

**APPLICATION FOR CERTIFICATION OF EXEMPTION**

**Project Title:**

**Please answer the following questions:**

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| Are potential participants members of a protected population? (please check all that apply)  1. Children (under the age of 18)  2. Pregnant women  3. Decisionally-impaired persons  4. Economically or educationally disadvantaged persons  5. Prisoners  6. Fetuses and human in vitro fertilization  7. Other potentially vulnerable groups (if applicable, describe): |
| Description of what subjects will be asked to do and/or the nature of the data that will be collected from or about subjects. |
| Will information be collected or recorded in such a way that subjects can be identified? Yes  No  Will information pose any risk to participants if it is disclosed outside the research? Yes  No  (For a description of risks to participants please see section 2 (ii) of Exempt Review on Appendix A) |
| Does the study pose more than minimal risk to participants? Yes  No  See Part II, sec. A,1, (a),2, of SUNY Potsdam Policy on the Use of Human Subjects in Research, available on IRB website |
| Will deception be used? Yes  No |
| Description of how consent will be sought from potential participants. Please note that consent should always be sought (verbally or in written form). Surveys require a brief statement of consent at the beginning, including a sentence that states that the activity involves research, the procedures to be followed, purpose, risks (if any), confidentiality, voluntariness, and contact information (if the survey will be distributed electronically, it must also include SUNY Potsdam's internet disclaimer, available in our website). |
| Will data be obtained from or in collaboration with any other organization?  Yes  No  If applicable, name of cooperating institution: |

**Attachments uploaded with this application to SUNY PACS Supporting Documents Smartform:**

Appendix A: Level of review (required for all applications)

Research instruments: survey, interview questions, focus groups questions, etc. (required for all applications)

Letters of permission from cooperating organizations

Consent form(s)

Appendix B: Conflict of interest

Appendix C: External team member information

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I have read Appendix B Conflict of Interest guidelines and the SUNY Potsdam Conflict of Interest Policy and declare that I do not have a potential conflict of interest associated with this project.

I have read Article 24-A as amended to the New York State Public Health Law (available on the SUNY Potsdam IRB website) and agree to comply with SUNY Potsdam policy and state and federal regulations regarding the use of human subjects in research. I further agree to execute this project as described in this proposal; request approval from the IRB for changes; submit applications for continuation of approval as required; submit a final report at the conclusion of the study; and be responsible for the supervision and work of my staff and/or students.

**PI's electronic signature and date:**