**CALIFORNIA MARITIME ACADEMY INSTITUTIONAL REVIEW BOARD**

**IRB INITIAL APPLICATION**

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| --- | --- |
| Name of Applicant: | CMA Identification Number: |
| University Title: | Department or Group: |
| Home or Campus Address: | Electronic Mail Address(s): |
| Home Phone: | Work Phone: |

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| Name(s) and Title(s) of Other Investigators: |
| Name of Faculty Advisor: | University Title: |
| Home or Campus Address: | Electronic Mail Address(s): |
| Home Phone: | Work Phone: |

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| --- |
| Project Title: |

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Signature of Applicant Date

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Signature of Faculty Advisor\* Date

\*Your signature indicates that you accept responsibility for the research described, including work by students under your supervision.

It further attests that you are fully aware of all procedures to be followed, will monitor the research, and will notify the IRPBHS of any

significant problems or changes.

Respond to items 1 - 11 typed on a separate sheet of paper. Responses to items 1 -11 should be stapled to this Initial Application form.

1. Background and Rationale

2. Description of Sample

3. Recruitment Procedure

4. Subject Consent Process

5. Procedures

6. Potential Risks to Subjects

7. Minimization of Potential Risk

8. Potential Benefits to Subjects

9. Costs to Subjects

10. Reimbursements/Compensation to Subjects

11. Confidentiality of Records