Federal regulations and Virginia State University policy require that all research involving human subjects are to be reviewed and approved by the University Institutional Review Board (IRB). Any person (faculty, staff, student or non-VSU person) wanting to engage in human subject research at Virginia State University must received written approval from the IRB before conducting research.

Please complete this entire form, sign and return with the required documentation to the address located at the bottom of the form.

**NOTE:** To receive a fillable form send an email to sevans@vsu.edu

### I. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>A. Research, Dissertation or Thesis Title:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this research part of a thesis or dissertation proposal? ( ) Yes ( ) No</td>
<td></td>
</tr>
<tr>
<td>If yes, has the thesis or dissertation proposal been approved? ( ) Yes ( ) No</td>
<td></td>
</tr>
<tr>
<td>Date approved: ______________________</td>
<td></td>
</tr>
<tr>
<td>Name of Thesis/Dissertation Advisor: __________________________</td>
<td></td>
</tr>
<tr>
<td>Department __________________________________             Phone No.________________</td>
<td></td>
</tr>
<tr>
<td>Anticipated Beginning Date of research project:</td>
<td>Anticipated Ending Date of research project:</td>
</tr>
</tbody>
</table>

Principal Investigator Information (If the PI is a graduate student please indicate advisor’s name in item 3).

<table>
<thead>
<tr>
<th>1. Principal Investigator</th>
<th>Department and Campus PO Box No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Telephone and Fax Numbers</td>
<td>Email Address</td>
</tr>
<tr>
<td>Please check if PI is:</td>
<td>Non-VSU members complete this section:</td>
</tr>
<tr>
<td>( ) Faculty ( ) Staff ( ) Graduate Student</td>
<td>Name of University and mailing address</td>
</tr>
<tr>
<td>( ) Non-VSU faculty/staff or student</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Co-Principal Investigator or Advisor</th>
<th>Department and Campus PO Box No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Telephone Number</td>
<td>Email Address</td>
</tr>
<tr>
<td>Please check if Co-PI is:</td>
<td>Non-VSU members complete this section:</td>
</tr>
<tr>
<td>( ) Faculty ( ) Staff ( ) Graduate Student</td>
<td>Name of University and mailing address</td>
</tr>
<tr>
<td>( ) Non-VSU faculty/staff or student</td>
<td></td>
</tr>
</tbody>
</table>
COMPLETE THIS SECTION IF PI IS AN UNDERGRADUATE STUDENT

Check one:  [ ] Class Project      [ ] Research Paper      [ ] Other

Has the Thesis/Dissertation Committee approved the proposal?
[ ] Yes, Date approved: __________________  [ ] No

Name of Research Supervisor: ___________________________
Department: ___________________________ Phone No.
Course Name (if applicable) ___________________________

II. PROTOCOL DESCRIPTION

Reason(s) for review by Human Subjects Committee (please check all that apply):

[ ] Virginia State University employees/students

[ ] Persons otherwise dependent on the researcher (such as students of the researchers, etc.)

[ ] Minors

[ ] Students in a school system

Name of school system: ___________________________

[ ] Other populations (explain) ___________________________

RESEARCH DESIGN: Attach as a separate document a detailed description of the study to include the purpose, methodology, planned data analysis section. Please DO NOT append your entire thesis/dissertation/grant proposal as a substitute for this document. Your document should not exceed 5 pages.

III. RECRUITMENT

A. Give an estimate of how many participants will be included in the study?

B. What is the age range?

C. Where will participants be recruited? (i.e., specific department, public school system, etc)
D. Describe in detail how participants will be recruited, or approached to participate in the research study.

E. Explain procedures/steps for obtaining informed consent from participants. Be specific regarding who will obtain informed consent, and in what setting/time frame.

F. Describe any alternative activities available to those who choose not to participate in the study, if applicable.

IV. DATA

A. How will the data be stored and kept secure? (Briefly describe where the data will be stored and kept secured from persons other than the researcher)

B. 1) Who will have access? 2) How will the data be used [during and after the research (i.e., research publications, journals, conferences, scholarly presentations)]?

C. How will the data be disposed and after how many years?

V. CONFIDENTIALITY

A. How will the data be kept anonymous and confidential? (Describe how the privacy and confidentiality of the research data will be protected)

B. Will participants be recorded (e.g., audio, video)
   ( ) No
   ( ) Yes – describe the type of recording(s) and specify how they will be used, stored/secured, and their final disposition.
VI. BENEFIT

A. Who might find these results useful?

VII. RESEARCH INSTRUMENTS

Attach copies of surveys, interview or focus group questions that will be used in the project and if applicable, any signed agreements between agencies/collaborators/school districts, etc.

VIII. TRAINING

VSU policy requires all investigators and/or researchers conducting human subjects’ research to complete The CITI Responsible Conduct of Research (CITI RCR) training on protecting the rights and welfare of research participants.

The training requirements may be satisfied by completing an online course at CITI RCR https://www.citiprogram.org.

NOTE:

Students, who are submitting their thesis, dissertation, or class projects for IRB review, please do not complete the Basic/Refresher course, the Conflict of Interest or the Class project curriculum.

If you have previously taken the CITI RCR training please indicate the month and year taken.
Investigator’s Assurance

The signature(s) below certify that:

- The information provided in this application is complete and accurate
- Each individual listed as principal, co-investigator, or research team possesses the necessary experience for conducting research activities in their assigned role, and is aware of and will abide by VSU policies and procedures for the protection of research participants
- Each individual listed as principal, co-investigator, or research team member has received the required human research protection education
- No research procedures with human subjects will be initiated until documented approval has been obtained from the IRB Office.
- I also agree to report any significant and relevant changes in the procedures or research instruments to the Human Subjects Committee for additional review

Investigator’s Signature   Date

Co-investigator’s Signature   Date

NOTE: Carefully review the application to ensure it is complete, contains sufficiently detailed responses to all questions, and all required attachments. Incomplete applications will be returned to the researcher potentially delaying the research.
DO NOT COMPLETE THIS SECTION  [For Sponsored Research & Programs Use Only]

IRB Number:  ________________

Date Received: ____________________________  Review Status:  
Exempted  ☐  Categories  1  2  3  
4  5  6  

If Expedited: Name of Referred Committee Member:  ____________________________________________

Date Committee Member Reviewed:  ____________________________________________

For Committee Use Only

Full Committee Review Action

APPROVED:  ____________________________  DATE:  ____________________________
Chairman or Designee of HRC

CONDITIONALLY APPROVED:  ____________________________  DATE:  ____________________________
Chairman or Designee of HRC

Conditional Provisions: (Use reverse side if necessary)

NOT APPROVED:  ____________________________  DATE:  ____________________________
Chairman or Designee of HARC

Explanation: (Use reverse side if necessary)

NOTE:

Return this completed form and all supporting documents to:
Virginia State University
Office of Sponsored Research and Programs
3 Jackson Place, room 200 / P. O. Box 9407
Petersburg VA 23806

VSU IRB Protocol Form
(Rev 03/2016)  Page 6