INSTRUCTIONS: Check all appropriate boxes, answer all questions completely, include attachments, and obtain appropriate signatures. After completing the application, please submit an original and two (2) copies of the original to the Research Office, James Hall – 3rd Floor and send an electronic version of the completed original IRB application to hartman@rowan.edu. NOTE: Applications must be typed. Incomplete and handwritten applications will be returned. Be sure to make a copy for your files.

Step 1: Determine if the proposed research is subject to IRB review.
All research involving human participants conducted by Rowan University faculty and staff is subject to IRB review. Some, but not all, student-conducted studies that involve human participants are considered research and are subject to IRB review. Consult the “Frequently Asked Questions” on the IRB website and your faculty advisor regarding student research.

Additionally, the Office of Human Research Protections (OHRP), an agency of the federal government, provides decision tree checklists and other information that is available for the public to review. The decision tree checklist on the OHRP website can assist you in determining your research is subject to IRB review.

Step 2: If the proposed research is subject to IRB review, complete the identifying information on page 2. Include and document the Principal Investigator(s), Faculty Advisor PI, Student and Co-Investigator(s).

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Mailing Address #2 (Student):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: Click here to enter a date.</td>
<td>Street:</td>
</tr>
<tr>
<td>Faculty Principal Investigator*** (PI) / PI:</td>
<td>City &amp; State:</td>
</tr>
<tr>
<td>Student(s)**:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Faculty Principal Investigator Home Department:</td>
<td>Email:</td>
</tr>
<tr>
<td>Mailing Address (PI):</td>
<td>Telephone #:</td>
</tr>
<tr>
<td>Street:</td>
<td>Co-Investigators (If applicable):</td>
</tr>
<tr>
<td>City &amp; State:</td>
<td>1)</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>2)</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Telephone #:</td>
<td></td>
</tr>
</tbody>
</table>

* - If a doctoral student, please provide faculty sponsor above and obtain doctoral advisor’s or coordinator’s signature in Certifications section of IRB Application
** - If you are a student, please do not provide your name in the Faculty Principal Investigator (PI) section. If multiple students are identified, then list all students under Students or attach a student personnel list
*** - If you are a faculty advisor, please provide your name in the Faculty Principal Investigator box/section
(Note: Investigators and Co-Investigators are personnel who have a role and participate in the planning, implementation and/or reporting functions of a research study. Investigators are responsible for the overall management of the research study, but co-investigators can be other researchers at other worksites/performance sites, such as but not limited to a researcher at a multi-site location or an investigator that is instrumental to and/or providing input on either the planning, implementation or reporting function of the research. Please note that a co-investigator is different than assistants or volunteers. Please consult your faculty advisor, contact the IRB Chair, or contact the Research Office at (856) 256-5150 with any questions or concerns.

Is research externally funded? ☐ Yes | ☐ No
If YES, please provide sponsor’s name: 
If research is associated with a subaward, please include prime sponsor’s name: 

**Step 3: Determine if your research study requires a full IRB review**

The Rowan University IRB handles reviews on an expedited basis (meaning that the protocol is examined by one IRB reviewer and the chair) with the exception of those that put the participant at greater than “minimal risk” (see below).

(Note: “Minimal risk” means that the risks of harm anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during performance of routine physical or psychological examinations or tests. The concept of risk goes beyond physical risk and includes risks to the participant's dignity and self-respect as well as psychological, emotional, or behavioral risk.)

Please indicate the level of risk participants will face in your research study:

☐ Greater than minimal risk OR ☐ Not greater than minimal risk

Please check one of the following:
See Appendix B for exempt and expedited review categories.

☐ Full Review Needed
☐ Exemption Review Needed – Exempt #
☐ Expedited Review Needed – Expedited #

Upon receipt of the IRB application, an administrative review will be conducted to identify required training, additional attachments – for example, Conflict of Interest Disclosure Form, Consent Form, etc. – and ensure that the IRB application is next to complete.

After the administrative review, the IRB application will be forwarded to either an IRB Member or the Full Board. Applications being reviewed under the exemption and expedited review categories can be expected to take two (2) weeks for the IRB member to complete the review. For Full Board reviews, please consult the IRB Submission Schedule on the IRB webpage for dates and times.
Step 4: Conflict of Interest:

Conflict of Interest is best defined as situations in which financial or other personal considerations may compromise, or have the appearance of compromising, an investigator's judgment(s) in conducting or reporting research.

Please go to Attachment A – Conflict of Interest Disclosure Form page 12 through 14, read the directions, and complete. A signed Conflict of Interest Disclosure Form must be included with this IRB application.

Step 5: Complete the following information:

PROTOCOL DESCRIPTION:

1. THE HUMAN SUBJECTS INVOLVED IN THIS RESEARCH:

   a) Who are the subjects?
   Please provide brief description of subjects or category of subjects, such as but not limited to School Administrators, Public School Teachers, High School Students, etc. Please provide as much information to identify the different types/categories of subjects that may be included and participating in the study – target subject population(s)/sample(s).

   b) Do your subjects include any of the following:
   Yes | No
   Pregnant Women or Human Fetuses or Neonates?
   Yes | No
   Children and Minors ages seven through seventeen?
   Yes | No
   Infants or Children younger than seven years of age?
   Yes | No
   Cognitively Impaired Persons?
   Yes | No
   Inmates/Prisoners?
   Yes | No
   Elderly/Aged Persons?
   Yes | No
   Non-English Speaking Persons?

   NOTE: These subjects, by virtue of their age or status, may not be competent or free to give their own consent and may be particularly vulnerable to coercion and undue influence. Investigators must incorporate additional safeguards into the research plan and document fully the informed consent of these individuals and/or that of their legal representatives. If excluding minors, please explain how.

