



## Part B. Significance & Methodology of the Study

1. Significance of the Study:
  
  
  
  
  
  
  
  
  
  
2. Please attach the Plan of the Study that includes the research questions, hypotheses, design, methodology, and protocols (i.e., any instruments/measurements /interview questions) that you are going to ask the participants to respond in the study.
  
  
  
  
  
  
  
  
  
  
3. Type of Data Collection (Check all that apply)
  - Active collection of data (not human biological materials or physiological data)
  - Active collection and use of human biological materials or physiological data
  - Use of physiological or biological devices, or drugs, biologics, or chemical agents
  - Use of existing data (not human biological materials)
  - Use of existing human biological materials

## Part C. Risks and Benefits

1. From the list below, please select ALL of the potential risks that are involved in your study.
  - Use of deceptive techniques
  - Use of private records (such as educational or medical records)
  - Manipulation of psychological or social state such as sensory deprivation, social isolation, psychological stress
  - Probing for personal or sensitive information in surveys or interviews (e.g., private behaviors, employers assessments)
  - Presentation of materials which some participants may consider sensitive, offensive, threatening or degrading
  - Possible invasion of privacy of subjects or subject's family
  - Social or economic risk (reputational, cultural, employability, etc.)
  - Identification of child, spousal, or elder abuse
  - Identification of illegal activity
  - Risk of injury or bodily harm
  - Other risks (please specify):
  - There are no risks of any kind to any participants enrolled in this study.

2. Describe the nature and degree of the risks or harms selected above.

3. Describe the steps that will be taken to minimize risks or harms and to protect the welfare of participants.

4. Describe any benefits that individuals may reasonably expect from participation.

5. Describe the anticipated benefits of this study to society, Gateway Community College, or both.

#### **Part D. Privacy and Confidentiality**

1. Will the investigator collect or have access to any of the personal identifiers listed below. Select all that apply.
  - Name
  - Date of birth
  - Mailing or email address
  - Phone or fax numbers
  - Social Security Number
  - Medical records
  - IP address
  - Biometric identifiers
  - Photos/Images/Audio recording
  - Signatures, handwriting samples
  
2. Please describe the steps that will be taken to ensure the protection of the participants' privacy and confidentiality if you check any of the above.

### Part E. Consent Documentation

1. Will you use a written informed consent document?
  - Yes
  - No
  - Not applicable
  
2. Will you obtain written parental or guardian permission for children and individuals under 18?
  - Yes
  - No
  - Not applicable

### Part F. Principal Investigator's Signature

I certify that the information I provide in this application is correct and complete. I also pledge that I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the Institutional Review Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date