

# WVWC IRRB Application Form

Complete this form to submit your research study for review by the IRRB.

\* Indicates required question

1. Email \*

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2. Research Type \*

⌵ Dropdown

Mark only one oval.

- ☐ Biomedical Research
- ☐ Social Behavioral Education Research
- ☐ Animal Research

3. Research Application Type \*

⌵ Dropdown

Mark only one oval.

- ☐ Undergraduate Student Research Project/Capstone/Thesis *Skip to question 4*
- ☐ Graduate Student Research Project/Capstone/Thesis *Skip to question 4*
- ☐ Faculty/Staff Research Study *Skip to question 30*

Application: Student (UG/GR)

4. Title of Project \*

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5. Principle Investigator's (PI's)/Student Name (First, Last): \*

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6. PI's Phone Number: \*

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7. PI's Department: \*

⌵ Dropdown

*Mark only one oval.*

- ☐ Arts (Art, Music, Theatre)
- ☐ Business
- ☐ Communications
- ☐ Education
- ☐ Health Science/Exercise Science/Athletic Training
- ☐ Humanities (English, History, Religion/Philosophy)
- ☐ Nursing
- ☐ Sciences (Biology, Chemistry, Math, Physics)
- ☐ Social Sciences, Psychology, Counseling


8. Co-Investigator/Faculty Advisor Name (First, Last) \*

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9. Co-Investigator/Faculty Advisor Email \*

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10. Co-Investigator/Faculty Advisor's Department: \*

 Dropdown

*Mark only one oval.*

- ☐ Arts (Art, Music, Theatre)
- ☐ Business
- ☐ Communications
- ☐ Education
- ☐ Health Science/Exercise Science/Athletic Training
- ☐ Humanities (English, History, Religion/Philosophy)
- ☐ Nursing
- ☐ Sciences (Biology, Chemistry, Math, Physics)
- ☐ Social Sciences, Psychology, Counseling


11. Co-Investigator/Faculty Advisor's Phone Number (Campus Extension): \*

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12. Co-Investigator's (CI's) Name (other than faculty advisor) (First, Last):

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13. CI's Department:

 Dropdown

*Mark only one oval.*

- ☐ Arts (Art, Music, Theatre)
- ☐ Business
- ☐ Communications
- ☐ Education
- ☐ Health Science/Exercise Science/Athletic Training
- ☐ Humanities (English, History, Religion/Philosophy)
- ☐ Nursing
- ☐ Sciences (Biology, Chemistry, Math, Physics)
- ☐ Social Sciences, Psychology, Counseling

14. CI's Email

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15. CI's Phone Number:

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16. Co-Investigator's (CI's) Name (other than faculty advisor) (First, Last):

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17. CI's Department:

 Dropdown

*Mark only one oval.*

- ☐ Arts (Art, Music, Theatre)
- ☐ Business
- ☐ Communications
- ☐ Education
- ☐ Health Science/Exercise Science/Athletic Training
- ☐ Humanities (English, History, Religion/Philosophy)
- ☐ Nursing
- ☐ Sciences (Biology, Chemistry, Math, Physics)
- ☐ Social Sciences, Psychology, Counseling

18. CI's Email

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19. CI's Phone Number:

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20. Co-Investigator's (CI's) Name (other than faculty advisor) (First, Last):

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21. CI's Department:

 Dropdown*Mark only one oval.*

- ☐ Arts (Art, Music, Theatre)
- ☐ Business
- ☐ Communications
- ☐ Education
- ☐ Health Science/Exercise Science/Athletic Training
- ☐ Humanities (English, History, Religion/Philosophy)
- ☐ Nursing
- ☐ Sciences (Biology, Chemistry, Math, Physics)
- ☐ Social Sciences, Psychology, Counseling

22. CI's Email

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23. CI's Phone Number:

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24. Select the risk level to human subjects:

\*

*(Minimal risk: "the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests." 45 C.F.R § 46.102(i))*

 Dropdown*Mark only one oval.*

- ☐ Minimal risk to human subjects
- ☐ More than minimal risk to human subjects
- ☐ Unsure of the risk to human subjects

25. Select the Type of IRRB Review your are requesting: \*

(For review type explanations, please visit [here](#))

⌵ Dropdown

Mark only one oval.