   How many subjects will be involved in the project?

   b) Specify your plans for including women and minorities, if appropriate.

   c) List all inclusion and exclusion criteria.

   d) Are your subjects students?
   Yes | No
   If YES, name the institution(s) in which they are enrolled:
e) Are there prospective subjects who, if selected for this project, would be especially vulnerable to risk because of the procedures you will be using?
   □ Yes | □ No   If YES, describe the process you will use to screen such subjects:

2. **RECRUITMENT:**
   a) Specify how you will gain access to, recruit, and select your subjects
      I applicable, include the use of volunteers in the description below.
      *Note:* These volunteers do not / may not qualify as key personnel or co-investigators, but will perform a minor aspect of the research.
      Please specify and describe:

   b) Are you advertising or posting a notice to recruit human subjects?
      □ Yes | □ No   If YES, submit a copy of the advertisement or notice.

   c) Will the subjects be recruited from your place of employment or assignment?
      □ Yes | □ No

   d) Will the subjects be under your direct supervision? ex: The investigator is a manager, supervisor or instructor of the subjects recruited?
      □ Yes | □ No   If YES, explain how will you ensure against the possibility of coercion?:

3. **COST/PAYMENT:**
   a) Are you paying your subjects?
      □ Yes | □ No   If YES, indicate the amount of payment and describe if (and how) you will pro-rate the payments to subjects who withdraw before they complete their participation:

   b) Will participation in the study involve any cost to the subject?
      □ Yes | □ No   If YES, indicate the anticipated costs to the subject, such as travel costs of $5.00.
4. **INFORMED CONSENT:**

   a) **Does your protocol involve the use of an informed or alternate consent form?**

   - [ ] Informed Consent Form
   - [ ] Alternate Consent Form
   - [ ] Informed Consent and Alternate Consent Form
   - [ ] Consent Form or Alternate Form is not being used

   If using an Informed or Alternate Consent form, then please enclose a copy of the form. Informed consent must be obtained from the subjects and/or, in the case of minors under the age of 18, the parent or legal guardian. See Appendix C for instructions on informed consent. All requirements must be met.

   b) **If using an alternate consent form or waiver, please provide the following:**

   Please explain how using alternate consent form or waiving consent will not adversely affect the rights and welfare of the subjects:

   Please explain how conducting the research cannot be performed or practically carried out without using an alternate consent form or waiving consent:

   Whenever appropriate, how will the subjects be provided and informed of additional pertinent information after participation?

   Please explain:

   Does the sponsor of the research or federal, state and local laws prohibit the use of an alternate consent form or waiver of consent or require additional information to be disclosed for informed consent to be legally effective?

   - [ ] Yes | [ ] No

   If your project will not include an informed or alternate consent form, explain how consent will be obtained.

   Please explain, if applicable:

   **NOTE:** If the only record linking the subject and the research would be the consent document and the research presents no more than minimal risk of harm to subjects, you may use an alternative procedure for consent. (See Appendix B and C for more information)

   b) **Will the research be conducted at a site other than Rowan institution?**

   - [ ] Yes | [ ] No

   If YES, list the institutions and provide letters from appropriate institutional official(s) with the authority to approve research at their institution (e.g. school principal, school superintendent, director of institution, IRB):
5. **THE RESEARCH PROCEDURES:**
   a) **Describe in non-scientific language exactly what you will be doing to, or with, your subjects.**
      Include in your description:
      - The goal/s of the research
      - The procedures to be followed
      - The role of the Co-Investigator(s) / Co-Principal Investigator(s)

      Please describe: 

   b) **Will you be carrying out procedures or asking questions that might disturb your subjects emotionally or produce stress or anxiety?**
      □ Yes | □ No   If YES, describe your plans and criteria for counseling such subjects:

   c) **Are you using a questionnaire, survey, and/or an interview as part of your procedure?**
      □ Yes | □ No   If YES, submit a copy of the questionnaire(s) and/or interview questions.

   d) **Are you using focus group discussions as a part of your procedure?**
      □ Yes | □ No   If YES, submit a copy of the focus group guide.

   e) **Does your study involve deception of your subjects?**
      □ Yes | □ No   If YES, describe the deception, justify its need, and describe the procedure you will use to debrief your subjects. Submit a copy of the debriefing statement, which should include a statement of your willingness to allow subjects to withdraw from your study after debriefing and to remove from your files all records of their involvement:

   f) **Will this study involve the use of existing data, documents, records, pathological specimens, or diagnostic specimens?**
      □ Yes | □ No   If YES, include authorization to access the data if not publicly available from an official with authority to provide such permission.
6. **DATA STORAGE/DISPOSITION:**

   a) Will participants’ names be kept:
      - [ ] Confidential
      - [ ] Anonymous
      (See Appendix B (Informed Consent) for definitions of these terms)

   b) If participants’ names are to remain confidential how will confidentiality be maintained?
      Please describe: ________________

   c) What kinds of data will you use?
      Check all that apply:
      - [ ] Paper (Hard copy)
      - [ ] Digital (Computerized) data
      - [ ] Audio/video recordings
      - [ ] Lab specimens
      - [ ] Other (please specify): ________________

      Describe how you will keep your data secure while conducting the research:
      ________________

   d) Describe how you will **ultimately** secure, store, and dispose of your data (notes, drafts, lists of subjects, photographic records, tapes, computer disks, flash drives, etc.) **after you have completed your research** (e.g. shredding, burning) Please note that all research records must be maintained for at least five (5) years after the completion of the research, including consent forms, flyers, etc. **If you do not plan to destroy research data, please provide a justification for maintaining the data for an indefinite period of time and how you will ensure confidentiality:**
      Please describe: ________________

7. **RISK/BENEFIT:**

   In three or four sentences, summarize the risk/benefit ratio of the proposed research, with regard to the human subjects, the risks to them, and the potential benefits to knowledge or society:
   ________________

8. **COLLABORATION:**

   Does this research project involve the IRB approval of one or more participating institutions or organizations other than that of Rowan?
   - [ ] Yes | [ ] No
   If YES, list the institutions and submit copies of the related IRB approval notices.
   Please list institutions: ________________

   **Note:** If conducting human subjects’ research in collaboration with another institution doing the same research, then a Single-Study Authorization Agreement can be developed and finalized. The single-study authorization agreement will provide authority to either the collaborator’s IRB or the Rowan University IRB to review the study and be the IRB of record. For more information, contact Karen Heiser (856) 256-5150 or Eric Gregory (856) 256-4058 of the Social, Behavioral, and Educational Research IRB (Glassboro Campus IRB).
9. ADDITIONAL INFORMATION (OPTIONAL) (Attach a separate sheet if needed)
CERTIFICATIONS:
Rowan University maintains a Federal-wide Assurance (FWA) with the Office of Human Research Protection (OHRP), U.S. Department of Health & Human Services. This Assurance includes a requirement for all research staff working with human participants to receive training in ethical guidelines and regulations. "Research staff" is defined as persons who have direct and substantive involvement in proposing, performing, reviewing, or reporting research and includes students fulfilling these roles as well as their faculty advisors. Once training is complete with an overall score of 80 percent or higher, Collaborative Institutional Training Initiative (CITI) certificates will generated automatically on-line to the Research Office.

