



Institutional Review Board (IRB) Application for Research Protocol Approval

Arizona College of Nursing's Institutional Review Board (IRB) reviews all research protocol requests to determine if it is human subject research that meets definitions in *The Common Rule* and therefore requires review and oversight by the IRB. It is the investigator's responsibility to give complete information regarding procedures and the informed consent process. After submitting the application, the IRB will notify the applicant, in writing, of its decision or if additional information is needed.

Checklist

Please submit the following items along with this application for your submission:

1. This application
2. A copy of all questionnaires and surveys to be used (*if applicable*) as well as all recruitment materials including flyers, recruitment scripts.
3. Informed Consent – attach all informed consent documents that will be provided to each participant before they participate
4. Confidentiality and Anonymity – attach information to describe how participant's private information will be maintained and how confidentiality will be guaranteed
5. A copy of your CITI Certification (free certification for Arizona College affiliates through the IRB website) should be sent to irb@arizonacollege.edu
6. A copy of the application and approval letter from any external IRB (*if applicable*)
7. Responsibilities and Signatures page with all signatures.

Form Submission

The Principal Investigator must submit this completed form and supporting documents as indicated in the checklist above to irb@arizonacollege.edu.

Note: The **Co-Investigator and Research Personnel** form must be completed for all additional research personnel that will participate in data collection for this research protocol.

Project Abstract

Provide a brief summary (250 words or less) of the proposed research including the purpose, variables, value of the study, and the intended method of use and/or publication of the knowledge gained from the study.

Methodology

Provide a description of your research methodology. Include the measures, where and how you plan to collect data, and over what time period. Identify all personnel who will participate in this research and outline their qualifications or submit a Curriculum Vita for each.

Data Security

Provide a description of your data security plan for both physical and electronic data that includes protected or identifying personal information. Include where the data will be stored for a minimum of three (3) years after the research has been completed, the security of the location or computer system, the proposed length of retention of the data, and the method of disposition of old data.

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Step 4: Participant Information

Are all participants members of a population who can provide informed consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any of the participants be younger than 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the participants be Arizona College of Nursing students, faculty, or other staff? (Note: If yes, your study requires full IRB review)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will participants receive compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If participants receive compensation, please detail the compensation here	
Describe how participants will be selected or recruited.	
Risks	
Describe all known, anticipated, or possible risks to the participants below (psychological or physical). For each possible risk, the possible effects of each risk on the participants and outline the measures to mitigate such risk.	
Benefits	
Please describe the anticipated benefits to the participants below	

Step 5: Acknowledgement of Responsibilities and Signatures

Responsibilities (Please Read Carefully):

1. Any additions or changes must be submitted to the IRB for written approval prior to these changes being implemented.

2. Once the project has begun, any adverse effects or unanticipated problems connected with human subjects **must be communicated immediately to the IRB** by emailing irb@arizonacollege.edu
3. All informed consent documents must be kept by you for a period of three (3) years following the completion date of the project
4. Any data collected from Arizona College of Nursing students, alumni, faculty and/or staff and/or any other constituents for purposes of this study is proprietary. Any publication of findings may not identify or implicate the Arizona College of Nursing. Any external report produced on findings generated by this study, including any presentation or publication, may not identify, reference or implicate Arizona College of Nursing in any way.
5. Upon completion of the study, a copy of the final deliverable will be submitted to Arizona College of Nursing by emailing the completed study to: irb@arizonacollege.edu
6. Any and all additional publications or presentations produced based upon this study will be submitted to Arizona College of Nursing at irb@arizonacollege.edu

I certify to the best of my knowledge the information presented is an accurate reflection of the proposed research project.

Principal Investigator (PI) Signature: _____ **Date:** _____

Print Name _____

Faculty Sponsor Signature*: _____ **Date:** _____

*Required if PI is a student. The faculty signing above confirms the application is accurate and accepts responsibility as Co-PI.

Print Name _____

Campus EDAO Signature: _____ **Date:** _____

Print Name _____