

Human Experimentation Review Board Application

Part A (Please print legibly)

Date: _____

Name of Investigator: _____

Name of Faculty Sponsor (if different from above): _____

Department: _____

Phone: _____

Email Address: _____

Local Mail Address: _____

Title of Project: _____

Purpose of Project:

- _____ Faculty research proposal to be submitted for external funding
- _____ Faculty research proposal not to be submitted for external funding
- _____ Student independent research proposal
- _____ Class project (course number and title) _____

I believe that participants in this study will be:

- _____ not at risk (defined as no greater risk than that associated with normal, everyday activities).
- _____ at risk (defined as greater risk than that associated with normal, everyday activities).

Please answer the following questions with regard to the research activity proposed:

Does the research involve:	YES	NO
drugs or other controlled substances?		
payment of subjects for participation?		
access to subjects through a cooperating institution?		
substances taken internally by or applied externally to the subjects?		
mechanical or electrical devices (e.g., electrodes) applied to the subjects?		
fluids (e.g., blood) or tissues removed from the subjects?		

	YES	NO
subjects experiencing stress (physiological or psychological)?		
deception of subjects concerning any aspect of purposes or procedures (misleading or withheld information)?		
subjects who would be judged to have limited freedom of consent (e.g., minors, developmentally delayed persons, or those institutionalized)?		
any procedure or activities that might place the subjects at risk (psychological, physical, or social)?		
use of interviews, surveys, questionnaires, audio or video recordings? (include copies of forms)		
data collection over a period greater than one year?		
a copy of the consent form provided to the participant?		

Approximate number of participants to be involved in the research: _____

Certifications

1. I am familiar with the policies and procedures of the Wagner College Human Experimentation Review Board (HERB) and with the principles of ethical treatment of human participants in research projects as set forth in the Belmont Report [i.e., respect for persons (acknowledging autonomy and protecting those with diminished autonomy), beneficence (maximizing possible benefits while minimizing possible harm), and justice (sharing equitably the burdens and benefits in the population)].
2. I have informed all those who will work on this project of the Belmont Report principles.
3. I will, in a timely manner, debrief all those who participate in this project, and will inform them of the project's purpose, the results of our investigation, and of the use we will make of those results.
4. If substantive changes in the procedures involving participants become necessary, I will submit these changes for review before they are implemented.

Signature of Investigator:

Signature of Faculty Sponsor(if different from Investigator):

Note: if you think you meet the criteria for expedited review, submit one copy. Otherwise, submit 6 copies.

Part B

Outline of Project Description and Materials

Please provide a summary of your proposed project (approximately two typed pages) that follows this outline. Please include each subsection, clearly marked by its heading.

INVESTIGATOR(S)

DEPARTMENT

FACULTY SPONSOR

Required for student projects.

TITLE

RATIONALE

What is the scientific purpose of or logic behind this study? (brief background information recommended)

SPECIFIC AIMS

What are the goals of this study?

VARIABLES

Independent/Predictor and dependent/criterion variables.

SUBJECT SELECTION

PROCEDURE

MATERIALS

Informed consent form, apparatus, questionnaires (provide copies), substances (provide relevant information)

DESCRIBE IN DETAIL ANY DECEPTION USED

POTENTIAL RISKS & SAFEGUARDS

BENEFIT TO SUBJECTS

OTHER BENEFITS

CHECKLIST FOR HERB APPLICATION COMPLETION

- ___ Read Belmont Report and HERB Policy (available on HERB website)
- ___ Completed Part A
- ___ Typed responses to items in Part B
- ___ Copy of written consent form (or written justification for not using one)
Example consent form is available on HERB website
- ___ Copies of questionnaires or surveys, relevant specifications for apparatus, substances
(food, drugs), etc.

Project Status Report (next page) must be completed when study is complete or within one year of HERB approval.

PROJECT STATUS REPORT

Laurence Nolan, PhD, Chair
Human Experimentation Review Board
Department of Psychology
211 Parker Hall
Wagner College
Staten Island, NY 10301

HERB requires that all research projects approved by HERB be monitored annually. Course instructors should update their class projects every semester. Therefore, it is important that you submit this form to HERB at the appropriate time. If we do not receive a status report, HERB approval for your project will not be continued. After submission of the status report, you will receive an updated approval letter.

Please return this completed form to HERB at the time your project is completed or within one year of project approval.

HERB Project number _____ (from your approval letter)

The status of my project _____,
is as indicated below:

_____ 1. The project has been completed.

_____ 2. The project is continuing and no significant changes have been made.

_____ 3. Significant changes have been made to the approved project and a description of the changes are attached. Please send me an updated approval letter.

_____ 4. There are no plans to conduct the approved project. Please consider it cancelled and I will seek approval again should I decide to activate it.

Investigator's Signature

Advisor's Signature (if different)

Investigator's Name (Print)

Advisor's Name (Print)

Telephone & email

Telephone & email