IRB Application Instructions & Common Responses

Liberty University IRB

LIBERTY UNIVERSITY

I: Read the Instructions

Read before starting!

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

APPLICATION FOR THE USE OF HUMAN RESEARCH PARTICIPANTS

IRB APPLICATION #: *(To be assigned by the IRB)*

I. APPLICATION INSTRUCTIONS

1. Complete each section of this form, using the gray form fields (use the tab key).
2. If you have questions, hover over the blue (?) for additional clarification.
3. Email the completed application, with the following supporting documents (as separate word documents) to irb@liberty.edu:
   a. Consent Forms, Permission Letters, Recruitment Materials
   b. Surveys, Questionnaires, Interview Questions, Focus Group Questions
   c. Use the IRB Application Checklist as a guide.
4. If you plan on using a specific Liberty University department or population for your study, you will need to obtain permission from the appropriate department chair/dean. Submit documentation of permission to the IRB along with this application and check the indicated box below verifying that you have done so.
5. Submit one signed copy of the signature page (available at the end of this application or on the IRB website) to any of the following:
   a. Email: As a scanned document to irb@liberty.edu
   b. Fax: 434-522-0506
   c. Mail: IRB 1971 University Blvd. Lynchburg, VA 24515
   d. In Person: 701 Thomas Road, Carter Building, Room 134
6. Once received, applications are processed on a first-come, first-served basis.

Hover your cursor over blue question marks for more information.

II: Basic Protocol Information

Fill in your title and personal information.

Indicate the appropriate options.

Required for School of Ed. applicants.

II. BASIC PROTOCOL INFORMATION

1. STUDY/THESIS/DISSERTATION TITLE (?)

Title:

2. PRINCIPAL INVESTIGATOR & PROTOCOL INFORMATION (?)

Principal Investigator *(person conducting the research):*

Professional Title *(student, professor, etc.):*

School/Department *(School of Education, LUCOM, etc.):*

Personal Mailing Address:

Phone: | LU Email:

Check all that apply:

☐ Faculty	☐ Graduate Student
☐ Staff	☐ Undergraduate Student
☐ Online Degree Program	☐ Residential Degree Program

This research is for:

☐ Class Project	☐ Master's Thesis
☐ Scholarly Project (DNP)	☐ Doctoral Dissertation
☐ Faculty Research	☐ Other:

If applicable, indicate whether you have defended and passed your dissertation proposal:

☐ No *(Provide your defense date):*

☐ Yes *(Proceed to Associated Personnel Information)*

II: Basic Protocol Information

Identify anyone else associated with your study.

Required for Ed.D applicants.

3. ASSOCIATED PERSONNEL INFORMATION (?)	
Co-Researcher:	
School/Department:	
Phone:	LU/Other Email:
Faculty Advisor/Chair/Mentor:	
School/Department:	
Phone:	LU/Other Email:
Non-Key Personnel *(Reader, Assistant, etc.):*	
School/Department:	
Phone:	LU/Other Email:
Consultants *(required for Ed.D Candidates)*:	
School/Department:	
Phone:	LU/Other Email:

II: Basic Protocol Information

If you plan to exclusively use LU participants from a specific department, you will need to obtain permission from the Department Chair.

If you plan to use students from multiple departments or class years, we will seek administrative approval on your behalf. You must still complete this section.

4. USE OF LIBERTY UNIVERSITY PARTICIPANTS (?)	
Do you intend to use LU students, staff, or faculty as participants *OR* LU students, staff, or faculty data in your study? ☐ No *(Proceed to Funding Source)* ☐ Yes (*Complete the section below)*	
# of Participants/Data Sets:	**Department:**
Class(es)/Year(s):	**Department Chair:**
☐ I obtained permission from the Department Chair, and attached proof to this application.	

***Note:** You must submit the original Chair signature or emailed documentation to the IRB for verification.*

Permission can be emailed, or on documented letterhead.

II: Basic Protocol Information

5. FUNDING SOURCE (?)

Is your research funded?

☐ No *(Proceed to Study Dates)*

☐ Yes *(Complete the section below)*

Grant Name/Funding Source:

Funding Period (Month & Year):

Grant Number:

If your study is funded, provide the requested information.

6. STUDY DATES (?)

When will you perform your study? *(Approximate dates for collection/analysis):*

Start: Finish:

The dates can be approximate.

7. COMPLETION OF REQUIRED CITI RESEARCH ETHICS TRAINING (?)

List Course Name(s) *(School of Education, Psychology/Counseling, etc.)*:

Indicate which course(s) you completed, and when. The IRB will verify this information prior to approval.

Date(s) of Completion:

III: Study Materials & Considerations

Tell us what you will be doing for your study.

