

RESEARCH ELIGIBLE FOR EXEMPT REVIEW

Institutional Review Board

Wheeling Jesuit University
Donahue Hall, Room 102
Wheeling, WV 26003
304-243-2216

IRB Use only	
IRB # XMPT	_____
Rec'd Date	_____
Rec'd by	_____
Rev'd by	_____
Rsp by	_____
Approved Date	_____

Please submit **two (2)** copies of: the completed application form, a brief abstract of the research design (purposes, goals, benefits, risks, subject population), informed consent document, and exact copies of instruments to IRB, c/o Ms. Jackie Davis, IRB Administrative Assistant, Donahue Hall Room 102.

Please **print, type** or **write legibly**.

Name of Principal Investigator(s) _____

Address _____

Phone _____ **E-Mail** _____

Other Researcher(s) _____

Title of Project _____

WJU Sponsoring Department or Program:

- | | | |
|--|--|--|
| <input type="checkbox"/> BOLD/BHRM or Business | <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Psychology | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Political Science | <input type="checkbox"/> Athletic Training | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Administration (specify) | <input type="checkbox"/> Nuclear Medicine | |
| <input type="checkbox"/> Classroom of the Future | | |
| <input type="checkbox"/> Other Department or Program (specify) | | |

Affiliation of Investigator/s (check all that apply):

Researchers not employed by Wheeling Jesuit University and **all** student applicants must specify a research sponsor, which can include faculty, administrator or staff employed by WJU.

- Graduate Undergraduate Faculty Staff Administration Other _____

Research Sponsor: _____ **E-Mail** _____

All research eligible for exempt review must meet the conditions of **minimal risk** or less. **Minimal Risk** is defined as the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the routine performance of routine physical or psychological examinations or tests.

Are the subjects of your study minors? (Check one)

- Yes. (The subjects of this study are minors.)
 No. (Minors are NOT the subjects of this study.)

Rationale for Exempt Research Status:

All applicants for expedited review must complete all of Parts A, B, C, D, and E below. Identify all types of research that apply in Section A.

Section A

Review the five types of exemptions and complete the information for **each** type of exemption that applies to your research project.

___ **Type 1.** Research conducted in established or commonly accepted educational settings, involving normal educational practices such as (i) research on regular and special education instructional strategies or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods. This type of research **may involve minors**.

___ **Type 2.** Research which involves only the recording and analyzing of public or usual behavior. Check the boxes that pertain to your study instrumentation and procedures:

- Educational tests (cognitive, diagnostic, aptitude, achievement). This research **may involve minors**.
- Survey procedures (**not** exempt if minors are subjects).
- Interviews (**not** exempt if minors are subjects).
- Observation of public behavior (**not** exempt if minors are subjects and the investigator/s participates in the activity being observed). Participation means obtaining data through intervention or interaction with the subject.
- Other (specify and explain). _____

Check only one of the following boxes:

- This research **does not** involve minors.
- This research concerns using educational tests with minors.
- This research **does** involve observation of public behavior of minors, but the researcher/s **will not** participate in the activity being observed.

___ **Type 3.** Research that involves only the collection or study of existing data, documents, or pathological specimens. This type of research **may involve minors**. Check which category this research falls into:

- Data is publicly available.
- Data is not publicly available, but is recorded in such a manner that subjects cannot be identified.

___ **Type 4.** Research and demonstration projects that are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine. This type of research **may involve minors**. (check items that apply to your study):

- Public benefit or service programs.
- Procedures for obtaining benefits or services under those programs.
- Possible changes in or alternatives to these programs or procedures.
- Possible changes in methods or levels of payment for benefits or services under those programs

___ **Type 5.** Taste and food quality evaluation and consumer acceptance studies if wholesome foods without additives are consumed. This type of research **may involve minors**.

Section B

To qualify for an exemption, the following five conditions must be met. Check all of the boxes below to certify that your study will meet all of these conditions. ***If you leave any boxes unchecked, your application will be returned.***

- Information obtained will be recorded in such a manner that the subjects cannot be identified.
- Subjects run no risk of criminal or civil liability.
- Subjects run no risk of loss of financial or academic standing.
- Subjects run no risk of loss of reputation or employability.
- Research purposes and information gathered in no way deal with sensitive aspects of the subjects; own behavior, such as sexual activities, practices, behaviors, or history, illegal conduct, drug or alcohol use.

