## PEARL RIVER COMMUNITY COLLEGE Petition to

## **Institutional Review Board**

(Please download, complete, and email to <a href="mailto:irb@prcc.edu">irb@prcc.edu</a>.)

New Application	Renewal Application
Name of Principal Investigator: Telephone Number:	Email address:
Name of Co-Investigator:	
Name of Co-Investigator:	Email address:
Purpose of Project (Dissertation, Class Project/As	ssignment, etc.):
Project Duration – From:	To:
Project Title:	
	y):
	do not have a real or potential conflict of interest.
	ed below that will make it exempt from full Board review?
<ul> <li>b. Research involvingsurvey or interview proced subsection b) occur:</li> <li>Responses are recorded in such a manne identifiers linked to the subjects.</li> <li>The subject's responses, if they become a civil or criminal liability or be damagined.</li> <li>The research does not deal with sensitive use, sexual behavior, or use of alcoholopsychological reactions.</li> </ul>	ch during the period for which approval is authorized.  The following conditions (Common Rule Section 101)  The that human subjects cannot be identified, directly or through  The known outside of the research, would not place the subject at risk of the subject's financial standing or employability.  The aspects of the subject's own behavior, such as illegal conduct, drug, and is not likely to cause the subject undue stress, fatigue, or any other provision for obtaining the informed and voluntary participation of the are involved in the project:
Project Summaryattached? Yes Project Proposal attached? Yes	No No

I understand and agree to the following: Study findings must be shared with the Pearl River Community College (PRCC) Institutional Review Board. Copies of the report may be shared with both internal and external personnel associated with the College who have an interest in the topic and results. In addition, permission of the PRCC Institutional Review Board is required prior to publication of results of such study. Approval is at the sole discretion of

the Board.	
Principal Investigator Signature: Print Name:	Date:
Timerame.	4/15