 Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ACHS Use only)

**Category 3: Existing Data, Documents, or Records Application for Exemption Form**

Primary Investigator(s), Department, Email:

1.

2.

3.

Researcher's Status (Check One):

Undergraduate Student

Graduate Student

Faculty

Other (Explain):

Research assistants (anyone other than PI or Faculty Advisor who will have contact with participants; the reason is that the researcher is therefore responsible to assure that all assistants are briefed on the ethical treatment of participants and the maintenance of confidentiality)

1.

2.

Faculty Advisor (if PI is a student) Department, Email:

1.

2.

Title of Project:

Desired Start Date: \_\_\_\_\_\_\_\_ Upon Approval

\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Please state why, e.g. grant deadline or class deadline so committee can prioritize if needed.

Expected End Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Length of Project:

\*Note: Approval is only good for one (1) calendar year from date of approval. After that year, the researcher must inform the committee if the research is ongoing in writing.

Will this research be submitted to an external agency for funding?

If yes, please name agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. How will information be recorded? (check all that apply)

\_\_\_\_Information is publicly available

\_\_\_\_An independent individual, not associated with this research study, will de-identify data prior to providing it to the investigator and will not assign linkage codes; (e.g. initial researcher cleaned the data)

\_\_\_\_Other; describe:

B. Are all data in existence as of the date the protocol is submitted to the ACHS?

\_\_\_\_ No

If No, STOP! This project is not exempted and must be submitted for full review.  
\_\_\_\_Yes

1. **Study Information.** Please briefly describe the study using the questions below.
   * + 1. List the sourceof records or datato be studied:

* + - 1. Does the researcher have permission to use this data if it is not publicly available?

\_\_\_\_Yes, please provide copy of permission to ACHS

\_\_\_\_No

\_\_\_\_N/A

* + - 1. Purpose and background of the research

This is a chance for you to give the reviewers a background in the area of interest, educate them so they can understand your project and provide a full review in as short of time as possible.

* 1. Background (what literature exists on this area of interest? What does the existing literature say about the topic & how does this project add to our knowledge of the phenomena of interest? Please include basic citations (author and year only) of existing literature. (**NOTE:** This should not be a literature review; instead provide a background for the reviewers who may not be from your discipline to understand the project at hand.)
  2. Define Terms: Because reviewers are not necessarily from the same discipline as the researcher, we need researchers to define terms and concepts for us. For example what is known by psychology might not be known by communication, e.g. helicopter parents, snowball sampling
  3. Methods: Explain the methods to be used in gathering the data.
  4. Research question and/or hypotheses: Please tell us your research question and any hypotheses you might have.

1. Additional Information, Clarification, or Comments for the IRB Reviewer:

**INVESTIGATOR’S ASSURANCE STATEMENT**

I have read Muskingum University's policy concerning research involving human subjects and by signing below:

1. I agree to accept responsibility for the ethical conduct of research conducted in this project;
2. I agree to obtain approval from the Animal Care & Human Subject’s committee prior to modifying any of the procedures that might affect an exempt determination;
3. I attest that the information submitted in this application is true to the best of my knowledge.

Principal Investigator(s):

Date

Date

Date

Faculty Review of Student Projects: I have reviewed and approved the procedures to be used in the project described in this application. I agree to meet with the investigator on a regular basis to monitor study progress and assure that the well being of subjects is adequately safeguarded.

Faculty Advisor(s):

Date

Date