- ☐ Exempt
- ☐ Expedited
- ☐ Full Board Review
- ☐ Request for renewal of previously approved project
- ☐ Unsure of review level

26. Indicate the reason for conducting this research (select all that apply): \*

Check all that apply.

- ☐ Undergraduate class assignment
- ☐ Undergraduate class assignment with the intent to disseminate/use information outside the context of the classroom (i.e. poster/conference presentation)
- ☐ Graduate class assignment
- ☐ Professional scholarly activity
- ☐ Academic department requirement
- ☐ Faculty research associated with a specific course(s)
- ☐ Faculty research NOT associated with a specific course(s)
- ☐ Other: \_\_\_\_\_

27. Select your research design here: \*

Dropdown

Mark only one oval.

- ☐ Qualitative (phenomenological, grounded theory, ethnography, case study, narrative inquiry of life/history, content/thematic analysis of texts/media)
- ☐ Quantitative (experimental, quasi-experimental, descriptive, correlational, cohort/case-control)
- ☐ Mixed Methods (sequential explanatory, sequential exploratory, convergent/parallel)
- ☐ Action Research
- ☐ Community-based participatory research
- ☐ Historical research (archives)
- ☐ Secondary research (existing datasets, literature)

28. List the proposed start date of your research timeline: \*

Example: January 7, 2019

29. List the proposed end date of your research timeline: \*

Example: January 7, 2019

Skip to question 56


Application: Faculty/Staff

30. Title of Project \*

31. Principle Investigator's (PI's) Name (First, Last): \*



32. PI's Department: \*

 Dropdown*Mark only one oval.*

- ☐ Arts (Art, Music, Theatre)
- ☐ Business
- ☐ Communications
- ☐ Education
- ☐ Health Science/Exercise Science/Athletic Training
- ☐ Humanities (English, History, Religion/Philosophy)
- ☐ Nursing
- ☐ Sciences (Biology, Chemistry, Math, Physics)
- ☐ Social Sciences, Psychology, Counseling
- ☐ Other

33. PI's Phone Number: \*

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34. Co-Investigator's (CI's) Name (First, Last):

*\*If more than 4 co-investigators, please upload on a separate document co-investigator(s) name(s), email(s), phone number(s), and department(s) in the applicant materials (Section 8) of this form.*

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35. CI's Email

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36. CI's Phone Number:

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37. CI's Department:

 Dropdown


*Mark only one oval.*

- ☐ Arts (Art, Music, Theatre)
- ☐ Business
- ☐ Communications
- ☐ Education
- ☐ Health Science/Exercise Science/Athletic Training
- ☐ Humanities (English, History, Religion/Philosophy)
- ☐ Nursing
- ☐ Sciences (Biology, Chemistry, Math, Physics)
- ☐ Social Sciences, Psychology, Counseling
- ☐ Other

38. Co-Investigator's (CI's) Name (First, Last):

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39. CI's Department:

 Dropdown

*Mark only one oval.*

- ☐ Arts (Art, Music, Theatre)
- ☐ Business
- ☐ Communications
- ☐ Education
- ☐ Health Science/Exercise Science/Athletic Training
- ☐ Humanities (English, History, Religion/Philosophy)
- ☐ Nursing
- ☐ Sciences (Biology, Chemistry, Math, Physics)
- ☐ Social Sciences, Psychology, Counseling
- ☐ Other

40. CI's Email

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41. CI's Phone Number:

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42. Co-Investigator's (CI's) Name (First, Last):

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43. CI's Department:

Dropdown

*Mark only one oval.*

- ☐ Arts (Art, Music, Theatre)
- ☐ Business
- ☐ Communications
- ☐ Education
- ☐ Health Science/Exercise Science/Athletic Training
- ☐ Humanities (English, History, Religion/Philosophy)
- ☐ Nursing
- ☐ Sciences (Biology, Chemistry, Math, Physics)
- ☐ Social Sciences, Psychology, Counseling
- ☐ Other

44. CI's Email

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45. CI's Phone Number:

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46. Co-Investigator's (CI's) Name (First, Last):

