Pfeiffer UNIVERSITY

IRB – Exempt Application

Investigator Information:						
Principal Investigator: (name of person submitting application)						
Project Title:						
Date Submitted:						
E-mail Address:						
Telephone Number:						
Academic Division:						
Department:						
Relationship to University		Faculty		Student		Staff
Project Start Date:						
Project End Date:						

**** Note: Data collection cannot begin before IRB approval is received.***

Research Ethics Training:		
		NIH/NCI
		CITI
		Other:
Date research ethics training completed:		

Research Description:
To determine if the project falls within one or more of the specified categories of exempt research per the federal regulations, the following information is needed.

Abstract: Provide an abstract of the proposed research in language that can be understood by a non-scientist. The abstract should summarize the objectives of this project and the procedures to be used, with an emphasis on what will happen to the participants.				
Risk Classification: What is the overall risk classification of the research?		Minimal		Greater than minimal
Participants: Describe the participants who will be included in this research. Identify the location(s) in which participants will be recruited.				
Special Populations: Indicate if any of the following will be included in this research:				
		Children		

	Cognitively impaired
	Institutionalized persons
	Non-English speaking
	Prisoners
	Students
	Senior citizens
	Employees
	Pregnant women/fetuses/neonates
	Handicapped

Instruments: Describe the instruments, if any, to be used to collect data in this study. Attach copies of all questionnaires, surveys, interview questions, etc.	
Confidentiality: Describe what identifiers will be collected on the participants. If participants will be identified, describe the procedures in place to protect their confidentiality.	
Consent: Will consent be obtained from participants?	

Exemption Determination:
In order for a study to be exempt, at least ONE of the categories listed below must apply. Please select the one that is appropriate and briefly describe why this category is justified based on the nature of the research.

	Exempt Category #1 Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as: - research on regular and special education instructional strategies, or - research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
	Exempt Category #2 Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior. *Note: This exemption does not apply to the following types of research: 1) research involving children that includes surveys, interviews, and observations of public behavior when the investigator is a participant in the activities being observed; and 2) research in which information is recorded in such a manner that participants can be identified and disclosure of the information could reasonable place the participants at risk.*
	Exempt Category #3 Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, if: - participants are elected or appointed public officials or candidates for public office; or

	- federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
	Exempt Category #4 Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that participants cannot be identified, directly or through identifiers liked to the participants. *Note: All of the data or materials must exist prior to proposing the research.*
Brief Justification:	

Signatures:
Please submit a signed application along with initialed supplements to the chairperson of the IRB. Applications from student researchers will not be reviewed without faculty advisor approval.

Principal Investigator: I will conduct the study identified above in the manner described. If I decide to make any changes in the procedure, or if a participant is injured, or if any problems occur which involve risk or the possibility of risk to participants or others, I will immediately report such occurrences or contemplated changes to the Pfeiffer University Institutional Review Board.	
Principal Investigator's Name:	
Principal Investigator's Signature:	
Date:	

Faculty Advisor (If the Principal Investigator is a Student): I have read and approve of this protocol. I believe this is research as defined by the Department of Health and Human Services (i.e., a systematic investigation designed to develop or contribute to generalizable knowledge) and that the student is competent to conduct the activity as described herein.	
Faculty Advisor's Name:	
Faculty Advisor's Signature:	
Date:	