**Application for MODIFICATION of**

**Ongoing Research Involving Human Participants**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator: | | | | Click here to enter *one* person’s name | | | | | | | |
| Email: | Click enter e-mail address. | | | | | | | Phone: | | Click here to enter #. | |
| \*Additional Investigators: | | | | | Click here to enter text. | | | | | | |
| Faculty or Staff Sponsor: | | | | | Click here to enter text. | | | | | | |
| Project Title: | | | Click here to enter text. | | | | | | | | |
| Project IRB File Number: | | |  | | | | | | | | |
| Submission  Date for Modification: | | Click to enter a date. | | | | Date project first received IRB approval: | Click to enter a date. | | Project End Date | | Click to enter a date. |

**Statement of Agreement**

By signing and submitting this application package, I certify that I am willing to conduct and /or supervise these activities in accordance with the guidelines for human subjects in research. Further, I certify that any changes in procedures from those outlined in the proposal will be cleared through the IRB.

*If the Principal Investigator is a student, the electronic signature of the Faculty or Staff Sponsor certifies:*

*1) Agreement to supervise the student research; and 2) This application is ready for IRB review.*

* I certify the information provided in this application is complete and correct
* I understand that I have ultimate responsibility for the conduct of the study, the ethical

performance of the project, the protection of the rights and welfare of human subjects and

strict adherence to any stipulations imposed by the IRB.

* I agree to comply with all Simpson College policies, as well as all federal, state, and local laws on the protection of human subjects in research, including:
  + Performing the study according to the approved protocol
  + Implementing no changes in the approved study without IRB approval
  + Obtaining informed consent from subjects using only the currently approved consent form
  + Protecting personal identifiable information
  + Promptly reporting significant or untoward adverse effects to the IRB

**Signatures**

The signatures below verify that the information provided in this proposal is accurate. Researchers bear the primary responsibility for ensuring the safety of their participants.

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Principal Investigator Date

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

Faculty or Staff Sponsor (if proposal is for student research) Date

\* If a full class is participating, a class roster is sufficient.

1. Are you requesting to ADD any research procedures to your current study?

Yes  No

If yes, please explain:

Click or tap here to enter text.

1. Are you requesting to REMOVE any research procedures from your current study?

Yes  No

If yes, please explain:

Click or tap here to enter text.

1. Provide a brief explanation for any additional proposed modifications to the current study.

Click here to enter text.

**SUBMISSION INSTRUCTIONS**

A. If your original proposal was approved by the IRB prior to the current fiscal year, please attach a copy of your original proposal that was APPROVED by the IRB. Please ensure any changes to your original application that were requested by the IRB prior to approving it are reflected in the current document.