

**Appendix E  
STATE UNIVERSITY OF NEW YORK  
AT NEW PALTZ  
Institutional Review Board**

**Protocol #**

**Approval Date:**

**APPLICATION FOR SURVEY RESEARCH EXEMPTION**

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*Note: Incomplete applications will be returned. Refer to IRB guidelines & policies available on the web at [www.newpaltz.edu/sponsored\\_programs/humansubs.html](http://www.newpaltz.edu/sponsored_programs/humansubs.html)*

This application may be completed only for survey research with adults which meets the criteria at 45CFR46.101(b)(2). Research involving the use of survey procedures, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. In order to qualify for this exemption, the level of risk to participants may not exceed minimal risk (physical, psychological, social, undue stress and/or invasion of privacy.) **Do not use this form if your research involves any activities other than survey completion.**

**In order to use this form, you must be able to check "No" to the following statements:**

- Yes  No  1. Information about participants in this survey is recorded in such a manner that participants can be identified, directly or through identifiers linked to the subjects.
- Yes  No  2. The level of risk to which participants are exposed in this survey is greater than minimal risk.
- Yes  No  3. There are activities in this research other than survey administration.
- Yes  No  4. This survey will be given to persons under 18 years of age.
- Yes  No  5. The population surveyed is considered "vulnerable to coercion."
- Yes  No  6. This survey contains questions involving information pertaining to the participant's mental health that could reasonably lead to social stigmatization or discrimination.

Please type all pages. Submit 4 copies with relevant materials, i.e., surveys, recruitment materials, Psychology Pool Sign-up Sheet, if applicable, etc., to the Institutional Review Board, c/o Office of Sponsored Programs, HAB 805. Submit two copies of grant/contract proposals, if any. Applications will be distributed for review at convened meetings. Depending upon the number of proposals to be reviewed, the IRB will review your proposal within two weeks of receipt by members. (There are certain periods of the year, e.g., mid-terms, finals, and holidays, in which the proposals cannot be reviewed within two weeks.)

**Title of Study:**

**Date of Submission:**

**Principal Investigator (PI)**

**Name:**

**Specify:**       Faculty/Staff       Graduate Student       Undergraduate Student

**Local Mailing Address:**

**Department:**                      **Division:**                      **Phone:**                      **email:**

**If PI is a Student**

**Name of Faculty Sponsor:**      **Department:**      **Phone:**      **email:**

To complete required CITI human subjects training program, go to [www.miami.edu/citireg](http://www.miami.edu/citireg). This training must be completed prior to submission of application.

Principal Investigator :      CITI completed? Yes  No

**Study Team:** List **all** individuals who assist the PI in the design or conduct of the study. **Attach additional pages as needed.**

|              |                    |   |
|--------------|--------------------|---|
| <b>Name:</b> | <b>Department:</b> | <b>CITI completed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Name:</b> | <b>Department:</b> | <b>CITI completed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Name:</b> | <b>Department:</b> | <b>CITI completed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |

Funding Source(s) and Application Deadline(s) (if applicable):

Agency/Organization:      Application Date:

Is this project expected to continue for more than one year?  Yes  No      Anticipated completion date

**Statement of Assurance for Investigators**

**Disclosure of Financial Relationships and Interests in Research**

**Do you, your spouse, or dependent child(ren) have any financial relationships that may create financial interests in research studies that may bias the design, conduct, or reporting of the research or that may adversely affect the rights and welfare of subjects?**

-----Yes    -----No

\_\_\_\_\_ **Signature**

**Principal Investigator(s) and Faculty Sponsor (if a student investigator) must sign the following Statement of Assurance.**

The proposed investigation involves the use of human subjects. I am (we are) submitting this form with a description of the project prepared in accordance with institutional policy for the protection of human subjects participating in research.