III. OTHER STUDY MATERIALS AND CONSIDERATIONS

8. STUDY MATERIALS LIST (?)		
Please indicate whether your proposed study will include any of the following:		
Recording/photography (*voice, video, or images*)?	☐ Yes	☐ No
Participant compensation?	☐ Yes	☐ No
Advertising for participants?	☐ Yes	☐ No
More than minimal psychological stress?	☐ Yes	☐ No
Confidential material *(questionnaires, surveys, interviews, test scores, etc.)*?	☐ Yes	☐ No
Extra costs to the participants *(tests, hospitalization, etc.)*?	☐ Yes	☐ No
The inclusion of pregnant women (*for medical studies*)?	☐ Yes	☐ No
More than minimal risk?*	☐ Yes	☐ No
Alcohol consumption?	☐ Yes	☐ No
Waiver of informed consent?	☐ Yes	☐ No
Protected Health Information *(from health practitioners/institutions)*?	☐ Yes	☐ No
VO_2 Max Exercise?	☐ Yes	☐ No
Please indicate whether your proposed study will include the use of blood:		
Use of blood?	☐ Yes	☐ No
Total amount of blood:		
Blood draws over time period *(days)*:		
Please indicate whether your proposed study will include any of the following materials:		
The use of rDNA or biohazardous material?	☐ Yes	☐ No
The use of human tissue or cell lines?	☐ Yes	☐ No
Fluids that could mask the presence of blood *(including urine/feces)*?	☐ Yes	☐ No
Use of radiation or radioisotopes?	☐ Yes	☐ No

***Minimal risk** is defined as "the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in everyday life or during the performance of routine physical or physiological examinations or tests. [45 CFR 46.102(i)]. If you are unsure if your study qualifies as minimal risk, contact the IRB.*

III: Study Materials & Considerations

If you are using investigational drugs or devices, we need to know. Include that information here.

9. INVESTIGATIONAL METHODS (?)

Please indicate whether your proposed study will include any of the following:

The use of an Investigational New Drug (IND) or an Approved Drug for an Unapproved Use?

☐ No

☐ Yes *(Provide the drug name, IND number, and company):*

The use of an Investigational Medical Device or an Approved Medical Device for an Unapproved Use?

☐ No

☐ Yes *(Provide the device name, IDE number, and company):*

IV: Purpose

Please do not copy and paste your abstract. This section can be brief, so long as you provide enough detail that reviewers will have a general idea of what your study entails. Use common terms, and non-technical jargon.

IV. PURPOSE

10. PURPOSE OF RESEARCH (?)

Write an original, brief, non-technical description of the purpose of your research. Include in your description your research hypothesis/question, a narrative that explains the major constructs of your study, and how the data will advance your research hypothesis or question. This section should be easy to read for someone not familiar with your academic discipline:

Example: The purpose of this study is to determine whether technology has an impact on test scores in 5th grade math students. Two classes will be observed for the purposes of this study, one class from ABC Elementary (with technology) and one class from XYZ Elementary (no technology). This data will allow the researcher to determine if technology is improving test scores, allowing administrators to better judge if funding should be allocated to improving classroom technology. ETC…

V: Participant Inclusion/Exclusion

Provide specific information on who you want to participate.

Why are you selecting this population?

Who do you NOT want participating?

Why are you choosing to include this special population? Be specific.

V. PARTICIPANT INCLUSION/EXCLUSION CRITERIA

11. STUDY POPULATION (?)

Provide the inclusion criteria for the participant population *(gender, age range, ethnic background, health status, occupation, employer, etc.)*:

Example: Asian American men between 45-60 who don't attend church.

Provide a rationale for selecting the above population:

Example: This population will help the researcher identify methods for improving the spiritual health of Asian American males aged 45-60.

Are you related to any of your participants?

☐ No

☐ Yes *(Explain)*:

If applicable, indicate who will be excluded from your study population *(e.g., persons under 18 years of age)*:

Example: Asian American men 45-60 who attend church.

If applicable, provide rationale for involving any special populations *(e.g., children, ethnic groups, mentally disabled, low socio-economic status, prisoners)*:

Example: Asian American men aged 45-60 have been shown to not go to church. This study will specifically identify why, and depends on their responses.

V: Participant Inclusion/Exclusion

Provide the maximum number of participants you plan to enroll for each participant population and justify the sample size *(You will not be approved to enroll a number greater than the number listed. If at a later time it becomes apparent that you need to increase your sample size, submit a Change in Protocol Form and wait for approval to proceed)*:

Example: 150 high school students will be enrolled in the study. This number will be large enough to adequately get a sense of high school students perceptions on cell phone use.

How many participants will you include, and why?

