

**INSTITUTIONAL REVIEW BOARD FOR THE**

**PROTECTION OF HUMAN PARTICIPANTS**

**(**[**IRBPHP**](https://www.dominican.edu/directory/academic-affairs/institutional-review-board-irb)**)**

**INITIAL APPLICATION**

**IRBPHP INITIAL APPLICATION**

###### **DOMINICAN UNIVERSITY OF CALIFORNIA**

**INSTITUTIONAL REVIEW BOARD FOR   
THE PROTECTION OF HUMAN PARTICIPANTS**

**INITIAL APPLICATION**

***All information must be typed and submitted electronically to*** [***irbphp@dominican.edu***](mailto:irbphp@dominican.edu) ***Handwritten applications will be returned to researcher.***

***A signature page must accompany all applications. Numbers in parentheses refer to explanatory sections in the IRBPHP Handbook. Please use these as a guide in providing the requested information.***

**APPLICANT INFORMATION (8.1)**

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| --- | --- |
| **Name:** |  |

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |
| --- | --- |
| **School:** |  |

|  |  |
| --- | --- |
| **Department:** |  |

|  |  |
| --- | --- |
| **Campus or Local Address:** |  |

|  |  |
| --- | --- |
| **Home Address** (only if different from above): |  |

*(Note: This will be used for contact during periods when you may not be living on campus/locally)*

|  |  |
| --- | --- |
| **Local Phone:** |  |

|  |  |
| --- | --- |
| **Work Phone:** |  |

|  |  |
| --- | --- |
| **Email Address:** |  |

(Note: All communication regarding your application will be by email so be sure you include a functional email address)

|  |  |
| --- | --- |
| **Name(s) of Co-Investigator(s):** |  |

**FACULTY ADVISOR INFORMATION: (8.2)**

|  |  |
| --- | --- |
| **Name:** |  |

|  |  |
| --- | --- |
| **Campus Phone:** |  |

|  |  |
| --- | --- |
| **Email Address:** |  |

*(Note: All communication regarding a student’s application will be by email. Advisors will be copied on all correspondence so be sure to provide a functional email address.)*

**RESEARCH PROJECT INFORMATION: (8.3)**

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| --- | --- |
| **Exact Title of Project:** |  |

|  |  |
| --- | --- |
| **Duration of Project** (cannot exceed 1 year): |  |

**Category of Review:**

|  |  |
| --- | --- |
|  | Exempt **(5.3.1)** |
|  | Expedited **(5.3.2)** |
|  | Full Board Review **(5.3.3)** |

**Background and Rationale** (no more than 300 words). Describe nature of research problem and purpose of current study. **(8.4)** Include references at end for any works cited.

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**Description of Sample:** (check the boxes that pertain to your sample). Provide a short description of your target population. Be sure to use the checklist below to further describe the groups you hope to recruit. **(8.5)**

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|  | Patients as participants |
|  | Non-patient volunteers |
|  | Students as participants |
|  | Minor participants (less than 18 years) |
|  | Participants whose major language is not English *(Note: include copies of translated documents)* |
|  | Mentally disabled patients |
|  | Prisoners, parolees or incarcerated participants |
|  | Other vulnerable or sensitive populations (children, persons with alcoholism or drug addiction, LGBT individuals, etc.) Please identify: |
|  |  |
|  | Participants studied at non-Dominican locations |
|  | Filming, video or voice recording of participants |
|  | Data banks, data archives and/or registration records |
|  | There is a dual relationship between researcher and participant (explain): |
|  |  |

**Recruitment Procedure:** Indicate how applicant will solicit participation (face-to-face, phone contact, mail, email, etc) along with copies of materials used to recruit participants and permission letters if applicable: **(8.6)**

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**Subject Consent Process:** Attach Informed Consent Forms to be used. If consent forms are not to be used, explain why and provide copy of the Consent Cover Letter. **(8.7)**

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**Procedures:** Describe in detail what your participants will experience and include copies of all written materials participants will see including surveys, questionnaires, interview questions, etc. Permission to use any copyrighted materials should be included. **(8.8)**

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**Potential Risks to Participants:** Describe all potential risks.

*(Note: All research projects involve some potential risks to participants. Applications that do not address risks will be returned.)* **(8.9)**

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**Minimization of Potential Risk:** Describe ways the Potential Risks to Participants (detailed in section above) will be minimized by researcher. **(8**.**10)**

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**Potential Benefits to Participants:** Describe in detail all potential benefits to the individual (focus is individual not society). There is always some benefit – why else do the study. **(8.11)**

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**Costs to the Participants:** Describe any costs to participants (transportation, time, effort, etc.). **(8.12)**

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**Reimbursement or Compensation to Participants:** Describe and provide rationale for any reimbursement or compensation in response to participation in the research. **(8.13)**

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**Confidentiality of Records:** **(8.14)**

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| --- | --- |
|  | Data will be anonymous |
|  | How will anonymity be ensured? |
|  |  |
|  | Data will not be anonymous |
|  | How will data be kept confidential? Who will see it? |
|  |  |
|  | How will raw data and computerized data be stored? |
|  |  |
|  | How will participant identity be kept separate from participant data? |
|  |  |

*(Note: all tapes and records should be destroyed after a period of one year following completion of the research project)*