ALVERNIA UNIVERSITY
INSTITUTIONAL REVIEW BOARD
APPLICATION FOR RESEARCH STUDIES

To: Peggy C. Bowen, Ph.D., CTS
    Chair, IRB
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Project Title:

Application Type: __ Initial Application  __ Resubmission

Date initially submitted to IRB:

I. RESEARCH CATEGORY: (check one)

   a. Faculty research  
   b. Graduate research 
   c. Undergraduate 
   d. Other (specify) 

II. INVESTIGATOR AND KEY RESEARCH PERSONNEL

    Investigator:
    Email Address:
    Mailing Address:
    Phone:
    Signature of Investigator______________________________
    Date

    Co-Investigator:
    Email Address:
    Mailing Address:
    Phone:
    Signature of Co-Investigator______________________________
    Date
III. Faculty Advisor (if applicable):
Advisor signature required for all student research.

Email Address:
Campus Address:
Phone:

Signature of Faculty Advisor_______________________________
Date

Signature of the advisor indicates approval and support of project.
Please list all relevant credentials for the advisor (Ph.D., Ed.D, MSW, etc.)

IV. SUMMARY OF THE PROPOSAL

A. OVERVIEW

1. Goal of Study:

2. Participants’ characteristics:

3. Does the research involve vulnerable research populations? □ Yes □ No

4. How do you as the researcher have access to this population?

5. List data collection sites.

6. If data will be collected from another institution: (attach request to the institution)
   Name of institution:
   Person responsible for approval:

7. Research Materials/Apparatus (Attach materials to be used):

8. Is the material being used: □ Standard □ Innovative

9. Procedures: (Attach methodology)

10. Expected date to start study:
    Expected date to finish study:
B. RISKS TO PARTICIPANTS

1. Describe Immediate risks to participants:

2. Describe Long range risks to participants:

3. Do the benefits outweigh the risks: ☐ Yes ☐ No (check one)

4. Rationale for the necessity of such risks.

5. Describe plan to monitor adverse events (must include).

6. How will you report any adverse events?

C. INFORMED CONSENT (Attach copy)

1. Describe the manner in which informed consent will be obtained.

2. If consent is waived, explain how human rights are protected.

D. CONFIDENTIALITY OF THE DATA (PRIVACY OF PARTICIPANTS)

1. What procedure(s) will you use to insure the confidentiality of the data (privacy of participants) during the research process?

2. What will happen to the raw data collected? (You must keep raw data for a minimum of three years.)

3. Who has access to the data?

E. USE OF DECEPTION

1. Will deception be used in this study? ☐ Yes ☐ No

   If yes, explain the nature of the deception used.

2. Why is deception necessary?
F. DEBRIEFING

1. Do the procedures require debriefing of participants?  
   ☐ Yes  ☐ No

   If yes, describe method of the debriefing and when the debriefing will take place.

G. COMPENSATION FOR PARTICIPATING IN THE STUDY

1. Do participants receive any compensation?  
   ☐ Yes  ☐ No

   If yes, explain the nature and amount of compensation.

H. DISSIMINATION OF FINDINGS

1. How do you propose to inform participants and others of the results of your research?

2. How will the completed research be reported?

3. Where will the final report be kept?

NOTE: The Study Completion form must be filed with the IRB upon completion of the study.