

Department of Psychological Sciences, Human Research Committee

PROJECT TITLE **Impact of an Explicit Health Benefit Plan on support for Universal Health Care**

Request for Renewal X New Application

Experiment Number (if previously assigned): _____ **University IRB Project Number:** 2016897

FACULTY SPONSOR Victoria Shaffer **EMAIL** shafferv@missouri.edu **PHONE** 573-882-9094

A. Total Number of half-hours per subject 1

B. Total Number of individual subjects needed	300
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C. TOTAL NUMBER OF CREDITS NEEDED (A X B = C) 300

1 CREDIT = HALF-HOUR PARTICIPATION

SUBJECT SIGN-UP INFORMATION: X Webpage Recruited by telephone Both Methods

SELECT STUDY TYPE (check one):

- **Standard Study.** A study that is scheduled to take place at a specific place (i.e. not online), and where there is only one part to the study that participants will participate in.
- **Two-Part Standard Study.** A study that is scheduled to take place at a specific place (i.e. not online), in two parts. The two parts may be scheduled to take place a specified number of days apart, and a participant must sign up for both parts of the study at one time.
- **Online Survey Study.** An online survey study that is set up and administered via the sona-systems website.
- **Online External Study.** An online study that is set up and administered via a website contracted by the investigator (e.g., surveymonkey, qualtrics, etc.).
URL for online external survey:

Please note that neither Online Study options allow for the administration of individual timeslots. Please indicate whether your web-based study (or web-based part of a two-part study) requires individual timeslots: NO YES

OVER PLEASE

PROJECT LOCATION (Include Special Directions):

____ Psychology Building ____ McAlester Hall ____ McAlester Annex ____ Online ____ Other (specify below)

Please provide ROOM NUMBERS if available; also use this space for Other Locations:

Noyes Hall Room 220/224 _____

SEMESTER AND YEAR OF STUDY _Fall 2019_ **APPROXIMATE START DATE** _09/02/19_

Note: if recruiting subjects via telephone, please instruct all telephone schedulers, RAs, etc. to leave their complete name, telephone number and the project title and number.

STUDY PERSONNEL & REQUESTED PSYCH 1000 RESEARCH PARTICIPATION WEBSITE ACCOUNTS:

(note: this is vital information that must be included. If you do not specify accounts to be created, these individuals will not have access to your experiment on the website. Please be sure to check a slot for whether each individual listed needs a Sona Systems account to be created or has an existing Sona Systems account)

	First Name	Last Name	UserID (pawprint)	email	phone	needs sona acct	has sona acct
Primary Investigator:	SEAN	DUAN	sxdff5	sxdff5@mail.missouri.edu	816-945-7533	X...
Experimenter:	Jenna	Rogers	jrrfwf	jrrfwf@mail.missouri.edu	573-529-0187	X...
Experimenter:	Victoria	Shaffer	shafferv	shafferv@missouri.edu	573-882-9094	X...
Experimenter:					
Experimenter:					

(add others as needed. *In addition, in an effort to help us maintain the site, please indicate below those experimenters who are no longer working in your lab and should have their sona accounts deleted.* Thanks)

VISIBILITY OF THIS STUDY TO PSYCH 1000 STUDENTS

Please check below whether you would like this study immediately displayed to psych 1000 students upon approval by the Dept HSC, or whether you will contact the Dept HSC when you would like this study displayed to students.

Please display this study immediately upon approval: X

I will contact the Dept HSC when I would like the study displayed: _____

____ 08/24/19 ____
DATE

FACULTY SPONSOR SIGNATURE:

(FOR ALL APPLICATIONS: remember to attach copy of consent form, debriefing form, and IRB approval letter (& copy of eIRB application for new applications)