George Mason University
IRB Application

Project Title: [1671853-1]: Perceived Skill Gap Survey

PI: Robin Hanson, PhD

Last edited by: John Vandivier

Last edited on: January 24, 2021

[Jump to Amendment Form]

- [x] **Initial IRB Application**
- [ ] **Amendment/Modification**
- [ ] **Continuing Review/Closure**

I. Continuing Review Status Report / Closure N/A [x]

Summary of Research Progress:

Data Collection Complete:	☐ Yes	☐ No
Data Analysis Complete:	☐ Yes	☐ No
Protocol Changes:	☐ Yes	☐ No
Sponsor/Funding Change:	☐ Yes	☐ No

Subjects Enrolled Since Last Approval:

Total Number of Subjects Enrolled:

Risk/Benefit Change:	☐ Yes	☐ No

If yes, **Risk/Benefit Change Explanation:**

Financial COI:	☐ Yes	☐ No

If yes, **Financial COI Explanation:**

Adverse Events:	☐ Yes	☐ No

If yes, **Adverse Events Explanation:**

Unanticipated Problems:	☐ Yes	☐ No

If yes, **Unanticipated Problems Explanation:**

Withdrawn Subjects:	☐ Yes	☐ No

If yes, **Withdrawn Subjects Explanation:**

Research Complaints:	☐ Yes	☐ No

If yes, **Research Complaints Explanation:**

II. Amendment Information N/A [x]

Complete this section for each type of amendment/modification.

Type:

Description/Rationale for Change:

If a change in consent is being requested,

Re-Consent Required: ☐ N/A ☐ Yes ☐ No

If re-consent is not required, **Justification:**

If a change in investigators is being requested,

Type: **Name:**

If a change in enrollment is being requested,

Type: **Total Change:**

If a change in funding is being requested,

Type: ☐ Addition ☐ Deletion ☐ New OSP Proposal #

III. Principal Investigator Information

Name: Robin Hanson **Department:** Economics

Phone: 703-201-8129 **E-mail:** rhanson@gmu.edu

Conflict of Interest Related to research? ☐ Yes ☑ No

IV. Co-Investigator/Student Researcher Information N/A ☐

Name: John Vandivier **Department:** Economics

Phone: 202-805-7622 **E-mail:** jvandivi@masonlive.gmu.edu

Conflict of Interest Related to research? ☐ Yes ☑ No

V. Additional Team Member Information N/A ☑

Complete this section for each "Team Member."

Name: **Department:**

Role: **E-mail:**

Role Experience:

Conflict of Interest Related to research? ☐ Yes ☐ No

Involved in Consent? ☐ Yes ☐ No

VI. Conflict of Interest Information N/A ☑

Complete this section for each "Conflict of Interest."

Name:

Explanation:

Individual Management Plan Reviewed by COI Committee? ☐ Yes ☐ No

VII. Study Information

Type: Doctoral Dissertation

Type of Data: ☐ Existing ☑ Prospective

Requesting Reliance Agreement? ☐ Yes ☑ No

Research involves living individuals? ☑ Yes ☐ No

Research involves either obtaining data through intervention/ interaction with individual or identifiable private information? ☑ Yes ☐ No

Project has a systematic design in advance? ☐ N/A ☑ Yes ☐ No

If research is not HSR but you plan on submitting a package to obtain an official letter,
Not HSR Description:

VIII. Funding Information N/A ☑

Complete this section for each "Funding Source."

Type: *If external,* **OSP Proposal #:**

Agency:

☐ DHHS/NIH ☐ DOD ☐ DOJ
☐ NSF ☐ Dept. of Education ☐ Other:

IX. MRI Information N/A ☑

MRI Use Description:

I confirm that I will follow all of the MRI procedures outlined in this section of the application. ☐ Yes ☐ No

If no, **MRI Different Procedures Description:**

X. Community Partner Information N/A ☑

Research Design:

Complete this section for each "Community Partner."

Organization Name: **Zip Code or Country:**

Role in Study:

- ☐ Community partners only provide access to study subjects or project sites. They are not involved with study design, subject recruitment, data collection, or data analysis.
- ☐ Community partners do not make decisions about the study design or conduct, but provide guidance to the research about the study design, subject recruitment, data collection, or data analysis.
- ☐ Community partners make decisions with the researcher(s) about the study's research activities and/or help conduct those studies (i.e., study design, subject recruitment, data collection, and/or data analysis).

XI. External Collaborator Contact Information N/A ☑

Complete this section for each "External Collaborator."

