

**REQUEST FOR APPROVAL OF RESEARCH, DEMONSTRATION OR**

**RELATED ACTIVITIES INVOLVING HUMAN SUBJECTS**

***All material must be typed. Underlines may be omitted. Use additional space as necessary.***

PROJECT TITLE:

CERTIFICATION STATEMENT:

In making **this application**, I (we) certify that I (we) have read and understand the College’s policies and procedures governing research, development, and related activities involving human subjects. I (we) shall comply with the letter and spirit of those policies. I (we) further acknowledge my (our) obligation to (1) obtain written approval of significant deviations from the originally-approved protocol BEFORE making those deviations, and (2) report immediately all adverse effects of the study to the Director of the Institutional Review Board.

NAME OF RESEARCHER(S) OR PROJECT DIRECTOR(S):

SIGNATURE(S) OF RESEARCHER(S) OR PROJECT DIRECTOR(S):

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DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature indicates that I have reviewed the attached materials and consider them to meet IRB standards.

RESEARCHER’S ADVISOR OR DEPARTMENTAL SUPERVISOR:

SIGNATURE OF RESEARCHER’S ADVISOR OR DEPARTMENTAL SUPERVISOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: This form may be signed electronically, but the Researchers and Advisor must then also immediately send an email from their Keystone College email account to the Chair of the IRB (Sherry S. Strain, PhD) confirming the title of the study, the date of the signature, and that the electronic signature is theirs. The email address is** **sherry.strain@keystone.edu****.**

**INSTITUTIONAL REVIEW BOARD ACTION**

The request for approval submitted by the above researcher(s) was considered by the IRB for Research Involving Human Subjects Research at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_meeting.

The application was \_\_\_\_\_approved/ \_\_\_ not approved by the Committee (or Chair, if expedited).

Special conditions \_\_\_\_were/\_\_\_\_were not set by the IRB. (Any special conditions must be described below.)

NAME OF CHAIR, INSTITUTIONAL REVIEW BOARD FOR HUMAN SUBJECTS RESEARCH:

SIGNATURE OF CHAIR, IRB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_