

Request for an IRB Exemption
Human Participants in Non-medical Research

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.
 - b. Part time staff and faculty may be co-PIs with a full time staff or faculty member co-PI
 - c. Students may not be the PI
- 5) Ethics Training = state the year in which training was completed and attach documentation of completion if the IRB does not have proof of completion on file. Ethics training must be renewed every four years.

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

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 <http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.htm> (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):

Section B: Summary Information and Exemption Criteria Checklist

Title of Project:

Participant Population:

<input type="checkbox"/> Children	<input type="checkbox"/> Prisoners or parolees
<input type="checkbox"/> Elderly	<input type="checkbox"/> Non-English speaking individuals
<input type="checkbox"/> Pregnant women	<input type="checkbox"/> Rhodes College students/staff
<input type="checkbox"/> Cognitively or psychologically impaired	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Residents of mental health institutions	

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.

Procedure:

1. Describe all procedures in which participants will be involved.
2. Estimate how long each procedure will take.
3. Explain why this is a minimal risk situation.
4. Attach all surveys, interview questions, or other instruments to be used as additional attachments.

Sample:

1. What is the participant population?
2. How will participants be recruited/identified?
3. How many participants do you plan to use?

Data:

1. How will the investigator(s) record the data collected in the study?
2. Where will the data be stored? How will the data be stored securely?
3. Verify that no identifying information will be collected. If identifiable data are collected, stored, and/or reported, you must use an expedited application.

Consent:

1. What is the consent process? If using a signed consent document, please attach include it as an attachment when submitting your application.
2. 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. Waiver of written consent
 - b. Information sheet
 - c. Consent script that will be read to participants

Section D: Checklist

1. Completed application
2. Valid certificate of completion for ethics training (for each member of the research team)
3. Consent document (Waiver of Consent, Information Sheet, Consent Script, or Consent form)
4. Surveys, instruments, interview questions, stimuli, etc.
5. Letter(s) of support from necessary partners to demonstrate feasibility of study (if necessary)

IRB Use Only:

- ☐ This project is exempt from IRB review.
- ☐ This project must be submitted to the IRB for expedited/full review.
- ☐ Additional information is requested

IRB Signature:

Date: