

Argosy University

Psychology

Human Research Review Committee Initial Short Form Application

Principal Investigator

Telephone

E-mail

Signature of Principal Investigator

Date

Address

Faculty Sponsor

Telephone

E-mail

Signature of Faculty Sponsor

Date

Your signature as faculty sponsor indicates that you accept responsibility for the research described, and that you are fully aware of all procedures to be followed, will monitor the research, and will insure that the HRRC is notified of any significant problems or changes.

Title of Protocol

REVIEW CATEGORY: _____REGULAR

_____EXPEDITED * *must check appropriate category below*

_____EXEMPT

*Grounds for *expedited review* are as follows: research activities involving no more than minimal risk *and* in which the only involvement of human subjects will be in one or more of the following categories (please check):

____ voice recordings made for research purposes such as investigations of speech defects

____ moderate exercise by healthy volunteers

____ the study of existing data, documents, records or pathological or diagnostic specimens

____ research on individual or group behavior or characteristics of individuals, such as studies of perception, cognition, game theory or test development where the investigator does not manipulate subjects' behavior and the research will not involve stress to subjects

INSTRUCTIONS: Please type (use additional sheets if necessary). The following should be submitted (**8 copies** each for regular review; **3 copies** each for expedited or exempt review):

- THIS COMPLETED SHORT FORM
- ALL CONSENT FORMS AND INFORMATION SHEETS
- ALL SURVEY/INTERVIEW INSTRUMENTS

5. BENEFITS: POTENTIAL DIRECT BENEFITS TO SUBJECTS AND GENERAL BENEFITS TO SUBJECT GROUPS, ACADEMIC OR PROFESSIONAL DISCIPLINE AND/OR SOCIETY

6. CONSENT PROCESS AND DOCUMENTATION

7. NUMBER OF SUBJECTS TO BE ENROLLED PER YEAR: _____

TOTAL FOR STUDY: _____

8. IS THE HUMAN SUBJECTS BILL OF RIGHTS APPLICABLE TO YOUR STUDY?

Yes _____ No _____ (if yes, please include copies)

9. WILL THIS STUDY BE FUNDED? Yes _____ No _____ Pending _____

AGENCY/SPONSOR? _____

10. IS THIS STUDY BEING CONDUCTED AT OR UNDER THE SUPERVISION OF ANOTHER INSTITUTION? Yes _____ No _____ (if yes, please include copies of their IRB protocol)

11. PRINCIPAL INVESTIGATOR'S SIGNATURE _____

Please return this form to Dr. Carl Word