**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: CITI Certification #:

Name: CITI Certification #:

Name: CITI Certification #:

Name: CITI Certification #:

Name: CITI Certification #:

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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

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

MCLA Campus

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 of Academic Affairs, Bowman Hall Room 219.**