IRB PROTOCOL FORM

Please select the type of review you believe your study requires:
☐ Exempt
☐ Expedited
☐ Full Board

Section I General Study Information		
Title of Study:		
Name of Primary Investigator (PI):		
Is the PI affiliated with Broward College? ☐ Yes ☐ No		
If yes, in what capacity?		
Phone:	Email:	
For the purposes of this research is the PI affiliated with another institution? ☐ Yes ☐ No		
If yes, which institution and in what capacity?		

Name of Co-Investigator (if applicable):	
Is the Co-Investigator affiliated with Broward College? ☐ Yes ☐ No	
If yes, in what capacity?	
Phone:	Email:
For the purposes of this research is the Co-Investigator affiliated with another institution? ☐ Yes ☐ No	
If yes, which institution and in what capacity?	

Source of Funding (select all that apply):

- ☐ Internal Grant (specify):
- ☐ External Grant (specify):
- ☐ Unfunded
- ☐ Other (specify):

International Research (select one):

- ☐ N/A
- ☐ Mark here if the research will be conducted outside of the US
- ☐ Mark here if the study has been reviewed or will be reviewed by an international IRB or ethics board

Section II Study Summary and Rationale

Study Summary (include a general overview of the summary in non-scientific language; not to exceed 250 words):

Study Background & Purpose (include pertinent background information, rationale for the study, study objectives, research questions or hypotheses; not to exceed 500 words):

Section III Study Design

Provide a detailed description of the procedures that will occur in sequential order. If applicable include recruitment, consenting participants, intervention, number and duration of contacts with participants, data collection, and data analysis:

Explain how you will ensure the safety of the data. If applicable include what data will be stored, how the data will be stored, who will have access to the data, how the data will be coded, and when data will be destroyed:

Section IV Participants

Participant Gender (select all that apply):

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ All genders

Participant Race/Ethnicity (select all that apply):

- ☐ Asian
- ☐ Black
- ☐ Hispanic
- ☐ Native American
- ☐ White
- ☐ Mixed Race/Ethnicities
- ☐ All Races/Ethnicities

Participant Age (select all that apply):

- ☐ Minors (under 18 years of age)
- ☐ Adults (18 years or older)

Please list all languages that will be used to conduct the study (in interviews, consent forms, etc.):

Vulnerable populations (select all that apply):

- ☐ Minors
- ☐ Pregnant women
- ☐ Individuals with disabilities
- ☐ Homeless persons
- ☐ Prisoners or those on probation or parole
- ☐ Economically disadvantaged persons (i.e. students receiving Pell grant)
- ☐ Educationally disadvantaged persons (i.e. students in need of remediation)

If conducting research with a vulnerable population, please explain the additional measures you will take to ensure informed consent is obtained without coercion:

Inclusion/Exclusion criteria (explain who you will and who you will not include in your study and what criteria will you use i.e. GPA, life circumstances, major, race):

Please list your anticipated sample size (please note if you are approved and need to exceed this number at a later date, an addendum will need to be submitted and approved to increase the sample size):

When do you anticipate starting data collection (please specify a date)? What is your estimated timeframe for conducting this research (Disclaimer: data collection cannot commence until IRB approval is obtained)?

Section V Risks & Benefits

Please explain the risks of participation in this study:

Please explain the personal benefits to the participants (compensation for participants' time is not a benefit) and societal benefits from the research generally:

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Section VI Additional Documents

Please select any applicable documents that you have submitted with this protocol:

- ☐ **NIH Protecting Human Research Participants certificate of completion *(required)***
- ☐ **Survey(s), questionnaire(s), interview guide(s)**
- ☐ **Consent form(s)**
- ☐ **Recruitment flyer(s)**
- ☐ **Recruitment email(s)**
- ☐ **Recruitment speech(es)**
- ☐ **Dissertation proposal/prospectus**
- ☐ **Letter of Support(s)**
- ☐ **Other IRB approval(s)**
- ☐ **Other (specify)**

CERTIFICATION

I certify that the information provided entirely and accurately describes the proposed research protocol. I agree not to make changes to the protocol without first seeking IRB approval, except in the case of immediate harm to participants. I agree to conduct research in accordance with applicable federal guidelines. I agree to immediately report any unanticipated problems or adverse events to the IRB as soon as they are discovered.

I understand that the receipt of approval from the IRB Committee does not necessarily guarantee that I will be provided with the research data requested. Approval of this research project is potentially subject to additional review by the Broward College Registrar and Institutional Research, who may, if the research is not in the best interest of the college, deny approval. If the IRB Committee denies approval, the decision cannot be overturned. If I am an employee of Broward College, my immediate supervisor is aware of my intent to conduct this research.

PI name:			
PI signature:		**Date:**	
Supervisor name (if applicable):			
Supervisor signature (if applicable):		**Date:**	
Co-Investigator name:			
Co-Investigator signature:		**Date:**	
Supervisor name (if applicable):			
Supervisor signature (if applicable):		**Date:**	

Completed IRB Protocol Forms should be submitted with required and supporting documents to irb@broward.edu in one communication.