SUNY Oswego Human Subject Committee

Research Protocol Form

**Project Title:**

**Anticipated Start Date** *(YYYY-MM-DD)***:**      

**Anticipated End Date** *(YYYY-MM-DD)***:**

**Location(s):**

# Principal Investigator

Name:        
Department:

Email Address:

**Classification:**

|  |  |
| --- | --- |
| Full Professor | Adjunct |
| Associate Professor | Staff |
| Assistant Professor | Student |
| Visiting Assistant Professor | Other: |

# Co-Investigator

Students are required to have a faculty Co-Investigator for all projects.

Name:        
Department:

Email Address:

**Classification:**

|  |  |
| --- | --- |
| Full Professor | Adjunct |
| Associate Professor | Staff |
| Assistant Professor | Student |
| Visiting Assistant Professor | Other: |

For additional Co-Investigators, please use the Additional Investigators Addendum found on the HSC website here: [Additional Investigators Addendum Document (.docx)](https://bit.ly/2UwcCCn)

# Section I: Overview and Hypothesis

Please briefly describe the purpose, specific aims or objectives of this research.

# Section II: Human Subjects

(a) Description of human subjects being used in this study, including approximate numbers and demographics if available.

If you are using Protected classes of human subjects, please check all that apply.

|  |  |
| --- | --- |
| Pregnant Women | Children (< 18 years of age) |
| Individuals with Disabilities | Prisoners |
| Other vulnerable groups: |  |

If applicable, please describe the reasoning behind utilizing protected classes for this research.

(b) Identify the source(s) and location (e.g., hospitals, institutions, schools, classes, shopping malls, etc.) from which subjects will be recruited into the research. Please include any recruitment language and/or attach any materials that will be used to recruit subjects.

(c) Will subjects be compensated?  Yes  No

If yes, please specify how the subjects will be compensated and/or the amount of compensation provided.

(d) Please submit letters of approval from all participating organizations outside of SUNY Oswego with whom you will be working. Letters must be on official letterhead and indicate the protected classes that are being affected. Please ensure that the title of your research, the names of each investigator, and a statement of involvement of the participating organization(s) are included.

Not applicable  
 I have attached the letters of approval to my Google Form submission

# Section III: Procedures

Please provide a detailed description of how the subjects will be utilized in this research (e.g., how they are recruited, selected, what they will be doing - such as complete questionnaires or participate in a simulated task). Be as specific as possible. Please attach any measures, surveys, or questionnaires and provide references if possible. Please also provide or attach the debriefing statement that will be used at the conclusion of the study.

# Section IV: Benefits

Describe the benefits of the research to the human subjects, if any, and of the benefits to human or scientific knowledge.

# Section V: Risks

Procedures that may entail additional risks: (Check all that apply)

|  |  |  |
| --- | --- | --- |
| Drugs or Toxic Substances | Interview | Hypnosis |
| Biomedical Procedures | Audio Taping | Deception |
| Video Taping | Photographs | Self-Disclosure |
| Threats/Embarrassment | Observation | Recording of Identifiable Data |

Other:

(a) Describe the potential risks and discomforts to subjects. Explain any steps you have taken to minimize these risks, and why any remaining potential risks are necessary or unavoidable.

(b) If the proposed research involves deception, (e.g., through provision of misinformation, withholding information, etc.), explain why it is necessary to involve deception in the research. How will the subject be debriefed so as to minimize risk to the subject due to the deception?

# Section VI: Data Security Plan

Please describe where and how the data collected in this study will be stored. Please include any measures that will be taken to protect the privacy and confidentiality of your participants.

# Section VII: Human Subjects Training & Policies

**I have completed the CITI On-Line Human Subjects Protection Training within the last three years. A Certificate (or copy) is:**

On file in the Office of Research and Sponsored Programs  Attached (*preferred*)

If you have completed the CITI Training, when were your courses completed?

Date (YYYY-MM-DD):

**NOTE:** For students, the supervising faculty member must have also completed the applicable CITI training modules.

I affirm that the investigation will adhere to the [Policies and Procedures of the State University of New York](http://www.rfsuny.org/media/rfsuny/documents/sponsored-programs/research-compliance/human_subjects_best_practices.pdf) for the study of human subjects.

Yes  No

Additions to or changes in procedures involving human subjects that occur after review of the application will be brought to the attention of the review committee as will anticipated problems involving risks to subjects or others.

Yes  No

**By signing below, I, the Principal Investigator (PI), acknowledge that I am primarily responsible for safeguarding the rights and welfare of each research subject, and that the subject’s rights and welfare must take precedence over the goals and requirements of the research project.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator’s Signature Date (YYYY-MM-DD)

**(For Faculty Sponsors, if applicable)**

**Faculty Verification**: I have read and reviewed this student’s Research Protocol Form and all related documents (e.g., Informed Consent, Debriefing), and attest that they are complete and contain all of the required information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Sponsor Date (YYYY-MM-DD)

If you have any questions concerning the protocol form, guidelines, or required documents please feel free to reach out to [hsc-admin@oswego.edu](mailto:hsc-admin@oswego.edu).