

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:					
Initial Approval Date by IRB					
Renewal Dates by IRB					
Type of Initial Review (Full Review, Expedited Review, Exempt.)					

*** 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

Please attach a copy of the original IRB approval.

Have any changes been made to the original protocol?

If Changes have been made, please describe the changes. Please note. If substantive changes have been made, the IRB committee may require you to resubmit for the appropriate level of review.

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:	