To begin CITI training, go to https://www.citiprogram.org/. Click on “New User” to create an account and choose Rowan as your affiliation. On the second page, enter your Banner ID and place it in the space that says “Employee ID” to ensure accurate tracking. Once you are logged into the system, register for Human Subjects Research Training module in your area of expertise.

Note that if you have a current NIH certificate in Human Subjects training you may use it instead of the CITI training until it expires (after 3 years). At this time, the Research Office is not accepting an NIH training certificate that has a completion date after January 1, 2013, unless the researcher is not a Rowan University faculty, staff, student or other affiliate. All Rowan University faculty, staff, students or affiliates of Rowan University are expected to obtain a Human Subjects training certificate from the CITI training program.

Note also that if your research is externally funded, there may be additional training requirements of which the Research Office will inform you.

Student:
I certify that I am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks and will adhere to the policies and procedures of the Rowan University Institutional Review Board. I will ensure that all research staff working on the proposed project, who will have direct and substantive involvement in proposing, performing, reviewing, or reporting this research (including students fulfilling these roles), will complete IRB approved training. I will not initiate this research project until I receive written approval from the IRB. I agree to obtain informed consent of participants in this project if required by the IRB; to report to the IRB any unanticipated effects on participants which become apparent during the course or as a result of experimentation and the actions taken as a result; to cooperate with the IRB in the continuing review of this project; to obtain prior approval from the IRB before amending or altering the scope of the project or implementing changes in the approved consent form; and to maintain documentation of consent forms and progress reports for a minimum of three years after completion of the final report or longer if required by the sponsor or the institution. I further certify that I have completed training regarding human participant research ethics within the last three years as indicated below my signature.

Signature of Student: _________________________________ Date: ________________

Please go to the next page for the Faculty Principal Investigator and Doctoral Advisor certification statement and signature line.
Faculty Principal Investigator:
I certify that I am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks and will adhere to the policies and procedures of the Rowan University Institutional Review Board. I will ensure that all research staff working on the proposed project, who will have direct and substantive involvement in proposing, performing, reviewing, or reporting this research (including students fulfilling these roles), will complete IRB approved training. I will not initiate this research project until I receive written approval from the IRB. I agree to obtain informed consent of participants in this project if required by the IRB; to report to the IRB any unanticipated effects on participants which become apparent during the course or as a result of experimentation and the actions taken as a result; to cooperate with the IRB in the continuing review of this project; to obtain prior approval from the IRB before amending or altering the scope of the project or implementing changes in the approved consent form; and to maintain documentation of consent forms and progress reports for a minimum of three years after completion of the final report or longer if required by the sponsor or the institution. I further certify that I have completed training regarding human participant research ethics within the last three years as indicated below my signature.

Faculty Principal Investigator acting in the role of Faculty Advisor: I certify that I am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks. I further certify that I have completed training regarding human participant research ethics within the last three years as indicated below my signature (attach copy of your “Completion Certificate for Human Participant Protections Education for Research Teams” from the Collaborative Institutional Training Initiative). I further understand that as a Faculty Principal Investigator acting in the role of a Faculty Advisor, I am responsible for the research and ensuring that students are familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks and will adhere to the policies and procedures of the Rowan University Institutional Review Board and any Rowan University policies and procedures that apply.

Signature of Faculty Principal Investigator: ________________________________Date: ______

Doctoral Advisor (if Researcher is a doctoral student): Is this research to fulfill your doctoral requirements?
☐ Yes | ☐ No

If YES, please list the College:

If YES, have your doctoral advisor sign the application (if the same as your faculty advisor, then the Doctoral Advisor’s name can be printed below):

Signature of Doctoral Advisor: ________________________________Date: ________________
Step 6: Complete the checklist below.

INVESTIGATOR CHECKLIST

DIRECTIONS: *(Use NA if "not applicable")*

| Yes | NA | Application typed or computer-generated, not hand written |
| Yes | NA | Identifying information complete |
| Yes | NA | Principal Investigator's signature on application |
| Yes | NA | Names of all investigators specified |
| Yes | NA | Summary in non-technical terms |
| Yes | NA | Risks and benefits specified |
| Yes | NA | Informed Consent form appended |
| Yes | NA | All instruments appended (e.g. questionnaires, standardized tests, interview schedules) |
| Yes | NA | Advertisement for recruitment of participants appended, if relevant |
| Yes | NA | Approval letter(s) from ALL relevant off-campus site(s) (e.g. school principal, other IRB's) appended |
| Yes | NA | If applicant is a STUDENT, advisor signature included |
| Yes | NA | Indicated that application needs “full review,” “expedited review,” or “expedited review with exemption.” |
| Yes | NA | “Certifications” form for PI and Co-investigator/s completed and signed |
| Yes | NA | Has a Conflict of Interest Form (Attachment A) been completed, signed by the appropriate individuals, and attached to the IRB application submitted for review? |

Step 7: Submit an original and two copies to the Research Office, Bole Hall. Please send one (1) electronic copy of the completed original copy to Harriet Hartman at hartman@rowan.edu. If you have technical questions about your IRB application, you may send an e-mail to hartman@rowan.edu. If you have administrative questions, you may send an e-mail to heiser@rowan.edu or call 856-256-5150.
# ATTACHMENT A
INVESTIGATOR FINANCIAL & OTHER PERSONAL INTERESTS DISCLOSURE FORM – Part 1

<table>
<thead>
<tr>
<th>PROJECT TITLE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCIPAL INVESTIGATOR</td>
<td>DEPARTMENT</td>
</tr>
<tr>
<td>FUNDING AGENCY OR SPONSOR</td>
<td>TOTAL REQUESTED BUDGET</td>
</tr>
<tr>
<td>REQUESTED START DATE</td>
<td></td>
</tr>
<tr>
<td>TYPE</td>
<td>☐ Research ☐ Training/Education ☐ Service ☐ Other</td>
</tr>
</tbody>
</table>

NOTHING TO DISCLOSE: CHECK "NO" COLUMN BELOW

I, and/or my spouse, domestic partner, children, parents, and siblings who reside in the same household do not have, within the previous twelve (12) months, any financial or other personal interests (as defined on the next page of this document) to disclose.

