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**Institutional Review Board (IRB)**

**EXPEDITED RESEARCH FORM**

*Students/Researchers are required to complete this form (Section A).*

*Supervisor/s are required to approve the research before sending it to the IRB for full approval (Section B).*

*The IRB must approve the research before the researcher may begin research (Section C).*

SECTION A: To Be Completed by Student

*Please complete in font Times New Roman 12.*

*Please check that you have completed all the following before submission to the IRB.*

Last Name/s:

First Name/s:

IIRP Student ID/s:

Email:

Telephone/Cell:

PHRP Certificate Number:

Date Issued:

IIRP Graduate Course Code: RP

Duration of Course:

Start Date:

Completion Date:

Name of Supervisor (Instructor/Professor):

**1. Title**

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| --- |
|  |

**2. Summary** (approximately 250 words)

|  |
| --- |
|  |

**3. Aim/Purpose of study**

|  |
| --- |
|  |

1. **Rationale for the Study and Research Questions** (Give clear reasons why the Study/Research
is necessary and indicate potential value of the study in about 4-5 concise statements.)

|  |
| --- |
|  |

**5.** **Literature Review** (Include any controversies, gaps and/or shortcomings in general knowledge
in the literature — maximum of 1,000 words.)

|  |
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|  |

**6. Research Design** (Research Methods) (You are advised to consider study type, data collection tools
and statistical methods.)

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|  |

**7. References** (pertaining to entire document)

|  |
| --- |
|  |

**8. Budget** (Complete if funding is requested.)

 **REQUEST FOR FUNDING OF THE PROJECT** (give details)

|  |  |
| --- | --- |
| **ITEM** | **COST** |
| 1. Consumables
2. Outside Specialist Services (e.g., testing services)
 | $50$ |
|  |  |
| **GRAND TOTAL** | **$** |

I HEREBY DECLARE THAT THE ABOVE FACTS ARE CORRECT.

I ACKNOWLEDGE THAT:

(1) I have a current PHRP certificate protecting human participants.

(2) I have the responsibility to determine that the study/research is being or has been conducted.

I will adhere to the Institution’s Research Ethics Policy as it relates to my research.

Signature of Applicant:

Date:

# SECTION B: To be completed by Professor/Lecturer and forwarded to the IRB Chair

Full name of professor/lecturer of record:

This research project has been reviewed and complies with the IIRP Graduate School ethical policies
and HHS regulations (45 CFR 46) as documented.

 I approve the proposed project.

Signature of Supervisor/Professor of Record:

Date:

# SECTION C: To be completed by the IRB Chair

The IRB Chair recommends that the above detailed research be:

[ ]  Accepted

[ ]  Rejected for the following reasons (detail the reasons):

[ ]  Accepted with conditions (detail the conditions):

Printed Name of IRB Committee Chair:

Signature of IRB Committee Chair:

Date:

IRB Committee Members:

Dr. Gina Abrams; Dr. Gale Burford; Dr. Borbala Fellegi;

Dr. Kevin Rooney; Dr. Frida Rundell (Chair).