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47. CI's Department:

 Dropdown

*Mark only one oval.*

- ☐ Arts (Art, Music, Theatre)
- ☐ Business
- ☐ Communications
- ☐ Education
- ☐ Health Science/Exercise Science/Athletic Training
- ☐ Humanities (English, History, Religion/Philosophy)
- ☐ Nursing
- ☐ Sciences (Biology, Chemistry, Math, Physics)
- ☐ Social Sciences, Psychology, Counseling
- ☐ Other

48. CI's Email

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49. CI's Phone Number

---

50. Select the risk level to human subjects:

\*

*(Minimal risk: "the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests." 45 C.F.R § 46.102(i))*


 Dropdown

Mark only one oval.

- ☐ Minimal risk to human subjects
- ☐ More than minimal risk to human subjects
- ☐ Unsure of the risk to human subjects

51. Select the Type of IRRB Review your are requesting: \*

*(For review type explanations, please visit [here](#))*

 Dropdown

Mark only one oval.

- ☐ Exempt
- ☐ Expedited
- ☐ Full Board Review
- ☐ Request for renewal of previously approved project
- ☐ Unsure of Review level

52. Select your research design here: \*

Dropdown

*Mark only one oval.*

- ☐ Qualitative (phenomenological, grounded theory, ethnography, case study, narrative inquiry of life/history, content/thematic analysis of texts/media)
- ☐ Quantitative (experimental, quasi-experimental, descriptive, correlational, cohort/case-control)
- ☐ Mixed Methods (sequential explanatory, sequential exploratory, convergent/parallel)
- ☐ Action Research
- ☐ Community-based participatory research
- ☐ Historical research (archives)
- ☐ Secondary research (existing datasets, literature)

53. Indicate the reason for conducting this research: \*

*Check all that apply.*

- ☐ Professional scholarly activity
- ☐ Other: \_\_\_\_\_

54. List the proposed start date of your research timeline: \*

\_\_\_\_\_  
*Example: January 7, 2019*

55. List the proposed end date of your research timeline: \*

\_\_\_\_\_  
*Example: January 7, 2019*

**Research Methodology**

## 56. The research involves the following methodology (select all that apply): \*

*Check all that apply.*

- ☐ Collection or study of existing data, documents, records, or specimens, recorded without identifiers
- ☐ Normal education practices conducted in the established or commonly accepted educational settings
- ☐ Educational tests (cognitive diagnostics, aptitude, or achievement tests)
- ☐ Observation of public behaviour (surveys, interviews, and/or hand-outs for subjects over 18)
- ☐ Topics of sensitive nature (i.e. drug use, racial issues, medical history, sexual preferences or identity, physical or psychological trauma)
- ☐ Audiotaping/videotaping (in-person or virtually)
- ☐ Special populations (i.e. children, prisoners, pregnant women)
- ☐ Only surveys or interviews of elected, appointed, or other public officials
- ☐ Surveys or interviews using focus groups
- ☐ Research and demonstration projects
- ☐ Manipulation of persons attitudes, perceptions, or self-esteem
- ☐ Biomedical samples (i.e. blood, urine)
- ☐ Psychotherapeutic procedures or other psychological methods (i.e. meditation , mindfulness, CBT)
- ☐ Non-invasive health measurements (i.e. blood pressure)
- ☐ Deception
- ☐ Food tasting and evaluation
- ☐ Other: \_\_\_\_\_

## Surveying observed participants:

## 57. Please select the method(s) of surveying observed participants:

*Check all that apply.*

- ☐ Mail/Email
- ☐ Telephone
- ☐ Face-to-face (in-person)
- ☐ Face-to-face (virtual, using Zoom, Teams, etc.)
- ☐ Not applicable



## Recording Explanation

58. Please specify the method(s) used to record observed participants (enter N/A if you are not recording):

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## Special/Protected Populations

59. Please specify your special population:

*Check all that apply.*

- ☐ Pregnant population  
☐ Prisoner population  
☐ Not applicable

60. Select all protected populations that apply:

*Check all that apply.*

- ☐ Wards of the state  
☐ Adults with impaired decision-making capacity  
☐ Not applicable

