Overview and Contact

Welcome to Valencia College's Human Research Protection Program (HRP) Institutional Review Board (IRB) Application

Note: If you are a Valencia College student you should not complete this form, instead please talk to your instructor about your undergraduate research project and ask that person about your next steps.

Note: If you are an employee you will want to first complete the <u>Key Questions Checklist</u> to determine whether or not you should be completing an IRB application for review if you are uncertain.

Please complete this form only when you have all materials ready to submit in final form.

Read the application overview and the related expectations and responsibilities outlined for researchers posted here. The overview also includes sample forms that you can tailor for your own study as appropriate. It also includes a list of the items you need to have gathered before you use this form.

This is the online form where you will apply for IRB review and upload supporting documents (e.g., your informed consent forms, recruitment flyers, survey questions, pre- and post-tests). You will also need to enter the name and e-mail address of the person who has agreed to sponsor your study. Make sure that person has agreed and is familiar with your study as this step in the form will trigger an e-mail that will be sent to that person requesting their signature approximately five hours after you submit this.

After reading through this application if you have questions please contact the IRB Chair at irb@valenciacollege.edu.

Please let us know the title of your study and how to contact you				
Title of your study				
Your first name				
Your last name				
Your current position / title				
Department / program				
Mail Code (if applicable)				
Campus (if applicable)				
Phone number (xxx-xxx-xxxx)				
Address first line				
Address second line				
City				
State				
Zip code				

	d start date (mm/dd/yyyy):
	d ending date (mm/dd/yyyy): ation spans one year and researchers are able to apply to extend approval.
Which best describes yo	u?
 I am a Valencia College e I am not a Valencia College	
I have read the applic	ation overview and the related expectations and responsibilities outlined for
researchers, which de	scribes the federal policies that are applicable as well as the college policies researchers) must follow, accessible <u>here</u> .
Yes, I have read this and	agree to abide by the policies and procedures as described.
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First Name					
Last Name					
Organization					
Title / role:					
E-mail					
Please describe this pers	son's role:				
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IRB - Protecting Human Research Participants (PHRP) Training Completed

be completed at least once every three years; please upload copies of completion certificates at the end of this application in PDF format. The Valencia college workshop regarding principles of good practice in research is not applicable as Protecting Human Research Participants (PHRP) Training.
Completed CITI training
Completed Harvard's non-affiliate training
Completed Protecting Human Research Participants (PHRP) training
Completed training elsewhere
Will you share the responsibilities for this study with a co-Principal Investigator (co-PI) - a second lead researcher?
○ Yes
○ No
Co-Principal Investigator (PI) Second Lead Researcher (if applicable)
IRB - Protecting Human Research Participants (PHRP) Training Completed
Training must have been completed less than three years prior to the start of participant recruitment and must be completed at least once every three years.
Ompleted CITI training
Completed Harvard's non-affiliate training
Ompleted Protecting Human Research Participants (PHRP) Training
Completed training elsewhere
○ I am not sure
Please let us know the name and affiliation of this person.
First name
Last name
Title / Role
Organization / Department / Office
Please enter the E-mail address of your co-PI - collaborating Principal Investigator.
(Please double-check it, as a copy of this application will be sent to this address.)

Research Methodology

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Expected outcome of research / how research findings will be used	
Other (e.g., request for waiver of documentation of informed consent)	
Age of participants	
○ Younger than 18	
18 or older	
Both	
Number of participants to be recruited	
Number of participants to be recruited	
Special populations to be recruited / investigated (select all that apply)	
Economically disadvantaged	
Racial / ethnic minoritized individuals	
Women who are progrant	
Women who are pregnant	
Individuals diagnosed with mental disorders or intellectual limitations	
Individuals diagnosed with mental disorders or intellectual limitations	

Qualtrics Survey Software

11/3/2020

Please let us know the review o	category that best applies to your research study. If you would like to read
more about these designations,	
I request that this research be consi	idered exempt from IRB review.
I request that this research be consi	idered for expedited IRB review.
I believe this research is subject to f	full IRB review.
☐ I am not sure.	
should be the person with whom permit / sponsor the study. Pleas this application an E-mail will be ogin and provide an online signation. Note for non-employees: Resents agreed to be accountable for projects and does not connect reserved.	earchers seeking IRB review must have an administrator at the college who re the research. The IRB office does not facilitate or coordinate research esearchers with administrators. Please exit this application and contact the nalytics and Planning if you do not have a sponsor at the college for your
First Name	
_ast Name	
Title / Role	
Title / Role Department / Office	

Please upload your complete application materials in one PDF document, This should include your supporting documents (e.g., your informed consent forms, recruitment flyers, survey questions, pre- and posttests) and Human Subjects Protection training certification. These should be combined as one PDF document. Please name the document file using your last name, first name, and the date you are uploading it (for example, 5-28-2020).

Enter your E-mail address - please double-check it as this is where your confirmation will be sent.

Please read and sign before submitting...

I certify that the protocol and method of obtaining informed consent as approved by the Valencia IRB will be followed during the period covered by this research project. Any future changes to the research project will be submitted to the IRB for review and approval prior to implementation.

SIGN HERE

Since you noted you are a Valencia College employee, please click here and a new window will open. You must submit a ticket that will begin your correspondence with our office after you submit this application. You will be able to access your ticket there at anytime for any update. Please submit your ticket shortly and then our office will begin the review process.

With your next click you will be submitting your application and you should receive an acknowledgement email message within the next five hours (please check your spam folder). Approximately five hours after you submit this, please contact the person who has agreed to sponsor your study and ask if they received the link to the signature page. Make sure that the notification did not go to that person's spam folder.

If you have questions please contact the IRB Chair at irb@valenciacollege.edu.