**TENNESSEE STATE UNIVERSITY**

**HUMAN SUBJECTS COMMITTEE**

**RESEARCH PROPOSAL FORM**

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Please complete this application for all non-exempt research involving human research participants and submit via electronically to [irb@tnstate.edu](mailto:irb@tnstate.edu)

1. Print the signature page for wet-sign, or use personal digital signatures

**Research and Sponsored Programs Office**

1st Floor, Suite 1A

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**SUBMISSION GUIDE**

 Please answer all questions and submit your application to avoid delays

 Submit Informed Consent documents as appropriate.

 Include IRB approvals from collaborating institutions along with permission letter(s).

 CITI Human Research Training Certificate(s) have been completed access [CITI here](http://www.citiprogram.org).

 Provide all supporting documentation such as interview questions, survey instrument(s), recruitment materials, data-use agreements, etc.

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This proposal is: (check where applicable)

 Dissertation Research

 Grant Proposal

 Funding Agency

 Master's Thesis Research

 Faculty Research

 Undergraduate Research

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IDENTIFICATION INFORMATION: (Complete all items. Use "N/A" if necessary).**

1. **Title of Proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**2. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Principal Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Other Researchers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Faculty Advisor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail- Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Former Title of Proposal (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Identify any other previous committee reviews, dates and results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**10. This proposal is: \_\_\_\_ New \_\_\_\_An Amendment**

**Yearly Progress Report for Previously Approved Project (only include proposed changes. Sub-Study Under an Umbrella (e.g. Research Center, Training, Grant, etc…)**

**Revised 04/2/18**

**TENNESSEE STATE UNIVERSITY**

***RESEARCH PROPOSAL NON-EXEMPT FORM***

***BRIEF DESCRIPTION OF PROGRAM***

1. Research Plan
2. Scientific rationales:
3. Specific objectives:
4. Describe types, numbers, age and sources of subjects to be studied. (From where will the subjects be recruited? How will subjects be recruited)?
5. Identify all procedures that will be carried out with each type of subject in chronological order. Attach copies of tests or instruments to be used, and consent forms.

IV. Does the project offer a direct benefit to each type of subject? (it need not)

\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_no. If yes describe.

V. Describe anticipated risks, discomforts, or inconveniences that might be associated with the procedures (that are beyond what subjects typically encounter in everyday life).

VI. What precautions will be taken in those procedures where potential risk may be involved?

VII. What steps will be taken for maintaining the subjects' confidentiality, rights, privacy, and well being? Include plans for maintaining confidentiality of documents and data, and access to such.

VIII. Is any element of deception of the subjects necessary for this research?"

\_\_\_\_\_ yes \_\_\_\_\_\_ no. If answer is "Yes" describe the nature of the deception and the procedure to counteract (undo) the deception.

IX. Procedure for obtaining the participants' informed consent:

1. Written consent form will be used \_\_\_\_\_\_\_\_\_
2. An oral presentation will be made \_\_\_\_\_\_\_\_\_
3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regardless of the method chosen, the researcher must attach to this proposal

the completed consent form or a description of the alternate procedure. If no

consent is considered necessary, please explain.

X. If other institutions are involved in any way in this research sponsored by Tennessee State University, submit letters of cooperation from the administrative authority in these institutions.

XI. The researcher agrees to seek prior approval from the committee for any changes in title, experimental procedures, informed consent procedures or working of informed consent letter, or other aspects of this proposal. The research further agrees to notify the committee immediately of any adverse effects experienced by subjects participating in this study.

***SIGNATURES:***

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Principal Researcher Date

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

Faculty Advisor (if applicable) Date

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

Department Chairperson Date

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

IRB Chair or Reviewer Date

NOTE: Return completed Proposal Form and all attachments to:

The Office of Research and Sponsored Programs

Pick up approved forms from: Office of Research and Sponsored Programs, Research and Sponsored Programs Building, Suite 1A, Tennessee State University, Box 9519, 3500 John A. Merritt Boulevard, Nashville, Tennessee 37209-1561

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VP for Research and Sponsored Programs Date