You must have IRB Approval **before** you can start any project using human research subjects. **Please complete this form electronically** and submit it to the IRB/Research Compliance Office via email: irb@nmt.edu .

|  |  |
| --- | --- |
| **Primary Investigator Name:** | **Phone No.:** |
| **Email Address**: | **Campus Box No.:** | **Department:** |
| **Title of Project:** |
| **Funding Source/Agency:** | **Project Start and End Dates:** |
| **If this a class or practicum research project, please provide the class name and number (e.g. English 421), and the instructor’s name:** Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Additional Investigators / Researchers: Who else will be working on this project?** This list should be updated annually unless there is a major change in personnel. Major changes in personnel (e.g. change of P.I.) must be reported immediately on a revision form and the change must be noted on the consent form.

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| --- | --- | --- | --- |
| **Name:** | **E-Mail and Campus Box No.:**  | **Phone:** | **Role in Project:** |
|  | **CS Box:**  |  |  |
|  | **CS Box:** |  |  |

NOTE: If your project has more than three (3) investigators, please list the remaining personnel on an additional sheet and attach it to this form.

**MST or Independent Study:** Please list your committee members.



**SECTION I — HUMAN SUBJECTS PARTICIPATION**

**How will you interact with your project’s participants?**

1. **Are you collecting any Personally Identifiable Information from your participants?**

# Personal Identifiable Information: Name, Identification Numbers (i.e., Social Security Number, Tech Student ID Number), Contact Information (i.e., Physical Address, Phone Number, Email Address and/or IP Address), Audiotape recordings, videotape recordings, or photographic images of participants, Blood, tissues, bodily fluids, or DNA from participants sensitive health or medical information (i.e., HIV status; drug/alcohol use; mental /physical disorders; illicit or criminal behaviors; sexual preference; or other information that could cause harm to the participant if it became known in his/her community.

**Please check all applicable boxes*:***

|  |  |
| --- | --- |
| ☐ Name | ☐ Physical address/ Phone number  |
| ☐ Identification Number (Social Security Number or Tech Student ID Number) | ☐Email Address and/or IP Address (for web-based survey research and/or user testing purposes)  |
| ☐ Sensitive health or medical information (i.e., HIV status, drug/alcohol use, mental / emotional issues, etc.) | ☐ Audio, video recordings, or photographic images of participants |
| ☐ Other sensitive information that could harm participants if it became known (i.e., criminal acts, risky behaviors, etc.)  | ☐Blood, tissues, fluids, or DNA from participants |
| **☐ Check this box if your project will NOT collect any of the data listed above** |

**2. What type of research are you performing with your participants?**

**Please check all applicable boxes:**

|  |
| --- |
| ☐ **Survey / Questionnaire / User Testing** -- ◻To evaluate a class, program, or curriculum◻To gather opinions, perceptions, beliefs, or other benign info.◻User Testing of hardware, software, etc. |
| **☐** **Interview** -- Interviewing or actively interacting with participants in the following setting:☐ An educational setting (i.e., in a classroom, library, school/university meeting room, etc.)☐ A NON-educational setting (i.e., conducted at a supermarket/mall, park, church, via telephone, in homes) |
| **☐** **Observation** -- Passive (non-interactive) observation of participants in the following setting:☐ An educational setting (i.e., in a classroom, library, school/university meeting room, etc.)☐ A NON-educational setting (i.e., conducted at a supermarket/mall, park, church, via telephone, in homes) |
| **☐** **Social / Behavioral Research**—Investigating individual / group characteristics or behaviors (e.g., research on political / religious / cultural beliefs, perception, cognition, motivation, identity, language, social behaviors). ☐ Data to be collected is benign (participants’ beliefs, opinions, perceptions) ☐ Data to be collected is sensitive health, medical, or personal information (e.g., HIV status, drug/alcohol use, mental/physical disorders; illicit or criminal behavior; sexual preferences; or other information that could cause harm to the participant if it became known in the community)◻ Deception◻ Photographing or recording subjects on video- or audio recording◻ Other: (Please describe) |
| **☐** **Biological Research** – Please complete the following page to describe your project to the IRB. |