## Materials

61. What materials/documents are you including with this application? \*

**\*Informed consent is required, regardless of study type**

**\*\*If using a survey for public use or modifying a survey, please upload a copy and include the reference**

**\*\*If participants recruited from an external entity that has the responsibility for the participants (e.g. high school, hospital, social service agency, prison, etc.), upload permission letter from that institution/organization**

*Check all that apply.*

- ☐ Informed consent\*
- ☐ Cover Letter
- ☐ Written/spoken directions
- ☐ Questionnaire/Survey(upload a PDF copy of Survey/Google Form/Qualtrics/Survey Monkey) or link to the survey the respondents will see\*\*
- ☐ Interview Protocol/Coding Sheet
- ☐ Permission from external institution/organization on their letterhead
- ☐ Recruitment materials (email template, flyer, social media post)
- ☐ Addendum with co-investigator information (more than 4 co-investigators)
- ☐ Other: \_\_\_\_\_

62. Please submit a single PDF document containing materials and documents indicated in the previous question (maximum file size is 10MB) \*

Files submitted:

63. Have all researchers completed mandatory CITI Training? (note: **All researchers must complete CITI training before research applications will be approved; CITI training may be in process at the time of application submission; it is highly recommended to complete the modules prior to application submission to avoid delays**): \*

*Mark only one oval.*

- ☐ Yes
- ☐ No
- ☐ In process

64. Explanation of procedures involved (what will the participants be asked to do): \*

*If you agree to take part in this study, you will be asked to [provide a detailed description of what the subject will be asked to do in chronological order (what, when, where, how)]. We expect this to take about [duration, number of interactions]. [Indicate if information collected will be linked to other data (e.g., research data, protected health information, or administrative data such as US Census data)]*

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65. Describe the characteristics of your participants as well as your methods for recruiting them (e.g., Email solicitation, professional development course, social media post, flyer, convenience sample in classroom setting): \*

*(e.g., Email solicitation, professional development course, social media post, flyer, convenience sample in classroom setting):*

\*Include information given to people who are not selected or eligible for participation

\*\*Provide justification to why using your own students/course and how any possible coercion will be mitigated

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66. Explanation of known risks to human subjects. **Primary risks:** physical, psychological, or informational risks. **Informational risks:** (e.g., those involving breach of confidentiality), describe what you will do to protect the data during collection, while stored or during transmission of the data in the section below. **Psychological risks:** (e.g., those associated with the completion of a particularly sensitive survey or interview) could be mitigated by providing subjects with contact information for counseling resources. \*

*There are some risks you might experience from being in this study. They are [describe specific risks, and indicate what the study team will do to minimize those risks.]. [OR] We don't believe there are any risks from participating in this research*

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67. Explain how relevant research records will be stored and disposed of (physical security, technical security, administrative security), how will confidentiality be maintained: \*

**\*Follow any grant or program specific requirements that are above and beyond the information presented here.**

*I/We will protect the confidentiality of your research records by [explain]. Your name and any other information that can directly identify you will be stored separately from the data collected as part of the project. [OR] [Describe limitations to confidentiality, if any.]*

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68. Explain how and where research results will be used and reported: \*

*I/We plan to publish the results of this study. To protect your privacy, I/we will/will not include any information that could directly identify you.*

*I/We will/will not keep your research data to use for [future research or other purpose]. Your name and other information that can directly identify you will be kept secure and stored separately from the research data collected as part of the project. **[OR]** Your name and other information that can directly identify you will be deleted from the research data collected as part of the project.*

*I/We may share your research data with other investigators without asking for your consent again, but it will not contain information that could directly identify you. [If data must or will be deposited in a public or other repository, briefly describe.] **[OR]** [We will not share your research data with other investigators.]*

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69. Is there funding supporting this research?

*Mark only one oval.*

☐ Yes      *Skip to question 70*

☐ No      *Skip to question 71*

### Funding Source

70. Describe the source(s) of any research funding:

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## Final Verification and Submission

71. By entering your full name below, you verify that all information, materials, and explanations are complete on this application. \*

**(note: Student applicants- a copy of this application submission will be emailed to your faculty advisor for confirmation)**

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