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Compton College IRB Application Form

ExpertReview score Fair

Default Question Block

Q1

Thank you for your submission to the Compton College IRB.

The Compton College IRB meets monthly during the primary fall and spring terms. Your application will be reviewed by the Director of Institutional Research and moved forward to the IRB for review according to the AR 3226.

Only complete applications will be considered.

Q2

Name of the study:

Q3

Principal Investigator (PI):

Q4

Institution:

Q5

Department:

Q6

Campus Address:

Q7

Campus Phone Number:

Q8

Other Phone Number:

Q9

E-mail:

Q10

Alternate Address:

Q11

Co-Investigator(s) Names:

Q12

Faculty Advisor Name and Email, if applicable:

Q13

Name, Department, and Email of Compton College Contact:

(Someone at Compton College who wishes to sponsor or assist in this effort)

Q14

Upload your IRB approval from your external institution, including application documents:

Choose File No file chosen

Page Break

Q15

Research Project Summary

Please describe the purpose/goals of the research and any hypotheses/expected outcomes of the study. Describe the scientific need or rationale for this study and the importance or significance of the knowledge to be gained. Max 500 words.

Q16

Participants and Recruitment

Q17

Please check the populations you wish to study:

- [ ] Compton College students
- [ ] Compton College administrators
- [ ] Compton College staff
- [ ] Compton College faculty
- [ ] Other

Q18

Vulnerable populations in your study:

- [ ] Children under 18 (need parent consent & child assent)
- [ ] Fetuses
- [ ] Prisoners
- [ ] Hospitalized
- [ ] Senior citizens (65 and older)
- [ ] Pregnant women
- [ ] People with disabilities
- [ ] Institutionalized
- [ ] Other
- [ ] None of the above

Q19

Describe the proposed participant population. Include the approximate number of participants and specific demographics. Clearly note all inclusion/exclusion criteria for participation (e.g. gender, ethnicity/race, age, sexual orientation, religious background, health status, etc.) and the reason behind such inclusion/exclusion. Also note if and why any special vulnerable populations will be purposefully sampled. Max 500 words.

Q20

Describe the recruitment procedures. Please note the location of the data collection procedure. If the procedure will take place in a classroom, prior clearance from the instructor(s) is required. Describe how any perception of coercion (e.g., students must participate in a survey to get extra credit in a class) by the potential participants will be mitigated. Please describe any compensation or incentives offered to potential participants. Attach recruitment documents (flyers, recruitment scripts, letters of solicitation, etc.). Max 500 words.

Q21

Attach recruitment documents (flyers, recruitment scripts, letters of solicitation, etc.).

Choose File No file chosen

Q22

Describe the process for gaining informed consent from potential participants. Max 500 words.

Q23

Please check that your consent form addresses all of the following points:

Click on all options confirming that your consent form addresses them.

- [ ] 1. Inquire whether the participant is at least 18 years of age. Please note that participation of children under 18 requires both parental consent and participant assent. If planning to include anyone under 18 years of age, please explain how parental consent and participant assent will take place.
- [ ] 2. The purpose of the project, procedures to be followed and expected duration of the participant's participation.
- [ ] 3. Any reasonably foreseeable risks or discomforts.
- [ ] 4. Any benefits that can be reasonable expected.
- [ ] 5. Any alternative procedures or course of treatment (if any) that might be advantageous.
- [ ] 6. How the data will be recorded and used. Also include the extent to which confidentiality of records identifying the participant will be maintained.
- [ ] 7. Whom to contact if injury (physical or emotional) occurs, and whether any compensation or medical treatment is available. If appropriate, the consent form should include contact information for the St. John's Student Health Center: http://compton.edu/studentservices/healthcenter/
- [ ] 8. Whether the results of the study will be made available to the participants (no individual results should be made available).
- [ ] 9. That participation is voluntary, that the participant may discontinue participation at any time, skip any questions, and that refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled.
- [ ] 10. The investigator will be available to answer any questions the participants may have about risks or the informed consent.
- [ ] 11. Include a statement with a contact phone number for someone not connected with the study: "For questions regarding your rights regarding your participation as a research participant, contact the Compton College Institutional Review Board Chair, Lauren Sosenko at 310-554-3254 or lsosenko@compton.edu."
- [ ] 12. Inform the participant that s/he shall be given sufficient time to read the consent form and will be asked to sign two copies (one for the participant to keep and the other for the investigator's records).
- [ ] 13. The consent form is free of exculpatory language as identified by the U.S. Department of Health and Human Services. Please refer to http://www.hhs.gov/ohrp/policy/exculp.html
- [ ] 14. Appropriately explain whether research participation will be anonymous (no way to identify participant) or confidential (research will have a way to identify participant but will not share .

Q24

Upload consent form(s):

Choose File No file chosen

Page Break

Q25

Research Procedures and Methods

Q26

Describe the data collection procedures and materials. Please provide detail about procedures to protect the identity of participants and how confidentiality will be maintained. Include detail about how the data will be stored, for how long, by whom, and when will it be destroyed. For example, "Interviews will be recorded via recorder and will be transferred to the Primary Investigators computer. Files will be saved on a secure server and destroyed 3 years from the completion of the study." Max 500 words.

Q27

Upload data collection instruments (e.g., interview protocols, surveys):

Choose File No file chosen

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Q28

Potential Risk and Benefits

Q29

Please describe the potential risks to participants. Ensure that you indicate whether:

1) any apparatus will be applied externally or internally to participants;
2) any drugs or special diet will be administered to participants;
3) participants will be exposed to any stimuli that might be physically or mentally harmful;
4) participants will experience any stress or discomfort
5) the information gathered could expose participants to liability, discrimination, or embarrassment; or,
6) any deception will take place.

If any of the above will take place, please describe why such a procedure is necessary and describe the steps to mitigate any harm to participants. Please include a description of any potential risks. Max 500 words.

Q30

Sign your application:

SIGN HERE

clear

Import from library Add new question

Add Block

End of Survey

We thank you for your time spent taking this survey.

Your response has been recorded.