** Hobart and William Smith Colleges**

**Institutional Review Board**

**Form A - Continuation**

**Application for Continued Research with Human Subjects**

**Directions**: This application is to be submitted to and approved in writing by the IRB ***prior*** to the continuation of any investigation involving human subjects beyond the date previously approved by the IRB. Please submit a signed, paper copy and an electronic version of your application to the Office of Academic and Faculty Affairs. Please include a copy of the originally approved Form A application, any previous continuation approvals that included changes to the original proposal, and any proposed changes to the supporting materials**.**

**PRINCIPAL INVESTIGATOR** *Name*: Click here to enter text.

*HWS Department Affiliation*: Click here to enter text.

*Campus Address*: Click here to enter text.

*Email Address*: Click here to enter text.

*Phone Number*: Click here to enter text.

|  |
| --- |
| **If the Principal Investigator is a student, a faculty/staff supervisor must be identified to oversee the project. The Supervisor’s signature is required at the end of this form.**  *Name of Faculty/Staff Supervisor*: Click here to enter text.  *Supervisor’s Campus Address*: Click here to enter text.  *Supervisor’s Email Address*: Click here to enter text.  *Supervisor’s Phone Number*: Click here to enter text. |

**PROJECT** *Title*: Click here to enter text.

*Previous Form A Application #*: Click here to enter text. *Approval Date*: Enter date.

*Anticipated* *Starting Date*: Click here to enter text.

*End Date (1-year maximum)*: Click here to enter text.

*Project Involves*:  Faculty/Staff research

Independently conducted student research

Other: Click here to enter text.

*Project Collaborators:* Click here to enter text.

*(Indicate institutional affiliation if non-HWS)* Click here to enter text.

|  |
| --- |
| *For IRB use only*: **Application #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Submission Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Approved \_\_\_ Not approved **Revision Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Chair’s Name Chair’s Signature Date |

**NATURE OF THE PROJECT**

1. Description of the continuing research – *Provide a brief overview of the status of the project, and indicate whether there have been any significant changes to the scope or methodology of the study. Please note that significant changes to the methodology and/or scope of the project may necessitate a Form A application.*

Click here to enter text.

2. Unexpected Events and Consequences – *Since the start of the project have there been increased risks, complaints or negative consequences for human subjects involved in the study? If yes, please describe below:*

Click here to enter text.

**ASSURANCE STATEMENT**

I confirm that the procedures described above are accurate and will be followed in the course of the research project. I have completed the online Human Participant Protections Education Training Course within the last ten years. I will notify the IRB of any changes to procedures and if unanticipated problems arise during the research process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Principal Investigator Date

|  |
| --- |
| **For Faculty/Staff Supervisors of Student Research:**  Federal guidelines mandate that research be of sufficient merit to justify the participation of human subjects. In the case of student research, the responsibility for determining merit is shared with the student’s supervisor. By signing below, I acknowledge that I have discussed the proposed project with the student researcher named above and find the research to be of sufficient merit to justify the use of human participants. I acknowledge my responsibility for protecting the rights and welfare of human research participants, ensuring compliance with IRB protocols and expectations, and assisting the student researcher in the effective administration and conduct of this project. I also acknowledge that I have completed the online Human Participant Protections Education Training Course within the last ten years.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Faculty/Staff Supervisor Date |