

Form C
Institutional Review Board
Le Moyne College

APPLICATION FOR FULL BOARD REVIEW OF RESEARCH

Title of Project: _____

Name of Primary Investigator(s)/Researcher(s): _____

Type of Investigator(s):

- _____ Faculty or staff of Le Moyne College
- _____ Student of Le Moyne College
- _____ Individuals other than faculty, staff, or students of Le Moyne College
(Le Moyne researchers must identify all outside investigators / collaborators and explain their role on the Research Outline.)

Name of Student Research / Lab Assistant(s): _____

(On the Research Outline, explain the role of student research / lab assistants who will assist in data collection or analysis but will not be otherwise involved in preparing the final products.)

CITI Completion Certificates must be submitted for all primary investigators, researchers / collaborators, student research / lab assistants, and faculty sponsors.

Primary Investigator's Contact Information:

Address _____
City, State & Zip Code _____
Phone number _____
E-mail address _____

For Student Researchers only:

Degree program (e.g., BA, MS, EdD, DNP): _____
Program(s) of Study: _____
Name of faculty sponsor: _____
Email address of faculty sponsor: _____

For External Researchers only:

Name of Le Moyne sponsor: _____
Email address of Le Moyne sponsor: _____

Date Application Submitted: _____

Proposed Date to Commence Data Collection: _____

(Please allow a minimum of 6-8 weeks between the application submission date and the proposed date to commence data collection.)

Nature of Activity (check all that apply):

- Faculty research project
- Project to be submitted for extramural funding from a federal agency (e.g., NSF, FDA)
Agency: _____ Grant Submission Deadline: _____
- Pilot Study for future research project
- Undergraduate thesis / capstone project (including Departmental / Integral Honors)
- Master's thesis / capstone project
- Doctoral dissertation
- Course project (not thesis or capstone related). Course number & title: _____
- Staff (non-faculty) research project
- Other (please explain): _____

Abstract of Project (maximum 150 words):

Does the research involve:

YES NO

- a. drugs or other controlled substances? _____
- b. participants taking internally or having externally applied any substance(s)? _____
- c. removing any fluids (e.g., blood) or tissue from participants? _____
- d. participants experiencing stress (psychological or physical) above a level that would be associated with their normal everyday activities? _____
- e. misleading (deceiving) participants about any aspect or purpose of the research? _____
- f. participants who would be judged to have limited freedom of consent (e.g., minors or individuals with impaired decision-making ability)? _____
- g. any procedures or activities that might place the participants at risk (psychological, physical, or social)? _____
- h. sensitive aspects of the person's own behavior, such as illegal conduct, drug use, sexual behavior, or alcohol use? _____
- i. activity or data collection whereby the disclosure of participants' responses outside the research could place the participants at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, educational advancement, or reputation. _____
- j. data collection over a period longer than twelve (12) months? _____

Certification:

1. I am familiar with the policies and procedures of Le Moyne College regarding human research participants. I subscribe to the standards described in the document, *Institutional Review Board Policies and Procedures*.
2. I am familiar with the published guidelines for the ethical treatment of human research participants associated with my particular field of inquiry (e.g., as published by the American Psychological Association, American Sociological Association).
3. I am familiar with and will adhere to any official policies in my department concerning research with human research participants.
4. If changes in procedures involving research participants becomes necessary, I will submit these changes for review before initiating the changes.

SIGNATURE _____ DATE _____
Investigator/Researcher

SIGNATURE _____ DATE _____
Investigator/Researcher

All student-led research applications and all applicants from outside Le Moyne College must have a faculty / college sponsor whose signature is here affixed:

SIGNATURE _____ DATE _____
Sponsor

Additional signatures (as needed):

SIGNATURE _____ DATE _____
____ Investigator/Researcher ____ Research / Lab Assistant ____ Other:

SIGNATURE _____ DATE _____
____ Investigator/Researcher ____ Research / Lab Assistant ____ Other:

SIGNATURE _____ DATE _____
____ Investigator/Researcher ____ Research / Lab Assistant ____ Other:

SIGNATURE _____ DATE _____
____ Investigator/Researcher ____ Research / Lab Assistant ____ Other:

SIGNATURE _____ DATE _____
____ Investigator/Researcher ____ Research / Lab Assistant ____ Other:

Updated June 2023