IRVINE VALLEY COLLEGE

Institutional Review Board Application Form

IVC Student Research

5500 Irvine Center Drive
Irvine, CA 92618
Email: ivcresearch@ivc.edu

For a description of each category, please refer to the IRB Standard Operating Procedures (SOP). Protocols for expedited review must be submitted thirty (30) days and protocols for full review must be submitted (60) days before the end of the Spring and/or Fall semester (no IRB review occurs during the summer). The Principal Investigator must be available to discuss the protocol and/or consent forms at the discretion of the IRB.

IRB NR *

Review Type *

Confidential - Initial Review Notes

Confidential - IRB Chair Notes

Section 1: General Research Proposal Information

1.1 Title of Research Project *

1.2 Please certify that you have NOT started recruitment of participants or any data collection at IVC -- Please Select --

1.3 Planned Start Date *

1.4 Is the start date flexible? If NO, please explain. *

1.5 Planned End Date *

Section 2: Principal Investigator Information

Student ID:

First Name *

Last Name *

Email: *

Phone_Number

Address:

City:

State:

Zip:

2.1 Are there other researchers (i.e. additional PIs, faculty advisors, local sponsors, etc.) involved in this research proposal? * -- Choose --

2.2 Is your study a student project, thesis or dissertation?

- I am a student conducting research for a project, thesis or dissertation.
- I am an independent researcher.

Section 2.1.A: Faculty Advisor Information

Please provide contact information for your advisors.

Faculty Advisor	Email Address	Name of Institution
*	*	*

Course Name and Information

Section 2.1.B: Additional PI Information

If available, please upload information for additional PIs, research assistants, and others associated with this research.

PI Name	Email Address	Bio-sketch

Section 3: Research Purpose / Checklist

Please answer questions related to the intent of this research.

3.1 Describe the purpose of the study *

3.2 List the research questions this study will address (if applicable):

Research Checklist

Please complete the checklist questions.

1. Do you plan to do any of the following (select all that apply)	Yes	No	N/A or Explain
Present the results of your research study at a conference?	☐	☐	
Publish the results in a journal?	☐	☐	
Publish the results on a website?	☐	☐	
Publish the results on social media?	☐	☐	
Is it a requirement of your research project to present at a conference or publish the results in a journal, website, or on social media?	☐	☐	☐
Would you complete your research project even if you were not allowed to publish or present your results?	☐	☐	☐

2. Are you going to work with protected populations? Protected populations are:	Yes	No
Prisoners	☐	☐
Pregnant women	☐	☐
Minors (below 18 years of age)	☐	☐
Fetuses or products of pregnancy	☐	☐
Individuals with diminished capacity or special needs	☐	☐

3. Are you working with sensitive information, such as:	Yes	No
Illegal activity	☐	☐
Sexual assault	☐	☐
Sexual orientation or sexuality	☐	☐
Gender identity	☐	☐
Depression or suicide	☐	☐
Substance use or abuse	☐	☐
Trauma	☐	☐
Health-related information	☐	☐
Socially stigmatized behaviors or beliefs	☐	☐
Information that could potentially embarrass a participant or put the participant at risk if participation in the study were disclosed	☐	☐
Other sensitive information (explain):		☐

4. Will you collect personal identifiable information (PII) as part of your study (select all that apply)

	Yes	No	
Names	☐	☐	
Email Addresses	☐	☐	
Phone Numbers	☐	☐	
Social Media/Gaming Handles	☐	☐	
Student IDs	☐	☐	
Other PII (Explain):		☐	

5. Could participants be identified by their responses or by your description of the sample even if you do not divulge their identity? (For instance, you interview the only female in your class or department, or you use a quote or opinion that is easily attributed to someone?)

