

The IRB reviews **all research** involving **human subjects**. The Code of Federal Regulations (45 CFR 46.102) defines *research* as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. *Human subject* means a living individual about whom an investigator (whether a professional or student), in the process of conducting research, intends to either: (i) obtain information or biospecimens through intervention or interaction with the individual, and subsequently use, study, and/or analyze the information or biospecimens; or (ii) generate or obtain, use, study, and/or analyze identifiable private information or identifiable biospecimens. [For more information, see https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46.]

Instructions: Submit your full IRB proposal package, including this completed form and required supporting documents, in a single email to mcc ir@mcc.edu. Submitting pieces of a proposal package in multiple emails may delay the review process.

| Principal Investigator (PI): | CITI Cert. #: | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| Name of Institution: | CITI Exp. Date: | |
| Email Address: | Phone: | |
| Research purpose (dissertation, thesis, course number, etc.): | | |
| Name, Contact Information, and Affiliation of all Co-PIs or assisting researchers: | | |
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| Status of Principal Investigator | If you are an MCC Student or Employee | |
| ☐ MCC Student | Instructor or Supervisor Name: | |
| ☐ External Student | Laterata a Communica a Fancil | |
| ☐ MCC Faculty/Instructor☐ MCC Staff | Instructor or Supervisor Email: | |
| ☐ Other: | Instructor or Supervisor Phone: | |
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| Please complete the following sections as fully as possible. Note: Attach additional pages or submit the entire application as a separate PDF/DOCX file. | | |
| Title of Study | | |
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| Anticipated Start/End Date (maximum approval is 12 months; new application required to renew) | | |
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| Describe the research procedures. Include research design elements and major hypotheses. | | |
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| Describe how you will ensure data security as data are collected, stored, and analyzed. |
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| Describe any potential benefits or harms to the research participants. |
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| To what extent does your study protocol involve the intentional omission of key information or |
| research in which a participant is purposely led to have false beliefs or assumptions? |
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| Describe how you will disseminate the results and findings of your study to MCC. Include any |
| relevant information about your plans to publish and/or present on these findings. |
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Required Attachments (provide the following information in attached PDF files):

- 1. Copy of letters, fliers, advertisements, emails, etc. used to solicit or recruit potential participants
- 2. Copy of all interview protocols, surveys, questionnaires, assessments, and/or pre-/post-tests
- 3. Copy of sample Informed Consent Agreement (blank)
- 4. Any additional information relevant to this study, including external IRB materials/approval(s)
- 5. Curriculum vitae/résumé and CITI Human Subjects Training Certification for each PI/Co-PI
- 6. Fully signed attestation (see next page) for each PI/Co-PI and any assisting researcher



Attestation Form

Instructions: Each researcher (PI/Co-PI) must initial all statements and sign the attestation at the bottom prior to submission.

| Name: | Affiliation: |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | As the Principal Investigator, I am solely responsible for my proposed data collection. The MCC |
| | Institutional Research and Decision Support (IRDS) office may not have the resources available to provide me with requested data or administrate survey(s) on my behalf. |
| | I will not begin any research involving participants who are MCC community members unless and until I receive final approval of my IRB application from MCC IRDS. |
| | (For research involving student participants from the MCC community in a classroom setting) I acknowledge that I must obtain consent from individual faculty members/instructors for access to their classroom and students. I will not attempt to obtain this consent unless and until I receive final approval of my IRB application from MCC IRDS. Check this box if you require assistance from IRDS to identify instructor(s) who may be willing to facilitate |
| | your research in their classroom. (For research involving employee participants from the MCC community in a workplace setting) I acknowledge that I must obtain consent from the chair/director/head of each department (for faculty) and VP/AVP/head of each division (for staff) in order to access employees and campus offices during work hours. I will not attempt to obtain this consent unless and until I receive final approval of my IRB application from MCC IRDS. Check this box if you require assistance from IRDS to identify the appropriate department/division head to whom you should direct your request(s). |
| | As the Principal Investigator, I understand that I am responsible for assuring adherence to all approved research protocols by myself and all Co-PIs for the duration of the study. I will ensure that CITI Human Subjects Research (HSR) certification remains current for myself and all Co-PIs throughout the approved study period. I certify that I will contact MCC IRDS immediately if the need arises to amend or terminate an approved study or to report an adverse event. |
| | I acknowledge that receiving IRB approval to conduct research involving members of the MCC community is not an endorsement by Mott Community College of my study nor the concepts that I eventually incorporate into my research output (dissertation, thesis, manuscript, working paper, poster, conference presentation, interview, etc., including any drafts or pre-publication versions), and that I will furnish these materials immediately to MCC IRDS if a review is requested. |
| | , hereby attest that I have answered each question on this application |
| truthfully an | nd to the best of my ability. I further attest that my initials on each of the statements above ommitment to uphold the additional requirements set forth in this document. |
| (signed) | |
| (dated) | Select date |