**SECTION II — TYPES OF DATA COLLECTED BY PROJECT**

**What type(s) of data will be collected by your project?**

**Please check all applicable boxes:**

|  |  |
| --- | --- |
| **☐ New or novel data produced during the course of the project:** **☐** **Anonymous data** gathered by survey, questionnaire, or test**☐**  **Personally Identifiable Information and additional data** gathered by survey/questionnaire/test/interview:**☐** Data to be collected is benign (beliefs, opinions, perceptions) **☐** Data to be collected is sensitive health, medical, or personal information (e.g., HIV status, drug/alcohol use, mental/physical disorders; illicit or criminal behavior; sexual preferences; or other information that could cause harm to the participant if it became known in the community)**☐** **Biological specimens or physiological data** **drawn or collected by the NM Tech researcher****☐** **Photographs, audiotape, videotape/ film of participants****☐**  **OTHER:** please describe: | **☐Already-existing data from the following source(s)****:****☐Public data sources** (library, archives, Census information, etc.)☐**Data from Social Networking sources (Facebook, Instagram, etc.)****☐** **Non-public data sources** (personnel files, medical files, financial files, etc.) **☐** **Biological specimens provided by a non-NM Tech source****☐Other:** please describe: |

**SECTION III – DATA SECURITY AND CONFIDENTIALITY**

**Data security and confidentiality are crucial parts of any research project**

**1. How will you keep your project’s data secure during the duration of the project?**

(If your project is collecting Personally Identifiable Information, then you MUST ensure that ALL such data is kept secure and fully confidential.)

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**2. What will you do with your project’s data at the conclusion of your project?**

**All Personally Identifiable data (PID) MUST be destroyed at the conclusion of your research project but, you should keep de-identified data that doesn’t contain PID.**

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**SECTION IV – YOUR RESEARCH POPULATION**

**What types of subjects are participating in your research project?**

**Please check all applicable boxes to** **describe your research subjects:**

|  |  |
| --- | --- |
| ☐ NM Tech Students (**age 18 and older**) | **☐ Children / Minors under age 18** |
| ☐ NM Tech Faculty | ☐ Women only |
| ☐ NM Tech Staff or Employees | ☐ Minorities only |
| ☐ Adults (age 18 and older) not affiliated with NM Tech | ☐ Prisoners only |

**SECTION V – TRAINING REQUIREMENTS FOR RESEARCHERS**

**Have you completed the training program on Human Subjects Research?**

**Federal law requires PIs to be adequately trained before starting Human Subjects Research projects.**

All NM Tech researchers are strongly urged to take the online training course listed below before performing any Human Subjects Research

|  |
| --- |
| ☐ **Yes, I have taken the** Citi Program Human Subject Research Course, at <https://about.citiprogram.org/en/homepage/> |

**SECTION VI – SUPPORTING DOCUMENTATION**

**Research Description: Please describe how your research project will use human participants.**

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| **1. Abstract / Project Summary:** **Summarize your proposed research project, using non-technical language that can be understood by non-scientific individuals.** Please include: 1) a brief statement of the research question and related theory supporting the reason for the research; 2) a brief but specific description of the procedure(s) involving human subjects. For projects involving surveys, questionnaires, or interviews, describe the setting and mode of administering the instrument (i.e., via telephone, face-to-face, or in a group), and the provisions for maintaining privacy and confidentiality. Include duration, intervals of administration, and overall length of participation.   |

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| --- |
| **2. Solicitation of Participants:****Please explain how participants will be contacted, selected, or recruited for your project.** |
| **3. Risks:****What sort of risk will participants face as a result of their involvement in your research project?**◻ **Minimal** – Participants will experience no greater than the risk than what they would encounter during a normal day.◻ **Greater than minimal** – Participants in social/behavioral research might suffer embarrassment, loss of social standing, physical or psychological harm if collected data became known in the community; participants in biological research might experience discomfort, minor physical pain, or fainting.◻ **Significant** – Participants in social/behavioral research could experience physical / emotional /psychological injury, or could be subject to legal or criminal proceedings if collected data became known in the community; participants in biological research could become severely ill or incapacitated. **If your project involves significant risks to its participants, you must attach a description of these risks and how your project will deal with or minimize them.** |

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| **4. Benefits:**How might subjects benefit from participating in your research project?  |
| **5. Alternatives:**Human subjects **must ALWAYS** have the right to choose not to participate in the research study. What alternatives are reasonably available in the non-research and/or research context that may be beneficial to the potential subjects? |
| **6. Confidentiality:**How will you protect the confidentiality of those who participate in your project? How will you protect the collected data from being released without your knowledge or permission? How will you dispose of or destroy Personal Identifiable Data (PID) once your project is completed?  |
| **7. Consent:****IF YOUR PROJECT COLLECTS PERSONALLY IDENTIFIABLE INFORMATION:** Describe how you plan to seek consent from participants, and attach a copy of all consent form(s) and/or informational letter(s) used to describe the research project to potential participants.**IF YOUR PROJECT DOES NOT COLLECT PERSONALLY IDENTIFIABLE INFORMATION:** A consent form is not necessary for your project – however, you will need to provide a special explanatory paragraph to your subjects. See the IRB Application Form.  |

