

**Institutional Review Board
Application for Review of Research**

**MCLA
Institutional Review Board
Application for Review of Research**

Title of Study:

Principal Investigator:

Name: Phone:
CITI Certification #: Email:

Co-Investigator(s) / Sub-Investigator(s):

Name: <input style="width: 290px; height: 25px;" type="text"/>	CITI Certification #: <input style="width: 180px; height: 25px;" type="text"/>
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Faculty/Staff Advisor (If not Principal Investigator)

Name: Phone:
CITI Certification #: Email:

Signature of Principal Investigator and Faculty/Staff Advisor

Signature certifies that all listed study personnel have reviewed the proposal and that the research will be conducted in full compliance with MCLA policies and federal regulations. It is understood that:

1. All changes in the study must be approved by the MCLA IRB prior to implementation
2. Adverse events must be reported to the IRB

Signature of Principal Investigator: _____

Faculty/Staff Advisor: *(If not Principal Investigator)* _____

Date: _____

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1. Prior Review

Has this proposal been reviewed by a departmental scientific review committee?

Yes (if yes, attach departmental review certification) No

2. Project Type

Is this proposal for a class project

Yes Class Title No

3. Research Methodology

Observational Experimental
 Questionnaire/Survey Qualitative Research

4. Location

Where the research will be conducted

MCLA Campus

If other than MCLA site, attach documentation of agreement for access to participant population

Other Educational Site (e.g. Public School)

Organization or Institution

5. Consent Form

Short Form
 Extended Form
 Other (Explain in protocol)

6. Protocol

Attach a copy of protocol including the information outlined in the MCLA IRB Protocol Outline

Forward one copy of your research protocol to the IRB by email to institutionalreview@mcla.edu and mail your application to the Office the Division of Graduate and Continuing Education, Eldridge Hall, Second Floor.