**\_\_\_ I (We) understand the SUNY at New Paltz policy concerning research involving human subjects and agree to:**

1. Accept responsibility for the scientific conduct of this research;
2. Assure that all key personnel have completed the SUNY at New Paltz educational requirements for human subject research prior to assuming any duties;
3. Maintain research data under appropriately secure conditions in order to protect subject confidentiality, if applicable due to use of identifiers;
4. Report to the IRB any unanticipated effects on subjects and which involve risks to subjects or others and which become apparent during the course of administration of the survey or as a result of any actions taken;
5. Obtain prior approval from the IRB before amending or altering the scope of the project or implementing changes;
6. Comply with all IRB decisions, conditions and requirements.

**Signature of Principal Investigator (PI)**

Signature certifies that the information in this application is correct and that the research will be conducted in full compliance with SUNY New Paltz policies and federal regulations. Adverse events must be reported to the IRB according to the guidelines and changes in the study must be approved by the IRB prior to implementation.

**\_\_\_ I (We) believe that the proposed research qualifies for EXEMPTION from human research subject regulations under category 45CFR46.101(b)(2).**

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|                              |                           |      |
|------------------------------|---------------------------|------|
| Printed Name of Investigator | Signature of Investigator | Date |
|------------------------------|---------------------------|------|

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|                                 |                                       |      |
|---------------------------------|---------------------------------------|------|
| Printed Name of Faculty Sponsor | Signature/Approval of Faculty Sponsor | Date |
|---------------------------------|---------------------------------------|------|

**Category A: Brief Description of Proposed Research:**

Question 1: State the purpose of your survey research.

Question 2: State the major hypotheses, research question and/or the aims of your study.

Question 3: Provide a brief review of literature including citations.

**Category B: Description of Subjects/Participants**

Question 4: State the source of the participant population. (For international or internet studies, refer to the IRB Application Manual pp 3 and 4.)

Question 5: State the approximate number of subjects.

Question 6: Discuss the characteristics of participants as individuals and as a pool (including age, gender, student status, disease conditions, behavioral abnormalities and affiliations or memberships).

Question 7: Describe how you will recruit subjects for the study. Include all relevant materials, e.g., advertisements, fliers, scripts, translations, psychology pool sign-up sheets, etc. (Student researchers using the Psychology Pool are to include a blank copy of the sign-up sheet and departmental authorization for use of the pool.)

Question 8: State criteria for including subjects in the study or excluding them from the study.

**Category C: Procedures**

Question 9: Specify the location of the study. (If this is an external site, a letter of cooperation may be necessary for final approval.)

Question 10: List and briefly describe all variables to be studied.

Question 11:

- (a) Describe the methods of survey administration in detail (Attach a complete copy of survey).
- (b) Describe the methods of record-keeping
- (c) Describe the methods you will use to analyze the collected data.
- (d) Document authorization of use or permission to modify a copyrighted instrument, or document access in the public domain of non-copyrighted instruments.

Question 12: Describe all activities involving participants in the survey, including:

- (a) Frequency of each activity.
- (b) Duration of each activity.
- (c) Participant's total time commitment.
- (d) Instructional script for administration of the survey.

**Category D: Risks to Participants**

Question 13: Describe potential risks and assess the likelihood, severity, duration and effects of each. (Consider risks of physical injury, psychological trauma or stress, social/economic harm, legal risks and loss of confidentiality. Could any of the questions be more offensive than those encountered in a participant's everyday life? Note "no known risks" if none are anticipated.)

Question 14 Describe methods for minimizing risks (e.g., +document how potential psychological distress will be addressed, by whom, and with what credentials).

Question 15 State any other matters relative to risk to participants.

**Category E: Anticipated Benefits to Participants**

Question 16 Describe the anticipated direct benefits to these participants because of their participation.

Question 17 Describe the anticipated benefits accruing to the class of participants these individuals represent.

Question 18 Describe the anticipated benefits accruing to society-at-large or other.

**Category F: Privacy and Confidentiality Procedures**

Question 19 Describe the method(s) used to protect the identity of individual participants, if applicable.

Question 20: Describe your plans for maintaining data after the study is complete.

Question 21: Discuss any other aspects of confidentiality.

Question 22: Justification for Exempt Status (Refer to Appendix A in the *SUNY New Paltz Institutional Review Board Application Manual*)