**Application for Teaching Research Methods Part I**

The purpose of this application and the *Teaching Research Methods Part II* form is to delegate to the faculty member the IRB’s responsibility for the protection of human subjects involved in these classes. For this reason it is necessary that the IRB understand the nature of the course (Application form) and have a summary report of the research to be carried out (Part II form), and it is necessary for the faculty member to understand the responsibility and limitations of this role. Therefore, **each faculty member** teaching a research methods course (or other related course) should complete and submit the below form to apply for blanket IRB approval covering all the instructional research activities in the course as long as certain conditions are met as outlined below and on the Part II form. You need to obtain initial approval with **this application only ONCE** for research-designated courses that will be repeated without modifications – one application per course per instructor. If there are any modifications, this application must be resubmitted (modifications include, but are not limited to, changes affecting course numbers, titles, and descriptions).

Upon receiving course approval from the IRB, you will need to **complete the *Teaching Research Methods Part II* form every semester** that you are teaching the course. That form will be used as a guideline to assure the IRB that each student research project involves minimal risk, adheres to ethical standards, maintains the confidentiality and informed consent of the subjects, and generally is to be used only for classroom purposes.

NOTE: This application is not to be used for instances where students are conducting true research activities. Theses and capstone projects are clearly understood as research and fall within the IRB purview when human subjects are involved, making courses with such an outcome objective not eligible for this application.

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| Course Prefix, Number, and Title: |  |

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| Instructor’s Name: |  |

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| Telephone Number: |  |

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| E-mail Address: |  |

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| IRB Training Certification Number: |  |

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| When and how often are you teaching this course? |  |

*In submitting this Application, I assure that only limited types of instructional research activities will be carried out, and I assure that I will not permit any research activities to be conducted as part of the class that fall outside of those instructional purposes. Specifically, I acknowledge and agree to the following:*

* *As the faculty person teaching the course, I serve as the Principal Investigator (PI) on the classroom protocol.*
* *I take responsibility for training the students about the ethical conduct of human subjects research.*
* *I have completed basic human subjects training and provided my certificate number above.*
* *I take responsibility for oversight and supervision of the student “research” activities.*
* *The “research” activities must meet the federal definition of minimal risk (see 45 CFR 46.102)*
* *The “research” activities do not meet the federal definition of research (see 45 CFR 46.102) in that*
  + *the intent is to teach students about research,*
  + *the intent is NOT to contribute to generalizable (scholarly) knowledge in any given field of study,*
  + *the intent is NOT to publish any of the data outside of class papers, and*
  + *the intent is NOT to present any data collected at any scientific meeting or beyond campus.*
* *I will require any student whose “research” activities as part of this course DO meet the federal definition of research to complete a separate IRB Application for Human Subjects Research Approval.*
* *I verify that I will immediately report to the Utica University IRB any subject complaints, unanticipated problems or adverse events related to any of the student projects.*

**Directions:** Please address the following sections in the boxes provided below. The box will expand to accommodate the length of text. Do NOT attach any additional documents.

**Note:** If you cut and paste anything into the boxes, please make sure that your margins are the same as the margins in this application (1 inch). If you are having trouble cutting and pasting into the boxes, check to ensure that your document style is set to **normal** throughout the document. If you want to tab inside a box, use “control tab.” Tab alone creates a new box.

1. **Describe the purpose of the research projects:**

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1. **Describe the provisions for educating students regarding the ethical conduct of research, listing required readings, activities, or web-based tutorials or lectures that will be used:**

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1. **Describe the method of data collection:**

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1. **Describe the sample and how subjects will be selected:**

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1. **Describe how consent will be obtained:**

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1. **Describe how confidentiality will be protected:**

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1. **Describe the risks and benefits, if any, to the subjects, students, and community-at-large:**

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| Please copy and paste the description of the assignment given to the students in the box below. |
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| Please copy and paste the course syllabus in the box below. **Note:** A copy of the syllabus must be submitted each semester that the course is taught as part of the *Teaching Research Methods Part II* form. |
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**My signature below indicates that I have provided accurate information, read the statements in this application, and agree to follow those requirements.**

Instructor’s Signature Date

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***Submit this completed, signed application to the Utica University IRB at irb@utica.edu***