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|  | **Application No.** |

This Number is assigned by the IRB upon approval.

**UC IRB - APPLICATION FOR EXEMPT REVIEW**

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| **TO: IRB CHAIR, UNIVERSITY OF CHARLESTON** | | Date: | |  |
|  | |  | |  |
| Primary Investigator: | (Must Be A Faculty Member of Administrator) | Email: | |  |
|  |  |  |  | | |
| Other Investigators: |  | Email: | |  |
|  |  | Email: | |  |
| Department: |  | Degree / Program: | |  |
| Project Title: |  | | | |
|  |  | | | |
| Funding Agency: |  | | | |

**TYPE OF EXEMPTION**

Check the type of exemption you are claiming:

**A. Exemptions:**

Research in which the only involvement of human participants is in one of the following categories is exempt from full review by the IRB, provided that the researcher submits and obtains Committee approval of an Application for Exemption from IRB Review. No research is exempt if any of the targeted populations for this research consists of persons who are:

* legally incompetent.
* significantly mentally ill or impaired; or
* Vulnerable to extraordinary institutional coercion, such as prisoners, residents of 24-hour skilled nursing facilities, or anyone who is involuntarily confined.

**B. Categories:**

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

**2. Educational Tests:** Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement) is exempt, if:

* 1. in the researcher's private data (including field notes) as well as in any published material, information taken from these sources is recorded in such a manner that participants cannot be identified, directly or through identifiers linked to the participants; or
  2. the information, if disclosed outside the research, could not reasonably place the participant at risk of criminal or civil liability or be damaging to the participant's financial standing, employability, or reputation.

**3. Surveying or Interviewing:**

Research involving survey or interview procedures is exempt if:

* 1. a. in the researcher's private data (including field notes) as well as in any published material, responses are recorded confidentially and in such a manner that the human participants cannot be identified, directly or through identifiers linked to the participants; **or**

b. the responses, if disclosed outside the research, could not reasonably place the participant at risk of criminal or civil liability or be damaging to the participant's financial standing, employability, or reputation.  
  
Except in unusual political circumstances, surveys or interviews concerning attitudes on public issues are within section b of this exemption.

**Note:** This exemption does not apply if the participants are minor children. "Minor children" are persons who have not attained the legal age for consent under the applicable jurisdiction in which the research will be conducted. In the United States, this age is 18 years.

**4. Public Observations:** Research involving the observation of public behavior, including observation by participants, is exempt if:

a. in the researcher's private data (including field notes) as well as in any published material, observations are recorded in such a manner that individual human participants cannot be identified, directly or through identifiers linked to the participants; **or**

b. the observations, even if disclosed outside the research, could not reasonably place the participant at risk of criminal or civil liability or be damaging to the participant's financial standing, employability, or reputation.

**Note:** This exemption applies to research involving minor children only when the investigator does not participate in the activities being observed. "Minor children" are persons who have not attained the legal age for consent under the applicable jurisdiction in which the research will be conducted. In the United States, this age is 18 years.

**5. Public Officials:** All research involving educational tests, survey or interview procedures, or public observations is exempt without exception when the respondents are elected or appointed public officials or candidates for public office.

**6. Existing Data:** Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens is exempt, (a) if these sources are publicly available, or (b) if in both the researcher's private data (including field notes) and in any published material, the information is recorded by the researcher in such a manner that participants cannot be identified, directly or through identifiers linked to the participants.

**NOTE: all procedures for all participants in a project must be exempt in order for the project to be exempt from Committee review.**

**INSTRUCTIONS TO INVESTIGATORS**

This application must be completed in its entirety with all required attachments to be considered for review. Please check to ensure that you have all of the following attached before submitting:

List a UC Faculty Member or Administrator as the Primary Investigator.

List Students, Non-UC Faculty/Administrators, and additional investigators as Other Investigators.

List the Department your program falls under if academic, listed your actual department if employment or grant related.

List the Degree and Program you are conducting this research for, if applicable.

List the Title of Your Project.

List any Funding Agency, if applicable.

Check the Type of Exemption that you are claiming.

Attach a short research proposal that fully describes your project, clearly show how the participants and procedures in your project fit requirements for exemption in the category you have selected, describes how you will be protecting the privacy of the participants; how you will be maintaining the confidentiality of data collected; and where the research will be performed.

