George Mason University IRB Application

Project Title: [1708711-1]: Survey Study on the Prestige of Alternative Education	[Jun	np to Amendme	ent Form	ո]
PI: Robin Hanson, PhD	~	Initial IRB Ap	plication	on
Last edited by: John Vandivier		Amendment	/Modific	ation
Last edited on: January 26, 2021		Continuing F	Review/	Closure
I. Continuing Review Status Report / Closure				N/A 🔽
Summary of Research Progress:				
Data Collection Complete:		Yes		lo
Data Analysis Complete:		Yes		lo
Protocol Changes:		Yes		lo
Sponsor/Funding Change:		Yes		lo
Subjects Enrolled Since Last Approval:				
Total Number of Subjects Enrolled:				
Risk/Benefit Change:		Yes	□ N	lo
If yes, Risk/Benefit Change Explanation:				
Financial COI:		Yes	□ N	lo
If yes, Financial COI Explanation:				
Adverse Events:		Yes	□ N	lo
If yes, Adverse Events Explanation:				
Unanticipated Problems:		Yes	□ N	lo
If yes, Unanticipated Problems Explanation:				
Withdrawn Subjects:		Yes	□ N	lo
If yes, Withdrawn Subjects Explanation:				
Research Complaints:		Yes	□ N	lo
If yes, Research Complaints Explanation:				
II. Amendment Information				N/A 🔽
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 📙 Yo	es 🗖 No	
If re-consent is not required, Justification :				
If a change in investigators is being requested,				
Туре:	Name:			
If a change in enrollment is being requested,				
Туре:	Total Cha	nge:		
If a change in funding is being requested,				
Type: Addition	Deletion		New OSP Propo	osal #
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	
NV On house the dead Of the Lord December 1.55			NI/A E	_
IV. Co-Investigator/Student Researcher Info	ormation		N/A	
Name: John Vandivier	Department:	Economics		
Phone: 202-805-7622	E-mail:	jvandivi@maso	nlive.gmu.edu	
Conflict of Interest Related to research?		Yes	☑ No	
V. Additional Team Member Information			N/A 🕟	7
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 🔽	7
	, "			
Complete this section for each "Conflict of Interest				
Name:				

Explanation:				
Individual Management Plan Re	eviewed by COI Committee?	☐ Yes	□ No	
VII. Study Information				
Type: Doctoral Dissertation				
Type of Data:		Existing	Prospecti	V
Requesting Reliance Agreemer	nt?	Yes	✓ No	
Research involves living individual	duals?	✓ Yes	□ No	
Research involves either obtain interaction with individual or id		✓ Yes	□ No	
Project has a systematic design	n in advance?	✓ Yes	□ No	
If research is not HSR but you plant Not HSR Description:	an on submitting a package to obtair	n an official letter,		
VIII. Funding Information			N/A 🔽	
Complete this section for each "F	unding Source."			
Type:	If external, OSP Proposal #:			
Agency:				
□ DHHS/NIH	□ DOD	DOJ		
□ NSF	Dept. of Education	Other:		
IX. MRI Information			N/A ▽	1
	the MRI procedures outlined in th			
section of the application. If no, MRI Different Procedures	Description:	Yes	□ No	
X. Community Partner Info	rmation		N/A 🔽	j
Research Design:				
Complete this section for each "C	Community Partner."			
Organization Name:	Zip Code or Co	ountry:		

Role in	Study:					
	Community partners only provide access to with study design, subject recruitment, data		-	•	are r	ot involved
	Community partners do not make decisions guidance to the research about the study de analysis.					
	Community partners make decisions with th and/or help conduct those studies (i.e., stud data analysis).					
XI.	External Collaborator Contact Information					N/A ▽
	ete this section for each "External Collaborato					
Name:		Position:				
E-mail:		Phone:				
Institut	ion:	Department:				
School	:					
Mailing	Address:					
XII.	IRB of Record Request					N/A ▽
	•					1071
	Record:	External FWA #:				
Contac	t Information:					
Is the c	other institution's IRB a member of SMART	TIRB?		Yes		No
Project	: Summary:		_		_	
_	•					
GMU Ir	vestigator Roles/Responsibilities:					
Evtorn	al Investigator Poles/Pasponsibilities					
Extern	al Investigator Roles/Responsibilities:					
Externa	al Research Team Training:					
IRB Au	thorization Justification:					
Does ti	his project require secure storage of data	at GMU?		Yes	П	No
	If yes, Data Storage Description:					
	, ,					
XIII.	Local Context Information for Other Resea	arch Sito				N/A ▽
						IN/A
•	Majority:		_	V	_	
ınstitut	ional FWA Extended to Non-Federally Fun	aea Kesearch?		Yes		No

Local,	Community, Cultural Issues:		
Local c	or State Laws:		
Other F	Relevant Information:		
Site Sp	Site IRB office has approved the local conset A consent form is not needed for this site's i Site prefers to provide required consent language. Compensation Statement: Additional Information:	nvol	vement in the study.
XIV.	Data Information		
ldentifi	able Data/PHI:		
	Name		Geographic information smaller than state
	Elements of dates including birth date, admission date, date of death, and all ages 89 years of age or older		Telephone numbers
	Fax numbers		Electronic mail address
	Social Security number		Medical record numbers
	Health plan beneficiary numbers		Account numbers
	Certificate or license numbers		Vehicle identifiers and serial numbers including license plate numbers
	Device identifiers and serial numbers		Web Universal Resource Locators (URLs)
	Internet Protocol (IP) address numbers		Biometric identifiers, including finger and voice prints
	Full face photographic images and comparable images		Any other unique identifying number, characteristic, or code
	Other unique identifying information or code	V	None of the above will be collected
If Other	; Description:		
Person	ally Identifiable Data:		☐ Yes 🔽 No
Protect	ted Health Information:		☐ Yes 🔽 No
Ac	cess to PHI:		
PH	I Shared Outside Research Team:		☐ Yes ☐ No

If yes, Explanation:

				N/A 🔽
Do all the data/specimens exist at the time of this application? If no, Existing Data Explanation:	□ `	⁄es		No
Specific Aims and Purpose:				
Data obtained via Electronic Health Record (EHR) or other medical record?	<i>`</i>	⁄es		No
If yes, Record Access Description:				
Will the data you receive be coded by the data owner?	□ ′	⁄es		No
If yes, Coded Data Description:				
Is indirect identification of the data possible? Demographic Data:	<u> </u>	res .		No
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 us at a later date?	e of da	ata by oth	er re	searchers
	e of da	ata by othe	er re	esearchers
at a later date?		_	er re	searchers No
at a later date? Yes No Unknown Plan to obtain consent for use of existing data?	_ `	□ N/A	er re	
at a later date? Yes No Unknown Plan to obtain consent for use of existing data? Consent Process:	_ `	□ N/A Yes	er re	No
at a later date? Yes No Unknown Plan to obtain consent for use of existing data? Consent Process: Will there be a Data Use Agreement in place? XVII. Prospective Data Information Will the research be conducted outside of the United States?	_ ` `	□ N/A Yes	er re	No No
at a later date? Yes No Unknown Plan to obtain consent for use of existing data? Consent Process: Will there be a Data Use Agreement in place? XVII. Prospective Data Information Will the research be conducted outside of the United States? Research Locations:	_ ` `	□ N/A Yes		No No N/A
at a later date? Yes No Unknown Plan to obtain consent for use of existing data? Consent Process: Will there be a Data Use Agreement in place? XVII. Prospective Data Information Will the research be conducted outside of the United States? Research Locations: Online, within the US-based Amazon Mechanical Turk web platform.		□ N/A Yes		No No N/A
at a later date? Yes No Unknown Plan to obtain consent for use of existing data? Consent Process: Will there be a Data Use Agreement in place? XVII. Prospective Data Information Will the research be conducted outside of the United States? Research Locations:		□ N/A Yes		No No N/A

