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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)

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**3. Aim/Purpose of study**

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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.)

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**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)

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**8. Budget** (***Please note:*** IIRP does not provide funding for research. However, researchers are required to include a basic budget outlining anticipated or incurred costs for transparency and review purposes. If external funding is secured, this must be clearly indicated, including the source and amount.)

**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;

Zeau Modig; Dr. Daniel Perkins; Dr. Frida Rundell (Chair)