ANSWER THE FOLLOWING QUESTION ONLY IF YOU ARE CONDUCTING A PROTOCOL WITH NIH, FEDERAL, OR STATE FUNDING:

Researchers sometimes believe their particular project is not appropriate for certain types of participants. These may include, for example, women, minorities, and children. If you believe your project should not include one or more of these groups, please provide your justification for their exclusion. Your justification will be reviewed according to the applicable NIH, federal, or state guidelines:

If your study is UNFUNDED, skip this question.

V: Participant Inclusion/Exclusion

12. TYPES OF PARTICIPANTS (?)	
Who will be the focus of your study?	
☐ Normal Participants (Age 18-65)	☐ Pregnant Women
☐ Minors (Under Age 18)	☐ Fetuses
☐ Over Age 65	☐ Cognitively Disabled
☐ University Students	☐ Physically Disabled
☐ Active-Duty Military Personnel	☐ Participants Incapable of Giving Consent
☐ Discharged/Retired Military Personnel	☐ Prisoners or Institutional Individuals
☐ Inpatients	☐ Specific Ethnic/Racial Group(s)
☐ Outpatients	☐ Other potentially elevated risk populations
☐ Patient Controls	☐ Participant(s) related to the researcher

Note: *Only check the boxes if the participants will be the focus (for example, ONLY military or ONLY students). If they just happen to be a part of the broad group you are studying, you only need to check "Normal Participants."*

Who is the study focused on? For example, if you are surveying a church, and some participants happen to be university students or in the military, you would only have to check "Normal Participants".

VI: Recruitment

VI. RECRUITMENT OF PARTICIPANTS

13. CONTACTING PARTICIPANTS (?)

Describe in detail how you will contact participants regarding this study:

Example 1: I will contact participants via email with addresses obtained from the school.

Example 2: I will contact participants by posting on Facebook and Twitter.

Note: *Please submit all letters, emails, flyers, advertisements, or social media posts you plan to use to recruit participants for your study. If you will contact participants verbally, please provide a script that outlines what you plan to say to potential participants. Submit these items as separate Word documents to irb@liberty.edu.*

Submit all materials!

14. LOCATION OF RECRUITMENT (?)

Describe the location, setting, and timing of recruitment:

Example: Participants will be recruited on campus in front of the student center two weeks prior to the focus group meeting.

VI: Recruitment

15. SCREENING PROCEDURES (?)

Describe any screening procedures you will use when recruiting your participants *(i.e., screening survey, database query, etc.)*:

Example: The first question of the survey will ask the age of participants. If they are under 18, they will not be allowed to take the rest of the survey.

16. RELATIONSHIPS (?)

Does the researcher have a position of grading or professional authority over the participants *(e.g., is the researcher the participants' teacher or principal)*?

☐ No *(Proceed to Procedures)*

☐ Yes *(Explain what safeguards are in place to reduce the likelihood of compromising the integrity of the research, e.g., addressing the conflicts in the consent process and/or emphasizing the pre-existing relationship will not be impacted by participation in the research.)*:

If yes, state how you will minimize potentially coercive situations or protect existing relationships throughout the course of the study.

VII: Research Procedures

VII. RESEARCH PROCEDURES

17. PROCEDURES (?)

Write an original, non-technical, step by step, description of what your participants will be asked to do during your study and data collection process. Include information about how long it should take your participants to complete each step.

Example:

	Step/Task/Procedure	Approximate Time to Complete
1.	Take an anonymous online survey.	10 minutes
2.	Take part in a recorded interview.	45 minutes
3.		
4.		
5.		
6.		

Note: *Please submit all instruments, surveys, interview questions or outlines, observation checklists, etc. that you plan to use for your study. Submit these items as separate Word documents to irb@liberty.edu.*

Submit all materials!

18. STUDY LOCATION (?)

Please describe the location(s) in which the study will be conducted. Be specific *(include city, state, school/district, clinic, etc.)*:

Example: ABC Elementary (ABC School District, Lynchburg, VA), XYZ Elementary (XYZ School District, Lynchburg, VA)

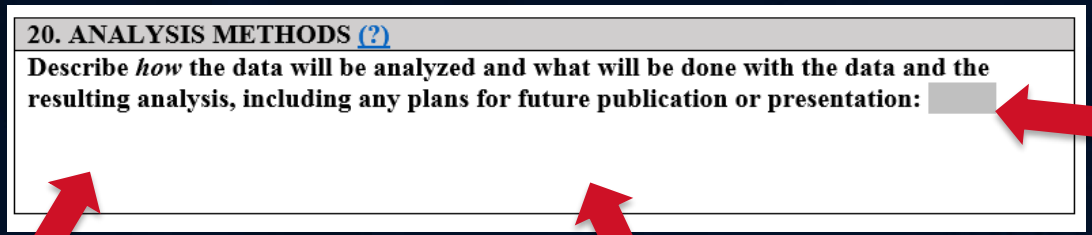
VIII: Data Analysis

VIII. DATA ANALYSIS

19. NUMBER OF PARTICIPANTS/DATA SETS (?)

Estimate the number of participants to be enrolled or data sets to be collected:

Provide an estimate.



