NORTHWEST FLORIDA STATE COLLEGE

Institutional Review Board (IRB) Research Protocol Form

Type of Review

According to the Office of Human Research Protection, protocols may undergo different levels of review based on the project's level of risks to human subjects. If you are unsure which category your research falls under, please consult the governing regulations (45 CFR 46) at: https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html.

☐Exempt
☐Expedited
☐Full Board

Section I: General Information

Title of Study	

Source of Funding

Select all that apply:
☐Internal Grant (specify)
☐External Grant (specify)
☐Unfunded
☐Other (specify)

International Research

Select one:
☐ Not Applicable
☐ The research will be conducted outside of the United States.
☐ The research has been reviewed or will be reviewed by an international IRB or ethics board.

Section II: Principal Investigator(s) Information

Primary Investigator

Name	
Is PI affiliated with NWFSC	
If yes, in what capacity	
Phone	
Email	
For the purposes of this research, is the PI affiliated with another institution?	
If yes, what institution and in what capacity?	

Co-Investigator(s) (if applicable)

Name	
Is Co-Investigator affiliated with NWFSC	
If yes, in what capacity	
Phone	
Email	
For the purposes of this research, is the Co-Investigator affiliated with another institution?	
If yes, what institution and in what capacity?	

Section III: Study Summary and Rationale

Study Summary: Include a general overview of the summary in non-scientific language. (Not to exceed 250 words)

Study Background and Purpose: Include relevant background information, rationale for the study, study objectives and research questions or hypotheses. (Not to exceed 500 words)

Section IV: Study Design

Provide a detailed description of the procedures that will occur in sequential order. If applicable, include recruitment, number of anticipated participants, intervention, number of contact points with participants and duration, data collection, and data analysis. (Not to exceed 500 words)

Note: You must submit all supplementary materials at the end of this form (e.g., email communications, flyers, consent forms, surveys, etc.).

Explain how you will ensure the safety of the data. If applicable, include what data will be stored, how the data will be stored, who will have access to the data, how the data will be coded, and when the data will be destroyed. (Not to exceed 500 words)

Do you [the PI] or any other responsible personnel (or the spouse, registered domestic partner and/or dependent children thereof) have financial interests related to this study?

☐ Yes
☐ No

If you answered yes to the previous question, please elaborate in the space below.

Section V: Participants
Select all that apply:

Participant Gender
Select all that apply:
☐ Female
☐ Male
☐ Non-binary
☐ Other: _____

Participant Age
Select all that apply:
☐ Minors (under the age of 18 years)
☐ Adults (18 years or older)

Participant Race/Ethnicity
Select all that apply:
☐ Asian
☐ Black or African American
☐ Hispanic
☐ Native American/Pacific Islander
☐ White
☐ Mixed Race/Ethnicities

List all languages that will be used to conduct the study (in interviews, consent forms, etc.).

Vulnerable Populations
Select all that apply:
☐ Minors
☐ Pregnant Women
☐ Individuals with disabilities
☐ Homeless persons
☐ Prisoners or those on probation or parole
☐ This study does not involve participants from vulnerable populations

If conducting research with a vulnerable population, please explain the additional measures you will take to ensure informed consent is obtained without coercion:

Inclusion/exclusion criteria: Explain who you will and who you will not include in your study and what criteria you will use (i.e. GPA, life circumstances, major, race/ethnicity, gender):

Anticipated Sample Size
Please list your anticipated sample size. NOTE: If you are approved and need to exceed this number at a later date, you will need to complete and submit an Amendment Form. The Amendment Form must be reviewed and approved prior to exceeding this number.

Anticipated Start Date
Identify when you want to begin your data collection (specify a date) and approximately how long your data collection process will take to complete. NOTE: Data collection cannot begin until IRB approval is obtained. If data collection will take longer to complete than the approved timeline, a Continuing Review Form will be required and must be approved prior to exceeding this date.

Section VI: Risks and Benefits

Risks: Please explain the risks of participation in this study.

Benefits: Please explain the personal benefits to the participants and societal benefits from the research generally. Note: Compensation for participant's time is not a benefit.

Section VII: Additional Documents

Please identify any applicable documents that you are submitting with this protocol:

☐ Protecting Human Research Participants training certification (required for all submissions)
☐ Research funding documents
☐ Research team roster
☐ Survey(s), questionnaire(s), interview guide(s)
☐ Consent form(s)
☐ Recruitment flyer(s)
☐ Recruitment email(s)
☐ Dissertation proposal/prospectus
☐ Letter(s) of Support
☐ Other IRB approval(s)
☐ Other (specify)

Section VIII: Certification

I certify that the information provided accurately and completely describes the proposed research protocol. I agree not to make changes to the protocol, as described here, without first seeking IRB approval, except in the case of immediate harm to participants. I agree to conduct research in accordance with applicable federal guidelines. I agree to immediately report any unanticipated problems or adverse events to the IRB as soon as they are discovered. I understand that failure to abide by the terms and conditions of the NWFSC IRB process and the protocol as described herein will result in a revocation of my authorization to do research at NWFSC and/or utilize the data collected to date.

I understand that the receipt of approval from the IRB Committee does not necessarily guarantee that I will be able to conduct the research or be provided with the data requested. If, upon review by the President's Cabinet, this project is deemed not to be in the best interest of the College, the project request will be denied. If the project is denied, I understand that I will be able to file an appeal in writing to the IRB Chair within two weeks of the date of the denial.

If I am an employee of Northwest Florida State College, my immediate supervisor has been made aware of my intent to conduct this research.

Principal Investigator

Printed Name	
Signature	
Date	

PI's Supervisor (if applicable)

Printed Name	
Signature	
Date	

Co-Investigator

Printed Name	
Signature	
Date	

Co-Investigator's Supervisor (if applicable)

Printed Name	
Signature	
Date	

Completed IRB Protocol Forms and supporting documentation should be submitted to OIRE@nwfsc.edu in one communication.