### Request for an IRB Exemption

Human Participants in Non-medical Research

Instructions for completing each section are placed in red. Please remove all instructions in red before submitting the form to the IRB. Senior researchers, please forgive the detailed nature of instructions. The IRB wishes to provide support to researchers, including student researchers, who may be new to this process.

# Section A: Applicant Information and Assurances

Research Team (add rows to Table as needed)

- 1) Name = name of research team member
- 2) Rhodes Role = specify if student, staff, or faculty member; if team member is not affiliated with Rhodes, please specify the individual's institutional or community partner affiliation
- 3) Contact information = provide your email address
- 4) Team Role = primary investigator (PI), team member, etc.
  - a. Please note that per Rhodes IRB policy, PIs must be full time staff or faculty members. Students may not be the PI
  - b. Part time staff and faculty may be co-PIs with a full time staff or faculty member co-PI
- 5) Ethics Training = state the year in which training was completed and attach CITI completion certificate. Training must be renewed every four years.

<u>Name</u>	Rhodes Role (or other affiliation)	Contact Information	<u>Team Role</u>	Ethics Training

# **Investigator's Assurance:**

I certify that the proposed research includes only those activities checked in Section B below. I agree to report any significant and relevant changes in the research protocol to the IRB. I agree to conduct the research in accordance with the principles outlined in the Belmont Report at <a href="http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.htm">http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.htm</a>

(or the Belmont report summary in the IRB folder within the faculty items folder on the College Info volume)

I certify that the research will not be initiated until approval is secured from the IRB.

Investigator(s):

[place electronic signature here

### Section B: Summary Information and Exemption Criteria Checklist

Title of Project: [Insert Title Here] **Participant Population:** Exempt applications may only be used with adults capable of providing consent. Studies including participants that may have diminished autonomy or ability to consent must use the expedited/full board review application. Please note that inclusion of the participant populations listed below does not guarantee that your study meets the qualifications for an exempt review. Rhodes College students/staff Online Samples (e.g., Mturk, Qualtrics) **Community Members Location of Research:** Rhodes College Specify other locations: Please select the exemption that applies to your project. If the project includes any research activity with human subjects not specifically exempted under one or more of the exemption criteria, either expedited or full IRB review is required. Research conducted in established or commonly accepted educational settings, involving normal minimal risk or educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, observation of public behavior that result in minimal risk, unless the information is obtained and recorded in such a manner that the human subjects can be identified, directly or through identifiers linked to the subjects; and any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, or observation of public behavior that is not exempt under item (3) above; if the human subjects are elected or appointed public officials or candidates for public office; or federal statute(s) require without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available, or if the information is recorded by the investigator in such a manner that subjects cannot be identified directly, or through identifiers linked to the subjects. Research and demonstration projects which are conducted by or subject to the approval of Department or Agency heads, and which are designed to study, evaluate, or otherwise examine methods and procedures of public benefit or service programs. Taste and food quality evaluation and consumer acceptance studies, if wholesome foods without additives are consumed, or a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or an agricultural chemical or environmental contaminant at or below the level found to be safe, by the FDA or approved by

the EPA or the USDA.

# **Section C: Project Description**

## Please answer the following questions.

**Purpose:** Provide a brief summary of the extant literature. Be clear in identifying the novel contribution your work will make to the scholarly body of work in your area.

[Description should clearly demonstrate how the proposed project will add to the current body of research on the topic of interest. The benefits of conducting the research (including the novel contributions) should also be identified. Include relevant works cited at the end of the brief summary.]

If your study will have multiple phases or sequential aims, please describe the purpose of each phase and whether you are only seeking IRB approval for certain phases of the study at this time.]

#### **Procedure:**

1. Describe all procedures in which participants will be involved.

[Insert text here]

2. Estimate how long each procedure will take.

[Insert text here]

3. Attach all surveys, interview questions, or other instruments to be used as additional attachments.

[Clearly label and attach these at the end of the form in the same word document]

# Sample:

1. What is the participant population?

[Insert text here. Participant population refers to the group(s) from which you propose to sample (e.g., Rhodes students who attended public high schools, independent filmmakers working in the Mid-South region, Black physicians practicing in Tennessee]

2. What inclusion and exclusion criteria will be used for your sample?

[Who could be in your study? Who could not be in your study? (e.g., Rhodes students, but no students under the age of 18 would be eligible to participate in the study).]

