

Research Compliance Combined Cover Page

Georgia Southern University

Application for Research Approval

Investigator Information:		
Name of Principal Investigator: Ima Freaken Genius	Phone: (912)555.5555	For Office Use Only: Protocol ID: _____ Date Received: _____
Email: igenius@georgiasouthern.edu (Note: Georgia southern email addresses will be used for correspondence.)	<input type="checkbox"/> Faculty; <input checked="" type="checkbox"/> Doctoral; <input type="checkbox"/> Specialist; <input type="checkbox"/> Masters <input type="checkbox"/> Undergraduate	
Department Name and PO Box: Counselor Education EdS program, LTHD, Box 8131		
Name(s) of Co-Investigators: N/A	Phone: N/A	
Email addresses: N/A	<input type="checkbox"/> Faculty; <input type="checkbox"/> Doctoral; <input type="checkbox"/> Specialist; <input type="checkbox"/> Masters <input type="checkbox"/> Undergraduate (If multiple: identify by initial letter behind name. e.g., F for faculty)	
Department Name and PO Box: N/A		
Personnel and/or Institutions Outside of Georgia Southern University involved in this research (Attach training certification): N/A		
Project Information: (Note: funded project titles must match grant title)		
Title: After-School Running Group: College/Career-Readiness Intervention with At-Risk Populations		
Brief (less than 50 words) Project Summary: Project will investigate impact of after-school running program intervention on at-risk youth populations' college/career-readiness. Participants will be enrolled students identified by site administration, school counselors, and homeroom teachers. Participants will be identified meeting criteria: (1) having interest in athletic/exercise career opportunities, and (2) considered "at-risk" in regards to graduation requirements.		
Compliance Information:		
Please indicate which of the following will be used in your research: (application may be submitted simultaneously)		
<input checked="" type="checkbox"/> Human Subjects (Complete <i>Section A: Human Subjects</i> below) <input type="checkbox"/> Care and Use of Vertebrate Animals (Complete <i>Section B: Care and Use of Vertebrate Animals</i> below) <input type="checkbox"/> Biohazards (Complete <i>Section C: Biohazards</i> below)		
<input type="checkbox"/> Do you or any investigator on this project have a financial interest in the subjects, study outcome or project sponsor. (A disclosed conflict of interest will not preclude approval. An undisclosed conflict of interest will result in disciplinary action.).		
Project Start Date: Fall, 2016 End Date: Spring, 2017 (no more than 1 year) Anticipated renewals <input type="checkbox"/> year 2 <input type="checkbox"/> year 3		Check one: <input checked="" type="checkbox"/> New submission <input type="checkbox"/> Resubmission # _____
Funding Source: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private		<input type="checkbox"/> Internal GSU <input checked="" type="checkbox"/> Self-funded/non-funded
Funding Agency:		<input checked="" type="checkbox"/> Not Applicable

Section A: Human Subjects <input type="checkbox"/> Not Applicable	
Number of Subjects (Maximum): 50	Date of IRB education completion: 06/01/2016 (attach copy of completion certificate)
<i>Purpose of Research: (Check all that apply)</i> <input checked="" type="checkbox"/> Publication/use in thesis/dissertation <input type="checkbox"/> Publication (journal, book, etc.) <input type="checkbox"/> Poster/presentation to a scientific audience <input type="checkbox"/> Completion of a class project <input type="checkbox"/> Presentation to GSU audience only <input type="checkbox"/> Presentation in outside of GSU <input type="checkbox"/> Results will not be published <input type="checkbox"/> Other	<i>Please indicate if the following are included in the study (Check all that apply):</i> <input type="checkbox"/> Human Subjects Incentives <input checked="" type="checkbox"/> Informed Consent Document <input type="checkbox"/> Greater than minimal risk <input checked="" type="checkbox"/> Research Involving Minors <input type="checkbox"/> Deception <input type="checkbox"/> Generalizable knowledge (results are intended to be published) <input type="checkbox"/> Survey Research <input checked="" type="checkbox"/> At Risk Populations (prisoners, children, pregnant women, etc) <input checked="" type="checkbox"/> Video or Audio Tapes <input type="checkbox"/> Medical Procedures, including exercise, administering drugs/dietary supplements, and other procedures

Section B: Care and Use of Vertebrate Animals <input checked="" type="checkbox"/> Not Applicable	
<i>Purpose of use/care of animals:</i>	<i>Please indicate if the following are included in the study:</i>
<input type="checkbox"/> Research <input type="checkbox"/> Teaching <input type="checkbox"/> Demo only <input type="checkbox"/> Student participation in faculty work <input type="checkbox"/> Class Project <input type="checkbox"/> Exhibition <input type="checkbox"/> Display	<input type="checkbox"/> Physical intervention with vertebrate animals <input type="checkbox"/> Housing of vertebrate animals <input type="checkbox"/> Euthanasia of vertebrate animals <input type="checkbox"/> Use of sedation, analgesia, or anesthesia <input type="checkbox"/> Surgery <input type="checkbox"/> Farm animals for biomedical research (e.g., diseases, organs, etc.) <input type="checkbox"/> Farm animals for agricultural research (e.g., food/fiber production, etc.) <input type="checkbox"/> Observation of vertebrate animals in their natural setting

Section C: Biological Research <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Submitted Separately	
<i>Biosafety Level:</i>	<i>Please indicate if the following are included in the study:</i>
<input type="checkbox"/> Exempt <input type="checkbox"/> BSL 1 <input type="checkbox"/> BSL 2 <input type="checkbox"/> BSL 3	<input type="checkbox"/> Use of rDNA <input type="checkbox"/> Non native/invasive plant species <input type="checkbox"/> Last EHS lab safety inspection date: <u>Attach Report</u> <input type="checkbox"/> Last IBC biosafety lab inspection date: <u>Attach Report</u>

Signature of Applicant(s): (PI, CoPI)		Date: June 15, 2016
X <i>Ima F. Genius</i>		
<i>If student project please complete research advisor's information below (note that advisor signature must be received before application will be reviewed.):</i>		
Research Advisor's Name: Richard E. Cleveland, PhD, NCC	Advisor's E-mail: rcleveland@georgiasouthern.edu	
Advisor's Phone: (912)478.8022	Advisor's Department: LTHD, College of Education P.O. Box: 8131	
If student project - Signature of faculty member who is responsible for the student conducting research. If faculty project - Signature of department head or chair.		
<i>By signing this cover page I acknowledge that I have reviewed and approved this protocol for scientific merit, rational and significance. I further acknowledge that I approve the ethical basis for the study.</i>		
Signature of Committee Chair/Research Advisor (if student) Department Chair(if faculty):		Date:
X		

What are 2 things you liked/valued about this session?

What is 1 thing you wish could've been different?

What are some questions might you have?

Thank you!