Name: **Position:**

E-mail: **Phone:**

Institution: **Department:**

School:

Mailing Address:

XII. IRB of Record Request N/A ☑

IRB of Record: **External FWA #:**

Contact Information:

Is the other institution's IRB a member of SMART IRB? ☐ Yes ☐ No

Project Summary:

GMU Investigator Roles/Responsibilities:

External Investigator Roles/Responsibilities:

External Research Team Training:

IRB Authorization Justification:

Does this project require secure storage of data at GMU? ☐ Yes ☐ No

If yes, **Data Storage Description:**

XIII. Local Context Information for Other Research Site N/A ☑

Age of Majority:

Institutional FWA Extended to Non-Federally Funded Research? ☐ Yes ☐ No

Local, Community, Cultural Issues:

Local or State Laws:

Other Relevant Information:

Site Specific Informed Consent Requirements:

- ☐ Site IRB office has approved the local consent form(s) being submitted by the site PI
- ☐ A consent form is not needed for this site's involvement in the study.
- ☐ Site prefers to provide required consent language here

Compensation Statement:

Additional Information:

XIV. Data Information

Identifiable Data/PHI:

- ☐ Name
- ☐ Elements of dates including birth date, admission date, date of death, and all ages 89 years of age or older
- ☐ Fax numbers
- ☐ Social Security number
- ☐ Health plan beneficiary numbers
- ☐ Certificate or license numbers
- ☐ Device identifiers and serial numbers
- ☐ Internet Protocol (IP) address numbers
- ☐ Full face photographic images and comparable images
- ☐ Other unique identifying information or code
- ☐ Geographic information smaller than state
- ☐ Telephone numbers
- ☐ Electronic mail address
- ☐ Medical record numbers
- ☐ Account numbers
- ☐ Vehicle identifiers and serial numbers including license plate numbers
- ☐ Web Universal Resource Locators (URLs)
- ☐ Biometric identifiers, including finger and voice prints
- ☐ Any other unique identifying number, characteristic, or code
- ☑ None of the above will be collected

If Other, **Description:**

Personally Identifiable Data:	☐ Yes	☑ No
Protected Health Information:	☐ Yes	☑ No
Access to PHI:		
PHI Shared Outside Research Team:	☐ Yes	☐ No

If yes, **Explanation:**

XV. Existing Data/Documents/Specimens Information N/A ☑

Do all the data/specimens exist at the time of this application? ☐ Yes ☐ No

If no, **Existing Data Explanation:**

Specific Aims and Purpose:

Data obtained via Electronic Health Record (EHR) or other medical record? ☐ Yes ☐ No

If yes, **Record Access Description:**

Will the data you receive be coded by the data owner? ☐ Yes ☐ No

If yes, **Coded Data Description:**

Is indirect identification of the data possible? ☐ Yes ☐ No

Demographic Data:

Original Subject Population:

XVI. Privacy and Confidentiality of Existing Data N/A ☑

Confidentiality of Identifiable Existing Data:

Did the consent form for the original prospective study allow for use of data by other researchers at a later date?

☐ Yes ☐ No ☐ Unknown ☐ N/A

Plan to obtain consent for use of existing data? ☐ Yes ☐ No

Consent Process:

Will there be a Data Use Agreement in place? ☐ Yes ☐ No

XVII. Prospective Data Information N/A ☐

Will the research be conducted outside of the United States? ☐ Yes ☑ No

Research Locations:

Online, within the US-based Amazon Mechanical Turk web platform.

Have other IRB approvals been sought or will they be sought prior to study initiation? ☐ Yes ☑ No

If yes, **Other Approvals Description:**

Registered Clinical Trial? ☑ No ☐ Yes: **NCT #:**

Research involves possible disclosure by participants of intent to harm themselves or other or possible disclosure of child abuse or neglect? ☐ Yes ☑ No

If yes, **Potential Participant Disclosure:**

XVIII. Privacy and Confidentiality of Prospective Data N/A ☐

Privacy and Confidentiality Protection:

Privacy and confidentiality are assured because there is no personally identifiable information collected.

Data access will be restricted to John Vandivier and Robin Hanson.

Data will be collected using SurveyMonkey and it will be stored within the SurveyMonkey platform using my login credentials.

Will results of the research be shared with the participants? ☑ Yes ☐ No

If yes, **Dissemination Process:**

At the end of the questionnaire, I provide contact information to the participant and I state that they can email me to receive a copy of the results.

Participant Disclosure? ☐ Yes ☑ No

If yes, **Participant Disclosure Explanation:**

XIX. Data Storage Information N/A ☐

Data Stored at Mason ☑ Yes ☐ No

Location: The PI will retain a copy of the data on the PI's Mason-owned computer

Duration:

☐ At least 5 years after the study ends ☑ Indefinitely

☐ Other:

Identifiable Data Destruction:

Personally, identifiable information will not be collected

Final Data Destruction:

I plan to store the data indefinitely.

XX. International Study Sites N/A ☑

Complete this section for each "International Site."

