**North Idaho College**

**Institutional Review Board Application for Human Subjects Research**

**Part 1: Contact Information, Agreements, and Signatures**

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| --- | --- | --- |
| ***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 NIC employee or NIC student.*** | | |
| Phone: | | Date: |
| Department: | | |
| Institution: | | |
| NIC Sponsor (required if principal investigator is not a full-time NIC employee): | | |
| Title of Research Project: | | |
| Please check purpose of project: \_\_\_Undergraduate \_\_\_Graduate \_\_\_Research \_\_Classroom Assignment  \_\_\_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 the NIC IRB Human Subjects Research Manual.*** | | |
| Where will work be done? | | |
| When will the research begin? | When will the research end? | |

**Funding source or sponsor:**

Name (Please do not Abbreviate):

\_\_ Federal \_\_ State \_\_ NIC \_\_ Other (specify):

***For IRB USE ONLY***

**Initial recommendation**: **Final IRB Recommendation**:

\_\_\_\_ Exempt from board review \_\_\_\_ Approved as submitted

\_\_\_\_ Expedited review \_\_\_\_ Approved with noted conditions

\_\_\_\_ Full board review \_\_\_\_ Not approved

**Signature of Chair or Designee**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This approval expires in one year from the date above. If significant changes are made to the protocol, prior approval must be obtained from the IRB. If you disagree with this decision you have the right to appeal.

**Checklist of Items to Include with Your Submission**

Check the relevant items below and include one copy of all checked items 1-9 in the order listed.

**\*\*\*\*Applications will be returned if these instructions are not followed. \*\*\*\***

|  |  |
| --- | --- |
| Check | Item |
|  | 1. This application with original PI and/or Faculty Advisor signatures. |
|  | 2. Consent and assent forms, fact or information sheets; include phone and verbal consent scripts. *See Part 3 for guideline of information to include.* |
|  | 3. All recruitment materials including scripts, flyers and advertising, letters, emails. *See Part 3 for guideline of information to include.* |
|  | 4. Questionnaires, focus group guides, scripts used to guide phone or in-person interviews, etc. *See Part 3 for guideline of information to include.* |
|  | 5. Protocol, grant application or proposal supporting this submission, if any (e.g., extramural grant application to NIH or foundation, industry protocol, student proposal). *See Part 3 for guideline of information to include.* |
|  | 6. A list of all locations for Multi-Site Studies. *See Part 3 for guideline of information to include.* |
|  | 7. Data use agreements if applicable (may be required for use of existing data from third parties). *See Part 3 for detail of information to include.* |
|  | 8. A list of all project personnel, including co-investigators and anyone who will have contact with subjects or data from subjects. (Please include contact information for those that need to receive IRB correspondence). *See Part 3 for guideline of information to include.* |
|  | 9. An electronic copy of the application and all materials listed emailed to irb@nic.edu or submitted to instructor or Office of Planning & Effectiveness. |

**Conflict of Interest Questions**

The following questions apply to **all investigators and study staff** engaged in the design, conduct, or reporting results of this project **and/or their immediate family members.**  For these purposes, "family" includes the individual’s spouse and dependent children. “Spouse” includes a person with whom one lives together in the same residence and with whom one shares responsibility for each other’s welfare and shares financial obligations. For each item, please check yes or no.

|  |  |  |
| --- | --- | --- |
| Currently or during the term of this research study, does any member of the research team or his/her family member have or expect to have: | | |
|  | YES | NO |
| (a) A personal financial interest in or personal financial relationship (including gifts of cash or in-kind) with the sponsor of this study? |  |  |
| (b) A personal financial interest in or personal financial relationship (including gifts of cash or in-kind) with an entity that owns or has the right to commercialize a product, process or technology studied in this project? |  |  |
| (c) A board membership of any kind or an executive position (paid or unpaid) with the sponsor of this study or with an entity that owns or has the right to commercialize a product, process or technology studied in this project? |  |  |
| Has the College or has a College-related foundation received a cash or in-kind gift from the sponsor of this study for the use or benefit of any member of the research team? |  |  |
| Has the College or has a College-related foundation received a cash or in-kind gift for the use or benefit of any member of the research team from an entity that owns or has the right to commercialize a product, process or technology studied in this project? |  |  |

**Signatures**

**Principal Investigator**: I will personally conduct or supervise this research study. I will ensure that this study is performed in compliance with all applicable laws, regulations and College policies regarding human subjects research. I will obtain IRB approval before making any changes or additions to the project. I will notify the IRB of any other changes in the information provided in this application. I will provide progress reports to the IRB at least annually, or as requested. I will report promptly to the IRB all unanticipated problems or serious adverse events involving risk to human subjects. I will follow the IRB approved consent process for all subjects. I will ensure that all collaborators, students and employees assisting in this research study are informed about these obligations. All information given in this form is accurate and complete.I understand that as Principal Investigator I am obligated to ensure that any potential conflicts of interest that exist in relation to my study are reported as required by College policy.

Signature of Principal Investigator Date

**NIC Sponsor (if a student or external PI)**:I accept ultimate responsibility for ensuring that this study complies with all the obligations listed above for the PI.

Signature of NIC Sponsor Date