



Purpose: This Application is designed to help you apply for IRB approval for research involving human subjects and to ensure that the IRB receives the appropriate information to make a determination.

Before you fill out this form: *If this project has been reviewed by any other IRB, stop completing this application and contact the IRB Personnel to determine whether a Cooperative Agreement can be entered.*

- Review the IRB Manual.
- Complete the CITI training. Training is required for all individuals involved in data collection and analysis on this protocol. Training is also required for student advisors.

YOU MAY NOT CONDUCT RESEARCH ACTIVITIES INVOLVING HUMAN SUBJECTS WITHOUT IRB APPROVAL.

Instructions: Complete the application thoroughly. All pages must be completed. Incomplete submissions will be returned and will result in the delay of your study being reviewed. Explain your research as you would to a peer who is not an expert in your field, avoid jargon and acronyms. All information pertinent to your research must be included in the Application itself and your research must be understood without the supplemental attachments. Do not rely on information presented in attachments. Submit completed application and required attachments to irb@pacific.edu.

Submission Checklist: The last page of this Application includes a submission checklist. Please use the checklist to confirm all required documents are submitted with this Application.

Signatures: Obtain all signatures prior to submitting to the IRB Personnel. A Faculty Advisor signature is required if the student is the principal investigator.

If you have any questions, please contact the IRB Personnel at: irb@pacific.edu or 209.946.3903.



FOR IRB OFFICE USE ONLY:			
IRB Protocol Review Number:		Date Received:	
<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved (<i>See IRB Approval Letter</i>) <input type="checkbox"/> Disapproved (<i>Activity is considered Human Subjects Research and Requires IRB Approval</i>) <input type="checkbox"/> No Determination (<i>Activity is not research or does not involve human subjects. IRB Approval not required.</i>) <input type="checkbox"/> Exempt Review: Category _____ <input type="checkbox"/> Expedited Review: Category _____ <input type="checkbox"/> Full Review <input type="checkbox"/> Limited Review Required			
IRB Co-Chair Approval:		Approval Date:	

REQUIRED RESEARCHER CONTACT INFORMATION:			
Lead Researcher/ Principal Investigator (PI):	Barry Allen	PI University Email:	ballen@pacific.edu
College/School: <i>(e.g. Conservatory of Music)</i>	College of the Pacific	Department: <i>(e.g. Music Therapy)</i>	Health, Exercise, and Sport Sciences
PI Status:	<input checked="" type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Administrator <input type="checkbox"/> Other: _____	Expected Graduation Date: <i>(If Student)</i>	May 2030
Date CITI Training was Completed by PI: <i>(Attach CITI certificate)</i>	February 25, 2029	Date CITI Training was Completed by Faculty Advisor: <i>(Attach CITI certificate)</i>	January 15, 2028
Faculty Advisor: <i>(required for student research)</i>	Dr. Oliver Queen	Faculty Advisor Email:	oqueen@pacific.edu
Research/Activity Title:	Exercise Habits and Motivational Factors of College Students		
Has this Research Been Reviewed by Another Institutional Review Board?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, Stop completing this Application and contact the IRB Personnel to determine whether a Cooperative Agreement is possible.)		
Project Funding	<input type="checkbox"/> Funded <input checked="" type="checkbox"/> Unfunded	If Funded, list source:	
Any Conflict of Interest Between Funding Source and the PI?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Refer to the University's Conflict of Interest Policy)	If Yes, Describe:	
Additional Personnel/Research Team Members <i>(only list personnel that will have interaction with subjects or access to identifiable data.)</i> <u>CITI CERTIFICATE MUST BE ATTACHED FOR ALL LISTED</u>	Name	School/Dept.	



Assurances, Signatures and Certification // Researcher Responsibilities

LEAD RESEARCHER/PRINCIPAL INVESTIGATOR

In submitting this proposed research project and signing below, I certify that:

1. I have read and understand the IRB Manual regarding research involving human subjects.
2. I will conduct the research involving human subjects as presented in this Application and approved by my faculty advisor (if applicable), and the IRB.
3. I will present any proposed modifications of the research activities to the IRB for approval prior to implementation.
4. All conflicts of interest, if any, between myself and any funding agencies have been resolved to the satisfaction of the University's Office of Sponsored Programs.
5. All data/specimens were/are collected in an appropriate and ethical manner.
6. I will report to the IRB any problems that occur to subjects related to the research activities.

