2500 W. North Avenue
Baltimore, Maryland 21216
Office of the Institutional Review Board (IRB)

IRB Chair: Dr. Michelle Pointer

Dear Researcher:

We are pleased by your plan to conduct research at Coppin State University. The Institutional Review Board (IRB) and entire Coppin family are committed to the development and perpetuation of research that is grounded in conventional and accepted standards and practices. As such, we believe it is important to provide a "user friendly" method by which you can seek approval to conduct research using human subjects at Coppin State.

This letter and attachments will provide you with the information required by Coppin and the Federal Government (U.S. Department of Health & Human Services, DHHS/Office of Human Research Protections/OHRP) to insure that your research does not present a risk to human subjects. To insure that we comply with federal regulations, please provide all requested information.

The attached "Application to Use Human Subjects in Research" and appropriate forms, should be completed and returned to the IRB office. You will receive a response within 30 days from the date of receipt of the application packet. Should you have questions, please do not hesitate to contact the IRB Chair Dr. Michelle Pointer at mpointer@coppin.edu

Sincerely,
Dr. Michelle Pointer

Application to Use Human Subjects in Research

Cover Sheet

The Coppin State University Institutional Review Board (IRB) for the Protection of Human Subjects is charged with the responsibility of reviewing, prior to its initiation, all research involving human subjects. The IRB is concerned with justifying the participation of subjects in research and protecting the welfare, rights, and privacy of subjects.

All material, including this cover sheet, should be submitted to the Chair, IRB, Coppin State University, Dr. Michelle Pointer, in the number of copies required for the type of review. (See below). Incomplete applications will be returned. Call 410-951-3516, if you have questions.

__ *New* Application __ *Resubmission*

_____/_____

Principal Investigator (Faculty must serve as Principal Investigator for students) Email

_____

Department Telephone

_____

Project Title

_____

Study Participants (e.g., students, faculty, parents) External Funding Source (present or proposed), if applicable

_____/_____

Student name Telephone

_____/_____

Student mailing address E-mail

Type of Project: □ Faculty or Staff Research Project □ Student Project, Thesis or Dissertation

Anticipated Project Start Date (Collection of data from human subjects)

Please select the type of review you believe the application should receive.

□ Exempt from Full Board Review (Submit two copies) □ Expedited Review (Submit three copies)

□ Full Board Review (Submit sixteen copies)

The IRB will not review applications for projects that are already completed. If a project is already underway, research should be immediately suspended until the application has been reviewed.

Return complete application packet to:

Chair: **Dr. Michelle Pointer**

(410) 951-3516

E-mail: mpointer@coppin.edu

APPLICATION FORMAT AND DOCUMENTS

The following information must be attached to the Cover Sheet (see above). Use the headings specified below and in the order presented below, with each item identified and addressed separately, otherwise the application will be returned without review. Center the research topic, PI name, phone and email address at the top of the page.

1. **Brief Description** A brief description (one paragraph) of the significance of this project in lay terms.

2. **Methods and Procedures** Describe the methods and procedures to be used during the research project. Outline the sequence of events involving human subjects.

3. **Benefits** Describe the benefits (if any) to the subjects involved in the research. (See page 27 of Human Subjects Handbook)

4. **Risks** Describe the risks (if any) to the subjects involved in the research. (See page 27 of Human Subjects Handbook)

5. **Study Participants** Describe the study participants, including number, characteristics, and method of participant selection. If a random sample is to be drawn, specify the specific random technique to be used. Justification is required if study participants is restricted to one gender or ethnic group.

6. **Sample Size** A 10% sample frame is recommended for statistical analysis.
   In each independently drawn sample, the number of cases should not be lower than 30 cases.
   Justification is required if the study utilizes a smaller sample.

7. **Informed Consent** A description of what the Principal Investigator will do to insure that study participants will be informed of all details of the study and consented to participation in the study.

8. **Confidentiality and/or Anonymity** A description of how confidentiality and/or anonymity will be maintained.

Note: Make sure that the entire application is typed.
Handwritten applications will be returned without approval.

Note: The narrative descriptions should be double-spaced.

See "Important Attachments" sheet, below.

IMPORTANT ATTACHMENTS

Applications must include each of the following items, if appropriate to the proposed research

- **Informed Consent Document** The informed consent document must include the pertinent items from the "Basic Elements of Informed Consent" (See Human Subjects Handbook or Sample on the K drive).

- **Questionnaire, Survey, Testing Instrument**
  A copy of any questionnaire, survey, or testing instrument (if any) to be used in this project must be attached. There must be separate validation of instruments that are not established, not vetted, or not in the public domain.

- **Institutional Review Board Authorization Form**

- **Advertisements or Posters** A copy of any advertising that will be used to recruit subjects.

- **Telephone Scripts or Other Recruitment Scripts** A copy of any telephone scripts, or other recruitment scripts that will be used.

- **Debriefing Materials.** Any written or orally presented information indicating that study participants will have the opportunity to contact the Principal Investigator.

- **Letters of Approval** Letters of approval from each cooperating school, hospital organization, club, or similar type of group (If subjects are obtained through this type of group or organization, a written letter of approval, from an individual authorized to approve such activities, is required). *Projects that utilize Coppin's data (i.e. student records, names, etc.) must have the authorization of the appropriate person authorized to release such data.*

Institutional Review Board
Authorization Form

Name of Student: _____ Date: _____

Title of Study _____
_____

Name of Instrument(s)

1. _____
2. _____
3. _____

I _____, a student at _____College/University having recognized my responsibility to obtain written permission to use the above stated tests/instruments in my research, have rightly done so. Therefore, appropriate documentation and a copy of the instrument are attached for the Principal Investigator to review and for the Principal Investigator to submit to the IRB. The above document(s) has __ has not __ been obtained via public domain usage.

Student Signature: _____ Date: _____

As the Principal Investigator(s), I (we) _____
Accept the attached written permission, which has been granted from _____
_____ (agency/individual) as documentation and approval for use.

Principal Investigator _____ Date: _____

Principal Investigator _____ Date: _____

Institutional Review Board (IRB)
Coppin State University

Application to Use Human Subjects in Research

Cover Sheet

The Coppin State University Institutional Review Board (IRB) is charged with the responsibility of reviewing all research involving human subjects, prior to the initiation of such research. The IRB is concerned with protecting the welfare, rights, and privacy of subjects. This application cover sheet, and supporting documents, should be submitted to Dr. Michelle Pointer, Chair, IRB (Health and Human Services Building, 353A). If you have any questions, please call or e-mail Dr. Michelle Pointer at: mpointer@coppin.edu.

Please Check One: ___ New application ___ Resubmission of earlier application

Principal Investigator _____ E-mail _____
(Faculty must serve as Principal Investigator for student research projects)

Department _____ Telephone _____

Project Title _____

Sample Of Human Subjects From Whom Data Will Be Collected (Briefly describe) _____

_____

External Funding Source (if applicable) _____

Type Of Project: ___ Faculty/staff research project ___ Student research project or thesis

Student name (if applicable) _____ E-mail _____

Student Address _____ Telephone _____

_____

Anticipated Project Start Date (for collection of data from human subjects) _____

Type Of Review Requested: ___ Full Board Review (five copies)

___ Expedited Review (three copies) ___ Exempt Review

Please return this application form, and supporting documents such as copy of the informed consent form, to:

Dr. Michelle Pointer, Chair, IRB
mpointer@coppin.edu