DISCLOSURE TO BE MADE: CHECK "YES" COLUMN BELOW

I, and/or my spouse, domestic partner, children, parents, and siblings who reside in the same household DO/DOES have, within the previous twelve (12) months, financial or other personal interests (as defined on the next page of this document) to disclose.

I certify that the information on this form is correct; that I have read and understand the Rowan University Conflict of Interest Policy; that, to the best of my knowledge, all required disclosure of financial and other personal interests has been made herein; that I will complete a Disclosure Form on an annual basis during the duration of the research, or more frequently as new interests are obtained or if my situation with respect to potential conflict of interest otherwise changes since my original disclosure, and submit it to the Rowan University Social, Behavioral, and Educational Institutional Review Board;

<table>
<thead>
<tr>
<th>NAME (PRINT &amp; SIGN) (see definition of &quot;investigator&quot; on the reverse)</th>
<th>NO</th>
<th>YES</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCIPAL INVESTIGATOR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;INVESTIGATOR:&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;INVESTIGATOR:&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;INVESTIGATOR:&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;INVESTIGATOR:&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

USE ADDITIONAL FORM(S) FOR ADDITIONAL INVESTIGATORS.

☐ This project involves a contract, subcontract or collaboration with an outside institution or group.

☐ Attached is a written assurance from an appropriate official of this outside entity that individuals from the outside entity who will participate in this project comply with the outside entity's investigator conflict-of-interest policy and that such policy meets the requirements of the PHS (42 CFR Part 50, Subpart F).

☐ In the event the outside entity has no investigator conflict-of-interest policy, attached are a written assurance from an appropriate official of this outside entity that individuals from the outside entity who will participate in this project comply with Rowan University's Conflict of Interest policy, plus all Rowan University Disclosure Forms completed by these individuals.

Signature of Department Chair (or Dean if Investigator is Chair) or Vice President __________________________ Date

Signature of Department Chair (if project involves more than one department) __________________________ Date

Signature of Department Chair (if project involves more than one department) __________________________ Date
INSTRUCTIONS AND DEFINITIONS

EACH "investigator," as defined below, on a research or training project must complete his/her section of the Disclosure Form which must then be submitted with the proposal to the Social, Behavioral and Educational Institution Review Board. This requirement pertains to both funded and unfunded research or training activity. If the project is to be funded, please attach this disclosure form to your Proposal Planning Form submitted to the Office of Sponsored Programs.

The term "investigator" means:

- the principal investigator,
- co-principal investigators, co-investigators, and
- any other University personnel who, in the course of their association with the University are or will be responsible for the design, conduct, administration, collaboration, analysis and/or reporting of either research or training activities funded or proposed for funding by any sponsor, or of unsponsored research or training activities. These persons may include faculty, non-faculty employees, research associates, technicians, consultants, postdoctoral fellows, graduate and other students.

(Note: If one or more such individuals had not been named at the time of proposal submission, a form or forms must be subsequently completed by the individual(s) and submitted by the principal investigator to the Rowan University Social, Behavioral and Educational Institutional Review Board.)

The term "interest" means any financial or other personal involvement of the investigator, his or her spouse, domestic partner, children, parent, or siblings who reside in the same household including, but not limited to:

- income; honoraria or other payment for services;
- reimbursed or sponsored travel for services
- equity such as stock, stock options or other ownership rights, excluding interests of any amount in publicly traded, diversified mutual funds, pension funds, or other institutional investment funds over which the faculty member does not exercise control;
- patents and copyrights;
- contracts, licensing and other agreements;
- royalties (including those royalties distributed by the University);
- employment; and services, relationships or positions, even if uncompensated.

If there is a financial or other personal interest requiring disclosure, provide on Part 2 of this form all relevant details about the relationship of the interest to the Investigator’s Institutional responsibilities, and sufficient information for the Disclosure Review Committee to determine if a conflict of interest exists, and how such a conflict of interest might be managed, reduced or eliminated. Use additional pages if needed. Be as specific as possible.
ATTACHMENT A

INVESTIGATOR FINANCIAL & OTHER PERSONAL INTERESTS DISCLOSURE FORM – Part 2

<table>
<thead>
<tr>
<th>PROJECT TITLE</th>
<th>PRINCIPAL INVESTIGATOR</th>
<th>DEPARTMENT</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDING AGENCY OR SPONSOR</td>
<td>TOTAL REQUESTED BUDGET</td>
<td>REQUESTED START DATE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE</th>
<th>☐ Research</th>
<th>☐ Training/Education</th>
<th>☐ Service</th>
<th>☐ Other</th>
</tr>
</thead>
</table>

NAME OF "INVESTIGATOR" MAKING DISCLOSURE (see definition of "Investigator" on the reverse side)

DISCLOSURE TO BE MADE: I and/or my spouse, domestic partner, children, parents, and siblings who reside in the same household DO/DOES HAVE, within the previous twelve (12) months, financial or other personal interests that are related to the Investigator’s Institutional/Professional responsibilities, as itemized below.

