University of Redlands Institutional Review Board

Application to Use Human Subjects in Course Only Research

(Form revision date: August 25, 2017)

Please note that approval for Course projects does not convey approval for publically presenting the research outside the classroom. If projects are intended for public presentation or publication, you must complete the full standard IRB application. If you have questions about this, please contact the IRB chair or consult the IRB manual.

**Section A. Identification Information**

|  |  |
| --- | --- |
| Current date: |  |

|  |  |
| --- | --- |
| Semester(s) course taught: |  |

|  |  |
| --- | --- |
| Course name: |  |

|  |  |
| --- | --- |
| Name of instructor: |  |

|  |  |
| --- | --- |
| Email of instructor: |  |

|  |  |
| --- | --- |
| Instructor phone number: |  |

|  |  |
| --- | --- |
| Department: |  |

A.1. Has the Instructor completed the Collaborative Institutional Training Initiative (i.e., CITI training)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If you answered “Yes,” attach the certificate of completion to this application.

***Stop-Sign If you answered “No” to the previous question, stop completing this application until you complete the CITI training. Do not submit the application for IRB review.***

The Instructor will ensure that students complete their CITI training and forward the records to the IRB chair before data collection each time this course is offered with this component. :

**Section B. Overview**

B.1. In lay language, summarize the purpose and rationale of the proposed project(s). Include the range of possible questions being addressed, possible methodologies, etc.

B. 2. Describe the possible participants, including potential recruitment strategies.

B. 3. Describe the possible research methods/design.

B. 4. Describe the method for obtaining informed consent and attach the consent form template.

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**Section M. Certification for Teaching**

*I certify that to the best of my knowledge the information provided above is complete and accurate.*

*I agree to obtain approval from the IRB for any modifications of the above protocol as described.*

*I accept responsibility for ensuring that the rights, welfare, and dignity of the subjects in this study have been protected and are in accordance with applicable federal/state/local laws and regulations and the University's Institutional Guidelines for the Treatment of Human Subjects in Research.*

*I will report promptly to the IRB all unanticipated problems or adverse events involving the subjects.*

*I will follow the IRB approved consent process for all subjects.*

*I will ensure that all personnel conducting the work of this protocol have or will receive appropriate training in the use of human participants in experimentation.*

|  |  |
| --- | --- |
|  |  |
| Signature of Instructor | Date |

*For IRB use only. Do not write or type below this line.*



**IRB Decision**

[ ] Approved

|  |  |
| --- | --- |
| IRB approval number: |  |

|  |  |
| --- | --- |
| Date approval starts: |  |

[ ] Approved with conditions (i.e., the IRB requires as a condition of approval that the investigator make specified changes to the research protocol or informed consent document(s), confirm specific assumptions or understandings on the part of the IRB regarding how the research will be conducted, or submit additional documents)

[ ] Not Approved

|  |  |
| --- | --- |
|  |  |
| Signature of IRB Chair | Current date |