Institutional Review Board
Center for Institutional Effectiveness
400 Paramus Road
Paramus, NJ 07652-1595

Application for Institutional Review of Proposed Research Study

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This form cannot be submitted until the research is under the auspices of a Bergen Community College Sponsor. The IRB regrets that it is not able to assist with this.

Name and Signature of Bergen Community College Contact/Sponsor:

_____ _____

Project Director and contact information:

_____

Name of Researcher and contact info (if different):_____

Name and signature of approving Bergen Community College Vice President:

_____ _____

Title of Project:_____

Study Start Date:_____Study End Date: _____

Purpose, Goals, Objectives of study:

_____
_____
_____
_____

Will this/has this research be reviewed by another IRB? _____ If reviewed please attach findings.

Number and characteristics of human subjects involved in the research?

_____

Describe the study design, research procedures, and instrumentation (attach copies as appropriate)_____
_____
_____
_____

Will the study involve subjects who are known to have a specific medical or mental health conditions(s) or be under a certain type(s) of medical care and/or mental health care? Explain.

Does the research use instruments or procedures that were previously approved by an IRB or used in another study?

Does this research involve the use of a survey? _____

Is this an on-line survey?_____. If so, describe in detail the security of the web site used.

Describe the procedures to identify and recruit subjects for the study. Include criteria for determining who should be included.

Are incentives provided to research subjects? If so, describe incentive(s) and procedures.

Describe procedures for obtaining informed consent. If written consent is required, provide a copy of the documents and the script to be used in obtaining consent.

Is re-contact required? Will re-contact informed consent be obtained? Explain procedures and provide additional documents as needed.

How will human subjects benefit from their participation in the research?

What is the risk potential for participants? Is monitoring or follow up required to ensure potential adverse or unexpected effects are alleviated?

What steps will be taken to protect human subjects from any known or potential risks during the research, especially loss of confidentiality or triggering of discomfort or anxiety?

How will the project director inform researcher(s) about protection of the research subjects?

Are there any potential risks for researchers?

Is personal information to be collected or are potential identifiers to be associated with human subjects? Will these be shared with or made available to others?

Describe how data is to be collected, maintained, and handled after study is complete. Be sure and include information on the security of the computer system that is being used.

Describe how data is to be reported and disseminated. What methods will be used to ensure participant identifiers or personal information are protected?

_____
_____
_____
_____

Provide Certification Number and date of Human Subjects Protection Training Course:

_____
_____

NOTE: While other Training Courses are acceptable, the following have been used by college faculty and staff:

- *Association of Clinical Research Professionals (https://acrpnet.org/courses/ethics-human-subject-protection/), available for free with zero contact hours*
- *Protecting Human Research Participants (https://phrptraining.com), available for $39.99*
- *Collaborative Institutional Training Initiative – CITI Program (https://about.citiprogram.org/en/series/human-subjects-research-hsr/), available for $129*