

GRCC Institutional Review Board Research Proposal Application

Please complete all sections of the application, including signatures and required attachments, and submit electronically to Grand Rapids Community College Institutional Review Board at **InstitutionalReviewBoard@grcc.edu**. Please allow approximately 4 weeks for GRCC IRB review and determination.

General Information

1. Title of the research project: _____
2. Name of the Primary Investigator (PI): _____
3. Is the Primary Investigator affiliated with GRCC?: Yes No
If yes, please identify GRCC department and job title: _____
4. For the purposes of this research project, is the Primary Investigator affiliated with another institution?: Yes No
If yes, please identify the other institution, and capacity of affiliation with that institution (e.g., doctoral student):

5. Primary Investigator's work mailing address: _____
6. Primary Investigator's email address: _____
7. Primary Investigator's phone number: _____
8. Name of Co-Investigator: _____
9. Is the Co-Investigator affiliated with GRCC? Yes No
If yes, please identify GRCC department and job title: _____
If no, please identify the institution affiliated with and title: _____
10. Co-Investigator's work mailing address: _____
11. Co-Investigator's email address: _____
12. Co-Investigator's phone number: _____

Research Study

If the space provided on the GRCC IRB application form for any question about the research study is not sufficient for your complete response, please provide the response as an attachment.

1. Please provide a general overview and purpose of the study using non-technical language. Please include how/why GRCC's participation is of interest for this research.

5. Please describe how participants in the research will be recruited, and if there will be any incentives for participation in the study. (Please also provide a copy of any recruitment materials/communications as an attachment to the application.)

6. Please describe how participant consent will be obtained and documented. (Please also provide a copy of informed consent as an attachment to the application.)

7. Please provide a description of the research design/protocol, including all methods that will be used for data collection. (Please also provide a copy of all survey or interview questions, assessments, and/or data collection tools as an attachment to the application.)

8. Please describe potential benefits and risks associated with your study. Please include benefits and risks both for research participants, as well as for GRCC. Please also include the proposed plan to mitigate any risks.

9. Please describe how the results of the research will be disseminated and audiences.
(e.g., conference presentations, dissertation, publications.)

10. Please describe how you will ensure the safety (including confidentiality, privacy, and data security) of the data collected, used, and stored as part of this study. Please include what data will be stored, how and where the data will be stored, who will have access to the data, and the data destruction plan.

- 11. Has another institution’s IRB reviewed and approved this research study?
If yes, please provide a copy of the IRB approval from the institution as an attachment to this application.
If no, please explain.

- 12. Please describe any assistance you are requesting from GRCC in conducting your research, if IRB approval is granted for this study.

Attachments

- IRB Approval from affiliated institution
- Informed Consent Document
- Recruitment communication
- Survey or interview questions, assessments, and/or data collection tools
- Other supporting documents for IRB application (if applicable)

Certifications and Signatures

Please check each point, and provide full signatures at the end.

I certify that the information I/we have provided in this application, including required attachments, is complete and accurately describes the proposed research.

I agree to comply with all GRCC IRB policies and procedures, and all applicable federal, state, and local laws regarding protection of human subjects in research.

I agree to not make any changes to the protocol or provided documents (e.g., consent, surveys/interviews, assessments, etc.) without first seeking GRCC approval, except in the case of immediate harm to participant(s).

I agree to immediately inform GRCC IRB of any unanticipated risks/problems or adverse events to the GRCC IRB as soon as they are discovered.

I understand that approval of the study from the IRB Committee does not necessarily guarantee that I will be provided with all requested research data nor approval for all protocols as submitted in this application.

If this research application is approved by GRCC IRB, I agree to provide the required research results/report to the GRCC IRB.

If this research application is approved by GRCC IRB, I agree to retain records relating to research that is conducted for at least 3 years after completion of the research. (Note: GRCC may request a different period of time for (raw) data destruction.)

Principal Investigator Signature: _____ Date: _____

Co-Investigator Signature: _____ Date: _____