Section C. Nature of Subject Access, Treatment, and Participation

Please indicate if your research involves any of the following (check all that apply):

- Payment of subjects for participation.

(Specify):

- Access to subjects through cooperating institution .

(Specify):

- Data collection over a period of longer than

- (a) 6 months or

- (b) 12 months

- Drugs or other controlled substances
- Subjects taking internally or having externally applied any substance(s)
- Removing any fluids (e.g., blood) or tissue from subjects
- Subjects experiencing stress (e.g., physiological, psychological) above a level that would be associated with their normal everyday activities
- Subjects who would be judged to have limited freedom of consent (e.g., minors, mentally retarded or ill, some older adults, prisoners)

Section D. Rationale for Exempt Review. Applications that meet the criteria specified in Parts A and B might not be eligible for approval by exempt review. Please **attach description of your study** addressing the following concerns and following the outline below. **Please also explain any items checked from Parts A, B, and C above.**

1. Research purposes and goals, as well as benefits and risks.
2. Research instruments and methods.

3. Specific methods and procedures of collecting, distributing, reporting, and recording information in ways that protect against potential risks to subjects.
4. Specific methods and documents for obtaining informed consent of research subjects and cooperating institutions (where applicable).
5. Specific methods and justifications for selection of subject population(s).
6. Exact copies of consent forms for subjects as well as consent from cooperating institution. (Conditions for informed consent are described in the Consent Form Checklist.)
7. Exact copies of instruments.

Section E. Informed Consent Documents

ALL applicants must complete the following checklist for each consent form.

My consent form(s) include(s) the following elements. If one of the following elements do not pertain to your research, then please place **N/A** next to that element. In clear and non-technical language, my subjects and cooperating institution are informed of:

Required Elements

- ___ 1. The fact that the study is research.
- ___ 2. The purposes of the research.
- ___ 3. The expected duration of the subject's participation.
- ___ 4. The specific procedures to be followed.
- ___ 5. Any foreseeable risks or discomforts.
- ___ 6. The benefits to the subject or to others which may reasonably be expected from the research.
7. ___ Appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.
OR
___ N/A
- ___ 8. The extent to which confidentiality of data and privacy of subjects will be maintained.
- ___ 9. The continuing right to ask pertinent questions about the research, subjects' rights, and research-related injury to the subject. Subjects must be provided with contact information of the researcher for questions about the research.
- ___ 10. The fact that participation is voluntary, free from coercion and undue influence and that the subject may withdraw his or her consent at any time without penalty or loss of status.
- ___ 11. The subjects must be assured that the Institutional Review Board of Wheeling Jesuit University has granted permission for the research (subsequent to IRB approval).
- ___ 12. The subjects must be provided with contact information (e.g., name and phone number of current IRB Chair) to answer any questions they may have regarding their rights as human subjects.

Section F. Certification of Familiarity with IRB Regulations.

1. I am familiar with the policies and procedures of WJU regarding human subjects. I subscribe to the standards described in the Institutional Review and Approval Process document and will adhere to the policies and procedures explained therein.
2. I am familiar with the published guidelines for the ethical treatment of subjects associated with my field of inquiry (e.g., as published by the American Psychological Association, American Sociological Association).
3. I am familiar with and will adhere to the official policies in my department concerning research activity.
4. If changes in procedures involving human subjects become necessary, I will submit these changes for review before initiating the changes.

Date _____ Signature(s) _____
Researcher(s)

Researchers not employed by Wheeling Jesuit University and **all** student applicants must specify a research sponsor, which can include faculty, administrator or staff employed by WJU.

Date _____ Signature(s) _____
WJU Research Sponsor

All applications must be signed by the appropriate Executive Committee Member or Department Chair of the sponsoring department.

Date _____ Signature(s) _____
Department Chair or WJU Executive Committee Member