Human Participants Form (4)

This form is required for all research involving human participants. This form must be completed by the IRB BEFORE recruitment or data collection. (If research is done at an RRI, equivalent RRI IRB documentation is required.)

Student's Name(s) _____ Title of Project _____

Adult Sponsor _____ Phone/Email _____

MUST BE COMPLETED BY STUDENT RESEARCHER(S) IN COLLABORATION WITH THE ADULT SPONSOR/DIRECT SUPERVISOR/QUALIFIED SCIENTIST:

1. ☐ I have submitted my Research Plan/Project Addendum which addresses ALL areas indicated in the Human Participants Section of the Research Plan/Project Addendum Instructions.
2. ☐ I have attached any surveys or questionnaires I will be using in my project or other documents provided to human participants.
   ☐ Any published instrument(s) used was /were legally obtained.
3. ☐ I have attached an informed consent that I would use if required by the IRB.
4. ☐ Yes ☐ No Are you working with a Qualified Scientist? If yes, attach the Qualified Scientist Form 2.

BELOW – IRB USE ONLY

MUST be completed by Institutional Review Board (IRB) after review of the research plan. All questions must be answered for the approval to be valid. (If not approved, return paperwork to the student with instructions for modifications.)

☐ Approved with Full Committee Review (3 signatures required) and the following conditions: **(All 6 must be answered)**

1. Risk Level (check one) : ☐ Minimal Risk ☐ More than Minimal Risk (a risk assessment form 3 is required).
2. Qualified Scientist (QS) Required (Form 2): ☐ Yes ☐ No
3. Risk Assessment Required (Form 3): ☐ Yes ☐ No
4. Written Minor Assent and written parental permission required for minor participants:
   ☐ Yes ☐ Not applicable (No minors in this study)
5. Written Informed Consent required for participants 18 years or older:
   ☐ Yes ☐ No ☐ Not applicable (No participants 18 yrs or older in this study)
6. Facility for "protected groups" used, written approval has been obtained:
   ☐ Yes ☐ No

IRB SIGNATURES (All 3 signatures required) None of these individuals may be the adult sponsor, direct supervisor, qualified scientist or related to (e.g., mother, father of) the student (conflict of interest).

I attest that I have reviewed the student's project, that the checkboxes above have been completed to indicate the IRB determination and that I agree with the decisions above.

Medical or Mental Health Professional (a psychologist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, doctor of pharmacy, or registered nurse) with expertise related to this project.

Print Name below	Degree/Professional License	
Signature	Date (prior to experimentation)	Email

Educator

Print Name below	Degree/Professional License	
Signature	Date (prior to experimentation)	Email

School Administrator

Print Name below	Degree/Professional License	
Signature	Date (prior to experimentation)	Email