20. ANALYSIS METHODS (?)

Describe *how* the data will be analyzed and what will be done with the data and the resulting analysis, including any plans for future publication or presentation:

This can be brief. We need to know what will generally be done with the data, not every aspect of the analysis.

Example 1: "I will analyze the data using SPSS or SAS. Once the data has been fully analyzed, I will include it in my dissertation."

Example 2: "I will analyze the data using cross tabulation and linear regression. Once the analysis is complete, I will submit my findings to the Journal of Science for publication."

IX: Parental/Guardian Consent

If your study does not involve minors, check no and proceed. If your study does involve minors, determine whether both parents must provide consent (required if greater than minimal risk).

IX. PARENTAL/GUARDIAN CONSENT

21. PARENTAL/GUARDIAN CONSENT REQUIREMENTS (?)
Does your study require parental/guardian consent? *(If your participants are under 18, parental/guardian consent is required in most cases.)* ☐ No *(Proceed to Child Assent)* ☐ Yes *(Answer the following question)*
Does your study entail greater than minimal risk without the potential for benefits to the participant? ☐ No ☐ Yes *(Consent of both parents is required)*

X: Assent From Children

If your study does not involve minors, check no and proceed. If your study does involve minors, determine whether assent is required.

X. ASSENT FROM CHILDREN

22. CHILD ASSENT (?)

Is assent required for your study? *(Assent is required unless the child is not capable due to age, psychological state, or sedation OR the research holds out the prospect of a direct benefit that is only available within the context of the research.)*

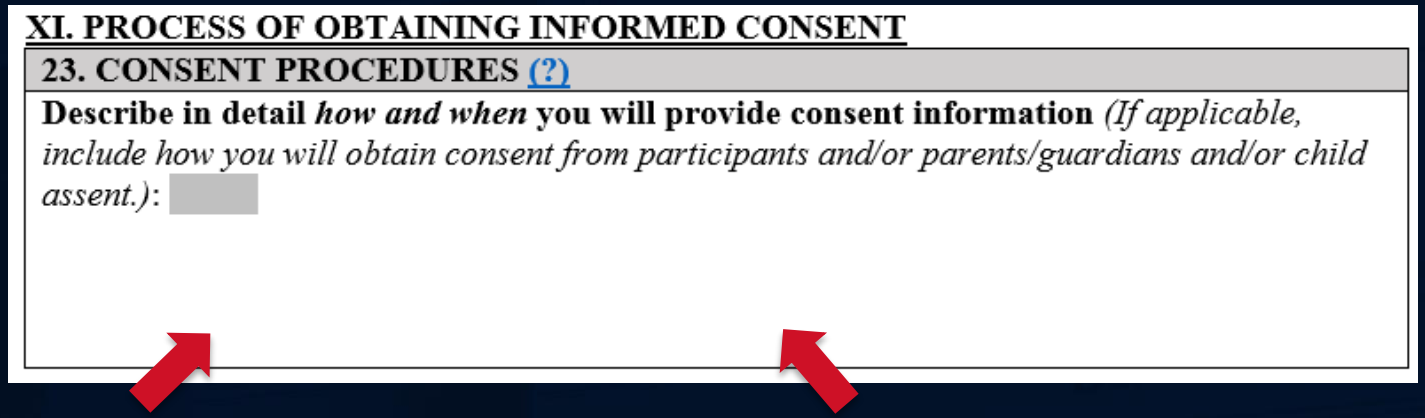
☐ No *(Proceed to Consent Procedures)*

☐ Yes

Note: *If the parental consent process (full or part) is waived (See XIII below) assent may be also. See the IRB's informed consent page for more information.*

If assent is required, be sure to submit a child assent form with your application. If the child is old enough to comprehend the study, you may combine the parental and child consent information into one document.

XI: Obtaining Informed Consent



XI. PROCESS OF OBTAINING INFORMED CONSENT

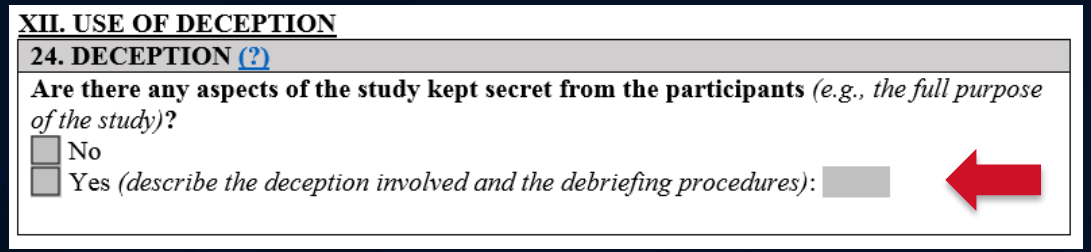
23. CONSENT PROCEDURES (?)

