



## IRB Research Proposal Form

Please complete the following form and attach requested documents before submitting to the Institutional Review Board, c/o Office of Institutional Research, Room 2092 Cedar Hall, Kirkwood Community College, 6301 Kirkwood Blvd. SW, Cedar Rapids, Iowa, 52406, or by sending a scanned copy to [IR@kirkwood.edu](mailto:IR@kirkwood.edu) with the subject line: IRB Research Proposal.

Depending on the information provided on this form and in attachments, additional information may be required to make a determination on the proposed project. If additional information is needed, the Director of Institutional Research will contact the principal investigator using the information provided below.

**Title of Proposed Project:**

**Anticipated Start and End Date for Project:**

**Principal Investigator:**

**Title:**

**Institutional/Department Affiliation:**

**Mailing Address:**

**Phone Number:**

**Email Address:**

**Provide name, title, and institutional/departmental affiliation for researchers on this project who will interact with human subjects or with personally identifiable information:**

Name	Title	Affiliation

**Project Description:**

Provide the following information in narrative form:

- Briefly describe the purpose of your project and its potential broader impacts and significance.
- In non-technical terms, describe how data on participants will be obtained (append relative instruments to this form; such as protocols, questionnaires, surveys, and informed consent documents).
- Describe how findings will be shared outside the project.

**Project Attributes:**

Is the project intended or likely to include persons with the following characteristics (Check “Yes” or “No” for each category).

Yes	No	Category
		Children (individuals under the age of 18)
		Prisoners
		Persons with impaired decision-making capacity
		Wards of the State
		Persons who are institutionalized
		Pregnant women or fetuses
		Neonates (newborns less than four weeks old)
		Educationally disadvantaged persons
		Economically disadvantaged persons
		Persons under the direct or perceived control of project staff outside the project

Describe the inclusion and exclusion criteria for participants in the study. Make sure to address any special population categories indicated previously.

How many participants do you plan to include in the project? Include numbers for any anticipated subgroups and/or special populations among participants.

How will you identify or find potential participants for the project (append related instruments to this form; such as e-mails, letters, telephone scripts, and posters)?

Will individuals be asked to provide information about themselves prior to being considered a participant of the project? If so, please describe.

Will individuals be asked to take part in any interventions prior to being considered a participant of the project? If yes, please describe.

Will individuals be compensated for participation in the project? If yes, please describe.

Will the project involve deception of or incomplete disclosure to participants? If yes, please describe.

**Assurances:**

- I certify that the information provided on and attached to this form is complete and accurate.
- If approved, I agree to provide proper surveillance of this project to ensure the rights and welfare of human subjects are protected, and will report any problems to the IRB.
- I agree that modifications to an approved project will not take place without prior review and approval by the IRB.
- I agree the research will not take place without the receipt of permission from any cooperating institutions, when applicable.
- I agree to obtain approval from other appropriate committees as needed for this project.
- I understand that IRB approval of this project does not grant access to any facilities, materials, or data on which this project may depend. Such access must be granted by the unit with relevant custodial authority.
- I agree that all activities related to this project will be performed in accordance with all applicable federal, state, and local laws and regulations, and Kirkwood Community College policies and procedures.
- I understand that the proposed project cannot involve human subjects without explicit IRB exempt designation or approval.
- I agree that if approved, the IRB can access project activities, records, and materials as it deems necessary to monitor the proposed project for compliance.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

<b>For IRB Use Only</b>				
Date Received:	Initial Review Date:			Review Date:
<i>Approval Not Required</i>	<i>Exempt (§46.104.d)</i>			<i>Limited Review</i>
Not Research	1	4	7	<i>Expedited Review</i>
No Human Subjects	2	5	8	<i>Full Review</i>
	3	6	N/A	Determination
IRB Signature				