

SUBJECT INFORMATION:

1. Total number of Subjects and Controls: # of Males: # of Females:
2. Categories of Subjects and Controls Institutional Affiliation of Subjects
Adults (18 years and over) None
Adolescents (13-17 years of age) Schools/College/University
Mid-Childhood (6-12 years of age) Prisons
Preschool (3-5 years of age) Hospitals/Clinics
Infants (0-2 years of age) Other (specify)
Pregnant Women
Other (specify):
Using existing data, no subjects recruited
3. Mentally Competent **Adult** (able to give consent) Mentally Incompetent **Adult** (unable to give consent)
4. Demographic Information (check all variables included)
Names of Subjects Income
Addresses Social Security Number
Phone numbers Job Title
Age Names of Employers
Sex Types of Employers
Ethnicity Other Unique Information
Marital status (specify):
5. Briefly explain how the demographic information will be used.
6. How will the subjects be chosen? (If using existing records, attach a copy of the permission.)
7. How will the subjects be recruited and contacted?

8. Will the subjects receive any inducement or remuneration (e.g., \$\$, gift certificates, class credit) or token gifts (e.g., candy, stickers) to participate in the research? Yes No
(if YES, describe)

9. What is the **time** requirement for the subject?

10. Will subjects be charged for any research related procedures? Yes No
(if YES, explain)

11. Describe any potential short and long term benefits from this research to the subjects and/or society. (If there are none, state none.)

Subjects:

Society (Science):

12. Study site: Where will the research be conducted? If not at UCA, has permission been granted? (Attach a copy.)

RESEARCH PROJECT DESCRIPTION:

Use *LAY TERMS* and/or *PROVIDE DEFINITIONS* of technical terminology. [Use extra pages as necessary.]

1. Briefly describe the background or justification for your research.

2. Describe your research focus (the purpose or questions to be answered).

3. Describe the research design including the use of a control group and any intervention or treatment to be administered to the subjects, whether performed by the researchers or others.

4. ~~4~~ Describe your data collection procedures in detail.

What will the subjects (and controls) be doing to create the data (e.g., filling out a survey, performing a task, etc.)?

If the subject will need training, explain in detail. (Attach copies of any instruments, tests, surveys, interview guides, etc and descriptions of any research data collection equipment.)

RISKS AND CONFIDENTIALITY:

1. RISKS TO SUBJECTS

Will the subjects be placed **at risk of harm* as a consequence of participating in this research? Yes No

**Definition of at risk of harm – to be placed in a position with greater potential for physical, mental, social, legal or financial harm than would be expected for that individual in his or her normal occupation or daily activities.*

Will your research include any of the following?

- | | | |
|---|-----|----|
| (a) Possible invasion of privacy of subject or subject’s family, including use of personal information or records | Yes | No |
| (b) The administration of physical stimuli other than auditory and visual stimuli associated with normal situations and levels | Yes | No |
| (c) Manipulation of psychological and/or social variables, e.g., sensory deprivation, social isolation, psychological stresses, etc., or deprivation of physical or psychological requirements such as nutrition or sleep | Yes | No |
| (d) Any probing for information which an individual might consider to be personal or sensitive (sexual or illegal activities, alcohol or drug use) | Yes | No |
| (e) The presentation to the subjects of any materials which they might find to be offensive, threatening, or degrading | Yes | No |
| (f) The requirement of physical exertion beyond normal situations | Yes | No |

If any of the above items are checked YES, indicate, as appropriate:

- (1) What precautions or procedures have been taken to minimize the additional risks?

- (2) What arrangements have been made for the care of a subject(s) in the event of psychological/emotional distress, an accident, or complication related to the research?

NOTE: Add this statement to the consent form if more than minimal risk of physical harm:

In the case of an emergency a subject may be seen by Student Health Services or a local or regional medical facility. All expenses associated with care will be the responsibility of the subject and his/her insurance (if the research is **NOT** conducted at UCA, leave out the option of using Student Health Services).

2. CONFIDENTIALITY OF DATA

Will any data be made a part of any permanent record that can be identified with the subject(s)? Yes No
(if yes, explain)

What steps will be taken to ensure the confidentiality of the data? (How will the subject's privacy be protected?)

Where will the data be stored for the three (3) year minimum? Specify the precise location, preferably in a locked file cabinet with limited access by others, and on the UCA campus. If student research, the advisor should store the data.

INFORMED CONSENT PROCEDURES:

1. What type of informed consent will be used? (Check one, or more, as appropriate to your project.)

Informed consent agreement, parent permission, assent (signatures obtained).

Informed consent cover letter (no signature obtained). **One of the criteria below must be met and checked off.**
the research presents no more than minimal risk of harm and involves no procedures for which written consent is normally required outside of the research
the only record linking the subject and the research would be the consent and the principal risk would be potential harm from a breach of confidentiality

Waiver from informed consent process. **All four criteria must be met. Describe this need in your project description.**

the research involves no more than minimal risk to subjects,
the waiver will not adversely affect the rights and welfare of subjects,
the research could not practicably be carried out without the waiver,
and whenever appropriate, subjects will be given additional pertinent information after participation

Oral consent (Attach a copy of the script for informed consent and the short written form that will be signed by the subject and a witness.)

2. Describe clearly (step-by-step) how informed consent/permission/assent will be obtained from or presented to subjects/parents/legal guardians.

3. Are you purposely withholding some information from subjects or using deception in the research? Yes No
(if YES, provide the following information):

(a) describe the withheld information or the deception,

(b) justify the reason for this,

(c) describe the post-research debriefing of the subject, including when and where subjects will be debriefed

(Attach a copy of the debriefing statement that will be given or read to subjects.)

INVESTIGATOR AGREEMENT:

I agree to follow the procedures outlined in this summary description and any attachments to ensure that the rights and welfare of human subjects in my research are properly protected. **I understand that no contact may be initiated with subjects until I have received written approval of these procedures from the Institutional Review Board and complied with any required modifications in connection with that approval.**

I further understand that additions or changes in the procedures involving human subjects or any adverse events or problems with the rights or welfare of the human subjects must be promptly reported to the Research Compliance Coordinator.

I further understand that **subject data and research records must be maintained in a secure and safe location for a period of at least three (3) years** after research is completed. The original data will be provided to the IRB if so requested.

Signature of Investigator

Date

Signature of Investigator

Date

Signature of Investigator

Date

*Signature of Research Advisor (if the above are students)

Date

***As Research Advisor**, I agree to be responsible for the ethical conduct of the research and for the maintenance of the data and any signed consent forms for a minimum of three years.

Signature of Human Subjects Committee Chair
(Department of Psychology and Counseling Only)

Date

**Signature of Department Chair
(I am aware that IRB approval is being
sought for human subject research.)

Date

**Note: For Honors College Students, Rick Scott signs as Department Chair