3. How will participants be recruited? Include emails, fliers, online forum posts, etc. that will be used in the recruitment procedure.

[Insert description of recruitment procedures here. Clearly label and attach all recruiting materials at the end of the document.]

4. How many participants do you plan to use? Specify the <u>maximum</u> number of participants that will be recruited.

[Insert text here. Please provide a specific maximum number of participants

### Data:

1. How will the investigator(s) record the data collected in the study?

[If multiple devices are being used to record data, each device and its respective security standards must be specified. Note that security standards include password protections for electronic data and physical protections for data recorded in a notebook or on a camera, for example. A timeline for transfer between devices must also be specified.]

2. Where will the data be stored? How will the data be stored securely?

[Please specify the security/encryption standards of any collection or storage devices and platforms. The Rhodes IRB has approved storage in restricted-access Box folders but may require additional encryption depending on risk level.]

3. Will the data be recorded with or without identifying information?

[Insert text here. Note that identifying information includes voices on audio recordings and images of persons in video recordings.]

4. Will the data be stored with or without identifying information?

[Insert text here. Note that it may reduce risk to store a key that identifies participants separately from deidentified transcripts of audio or video recordings.]

5. How long will you maintain data with identifying information?

[Insert text here. Note that teams with student researchers will need to indicate the plan for data stored on Box accounts that will be deactivated upon graduation.]

6. What reporting procedures will you use to ensure anonymity (e.g., aggregating data from small n groups so that the minimum group size is >= 10).

[Insert text here. Note that qualitative data analysis with groups smaller than 10 is permissible. The key issue here is confidentiality, and the need to avoid providing descriptions for small groups that can identify individual participants (e.g., reporting survey response of tenured international professors at Rhodes College or seniors on the Rhodes volleyball team.]

# **Risks and Benefits**

1. Explain the potential risks and discomforts to participants.

[Insert text here. Note that risks and discomforts may be psychological, social, and/or physical.]

2. How have you minimized the risks involved with participation in your study?

[Insert text here.]

3. What are the potential benefits of participating in your study?

[Insert text here.]

4. Are you paying participants? If so, how much will participants earn from participating in your study? In what form will participants receive compensation (e.g., cash, gift cards, etc.)?

[If you are compensating participants, please note that you will need to collect identifying information. This should be acknowledged in the consent document. Participants may opt out of compensation if they wish to participate but do not want to provide identifying information. Rhodes has specific guidelines for compensation using gift cards. Please reach out to the IRB chair to determine what needs to happen if you plan to give gift cards to participants from the Rhodes community or to participants outside of Rhodes.]

### **Consent:**

1. What is the consent process?

[Insert text here. Attach clearly labeled consent documentation at the end of this form.]

2. Do your participants have the capacity to consent? What steps have been taken to ensure comprehension of your consent procedure and the potential risks involved in your study? [Insert text here.] If using a signed consent document, please include it as an attachment when submitting your application. Written documentation of consent, while appropriate in many circumstances, is not required. However, the principle of respect for persons does require that subjects are fully informed in a manner comprehensible to them and that they be assured that their participation is completely voluntary. If opting out of obtaining a signed consent document, please attach one (or more) of the following documents: a. Information sheet b. Consent script that will be read to participants **Debriefing** 1. How will participants be debriefed? [Insert text here. Specify if deception of participants or withholding of information from participants has occurred. If no deception is involved in the research, no further description may be needed. If any deception is involved, further explanation of debriefing procedures is needed.] What information (if any) will be withheld from participants prior to or during the study procedures? How will participants be informed of this withheld information following completion of the study? [Insert text here.] Section D: Checklist 1. Completed application Valid certificate of completion for ethics training (for each member of the research team) Consent document (Waiver of Consent, Information Sheet, Consent Script, or Consent form) Surveys, instruments, interview questions, stimuli, etc. 5. Recruitment materials

# IRR Use Only

This project is exempt from IRB revie This project must be submitted to the Additional information is requested	
IRB Signature:	Date:

6. Letter(s) of support from necessary partners to demonstrate feasibility of study (if necessary)