

**UPEI Faculty of Science Ethics Committee
Request for Approval for Course-Based Activities
Involving Human Participants**

Date: _____

Term: Fall
 Winter
 1st / 2nd Summer

Faculty member:

E-mail:

Course name & number:

Title of Project:

Academic Year:

1. Renewal Yes No
Date of Approval of Original Submission:

Note: If this is a renewal, you may not need to complete the remainder of this form. Please contact the Chair of the FSEC and he/she will discuss whether it is necessary to complete the form.

2. Does this study involve **more than minimal risk**? Yes No

If “yes”, please submit this application to the UPEI REB on REB Submission Forms.

Minimal risk is defined in the following manner: “If potential participants can reasonably be expected to regard the probability and magnitude of possible harms implied by participation in the research to be no greater than those encountered by the participant in those aspects of his or her everyday life that relate to the research.”

3. **Description of research activities to be undertaken.**
Provide a brief description of the research
(include rationale, objective / hypothesis, as well as how research will be conducted)

4. **Participants**

- projected number of participants needed:
- how was this number decided?

- inclusion criteria:

(Are any special participant characteristics such as age, sex, etc. required?)

- exclusion criteria:

- participant recruitment; Briefly describe how you will recruit the participants.

- instructions to participants; **Attach** the script (i.e introductory letter) of the basic instructions given to the participants.

- participant consent form; **Attach** a copy of the consent form **and** complete the following checklist (mark N/A in each case if not applicable).

The following must be included in the participant consent form:

- aims of the study
- the fact that it is a research project
- special research techniques to be employed, e.g. randomization
- the procedures/therapy involved
- alternative therapies (if a therapeutic trial)
- potential benefits
- potential risks (beyond minimal risk)
- anticipated time duration
- rules for the participant to stop their participation in the study at any time
- voluntary nature of the study
- statement that the participant may withdraw without prejudice
- statement regarding confidentiality of records
- statement of who will have access to the data
- details of any financial compensation
- statement that the participant may retain a copy of the consent form
- the participant may consult with the investigator or Department Head at any time
- lay language throughout

- debriefing; **Attach** a script of the basic debriefing (if relevant) given to the participants on completion of their participation.

5. **Does the study involve:**
- | | | |
|--|------------------------------|-----------------------------|
| - failure to fully disclose the purpose of the research? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - deception? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - psychological stress/anxiety? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - physical stress, fatigue, or endangerment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered “yes” to any of the above, please EXPLAIN.

6. **Confidentiality**

Please describe the procedures for preserving confidentiality of participants.

Explain how written records, videotapes, recordings, questionnaires, specimens, and tests will be kept, and disposed of, after the study is completed. Indicate who is responsible for data monitoring and analysis. Describe any condition in which confidentiality or anonymity cannot be guaranteed or must be breached.

7. **Apparatus and/or materials**

Describe the instruments to be used in the study and/or provide copies of instruments (i.e. questionnaires, surveys, etc.)

8. **Certification:**

I attest that the research activities proposed for this course conform to the ethical guidelines outlined in the UPEI Research Ethics Policy.

Signature of instructor:

Date:

Student researcher(s):

Date:

Date:

To be completed by the Faculty of Science Ethics Committee:

Date returned by Ethics Committee:

| | | |
|---------------|--|--|
| Status | <input type="checkbox"/> Major concerns | → Date resubmitted <input type="checkbox"/> |
| | <input type="checkbox"/> Minor concerns - needs clarification | → Date resubmitted <input type="checkbox"/> |
| | <input type="checkbox"/> Approved | → Date of approval <input type="checkbox"/> |

Members of committee:

Name:

Signature:
