

**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. 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>	<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: **[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.]

### 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? Include emails, fliers, online forum posts, etc. that will be used in the recruitment procedure.
3. How many participants do you plan to use? Specify the maximum number of participants that will be recruited.

### Data:

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

[If multiple devices are being used to collect and store data, each device and its respective security standards must be specified. 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. Verify that no identifying information will be collected. If identifiable data are collected, stored, and/or reported, you must use an expedited application.

### Risks and Benefits

1. Explain the potential risks and discomforts to participants.
2. How have you minimized the risks involved with participation in your study?
3. What are the potential benefits of participating in your study?
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. With the use of an exempt application, it is understood that identifying information, for the sake of compensation, is never attached or associated with participant data in any capacity. Participant's may opt out of compensation if they wish to participate but do not want to provide identifying information.]

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

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**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: