

Subject/Participant Information:

Minimum number of subjects/participants by age and, if applicable, by status (complete for all that apply to this study)

<u> #0 </u> Newborns/Infants	<u> #0 </u> Institutionalized (e.g., nursing home residents)
<u> #0 </u> Children aged 2-12 years of age	<u> #0 </u> Incarcerated (i.e., prisoners)
<u> #0 </u> Adolescents aged 13 - 17 years of age	<u> #0 </u> Diagnosed with mental illness, cognitive impairment, or learning/language difficulty
<u> #0 </u> Emancipated minors (minors living independently)	<u> # </u> Other special populations (please specify below)
<u> #30 </u> Adults (persons 18 years of age or older)	

Research site(s): State where project will take place Ecological Society of America annual meeting, online, & UNH

Time commitment for each subject/participant 15-20 minutes

Compensation: Indicate the amount and form of compensation, if any (i.e., cash, course credit, raffle, mileage, etc.)
None

Project Attributes (check all that apply):

<input checked="" type="checkbox"/> Use of recruitment materials (i.e., flyers, emails, letters, advertisements)	<input type="checkbox"/> Observation
<input checked="" type="checkbox"/> Questionnaires	<input type="checkbox"/> Administration of tests, inventories, self reports, measuring instruments, etc.
<input checked="" type="checkbox"/> or surveys	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input checked="" type="checkbox"/> Web
<input type="checkbox"/> Interviews	<input type="checkbox"/> In-person <input type="checkbox"/> Phone
<input type="checkbox"/> Focus groups	<input type="checkbox"/> Photography, or audio/video recording
<input type="checkbox"/> Other (please explain):	<input type="checkbox"/> Medical procedures
	<input checked="" type="checkbox"/> Use of existing/secondary data

Signatures:

The undersigned accept(s) responsibility for the study, including adherence to DHHS and FDA regulations, New Hampshire law, and UNH policies relative to the protection of the rights and welfare of subjects/patients participating in this study. In the case of student applications, the Faculty Advisor and the student share responsibility for adherence.

Daniel J. Hocking

Signature(s) of Project Director(s)

☐ Faculty ☐ Undergraduate Student ☐ Graduate Student ☒ Staff

By signing this form, the Faculty Advisor attests that (s)he has read the attached protocol submitted for IRB review, and agrees to provide appropriate education and supervision of the Advisee listed as *Project Director*, above, or as *other individual*, below.

Faculty Advisor Signature (required for student projects)

PRINT Faculty Advisor's Name

Faculty Advisor's Department, Phone Number, and Email Address

If an individual in addition to the *Project Director* will conduct the study, provide the individual's name, position, and contact information, as well as the individual's experience with the proposed paradigm, as indicated in the Outline to be Followed for Research Protocols Submitted to the IRB, item 3-b.

Name

Position

Address, Phone Number, and Email Address

Return this completed form with the research protocol and all pertinent information to the UNH Research Integrity Services (RIS), Room 103, Service Building. Direct questions to Julie Simpson at 603-862-2003 or Julie.simpson@unh.edu, or visit the IRB webpage at <http://unh.edu/research/human-subjects>.

Comparing Journal Influence through Citation Metrics and Scholar Perception

Research Integrity Services

Rev. 8/11