Application for the Use of Human Subjects

Sussex County Community College

Part A: Applicant Information

Title of Study:		
Principal Investigator:		
Address:		
Phone:	Email:	Department:
*Co-Investigator:		
Address:		
Phone:	Email:	Department:

*If there is more than one co-investigator, include their contact information on a separate sheet to include with the proposal.

Part B: Research Study

Abbreviated Study Description:

Abbreviated Study Rationale:
What Research Questions will this Study Address:
Abbreviated Study Procedure:
Length of Study: (Approximate duration for each participant)
Location of Research: (Specific)
Subject Information: Proposed number of Subjects: Gender of Subjects: Age of Subjects:
Potentially Vulnerable Populations: (Check All that Apply) ☐ Children ☐ Pregnant Women ☐ Cognitively Impaired ☐ Prisoners ☐ Institutionalized ☐ Faculty's Own Students ☐ Veterans ☐ Other. Please describe:

Procedure for Selecting Participants:
How/Where Information will be Stored:
Who will have access to the Data during the Study:
How Long will Information be Held:
How will Information be Destroyed:
What Known Risks to Participants are Involved:
What Known Benefits to the Participants are Involved:
Please provide a Detailed List of all Instruments used in the Study (Include copies of surveys, tests, etc.):

Provide a Comprehensive Description of the Informed Consent Process (Include copy of Consent Form):
Is Anonymity Guaranteed in the Study and how will Confidentiality be Maintained?
Describe the Procedures which will be followed if a Participant Withdraws:

What services are offered for the Participant if they experience harm during the Research?
How will Participants be Debriefed? (Include copy of Debriefing Form)

The attached research involves the use of human subjects. I understand the college's policy concerning research involving human subjects and I agree:

1. To obtain voluntary and informed consent of all subjects who participate in this research.
2. To report immediately to the Office of Institutional Research of any unanticipated effects on subjects which become apparent during the course of, or as a result of, the experimentation and the actions taken.
3. To obtain prior approval before amending or altering the scope of the project or implementing changes in the approved consent document.
4. To protect the confidentiality of research subjects and the data collected when the approved level of research requires it.
5. All surveys must be scheduled through the Office of Institutional Research. This process is necessary to ensure the consideration of staff, faculty, students, and community members to avoid duplication of effort.

Signature of Principal Investigator:_____ Date:_____

Signature of Faculty Sponsor:_____ Date:_____
(If applicable)

For Office Use

☐ Expedited Review ☐ Full Review Date _____

☐ Reviewed ☐ Approved ☐ Rejected ☐ Returned for Revision

☐ Returned for Additional Information _____

_____

_____

Signatures:

_____, Committee Chair Date: _____

_____ Date: _____

_____ Date: _____

_____ Date:_____