gaining informed consent and/or assent from potential participants. Submit a copy of the written consent or assent form, as well as the debriefing form, by e-mailing them to ldavissosenko@cccd.edu.

*Please check that your consent form addresses all of the following points*:

☐1. Inquire whether the participant is at least 18 years of age. Please note that participation of children under 18 requires both parental consent and participant assent. If planning to include anyone under 18 years of age, please explain how parental consent and participant assent will take place.
☐2. The purpose of the project, procedures to be followed and expected duration of the participant's participation.
☐3. Any reasonably foreseeable risks or discomforts.
☐4. Any benefits that can be reasonable expected.
☐5. Any alternative procedures or course of treatment (if any) that might be advantageous.
☐6. How the data will be recorded and used. Also include the extent to which confidentiality of records identifying the participant will be maintained.
☐7. Whom to contact if injury (physical or emotional) occurs, and whether any compensation or medical treatment is available.
☐8. Whether the results of the study will be made available to the participants (no individual results should be made available).
☐9. That participation is voluntary, that the participant may discontinue participation at any time, skip any questions, and that refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled.
☐10. The investigator will be available to answer any questions the participants may have about risks or the informed consent.
☐11. Include a statement with contact phone number for someone not connected with the study: "For questions regarding your rights regarding your participation as a research participant, contact GWC Dean of Institutional Research Lauren Sosenko at ldavissosenko@cccd.edu.
☐ 12. Inform the participant that s/he shall be given sufficient time to read the consent form and will be asked to sign two copies (one for the participant to keep and the other for the investigator's records).
☐13. The consent form is free of exculpatory language as identified by the U.S. Department of Health and Human Services. Please refer to http://www.hhs.gov/ohrp/policy/exculp.html
☐14. Appropriately explain whether research participation will be anonymous or confidential.

## III. Research Procedures and Methods

a. Describe the data collection procedures and materials. Indicate how potential participants will be identified and selected. Submit to research@gwc.cccd.edu copies of actual materials to be employed (questionnaires, interview protocols, media to be shown to participants, etc.) in final form to the extent possible.

b. Please elaborate on the procedures that insure the protection of the identity of participants and, in general, how confidentiality will be maintained. TIPS: Re: Confidentiality, give information as to where information is stored (locked cabinet?), who has access (PI only?), for how long (3 years?), final disposition (documents, informed consents shredded?) If conducting face to face interviews (audio taped, videotaped, etc) indicate that when transcription to be done, by whom, the disposition of transcripts, how confidentiality is maintained, etc. Will this information be placed on the internet in any capacity? For example, "Audiotapes will be stored in the locked cabinet to which only the Principal Investigator has access to. Audiotapes will be erased immediately after transcription by principal investigator."

## IV. Potential Risk and Benefits

Please describe the potential risks to participants. Ensure that you indicate whether:
1) any apparatus will be applied externally or internally to participants
2) any drugs or special diet will be administered to participants
3) participants will be exposed to any stimuli that might be physically or mentally harmful
4) participants will experience any stress or discomfort
5) the information gathered could expose participants to liability, discrimination, or embarrassment (e.g. concerning child abuse, sexual behavior, drug abuse, etc.)
6) any deception will take place and debriefing

If any of the above will take place, please indicate why such procedure is necessary and describe the steps that will be taken to mitigate any harm. Lastly, please describe any corresponding safeguard for any potential risks.

# SECTION C

**Provide the following information regarding your IRB approval from the institution with which you are affiliated:**

**Institution:**

**Faculty Advisor, if applicable:**

**Faculty Advisor e-mail address, if applicable:**

**Please ask your advisor to email GWC IRRB chair at ldavissosenko@cccd.edu to confirm his/her supervision of your research project.**

If you contacted someone at GWC to sponsor/assist you with your project, please indicate who:

**GWC Contact Name:**

**Department:**

# SECTION D

By signing here, the Principal Investigator certifies that the information on this form is accurate and that s/he: 1) will comply with federal and institutional policies and procedures to ensure the protection of human subjects in research, 2) understands his/her ethnical responsibilities as a researcher, 3) will have completed the training on human subjects research and responsible conduct of research before the study begins, 4) will contact the GWC IRRB prior to making any changes to the proposed research study, 5) will promptly informed the GWCC IRRB of any unanticipated problem that may jeopardize the well-being of participants, and 6) will contact the GWC IRRB ten months after the study approval to provide an update on the study status and the need for a possible one-year renewal.

**Signature of Principal Investigator:**

**Date of Submission:**

Please check all the required documents that you will submit along with this form. E-mail these documents separately to ldavissosenko@cccd.edu and indicate the date when your application form was submitted electronically.

- ☐ IRB approval from external institution, including application documents
- ☐ IRB training certification
- ☐ Permission from off campus location, if applicable
- ☐ Recruitment documents (flyers, letters of solicitation, etc.) if applicable
- ☐ Consent form
- ☐ Assent form, if applicable
- ☐ Data collection instruments (questionnaires, surveys, interview protocols, media to be shown, etc.)
- ☐ Other: