Institutional Review Board Application General Template. If you are preparing a proposal for an Action Research Project, Sports Marketing, or DNP research, contact your faculty advisor or Tandy Keenan, IRB Chair, at TRKeenan@NWOSU.edu for those templates.

Please submit your proposal as a Word document. If your instruments include a PowerPoint, PDF, or other formats, send them all as email attachments and the IRB Chair will combine them to make the review process as streamlined as possible.

Don’t forget to remove all red template prompts from your final proposal.

Timeline Note: If you have a submission date for a faculty proposal or your students, please notify me (Tandy Keenan). If I know the dates, I can put IRB chair reviews on my schedule in advance.

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| Checklist: |  |
|  | Completed IRB application (this form), including Facility Consent and Informed Consent edited for your research, if applicable. |
|  | If not included in this template, all documents that potential participants/participants will see. This includes hard copies of surveys, active online links, and other instruments. |
|  | Proof all documents. If you need writing assistance, contact the Academic Success Center at 580-327-8138 (https://www.nwosu.edu/student-services/academic-success-center). This is a professional proposal. |
|  | Your faculty advisor must approve your proposal before submitting it to the IRB Chair. When you submit your proposal to the IRB Chair, you must Cc your advisor. |

Sample Research Proposal Title

Student’s Name/Program (Psychology, etc.)

Northwestern Oklahoma State University

Faculty Advisor

Abstract

Insert abstract

*Keywords:*

Title of your Research

Begin literature review here…

After you complete a review of the relevant research, be sure you include an operationalized description of your independent (grouping/predictor) variable(s) and your dependent (antecedent) variable(s). The very end of your literature review will include your research question(s) and hypothesis(es).

**Research Question(s) and Hypothesis(es):**

**Method**

**Design**

A \_\_\_\_\_\_\_ design will be used to examine group differences between respondents.

(Describe each, if any, manipulation to be included within the study (**only if you are doing a true experiment**). Note: If you are only giving a survey this will likely be unnecessary. Potential Benefits**:** Explain the potential benefits of this research to the participants, the group that made them participant candidates (low-income, gender, history of substance abuse, etc.), and society in general.)

**Participants**

Who are your participants of interest? Why are they appropriate for your study? If you plan to exclude participants based on demographics (gender, race, etc.), explain why they need to be excluded. Remember to remove these template prompts from your proposal.

Participant Recruitment Procedures

(How, When, Where will you recruit participants? Insert a script or outline that explains the oral and/or written recruitment procedures used to obtain Informed Consent. Also include the informed consent form (Appendix A) (template included below) and the facility consent form (template included below) if the research will be conducted at facilities other than NWOSU. Attach forms or insert at the end of this document in the Appendices.

If you need to send your survey request to student/faculty/staff email accounts, you will not have direct access to emails. Requests must be sent to Natalie Nichols, Student Services Administrative Assistant, and must include a project description, date of IRB approval, and Cc Tandy Keenan, IRB Chair. Remember, this is a professional process. Requests that do not meet these criteria will be rejected.

Sample Statement to Student Services:

Dear Ms. Nichols,

I am in Dr. Taylor Randolph’s Experimental Psychology class and conducting research to see how music influences study patterns. Please send this survey request to students/faculty/staff (indicate which group(s) to send it to). I received IRB approval on 1-1-2024.

Thank you!

Sincerely,

Jane Doe

Will the participants encounter the possibility of stress or psychological, social, physical, or legal risks which are greater, in probability or magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests?

Yes [Insert X here] No [Insert X here] If yes, please describe.

Do not leave questions unanswered. If not applicable for your project, answer N/A or similar. Blank questions make reviewers verify whether the question is not applicable or was overlooked and adds time to the process.

Will medical clearance be necessary before participants can participate due to tissue or blood sampling, or administration of substances such as food or drugs, or physical exercise conditioning? Yes or No

Yes [ ] No [ ] If yes, please describe.

Will the fact that a participant did or did not participate in a specific experiment or study be made a part of any record available to a supervisor, teacher, guardian or employer?