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| **8. Debriefing:**If it is necessary to deceive or mislead the participants in order to adequately perform your research project, a debriefing statement must be read or given to the participants at the conclusion of the project.Debriefing statement will be necessary ◻ Yes ◻ NoFollow-up information letter will be necessary ◻ Yes ◻ No**Elements that should be included in the Debriefing Statement:**  1) Describe the nature and aim of the project; 2) Explain why the participants were misled; 3) Provide the name and phone number of the person to contact in case of questions regarding the project; and 4) Thank the participants. |

**SECTION VII — BIOLOGICAL RESEARCH ONLY**

1. **Are you doing Biological Research?** ☐ **Yes** ☐ **NO if, NO skip this section**
2. **What biological research procedures will you perform on your project’s human participants?**

**Please check all applicable boxes:**

|  |  |
| --- | --- |
| ☐ Cheek swab for cells or DNA | ☐ Urine sample |
| ☐ Needle / lancet stick to obtain drops of blood | ☐ Blood draw of approx. \_\_\_\_\_\_\_\_\_\_\_\_ cc. |
| ☐ Exercise or physical testing | ☐ Non-invasive procedures (MRI, EEG, EKG, sensors) |
| ☐ NOT APPLICABLE: Project uses only blood / tissues / fluids / DNA provided by a non-NM Tech sourceSource:  |
| ☐ OTHER: Please make sure you attach a thorough written description of the research procedures used by your project |

**3. What level of risk will your participants experience during your research?**

|  |  |
| --- | --- |
| ☐  **MINIMAL** – The potential harm or discomfort experienced are not greater than those ordinarily encountered during routine physical or psychological exams or tests.  | ☐ **GREATER THAN MINIMAL RISK** – The potential for harm or discomfort might cause a participant to feel unsure about participating, or could cause the participant to become ill or incapacitated. |

**4. Will your project’s participants be informed of the risks involved with the procedure before they participate?**

|  |  |
| --- | --- |
| ☐ YES – A complete description will be provided to each participant | ☐ NO – Please see the IRB administrator for more information |

**5. Do you have procedures in place for emergency care if a participant requires it?**

|  |  |
| --- | --- |
| ☐ YES – A procedure or provision for emergency care is included in this research project | ☐ NO – Please see the IRB administrator for more information |

**6. Has a qualified M.D. participated in planning this research project?**

|  |  |
| --- | --- |
| ☐ YES – The research project was planned with guidance from the following physician: | ☐ NO – Please see the IRB administrator for more information |

**Please attach the following items to this Application Form:**

* Samples of all documents to be used in your project (including questionnaires, surveys, tests, advertisements, flyers, permission slips, procedure descriptions given to participants, etc.)
* A sample of the Informed Consent document you will use in your project (please see the Informed Consent Requirements attached to the end of this Application Form)
* A copy of your IRB Training Course completion certificate

**After completing this Application Form, send it and all attachments via email to** **IRB@nmt.edu**

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| **PRINCIPAL INVESTIGATOR ASSURANCE:****As the PI on this project, I hereby assure that I will follow procedures to ensure that the rights and welfare of the participants will be safeguarded and protected. I will not begin data collection until I receive a written approval from the IRB.** |
| Principal Investigator/Researcher (Printed)Signature of Principal Investigator/ Researcher | Date:  |
| **Faculty Advisor Assurance for Student Research Projects:****As faculty advisor to this project, I hereby assure that I will be responsible for supervising the project, and that the student(s) working on this project will follow procedures to ensure that the rights and welfare of the participants will be safeguarded and protected.** |
| Faculty Advisor (Printed)Signature of Faculty Advisor: | Date: |

***For IRB Use ONLY:***

|  |  |
| --- | --- |
| Date Received by IRB Administrator: | IRB Database No.:  |
| Protocol qualifies for: ☐ Exempt (administrative) ☐ Review Limited Review ☐ Expedited Review ☐ Full Board Review |
| Administrative Review completed on:  | Expedited Review completed on:  |
| Full Board Review completed on:  | Notification of IRB decision sent to PI on:  |