# Community College of Vermont

# Application for Research Involving Human Subjects

Please use this form to apply for institutional approval of any research project involving human subjects conducted by or about CCV faculty, students, or staff.

## Contact Information

Principal Investigator(s):

College/University Affiliation (if applicable):

Address:

Phone Number:

E-mail Address:

Faculty Supervisor (if applicable):

## General Project Information

Title of Project:

Is this a class project (please specify class)?

Expected Project Start and End Dates:

Is this a funded project?

*If yes, please specify funding source, duration, and any potential conflicts of interest:*

Has this project been submitted and/or reviewed by another Human Subjects Protection

Program (HSPP) or Institutional Review Board (IRB)?

*If yes, please specify the name of the entity and its decision (please include an approval letter):*

Will this project take place on CCV property or through CCV resources?

Will subjects include CCV students, faculty or staff?

Does your project involve participants or individuals from any of these populations (Check all that apply):

☐Minors under 18 years of age ☐Prisoners

☐Elderly ☐Mentally and/or physically challenged

☐Racial or Ethnic Minorities ☐Pregnant women

Note: If your study involves any of the above populations, you will need to seek formal, external, IRB review.

Will participants be offered any incentives for participation? *Please note that extra credit is not an allowable incentive.*

## Project Description

Please provide a description of the proposed research project. Be sure to include information about your methodology, data collection and storage plan, process for informed consent, and any plan for presentation or publication of your research.

## Certifications

As the Principal Investigator:

1. I agree to follow CCV’s [*Research By or About CCV Students, Faculty or Staff*](http://docs.ccv.edu/CCVPolicyFiles/Research_by_or_About_CCV_Students_Faculty_or_Staff_CCV_Policy.pdf) policy.
2. I agree that this application reflects the proposed research in an accurate and truthful manner.
3. I agree to report any changes in the research protocol to CCV immediately.
4. I agree to follow ethical standards for research and the treatment of human subjects.
5. I have completed the Protecting Human Research Subjects modules through the NIH.
6. I agree not to begin the proposed research until this application is approved by CCV.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_