Registered Clinical Trial? Research involves possible disclosure by participants of intent to harm themselves or other or possible disclosure of child abuse or neglect? If yes, Potential Participant Disclosure:		Yes: NCT Yes	#: ~	No
XVIII. Privacy and Confidentiality of Prospective Data				N/A 🗖
Privacy and Confidentiality Protection:				
Privacy and confidentiality are assured because there is no personally ic	lentif	iable inform	ation	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 using my login credentials. Amazon Mechanical Turk will be used as a requestionnaire hosted within SurveyMonkey.			-	
The PI will securely store a copy of the data on the PI's Mason-owned co	ompu	ıter.		
Will results of the research be shared with the participants? If yes, Dissemination Process:	V	Yes		No
At the end of the questionnaire, I provide contact information to the can email me to receive an aggregated copy of the results.	oartic	cipant and I	state	that they
Participant Disclosure?		Yes	V	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-o	wnec	l computer		
Duration: ☐ At least 5 years after the study ends ☐ Other: ☐ 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 econom	nic 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					NI/A 🗔
XXI. Study Procedures					N/A 🗀
Study Purpose:					
The purpose of this study is to understand public and e credentials. Specifically, I hypothesize that unaccredite on average. Further, I hypothesize that a subset of una prestigious have hirability outcomes that are comparab prestige.	d credentials are occredited credenti	consi als t	dered less p hat are relat	orest ively	igious
In short, I am studying whether credential prestige expl accreditation.	ains the willingnes	ss to	hire better t	han	
Related research includes:					
Rivera, Lauren A. Pedigree: How elite students get elite	ə jobs. Princeton l	Jnive	ersity Press,	201	6.
Study Procedures:					
The study procedure involves the administration of a si platform. Participants will be recruited into the SurveyM Turk as a recruitment source. Participants will be restrict The proposed questionnaire text is attached to this IRE questionnaire.docx.	lonkey questionna cted to United Stat	ire u tes c	sing Amazo	n Me je 18	echanical or higher.
Will false or misleading information be presented to	o subjects?		Yes	V	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 Stu	udy:					
Storage After Stud	y:					
XXII. Study Population	on				N/A	
Number of Subjects:	300-500					
Time per Subject:	45 minutes					
Target Population:						
United States citizens ag decisions in the course of	ge 18 and over, including a substantial subsam of their employment.	ple that	make	es hiring a	nd firing	9
Non-English Speaking	Participants		Yes	~	No	
Inclusion/Exclusion Cr	iteria:					
I plan to exclude respons	ses if:					
1. I discover the respond	dent age is under 18 or the respondent is not a	US Citi	zen.			
2. The respondent respondent	onds "No" to the question on consent.					
3. The respondent conta	acts me and asks for their response to be remo	ved.				
Enrollment Restriction	s:		Yes	V	No	
If yes, Enrollment F	Restrictions Description:					
Undue Influence:			Yes	V	No	
If yes, Undue Influe	ence Description:					
XXIII. Minors					N/A	V
Does this study pose of	greater than minimal risks to the minors?		Yes	П	No	
	blve children who are wards?		Yes		No	
If yes, Advocate Ap	ppointment Description:					
Recruitment Process:						
Assent Process:						

XXIV.	Prisoners N/A ✓
Inclus	ion 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.
Ration	ale Explanation:
Poten	tial Benefits:
	this study include follow-up care or interactions? The study include follow-up care or interactions?
XXV.	Pregnant Women, Fetuses, and Neonates N/A ▽
Poten	tial Risks:
Poten	tial Benefits:
Fetus	of Neonate Viability:
Fetus	Identity Protection:
XXVI.	Other Vulnerable Populations N/A 🔽
Specia	al Consent Practices:
Specia	al Practices for Ongoing Assessment:
Practi	ce in Case of Incarceration:
XXVII	Recruitment Process N/A

Recruitmer	nt Materials:					
Fly			Emails			
-	NA posting		Phone/Verbal Recru	itment Scrin	ts	
	cial media	✓	Mechanical Turk			
☐ Oth		•	Woonamour rank			
If Other, De	scription:					
Recruitmer	nt Process:					
an opt-in ma	a task posting on the Amazon Mechanica anner by Amazon Mechanical Turk users es citizens aged 18+ to participate.		-			
XXVIII. Con	sent Process					N/A 🗀
Process De	escription:					
	•					
	vill indicate consent prior to survey acces e informed consent document.	s by	clicking the button w	vhich says "I	agre	ee" at the
Setting:						
consent forr into contact	consent will take place online. Specifically m which is provided through the Amazon with the researcher. Contact information pants have any questions during the rem	Med for	chanical Turk platforn the researchers is list	n. Participan	ts w	ill not come
Who will ob	otain consent:					
The survey consent.	administrator, John Vandivier, who is also	o the	e main study (disserta	ation) author	, will	obtain
Consent W	aiver?		V	Yes		No
Waiver	Justification:					
	The only record linking the subject and the principal risk would be potential harr					
V	The research presents no more than mi procedure for which written consent is n		-			
	The subjects are members of a distinct is not the norm, the research presents nappropriate alternative mechanism for distinct of the subjects are members of a distinct of the subject of the subje	o m	ore than minimal risk	to subjects,	_	_
Waiver	Explanation:					
	of obtaining a physical signature, consent at the bottom of the informed consent do			e button wh	ich s	says "I

XXIX. Risk/Benefit Analysis

N/A □

Probability of Harm: Very Likely Not Likely	□ Likely✓ None		
Risk Summary:			
There are no foreseeable risks for participating in thi	s research.		
Risk Minimization:			
The following steps have been taken to minimize risk	k:		
1. Potential respondents are informed of an estimate	ed completion time up	ofront.	
2. Personally identifiable information is not collected			
3. An online platform is used so the researcher never Subject Benefits:	r needs to physically	contact a respo	ndent.
Subjects will learn about non-traditional educational Public Benefits:	pathways.		
1. This research will contribute to the analysis of the	value of unaccredite	d credentials.	
2. This research will improve understanding of the ro	ole of educational pre	estige in the hirin	g process.
XXX. Subject Costs and Compensation			N/A 🗖
XXX. Subject Costs and Compensation Subject Costs?		☐ Yes	N/A ☐ No
		☐ Yes	
Subject Costs? Explanation:		_ v	
Subject Costs?			▽ No
Subject Costs? Explanation: Subject Compensation?		_ v	▽ No
Subject Costs? Explanation: Subject Compensation? Amount: \$4		_ v	▽ No
Subject Costs? Explanation: Subject Compensation? Amount: \$4 Compensation Nature:		_ v	▽ No
Subject Costs? Explanation: Subject Compensation? Amount: \$4 Compensation Nature: cash		_ v	▽ No
Subject Costs? Explanation: Subject Compensation? Amount: \$4 Compensation Nature: cash Partial Compensation:		_ v	▽ No
Subject Costs? Explanation: Subject Compensation? Amount: \$4 Compensation Nature: cash Partial Compensation: n/a	the Amazon Mechan	▽ Yes	NoNo
Subject Costs? Explanation: Subject Compensation? Amount: \$4 Compensation Nature: cash Partial Compensation: n/a Compensation Date:	the Amazon Mechan	▽ Yes	NoNo
Subject Costs? Explanation: Subject Compensation? Amount: \$4 Compensation Nature: cash Partial Compensation: n/a Compensation Date: Within 3 days of response submission, through the submission of the submis	the Amazon Mechan	▽ Yes	NoNo
Subject Costs? Explanation: Subject Compensation? Amount: \$4 Compensation Nature: cash Partial Compensation: n/a Compensation Date: Within 3 days of response submission, through the submission of the submis	the Amazon Mechan	▽ Yes	NoNo
Subject Costs? Explanation: Subject Compensation? Amount: \$4 Compensation Nature: cash Partial Compensation: n/a Compensation Date: Within 3 days of response submission, through the Research Credit Alternative:	the Amazon Mechan	▽ Yes	No No No no.

	IND Information:		
	Sponsor protocol imprinted with IND num	ıber	
	Written communication from the sponsor	documenting the IND number	
	Written communication from the FDA doc	cumenting the IND number	
	□ N/A		
	Exempt from the IND Requirements		
	IND Exemption:		
	Approved Drugs		
	Serological Tests		
	A clinical investigation involving the use of otherwise require submission of an IND.	of a placebo when the investiga	ation does not
	☐ Bioavailability/Bioequivalence Studies		
	The drug has been approved by Radioac drug for certain research use under the c	_	e as a radioactive
	Cold Isotopes for Research Use		
IND Ov	ersight:		
П	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 c (including GMP when applicable).	compliant with FDA sponsor re	quirements
Storag	e Information:		
XXXII.	Devices		N/A 🔽
Device	Type:		
	This project evaluates the safety or effectiveness specimens.	of a device in subjects, control	s, or their
	This project involves a humanitarian use device.		
IDE/HD	E 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 3	
	☐ Category 2	Category 4	

IDE	Ove	ersight:
		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.