Protocol Submission Checklist

INSTRUCTIONS: Include this completed checklist with your protocol description form. Check boxes by clicking inside the box.

REQUIREMENTS FOR ALL PROTOCOLS

PI has completed CITI Social and Behavioral Research training and uploaded certificate of completion to the IRB Training Certification tab of MentorIRB

Correct level of review requested—full, expedited, or exempt (the MentorIRB pre-protocol diagnostic survey can help you decide the appropriate level for your research)

Correct Protocol Description (PD) form template—either student or faculty/staff version

All fields in PD form are completed even if the appropriate response is “not applicable”

References are provided for the purpose of the research and for all measures

Principal investigator (PI) has “signed” PD form by typing full name into signature box

Complete copies of all materials are included in the Appendix of the PD form

Correct Informed Consent (IC) form template—either simple or long version (exempt research may not require an IC form)

IC form is written in clear, plain English at an appropriate grade level

Cover page, brackets, boxes, unselected options (such as I/We), and any sections not relevant to the proposed research have been deleted from the IC form

PD and IC forms are saved as PDF files before uploading

IC FORMS FOR MTURK SAMPLES

PI’s personal phone number is NOT included

Stetson University resources such as the Counseling Center are NOT included

Participants’ signatures are NOT required—participants choose “I Agree” before continuing to the survey

IF REVISIONS ARE REQUIRED

A PDF document summarizing the changes made is included with the revised materials

Revised text in the PD form or IC document is highlighted

“Revised Protocol” or “Revised Consent Form” is chosen as the FILE TYPE in the UPLOAD DOCUMENTS window of MentorIRB

Revised PD and IC forms are saved as PDF files before uploading

Protocol Description Form

Faculty/Staff Version

**INSTRUCTIONS**

For each item, click inside the text box and start typing. Text boxes will expand automatically as needed. Please complete every item, even if the appropriate response is N/A (not applicable). Forms that are not “signed” (type your full name into the signature box) will be rejected. Please save this document as a PDF file with your last name in the file name (e.g., Smith PD Form.pdf) before uploading to MentorIRB.

**PROJECT**

Title of project

|  |
| --- |
|  |

Principal investigator

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Title/Position |  |
| Department/Office |  |
| Department chair/Supervisor |  |

Co-investigators and/or other people involved in the research

|  |  |
| --- | --- |
| Name | Role |
|  | TAB here to add another row |

Schedule

|  |  |
| --- | --- |
| Date research is expected to begin | Date research is expected to end |
|  |  |

If research is funded, describe all sources of funding

|  |
| --- |
|  |

Briefly summarize the purpose of the research in one concise paragraph and explain why it needs to be done. Cite 1-3 key references to support the rationale for this research. (Provide only the citation in this section. Include the full reference at the end of this form.)

|  |
| --- |
|  |

List the hypotheses of the research

|  |
| --- |
|  |

**PARTICIPANTS**

Number of participants

|  |
| --- |
|  |

Describe any eligibility requirements for participation

|  |
| --- |
|  |

Describe how participants will be recruited

|  |
| --- |
|  |

Describe any compensation participants are to receive, including SONA participation credits

|  |
| --- |
|  |

Describe any formal relationship between the researcher and participants or other conditions that might influence participants’ ability to decide freely whether or not to participate in the research

|  |
| --- |
|  |

If the research includes a vulnerable population (children, pregnant women, prisoners, people with mental or physical disabilities, people who are economically or educationally disadvantaged, etc.), describe the need to include such participants and the safeguards that will be used to ensure their voluntary participation and protection from risk (participation of children requires consent of parent/guardian)

|  |
| --- |
|  |

Describe how you will protect participants’ privacy

|  |
| --- |
|  |

**METHOD**

List all materials/measures to be used in the research. Cite the source for each measure derived from previous research. (Provide only the citation in this section. Include the full reference at the end of this form.) For new measures indicate that they were developed by the PI. Attach complete copies of all measures in the Appendix of this form.

|  |
| --- |
|  |

Describe in detail the procedures to be used in the research

|  |
| --- |
|  |

Where will your research take place?

|  |
| --- |
|  |

How long will it take for each participant? How many times will you meet with each participant?

|  |
| --- |
|  |

Describe any deception or withholding of information from participants, justify the need for it, and describe debriefing procedures

|  |
| --- |
|  |

Describe any risks or discomforts participants may be exposed to (physical, psychological, loss of reputation, risk of criminal prosecution, etc.)

|  |
| --- |
|  |

Describe any direct benefits to participants

|  |
| --- |
|  |

Describe how your data will be kept secure and confidential

|  |
| --- |
|  |

Describe how the results of the research will be disseminated

|  |
| --- |
|  |

**ACKNOWLEDGEMENT OF RESPONSIBILITIES**

The principal investigator’s typed signature below indicates a pledge to conform to the following: I acknowledge my responsibility to protect the rights and welfare of the participants in this research and to secure their informed consent by fully describing the procedures, risks, and benefits of the study. This research will be conducted in accordance with federal regulations and Stetson policies that govern research involving human subjects. Any deviation from the proposal will be submitted to the IRB via MentorIRB for approval prior to implementation. I agree to report all adverse events immediately to the IRB.

|  |  |
| --- | --- |
| Principal investigator’s signature (type full name) | Date |
|  |  |

**REFERENCES**

Provide a complete APA formatted reference here for each work cited above.

**APPENDIX**

Attach complete copies of all your materials including any instructions and debriefing participants will receive. Your informed consent document should NOT be attached here but should be uploaded to MentorIRB as a separate file.