How to Obtain Approval to do Research for NOCCCD Affiliated Personnel

Step 1: Submit a letter of intent which includes estimated submission date of completed proposal, proposed project start date, title of project, your contact information (address, phone number, e- mail), and type of request (research, data, or both) to the office of Educational Services and Technology.

Step 2: Submit the completed proposal to the District Director of Research, Planning, and Data Management: Dr. Gabrielle Stanco, gstanco@nocccd.edu

Proposals must include:

1. Cover letter. One completed cover sheet.
2. Abstract. Include the purpose and brief description; and the number and kinds of schools, students, and faculty needed.
3. Data description. Describe the kinds of data to be collected or obtained.
4. Timelines.
5. Letters of approval. Submit a letter of approval for the study on official letterhead from a university advisor or the supporting agency. In addition, please submit an official approval letter from the Institutional Review Board (IRB) when made available. *Please note: Research projects cannot be implemented until final IRB approval has been obtained from the institute or supporting agency.*
6. Statement of Confidentiality. Explain how you will ensure the confidentiality of subjects from data collection through data analysis. How and to whom will this information be disseminated? What will happen to the data once the study is over?
7. Alignment. Indicate how your study aligns with the North Orange County Community College Strategic Directions.
8. Consent and Assent. Include copies of all informed consent and assent forms.
9. Examples of Instrumentation. Include one copy of all surveys, tests, interviews, and other data collection instruments within one of the five proposals.

Proposals will be reviewed by a multi-disciplinary committee. You will be notified about the status of the study and your next steps by email within three weeks after the committee meeting (approximately 30 days from submission). Please be advised that the timeline can change at any time; therefore, you are encouraged to submit your completed proposal well in advance of your project's anticipated start date.

Only completed proposals will be reviewed.

Appendix B: Research Review Form

Principal Investigator:	
PI email:	
PI Campus Phone:	
Project Title:	

1. Source of Funding (if any):
2. Dates of proposed project (cannot be retroactive):
   Begin Date:_____ End Date: _____
3. Describe the Scientific Purpose of the Investigation:
4. Describe the research methodology in non-technical language (the RRC needs to know what will be done with or to all research participants):
5. What are the potential benefits of this research (either directly to the participants, or to the body of knowledge being researched):
6. What are the anticipated risks (risks include, physical, psychological, or economic harm)? What steps will be taken to protect participants from these risks?
7. Describe how participants will be recruited (must include total number and age range of all participants to be recruited and any compensation participants will be provided including extra credit in courses):
8. Is it necessary that the Primary Investigator(s) or other researchers know the identity of the participants? If so provide a detailed description of why:
9. Describe how data collected for this project will be securely stored and how and when it will be destroyed:
10. Describe the process you will use to obtain informed consent and complete the highlighted portions of the Consent Form Template found in Appendix C below**.**

Appendix C: Consent Form

[Project Title]

***Introduction and Purpose**
[Briefly describe the study]

***Procedures**
[What will the participant be required to do?]

Potential Risk or Discomfort
[Describe any potential risks or discomfort – if there are none this section can be left off of the consent form]

***Confidentiality Information**
[How will data be stored securely and confidentiality insured]

***Voluntary Participation**
Participation in this research is voluntary. Declining to participate will in no way impact your relationship with [Primary Investigator], the [XXX Department], or North Orange County Community College District. If you decide to be in the study, you have the right to drop out at any time.

***Consent Statement (either statement A or B below is required):**

A	I understand the procedures described above. My questions have been answered to my satisfaction, I have been given a copy of this consent, and I agree to participate in this study. _____ _____ Print Name: Date _____ Participant's Signature
B	I understand the procedures described above and all questions have been answered to my satisfaction. By returning this [questionnaire] I am agreeing to participate in this study.

**This project complies with the requirements for research involving human subjects by the NOCCCD Office of Educational Services and Technology. If you have any questions or concerns about being a participant in this project feel free to contact the Primary Investigator [Investigator Smith] by phone [999-999-9999] or by email [XXX@NOCCCD.edu]*

** required items of consent form*

Appendix D: Request for Data Form

1. Date Submitted:
2. Project Title:
3. List of variables requested:
4. Dates / Semester range for data:
5. List any criteria (e.g., males only, Health Sciences majors only, etc.):
6. Requested date for delivery of data:

EST USE ONLY

Request Received: _____ Date Completed: _____

☐ Approved By: _____ Date: _____

☐ Not Approved By: _____ Date: _____

Reason: _____