Describe in detail *how and when* you will provide consent information *(If applicable, include how you will obtain consent from participants and/or parents/guardians and/or child assent.)*:

Example 1: "I will make the informed consent document the first page of my survey. When participants click on the survey link, they will read the informed consent. If they choose to participate, they will be asked to click the "take my survey" button at the end."

Example 2: "I will send the informed consent document along with my recruitment letter. If the person chooses to participate, I will ask that they mail the signed consent document back to me before scheduling an interview."

XII: Use of Deception



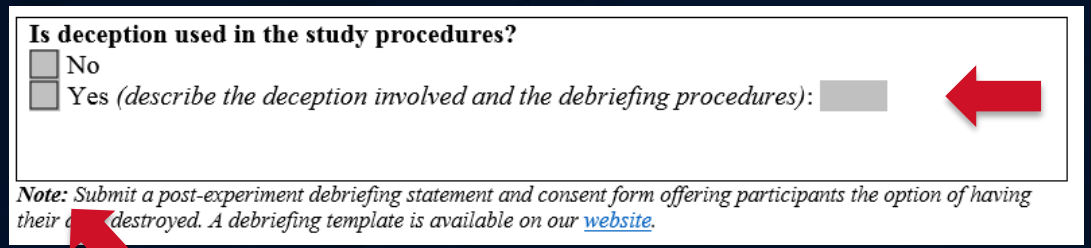
XII. USE OF DECEPTION

24. DECEPTION (?)

Are there any aspects of the study kept secret from the participants *(e.g., the full purpose of the study)*?

☐ No

☐ Yes *(describe the deception involved and the debriefing procedures)*:



Is deception used in the study procedures?

☐ No

☐ Yes *(describe the deception involved and the debriefing procedures)*:

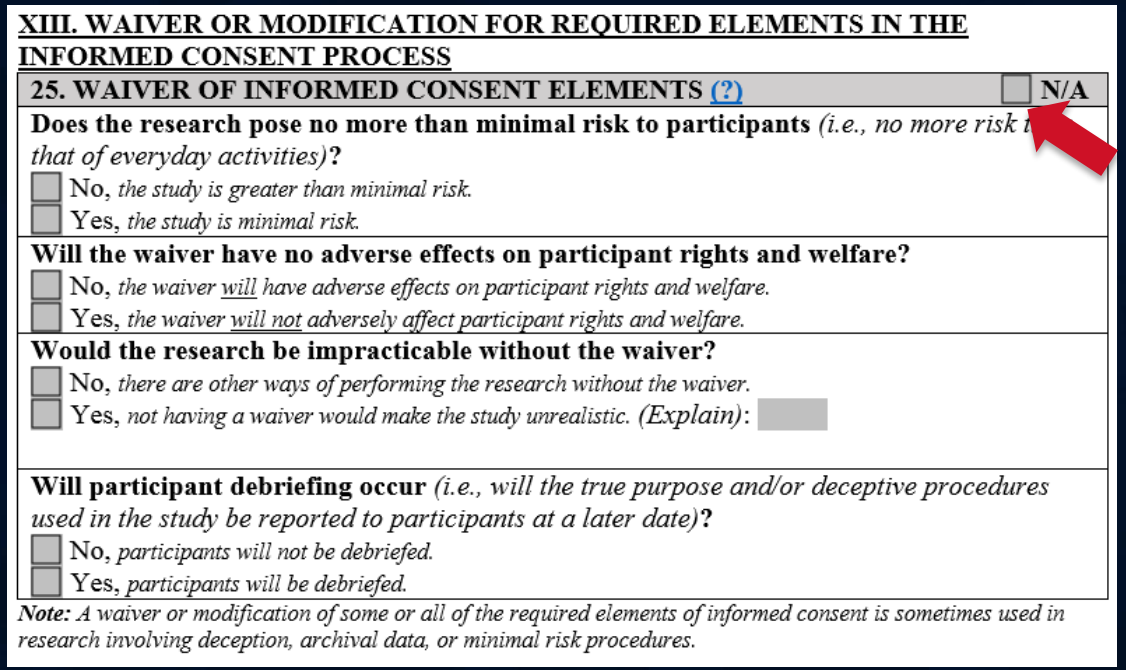
Note: *Submit a post-experiment debriefing statement and consent form offering participants the option of having their d destroyed. A debriefing template is available on our website.*

Most studies do not involve the use of deception. If yours will, specifically explain what will be kept secret from your participants.