Site Contact:

Name: **Credentials:**

Experience:

Potential physical, psychological, social or economic risks? ☐ Yes ☐ No

If yes, **Potential Risk Explanation:**

Individuals in jeopardy for providing investigators with opinions? ☐ Yes ☐ No

If yes, **Individual Harm Explanation:**

Specific regulations for the conduct of research in this area? ☐ Yes ☐ No

If yes, **Specific Regulations Explanation:**

XXI. Study Procedures N/A ☐

Study Purpose:

The purpose of this study is to understand public and employer perceptions about alternative noncollege graduate job candidates. I want to know whether such job candidates are perceived to be deficient in certain skills.
I would like to ask respondents to evaluate hypothetical job applicant skills. I will also gather some information about the respondent. I ask for respondent job title, industry, whether they making hiring firing decisions, and other relevant items, plus gender as a standard control factor.

Study Procedures:

The study procedure involves online administration of a single questionnaire using the Amazon Mechanical Turk platform to United States citizens of age 18 or higher. The proposed questionnaire text is attached to this IRB project application as proposed-questionnaire.docx.

Will false or misleading information be presented to subjects? ☐ Yes ☑ No

Deception Description:

Debriefing Information:

Waiver of Normal Informed Consent:

Will participants be audio or videotaped? ☐ Yes ☑ No

Recording Type: ☐ Audio ☐ Video

Description:

A/V Consent:

Storage During Study:

Storage After Study:

XXII. Study Population

N/A ☐

Number of Subjects: 300-500

Time per Subject: 15-20 minutes

Target Population:

United States citizens age 18 and over, including a substantial subsample that makes hiring and firing decisions in the course of their employment.

Non-English Speaking Participants ☐ Yes ☑ No

Inclusion/Exclusion Criteria:

I plan to exclude responses if:

1. I discover the respondent age is under 18 or the respondent is not a US Citizen.

2. The respondent responds "No" to the question on consent.

3. The respondent contacts me and asks for their response to be removed.

Enrollment Restrictions: ☐ Yes ☑ No

If yes, **Enrollment Restrictions Description:**

Undue Influence: ☐ Yes ☑ No

If yes, **Undue Influence Description:**

XXIII. Minors

N/A ☑

Does this study pose greater than minimal risks to the minors? ☐ Yes ☐ No

Does the research involve children who are wards? ☐ Yes ☐ No

If yes, **Advocate Appointment Description:**

Recruitment Process:

Assent Process:

XXIV. Prisoners

N/A ☑

Inclusion Rationale:

- ☐ Study of the possible causes, effects, and processes of incarceration, and of criminal behavior, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects
- ☐ Study of prisons as institutional structures or of prisoners as incarcerated persons, provided that the study presents no more than minimal risk and no more than inconvenience to the subjects
- ☐ Research on conditions particularly affecting prisoners as a class

☐ Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject.

Rationale Explanation:

Potential Benefits:

Does this study include follow-up care or interactions? ☐ Yes ☐ No

If yes, **Follow-Up Description:**

XXV. Pregnant Women, Fetuses, and Neonates N/A ☑

Potential Risks:

Potential Benefits:

Fetus of Neonate Viability:

Fetus Identity Protection:

XXVI. Other Vulnerable Populations N/A ☑

Special Consent Practices:

Special Practices for Ongoing Assessment:

Practice in Case of Incarceration:

XXVII. Recruitment Process N/A ☐

Recruitment Materials:

- ☐ Flyers
- ☐ SONA posting
- ☐ Social media
- ☐ Other
- ☐ Emails
- ☐ Phone/Verbal Recruitment Scripts
- ☑ Mechanical Turk

If Other, **Description:**

Recruitment Process:

I will create a task posting on the Amazon Mechanical Turk web platform. This task will be fulfilled in an opt-in manner by Amazon Mechanical Turk users in exchange for payment. I will filter users to allow United States citizens aged 18+ to participate.

XXVIII. Consent Process

N/A ☐

Process Description:

Applicants will indicate consent prior to survey access by clicking the button which says ?I agree? at the bottom of the informed consent document.

Setting:

The participant will consent in an online space, within the questionnaire, and will not come into contact with the researcher.

Who will obtain consent:

The survey administrator, John Vandivier, who is also the main study (dissertation) author, will obtain consent.

Consent Waiver? ☑ Yes ☐ No

Waiver Justification:

- ☐ The only record linking the subject and the research would be the consent document AND the principal risk would be potential harm resulting from a breach of confidentiality.
- ☑ The research presents no more than minimal risk of harm to subjects AND involves no procedure for which written consent is normally required outside of the research context.
- ☐ The subjects are members of a distinct cultural group or community in which signing forms is not the norm, the research presents no more than minimal risk to subjects, and there is an appropriate alternative mechanism for documenting informed consent

Waiver Explanation:

In lieu of obtaining a physical signature, consent is obtained by clicking the button which says ?I agree? at the bottom of the informed consent document.

