

HARFORD COMMUNITY COLLEGE INSTITUTIONAL REVIEW BOARD

Expedited/Full Review Checklist

Contact Name: _____

Email: _____

Sponsoring Group: _____

Phone: _____

Mailing Address: _____

STUDY

Name of the study			
Project Start Date	__/__/__	Project End Date	__/__/__
Check <i>all</i> that describe the study	<input type="checkbox"/> Dissertation <input type="checkbox"/> Grant <input type="checkbox"/> Research to be submitted for publication or presentation at a conference <input type="checkbox"/> Other, specify _____		
Is the responsible person internal or external to HCC?	<input type="checkbox"/> Internal, all work will be completed by HCC employees <input type="checkbox"/> External, no HCC employees connected with the project <input type="checkbox"/> External, HCC employees are collaborating on the project		

BRIEF DESCRIPTION OF THE METHODOLOGY (Limit 150 Words)
 (Applicants are required to attach a detailed study protocol)

DESCRIBE THE PARTICIPANTS IN THE STUDY AND HOW THEY ARE INFORMED OF THE STUDY.
 (Include a Copy of the Letter of Informed Consent or the written procedures-- If Appropriate)

SPONSORING ENTITY OR ORGANIZATION

WILL THIS RESEARCH

(Explain all "yes" responses on the back of the form)	Yes	No
• Include persons under 18 years of age		
• Use observations, audiotape or videotape of the participants		
• Use a survey instrument (if yes, attach a copy of the survey)		
• Ask questions or gather data on sensitive information or illegal activity		

Return completed form and all required documents to: IRB@harford.edu

IRB Receipt Date _____

IRB Tracking # _____