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**APPLICATION FOR REVIEW OF RESEARCH**

1. Type of approval review requested (check one): Full Review  Expedited Review  Exempt Review

2. PRINCIPAL INVESTIGATOR Click or tap here to enter text.

DEPARTMENT Click or tap here to enter text.

PHONE Click or tap here to enter text.

TITLE OF RESEARCH Click or tap here to enter text.

CO-INVESTIGATORS Click or tap here to enter text.

3. TYPE OF RESEARCH (INDEPENDENT PROJECT, MASTER’S THESIS, ETC.):

Click or tap here to enter text.

4. IF YOU ARE A STUDENT RESEARCHER PLEASE PROVIDE THE FOLLOWING:

MAILING ADDRESS Click or tap here to enter text.

EMAIL Click or tap here to enter text. TELEPHONE NO. Click or tap here to enter text.

FACULTY SPONSOR NAME Click or tap here to enter text.

DEPARTMENT OF SPONSORING FACULTY Click or tap here to enter text.

PHONE NO. Click or tap here to enter text. FAX NO. Click or tap here to enter text.

EMAIL Click or tap here to enter text.

FACULTY SPONSOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. HAS THIS RESEARCH PROJECT BEEN CONSIDERED PREVIOUSLY BY THE IRB?

YES  NO

IF YES, GIVE LAST APPROVAL/REVIEW DATE Click or tap to enter a date.

6. SOURCE OF FUNDING (IF APPLICABLE):

NNMC GRANTS (INCLUDING FOUNDATION)

PLEASE INDICATE WHICH GRANT PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXTRAMURAL FUNDS

PLEASE INDICATE AGENCY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. ARE YOU WORKING WITH A RESEARCHER FROM ANOTHER INSTITUTION? IF SO, BE

AWARE THAT YOUR CO-INVESTIGATOR MUST ALSO SUBMIT YOUR JOINT PROPOSAL TO

THE IRB AT THE INSTITUTION THAT EMPLOYES HIM/HER.

YES  NO

8. DOES YOUR RESEARCH INVOLVE ANY OF THE FOLLOWING? (Check all that apply)

minors  prisoners  pregnant women

adults with diminished capacity in understanding the risks of participation and giving consent

use of the investigators’ current students as subjects

drugs or other controlled substances

psychological or physiological stress above the level of normal everyday activities

misleading or deceiving subjects about any aspect or purpose of the research

collection of information which deals with sensitive aspects of the participants’ behavior

(e.g., Illegal activity, drug or alcohol use, sexual behavior, etc.)

collection of information which would place subjects at risk of criminal or civil

liability if it became known

collection of information which could affect subjects’ financial standing, employability,

or reputation

examination of existing data, records, documents, or specimens that are not part of the

public record

Potentially Exempt Items below

children involved in your research without sensitive information about themselves or their families.

collecting or studying existing data, documents, records, pathological specimens or diagnostic

specimens which are publicly available and from which participants cannot be identified by

anyone other than the investigator(s).

9. WHAT IS THE OBJECTIVE/PURPOSE OF THE RESEARCH?

Click or tap here to enter text.

10. WHAT IS THE DESIGN OF THE RESEARCH INCLUDING WHAT WILL BE REQUIRED OF

SUBJECTS (ATTACH ADDITIONAL SHEET IF NECESSARY):

Click or tap here to enter text.

11. IF YOU ARE APPLY FOR EXEMPTION OF REVIEW, PLEASE CHECK THE CATEGORY FOR WHICH YOU ARE YOU APPLYING FOR EXEMPTION? IF YOU ARE NOT APPLYING FOR EXEMPTION OF REVIEW AND IS APPLYING FOR FULL OR EXPEDITED REVIEW, SKIP TO QUESTION 12.

1. Research conducted in established or commonly accepted educational settings, involving

normal educational practices, such as (i) research on regular and special education

instructional strategies, or (ii) research on the effectiveness of the comparison among

instructional techniques, curricula, or classroom management methods.

2. Research involving the use of social science or educational tests (cognitive, diagnostic, aptitude,

achievement), survey procedures, interview procedures, or observation of public behavior unless (i) information is obtained in such away as that the participants can be identified directly or indirectly or (ii) the participants’ responses, if they became known, could place the participant at risk of criminal or civil liability or be damaging to the participants’ financial standing, reputation, or employability. (All research involving survey and interview procedures is exempt when the participants are elected or appointed public officials or candidates for public office. However, confidentiality must be maintained when required by federal statute.)

