**SOUTHERN ARKANSAS UNIVERSITY**

**APPLICATION FOR APPROVAL TO USE HUMAN SUBJECTS**

***Institutional Review Board for Treatment of Human Subjects***

**1.**

**Name(s) of Principal Investigator(s), technicians, statisticians, students, etc. whom are directly involved in this project:**

**Names (below)**

**Title (below)**

**2.**

**College and Department:**

**3.**

**Title of Project:**

**4.**

**Funding Agency** (if any):

**5.**

**Abstract** (summary of proposed investigation: include PURPOSE, METHODS, expected RESULTS, and DISCUSSION headers):

**6.**

**Projects purposes (hypotheses if applicable):**

**7.**

**Study design** (illustrations, schematics, timeline, groups, interventions, etc.)

**8.**

**Describe the proposed participants** (age, sex, race, or other special characteristics, such as students in a specific class, etc.):

**9. Describe how the participants are to be selected/recruited:**

**10. Describe, in detail, the proposed materials & methods in the project.** Any proposed experimental activities that are included in evaluation, research, development, demonstration instruction, study, treatments, debriefing, questionnaires, and similar projects must be described here.

**11. Will electrical or mechanical devices be used?** Yes No (if yes, please describe)

**12. Will a computer or internet-based method of collecting or transmitting data be employed?**

Yes

No

If “Yes”, please explain how your study will fulfill the principles of voluntary participation and informed consent.

**13. Are the benefits of the research greater than the risks to human participants?**

Yes, the benefits of the research are greater than the risks.

No, the risks to the participants are greater than the benefits of the research.

If “No,” please explain:

**14. Are there any possible emergencies, which might arise in utilization of human subjects in this project?**

Yes No

Please describe possible emergencies that might arise and what your plan of response would be. Also, what have you done to minimize the probability of any emergency?

**15. What provisions will you take for keeping research data confidential?**

**16. Researchers (PI’s only) names:**

Name

Name

Name

Name

**17. Please send the following as files (all documents should be as individual files labeled with the PI’s name, description of the contents, and date submitted) or appendices to the current SAU IRB Chair:**

a.

b.

c.

d.

e.

f.

PHRP certificate…. *Protecting Human Research Participants.*

Informed Consent form.

Subject recruitment advertisements. Questionnaires, etc.

Electrical or mechanical equipment specifications/descriptions utilized. Curriculum Vitae of PI’s

**NOTE:** ONE (SIGNED) HARDCOPY OF ALL MATERIALS SHOULD BE CAMPUS- MAILED TO THE CURRENT CHAIR OF SAU’S IRB.