

Appendix A

Application for Review of Research Involving Human Subjects

Date: _____

Name of Investigator: _____

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

Department _____

Campus Phone _____

Home Phone _____

Name(s) of Additional Investigator(s) _____

Title of Project: _____

Date Lead Researcher(s) has/have completed their CITI tutorials: _____ (names, date)

Lead Researcher teaches student researchers & keeps own record of students' ethics certificates

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 for

(please give course title and number)

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).

Human Subjects Review Board Application Certification

Please print, sign and return (email, pdf, or fax) to:

Deirdre Johnston
Communication Department
127 Martha Miller Center
257 Columbia .
Holland, MI 49423
Fax: 395-7163

Certifications:

1. I am familiar with the policies and procedures of the Hope College Human Subjects Review Board 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)