MOHAWK VALLEY COMMUNITY COLLEGE Request for Approval for Use of Human Participants in Research

For use by Research Revie	<u>w Team (RRT) members (</u>	only:
Proposal No:	Date Received:	Action Date:
Action Notes:		
Reviewer Initials:	Notification sent:	
addition, sign and submit have their faculty superviso the signatures has been receptive and complete as possible to the signatures has been receptive and complete as possible to the signatures has been receptive and complete as possible to the signature of the signature.	THE LAST PAGE ONLY are a signature.) Proposals we served. To ensure expeditions shall be said to said the server are a survey server as a survey server are a survey server as a survey server are a survey server are a survey server are a survey server as a survey server are a survey server are a survey server as a survey server are a survey server as a survey server are a survey server are a survey server are a survey server as a	Research Review Team (RRT). In as hard copy. (Students will also need to will not be approved unless a hard copy of ous review of your project, please be as and include all necessary supporting, interview scripts, debriefing script). gle document.
Date:		
Principal Investigator:	Cou	rse No., if applicable:
Phone Number:	Ema	uil:
If Principal Investigator is	a student:	
Name of faculty supervisor (Note: Faculty supervisor's supervisor's supervisor with the supervisor of	signature must appear at the	nil: end of this form. Faculty supervisor must
Project Title:		
Project involves (check all appropriate Faculty research	plicable; to check a box, doub	le-click on it and follow instructions):
☐ Student research in for copy of full research pro	-	irement (If for Honors course, please attach

Anticipated Start Date:

Anticipated End Date:

(Maximum length is one year; project approval must be renewed annually.)

A. NATURE OF THE PROJECT

A1. Briefly describe your research project. (If for Honors course, please attach copy of full research proposal)

This information is important in weighing the benefits of the research against any risks that might be incurred by the participants in the study. Keep in mind that RRT members are not necessarily specialists in your field, so write for a general audience.

A2. Specify the procedure that will be used in the study.

Your description should include verbal statements that will be made to participants, particularly any statements that will be misleading or deceptive. Please attach the following documents as appendices to the proposal: (a) the experimenter's script, (b) all written materials to be given to participants, including questionnaires, surveys, or tests, (c) all interview questions, if applicable, and (d) a copy of the debriefing script. Note that drafts of surveys or interview questions are not acceptable; only final versions can be approved.

B1.	All nauticinants must be adults (age 10 an alden)
	All participants must be adults (age 18 or older)
B2.	Institutional Affiliation of participants (check all applicable): Due to HIPAA regulations, research involving off-campus institutions such as hospitals or other social service agencies may ALSO require approval from that institution's IRB. Documentation of approval from external agencies may also be necessary.
	\square No institutional affiliation outside of MVCC is involved
	☐ Schools (specify):
	☐ Hospitals (specify):
	Other (specify):
В3.	Estimated number of participants:
B4.	How will the participants be solicited or contacted? (e.g., flyers, email, social networking sites, telephone, announcements made in courses, online recruitment program, etc.)
	RISKS
C1.	Is it possible that the participants will incur any psychological, social, physical, or legal risk? This includes any psychological distress associated with experimental manipulations.
	□ yes
	\square no
	If yes, please explain the nature of the risk and why it is necessary. Is there any alternative way of conducting the research that would be less risky to participants? If so, why have you not chosen the alternative?
	B3. B4.

C2. What steps will be taken to minimize the risks to participants?

C3.	Will the participants be deceived or misled in any way?
	□ yes □ no
	If yes, please explain the nature of the deception and why it is necessary.
C4.	Will there be any probing (either verbal or written) for information that participants might consider to be personal or sensitive?
	□ yes □ no
	If yes, please explain the nature of the information.
C5.	Is it possible that the participants will be presented with materials, or be exposed to social interactions, that they might consider to be offensive, threatening, or degrading?
	□ yes □ no
	If yes, please explain the nature of the materials or social interactions. Is there any alternative way of conducting the research that would be less offensive, threatening, or degrading to participants? If so, why have you not chosen the alternative?

D. **VOLUNTARY PARTICIPATION/INFORMED CONSENT**

(The questions in this section do not apply to unobtrusive observation of public behavior.)

