Form C
Institutional Review Board
Le Moyne College

APPLICATION FOR REVIEW OF RESEARCH

Name of Investigator (Researcher)_____
Date Submitted_____
Address_____
City_____ Zip Code_____
Phone number _____
E-mail address _____
Program of Study_____
Name of faculty/staff advisor/sponsor _____
Phone number of sponsor _____
Proposed Date to Commence Data Collection_____

Title of Project:

Type of Investigator (researcher): check as appropriate

_____ Faculty or staff of Le Moyne College
_____ Student at Le Moyne College
_____ Individual other than faculty, staff or student of Le Moyne College
(Please identify outside investigator and explain nature of research activity.)

Nature of Activity: check all that apply

_____ Project to be submitted for extramural funding:
Agency_____
_____ Project not to be submitted for extramural funding
_____ Demonstration
_____ Class project (number and title of class:)_____
_____ Master's thesis
_____ Independent study
_____ Other (please explain) _____

Note: All applications from applicants outside Le Moyne College and all student applicants must be co-signed by the faculty, or administrator supervising the research activity.

Form C, continued

Please answer the following questions with regard to the research activity proposed:

Does the research involve:		YES	NO
a.	drugs or other controlled substances?	_____	_____
b.	payment of subjects for participation?	_____	_____
c.	access to subjects through a cooperating institution?	_____	_____
d.	subjects taking internally or having externally applied any substance(s)?	_____	_____
e.	removing any fluids (e.g. blood) or tissue from subjects?	_____	_____
f.	subjects experiencing stress (psychological or _____) above a level that would be associated with their normal everyday activities?	_____	_____
g.	misleading (deceiving) subjects about any aspect or purpose of the research?	_____	_____
h.	subjects who would be judged to have limited freedom of consent (e.g. minors, mentally disabled or ill, aged)?	_____	_____
i.	any procedures or activities that might place the subjects in risk (psychological, physical, or social)?	_____	_____
j.	a written consent form (e.g. parent)?	_____	_____
k.	data collection over a period longer than twelve (12) months?	_____	_____

Form C, continued

Certification

1. I am familiar with the policies and procedures of Le Moyne College regarding human subjects. I subscribe to the standards described in the document, IRB Policies and Procedures for the Protection of Human Subjects.

2. I am familiar with the published guidelines for the ethical treatment of subjects associated with my particular field of inquiry (e.g. as published by the American Psychological Association, American Sociological Association).

3. I am familiar with and will adhere to any official policies in my department concerning research with human subjects.

4. If changes in procedures involving human subjects becomes necessary, I will submit these changes for review before initiating the changes.

DATE_____

SIGNATURE_____

Investigator(s)/Researcher(s)

DATE_____

SIGNATURE_____

Investigator(s)/Researcher(s)

All applicants from outside Le Moyne College and all student applicants must have a college sponsor whose signature is here affixed.

DATE_____

SIGNATURE_____

College Sponsor