<table>
<thead>
<tr>
<th>NATURE OF INTEREST</th>
<th>VALUE (DOLLAR AMOUNT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCOME</td>
<td>CONSULTING FEES</td>
</tr>
<tr>
<td></td>
<td>HONORARIA</td>
</tr>
<tr>
<td></td>
<td>LECTURE FEES FROM A SPEAKERS BUREAU</td>
</tr>
<tr>
<td></td>
<td>LECTURE FEES NOT FROM A SPEAKERS BUREAU</td>
</tr>
<tr>
<td></td>
<td>OTHER PAYMENT FOR EMPLOYMENT OR SERVICES</td>
</tr>
<tr>
<td></td>
<td>OTHER</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>REIMBURSED TRAVEL</td>
</tr>
<tr>
<td></td>
<td>SPONSORED TRAVEL</td>
</tr>
<tr>
<td>EQUITY</td>
<td>STOCK, STOCK OPTIONS, WARRANTS (NO. OF SHARES: )</td>
</tr>
<tr>
<td></td>
<td>OTHER OWNERSHIP RIGHTS</td>
</tr>
<tr>
<td>INTELLECTUAL PROPERTY</td>
<td>PATENTS OR PATENT APPLICATIONS</td>
</tr>
<tr>
<td></td>
<td>COPYRIGHTS</td>
</tr>
<tr>
<td></td>
<td>ROYALTIES</td>
</tr>
<tr>
<td></td>
<td>LICENSING AND OTHER AGREEMENTS</td>
</tr>
<tr>
<td></td>
<td>CONTRACTS</td>
</tr>
<tr>
<td></td>
<td>OTHER</td>
</tr>
<tr>
<td>POSITIONS/RELATIONSHIPS (COMPENSATED OR NOT)</td>
<td>CORPORATE OFFICER</td>
</tr>
<tr>
<td></td>
<td>BOARD OF DIRECTORS OR TRUSTEES</td>
</tr>
<tr>
<td></td>
<td>ADVISORY BOARD</td>
</tr>
<tr>
<td></td>
<td>OTHER</td>
</tr>
</tbody>
</table>

I certify that the above information is correct; that I have read and understood the Rowan University Conflict of Interest policy; that, to the best of my knowledge, disclosure of all required financial and other personal interests has been made herein; that I will complete a Disclosure Form on an annual basis during the duration of the research or more frequently as new interests are obtained or if my situation with respect to potential conflict of interest otherwise changes since my original disclosure, and submit it to the Rowan University – Social, Behavioral, and Educational Institution Review Board; that I will comply with any conditions or restrictions imposed by Rowan University to manage, reduce or eliminate conflicts of interest caused by my interests.

_______________________________________________________________________________

Signature of Investigator Making Disclosure

_______________________________________________________________________________

Signature of Department Chair (or Dean if interested party is a Department Chair) or Vice President

_______________________________________________________________________________

Signature of Department Chair (if project involves more than one department)

Date

Date

Date
The Rowan University IRB defines "research" as a systematic investigation designed to develop or contribute to generalizable knowledge. All research involving human participants conducted by Rowan University faculty and staff is subject to IRB review.

Some, but not all, student-conducted studies that involve human participants are considered research and are subject to IRB review. Student research that is subject to IRB review includes research:

1. Intended to satisfy the academic requirements for the Master’s Thesis/Project or Doctoral Dissertation;
2. Intended or expected to result in publication, presentation outside the classroom, or public dissemination in some other form;
3. Conducted outside the classroom and/or departmental research participant pool if they involve
   a. minors (i.e., persons under the age of 18),
   b. a targeted population of adults whose ability to freely give informed consent may be compromised (i.e., persons who are socioeconomically, educationally, or linguistically disadvantaged, cognitively impaired, elderly, terminally ill, or Incarcerated),
   c. pregnant women and/or fetuses who may be put at risk of physical harm,
   d. a topic of a sensitive or personal nature, the examination or reporting of which place the research participant at more than minimal risk, or
   e. any type of activity that places research participants at more than minimal risk.

Student-conducted research that is conducted solely within the confines of the classroom or within a departmental research participant pool and:

1. a general requirement of a course,
2. has the sole purpose of developing the student's research skills, and
3. will be overseen by a faculty member;

may not be subject to IRB review. Check with your class instructor for guidance as to whether you must submit your research protocol for IRB review. If you or your instructor has any doubts, apply for an IRB review.

Oral history projects are not generally subject to IRB review. It is up to the individual faculty member, in consultation with their department chair and/or dean, to determine whether a project must be submitted to the IRB. If the project meets the guideline for research established by the U.S. Office for Human Research Protection, it must be submitted to the IRB for approval. That definition states that research is a, “systematic investigation designed to develop or contribute to generalizable knowledge.”

Projects that involve participation by protected groups under US Code 45 CFR part 46 (e.g. prisoners) must be reviewed by the IRB.

For more information, go to:
http://www.rowan.edu/open/provost/research/Integrity_and_compliance/Irb/Irb.htm
Appendix B

Research Exemptions

Federal law allows the IRB to exempt some research from a full review. This saves time and effort. Research activities in which the only involvement of human subjects is in one or more of the categories listed below, and present no more than minimal risk to subjects, may qualify for a claim of Exemption from full IRB review.

In order to fulfill the federal requirement for the proper review of research, investigators cannot "self exempt" from IRB review, nor does a claim of exemption necessarily exempt investigators from the requirement of gaining written informed consent from subjects. Note that the following exempt categories do not apply to research involving:

1. deception of subjects where the investigator does not describe the true purpose of the research and/or the results of the subjects participation in the study;

2. sensitive behavioral research, or research involving vulnerable populations.

Section 46.101 of Subpart A: HHS Policy for Protection of Human Subjects

(a) Except as provided in paragraph (b) of this section, this policy applies to all research involving human subjects conducted, supported or otherwise subject to regulation by any federal department or agency which takes appropriate administrative action to make the policy applicable to such research. This includes research conducted by federal civilian employees or military personnel, except that each department or agency head may adopt such procedural modifications as may be appropriate from an administrative standpoint. It also includes research conducted, supported, or otherwise subject to regulation by the federal government outside the United States.

(1) Research that is conducted or supported by a federal department or agency, whether or not it is regulated as defined in §46.102, must comply with all sections of this policy.

(2) Research that is neither conducted nor supported by a federal department or agency but is subject to regulation as defined in §46.102(e) must be reviewed and approved, in compliance with §46.101, §46.102, and §46.107 through §46.117 of this policy, by an institutional review board (IRB) that operates in accordance with the pertinent requirements of this policy.