Attach a current NIH Certificate for each Investigator on this project (Primary Investigator and Other Investigator). All Investigators are required to have NIH Training within 3 years.

Consent Form that you plan to use with your participants, if applicable.

Organization Permission Letter to conduct research on non-UC premises. Letter must be on the Organizations letterhead and signed by an officer of the organization. If the organization is an educational facility, it must be signed by a President, Vice President, Provost, Principal, or Vice Principal.

Attach a copy of your survey, questionnaire, or interview questions as you plan to deliver them to the participants.

Attach a copy of any other method of data collection, if not from survey, questionnaire, or interview.

Attach a copy of the Consent to Audio Tape / Video Tape, if applicable.

Attach any other pertinent documentation. Please specify:

Have ALL Required Persons Signed this application?*(Your application will not be reviewed, if it is not signed and submitted with ALL required documentation. Acceptable forms of signature: Scanned, Faxed, or Adobe Digital Signature. Typed names are not considered signatures.)*

1) Principal Investigator (Faculty Member or Administrator)

2) Other Investigator (Student doing project)

3) School or Division Chair (Can not be one of the Investigators)

If you have questions, please direct them to the Chair of University of Charleston’s Institutional Review Board.

Calvin Lathan, IRB Chair 904-910-9440

UC-Charleston [calvinlathan@ucwv.edu](mailto:calvinlathan@ucwv.edu) or [irb@ucwv.edu](mailto:irb@ucwv.edu)

Please submit your completed application to:

Electronically: [irb@ucwv.edu](mailto:irb@ucwv.edu)

Robin McLaughlin, IRB Coordinator

**Certification of Application**

I certify that all research conducted pursuant to this application will be conducted in compliance with all applicable University of Charleston policies and Federal and State regulations. Student projects must be supervised by a full-time University of Charleston faculty member. In addition, only the faculty advisor may be the Principal Investigator. Although non-University of Charleston investigators may be involved in a project in any capacity, all projects must be sponsored by a full-time University of Charleston member who is ultimately responsible for the safe conduct of the study.

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|  |  |  |
| Signature of Principal Investigator  (Faculty Member or Administrator) |  | Principal Investigator’s Email Address |
|  |  |  |
| Signature of Other/Student Investigator  (Only one required) |  | Other / Student Investigator’s Email Address |
|  |  |  |
| Signature of School/Division Chair  (Not an Investigator on this project) |  | School/Division Chair’s Email Address |

**Do Not Write Below – For IRB Use Only**

**Reviewer’s Comments:**

The project is exempt from Committee review.

The project must be reviewed. Please complete **The IRB Application for Expedited or Full Review**.

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| --- | --- | --- |
|  |  |  |
| Signature of Reviewer |  | Date |
|  |  |  |
| Print Name of Reviewer |  |  |

**Short-Form Consent**

You are invited to participate in a research study conducted by *Name of Investigator*, from the University of Charleston *Departmental Affiliation*. I hope to learn *state what the study is designed to discover or establish*. You were selected as a possible participant in this study because *state why subject was selected*.

If you decide to participate, *describe procedures, including their purpose, how long they will take their location and frequency. If activities are to be audio or videotaped, indicate this*.

*Deescribe risks, discomforts, inconveniences, and how these will be managed. Describe any alternative procedure or courses of treatment, if applicable. Indicate costs of participating, if any*. *Describe benefits to subjects and humanity expected from the research*. However, I cannot guarantee that you personally will receive any benefits from this research. *If subject will receive compensation, describe amount and when payment is scheduled*.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Subject identities will be kept confidential by *describe coding procedures and plans to safeguard data*. *If information will be released to any other, for any reason, state the personal agency to whom the information will be furnished, the nature of the information, and the purpose of the disclosure*.

Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with *name of agency, school, etc., where subject was recruited*. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions, please feel free to contact *list your name, phone number, and address.* *If student, also provide advisors name, phone, address, and identify him/her as your advisor.* If you have questions regarding your rights as a research subject, contact Dr. Calvin Lathan, Chair University of Charleston, Institutional Review Board [phone: 904-910-9440, email: calvinlathan@ucwv.edu]. You will be given a copy of this form to keep.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.

Signature:

Print Name: Date:

**This form is adapted from similar forms from Shenandoah University.**