Submit all materials! In most studies involving deception, you will be required to "debrief" your participants after the study has been completed (i.e., tell them what was withheld and/or the true purpose of the study).

XIII: Waiver of Consent Elements

If your study involves deception and is minimal risk, or the study would be impractical without a waiver, you may qualify for a waiver of informed consent elements.



XIII. WAIVER OR MODIFICATION FOR REQUIRED ELEMENTS IN THE INFORMED CONSENT PROCESS

25. WAIVER OF INFORMED CONSENT ELEMENTS (?) ☐ N/A

Does the research pose no more than minimal risk to participants *(i.e., no more risk t*
that of everyday activities)?

☐ No, *the study is greater than minimal risk.*
☐ Yes, *the study is minimal risk.*

Will the waiver have no adverse effects on participant rights and welfare?

☐ No, *the waiver will have adverse effects on participant rights and welfare.*
☐ Yes, *the waiver will not adversely affect participant rights and welfare.*

Would the research be impracticable without the waiver?

☐ No, *there are other ways of performing the research without the waiver.*
☐ Yes, *not having a waiver would make the study unrealistic. (Explain):*

Will participant debriefing occur *(i.e., will the true purpose and/or deceptive procedures used in the study be reported to participants at a later date)*?

☐ No, *participants will not be debriefed.*
☐ Yes, *participants will be debriefed.*

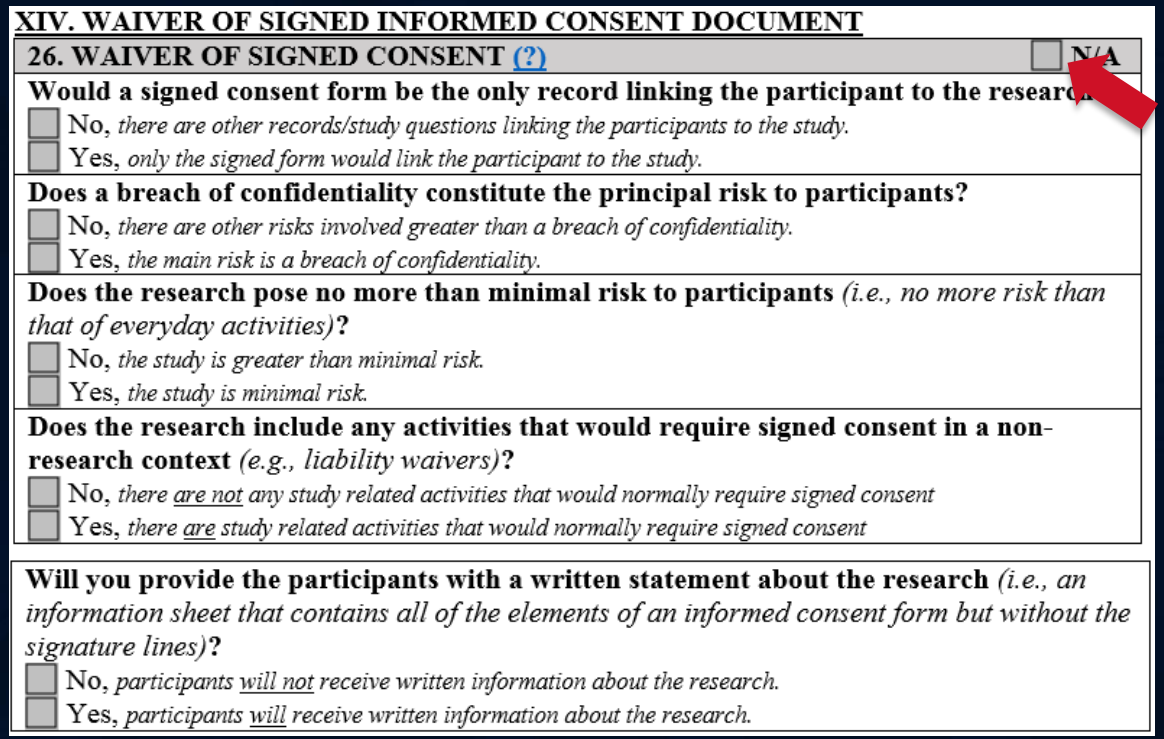
Note: *A waiver or modification of some or all of the required elements of informed consent is sometimes used in research involving deception, archival data, or minimal risk procedures.*

Most studies require informed consent, so will check "N/A".

If you believe that you qualify for this waiver, fill out this section. The IRB will inform you as to whether or not you qualify.

XIV: Waiver of Signed Consent

If your study involves minimal risk, is anonymous, or uses secondary data, you may qualify for a waiver of signed consent.



