

## NorthWest Arkansas Community College Institutional Review Board Application

I have already received an IRB approval from another educational institution, please check here and attach the IRB application and approval from the other institution.

## Please provide the following information related to your project:

Today's o	date:	
Brief des	criptio	n of the project
Anticipat	ed dur	ration of the project:
		End Date:
Principal	Invest	igator's Name:
		one Number:
Contact I	Email A	Address:
		's Name (if applicable):
Contact 7	Геlерh	one Number:
Contact I	Email <i>A</i>	Address:
Is this res	search	part of a grant?
If yes, na	me of	granting agency
Contact I	Name_	
Contact 7	Геleph	one Number:
Contact I	Email A	Address:
Please ar	nswer	the following questions below as they relate to your proposed project:
Yes	No	Will your research develop or contribute to generalizable knowledge?
Yes	No	Will you attempt to publish or present your research in a public venue such as a conference or in a journal?
Yes	No	Will you collect identifiable private information from the research subjects?
Yes	No	Will you collect identifiable private information from other sources (student records, etc.)
Yes	No	Can any identifiable private information be linked by persons other than the investigator to the research subjects?

Yes N	No	Does the research involve sensitive personal data? (Sexual orientation, criminal record, etc?)
Yes N	No	Does the research involve questionnaires, surveys, interviews or other forms of collecting data on research subjects?
Yes N	No	Will you interview or record your research subjects through audio, video, or other means?
Yes N	No	Will human subjects be deceived in any form?
Yes N	No	Could the research negatively impact a subject's personality, behavior, perception, or mental processes?
Yes N	No	Does the research involve drugs or medical devices regulated by the FDA?
Yes N	No	Will human subjects ingest any kind of substance?
Yes N	No	Will human subjects be involved in any kind of physical activity?
Yes N	No	Does the research involve collecting any biological specimens (blood, hair, saliva, etc.)
Yes N	No	Are pregnant women, fetuses, and/or in vitro fertilization part of the research project?
Yes N	No	Are prisoners involved in the research process?
Yes N	No	Are other vulnerable populations (mentally impaired, homeless, cancer patients, etc.) involved in the research process?
Yes N	No	Will your students be involved in the research process? (Note: students' grades cannot be affected by research)
Yes N	No	Are NWACC students to be involved as research subjects? (Note: students involved must be at least 18 years of age)

Please explain any questions to which you answered "yes" above:

Please attach a copy of your consent forms and any surveys you wish to use in your research. The IRB may request additional documentation or explanation of your research.

If you have questions, please contact Don Merrell (619-5165 or dmerrell@nwacc.edu)