Application Project Review by
the Institutional Review Board of the University of North Alabama.
If you are a UNA Student, Staff, or Faculty Member you must use
your UNA email for all communication and on all applicable forms
(application, proposal, consent/assent forms, etc.)

(Please Type)

Project Director | Last Name | First Name | M.I.

Department/Organization

Phone | Campus Address | E-Mail

Title of Project

List names, department affiliations and contact information for all individuals (co-PI's, students, contractors, etc.) working directly with human subjects, data, or specimens that can be linked back to individual human subjects.

Name	Department	Contact Information (email)

IF Project Director is not a UNA faculty member, provide the name, department/organizational affiliation, phone number, and mailing address of faculty/staff supervising the project.

Name

Dept./Org.

Phone | Address | E-Mail

Is the above research to be funded? ☐ Yes ☐ NO

If yes, by what agency?

Will this research be replicated using the methodology herein proposed? ☐ Yes ☐ NO

If yes, how many times will data be collected?

Approximately how many years will be involved in the data collection process?

Based on the Federal and University guidelines for the use of human subjects in research, the proposed research should qualify for the following review (check one)

☐ Exempt ☐ Expedited ☐ Full Review

(Request for exempt, expedited, or full review status is to be approved by the Institutional Review Board of UNA prior to the initiation of data collection)

(Date) (Signature of Project Director)**

**By signing this form, I certify that I have reviewed and understand the UNA Human Subject Research Program Policy andhave completed required training to conduct research with human subjects as directed by Federal regulation and UNA policy. I certifythat the above project will conform to Federal and University guidelines for the protection of human subjects. See 45 CFR Part 46Protection of Human Subjects and UNA's Human Subject Research Program Policy.

SUBMISSION PROCEDURE: Please submit this application, along with all other required documents, in one PDF to IRB@UNA.edu.There are no deadlines for submission; you may submit anytime. Allow two weeks for a response on Exempt and Expedited proposals.
Allow two months for a response on a Full Review. Information on preparing a proposal can be found on the Office of Sponsored Programs website. Please email IRB@UNA.edu with any questions you might have regarding preparing your proposal or submission.

UNIVERSITY OF NORTH ALABAMA
PRINCIPAL INVESTIGATOR ASSURANCE STATEMENT

This form is designed to comply with the requirements of NIH Notice NOT-OD-06-054, issued April 7, 2006: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-054.html. Effective May 10, 2006, the National Institutes of Health (NIH) requires that the applicant organization secure and retain a written assurance from the Principal Investigator (PI) prior to submitting an application, progress report, and prior approval request. NIH also requires that when multiple PIs are proposed in an application, this assurance must be retained for all named PIs.

IRB Proposal # _____

Grant Award # (if known): _____

Proposal Title: _____

PRINCIPAL INVESTIGATOR _____

ASSURANCE STATEMENT I hereby certify that:

- the information submitted within the application and during the award period, which includes Continuation and Supplemental proposals and Prior Approval Requests, is true, complete, and accurate to the best of my knowledge;
- any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and
- I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

_____ _____

Print or Type Principal Investigator Name Principal Investigator Signature/Date

When multiple Principal Investigators are proposed in an application, the assurance must be signed by all name Principal Investigators.

List all additional PIs:

_____ _____

Print or Type Principal Investigator Name Principal Investigator Signature/Date

_____ _____

Print or Type Principal Investigator Name Principal Investigator Signature/Date

_____ _____

Print or Type Principal Investigator Name Principal Investigator Signature/Date

University of North Alabama Review Board for Research Involving Human Subjects

Research Proposal Submission Form

* This form is to accompany the **Application for Project Review**, **Training Certificates, and Investigator Assurance** forms

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Section I

1. Project Summary: Please provide a brief descriptive summary (500 words or less) that includes the following: 1) previous relevant research findings to support this research proposal, 2) a concise statement of the purpose of this research 3) a brief description of the methodology, 4) expected and/ or possible outcomes, and 5) a statement about the potential significance of this research project.

If more room is needed, use space provided on page 10

2. Research Goals: How will the results of this project be used/ (e.g. Presentation? Publication? Thesis?)

If more room is needed, use space provided on page 10

3. Research Personnel: Please list all key personnel involved in this research and their specific roles and responsibilities.

If more room is needed, use space provided on page 10

4. Location of Research: List all locations where data collection will take place. Be specific.

If more room is needed, use space provided on page 10

Section II

1. Participants: Describe in detail 1) the participant population you have chosen for this project, 2) the minimum and maximum number of participants needed for analysis, and 3) how you plan on recruiting the participants.

If more room is needed, use space provided on page 10

2. Group Assignment and Compensation: Please describe in detail 1) how participants will be selected for groups (if applicable) and 2) what if any compensation will individuals receive for their participation.

If more room is needed, use space provided on page 10

Section III

1. Project Design and Methods: Describe in detail how you address the aims of this study (NOTE: Use language that would be understandable to a layperson.).

a. Briefly describe the scientific/ experimental design

If more room is needed, use space provided on page 10

b. List all instruments used in the data collection. *Please include a copy of all data collection instruments as* ***Appendix A or Appendix A1, A2…, etc for multiple instruments****.*

If more room is needed, use space provided on page 10

c. Please describe any potential psychological or physiological risks and or discomforts that participants may experience as a result of their involvement in this study.

If more room is needed, use space provided on page 10

d. Please describe how those risks and or discomforts (if any) will be minimized.

If more room is needed, use space provided on page 10

Section IV

1. Will data be collected as anonymous or confidential?

If more room is needed, use space provided on page 10

a. If data will be confidential, explain how participant data will be coded or linked to identifying information.

If more room is needed, use space provided on page 10

b. Please describe 1) where and how the data will be stored and 2) who will have access to the data.

If more room is needed, use space provided on page 10

c. How long will the data be stored/secured? Will the data be secured on a UNA password protected server? Will the data be secured on a biometric or password protected external hard drive or computer? How will it be disposed of when the study is complete?

If more room is needed, use space provided on page 10

Section V

1. Informed Consent: Prepare and *submit as* ***Appendix B*** an informed consent document. This document should include the following:

a. The title of the research project.

b. A brief statement of purpose. (e.g. "This study will compare job applicant attitudes for human resource management research purposes.")

c. An assurance of anonymity and confidentiality.

d. An assurance that participation is voluntary unless some incentive will be received for agreed participation.

e. A description of the expected benefits (if any) to the participant.

f. Confirmation of the age of the participant.

g. Printed name of participant and or guardian.

h. Participant or legal guardian signature & date.

Additional information