

# Human Subjects Form (4)

**Required for all research involving human subjects. (IRB approval required before experimentation.)**

Student's Name \_\_\_\_\_ Title of Project \_\_\_\_\_

Adult Sponsor: \_\_\_\_\_ Contact Phone/Email: \_\_\_\_\_

**To be completed by Student Researcher in collaboration with the Adult Sponsor/Designated Supervisor/Qualified Scientist:**

1.  I have submitted my Research Plan which addresses ALL areas indicated in the Human Subjects Section of the Research Plan Instructions.
2.  I have attached any surveys or questionnaires I will be using in my project.
3.  I have attached an informed consent that I would use if required by the IRB.
4.  Yes  No Are you working with a Qualified Scientist?  
 Name: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Email Address/Phone Number: \_\_\_\_\_  
 Experience/Training as it relates to this project: \_\_\_\_\_

**To be completed by Institutional Review Board (IRB) after review of the research plan.** The submitted Research Plan must address all areas indicated on the Human Subjects section of the Research Plan Instructions.

Check one of the following:

- Research project requires revisions and is **NOT approved** at this time. IRB will attach document indicating concerns and/or requested revisions.
- Research project is **Approved** with the following conditions below: (All 5 must be answered)
  1. Risk Level (check one):  Minimal Risk  More than Minimal Risk
  2. Qualified Scientist (QS) Required:  Yes  No
  3. Written Minor Assent required for minor subjects:  
 Yes  No  Not applicable (No minors in this study)
  4. Written Parental Permission required for minor subjects:  
 Yes  No  Not applicable (No minors in this study)
  5. Written Informed Consent required for subjects 18 years or older:  
 Yes  No  Not applicable (No subjects 18 yrs or older in this study)

**IRB SIGNATURES (All 3 signatures required)** None of these individuals may be the adult sponsor, designated supervisor, qualified scientist or related to (e.g., mother, father of) the student (conflict of interest).

**I attest that I have reviewed the student's project and agree with the above IRB determinations.**

<b>Medical or Mental Health Professional</b> (a psychologist, psychiatrist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, or registered nurse)	
Printed Name	Degree/Professional License
Signature	Date of Approval

<b>School Administrator</b>	
Printed Name	Degree
Signature	Date of Approval

<b>Educator</b>	
Printed Name	Degree
Signature	Date of Approval