Application for Approval of Investigations Involving the Use of Human Subjects
Psychology Peer Review (Form version 1.0: Sept 2011)

[Important Note: Peer review may **not** be conducted for projects which meet any one of the following criteria: (1) are externally funded; (2) place the subjects at more than minimal risk; (3) involve minors or other vulnerable populations; (4) investigate behaviors and/or experiences related to sensitive topics. For these projects, submit a regular IRB application to the IRB office (see irb.truman.edu for more information).]

Title: _____

_____

Investigator(s):_____ Contact email: _____

Faculty Sponsor: _____

Certification and Approval

Certification by Investigator: I certify that (a) the information presented in this application is accurate, (b)only the procedures approved by the IRB or Peer Review Committee will be used in this project, and c)modifications to this project will be submitted for approval prior to use.

Investigator(s) Date

Faculty Sponsor: If the Investigator is a student, his/her Faculty Sponsor must approve this application. I certify that this project is being conducted under my direct supervision and that I accept the responsibility for ensuring that all provisions of approval are met by the investigator.

_____

Signature of Faculty Sponsor Date

Peer Reviewers:

Reviewer	Approved	Defer for Revision:	Refer to the IRB because:

Comments from Peer Reviewers:

I. Purpose of the Project.

Describe the purpose of this project. Explain exactly what you hope to accomplish or define the expected results. Use lay language. Give enough detail that someone who is unfamiliar with your area of study and your project will understand.

II. Description of Participants.

Approximately how many participants will be involved? _____ (Participants must be 18 or older)

What are the criteria for selection or exclusion?

How will participants be recruited?

III. Summary of Activities or Tasks the Participants Will Perform

Explain exactly what the subjects will do in a sequential order throughout the project. Use lay language. Give enough detail that someone who is unfamiliar with your area of study and your project will understand. Describe the frequency and duration of the activities or procedures. Describe any follow-up activities. **Attach surveys, instruments, interview questions, focus group questions, etc. to the end of this application.**

IV. Risks / Benefits

[Studies involving greater than minimal risk must be submitted to the full IRB and cannot use this form or the peer review process. These include studies which involve: Deception; Use of private records, such as educational or medical records; Manipulation of psychological or social variables such as sensory deprivation, social isolation, or psychological stresses; Presentation of materials that subjects might consider sensitive, offensive, threatening or degrading; Possible invasion of privacy of the subject or family; Social, economic or legal risk; or Questions about alcohol or drug usage to underage individuals.]

What are the potential risks or discomforts that may be encountered by participants?

What potential benefits and/or compensation will be offered to participants?

Describe the steps that will be taken to guard the anonymity of subjects and/or the confidentiality of their responses.

Explain the procedures for collecting and recording the data.

Where, how long, and in what format (paper, digital or electronic media) will data be kept? What security provisions will be taken to protect the data (password protection, encryption, locked storage area, etc.)

V. Informed Consent Process

In relation to the actual data gathering or activities of the project, when will consent be discussed and obtained from the subjects? What will be said to the subjects to introduce the project? Be specific.

Prepare and attach a consent form for IRB review

INFORMED CONSENT DOCUMENT

Project Title:

Principal Investigator:

Co-Investigator(s):

WHAT IS THE PURPOSE OF THIS STUDY?

WHAT WILL HAPPEN DURING THIS STUDY AND HOW LONG WILL IT TAKE?

WHAT ARE THE RISKS AND BENEFITS OF PARTICIPATING IN THIS STUDY?

WILL MY NAME BE REVEALED TO ANYONE OR LINKED TO MY DATA IN ANY WAY?

WHAT IF I HAVE QUESTIONS?

Your signature below indicates that the following items are true:

- **I am at least 18 years of age**
- **I understand that my participation is voluntary and I can withdraw at any time**
- **I have read and understand the information presented on this form**

Participant's Name (printed):_____

_____ _____

(Signature of Participant) (Date)