XIV. WAIVER OF SIGNED INFORMED CONSENT DOCUMENT

26. WAIVER OF SIGNED CONSENT (?) ☐ N/A

Would a signed consent form be the only record linking the participant to the researc

☐ No, *there are other records/study questions linking the participants to the study.*
☐ Yes, *only the signed form would link the participant to the study.*

Does a breach of confidentiality constitute the principal risk to participants?

☐ No, *there are other risks involved greater than a breach of confidentiality.*
☐ Yes, *the main risk is a breach of confidentiality.*

Does the research pose no more than minimal risk to participants *(i.e., no more risk than that of everyday activities)***?**

☐ No, *the study is greater than minimal risk.*
☐ Yes, *the study is minimal risk.*

Does the research include any activities that would require signed consent in a non-research context *(e.g., liability waivers)***?**

☐ No, *there are not any study related activities that would normally require signed consent*
☐ Yes, *there are study related activities that would normally require signed consent*

Will you provide the participants with a written statement about the research *(i.e., an information sheet that contains all of the elements of an informed consent form but without the signature lines)***?**

☐ No, *participants will not receive written information about the research.*
☐ Yes, *participants will receive written information about the research.*

If your study is not anonymous, involves interviews/focus groups or recordings you will most likely check “N/A”.

If you believe that you qualify for this waiver, fill out this section. The IRB will inform you as to whether or not you qualify.

XV: Waiver of Signed Consent

Remember to submit all materials!

XV. CHECKLIST OF INFORMED CONSENT/ASSENT

27. STATEMENT (?)
Submit a copy of all informed consent/assent documents as separate Word documents with your application. Informed consent/assent templates are available on our website. Additional information regarding consent is also available on our website.

XVI: Privacy & Confidentiality

XVI. PARTICIPANT PRIVACY AND CONFIDENTIALITY

28. PRIVACY (?)

Describe what steps you will take to protect the privacy of your participants *(e.g., If you plan to interview participants, will you conduct your interviews in a setting where others cannot easily overhear?)*:

Example: Interviews will be conducted in a private room where others cannot easily overhear.

Note: *Privacy refers to persons and their interest in controlling access to their information.*

XVI: Privacy & Confidentiality

29. CONFIDENTIALITY (?)

How will you keep your data secure *(i.e., password-locked computer, locked desk, locked filing cabinet, etc.)***?**:

Example: Data will be stored on a password protected computer for 3 years after the study.

Who will have access to the data *(i.e., the researcher and faculty advisor, only the researcher, etc.)***?**:

Example: Only the researcher will have access to the data.

Will you destroy the data once the three-year retention period required by federal regulations expires?

☐ No

☐ Yes *(Explain how the data will be destroyed):*

Note: *All research-related data must be stored for a minimum of three years after the end date of the study, as required by federal regulations.*

Remember to keep the data for 3 years after completion of the study.

XVI: Privacy & Confidentiality

30. ARCHIVAL DATA (?)

Is all or part of the data archival *(i.e., previously collected for another purpose)***?**

☐ No *(Proceed to Non-Archival Data)*

☐ Yes *(Answer the questions below)*

Is the archival data publicly accessible?

☐ No *(Explain how you will obtain access to this data)*:

☐ Yes *(Indicate where the data is accessible from, i.e., a website, etc.)*:

Archival Data = Existing Data

If you need to obtain permission to access the archival data, indicate from whom, and how you will be obtain access.

Be specific as to what information is identifiable, or to who will be linking the data for your study.

Will names or identities be accessible from the data set?

Will you receive the data stripped of identifying information *(e.g., names, addresses, phone numbers, email addresses, social security numbers, medical records, birth dates, etc.)***?**:

☐ No *(Describe what data will remain identifiable and why this information will not be removed)*:

☐ Yes *(Describe who will link and/or strip the data—this person should have regular access to the data and should be a neutral party not involved in the study)*:

Can the names or identities of the participants be deduced from the data set?

☐ No *(Place your initials in the box: I will not attempt to deduce the identity of the participants in this study)*:

☐ Yes *(Describe)*:

Please provide the list of data fields you intend to use for your analysis and/or provide the original instruments used in the study:

Note: *If the archival data is not publicly available, submit proof of permission to access the data (i.e., school district letter or email). If you will receive data stripped of identifiers, this should be stated in the proof of permission.*

XVI: Privacy & Confidentiality

31. NON-ARCHIVAL DATA (?) Non-Archival Data = New Data

If you are using non-archival data, will the data be anonymous *(i.e., data does not contain identifying information and cannot be linked to identifying information by use of pseudonyms, codes, or other means—**for studies involving audio/video recording or photography, select "No")***?**

- ☐ N/A: I will not use non-archival data *(data was previously collected, skip to Media)*
- ☐ No *(Complete the "No" section below)*
- ☐ Yes *(Complete the "Yes" section below)*

IF YOU ANSWERED "NO"

Can participant names or identities be deduced from the data?

