**IRB Application**

**Application Type:**

**Student**

**Faculty/Administrator**

**Other**

**Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Investigator:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name M.I. Last Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone Alternate Phone Email Address**

**Faculty/Administrator Sponsor (if applicable):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name M.I. Last Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone Alternate Phone Email Address**

**Project Information:**

**Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expected Number of Participants: \_\_\_\_\_\_\_**

**IRB Application**

1. **PARTICIPANTS Yes No**
2. Are any participants under the age of 18? \_\_\_\_ \_\_\_\_
3. Are any participants prisoners? \_\_\_\_ \_\_\_\_
4. Are any of the participants cognitively/mentally disabled? \_\_\_\_ \_\_\_\_
5. Does the project involve surveys? \_\_\_\_ \_\_\_\_
6. Are subjects rewarded in any way for their participation? \_\_\_\_ \_\_\_\_

**B. Does your project involve… Yes No**

1. Completion of self-report assessments? \_\_\_\_ \_\_\_\_
2. Interview procedures? \_\_\_\_ \_\_\_\_
3. Study of existing data (secondary analysis) recorded in such a manner that subjects can be identified? Audio or video recording \_\_\_\_ \_\_\_\_ of participants?
4. Collaboration with other institutions (e.g., SSC, schools, health care agencies, etc.)? **If so, letters of agreement are required.** \_\_\_\_ \_\_\_\_

**C. Attachments Yes No**

1. Have you attached your informed consent or disclosure forms? \_\_\_\_ \_\_\_\_
2. Have you attached data collection instruments? \_\_\_\_ \_\_\_\_
3. If your project involves collaboration with another institution (e.g., school, social service agency, etc.), have you attached \_\_\_\_ \_\_\_\_ a letter of agreement on official letterhead?

4. Have you disclosed all potential risks and benefits to your study on the informed consent and disclosure forms? \_\_\_\_ \_\_\_\_

**D. Submit Your Application by email to** [**mamico@hcc.commnet.edu**](mailto:mamico@hcc.commnet.edu) **OR as hardcopy to the following address:**

Michael Amico

Beacon Hall 256

Housatonic Community College

900 Lafayette Blvd, Bridgeport, CT 06604.

**IRB Application**

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Principal Investigator Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Faculty/Administrator Sponsor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/Administrator email

**NOTE:** *No student applications will be reviewed by the IRB without prior review and approval by their Faculty/Adminstrator Sponsor.*