3. Research involving the collection or study of existing data, documents, records, pathological specimens, or

diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that participants cannot be identified.

4. Research and demonstration projects which are funded by a federal agency and determined

to be exempt by the agency head and which are designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

5. Exemption for collection or study of existing data: research involving collection or study of existing data, documents, records, if these data are non-identifiable and publicly available or information is recorded by the investigator in such a manner that subjects cannot be identified directly through identifiers linked to the subject (codes linking names to data are considered indirect identifiers).

6. Exemption for study of the department of health and human services: unless specifically required by the

statute, research and demonstration projects which are conducted by or subject to the approval of the Department of Health and Human Services, and which are designed to study, evaluate, or otherwise examine:

(a) Programs under the Social Security Act or other public benefit or service programs

(b) Procedures for obtaining benefits or services under those programs:

(c) Possible changes in or alternatives to those programs or procedures;

(d) Possible changes in methods or levels of payment for benefits or services under those programs.

ALL APPLICATIONS MUST INCLUDE A COPY OF THE INFORMED CONSENT FORM CONTAINING THE BELOW INFORMATION TO BE CONSIDERED FOR REVIEW.

1. that they will be participating in research;
2. the purpose of the research;
3. the expected duration of the participant’s participation;
4. the procedures to be followed;
5. any foreseeable risks or discomforts the participant may suffer;
6. the benefits to the participant and others that may occur as a result of the research if applicable;
7. appropriate alternative procedures or courses of treatment that are open to the participant if applicable;
8. the extent to which confidentiality and anonymity will be maintained;
9. the amount of compensation or medical treatment that is available for research that involves more than minimal risk if applicable;
10. whom to contact (principal investigator) with any questions they may have, e.g., name and telephone number of the principal investigator and faculty sponsor where applicable;
11. that participation is voluntary, and that the participant may withdraw at any time without suffering a penalty; and
12. that participation does not imply that an employer-employee relationship exists between the participant and the state of New Mexico, Northern New Mexico College, the principal investigator or any other project facilitator. If participants are your own students, a statement that class-standing will not be affected in any way based on participation.

CLAIMS FOR EXEMPTION MAY NOT BE MADE FOR (A) RESEARCH INVOLVING CHILDREN, (B) AIDS-RELATED RESEARCH, (C) RESEARCH INVOLVING SUBSTANCE OR CHILD ABUSE OR (D) RESEARCH TO BE CONDUCTED AT THE V.A. (RESEARCH UNDER THESE CATEGORIES IS SUBJECT TO SPECIAL FEDERAL GUIDELINES.)

COMPLETE THE FOLLOWING ADDITIONAL QUESTIONS FOR EITHER A FULL OR EXPEDITED IRB REVIEW ONLY

12. DESCRIBE THE SUBJECTS WHO WILL BE PARTICIPATING (NUMBER, AGE, GENDER, ETC.)

Click or tap here to enter text.

13. HOW WILL SUBJECTS BE RECRUITTED? IF STUDENTS, WILL THEY BE SOLICITED FROM

CLASS?

Click or tap here to enter text.

14. WHAT RISKS TO SUBJECTS (PHYSIOLOGICAL AND/OR PSYCHOLOGICAL) ARE

INVOLVED IN THE RESEARCH?

Click or tap here to enter text.

1. IS DECEPTION INVOLVED IN THE RESEARCH? IF SO, WHAT IS IT AND WHY WILL IT BE

USED?

Click or tap here to enter text.

1. WHAT INFORMATION WILL BE GIVEN TO THE SUBJECTS AFTER THEIR PARTICIPATION?

IF DECEPTION IS USED, IT MUST BE DISCLOSED AFTER PARTICIPATION.

Click or tap here to enter text.

1. HOW WILL CONFIDENTIALITY BE MAINTAINED? WHO WILL KNOW THE IDENTITY OF

THE SUBJECTS? IF A PRE AND POST TEST DESIGN IS USED HOW WILL THE SUBJECTS BE IDENTIFIED?

Click or tap here to enter text.

1. HOW WILL THE DATA BE RECORDED AND STORED? WHO WILL HAVE ACCESS TO THE

DATA? ALL DATA MUST BE KEPT FOR A MINIMUM OF THREE YEARS.

Click or tap here to enter text.

PLEASE ATTACH 4-5 Additional pages outlining in more detail the project.