

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

SCHOOL OF DIVINITY IRB APPLICATION

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). If you need more clarification on a specific section, hover your cursor over the blue question mark (?) to the right of each heading.
2. 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.
3. Submit one signed copy of the signature page (available below, 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: Green Hall, Suite 1887
4. Once received, applications are processed on a first-come, first-served basis.
5. Preliminary review may take up to 3 weeks.
6. Most applications will require 3 sets of revisions.
7. The entire process may take between 1 and 2 months.

Note: Applications and supporting documents with the following problems will be returned immediately for revisions:

1. Grammar, spelling, or punctuation errors.
2. Lack of professionalism.
3. Lack of consistency or clarity.
4. Incomplete applications.

Failure to minimize these errors will cause delays in your processing time

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

II. GENERAL INFORMATION

1. STUDENT INFORMATION (?)	
Student Name: John Smith	Student ID: L123456
Student Phone: 434-XXX-XXXX	Student Email: jsmith**@liberty.edu

2. FACULTY MENTOR INFORMATION (?)	
Faculty Mentor Name: Bill Jones	
Faculty Mentor Phone: 434-XXX-XXXX	Faculty Mentor Email: bjones**@liberty.edu

3. STUDY DATES (?)	
When will you perform your study? (<i>Approximate dates</i>):	
From: September 2010	To: September 2012

4. FUNDING SOURCE (?)	
Is your study funded by a grant?	
<input checked="" type="checkbox"/> No, my study is unfunded.	
<input type="checkbox"/> Yes, my funding source is:	

5. EXTERNAL IRB REVIEW (?)	
Has another IRB reviewed this study?	
<input checked="" type="checkbox"/> No (<i>Continue to Section III</i>)	
<input type="checkbox"/> Yes (<i>Attach a copy of the approval letter</i>)	

III. RESEARCH SUMMARY

6. STUDY TITLE (?)	
State the title of your study: Meal Selection and its Effect on Fellowship Quality	

7. DESCRIPTION OF RESEARCH (?)	
Research Question: The researcher is hoping to deduce whether evangelical pastors prefer potluck or catered meals.	
Research Purpose: It is well known that church wide fellowships frequently involves meals. Fellowship is vital to the unity of the church; therefore, the researcher is hoping that the findings of this research may serve to enhance the fellowship experience.	

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

8. STUDY DESIGN (?)	
Check all that apply:	
<input type="checkbox"/> Anonymous Survey	<input type="checkbox"/> Non-Anonymous Survey
<input type="checkbox"/> Unrecorded Interview	<input checked="" type="checkbox"/> Recorded Interview (<i>Audio/Video</i>)
<input type="checkbox"/> Other:	

9. STUDY PROCEDURES (?)	
Step by step, describe exactly what your participants will be asked to do. Include information about how long it should take your participants to complete each step.	
Step/Task/Procedure	Approximate Time to Complete
1. Participate in a recorded interview in person, via Skype, or by phone.	30 minutes
2.	
3.	
4.	
5.	
6.	

Note: If you do not have 6 steps, leave the extra spaces blank. If you have more than 6 steps, include them below:

10. SUPPLEMENTAL DOCUMENTS (?)
If you are conducting a survey, interview, focus group, or questionnaire, submit your questions to the IRB along with your application as separate Word documents.

IV. PARTICIPANT INFORMATION

11. TYPES OF PARTICIPANTS (?)	
Please provide a description of your study participants (<i>members of your church, fellow pastors, members of a specific organization, etc.</i>): Pastors who have pastored a church with more than 50 members for more than five years.	
Who will be the focus of your study? (<i>Check the applicable box(es) below</i>)	
<input checked="" type="checkbox"/> Normal Participants (Age 18-65)	<input type="checkbox"/> Outpatients
<input type="checkbox"/> Minors (Under Age 18)	<input type="checkbox"/> Cognitively Disabled
<input type="checkbox"/> Over Age 65	<input type="checkbox"/> Physically Disabled
<input type="checkbox"/> University Students	<input type="checkbox"/> Participants Incapable of Giving Consent
<input type="checkbox"/> Active-Duty Military Personnel	<input type="checkbox"/> Prisoners or Institutional Individuals
<input type="checkbox"/> Discharged/Retired Military Personnel	<input type="checkbox"/> Specific Ethnic/Racial Groups
<input type="checkbox"/> Inpatients	<input type="checkbox"/> 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."

12. NUMBER OF PARTICIPANTS (?)
How many participants do you plan to include in the study? 5

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

13. RELATIONSHIP TO PARTICIPANTS (?)

Are you related to your participants?

- No (*Proceed to Section V*)
 Yes (*Explain*):

V. RECRUITMENT

14. RECRUITMENT OF PARTICIPANTS (?)

Provide a detailed description of how you will recruit your participants: I will first contact any pastors I know, explain my study to them verbally (see attached script), and ask them to participate. I will stop recruiting participants when I reach 5 total.

Note: Submit a copy of any verbal script(s), email(s), letter(s), advertisement(s), flyer(s), or Facebook post(s) as a separate word document with your application.

15. PARTICIPANT COMPENSATION (?)

Will your participants be paid or given gift cards for taking part in your research?

- No (*Continue to #16*)
 Yes (*Explain*): Participants will be given a \$10 Starbucks card.

16. PERMISSION (?)

Are you planning to utilize a church, ministry, school, convention, or membership database to recruit your participants and/or gather your data?

- No (*Continue to Section VI*)
 Yes (*I will obtain/have obtained permission*)

Note: Submit any proof of permission to the IRB with your application.

