**Bemidji State University - Department of Psychology**

# Departmental Review Board (DRB) Approval Form

Primary Investigator(s):

 Status ( X) Faculty ( ) Student ( ) Other

Other persons interacting with subjects (if any):

Faculty supervisor (if any):

Project Title:

Date submitted:

Project dates: Research will begin , and end

( ) Attach brief Introduction section (rationale for research, hypotheses);

( ) Attach detailed Method section (description of participants, materials, procedure)

( ) Attach consent from to be used

( ) Attach description of debriefing (when give, how, content)

( ) Attach description of possible harm to participants and methods to safeguard participants (do not say “none”; address even minimal possible harm)

( ) Attach copies of questionnaires, stimuli, etc. that will be used in the study

Total number of participants needed:

Are participants from the General Psych pool requested? ( ) No ( ) Yes

If no, specify how participants will be recruited:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any restrictions on participants signing up? ( ) No ( ) Yes

Total subject pool hours requested:

I intend to carry out the project described. Any substantial changes will be submitted for DRB approval before implementation. I agree to follow the American Psychological Association’s Ethics in Research with Human Participants (2001).

Signed: Date / /

(to be filled out by DRB Committee Member)

Approval recommendation: ( ) Yes, no changes needed (any comments noted below)

 ( ) Yes, with changes/comments noted below

 ( ) No, subject to major changes to be discussed by the committee

Signed: Date / / .