**Belmont University Institutional Review Board**

**IRB Application for Not Human Subject Research (NHSR) Projects**

* If your project involves *any* human subjects data (whether from individuals directly or from existing documents such as charts), you must have prior written IRB consideration/determination before initiating the project.
* Future scholarship and use of this data may require you to provide verification of written IRB documentation.

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| * Applications must be uploaded to the Axiom Mentor System (electronic IRB system) and categorized as NHSR within that system. Please upload this document as a part of your Mentor application.
* For questions or to schedule a consultation, contact irb@belmont.edu.
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**I STOP:** If your project will be or has already been reviewed by another institution’s IRB or ethics board, *do not complete this form*. Instead, please **email the IRB** your final approved (or exempted) application and the IRB decision letter.

**Section 1: Project Leader Information**

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| **1. Project Leader**(Last name, First) |  |
| **Email** |  | **Phone** |  |

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| **2. Project Title** |  |

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| **3. Project Team Members**: Below, list name, institution, and email for each team member. |
| **Name** | **Institution** | **Email** |
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| **4. Anticipated Start Date:** On what date do you hope to begin this project*?* *(For complete applications that meet IRB Exempt/NHSR criteria, allow at least 2 weeks for determination.)* |  |
| **5. Project Closure:** Approx. how many months do you anticipate this project to be ongoing? |   |

**Section 2: Project Location & Site Support**

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| **1.** List all **sites** where your project will be implemented, **such as hospitals, clinics, etc.:**  |
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**Section 3: Project Information**

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| **1. This project is best described as:** (***Mark all that apply*.)** |
| [ ]  **Quality Improvement or Quality Assurance** |
| [ ]  **Program Evaluation** |
| [ ]  **Development/Assessment of Educative Tool for Staff/Professionals** |
| [ ]  **Needs Assessment** |
| [ ]  **Evidence-Based Practice Project** |
| [ ]  **Scholarly/Journal/Documentary Activity** |
| [ ]  **Classroom/Educational Activity** |
| [ ]  **Use of Publicly Available or Decedent Data Already in Existence** |
| [ ]  **Other (explain in 3-5 sentences):** |

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| **2. Project Purpose:** Describe the global aim of your project. Include a summary of the evidence that informed the aim/purpose. (Recommend 250-word limit, excluding references.) |
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| **3. Does this project fall within normal operational/clinical activities for the organization/institution?** |
| [ ]  **YES** | [ ]  **NO** |
| **4. If NO, does this project require potential participants to engage in activities beyond normal services provided by the organization/institution?** |
| [ ]  **YES** | [ ]  **NO** |

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| **5. Check all applicable activities below:** |  |

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| [ ]  Surveys/questionnaires (with participants) | [ ]  Surveys/questionnaires (of staff/administrators/ students/ healthcare workers) |
| [ ]  Individual interviews (with participants)  | [ ]  Individual interviews (with staff/administrators/ students/ healthcare workers) |
| [ ]  Focus groups (with participants) | [ ]  Focus groups (with staff/administrators/ students/ healthcare workers) |
| [ ]  Chart review | [ ]  Observation of participants/institutional processes |
| [ ]  Implementation of educational tool/program | [ ]  Secondary analysis/use of publicly available or decedent data |
| [ ]  Other (explain briefly)**:** |

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| **6. Data Collection:** Briefly describe process/procedures for any data collection. If you will be engaging in chart review or accessing already existing data, explain how you will gain access. If you are implementing an educational tool or intervention, describe it briefly – do not provide the tool/program in your submission. |
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| **7.** **Nature of Data**: Explain whether direct identifiers (name, address, patient chart number, etc.) or indirect identifiers (demographics, etc.) will be collected/recorded for this study. Likewise, if your data will be deidentified, please describe your process for retrieving and deidentifying patient information. Finally, describe your process for storing data over time and keeping data secure. |
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| **8. Risks of Participation:** NHSR (Not Human Subject Research) status is permitted only for minimal risk projects. Does this study involve risks *greater than* those encountered in everyday life? Explain. |
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| **9.** **Participant Communication**: Although NHSR projects do not require informed consent, it is an ethical responsibility to share pertinent information. Briefly describe the process for letting people involved with the NHSR project know what the project is about and how the project will or might impact them. Include any scripts or forms with this submission. |
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**Section 4: SIGNATURES** *(must be digital or hand-written, not typed)*

Project Leader:

 Typed Name

 Date:

 \*Signature Required

Once this form is completed and signed, please log in to the [Axiom Mentor System](https://www.axiommentor.com/login/axlogin.cfm) using your Belmont Credentials and submit for review.