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|  | *Office Use Only* Project # \_\_\_\_\_\_\_\_\_\_\_\_\_ |



**Institutional Review Board**

**Exemption Form**

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| **Project Title:** |
| **Submission Date:**  | **Proposed Start-up Date:** |
| **College/Department:** |
| **Funding Agency:** |
| **Principal Investigator (PI):** |
| **PI Contact (phone, e-mail, address):** |
| **Student/Secondary Investigator(s) (SI):**  |
| **Student/SI Contact (phone, e-mail, address):** |
| **Types of Data** (*Choose All That Apply*) | **Reason for Research Conducted:**  |
| \_\_\_\_ Primary Data \_\_\_\_ Secondary Data  | \_\_\_\_ Faculty Research\_\_\_\_ Undergraduate Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Master Project/Thesis/Dissertation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Hospital/Clinic chart review  |
|  | Purchased Data Base |
|  | Other |
|  |  |  |
| **Type of Research** *(Choose One)* |
| \_\_\_\_ Quantitative\_\_\_\_ Qualitative \_\_\_\_ Mixed-Methods |
| **Research Design** *(Choose One)* | **Research involves External Organization** |
| \_\_\_\_ Experimental\_\_\_\_ Quasi Experimental\_\_\_\_ Non-Experimental  | \_\_\_\_ No\_\_\_\_ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        (Approval Documentation Must be Provided) |
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I hereby certify that the information provided in this request form is complete and accurate. As the principal investigator, I have ultimate responsibility for the conduct of this research project, the ethical performance of the project, the protection of the rights and welfare of human participants, and strict adherence to any stipulation designated by the IRB.

Upon approval of this request by the IRB, the proposed research project fully complies with at least one of the categories of exempt research outlined in The Code of Federal Regulations governing research with human subjects, 45 CFR §46.101 (b).

 Principal Investigator’s Signature Date (MM/DD/YYYY)

 Student Researcher’s Signature Date (MM/DD/YYYY)

 IRB Chair’s Signature Date (MM/DD/YYYY)

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| 1. Screening Questions: Does Exempt Review Apply? |
| Yes Nohttps://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQhttps://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQhttps://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQhttps://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQhttps://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQhttps://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQhttps://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQhttps://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ  | 1. Will the research expose participants to discomfort or distress beyond levels encountered in daily life (i.e., does research involve minimal risk)?2. Will the collected data include identifiers and be potentially damaging to a participant's financial standing, employability or reputation?3. Will your research participants include pregnant women (where the research would put the pregnancy or fetus at risk), prisoners, cognitively, economically, or educationally impaired participants?4. Does the research involve focus groups?5. Does the research include any video recording or photographing?6. Does any part of the research require deception or incomplete disclosure of information to your participants?7. Does the research involve minors? |
| If you answered YES to any of the screening questions above, your application does NOT qualify for exempt review. STOP COMPLETING THIS FORM and complete the "Expedited or Full Board Protocol Application" for IRB review. |

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| **2. Exempt Research Categories** |
| Unless otherwise required by department or agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from IRB review. Below are the categories of exempt research outlined in 45 CFR §46.101 (b). Go to <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.101> for more details.Select all categories that apply the proposed research activity and state in the space below each category how this research is consistent with the selected categories. **You should attach any supporting documents to this form as needed.**  |
| https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ | **(1)** Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.*(Examples: Evaluating the use of accepted or revised standardized tests / Testing or comparing a curriculum or lesson / A program evaluation of pharmacy continuing education)*Attachment (circle one):                        Yes                                     No |
| https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ | **(2)** Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior. This **does not** apply if any of the following are true: (i) human subjects can be identified, directly or through identifiers(ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation(iii) the human subjects are elected or appointed public officials or candidates for public office(iv) confidentiality of the personally identifiable information will not be maintained (federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter).*(Examples: Surveying teachers, nurses, or doctors about a technique or an outcome / Interviewing managers about a management style or best practice / Conducting a focus group about an experience or an opinion of a community program)*Attachment (circle one):                        Yes                                     No  |
| https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ | **(3)** Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens (i) if these sources are publicly available or (ii) if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.*(Examples: Analyzing existing tissue samples or data set which are recorded by the investigator without identifiers)*Attachment (circle one):                        Yes                                     No |
| https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ | **(4)** Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine:(i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.Attachment (circle one):                        Yes                                     No |
| https://lh5.googleusercontent.com/jYZtKJ0rMNGIVt2MGTgQ55xHHaZSiWh6aNlhje8WjP_3gs-eMNxzmaO-S3N_YEdDEECBwpJNvgy8QFiP6ZtTG_FBeEoyXIMTR5B3d1XSV7B1yZw_qKp6bjI1BwO3m2BB48OSe16XNLx-VgatIQ | **(5)** Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe or (iii) agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.Attachment (circle one):                        Yes                                     No |
| **3. Brief Project Introduction/Overview** |
| *Please provide a brief statement of purpose, significance of study, and relevant supporting literature.* |
| **4. Research Question and/or Research Hypothesis** |
| *Please provide research questions.* |

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| **5. Instruments (Attach all instruments to be used)** |
| *Please briefly describe all means used to collect data.* |
| **6. Procedures / Methodology** |
| *Describe the data collection process:* |
|  |
| **7. Data Confidentiality**  |
| 1. Does this data fall within:
 | \_\_\_\_\_ Public Domain*(Ex: public record document, public access documents, court transcripts, etc.)*  | \_\_\_\_ Confidential Domain*(Ex: data only accessible by through permission of the institution and/or subject being studied)* |
| 1. Data Access
 |
| *Please describe* ***all parties*** *who will have access to the data.**Please provide (in an attachment) evidence of human subject training/confidentiality agreement for those who have access.* |
| c.  Subjects’ anonymity/confidentiality |
| *Indicate if the existing data collection includes identifiable information about subjects, and how the data is de-identified.* *(The subjects in the existing data collection must not identified to qualify for exempt category 45 CFR §46.101 (b)(4))* |
| d.  Data Storage |
| *How, where and for how long will the data be stored? (Please note that for IRB purposes all data must be stored for a minimal of three years.)* |
| e.  Data Deletion |
| *How will the data be destroyed? (Please address all data sources, e.g. video, audio-visual, interview, questionnaires, consent forms, electronic data, etc.)*  |

**---------------- IRB Office Use Only -------------**

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| Review completed on (MM/DD/YYYY):  |
| Decision made on (MM/DD/YYYY): Approved for IRB Review Exemption  More Information Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disapproved (This research does NOT qualify for exemption review. To conduct this research you must complete an IRB submission for IRB review).  Not Applicable (This is NOT human subject research, and does not require exemption from IRB review or IRB approval). |
| Notification sent to PI on (MM/DD/YYYY): |

Cc: Program Director