- ☐ No
- ☐ Yes *(Describe)*:

Will a person be able to identify a subject based on other information in the data *(i.e., title, position, sex, etc.)***?**

- ☐ No
- ☐ Yes *(Describe)*:

This could include pseudonyms, numbers, or letters.

Describe the process you will use to collect the data and to ensure the confidentiality of the participants *(i.e., you may know who participated, but participant identities will not be disclosed or pseudonyms will be used)*:

Note: *If you plan to maintain a list or codebook linking pseudonyms or codes to participant identities, include this information and state that the list or codebook will be stored securely in a location that is separate from the data. Include this location along with who will have access to the data in your description.*

IF YOU ANSWERED "YES"

Describe the process you will use to collect the data to ensure that it is anonymous:

Example: An online survey will be used. The survey will not collect any identifiable information.

Place your initials in the box: I will not attempt to deduce the identity of the participants in this study:

Note: *If you plan to use participant data (i.e., photos, recordings, videos, drawings) for presentations beyond data analysis for the research study (e.g., classroom presentations, library archive, or conference presentations) you will need to provide a materials release form to the participant.*

XVI: Privacy & Confidentiality

32. MEDIA USE (?)		
Will your participants be audio recorded?	☐ No	☐ Yes
Will your participants be video recorded?	☐ No	☐ Yes
Will your participants be photographed?	☐ No	☐ Yes
If you answered yes to any of the above questions, include information regarding how participant data will be withdrawn if he or she chooses to leave the study*:		

Example: Recordings will be destroyed if the participant withdraws. Focus group recordings will not be destroyed, however, participants responses will not be used.

Will your participants be audio recorded, video recorded, or photographed without their knowledge?**

☐ No

☐ Yes *(Describe the deception and debriefing procedures)*:

Be sure to include a debriefing form if you check yes here.

***Note on Withdrawal:** Add the heading "How to Withdraw from the Study" on the consent document and include a description of the procedures a participant must perform to be withdrawn.*

****Note on Deception:** Attach a post-experiment debriefing statement and a post-deception consent form, offering the participants the option of having their recording/photograph destroyed and removed from the study.*

XVII: Participant Compensation

Example: If participants only complete part of a survey, do they still receive the gift card?

XVII. PARTICIPANT COMPENSATION

33. COMPENSATION (?)

Will participants be compensated *(e.g., gift cards, raffle entry, reimbursement)*?

☐ No *(Proceed to Risks)*

☐ Yes *(Describe)*: Example: Participants will receive a $5 Walmart gift card.

Will compensation be pro-rated if the participant does not complete all aspects of the study?

☐ No

☐ Yes *(Describe)*:

Note: *Research compensation exceeding $600 per participant within a one-year period is considered income and will need to be filed on the participant's income tax returns. If your study is grant funded, Liberty University's Business Office policies might affect how you compensate participants. Contact the IRB for information on who to contact for guidance on this matter.*

XVIII: Risks and Benefits

XVIII. PARTICIPANT RISKS AND BENEFITS

34. RISKS (?)

Describe the risks to participants and any steps that will be taken to minimize those risks. *(Risks can be physical, psychological, economic, social, or legal. If the only potential risk is a breach in confidentiality if the data is lost or stolen, state that here)*:

Example: The risks involved in this study are minimal, no more than the participant would experience in daily life.

Will alternative procedures or treatments that might be advantageous to the participants be made available?

☐ No
☐ Yes *(Describe)*:

Only respond to this question if your study is greater than minimal risk.

***If your study is greater than minimal risk*, describe provisions for ensuring necessary medical or professional intervention in the event of adverse effects to the participants** *(e.g., proximity of the research location to medical facilities, or your ability to provide counseling referrals in the event of emotional distress)*:

XVIII: Risks and Benefits

Direct benefits are commonly increased knowledge or skills. "Helping the researcher" is not a benefit.

35. BENEFITS (?)

Describe the possible direct benefits to the participants. *(If participants are not expected to receive direct benefits, please state "No direct benefits." Completing a survey or participating in an interview will not typically result in direct benefits to the participant.)*:

Example: By participating in this study, the participant may receive increased knowledge/skills of proper hand-washing.

Describe the possible benefits to society:

Example: By exploring handwashing habits and ways to improve them, society may benefit by becoming healthier.

Evaluate the risk-benefit ratio. *(Explain why you believe this study is worth doing, even with any identified risks.)*:

Example: The benefits outweigh the (minimal) risks in this study, as handwashing is an important skill to have, and understanding personal habits may lead to increased health.