(b) Unless otherwise required by department or agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

The categories of potential exemption are:

(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:

(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if:

(i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

(5) Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine:
   (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

(6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

(c) Department or agency heads retain final judgment as to whether a particular activity is covered by this policy.

(d) Department or agency heads may require that specific research activities or classes of research activities conducted, supported, or otherwise subject to regulation by the department or agency but not otherwise covered by this policy, comply with some or all of the requirements of this policy.

(e) Compliance with this policy requires compliance with pertinent federal laws or regulations which provide additional protections for human subjects.

(f) This policy does not affect any state or local laws or regulations which may otherwise be applicable and which provide additional protections for human subjects.

(g) This policy does not affect any foreign laws or regulations which may otherwise be applicable and which provide additional protections to human subjects of research.

(h) When research covered by this policy takes place in foreign countries, procedures normally followed in the foreign countries to protect human subjects may differ from those set forth in this policy. [An example is a foreign institution which complies with guidelines consistent with the World Medical Assembly Declaration (Declaration of Helsinki amended 1989) issued either by sovereign states or by an organization whose function for the protection of human research subjects is internationally recognized.] In these circumstances, if a department or agency head determines that the procedures prescribed by the institution afford protections that are at least equivalent to those provided in this policy, the department or agency head may approve the substitution of the foreign procedures in lieu of the procedural requirements provided in this policy. Except when otherwise required by statute, Executive Order, or the department or agency head, notices of these actions as they occur will be published in the FEDERAL REGISTER or will be otherwise published as provided in department or agency procedures.

(i) Unless otherwise required by law, department or agency heads may waive the applicability of some or all of the provisions of this policy to specific research activities or classes or research activities otherwise covered by this policy. Except when otherwise required by statute or Executive Order, the department or agency head shall forward advance notices of these actions to the Office for Human Research Protections, Department of Health and Human Services (HHS), or any successor office, and shall also publish them in the FEDERAL REGISTER or in such other manner as provided in department or agency procedures.
Expedited Review of Research

Applicability
A. Research activities that:
   (1) present no more than minimal risk to human subjects, AND
   (2) involve only procedures listed in one or more of the following categories

may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.

B. The categories in this list apply regardless of the age of subjects, except as noted.

C. The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

D. The expedited review procedure may not be used for classified research involving human subjects.

E. IRBs are reminded that the standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review -- expedited or convened -- utilized by the IRB.

F. Categories one (1) through seven (7) pertain to both initial and continuing IRB review.

Research Categories

1. Clinical studies of drugs and medical devices only when condition (a) OR (b) is met.
   (a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)
   b. Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:
   (a) from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; OR
   b. from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.
3. Prospective collection of biological specimens for research purposes by noninvasive means.

Examples:
(a) hair and nail clippings in a nondisfiguring manner;
(b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;
(c) permanent teeth if routine patient care indicates a need for extraction;
(d) excreta and external secretions (including sweat);
(e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue;
(f) placenta removed at delivery;
(g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
(h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques;
(i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;
(j) sputum collected after saline mist nebulization.

4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)

Examples:
(a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject=s privacy;
(b) weighing or testing sensory acuity;
(c) magnetic resonance imaging;
(d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography;
(e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)
8. Continuing review of research previously approved by the convened IRB as follows:

   a. where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects; OR

   b. where no subjects have been enrolled and no additional risks have been identified; or

   c. where the remaining research activities are limited to data analysis.

9. Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.
Appendix C

Consent Procedures

The following information is to be provided to each human subject as a separate line item at the top of the informed and alternate consent forms. The language and statement to include is preceded by the type of consent form it should be documented on.

1. **Informed Consent:** A statement that the study involves research, an explanation (in non-technical language) of the purposes of the research, a description of the procedures to be followed, and identification of any procedures that is experimental.
   **Alternate Consent:** A statement that you are conducting research and the reason for it (e.g., master's thesis, publication, etc.)

2. **Informed Consent:** A description of any reasonably foreseeable risks or discomforts to the subject.

3. **Informed Consent:** A description of any benefits to the subjects or other persons that may reasonably be expected to result from the research.
   **Alternate Consent:** Purpose of the research – What you are investigating?

4. **Informed Consent:** A disclosure of appropriate alternative procedures or treatments that might be beneficial to the subject.

5. **Informed Consent:** A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained. Your proposal must specify precisely whether the identity of your subjects will be: a) Anonymous; b) Confidential; or c) Neither.
   **Alternate Consent:** A statement that all responses will be kept anonymous and confidential

   **Note:** Your subjects’ responses may be recorded and maintained as confidential or anonymous, but not both.

   **Definition of Anonymous:** Data are recorded such that no identifier whatsoever exists to link a subject's identity to that subject's response. Examples: (1) subject fills out and mails back to the investigator a questionnaire that does not provide subject's name, social security number, phone number, or any other identifier; (2) investigator interviews subject by phone and notes responses, but does not have any record connecting any response to any phone number.

   **Definition of Confidential:** There exists a documented linkage between a subject's identity and his/her response in the research, and the investigator provides assurance in the protocol and in the informed consent form that the identity of any individual subject will not be revealed in any report of the study. Example: a subject's data record is assigned a code, and a "master list" that links the code to the subject's identity is maintained in a secure location.

6. **Informed Consent:** A statement specifying the amount of time required for participation in the study (e.g. a realistic estimate of the number of minutes required to complete a questionnaire, the number of separate sessions, the overall duration [days, weeks, months] that the subject will be involved in the study).
   **Alternate Consent:** A statement that participants need not respond to all questions
7. **Informed Consent:** A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and that the subject may discontinue participation *at any time* without penalty or loss of benefits to which the subject is otherwise entitled. Specify the consequences, if any, to the subject of his/her decision to withdraw from the research before completing the protocol (e.g. loss of pro-rated compensation for participation in the study) and procedures for orderly termination of participation by the subject (e.g. exit interview).