XXIX. Risk/Benefit Analysis

N/A ☐

Probability of Harm:

- ☐ Very Likely
- ☐ Likely
- ☐ Not Likely
- ☑ None

Risk Summary:

The main risk is the risk of a participant spending valuable time taking a survey.

Risk Minimization:

The following steps have been taken to minimize risk:

1. Potential respondents are informed of an estimated completion time upfront.

2. Personally identifiable information is not collected.

3. An online platform is used and the researcher never needs to physically contact a respondent.

Subject Benefits:

Subjects may better understand the hiring and firing process, as well as trends in education.

Public Benefits:

1. This research will validate or invalidate the notion that there is a stigma associated with alternatively credentialed noncollege graduates (ACNG).

2. This research will diagnose ACNG deficiency at the skill level.

3. This research will contribute to understanding the difference between real employee skills and perceived employee skills.

XXX. Subject Costs and Compensation

N/A ☐

Subject Costs? ☐ Yes ☑ No

Explanation:

Subject Compensation? ☑ Yes ☐ No

Amount: $3

Compensation Nature:

cash

Partial Compensation:

n/a

Compensation Date:

Within 3 days of response submission, through the Amazon Mechanical Turk platform.

Research Credit Alternative:

XXXI. Drugs

N/A ☑

IND Requirement:

☐ Valid IND

IND Information:

- ☐ Sponsor protocol imprinted with IND number
- ☐ Written communication from the sponsor documenting the IND number
- ☐ Written communication from the FDA documenting the IND number
- ☐ N/A

☐ Exempt from the IND Requirements

IND Exemption:

- ☐ Approved Drugs
- ☐ Serological Tests
- ☐ A clinical investigation involving the use of a placebo when the investigation does not otherwise require submission of an IND.
- ☐ Bioavailability/Bioequivalence Studies
- ☐ The drug has been approved by Radioactive Drug Research Committee as a radioactive drug for certain research use under the criteria in 21 CFR 361.1(b)
- ☐ Cold Isotopes for Research Use

IND Oversight:

- ☐ N/A - the study is exempt from IND requirements
- ☐ N/A - The investigator does NOT hold the IND.
- ☐ The FDA requirements of a sponsor (including GMP when applicable) have been assumed by a contract research organization.
- ☐ An audit has documented that the investigator is compliant with FDA sponsor requirements (including GMP when applicable).

Storage Information:

XXXII. Devices N/A ☑

Device Type:

- ☐ This project evaluates the safety or effectiveness of a device in subjects, controls, or their specimens.
- ☐ This project involves a humanitarian use device.

IDE/HDE Requirements:

- ☐ The device has an IDE or HDE
- ☐ The device qualifies for an abbreviated IDE

  Abbreviated IDE Criteria Met? ☐ Yes ☐ No

- ☐ The device is exempt from IDE requirements

  IDE Exemption Information:

  - ☐ Category 1
  - ☐ Category 2
  - ☐ Category 3
  - ☐ Category 4

IDE Oversight:

- ☐ N/A - study is exempt from IDE requirements.
- ☐ Investigator does NOT hold the IDE.
- ☐ The FDA regulatory requirements of a sponsor (including GMP where applicable) have been assumed by a contract research organization.

  Contract Research Organization:

- ☐ An audit has been performed which documents that the investigator is compliant with FDA sponsor requirements (including GMP when applicable).

FDA Sponsor Requirement Audit Description:

Storage Information:

XXXIII. Form Complete

Thank you for completing the **George Mason University IRB Application.**

Investigator Certification:
By signing this package in IRBNet, I certify that the information provided in this project is correct and that no other procedures will be used in this protocol. I agree to conduct this research as described in the attached supporting documents. I will request and receive approval from the IRB for changes prior to implementing these changes. I will comply with all IRB policies and procedures in the conduct of this research. I confirm that copies of the study data will be stored on Mason property. I will be responsible for ensuring that the work of my co-investigator(s)/student researcher(s) complies with this protocol. I understand that I am ultimately responsible for the entire conduct of this research.

If you have any questions or concerns about this application or any other IRB issue, please feel free to contact the IRB Office.

Based on your responses, the following additional documentation must be included with this package before submission. Upload additional documentation in the Designer.

Additional required documentation:

- Attach all surveys, questionnaires, standardized assessment tools, interview questions, focus group questions/prompts or other instruments of data collection.
- Attach Postings.
- Attach all consent documents.

Please click Preview to review the information you have provided in this form. Refer to the end of the document for this checklist as you continue to prepare this submission. Please use this checklist to ensure that you have attached all the necessary documentation for complete IRB review.