Barry Allen

Date: 1/25/30

Signature of Lead Researcher

FACULTY ADVISOR (IF LEAD RESEARCHER/PI IS A STUDENT):

My signature below verifies that:

1. I will provide continued supervision and guidance to the student during the course of this student's research project, as appropriate.
2. I confirm that I am responsible for working with the student researcher to ensure that this research is performed in an ethical manner that complies with federal regulations and University policies regarding research involving human subjects.
3. I have reviewed and concur with this research application, including the purpose, design, methodology, procedures, subjects and the provided description of risks and benefits.
4. I will assist the student and the IRB as requested if any problems develop with the research.
5. If I will be unavailable (such as during a sabbatical leave or vacation), I will arrange for an alternate faculty advisor to assume responsibility during my absence.

Oliver Queen

Date: 1/25/30

Signature of Faculty Advisor

Typed Name:



A. PURPOSE AND OBJECTIVES OF RESEARCH	
A.1. Please explain the purpose and objectives of the research. Attach additional pages as needed.	
<p>The purpose of this research is to examine the amount of physical activity colleges students are performing and taking a deeper look into any key motivational or discouraging factors that they are faced with on a daily basis.</p>	
A.2. CONTRIBUTION TO, OR DEVELOPMENT OF, GENERALIZABLE KNOWLEDGE. Please explain how the research will contribute to, or help develop, generalizable knowledge.	
<p>Results from this study can be used to explore physical activity habits among college students. This information can provide a closer look at what type of exercises are being completed along with the motivational factors that promote better physical health. Additionally, the results of the data may also show discouraging factors that describe why college students may not want to exercise often. Professionals and the local community both can utilize this information to promote a better physical lifestyle for college students therefore improving overall wellbeing.</p>	

B. DESCRIPTION OF SUBJECT POPULATION(S)	
B.1. Provide a description of the target subject population: <i>(Include the geographical location of the target subject population e.g. cities, states, country.)</i>	College students who attend San Joaquin Delta College, University of the Pacific, and California State University Stanislaus.
B.2. What is the maximum number of subjects you will enroll?	400 college students
B.3. Describe the recruitment process in detail. <i>(If applicable, include how you will gain access to contact information e.g. email addresses, telephone numbers etc.)</i>	With the permission from faculty, I will briefly speak about my research project and give handouts requesting students to complete the online survey in classrooms. This will take place at the beginning of the class period and not at the end. Once subjects email me with their interest to participate in my research project, I will give them the link to take the online questionnaire.
B.4. Indicate how the participants will be recruited (select all that apply): Note: Include a copy of applicable recruitment materials (e.g., flyer, email, verbal recruitment script.)	



<input checked="" type="checkbox"/> In Person (Verbal Recruitment) <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Email <input type="checkbox"/> Flyer (<i>Indicate flyer locations in section B.3.</i>) <input type="checkbox"/> Online (<i>Specify social media platform or forums to be utilized:</i>)	<input type="checkbox"/> Mail <input type="checkbox"/> Marketing Pool <input type="checkbox"/> Database or record review <input type="checkbox"/> N/A Existing Data/Specimen <i>(no contact with subjects)</i> <input checked="" type="checkbox"/> Other: A handout with my email will be given to students in the classroom requesting they complete the online survey.
<p>B.5. Describe the inclusion and/or exclusion criteria of the subjects below:</p>	
<p>Inclusion Criteria: College students 18 years of age or older who currently attend San Joaquin Delta college, University of the Pacific, and California State University Stanislaus.</p>	<p>Exclusion Criteria Explained: Students who currently do not attend the aforementioned institutions. Special populations.</p>
<p>B.6. Does this study include minors?</p>	<input type="checkbox"/> Yes - <i>If Yes, state minimum and maximum ages:</i> <input checked="" type="checkbox"/> No
<p>B.7. Does this study include adults?</p>	<input checked="" type="checkbox"/> Yes - <i>If Yes, state minimum and maximum ages: 18 years of age or older. No maximum age.</i> <input type="checkbox"/> No
<p>B.8. Will all research be conducted in English?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – <i>If No, what language(s) will be used:</i> <i>(Note: All applicable research materials need to be submitted in the language being used with the participants (unless no written version exists), along with English translations/script. The name of the translator and a statement about the translator’s qualifications must be provided with this IRB Research Application.)</i>
<p>B.9. Where will research activities involving subjects occur? (e.g., Stockton campus, specific address, [City, Country], etc.) (If online, state the hosting website).</p>	<p>Surveys will take place online via QuestionPro.com</p>
<p>B.10. If any vulnerable populations are being used, please justify. (See page 70, XV. in IRB Manual for description of vulnerable populations.)</p>	<p>N/A</p>

C. RESEARCH ACTIVITIES INVOLVING HUMAN SUBJECTS



C.1. Describe the research activities involving each subject group described in Section B. Include the expected amount of time subjects will be involved in each activity. Attach the methodology section of your grant proposal, dissertation or thesis if applicable.