**Alternate Consent:** A statement that all participation is voluntary.

8. **Informed Consent:** Statement regarding financial or other compensation, if any, to the subjects, giving precise amounts and providing for prorating of payment if a subject withdraws before completing the study. Also, specify any uncompensated costs to the subject that may result from participation in the research (e.g. travel costs, absence from the workplace).

**Alternate Consent:** If participants are students, a statement that class standing will not be affected in any way based on participation.

9. **Informed Consent:** A statement regarding accessibility of the investigator and advisor to the subjects for questions related to the research (e.g. phone number, email address, institutional address).

**Alternate Consent:** Include the name, telephone number, and/or e-mail of the Principal Investigator (PI); and if you have a faculty sponsor, also include the faculty sponsor’s name, telephone number, and/or e-mail.

10. **Informed Consent:** The following statement regarding subjects’ rights:

    *If you have any questions about your rights as a research subject, you may contact the Associate Provost for Research at:*

    *Rowan University Institutional Review Board for the Protection of Human Subjects*
    Office of Research
    201 Mullica Hill Road
    Glassboro, NJ 08028-1701
    Tel: 856-256-5150
Format of the Informed Consent Form:
Text should be written in non-technical terms, at an eighth-grade reading level, with non-technical explanation of any specialized terms. If the consent form is more than one page, include a notation, “Subject’s Initials ______,” at the bottom of each page except the signature page.

If non-English speaking subjects will be involved, a consent form that has been translated into the relevant language is required. Certification of the form has to be ascertained and the steps to certify the translation are described below:

1) Form is written in primary language of personnel/investigator completing the form
2) Form is provided to translator
3) Translator writes the form in the relevant language
4) Translator provides the form to an individual who is fluent in both languages, specifically writing and grammar
5) The individual, who is fluent in both languages, reviews the primary language and the relevant language consent forms to ensure that the relevant language form is correct and is what is stated in the primary language form

Signature lines for the Principal Investigator and the subject, with corresponding lines for the date of each signature, are required. Signature lines for a legally authorized representative or minor subject may also be necessary, depending upon the categories of subjects that are involved. A witness signature is not required in most cases; exceptions are oral consent verification (below) and situations in which a legally authorized representative signs for the subject.

If the protocol involves videotaping, audiotaping, or photographing of subjects, the consent form must include either a separate statement of agreement for these procedures within the consent document, with signature line, or an addendum to the consent form describing the recording procedure with a statement of agreement and signature line. The purpose of the distinct signature for these procedures is to ensure that the subject is aware of their inclusion, and if the study design permits, to allow the subject to participate in the study without being recorded.

Here are some questions to consider when developing consent forms:

- Why is this study being done?
- What makes this different from the normal, usual procedures/tests/treatments/etc.?
- Will the participant understand why they are being photographed, videotaped or audiotaped?
- How many will take part in the study?
- How long will the participant be in the study?
- What is involved in the study?
- What are the risks of the study?
- What are the risks to an unborn baby?
- What are the benefits as a participant in the study?
- What other options are there?
- What stipulations, situations or reasons will result in participant removal from the study without their consent?
- How is my participation going to remain anonymous and/or confidential?
- What are the costs of participation?
- What if the participant is physically injured or mentally suffers? Do you have information on the consent form that will assist the subject in finding treatment and care?
• Will the participants be compensated? If so, what is the compensation?
• Who would a participant call if they have questions about the study or problems with the study and/or its investigators?
• What are the rights of the participant as a research subject?

A participant / subject in a research study has the right to:

1. Be informed of the nature and purpose of the research.
2. Be given an explanation of all procedures to be followed and of any drug or device to be used.
3. Be given a description of any risks or discomforts, which can be reasonably expected to result from this research study.
4. Be given an explanation of any benefits, which can be reasonably expected to the subject as a result of this research study.
5. Be informed of any appropriate alternative procedures, drugs, or devices that may be advantageous and of their relative risks and discomforts.
6. Be informed of any medical treatment, which will be made available to the subject if complications should arise from this research.
7. Be given an opportunity and encouraged to ask any questions concerning the study or the procedures involved in this research.
8. Be made aware that consent to participate in the research may be withdrawn and that participation may be discontinued at any time without affecting continuity or quality of medical care.
9. Be given a copy of this signed and dated written consent form.
10. Not be subjected to any element of force, fraud, deceit, duress, coercion, or any influence in reaching the decision to consent or to not consent to participate in the research.
Sample of Informed Consent Forms

(These should be used as a guide only--each PI should tailor the form to fit the research)

Sample 1: Participants over the age of 18 (faculty researcher)

I agree to participate in a study entitled "Problem Solving in Groups Versus Individuals," which is being conducted by Dr. Jane Doe of the Psychology Department, Rowan University.

The purpose of this study is to evaluate the methods used by individuals and groups to solve difficult problems. The data collected in this study will be combined with data from previous studies and will be submitted for publication in a research journal.

I understand that I will be required to attempt to solve a logic problem, and I will be assigned to work either individually or as part of a group. My participation in the study should not exceed one hour.

I understand that my responses will be anonymous and that all the data gathered will be confidential. I agree that any information obtained from this study may be used in any way thought best for publication or education provided that I am in no way identified and my name is not used.

I understand that there are no physical or psychological risks involved in this study, and that I am free to withdraw my participation at any time without penalty.

I understand that my participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

I understand that my participation will involve the photographing, videotaping and audio recording of my participation.

If I have any questions or problems concerning my participation in this study, I may contact Dr. Jane Doe at (856) 256-_____ ext. ____.

_______________________________________________________
Participant Name (Please print)

I agree to be photographed: ____________________________________________________________
(Signature of Participant) (Date)

I agree to be videotaped: ____________________________________________________________
(Signature of Participant) (Date)

I agree to be audio recorded: _________________________________________________________
(Signature of Participant) (Date)

_______________________________________________________
(Signature of Investigator/or person explaining the form) (Date)

By signing this form, the participant understands and acknowledges all of the terms listed above, and the participant had chances to ask questions about the study.
Sample 2: Participants over the age of 18 (student with faculty advisor)

I agree to participate in a study entitled "Problem Solving in Groups Versus Individuals," which is being conducted by Jane Doe, a Psychology student at Rowan University.