Federal law requires that, except in special circumstances, informed consent must be obtained. In brief, consent forms must (1) explain the purpose, procedures, and duration of the project, (2) describe the re,

confide and (6)	s to the participant and others, (3) state any risks involved, (4) describe the manner in which entiality will be maintained, (5) provide contact information should questions arise in the future, state that participation is completely voluntary. Web-based surveys should include a consent which respondents check a box to indicate consent.
	D1. Will a written or online consent form be used?
	□ yes □ no*
	*If a consent form is not to be used, you must provide justification. Even if you do not use a consent form, you must still provide participants with a written statement about the research and the contact information of the researcher, supervisor, and the Director of Institutional Research and Analysis.
D2.	What information about the study will be provided to potential participants? If it is necessary to obtain participation without informing participants of the true nature of the study, include a script for information to be provided by research personnel or written material to be given to participants prior to or at the outset of the study.
D3.	If research involves participant observation, how will the researcher's role be explained to other participants in observed activities?

E.	CONFIDENTIALITY/ANONYMITY			
recorded	E1. Will data be collected that identifies individuals or be			
recorded	in a way that allows observations to be linked to individuals?			
	□ yes □ no			
	If yes, please explain the nature of the information.			
E2.	Will any personal data be drawn from institutional files or archives (e.g., school files)? If yes, explain the source and nature of such data. Please note that your consent form must specifically ask permission to gather such data.			
E3.	Who will have access to the data from the study?			
E4.	What steps will be taken to insure confidentiality of personal data? Be specific. Will research personnel (including students) be informed of their responsibilities in maintaining confidentiality? How will confidentiality be preserved as data are collected, stored, analyzed, and published? When will data identifying individual participants be destroyed?			
F.	Is this research part of:			
	☐ Honors project ☐ MVCC course requirement ☐ Leadership Academy ☐ Other:			
	If Other, how does this project benefit MVCC?			

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ASSURANCE STATEMENT

Complete this page, sign, and submit a hard copy to the Chair of the RRT.

Project Title:
Principal Investigator: Email:
Name of Faculty Supervisor (if applicable): Email:
FOR PRINCIPAL INVESTIGATOR:
I confirm that the procedures described above are accurate and will be followed in the course of the research project. I will notify the RRT of any changes to procedures and if unanticipated problems arise during the research process.
Signature of Principal Investigator
Date:
<u> </u>
FOR FACULTY SUPERVISOR:
If principal investigator is a student, the faculty supervisor must also sign:
I have reviewed this completed application and find it acceptable with respect to the research design and the protection of human participants.
Signature of Faculty Supervisor

Mohawk Valley Community College 1101 Sherman Drive Utica, NY 13501

Sample Participant Consent Form

Purpose:

The purpose of this study is to examine the types of thoughts a person may experience while performing a task. The study is part of XXX senior thesis in psychology, under the supervision of Professor ZZZ.

Procedure:

If you agree to be in this study, you will be asked to do the following:

- 1. Listen to approximately 13 minutes of music (36 short melodies).
- 2. Report the emotion you associate with the music.
- 3. Complete a questionnaire in which you rate the frequency with which you have had certain types of thoughts.

The total time required to complete the study should be approximately 30 minutes.

Benefits/Risks to Participant:

Participants will learn about the empirical methodologies of and will help contribute to the body of knowledge in psychology. Risks include any discomfort you may feel while listening and rating the melodies, or responding to personal questions.

Voluntary Nature of the Study/Confidentiality:

Your participation in this study is entirely voluntary and you may refuse to complete the study at any point during the experiment, or refuse to answer any questions with which you are uncomfortable. You may also stop at any time and ask the researcher any questions you may have. Your name will never be connected to your results or to your responses on the questionnaires; instead, a number will be used for identification purposes. Information that would make it possible to identify you or any other participant will never be included in any sort of report. The data will be accessible only to those working on the project.

Contacts and Questions:

At this time you may ask any questions you may have regarding this study. If you have questions later, you may contact XXX at 555-555-5555 or XXX@mvcc.edu or her faculty supervisor, ZZZ at 555-555-5555 or ZZZ@mvcc.edu. Questions or concerns about institutional approval should be directed to Marie Miknavich, Director of Institutional Research and Analysis, 315-792-5467 or mmiknavich@mvcc.edu.

Statement of Consent:

I have read the above information. I have asked any questions I had regarding the experimental procedure and they have
been answered to my satisfaction. I consent to participate in this study.

Name of Participant	Date:
(please	print)
Signature of Participant	

Age:(Note: You must be 18 years of age or older to participate in this study. Let the experimenter know if you are under 18 years old.)
Thanks for your participation!