KING'S COLLEGE IRB
King's College
USE OF HUMAN RESEARCH PARTICIPANTS APPLICATION
(Revised 8/2008)

I. IDENTIFYING INFORMATION

TITLE OF PROJECT: _____
_____

RESEARCHER: _____

CONTACT PHONE NUMBER: _____

RESEARCH CATEGORY: (circle one)
a. Faculty research
b. Senior thesis
c. Undergraduate independent study
d. Undergraduate course requirement
e. Graduate Course research
f. Other (specify) _____

II. RESEARCH SUPERVISOR'S CONSENT (If this is a student research project, the faculty research supervisor must check this form before it is submitted and sign below.)

SUPERVISOR'S NAME: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

****
Do not write below this line

DISPOSITION

Date received: _____

Procedures for human participants APPROVED: _____
NOT APPROVED: _____ (see comments below)

ASSIGNED CODE NUMBER: _____

COMMENTS:

III. PARTICIPANT REQUIREMENTS. Describe the characteristic of the group(s) to be used:

A. PARTICIPANT CHARACTERISTICS: List sex, age range, and projected number of research participants. Also indicate any special participant characteristics, i.e., undergraduate volunteer students, racial or ethnic minorities, disabilities, etc.

_____
_____
_____

B. LIST AFFILIATION OF PARTICIPANTS, e.g. King's College students, institution, hospital, general public, etc.

_____

C. If a cooperating institution is involved (other than King's) give the name of a contact person responsible for granting access to the research participants. Attach copies of any forms granting access to research participants through the institution(s).

_____
_____

D. Indicate the method by which research participants will be selected for, or excluded from, the study.

_____
_____
_____

IV. EXPERIMENTAL DESCRIPTION

Describe what the participants are requested to do in the experiment.

_____
_____
_____
_____
_____
_____
_____
_____

V. DECEPTION (Indicate N/A if no deception will be used)

A. What is the nature of the deception involved?

_____
_____
_____

B. Why is this deception necessary?

_____
_____
_____

C. Describe the contents of the debriefing and when the debriefing will take place (e.g., feedback) after the use of the deception.

_____
_____
_____

VI. STANDARDIZED TESTS (Indicate N/A if no standardized tests are employed)

A. List all standardized psychological tests to be employed.
_____
_____
_____

B. What information will be provided participants concerning about their test results?
_____
_____
_____

VII. CONFIDENTIALITY OF THE DATA
What procedure(s) will you use to ensure confidentiality of the data? How will the data be stored? What will happen to the informed consent forms?
_____
_____
_____

VIII. RISKS TO RESEARCH PARTICIPANTS (Do not leave blank)
Describe any physical, psychological, social, legal, economic, or other risks you can foresee, both immediate and long-range, for the research participants involved.

A. Immediate Risks. Include those aspects of the procedure that might cause unusual discomfort or inconvenience to the research participants.
_____
_____

B. Long Range Risks. _____
_____

C. How will the participants be compensated for their time? _____
_____

IX. INFORMED CONSENT AND FEEDBACK PROCEDURES:

A. INFORMED CONSENT: Attach a copy of the informed consent form to be used as well as a copy of the feedback to the participants. If you are recruiting King's College student participants, inform students that their grade will not be affected by refusal to participate. In cases where a written consent form is not appropriate (use of an email survey) explain how informed consent will be obtained. If the research participants are minors, **parental consent** is required. Include in your informed consent that all research experiments are subject to applicable provisions of law.

B. DEBRIEFING: **Attach a copy of the feedback to be given to research participants**. If the researcher feels that giving complete feedback at the time of the experiment would interfere with the experiment, indicate what part of the feedback you will give at the time of the experimental session and what part you will forward to participants in a mailed document at the end of the experiment. If the experimenter feels feedback cannot be given without compromising the validity of the experiment or because of severe methodological complications, provide a statement justifying why feedback should not be given.

X. SAMPLE CONSENT FORM (Suitable for a study with no participant risk)

KING'S COLLEGE
Department of (Indicate major department)

INFORMED CONSENT FOR:

(Title of the Study)

Investigator(s): **Name(s)** (if student, include the research supervisor's name), **Contact phone number**

We are currently engaged in a study of (**general topic of study**). To help us gain further insights into this area, we will ask you to (**Describe what the participants will be requested to do and what will happen to them**).

The data you provide will be recorded anonymously and your participation and anything you say during the session will be held in the strictest confidence.

We welcome questions about the experiment at any time. Your participation in this study is on a voluntary basis, and you may refuse or discontinue participation at any time without consequence or prejudice. A student's grade will not be affected by refusal to participate in an experiment.

Signing your name below indicates that you have read and understand the contents of this Consent Form and that you agree to participate in this study.

Questions or concerns about this study, including your role as a participant, may be directed to the investigator listed above or the Institutional Review Board of King's College. Contact phone numbers may be obtained by calling the college at (570) 208-5900. Written correspondence should be directed to any of the above at King's College, 133 North River Street, Wilkes-Barre, PA 18711.

Consent

I have read the above information and I fully understand the nature of my participation. I understand that my involvement in this study will be confidential, and that if a summary of the results is used for educational or publication purposes, my individual results will not be identified. I also understand that I have the right to terminate my participation at any time during the study. Lastly, I understand the risks of participating in the study, including the self-consciousness I may feel while participating.

_____

Participant's Signature Date

A copy of this consent form must be given to each participant.