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| crop logo | **Institutional Review Board**  **Clayton State University UC-217**  **2000 Clayton State Blvd, Morrow, GA 30260**  **(678) 466-4100** |

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| **APPLICATION FOR EXEMPT RESEARCH STUDY** |

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| **Dr.**  **Mr.**  **Ms.**    **Principal Investigator**  **Faculty**  **Undergraduate**  **Graduate**  **Staff**   CSU Department AND CSU Mailing Address   **Phone Number (s) & E-Mail**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\*Signature of Principal Investigator** | **Dr.  Mr.  Ms.**   Co-Investigator **Faculty  Undergraduate  Graduate Staff**   CSU Department AND CSU Mailing Address   **Phone Number (s) & E-Mail**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\*Signature(s) of Co-Investigator(s) | |
| **\*Your Signature indicates that you have read the guidelines and that you accept responsibility for the research described in this application.  It further attests that you are fully aware of all the procedures to be followed, will monitor the research, and will notify the IRB of any significant PROBLEMS or CHANGES. . Student principle investigator must identify faculty advisor as co-investigator or within the body of the protocol description.**  **\*\*Use additional copies of this page as required for additional co-investigators** | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*\*\*Signature of Organization IRB Representative Print Name of Organization IRB Rep.**  **\*\*\*Organizational (College or Business Unit) IRB representative review of this application material is required prior to submission to IRB, and your signature indicates that you have worked with the investigator(s) in the preparation of this application package, and to the best of your knowledge the application is complete and ready for IRB review.** | | |
| If funding is involved:  (Please list any funding or any possibility of funding. Failure to do so may delay awards.  **Sponsored Program Proposal Number** Name of Funding Agency  **Proposal Deadline**  **Funding amount** | |

**Title of Project:**

NOTE: THE PERSONNEL OF THE IRB ARE NOT RESPONSIBLE FOR MEETING RESEARCHER DEADLINES AND CANNOT PREDICT OR GUARANTEE APPROVAL DATES.  SUBMIT AS EARLY AS POSSIBLE TO MEET YOUR DEADLINES.

Date You Would Like to Begin Research:

(at least 2 weeks from date of submission to IRB)

Date You Expect to Complete Collection Data:

(Period of approval cannot extend beyond one year; if more time is needed, study must be renewed before end of approval period.)

**Exemption Screening Questions:**

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| Based on your answers to the exemption screening questions on the instruction form, does this project qualify for exempted review? If yes, continue with this form, if no, you must complete an Expedited or Complete Review application for this project. Note: by checking the “Yes” box, you indicate that you have read and understand the exemption screen questions. | Yes | No |

**1. Funding Source: Indicate the name and mailing address of internal and external sources of funding. If the study is not funded, indicate such. If applicable, a copy of your grant proposal must be included with this application.**

**2. Exempt Research Categories: Based on the description of the different categories on the instruction sheet for this form, indicate which category applies to your research project. Refer to the document *IRB Policies and Procedures* for descriptions.**

**Category 1**  **Category 2**  **Category 3**  **Category 4**

**Category 5**  **Category 6**  **CSU Exempt 7**  **CSU Exempt 8**

**3. Recruitment: Describe from where and how the participants will be identified or recruited, who will make the initial contact with the participants, and how you plan to distribute or display any recruitment materials for this research (e.g., bulletin board, emails, newspaper advertisement).**

**4. Participants: List approximate number of study subjects, target age range, and targeted gender**

**5. Consent: Describe the methods you plan to use in order to obtain informed permission to participate in this research or why your project is suitable for a waiver of such consent. If consent is to be obtained, attach a copy of the written document or script for oral presentation. If you cannot obtain informed permission for this study, explain why it cannot be obtained (e.g., the data are de-identified).**

**6. Compensation: If individuals will be offered compensation, indicate the type and amount of compensation that will be offered. If extra/class credit is being offered, describe the alternative available for earning the extra/class credit. The alternative must be equal in time and effort to participating in the research.**

**7. Recordings: If recording will be done for this research, indicate the type of recording that will be made and how recordings will be maintained.**

**8. Abstract:**

**9. List of attachments (surveys, recruitment letters, informed consent, etc.)**