**Logo

Description automatically generated IRB Application for DNP Project Consideration**

* If your project involves *any* human subjects data (whether from individuals directly or from existing documents such as charts), you must have prior written IRB consideration/determination before initiating the project.
* Future scholarship and use of this data may require you to provide verification of written IRB documentation.

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| * Applications must be typed and include original signatures. Email scanned, signed PDF or Word doc titled: **LASTNAME.DNP Application.DATE** to the SHS IRB member. * **Applications do not require CITI human subjects training certification**; however, should a project require higher review level, PIs must submit CITI training along with the new application. * For questions or to schedule a consultation, contact the SHS IRB member. |

**🖐 STOP:** If your project will be or has already been reviewed by a non-SPU institutional IRB or ethics board, *do not complete this form*. **Email to the IRB:** your final approved (or exempted) application and the IRB decision letter.

**Section 1: Investigator Information**

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| **1. SPU Principal Investigator**  (Last name, First) |  | | |
| **Email** |  | **Phone** |  |

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| **2. Project Title** |  |

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| **3. Co-Investigators**: Below, list name, institution, and email for each investigator. |

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| **4. DNP Faculty Adviser Name & Title** | |  | | |
| **Email** |  | | **Phone** |  |

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| **5. Anticipated Start Date:** On what date do you hope to initiate this study*?*  *(For complete applications that meet IRB Exempt allow at least 2 weeks for determination.)* | **>>** |
| **6. Project Closure:** Approx. how many months do you anticipate this study to last from time of initiation? | **>>** months |
| **7. Anticipated Graduation Date** | **>>** |

**Section 2: Research Location & Site Support**

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| **1.** List all **institutions** where research will be conducted, **such as hospitals, clinics, etc.:** |

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**Section 3: Project Information**

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| **1. This project is best described as:** (***Mark all that apply*.)** |
| **Quality Improvement or Quality Assurance** |
| **Program evaluation** |
| **Development/assessment of educative tool for staff/professionals** |
| **Needs assessment** |
| **Other (Explain in 3-5 key words) >>** |

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| **2. Project Objectives:** In no more than 150 words, please describe briefly the objectives of your project/study. |

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| **3. Does this project fall within normal operational activities for your organization/institution?** | |
| **YES** | **NO** |
| **4. If NO, does this project require potential participants to engage in activities beyond normal services provided by the organization/institution?** | |
| **YES** | **NO** |

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| **5. Check all applicable activities below:** |  |

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| Surveys/questionnaires (of patients) | Surveys/questionnaires (of staff/administrators) |
| Individual interviews (with patients) | Individual interviews (with staff/administrators) |
| Focus groups (with patients) | Focus groups (with staff/administrators) |
| Chart review | Observation of participants |
| Implementation of educational tool/program |  |
| Other (explain briefly) **>>** | |

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| **6. Data Collection:** Briefly describe process/procedures for data collection, including subject population. If you will be engaging in chart review or accessing already existing data, explain how you will gain access. If you are implementing an educational tool or intervention, describe it briefly – do not provide the tool/program in your submission. |

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| **7.** **Nature of Data**: Explain whether direct identifiers (name, address, patient number, etc.) or indirect identifiers (demographics, etc.) will be collected/recorded for this study. |

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| **8. Risks of Participation:** Exemption status is permitted only for minimal risk projects. Does this study involve risks *greater than* those encountered in everyday life? Explain. |

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| **9.** **Informed Consent**: Briefly describe the process for informed consent. If the PI will not obtain informed consent, explain why. (**Include copies of any consent scripts or forms with this submission.**) |

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**Section 4: Signatures**

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| *Signatures must be digital or hand-written, not typed.* (If physical signatures cannot be obtained due to the pandemic, include emails as PDFs ***with this submission*** from the faculty adviser and the Clinical Site Supervisor/Liaison stating that they have seen and support this application. Applications without signatures or included emails will be returned.) |

Primary Investigator:

Typed Name

Date:

\*Signature Required

I have read and discussed this project with the student investigator. I understand the IRB will determine final review level, which may require a higher-level submission and review process.

Faculty Adviser:

Typed Name

Date:

\*Signature Required

I am aware of the details of this project and approve site permission for the student to conduct this study.

Clinical Site Supervisor/Liaison:

Typed Name

Title:

Date:

\*Signature Required

* ***When complete, e-mail the signed application and any associated files to the SHS IRB member.***
* ***Always copy the faculty adviser on all IRB communication.***