The purpose of this study is to evaluate the methods used by individuals and groups to solve difficult problems. The data collected in this study will be combined with data from previous studies and will be submitted for publication in a research journal.

I understand that I will be required to attempt to solve a logic problem, and I will be assigned to work either individually or as part of a group. My participation in the study should not exceed one hour.

I understand that my responses will be anonymous and that all the data gathered will be confidential. I agree that any information obtained from this study may be used in any way thought best for publication or education provided that I am in no way identified and my name is not used.

I understand that there are no physical or psychological risks involved in this study, and that I am free to withdraw my participation at any time without penalty.

I understand that my participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

If I have any questions or problems concerning my participation in this study, I may contact Jane Doe at (856) 256- _____ or her faculty advisor, Dr. Peter Rabbit, rabbit@timbuktu.edu.

Participant Name (Please print)

I agree to be photographed: __________________________________________________________
(Signature of Participant)  (Date)

I agree to be videotaped: __________________________________________________________
(Signature of Participant)  (Date)

I agree to be audio recorded: ______________________________________________________
(Signature of Participant)  (Date)

By signing this form, the participant understands and acknowledges all of the terms listed above, and the participant had chances to ask questions about the study.

(Signature of Investigator/or person explaining the form)  (Date)
Sample 3: Participants over the age of 18 (faculty researcher)

I agree to participate in a study entitled "Problem Solving in Groups Versus Individuals," which is being conducted by Dr. Jane Doe of the Psychology Department, Rowan University.

The purpose of this study is to evaluate the methods used by individuals and groups to solve difficult problems. The data collected in this study will be combined with data from previous studies and will be submitted for publication in a research journal.

I understand that I will be required to attempt to solve a logic problem, and I will be assigned to work either individually or as part of a group. My participation in the study should not exceed one hour.

I understand that my responses will be anonymous and that all the data gathered will be confidential. I agree that any information obtained from this study may be used in any way thought best for publication or education provided that I am in no way identified and my name is not used.

I understand that there are no physical or psychological risks involved in this study, and that I am free to withdraw my participation at any time without penalty.

I understand that my participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

If I have any questions or problems concerning my participation in this study, I may contact Dr. Jane Doe at (856) 256-______ ext. ____.

Participant Name (Please print)

I agree to be photographed: ________________________________

(Signature of Participant) (Date)

I agree to be videotaped: ________________________________

(Signature of Participant) (Date)

I agree to be audio recorded: ________________________________

(Signature of Participant) (Date)

By signing this form, the participant understands and acknowledges all of the terms listed above, and the participant had chances to ask questions about the study.

(Signature of Investigator/or person explaining the form) (Date)
Dear Parent/Guardian:

I am a graduate student in the Education Leadership Department at Rowan University. I will be conducting a research project under the supervision of Dr. John Doe as part of my master's/thesis/dissertation concerning how children make decisions and how they develop strategies when playing games. I am requesting permission for your child to participate in this research. The goal of the study is to determine how strategy development changes as the children mature.

Each child will be invited to play a game during the recess period and will be led to a quiet corner of the recess yard. Any child who expresses a desire not to play will be escorted back to the main area of yard immediately. While playing the game, each child will be asked a series of questions and will be videotaped. I will retain the videotapes at the conclusion of the study. To preserve each child's confidentiality only first names will be used to identify individuals. The videotapes may be viewed by other researchers when the data are presented at a professional conference. All data will be reported in terms of group results; individual results will not be reported.

Your decision whether or not to allow your child to participate in this study will have absolutely no effect on your child's standing in his/her class. At the conclusion of the study a summary of the group results will be made available to all interested parents. If you have any questions or concerns, please contact me at 555-1845 or you may contact my advisor, Dr. John Doe, at (856) 256-___ext.____.* Thank you.

Sincerely,

Mary Fawn

Please indicate whether or not you wish to have your child participate in this study by checking the appropriate statement below and returning this letter to your child's teacher by Feb. 1.

___ I grant permission for my child ____________________________ to participate in this study.

___ I do not grant permission for my child ____________________________ to participate in this study.

I agree for my child to be photographed during this study: ____________________________  ____________________________

(Signature of Parent/Guardian)  (Date)

I agree for my child to be videotaped during this study: ____________________________  ____________________________

(Signature of Parent/Guardian)  (Date)

I agree for my child to be audio recorded during this study: ____________________________  ____________________________

(Signature of Parent/Guardian)  (Date)

___________________________________________________
Parent/Guardian Name (Please print)

________________________________________________________________________
Parent/Guardian signature  (Date)

*By signing this form, the participant understands and acknowledges all of the terms listed above, and the participant had chances to ask questions about the study.
**Alternate Consent Procedure**

If the only identifying link between the subject and your research procedure would be the consent form, you may obtain consent simply by informing the participant about your research project.

**Example:** You are conducting a survey and are not asking for any identifying information from participants. In this case, using a consent form would require that the participants reveal their identity by signing the form. As long as the survey did not put the participants at more than minimal risk, a consent form may not be required.

**Sample of Alternate Consent Procedure (when signatures are not required)**

(This should be used as a guide only—each PI should tailor the form to fit the research)

The purpose of this survey is to evaluate the methods used by individuals to solve difficult problems. The research, entitled "How Individuals Solve Problems," is being conducted by Jane Doe of the Psychology Department, Timbuktu University, in partial fulfillment of her M.A. degree in Liberal Arts and Sciences. For this study you will be required to attempt to solve a logic problem, and to answer some questions about how you did it. Your participation in the study should not exceed 15 minutes. There are no physical or psychological risks involved in this study, and you are free to withdraw your participation at any time without penalty. The data collected in this study will be combined with data from previous studies and will be submitted for publication in a research journal. Your responses will be anonymous and all the data gathered will be kept confidential.

By taking this survey you agree that any information obtained from this study may be used in any way thought best for publication or education provided that you are in no way identified and your name is not used. Participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

Participation in the study indicates you have agreed to participate in the study.

If you have any questions or problems concerning your participation in this study, please contact Jane Doe at (856) 256-______ ext. ____, or her faculty advisor, Dr. Peter Rabbit, rabbit@timbuktu.edu.