**Nebraska Indian Community College**

**Institutional Review Board (IRB)**

1111 Highway 75, PO Box 428, Macy, NE 68039-0428

Following Information FOR OFFICE USE ONLY:

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| NICC Project ID: |  | Date Received: |  |
| IRB #: |  | IRB Date: |  |

**IRB Application – Complete All the Following Information:**

I. General Project Information

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| 1. Project Title: |  |
| 2. Principal Investigator: |  |
| 3. Secondary Investigator: |  |
| 4. Type of Project: |  |
| 5. Does the research involve an outside institution/agency other than NICC? If so, please name: |
|  |
| 6. Where will participation take place (e.g., NICC, at home, in a community building, schools, hospitals, clinics, prisons, unions, etc)? Please specify and give location if not already listed above. |
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| 7. Briefly describe the facilities available for the research (e.g., there will be a quiet room in the school to conduct interviews; a secure lab space is available, etc). |
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| 8. Present / Proposed Funding Source: |  |
| 9. Study Start Date |  | 10. Study End Date: |  |
| 11. Is this a multi-institutional study? |  |
| 12. Does the research involve Prisoners? |  |

II. Description of Participants

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| 1. In the table below, please the estimated number of participants per category:  |
| Participants\* | Male | Female | Unspecified | Total |
| Adults |  |  |  |  |
| Children/Youth |  |  |  |  |
| Total |  |  |  |  |

*\* These numbers are estimates. The project indicates there will be 10 family groups from each of 2 communities.*

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| 2. Please indicate which special groups will be utilized/recruited for your study. Check all that apply.  |
|  | Adults, Non Students |  | NICC Students |
|  | Children (under age 19) |  | Decisionally Impaired |
|  | Institutionalized Persons |  | Other Students |
|  | Pregnant Women/Fetuses/Neonates |  | Persons with Neurological Impairment |
|  | Persons with Limited Civil Freedom |  | Language Impaired |
|  | Persons with HIV/AIDS |  | Prisoners |
|  | Persons with Psychological Impairment |  | Persons with Mental Retardation |
|  | Adults w/ Legal Representatives |  | Handicapped |
|  | NICC Employees  |  | Other |

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| 3. Will participants of both sexes/genders be recruited?  |
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| 4. Will participation be limited to certain racial or ethnic groups?  |
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| 5. Describe the participant population to be included in this research and how they are selected, including any special characteristics targeted for inclusion.  |
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| 6. Describe your access to the population that will allow recruitment of the necessary number of participants. |
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| 7. The research plan should have adequate provisions to protect the privacy interests of participants. |
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| 8. Describe your process to ensure that all persons assisting with the research are adequately informed about the protocol and their research-related duties and functions.  |
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| 9. If not already described above, will any groups or categories of participants be excluded from this research?  |
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| 10. Will some or all subjects likely be vulnerable to coercion or undue influence?  |
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III. Unique Research Methodology or Data Sources

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| 1. Will your project involve: |
|  | photography |  | videotaping |
|  | audio taping |  | genetic data, sampling, or analysis |
|  | web-based research |  | archival or secondary data analysis |
|  | biological samples |  | asking participants to perform physical tasks |

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| 2. Is this study utilizing Protected Health Information (PHI; e.g., information obtained from a hospital, clinic, or treatment facility)? |
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| 3. Does this project ask questions about illegal drug use or criminal activity that places the participant at risk for legal action? |
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IV. Purpose, Methods, & Procedures

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| 1. Describe the research purpose of the project
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| 1. Description of the Methods and Procedures
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| 3. How long will these procedures take the participants to complete? Please describe the duration of the session, the number of sessions, over what period of time, etc.  |
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| 4. Will there be any follow-up or will reminders be sent?  |
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| 5. Differentiate any procedure being done solely for research purposes from procedures being done anyway. |
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| 6. Describe the time you have available to conduct and complete the research (ex. the time from initiation of the research to completion of data analysis). |
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V. Description of Recruiting Procedures, Benefits and Risks

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| 1. How will the names and contact information for participants be obtained?  |
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| 2. How will participants be approached about participating in the study? |
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| 3. Explain the benefits to participants or to others. |
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| 4. Explain the risks to participants. What will be done to minimize the risks? If there are no known risks, this should be stated.  |
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| 5. Describe the availability of medical or psychological resources that participants might require as a consequence of the research.  |
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| 6. Will compensation (including money, gift certificates, extra credit, etc.) be provided to participants?  |
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VI. Informed Consent Process

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| 1. How will informed consent/assent be obtained? |
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| 2. Who will conduct the consent interview? |
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| 3. Who will provide consent or permission? |
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| 4. What is the waiting period, if any, between informing the prospective participant and obtaining consent? |
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| 5. What steps will be taken to minimize the possibility of coercion or undue influence? |
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| 6. What is the spoken language used by those obtaining consent? |
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| 7. What is the language understood by the prospective participant or the legally authorized representative? |
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| 8. Will any subjects be decisionally impaired so that they may not have the capacity to give consent? |
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| 9. In certain cases for children over the age of 14, such as NICC students who are 17 or 18, waivers of informed consent can be granted. Would you like to request a waiver of consent? |
| - It is anticipated that parents/guardians will sign for any child under 19 who are members of a family group of participants. |
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VII. Confidentiality & Data

Description of How Confidentiality will be maintained:

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| 1. The research plan should make adequate provisions to maintain the confidentiality of the data. How will confidentiality of records be maintained?  |
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| 2. Will individuals be identified during data collection or in the results?  |
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| 3. How long will records be kept?  |
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| 4. Where will records be stored?  |
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| 5. Who has access to the records/data? |
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| 6. How will data be reported?  |
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| Monitoring of data to ensure safety:  |
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| 7. Does this research involve more than minimal risk to participants?  |
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VIII. Attachments and Comments

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| Copies of questionnaires, survey, or testing instruments:  |
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| Other Attachments:  |
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| General Comments:  |
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