VI. INFORMED CONSENT

17. OBTAINING CONSENT (?)

Please describe when and how will your participants be given the informed consent form(s): I will mail or email the consent document to participants one week before their scheduled interview to allow time for them to look the document over. They will return the consent documents by mail, or in person at the time of the interview.

Note: Submit your informed consent form to the IRB with this application. [Template available.](#)

VII. PRIVACY AND CONFIDENTIALITY

18. MAINTAINING CONFIDENTIALITY (?)

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

Describe how will you maintain the confidentiality of the information obtained from your subjects: I will use my laptop to digitally record the interviews. Participants will not be asked to include their names, church names, or any identifying information for the interview. When I transcribe the interviews, I will assign a letter of the alphabet to each pastor. Participants will not be named in the transcription or the study; they will be identified by their assigned letter. A list linking pastors to their letters will be stored in a locked desk separate from other data.

Examples include: anonymity, pseudonyms, or coded data.

19. ACCESS TO DATA (?)

Will data identifying subjects be made available to anyone other than you or your advisor?

- No (Continue to #20)
 Yes (Explain):

20. DATA SECURITY (?)

Describe where the data will be kept, how long will it be kept, and who will have access to it: I will store the data on my computer in a password-protected file. I will store the data for the 3 years, as required, and then I will delete it. I will be the only person with access to the data.

Examples include: in a locked filing cabinet/desk, on a password protected computer.

Reminder: data must be kept for a minimum of 3 years after the study is finished.

VIII. RISKS AND BENEFITS OF PARTICIPATION

21. DIRECT BENEFITS (?)

List any anticipated direct benefits to your participants. *If there are none, state "No direct benefits":* None

Note: Direct benefits are increases in knowledge or skills for the individual, not helping out society.

22. PARTICIPANT RISKS (?)

List any anticipated risks to your participants. *If the risks for participating are minimal (no more than one would expect when taking part in normal daily activities), state "Minimal risk" below:* Minimal risk. The risks are no more than one would expect when taking part in normal, daily activities.

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

IX. DOCUMENTS & APPLICATION CHECKLIST

Review the application instructions at the beginning of this form. Please submit all necessary documents as separate documents along with your application. Use the checklist below to make sure you have submitted the necessary paperwork to the IRB:

- I have completed the necessary CITI Training.**
- If applicable*, I have received faculty mentor approval.**
- I have completed the School of Divinity IRB application in its entirety.**
- If applicable*, I have created the following supplemental documents ([templates](#)):**
 - Permission Request Letter(s)
 - Recruitment Materials:
 - ✓ Letter(s)
 - ✓ Announcement(s)
 - ✓ Post(s)
 - ✓ Email(s)
 - ✓ Flyer(s)
 - ✓ Verbal/Phone Script(s)
 - Consent Materials:
 - ✓ Consent Form(s)
 - ✓ Assent Form(s)
 - ✓ Parental Consent Form(s)
 - ✓ Debriefing Form(s)
 - Instruments:
 - ✓ Survey Questions
 - ✓ Questionnaires
 - ✓ Interview Questions
 - ✓ Focus Group Questions
 - ✓ Other Test/Assessment Material
- I have submitted my signed signature page to the IRB (including mentor signature).**
- If applicable*, I have submitted proof of permission (as a letter, or email response) to the IRB.**
- I have submitted my application as a word document, and the above supplemental documents as separate word documents* to the IRB (irb@liberty.edu).**

***Please note:** *Signature pages and proof of permission may be submitted as pdfs.*

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

X. INVESTIGATOR AGREEMENT & SIGNATURE PAGE

BY SIGNING THIS DOCUMENT, YOU AGREE:

1. That no participants will be recruited or entered into the study until you have received the final approval or exemption email from the Institutional Review Board.
2. That no participants will be recruited or entered into the study until they have been properly educated on the study.
3. That any modifications of the study or consent form will not be initiated without prior written approval, by email, from the IRB and your faculty mentor.
4. The Investigator (You) agrees to carry out the study as stated in the approved application: all participants will be recruited and consented as stated in the study approved or exempted by the IRB. If written consent is required, all participants will be consented by signing a copy of the approved consent form.
5. That any unanticipated problems involving risks to participants or others participating in the approved study, which must be in accordance with the [Liberty Way](#) (and/or the [Honor Code](#)) and the [Confidentiality Statement](#), will be promptly reported in writing to the IRB.
6. That the IRB office will be notified within 30 days of the completion of this study.
7. That the PI will inform the IRB and complete all necessary reports should he/she terminate University Association.
8. To maintain records and keep informed consent documents for **three years** after completion of the project, even if the Investigator terminates association with the University.
9. That he/she has access to copies of [45 CFR 46](#) and the [Belmont Report](#).

Investigator (Printed)

Investigator (Signature)

Date

FOR FACULTY MENTORS INVOLVED IN STUDENT PROPOSALS ONLY

BY SIGNING THIS DOCUMENT, THE FACULTY MENTOR AGREES:

1. To assume responsibility for the oversight of the student's current investigation, as outlined in the approved IRB application.
2. To work with the Investigator, and the Institutional Review Board, as needed, in maintaining compliance with this agreement.
3. That the Investigator is qualified to perform this study.
4. **That by signing this document you verify you have carefully read this application and approve of the procedures described herein, and also verify that the application complies with all instructions listed above.** If you have any questions, please contact our office (irb@liberty.edu).

Faculty Mentor (Printed)

Faculty Mentor (Signature)

Date

*The Institutional Review Board reserves the right to terminate this study at any time if, in its opinion, (1) the risks of further experimentation are prohibitive, or (2) the above agreement is breached.