



**EI PASO COMMUNITY COLLEGE  
APPLICATION FOR PERMISSION TO USE HUMAN SUBJECTS IN RESEARCH  
APPROVAL IS VALID FOR ONE YEAR FROM APPROVAL DATE**

See College Procedure 2.03.01.22: Procedure for the Protection of Human Subjects Participating in El Paso Community College Research Programs.

**THIS FORM MUST BE TYPED FOR PROCESSING – DO NOT LEAVE ANY BLANKS.**

Principal Investigator(s) \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Institution \_\_\_\_\_ Department \_\_\_\_\_

Title of Research Project \_\_\_\_\_

Please check purpose of project: \_\_\_\_\_ Master's Thesis \_\_\_\_\_ Doctoral Dissertation \_\_\_\_\_ Class Assignment

Other (explain): \_\_\_\_\_

Name of faculty advisor (if any): \_\_\_\_\_

Where will work be done? \_\_\_\_\_

When will the research begin? \_\_\_\_\_ When will the research end? \_\_\_\_\_

**CHECKLIST FOR RESEARCHER**

Please check appropriately. If explanation is needed, use the back of the form and additional sheets if necessary.

**YES NO**

**GENERAL ISSUES**

1. \_\_\_\_\_ Are federal funds involved? If yes, sponsor's name: \_\_\_\_\_ **(please explain on back)**
2. \_\_\_\_\_ Other external funds? If yes, sponsor's name: \_\_\_\_\_
3. \_\_\_\_\_ Is application a renewal application for same research done one or more years ago and previously by this committee?
4. \_\_\_\_\_ Do you have any financial conflict of interest? **(If yes, please explain on back)**
5. \_\_\_\_\_ Will this project require the supervision of a physician? **(If yes, please explain on back)**

**SUBJECT RELATED ISSUES**

6. \_\_\_\_\_ Has the selection of subjects been equitable, with particular recognition of the special problems of research involving vulnerable populations such as women, children, prisoners, mentally disabled persons or economically or educationally disadvantaged persons? **(If no, please explain on back)**
7. \_\_\_\_\_ Are subjects minors or have diminished mental or physical capability? **(If yes, please explain on back)**
8. \_\_\_\_\_ Subjects have been given a choice of the following: participate or do another assignment (i.e., book review, paper, etc.)
9. \_\_\_\_\_ Subjects have been offered one or more of the following incentives to participate in the research: money, extra credit for the class **(If yes, please explain on back).**
10. \_\_\_\_\_ Subjects will be allowed to participate in the research during regularly scheduled class time.

**INFORMED CONSENT/ASSENT ISSUES**

11. \_\_\_\_\_ Will each subject be fully informed?
12. \_\_\_\_\_ Will each subject be debriefed following completion of the research?
13. \_\_\_\_\_ Will each subject's personal privacy be protected? **(If no, please explain on back)**
14. \_\_\_\_\_ Will each subject, prior to the research, indicate informed consent/assent to participate by completing and signing a written form **(If no, please explain on back) (copy of informed consent form must be attached to this application)** which includes:
  - a. A description of the potential risks to the subjects including physical, psychological, emotional, social or spiritual well being,
  - b. A description of how the personal privacy of the subject will be protected,
  - c. A description of any incentives for the subjects and restrictions for receiving such incentives,
  - d. An indication that the subjects' participation is entirely voluntary and that they may withdraw at anytime, and
  - e. A description of any debriefing that will be made available to the subjects?

**If items 1, 4, 5, 7, 9 are checked YES, please explain on back; if items 6, 13, 14 are checked NO please explain on back.**

**PROTOCOL OF RESEARCH PROJECT**

Provide the following information: brief description of research methods, time required for single session, number of sessions, psychological or medical methods to be used, research objectives or hypothesis(es); if a survey instrument or other interview protocol is to be used, please attach a copy.

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**SUBJECTS:** Number of Subjects \_\_\_\_\_ **Age of Subjects** Over 18 \_\_\_\_\_ Under 18 \_\_\_\_\_  
**If under 18, please indicate ages** \_\_\_\_\_  
**Sex of Subjects** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Both

**SAFETY MEASURES:** Outline specific safety controls. If applicable, indicate what OSHA requirements will be observed. If applicable, indicate what universal standards will be observed. If subjects are minors and/or have diminished mental capability and/or have diminished physical capability, indicate special precautions that will be observed. If physician’s attendance is necessary, explain why.

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**PHYSICIAN’S NAME AND CONTACT INFORMATION (If Physician’s attendance is necessary)**

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**EXPLANATIONS FOR CHECKLIST RESPONSES (MANDATORY FOR #1, 4, 5, 7, 9 if checked YES; #6, 13, 14 if checked NO)**

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**Faculty Advisor Approval Signature (if applicable)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division or Dept. Head Approval Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read the EPCC Administrative Policies and Procedures Manual on “Human Subjects in Research” and I certify that my proposed research is in conformity with the College policy. I certify I have read the Belmont Report, the regulations for the protection of human subjects (45 CFR 46), the NIH Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research (Federal Register, March 29, 1994, pages 14508-14513), and the NIH Policy and Guidelines on the Inclusion of Children as Participants in Research Involving Human Subjects. Copies available in College Research Center and on the Office for Human Research Protections web page @ <http://ohrp.osophs.dhhs.gov/polasur.htm>.

**SIGNATURE OF RESEARCHER(S)** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**DISPOSITION BY: EPCC IRB**  
\_\_\_\_ Approved \_\_\_\_\_ Disapproved Chair’s Signature \_\_\_\_\_ DATE \_\_\_\_\_ Approval # \_\_\_\_\_  
**Forward to: EPCC Institutional Research, ASC, Room A-830, Office Number (915) 831-6726**