

**Request for IRB Exemption of Classroom Projects**

Please refer to the HT IRB’s *Classroom Projects Involving Human Subjects (Guidance for Faculty)* document when completing this form. This form must be submitted electronically to [cmcervantes@htu.edu](mailto:cmcervantes@htu.edu) with all attachments referenced below. Additionally a hard copy, with required signatures, must be submitted to the IRB Chair in Evans Hall 200. For additional help completing this form, consult the IRB Chair at [cmcervantes@htu.edu](mailto:cmcervantes@htu.edu)

**I. FACULTY/INSTRUCTOR INFORMATION**

**Answer for all faculty instructors.**If needed, add rows to this chart with the same information.

|  |  |  |
| --- | --- | --- |
| **Instructor Information** | | **CITI, PHRP or ACRP Training Taken?\*** |
| **Name:** |  | Yes  No |
| **Role:** | **Faculty or Instructor** |
| **Department:** |  |
| **Email:** |  |
| **Phone(s):** |  |
| **Home Address:** |  |

\*HT **requires each faculty instructor** to have taken or renewed the CITI, PHRP or ACRP web-based training course on Human Research Protection within the past 24 months. **For each listed instructor, attach certificate of completion of CITI, PHRP or ACRP training.**

**II. CRITERIA FOR EXCLUSION (STUDENT CLASSROOM PROJECTS ONLY)**

**Please refer to the** [***Classroom Projects Involving Human Subjects (Guidance for Faculty)***](https://stedwards.box.com/s/ps4leei3ux1dvqfd6bwmq9fbx26vrc3a)**when completing the below criteria.**

**Please answer the following questions about the project:**

|  |  |
| --- | --- |
| 1. Will the research be performed by students? | Yes No\* |
| 1. Is the research a course requirement? **Attach a copy of the course syllabus.** | Yes No\* |
| 1. Is the course requirement stipulated in the course syllabus? | Yes No\* |
| 1. Is there greater than **minimal risk** to subjects?   *‘Minimal Risk’ means the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily living or during the performance of routine physical or psychological examinations or tests (45 CFR 46.102 (i)).* | Yes\* No |
| 1. Does the research involve the collection or dissemination of **sensitive or private information?**   *Examples include, but are not limited to: (a) sexual attitudes, preferences or practices, (b) use of alcohol, drugs or other addictive products, (c) illegal conduct, (d) information that could reasonably be expected to damage an individual’s financial standing, employability, or reputation, or otherwise lead to social stigmatization or discrimination, and pertaining to an individual’s psychological well-being or mental health, or (f) genetic information.* | Yes\* No |
| 1. Does the research include persons from any vulnerable populations?   *Examples include, but are not limited to: (a) minors under 18 years of age, (b) pregnant women or products of conception, (c) prisoners, (d) physically or mentally challenged, or persons with diminished capacity to give informed consent.* | Yes\* No |
| 1. Does the project involve only **voluntary participation** of individuals? | Yes No\* |
| 1. Will the results lead to scholarly publication or presentation? | Yes\* No |
| 1. Will the results be disseminated outside of the HT community?   *If yes, is the project a collaboration with a community partner, business or agency and will results be shared externally only with that partner, business or agency?* Yes No\* | Yes ǂ No |
| 1. Will the project involve deception? | Yes\* No |
| 1. Does the project include the performance of invasive or noninvasive procedures? | Yes\* No |
| **\* This answer disqualifies the research from Exemption of Classroom Projects. The investigator must file an HT application for initial review.** | |

**III.** **CERTIFICATION**

**The undersigned investigator(s) accept(s) responsibility for this project(s) relative to the protection of the rights and welfare of subjects participating in the study as set forth in the Belmont Report. If during the course of the project, any of the above conditions are no longer met, then the project must halt while the faculty instructor seeks IRB review. If upon completion of the project the instructor or student wishes to disseminate the findings, the instructor should immediately submit a protocol describing the method and results to the IRB for review.**

**By signing this form, the Instructor attests that (s)he has the responsibility for: (1) assessing whether the student project(s) involving human subjects constitute research and whether they require IRB review; (2) overseeing these activities; (3) assuring that ethical principles are adhered to in the conduct of those activities; (4) maintaining student project files(including student protocol and IRB determination) for 2 years from completion of the activity, subject to IRB audit; and (5) compliance with other relevant HT policies and procedures that fall outside the purview of the IRB.**

*(Print name of instructor followed by signature).*

Faculty or Instructor’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HT’s IRB committee welcomes feedback and suggestions for improvement of forms or policies. Please email your feedback to the IRB Chair at** [**cmcervantes@htu.edu**](mailto:cmcervantes@htu.edu)**. It will have no effect on your application.**

**CHECKLIST OF ATTACHMENTS**

**Please apply a label or name for tracking to all attachments. Please list below the label and title of each attachment (use additional pages if necessary):**

|  |  |
| --- | --- |
| Human Subjects Research Training Completion Certificate |  |
| Course Syllabus |  |
| Classroom Research Project Description |  |