

**NorthWest Arkansas Community College
Institutional Review Board Application**

_____ If you 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 date: _____

Title of Project: _____

Brief description of the project: _____

Anticipated duration of the project:

Start Date: _____ End Date: _____

Principal Investigator's Name: _____

Contact Telephone Number: _____

Contact Email Address: _____

Co-Investigator's Name (if applicable): _____

Contact Telephone Number: _____

Contact Email Address: _____

Is this research part of a grant? _____

If yes, name of granting agency _____

Contact Name _____

Contact Telephone Number: _____

Contact Email Address: _____

Please answer 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 ____ No Does the research involve sensitive personal data? (Sexual orientation, criminal record, etc?)

____ Yes ____ No Does the research involve questionnaires, surveys, interviews or other forms of collecting data on research subjects?

____ Yes ____ No Will you interview or record your research subjects through audio, video, or other means?

- Yes No Will human subjects be deceived in any form?
- Yes No Could the research negatively impact a subject's personality, behavior, perception, or mental processes?
- Yes No Does the research involve drugs or medical devices regulated by the FDA?
- Yes No Will human subjects ingest any kind of substance?
- Yes No Will human subjects be involved in any kind of physical activity?
- Yes No Does the research involve collecting any biological specimens (blood, hair, saliva, etc.)
- Yes No Are pregnant women, fetuses, and/or in vitro fertilization part of the research project?
- Yes No Are prisoners involved in the research process?
- Yes No Are other vulnerable populations (mentally impaired, homeless, cancer patients, etc.) involved in the research process?
- Yes No Will your students be involved in the research process? (Note: students' grades cannot be affected by research)
- Yes 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 Bryan Aguiar (619-2235 or baguiar@nwacc.edu) or Lisa Anderson (479-619-2227 or landerson7@nwacc.edu)