

APPLICATION FOR EXEMPT RESEARCH

**When finished, please email this form to** [**irb@sfasu.edu**](mailto:irb@sfasu.edu) **and attach consent forms, recruitment, survey and/or other relevant materials (including translations).**

**SECTION 1. Researcher Information**

1. Principal Investigator (PI) Contact Information: (***PI must be SFA faculty or staff****, and will be the study supervisor at SFA****)****. All correspondence will be directed to the PI and listed CoPIs*.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Department** | **Mail Box** | **Phone** | **Email** |
|  |  |  |  |  |

NOTE: Students, post-doctoral researchers, and visiting faculty may not serve as PI given that they are not able to comply with all the guidelines stipulated by University policy and Federal Guidelines.

1. Study Title:
2. Type of Study:

Faculty Research    Class Project    Thesis    Dissertation    Capstone Project    Other

If this is for a thesis or dissertation, has it been approved? Yes \_\_\_\_ No \_\_\_\_\_

1. Will this be cooperative research? List any collaborators and their institution.
2. List names of Co-investigators, Coordinators, and Key personnel involved in this research *(Include all persons who will be directly responsible for the study management, data collection, consent process, data analysis, transcription, participant recruitment, or follow up****.***)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **E-mail** | **CITI –Completed (Yes/No)**  **OPTIONAL** | **Role in the research (co-PI, Student Researcher, Research Assistant, Transcriber, etc.)** |
|  |  | Y    N |  |
|  |  | Y    N |  |
|  |  | Y    N |  |

**If additional lines are needed, add lines or submit on a separate page**

**SECTION 2. Specific Information**

1. Estimated Study Start Date:

**Note: Maximum approval time is one year from approval of the study date.**

1. Is this research supported in whole or in part by a grant or contract?

   Yes    No

If yes, complete the questions below:

Funding Agency(s), Foundation, or Business:

PI on Grant/Contract:

Grant Title/Contract:

1. Does the research require another IRB’s review (US and International)?

   Yes    No

If yes, complete below.

Name of the IRB:

Number given by the other institution or agency:

**Note: PI is responsible for securing approval and forwarding the documentation of approval to SFASU IRB**.

1. Does the PI, Co-PI, or any other person responsible for the design, conduct, or

reporting of this research have an economic interest in or act as an officer or director of any outside entity whose financial interest would reasonably appear to be affected by the results of the study?

   Yes    No

If yes, complete below:

Name of the person with potential conflict of interest (COI):

Explain the potential financial conflict of interest:

Explain how the potential conflict of interest will be managed?

1. Does the proposed research study requires approval from an outside (non-SFA) facility or entity (e.g., hospitals, clinics, schools, factories, offices, etc..,)?

   Yes    No

If yes, Name (s) of the facility or entity:

**Note: The researcher has an obligation to ensure that the outside entity is aware of the proposed research study and has no objections (i.e. agrees to participate). Please include an approval letter from site, if applicable.**

**Section 3. Study Questions**

**Provide below brief details of the proposed research.** **Use lay language and avoid technical terms.**

1. What is the intent of the research study (hypothesis or research question of the study)? Please provide a brief background (or introduction) indicating why the study is important.

1. Participants: describe your target population/sample and methods of recruiting them. Also describe anything that would cause you to exclude a particular participant, and why:

1. Procedures: describe your data collection methods, such as “Online Survey” or “Public observation,” etc.

1. Will you collect participant identities in conjunction with the data? If so, how will you prevent disclosures?

1. Will the participants be recorded (audio/video)? If so, how are you going to prevent a data breach?

1. Where and for how long will you store the data after you complete the research (data retention schedule)?

**Note: Federal guidelines require all research materials (consent forms, surveys etc...) to be kept for a minimum of seven (7) years after completion of the study.**

1. Does your research pose risk of harm to participants (psychological, physical or legal) above and beyond minimal risk?

If no please write: “minimal risk” in the space below;

If yes, please describe any foreseeable risks and your plan to reduce or eliminate them.

1. Will the participants be offered an incentive or be compensated for their time? If so, describe.

1. Can participants reasonably expect a direct benefit from participation? Describe any foreseeable benefit to the participants, but do not restate the incentive/compensation above (payments or compensation may not be considered a benefit). Research does not always directly benefit the participants.

1. How will society benefit from your research?

Minimal risk” means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves from those ordinarily encountered in daily life or during the performance of routine physical or psychological examination or tests. 45 CFR 46.102(i)

**Section 4. Principal Investigator’s Responsibilities and Assurances**

**Indicate that you have read and will comply with each statement.**

1. I certify that the information provided in this application, and in all attachments, is complete and correct.
2. I understand that I have ultimate responsibility for the protection of the rights and welfare of human participants, the conduct of this study, and the ethical performance of this research.
3. I agree to comply with all SFASU policies and procedures, the terms of its Federal Wide Assurance, and all applicable federal, state, and local laws regarding the protection of human participants in research.
4. *I certify that I have followed departmental and college guidelines before sending this application.*

I certify that:

1. the study will be performed by qualified personnel according to the information contained in this application.
2. The equipment, facilities, and procedures to be used in this research meet recognized standards for safety.
3. Unanticipated problems, adverse events, and new information that may affect the risk–benefit assessment for this research will be reported to the SFASU Office of Research and Sponsored Programs (936-468-6606 or irb@sfasu.edu).
4. I am familiar with the latest edition of the *SFASU Policy for Human Research Subjects Protection*, available at <http://www.sfasu.edu/researchcompliance/103.asp> and I will adhere to the policies and procedures explained therein.
5. I further certify that the proposed research has not yet been done, is not currently underway, and will not begin until exemption has been certified.

PI Name or Signature\*: Date:

\* Only required if not submitted from the PI’s SFASU or Chair/Dean’s email account

Stephen F. Austin State University

Office of Research and Sponsored Programs

Institutional Review Board (IRB)  
PO Box 13019 | Human Services and Technology/ Communications Bld.

| Nacogdoches, TX | (936) 468-1153

Email: [irb@sfasu.edu](mailto:irb@sfasu.edu)