

## **HUDSON VALLEY COMMUNITY COLLEGE INSTITUTIONAL REVIEW RESEARCH REVIEW FORM**

All research to be conducted by Hudson Valley Community College faculty or students, or any research to be conducted at Hudson Valley, must be reviewed and approved prior to initiating the research. Below are listed examples of various research projects. Although the principal investigator makes the initial determination of the project's parameters, it is the Research Compliance Officer who ultimately decides on the appropriateness of the research for Hudson Valley Community College. If you have any questions regarding the appropriate category for your project, contact Dr. Michael Green for assistance.

### **Level I Research**

- Anonymous mail or telephone surveys on innocuous topics
- Anonymous, non-interactive non-participating observation of public behavior.
- Secondary analysis of existing data
- Educational research involving no interaction with students (e.g., observation of intact classes without modifying or disrupting regular classroom activity)
- Research conducted in established or commonly accepted education settings involving normal practices such as: research on regular and special education instructional strategies; research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods
- Research involving the use of educational or other records if the source(s) are publicly available or the information taken from these sources is provided to the researcher in such a manner that participants cannot be identified
- Interviews and interactive surveys on non-sensitive topics
- Meta-Analysis

### **Level II Research**

- Research which might put participants at risk, such as research on domestic violence or illegal drug use
- Research involving psychological or physiological intervention
- Non-curricular, interactive research in schools
- Research involving deception
- Interviews or surveys on sensitive topics
- Research on special populations (e.g., minors, prisoners, and the mentally incompetent)
- Research conducted outside the United States, regardless of the procedures involved

### **Requests for approval of all research projects must include the following:**

- A completed application (attached)
- Copies of all related materials

**Submit the coversheet and completed application to:**

Michael S. Green, Ph.D.  
Vice President for Technology, Institutional Assessment and Planning  
GUN 162  
Hudson Valley Community College  
80 Vandenberg Avenue  
Troy, NY 12180

(518) 629-4554 (phone)

(518) 629-7586 (fax)

[m.green@hvcc.edu](mailto:m.green@hvcc.edu)

**HUDSON VALLEY COMMUNITY COLLEGE  
80 VANDENBURGH AVENUE  
TROY, NY 12180**

**RESEARCH REVIEW FORM**

Research Level:    \_\_\_\_\_ Level I            \_\_\_\_\_ Level II

Title of Project:    \_\_\_\_\_

\_\_\_\_\_

Investigator(s)/Project Director(s): \_\_\_\_\_

Co-Investigator(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Institution Affiliation: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Project        From: \_\_\_\_\_        To: \_\_\_\_\_

Investigator Status (For each investigator):

\_\_\_\_\_ Faculty/Staff    \_\_\_\_\_ Graduate Student        \_\_\_\_\_ Undergraduate Student

\_\_\_\_\_ Other (specify: \_\_\_\_\_)

Source of funding for project:

(If grant funded, specify grant title, investigator's name, and institutional affiliation)

If principal investigator is a student, provide the name, department, institutional affiliation, campus address, telephone number, and email address of the faculty supervisor. **The faculty supervisor must provide approval of this proposal by signing this application form on the signature page.**

Faculty Supervisor Name: \_\_\_\_\_

Department: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Campus Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## **A. Project Description**

Describe state the purpose of the proposed research study including its objectives, methods, and procedures. Be sure to specify exactly what will be done *to* or *for* the study's participants. Briefly describe your methodology. If questionnaires and/or testing instruments are to be used, describe how they will be administered and attach a copy of each instrument. If interviews are to be conducted, attach a copy of the questions to be asked and describe the nature of the interview and how responses will be recorded.

**B. Subject Population**

<b>Type of Group</b>	<b>Institution</b>	<b>Number of Subjects</b>
Adults		
Minors (up to 18 years old)		
Mentally, emotionally, or physically disabled		
Prisoners		
<b>TOTAL</b>		

**How will subjects be chosen (e.g., records, classes, referrals, canvassing, etc.)?** Be specific. If subjects are chosen from records, indicate the name and title of the individual who approved the use of the records.

**How are subjects initially contacted (e.g., ads, telephone, letter, sign-up sheets, email, etc.)?** Be specific.

**Will subjects receive inducements before or rewards after the study for their participation?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, explain.

### C. Funding Sources

Provide sources and funding for project, if applicable.

### D. Risks Involved

The purpose of this section is to determine whether human subjects involved in the proposed research project will be placed **at risk** (i.e., “if they may be exposed to the possibility of harm—physical, psychological, sociological, or some other potential for harm—as a consequence of any activity which goes beyond the application of those established and accepted methods necessary to meet their needs.”)

Does the research of this project involve (check all that apply):

- Possible invasion of the privacy of a subject or family, including the use of personal information of records?
- The administration of physical stimuli other than auditory and visual associated with normal classroom situations?
- Deprivation of physiological requirements such as nutrition or sleep; manipulation of psychological and/or social variables, e.g. sensory deprivation, social isolation, or psychological stresses?
- Deception as part of the experimental procedure?
- If the study involves the use of deception, does the protocol and “debriefing procedure” used upon completion of the study include a description of this fact?
- Any probing for information which an individual might consider to be personal or sensitive?
- The presentation to the subject of any materials which they might find offensive, threatening, or degrading?
- The requirements of physical exertion beyond normal classroom situations?
- Other (Describe any potential risks and the precautions that have or will be taken to minimize them. Attach additional sheets if necessary.)

### **E. Confidentiality**

Will any data be made a part of any permanent record that can be identified with the subject? If yes, explain.

Will the subject's participation in the study be made a part of any permanent record? Will it be available to a supervisor, teacher, or employer? If yes, explain..

List the steps that will be taken to ensure confidentiality.

## **F. Informed Consent**

Specify how participants will be informed of the following: (a) the nature of their participation in the project, (b) that their participation is voluntary and that they can withdraw from the study at any time, and (c) that their responses are confidential (Attach a copy of any informed consent form to be provided to/collected from study participants.) or justify why such consent will not be obtained (e.g., in an unobtrusive study of naturally occurring public behavior).

## **G. Storage and Disposal**

Specify the procedures to be used for the storage and ultimate disposal of identifying information. It is suggested that data with identifiers be kept in locked cabinets/rooms and any electronic data be encrypted and secured. (It is recommended to keep data for a minimum of three years and remove identifiers as soon as possible—if not removing identifiers, provide justification and procedure to maintain confidentiality.)

## H. Certification

I certify that the information concerning the procedures to be taken for the protection of research subjects is correct. I will seek and obtain prior approval if there is a substantive modification in the protocol and I will report promptly any unexpected or otherwise adverse effects encountered in the course of this study.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

If the principal investigator is a student, this application should be reviewed and signed by the faculty supervisor to indicate knowledge and approval of the proposal.

\_\_\_\_\_  
Signature of Faculty Supervisor

\_\_\_\_\_  
Date