1. Once I receive an email from a possible participant, I will reply with a brief introduction about the research and include a link to the online survey. The consent form will be the first page on the online survey.
2. The online survey will be distributed using questionpro.com
3. The questionnaire will only be 9 questions. The survey should take subjects approximately 5-10 minutes to complete.

C.2. How will the information/biospecimen be collected from subjects? Check all that apply.

- Questionnaires (attach a copy)
- Interviews (attach a list of questions)
- Observances (briefly describe below

- Standardized tests (list names of tests *and* attach copy of each test)

- Other:

D. INFORMATION/BIOSPECIMENS

D.1. How will the information/biospecimens be recorded (e.g., notes, tapes, computer files, completed questionnaires, tests, etc.)?

D.1	The questionnaire will be distributed online via Qesitonpro.com
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D.2. Will medical records or other patient data be accessed? Refer to the IRB Manual (page 62, Section XIII) for more information on HIPAA regulations and a sample HIPAA authorization.

Yes: *If Yes, complete the HIPAA Questionnaire and provide a copy of the HIPAA Authorization Form that will be used to obtain subjects' authorization.*
 No:

D.3. Who will have access to the gathered data/specimens, and how will confidentiality be maintained during the study, after the study, and in reporting the results?

D.3	Only my faculty advisor Dr. Oliver Queen and I will have access to the data. Completed survey results (data) from Questionpro.com will be electronically converted into my
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	<p>password-protected computer. The survey will be anonymous therefore no identifiers will be collected (maintaining confidentiality).</p>
<p>D.4. What are the plans for the information/biospecimens after the completion of this study (publication/presentation) and how and when will the information/biospecimens be maintained during the retention period (see page 77, Section XVII of the IRB Manual for more information). Describe method(s) of destroying the data, including any audio/visual recordings.</p>	
D.4.	<p>I intend to publish the results to the Health Science Reports online journal. I will delete all data from my computer after the completion of the research project.</p>



E. BENEFITS, RISKS, and COSTS

Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. See IRB Manual for more information on assessing the risk to subjects.

Please select all potential risks that apply to your research project and explain below:

Note: If minimal risk or greater than minimal risk is selected, you are required to describe that potential risk and safeguard as appropriate.

Type of Risk	E.1. Provide a description of the potential risk.	E.2. What safeguard(s) will you use to eliminate or minimize the risk?
Physical <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Minimal Risk <input type="checkbox"/> Greater than Minimal Risk		
Psychological (<i>emotional, behavioral, including anxiety, etc.</i>) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Minimal Risk <input type="checkbox"/> Greater than Minimal Risk	The participant may have feelings of discouragement if they do not participate in physical activities regularly.	Participants will be able to stop taking the online survey at any time
Sociological (<i>embarrassment, loss of respect of others, labeling a subject in a way that will have negative consequences</i>) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Minimal Risk <input type="checkbox"/> Greater than Minimal Risk	The participant may feel embarrassed to discuss their lack of exercise if applicable.	All answers to the survey questions will be anonymous so the subjects will feel a sense of security because they will not be identified in this research project.
<input type="checkbox"/> Loss of Confidentiality (<i>always applicable for research in which a subject can be identified</i>). <input type="checkbox"/> Greater than Minimal Risk <input checked="" type="checkbox"/> N/A (<i>Subject cannot be identified for participating in-person, through identifiers, or subject will volunteer to waive confidentiality</i>).		
Criminal or Civil Liability (<i>e.g., mandated reporter</i>) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Minimal Risk <input type="checkbox"/> Greater than Minimal Risk		
Deception <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Minimal Risk <input type="checkbox"/> Greater than Minimal Risk		
Economic (<i>e.g. research with economically disadvantaged subjects</i>). <input checked="" type="checkbox"/> N/A		



E. BENEFITS, RISKS, and COSTS	
<input type="checkbox"/> Minimal Risk <input type="checkbox"/> Greater than Minimal Risk	
Other Type <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Minimal Risk <input type="checkbox"/> Greater than Minimal Risk	
E.3. If applicable, what are the costs to the subjects (monetary, time, etc.)?	
E.3.	The online survey should take subjects approximately 5-10 minutes to complete.
E.4. What are the potential benefits to the subjects?	
E.4.	The benefits to humanity are that the results from these self-reported questionnaires give professional individuals in the community the opportunity to understand physical health habits of college students. We can take from the motivational factors of those who exercise more often and hopefully be able to use that knowledge to benefit the community. In addition, we can take the discouraging factors and explore ways to avoid them. Overall this study is to promote better physical health.
E.5. What compensation or reimbursement, if any, will be offered to subjects (e.g., time, travel, meals, expenses, general incentive to participate, etc.), how will payment be scheduled throughout the study and what is the method of payment (e.g., cash, check, gift certificate, gift item, academic/extra credit, drawing)? How is compensation funded? (e.g., principal investigator, department etc.)	
E.5.	None