*

- ○ Yes
- ○ No

6. Does your study present any elevated risk to the participant beyond typical daily activities?

*

- ○ Yes
- ○ No

7. Do you intend to use deception in your study?

*

- ○ Yes
- ○ No

8. Will you be making any video or audio recordings?

*

- ○ Yes
- ○ No

9. Will your study target a particular minority or marginalized group?

*

- ○ Yes
- ○ No

Section 4: Research Methodologies and Process

4.1 Indicate all applicable research methodologies you plan to employ (select all that apply):

- ☐ Interviews or Focus groups (attach interview or focus group protocol)
- ☐ Surveys (attach survey, attach any reliability/validity information of the survey - if available)
- ☐ Observations (attach observation protocol or rubrics)
- ☐ Secondary data analysis (dataset not collected by PI): Attach description of dataset and a data element dictionary (DED)
- ☐ Other:

4.2.A Please describe your research methodology and process in detail. (For example, we will recruit using Psychology Department faculty, ask participants to complete a survey, and destroy confidential data upon completion of the research within 3 months.)

4.2.B Research Methodology Documentation File (If Necessary)

4.2 Please explain how you will analyze the results: *

4.3 What is the anticipated sample size of your study? *

4.4 Describe how you will recruit participants for your study? *

Attach all recruitment information below, such as invitation emails, flyers, posters, etc.

For secondary data, please explain how participants were recruited for the initial research.

Recruitment Material - File 1

Recruitment Material - File 2 (If Necessary)

Recruitment Material - File 3 (If Necessary)

4.5 Please check ALL the populations you wish to study at Irvine Valley College:

- ☐ Administrators
- ☐ Faculty
- ☐ Staff
- ☐ Students
- ☐ Other:

Section 5: Informed Consent

X. Do you wish to waive informed consent for your participants?

☐ If **yes**, describe why you are waiving consent:

☐ If **no**, Attach Participant Informed Consent Form(s)

Informed consent forms need to include elements 1-8 as required by federal law (CFR 46.116) and check elements 9-13 if applicable:

☐ 1. A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental

☐ 2. A description of any reasonably foreseeable risks or discomforts to the participant

☐ 3. A description of any benefits to the subject or to others which may reasonably be expected from the research

☐ 4. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject

☐ 5. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained

☐ 6. For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained

☐ 7. An explanation to contact Loris Fagioli, Director, Office of Research, Planning and Accreditation, at 949-451-5513 for answers to pertinent questions about the research and research participants' rights, and in the event of a research-related injury to the subject

☐ 8. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the participant is otherwise entitled

☐ 9. A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable

☐ 10. Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent

☐ 11. Any additional costs to the subject that may result from participation in the research

☐ 12. The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject

☐ 13. A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject

☐ 14. The approximate number of participants involved in the study

Section 6: Confidentiality, Minimizing Risk, and Benefits

6.1 Indicate how you will protect the privacy of participants

6.1.A. How will you store and safeguard data?

6.1.B. When will you delete the data collected from this study?

6.2 Describe any potential risks associated with participation in your study

6.2.A. Describe the expected or common risk associated with your study.

6.2.B. Describe “worst case” risk associated with your study, beyond those that are encountered in daily life. For example, could questions from your survey trigger trauma in participants.

6.2.C. Please explain in detail what measures are included to minimize risk to participants regarding your "worst case" scenario.

6.2.D. Describe how you plan to minimize any risks to participants identified above.

6.3 Will you include any incentives for participation (select all that apply)?

- [ ] Raffles
- [ ] Gift Cards
- [ ] Extra Credit
- [ ] Money
- [ ] Food Drinks
- [ ] Other (Described Below)

Describe the incentives in more detail (e.g. value, amount, number of participant receiving them, etc.)

Section 7: CITI Training & Acknowledgement

CITI Training must be completed prior to submission to the IRB. CITI training instructions can be found here. (Select or add Irvine Valley College under Institutional Affiliation.) Attach CITI completion certificates below.

FileUpload1

FileUpload2

FileUpload3

*

Principal Investigator Signature

*

Faculty Advisor Signature

*

Initial Reviewer Signature

*

IRB Chair Signature

Researcher - Principal Investigator Signature _____Date:_____