Application for Modification Approval

Complete this form for all revisions/modifications and return 2 copies to the Office of Sponsored Programs, located in HAB 604.

Principal Investigator Name:

Project Title:

Protocol Number:

SECTION 1: GENERAL INFORMATION

A. Investigators:

Principal Investigator: ____________________________
- Faculty
- Graduate*
- Undergrad*
- Staff

Campus Address:
Campus Phone: Campus Fax:
E-mail Address:

*Faculty Advisor (if PI is student): _________________
Department: ______

Campus Address:
Campus Phone: Campus Fax:
E-mail Address:

Co-Investigator: ________________________
- Faculty
- Graduate
- Undergrad
- Staff

Co-Investigator: ________________________
- Faculty
- Graduate
- Undergrad
- Staff

Co-Investigator: ________________________
- Faculty
- Graduate
- Undergrad
- Staff

SECTION 2: DESCRIPTION OF MODIFICATION

A. Changes to Study Personnel/Researchers:

Are you making any changes to the personnel working on your study?
- YES
- NO
If yes, please indicate the name, role, responsibilities, and status (faculty, graduate, undergraduate, staff) of the individual(s) you are adding to your study or removing from your study. For each individual you are adding, indicate whether they have completed CITI training or not?

B. Participant Sample Changes

Are you making any changes to the participant sample from which you plan to collect your data?
☐ YES ☐ NO
If yes, please describe the change.

Does this change pose any increased risk to the participants?

Does this change involve adding participant samples that would include individuals under the age of 18?
☐ YES ☐ NO
Explain.

If yes, please be aware that parental consent is required for most studies involving individuals under the age of 18.

Does this change involve adding an international sample? ☐ YES ☐ NO
Explain.

If yes, please be aware that this will involve review by the full HREB. You will need to provide the name and contact information for a cultural consultant, as well as translations and back translations of all materials (if appropriate).

C. Procedures:

Are you making any changes to the study's procedures including changes to your questionnaire or interview protocol? ☐ YES ☐ NO
If yes, describe in detail the changes you plan to make.

State the rationale for the changes.
Do you anticipate that these changes will alter the risks to the participants? □ YES □ NO
If yes, how so?

If your study is approved as Exempt, will these changes make individuals identifiable? □ YES □ NO

Do you plan to change your questionnaire or interview protocol? □ YES □ NO

If you are making changes to your questionnaire or interview protocol, attach copies of the original and revised versions.

D. Informed Consent
Will your planned changes require revision of your informed consent form? □ YES □ NO
If yes, please describe the change and attached both the original consent form and a revised version of the consent form.

E. Other Changes
Do you plan any other changes to your study?

________________________________________________________________________
Signature of Principal Investigator (PI) Date

________________________________________________________________________
Signature of Faculty Advisor (if Student is PI) Date

Please submit two (2) hard copies and one electronic copy via e-mail attachment to the HREB secretary. Mail the hard copies to: Human Research Ethics Board, c/o Office of Sponsored Programs, HAB 604 and the electronic copies to: hrebsecretary@newpaltz.edu. The hard copies must include the original signed form and all relevant materials, i.e., consent form(s), redacted informed consent form, etc. The electronic copy must include all of the relevant materials in ONE single file in either MS Word or PDF format.