F. INFORMED CONSENT, ASSENT, and PERMISSIONS	
<p><i>Copies of all informed consent materials must be submitted with this Application. In general, an informed consent procedure that includes all of the elements of informed consent and written documentation is required. The IRB may waive all or portions of these requirements as further explained in the IRB Manual Section XII. Justification for any waiver or alteration of requirements must be provided below.</i></p>	
F.1. Considering all participant groups, indicate the consent/assent process(es) involved in the research (select all that apply).	
<input type="checkbox"/> In person <input checked="" type="checkbox"/> Remote (<i>Explain the remote consent process in detail e.g., online, phone, Skype, etc.</i>): The consent form will be the first page of the online survey. <input type="checkbox"/> Other:	
F.2. Will the consent process include all of the elements of the informed consent procedure (including all required elements in the informed consent form and the required documentation)? See IRB Manual Section XII.E-F for a description of the informed consent form requirements and Section XII.H for a description of the documentation requirements.	
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	<i>If No, please explain below the justification to waive or alter the elements of informed consent which must be approved by the IRB (e.g., why oral consent should be approved, etc.).</i>
<i>Expl. of Waiver or Alteration</i>	I am seeking waiver of documentation of informed consent because the consent form will be online and requesting subjects to sign would not only be impossible but it would also add an unnecessary risk of losing confidentiality. Subjects' completion of the online questionnaire will in itself constitute consent.



F. INFORMED CONSENT, ASSENT, and PERMISSIONS	
F.3. Will the consent and/or assent process be documented by the use of a written consent form that will be signed by the subject or the subject's legally authorized representative? See IRB Manual Section XII for a description of the documentation requirements.	
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	<i>If No, please explain below the justification to waive or alter the documentation requirements of informed consent which must be approved by the IRB.</i>
<i>Expl. of Waiver or Alteration</i>	I am seeking waiver of documentation of informed consent because the consent form will be online and requesting subjects to sign would not only be impossible but it would also add an unnecessary risk of losing confidentiality. Subjects' completion of the online questionnaire will in itself constitute consent.
F.4. If the research activities involve only the storage, maintenance, or secondary research use of identifiable private information or identifiable biospecimens (collected for either research studies other than the proposed research or nonresearch purposes), will the broad consent procedure be used? See IRB Manual Section XII.G for a description of the "broad consent" requirements.	
Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input checked="" type="checkbox"/>	<i>If No, please explain if informed consent will be obtained pursuant to the full informed consent requirements (See IRB Manual Section XII.E-F) or provide the justification to waive or alter the documentation requirements of informed consent which must be approved by the IRB. The "broad consent" requirements may not be altered or omitted.</i>
<i>Expl. of Waiver or Alteration</i>	[insert explanation here]
F.5. Will the informed consent procedure include an oral presentation to the subject/legally authorized representative? See IRB Manual Section XII.J for a description of the "oral consent" requirements.	
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	<i>If Yes, a copy of the short form informed consent document and summary of the oral presentation must be approved by the IRB.</i>

G. OTHER COMPLIANCE ISSUES	
G.1. If this project may be subject to other regulations, such as state or local laws protecting special populations, please identify and explain:	
G.2. If this project involves any of the following activities, requiring consideration by another committee, please check: <i>(It is the Principal Investigator's responsibility to submit the research project for the approval of the other committee.)</i>	
<input type="checkbox"/> Animal Use and Care <input type="checkbox"/> Radiation Safety (including the use of x-rays, microwaves, etc.) <input type="checkbox"/> Biological Safety (including recombinant DNA, biohazards, etc.) <input type="checkbox"/> Chemical Safety (including hazardous waste materials, chemical carcinogens, flammable materials, lab safety, etc.)	

Submission Checklist		
Incl.	N/A	Items



<input type="checkbox"/>		IRB Research Application, completed and signed by the PI and Faculty Advisor (if applicable)
<input type="checkbox"/>		CITI Completion Report for the Protection of Human Subject Research Training. Training is required of all personnel on the research team involved in data collection/analysis and is valid for 3 years.
<input type="checkbox"/>	<input type="checkbox"/>	Research Investigator Financial Interest Disclosure Statement (regarding Conflicts of Interest)
<input type="checkbox"/>	<input type="checkbox"/>	Recruitment Materials (Emails, letters, scripts, flyers, posters, brochures, etc.)
<input type="checkbox"/>		Informed Consent/Assent Materials
<input type="checkbox"/>	<input type="checkbox"/>	Translator/Transcriber Qualifications
<input type="checkbox"/>		Data Collection Materials (Questionnaires, surveys, data collection forms, focus group/ interview scripts, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	For funded and/or sponsored research: the human subjects portion of the grant proposal.