Yes [ ] No [ ] If yes, please describe. Yes or No

Will there be a request for information which participants might consider to be personal or sensitive? Yes or No

Yes [ ] No [ ] If yes, please describe.

Will any inducements be offered to the participants for their participation? Yes or No

If yes, please describe.

If extra course credit is offered, what alternative means of obtaining additional credit are available?

If extra credit is offered to participants in your survey without another way to earn extra credit, it could be seen as coercion.

Confidentiality Methods

How will you maintain you participants confidentiality throughout the study and beyond?

Will any aspect of the data be made a part of any record that can be identified with the participant? Yes or No

Yes [ ] No [ ] If yes, please explain.

Explain your procedures for secure collection and storage of consent forms in paper form or online, if applicable, and data.

For paper surveys include:

\*How long they will be kept.

\*How they will be secured (limited access only by authorized individuals)

\*Where they will be kept

\*How they will be destroyed, such as shredding.

\*For online surveys, tailor it to your project based on the platform used. Please be thorough in protecting the study participants. When creating your procedures, approach it as if the potentially sensitive information is yours.

**Sample policy for paper surveys: TAILOR THIS TO YOUR PROJECT and DELETE NON-APPLICABLE TEMPLATE DETAILS.**

Universal IRB Data/Consent Form Storage and Disposal

To protect the identity of study participants, consent forms and data forms will be collected and kept in separate envelopes/files in a locked file cabinet in the student advisor’s office. No identifying information will be included on the surveys or other data collection forms. Names and signatures will only be on the participant consent forms. Consent forms and data collection forms will be kept for five years and then destroyed by shredding. The student researcher or advisor may keep the research results with no participant identifiers indefinitely. The student researcher and advisor will maintain the confidentiality of study participants without end.

**Sample policy for online surveys: TAILOR THIS TO YOUR PROJECT and DELETE NON-APPLICABLE TEMPLATE DETAILS.**

The survey will be administered using the online survey tool, example Google Forms. No identifying information will be collected. Data will be stored in the researchers’ password-protected Google Drive account. Potential participants will be notified in the Informed Consent that the researcher will maintain confidentiality for their purposes but has no control over the internet in general. Add how long it will be stored and how it will be removed/deleted. Greater detail is included in the Informed Consent that potential participants will see.

**Instrument(s)**

Please describe your survey(s) / instruments including the authors’ names and citations and what they will be used to do. Please identify if you are modifying them and how and why. Include the frequency and method of delivery (online surveys, face-to-face interviews, in-person surveys, etc. Also, include a copy of the instruments with this application in an Appendix. The IRB must see all of the documents, presentation slides, etc., that participants will see.

**Procedure**

**In detail,** describe the steps and actions you will perform in conducting your research (remember, good research is replicable). Participants will be informed about the voluntary nature of the survey and basic intent (Appendix). Participants must provide voluntary consent before gaining access to the survey. Remember that IRB reviewers may be experienced researchers but know nothing about your project. Explain thoroughly. Also, make sure to clarify professional jargon or acronyms that others may not recognize easily.

**Data Analysis**

I will code and enter data into SPSS v. 28 and analyze using several statistical procedures, including the …Work with your advisor to align this section with your research.

**Results**

What do you anticipate will happen with your study? What answers to your research questions do you think you’ll find? Hypothesize.

**Discussion**

Implications regarding the results will be discussed, along with recommendations for future study and/or action(s).

References

Consult with your advisor for formatting requirements.

Appendix A

**Informed Consent Template**

**Note: This is a template for Informed Consent that contains all details required by the IRB. If you need to modify it for any reason to align with your project, please consult with your advisor. The details of this hard copy version MUST be included in online surveys and consented to before the participant proceeds with the survey.**

**Informed Consent**

Please read this consent form for the present study being conducted at Northwestern Oklahoma State University. If you have any questions, you can contact the researcher, researcher’s name, student researcher in psychology, by email at [insert@rangers.nwosu.edu](mailto:insert@rangers.nwosu.edu) . You may also contact the research supervisor, insert faculty advisor, by email at [insert@nwosu.edu](mailto:insert@nwosu.edu) . You can also contact Ms. Tandy Keenan, Institutional Review Board Chair, at 580-327-8110 or [trkeenan@nwosu.edu](mailto:trkeenan@nwosu.edu).

