

**Notre Dame de Namur University Institutional Review Board**

**Forms: Application Cover Page**

*No Handwritten Forms will be accepted*

Note: A complete application contains 3 parts: Application Cover Page, Check List (either Exempt Checklist or Non-Exempt Checklist) and Project Details.

Please first reference "Is My Project Research?" and Flowchart to determine if IRB necessary

**1. Investigator(s) Contact Information** (Principal Investigator must be a faculty member):

Principal Investigator (faculty) Dr. Michelle Haley  
Department Clinical Psychology Phone 207.415.8597 Email mhaley@ndnu.edu  
Student Investigator Steven Riley  
Department Clinical Psychology Phone 619.757.8799 Email misterriley@gmail.com  
Co-Principal Investigator (or second faculty reader) Dr. Helen Marlo  
Department Clinical Psychology Phone 650.579.4499 Email helen@helenmarlophd.com

**2. Title of Project**

Preferred Difficulty Levels in Novel Computer-Based Tasks

**3. A. Category of Application:** ☐ New ☒ Re-Submission Renewal (IRB approval #) \_\_\_\_\_  
(If Renewal, complete and submit this Application Cover Page and Renewal/Continuation Form)

**B. Category of IRB Review:** Please mark which category applies to your project.

☒ **Exempt** Must complete Exempt Checklist

☐ **Expedited Review** Must complete Non-Exempt Checklist. Please see Non-Exempt Research: Expedited Review section of website for more information on categories of research that qualifies for this review.

☐ **Full Review** Must complete Non-Exempt Checklist. Studies with increased levels of risk, and those studies involving vulnerable populations are considered Full Review.

**4. Site of Study** ☒ On-campus ☐ Off-campus (location) \_\_\_\_\_

**5. Duration of Study** From 10/9/2014 To 10/8/2015  
(Renewal will be required if data collection is longer than 1 year)

**6. Participants** Estimated Number of Participants \_\_\_\_\_

Does the study include any of the following populations?

☐ Elderly (> 65 years old) ☐ Minors (< 18 years old) ☐ Pregnant women or use of fetuses

☐ Those unable to speak or read English ☐ Mentally disabled or those unable to consent for themselves

☐ Prisoners ☐ Homeless ☐ HIV-infected individuals

**7. Funding** Will this study be funded? ☐ Yes ☒ No ☐ Pending

If "Yes" or "Pending," indicate source and check the following: \_\_\_\_\_

☐ NDNU ☐ Public ☐ Not-for-profit ☐ Private ☐ Other

**8. Cost/compensation to participants:** Is there cost to participants? ☐ Yes ☒ No

Will participants be compensated? ☐ Yes ☒ No

**9. Signature** (By signing below, I certify that I have read, understand and will abide by NDNU guidelines, policies and procedures.)

Principal Investigator's signature

Date

Student Investigator's signature

Date