

8. Explain source of funding for project if applicable.

9. Expected starting and completion dates for project.

10. Outline potential benefit of the project to the individual participant, group of participants, or society in general

11. Outline potential risks to participants and the measures that will be taken to minimize such risks.

12. Specify procedures developed with respect to the anonymity of the participants and the confidentiality of their responses. Indicates what personal identifying indicators will be kept on participant.

13. Specify how participants will be informed of the nature of their participation in the project, that their participation is voluntary, and that their responses are confidential.

14. Written consent may be required before your project is approved. Give an explanation for why written consent is not feasible or necessary. (if applicable)

15. Specify any special population (e.g., children) involved in the project and describes the procedures for obtaining the appropriate consent.

16. Specify how the findings will be used or disseminated (e.g. professional publications, media, employers).

17. Describe plans for researchers to provide some summary of findings to participants or a rationale for why this is not tenable.

18. Describe Electronic Information Security and Protection protocols

19. Specify procedures for storage, records retention, and ultimate disposal of personal information.

20. Describe if the participants will be exposed to any psychological interventions such as deception, contrived social situations, manipulations of attitudes, opinions, or self-esteem, psychotherapeutic procedures, or other psychological influences.

21. Describe procedures for follow-up and/or debriefing.

22. Specify any procedures that will be designed to address any adverse effect from participating in the study.

Have you read the IRB Policies and Procedures document? Yes No

Have you completed the appropriate CITI training? Yes No

I certify that all information is true and correct to the best of my knowledge.

Yes

No

Your Name

Date

Email a copy of this form and all supporting documents to: InstEffectiveness@johnsonu.edu

For Internal Use

Chief Reviewer

Date

Approved as is

Additional information required

Approved with noted revision

Not approved-see notes

Review Notes