The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time, and that if you do withdraw from the study, you will not be subjected to reprimand or any other form of reproach.

All information obtained in the proposed study will be kept strictly **confidential and anonymous.** No identifying information will be collected. Explain why if this is not accurate for your study. The results of the present study will be presented in aggregate as a group. There is always the possibility of tampering from an outside source when using the internet to collect information. While the confidentiality of your responses will be protected once the data are downloaded from the internet, there is always a possibility of hacking or other security breaches that could threaten the confidentiality of your response. Modify this paragraph for in-person/paper surveys.

You must be 18 years old or older to participate in this study. During the present study you will be asked to answer questions about insert answer as if you know nothing about the project, that may be considered sensitive subject matter. Or explain if not potentially sensitive subject matter. The survey should take about 10 minutes to complete.

Participation in the study is voluntary, and participants will receive no direct material benefit for participation. Participants may benefit from knowing that the study’s results may contribute to a better understanding of insert answer.

Risks: There are no known risks associated with this project greater than those ordinarily encountered in daily life. Alter this sentence, if needed, to align with your study.

By continuing with this survey, you confirm that “I have read the above statement and have been fully advised of the procedures to be used in this project. I have been given sufficient opportunity to ask any questions I had concerning the procedures and possible risks involved. I understand the procedures will be confidential, and I assume them voluntarily. I likewise understand that I can withdraw from the study at any time without concern of reprisal.”

By continuing with this survey, I confirm that I have read and understood this Informed Consent.

For paper surveys, insert signature and date line.

Appendix B

**Instrument(s Insert all instruments here. If doing online surveys, include the survey link**

**or explain why it is not included at the time. The hard copy content must match the online survey content. Remember, the IRB must see everything a potential participant/participant will see, including the active online link.**

Appendix C(if applicable)

If you are conducting research at a facility not owned by NWOSU, you will need to get the signed consent of the CEO, Director, or other authorized agent. The IRB does not need to see the signed documents, only the forms that will be used.

**Facility Consent Document**

Researcher:

Study Title:

Please read this consent form. If you have any questions, please ask the experimenter.

The following information is provided so that you can decide whether you wish to allow **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to interview/survey/other clients at your facility.

The purpose of the study is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. All information obtained in this study will be kept strictly **confidential and anonymous.** Participants will be asked not put any identifying information on any of the forms except the consent forms, if applicable. To further protect individual identities, consent forms will be stored separately. Furthermore, the results of this study will be presented as a group and no individual participants will be identified.

Participants can choose, at any time, to stop participation and/or withdraw any data collected. The data collected will be used for this study and may be used in the future as a baseline for additional studies. Participants will not be identifiable to anyone in future studies, and the researcher will maintain strict confidentiality of participants in the current study.

“I have read the above statement and grant **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**permission to interview/survey/other or survey participants at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have had the opportunity to ask any questions concerning the procedures and possible risks involved. I understand the procedures will be completely confidential and participants assume them voluntarily. I likewise understand that I as well as individual participants can withdraw from the study at any time without being subjected to reproach.”

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Signature Date

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Printed Name/Title of Authorizing Official

**Below is for IRB Use Only-No action is needed from the researcher.**

Please submit one copy of this application electronically to [trkeenan@nwosu.edu](mailto:trkeenan@nwosu.edu). If you need to edit a submitted application, make corrections and re-submit as a new one unless directed otherwise. Tandy Keenan, Director of Sponsored Programs, Vinson Hall 311.

Questions? Please call 580-327-8110.

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Checklist for Review

[ ] Research Proposal

[ ] Review Application

[ ] Informed Consent Form/Assent (if appropriate)

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| **Signature of Reviewer:** | **Date Approved** | **Not Approved Date** | **Comments:** |
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|  |  |  | Revised 3-22-2024 |