**Hardin-Simmons University Institutional Review Board**

**External Research Application**

Instructions: This application is for research requests to use Hardin-Simmons University faculty, students and/or staff data, and is not conducted directly by HSU for the purposes of Institutional Research. Complete the Application and send as an email attachment to [IRB@hsutx.edu](mailto:IRB@hsutx.edu). Include all appendix materials, including but not limited to IRB approval/exemption letter from reviewing institution, approved protocol, consent forms, and surveys.

**Section I- Project and Researcher Information**

Title of Proposed Project:       Beginning Date:      /     /

End Date:      /     /

Reviewing Institution:

Principal Investigator:

Role: Non-HSU Faculty

Non-HSU graduate student (Faculty Advisor MUST be identified)

Non-HSU undergraduate student (Faculty Advisor MUST be identified)

Other, please specify:

Institution:       Department:

Address:

City:      State:       Zip:

Phone:       Email:

Faculty Advisor (if applicable):       Department:

Phone:       Email:

|  |  |  |  |
| --- | --- | --- | --- |
| Co-Investigators | Department/Affiliation | Email Address | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section II- Methods and Data Collection**

1. Are any of the following protocols utilized in this research? (Check all that apply).

Survey(s)

Personal Interviews

Focus Groups

If none of the above are selected, then please specify how HSU faculty, staff, and/or students will be involved in this research.

1. Which of the following resources will be provided by or activities will be completed by HSU students, faculty, or staff? (Check all that apply)

Inform potential subjects of the research opportunity

If checked, please specify announcement method:

Verbal

Written

Electronic Advertisement

Posted Flyer

Email (NOTE: *Hardin-Simmons does not provide faculty or student email addresses, nor does the IRB, IR, or IT email recruitment solicitations)*

Other:

Solicit and obtain informed consent from participants

Provide the use of physical facilities for research (e.g., Recruiting on campus, conducting focus groups on campus)

Provide the use of electronic resources for research (e.g., Distributing electronic surveys, emails)

Other:

1. Identify your contact(s) at HSU who are required to work with you to complete the activities selected above:
2. Please estimate the intrusiveness of the study, specifically in regard to classroom time, faculty/staff time, computer time/resources.

**Section III – Benefits and Risks**

1. What potential benefit(s) would this study provide for the HSU community?

1. What are the potential risks, psychological and/or physical of this study on the HSU community?

* 1. How will the risks be minimized?
  2. How will you protect the confidentiality of the participants and/or HSU?

**Section IV- Principal Investigator Assurance**

Please check to verify each of the following statements:

**\_\_\_\_\_\_**(Initial)The information submitted within this application is true, complete, and

accurate to the best of my knowledge.

**\_\_\_\_\_\_**(Initial)I will obtain institutional approval prior to initiating any research activities.

**\_\_\_\_\_\_**(Initial) I agree to work with my HSU contact within the bounds of the agreement

outlined here.

**\_\_\_\_\_\_**(Initial)Ihave completed the necessary training for human research subjects.

**\_\_\_\_\_\_**(Initial)I will protect the rights, safety, and welfare of subjects involved in this

research.

Principal Investigator (PRINT NAME) Signature Date

**APPENDICES**

Attach all necessary documents in support of your application.

IRB Approval Letter (Required)

Final Approved Proposal (Required)

Letter of Cooperation from HSU contact (Required)

Training Certificate of Completion for human subjects research (Required)

Solicitation Materials

Informed Consent form

Survey(s)

Other (please specify):

**Internal Use ONLY**

**Authorizations**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Chair Date

Recommendation

Approve

Not Approve

Approve with Stipulations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President for Student Life (if necessary) Date

Recommendation

Approve

Not Approve

Approve with Stipulations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President (if necessary) Date

Recommendation

Approve

Not Approve

Approve with Stipulations: