# RESEARCH ETHICS BOARD

# Application for Ethical Review of Projects Involving Human Subjects

MEDICINE HAT COLLEGE

The Medicine Hat College Research Ethics Board (REB) is mandated by the college policy to examine and approve proposals that involve humans and animals to ensure that ethical principles and standards are followed. MHC REB follows the Tri-Council Policy Statement 2: Ethical Conduct for Research Involving Humans (https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html ). Other guidelines may be used when appropriate to the research in question.

A COMPLETE ETHICS REVIEW SUBMISSION INCLUDES:

1. MHC REB Application Form for Ethical Review of Projects Involving Human and Animal Subjects (this form). Please complete all sections.
2. All supporting documents labeled as appendices (see Section C: Supporting Documents)
3. CORE tutorial certificate – completed by each researcher (https://tcps2core.ca/welcome)
4. ARECCI Ethics Screening Tool Report (https://arecci.albertainnovates.ca/)

To submit for ethics approval, email above documents (#1-4) to reb@mhc.ab.ca

You may be requested to submit revisions or clarifications of your application forms. Following approval of your protocol, any changes in procedures relevant to the ethical issues involved in the treatment of human or animal subjects are to be reported immediately.

Taking part in a research mentoring process offered by the MHC Research and Scholarship (R&S) Development Team may expedite the REB review process. Contact Dr. Elizabeth Pennefather-O'Brien at eobrien@mhc.ab.ca

The REB deals with applications as expeditiously as possible.
**Please allow up to eight weeks from your submission date for Board review and approval.**

## SECTION A: GENERAL

This information is collected under the authority of the *Alberta Post-Secondary Learning Act* and will be used for administrative purposes associated with the ethical review of your human subject research protocol. It will be treated in accordance with the privacy protection provisions of Part 2 of the *Alberta Freedom of Information and Protection of Privacy Act*.

| **A1** | **Researcher/Applicant Information** |
|---|---|
| **Name** | Click or tap here to enter text. |
| **Division** | Click or tap here to enter text. |
| **Telephone Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |

| **A2** | **Co-Investigator Information** | | |
|---|---|---|---|
| **Name** | Click or tap here to enter text. | | |
| **Division** | Click or tap here to enter text. | | |
| **Organization** | Click or tap here to enter text. | | |
| **Telephone Number** | Click or tap here to enter text. | | |
| **Email Address** | Click or tap here to enter text. | | |
| **Are they:** | **Faculty** ☐ | **Staff** ☐ | **Student** ☐ |

| **A3** | **Student Project** | |
|---|---|---|
| **Is this research for an undergraduate project?** | Click or tap here to enter text. | |
| **Is the project part of a course?** | Click or tap here to enter text. | |
| **Specify the course number and title** | **Course Number**<br>Click or tap here to enter text. | **Title**<br>Click or tap here to enter text. |
| **Name**<br>1. Click or tap here to enter text. | **Division**<br>Click or tap here to enter text. | **Telephone**<br>Click or tap here to enter text. |
| **Name**<br>2. Click or tap here to enter text. | **Division**<br>Click or tap here to enter text. | **Telephone**<br>Click or tap here to enter text. |

| A4 | Project Title |
|---|---|
| **Indicate the title of your project** | Click or tap here to enter text. |
| *****NOTE: If this project is funded, the title should be the same as the title of your funded research.***** | |

| A5 | Anticipated Start/End Dates of Project |
|---|---|
| **Please state the anticipated start and end dates of your project. The project cannot begin until you receive MHC Research Ethics Board approval.** | |
| **Start date** | Click or tap to enter a date. |
| **End date** | Click or tap to enter a date. |

| A6 | Funding | | |
|---|---|---|---|
| **Will this project be funded?** | **Yes** ☐ | **No** ☐ | **Not Applicable** ☐ |
| **Funding approved – please specify source(s):** | Click or tap here to enter text. | | |
| **Funding pending – please specify source(s):** | Click or tap here to enter text. | | |

| A7 | ARRECI Ethics Screening Tool Results | | |
|---|---|---|---|
| **Screen tool results:** | **0 – 7 Minimal** ☐ | **8 – 46 Somewhat More Than Minimal** ☐ | **< 47 Definitely Greater Than Minimal** ☐ |

# SECTION B: DETAILS ABOUT THE PROJECT

## B1 Purpose of Project

**Provide a brief and clear statement of the context and objectives of the project, including the key questions and/or hypotheses of the project (in no more than one page).**

Click or tap here to enter text.

## B2 Description of Participants

**a) Indicate who you will recruit as potential participants in this project by providing your inclusion and exclusion criteria.**

**b) What is your sample size? Provide rationale as to why this size is appropriate.**

Click or tap here to enter text.

**c) If the participants or facilities will be offered compensation or credit for participating in the project, provide details. Specify the amount, what the compensation is for, and how payment will be determined for participants who do not complete the study. If this does not apply to your research project, please indicate N/A.**

Click or tap here to enter text.

## B3 Location of Research

**a) Indicate where the research will be conducted.**

Click or tap here to enter text.

**b) Does this project involve other centers, institutions, jurisdictions, or countries? If so, please provide a list of the other groups who will be reviewing this proposal. If this does not apply to your research, please indicate N/A.**

Click or tap here to enter text.

## B4 Recruitment of Subjects

**a) Briefly describe how participants will be recruited and who will do the recruiting. If posters, newspaper advertisements, radio announcements, letters of invitation, or letters of information are being used, append these to the application.**

Click or tap here to enter text.

**b) When and how will people be informed of the right to withdraw from the project? What procedures will be followed for people who wish to withdraw at any point during the project? What happens to the information contributed to the point of withdrawal?**

Click or tap here to enter text.

**c) Indicate how participants can obtain feedback on the project findings.**

Click or tap here to enter text.

## B5 Description of Research Procedures

**Provide a summary of the design and procedures of the project and append any questionnaires, interview guides, surveys, rating scales, etc. that you will use with this application.**

Click or tap here to enter text.

## B6 Privacy Protection

**The next set of questions deals with anonymity and confidentiality. Refer to the brief descriptions below to assist you in answering these questions.**

**a) CONFIDENTIALITY refers to the protection of the identity of participants. Confidentiality protection can be either "complete" or "no" protection, where complete protection means that no identifying information will be collected. We remind applicants that college researchers should treat any personal information in accordance with the privacy protection provisions of Part 2 of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use, or disclosure of personal information under the Act, please contact the FOIP Officer.**

| | | |
|---|---|---|
| **a1. Will the confidentiality of the participants be protected?** | **Yes** ☐ | **No** ☐ |

**a2. If "yes", explain how, including how the consent process will assure confidentiality.**

Click or tap here to enter text.

**b) NON-DISCLOSURE refers to the protection, access, control and security of the data and personal information. Confidentiality or non-disclosure agreements are required for all the individuals involved with the project (e.g. transcriptionists, research assistants, co-investigators, etc.).**

**b1. How will confidentiality be protected and how will this be explained in the consent process? Specify which personnel could connect data to individual participants, and why that person(s) needs that access. Provide details on the location, manner of storage, and the proposed retention period of the information collected.**

Click or tap here to enter text.

**b2. How will the data be stored?**

Click or tap here to enter text.

**b3. Who owns the data?**

Click or tap here to enter text.

**b4 How long will the data be stored? Provide a date for data destruction**

Click or tap here to enter text.

**b5. Provide the process by which data will be destroyed.**

Click or tap here to enter text.

| B7 | Potential Risks and Benefits |
|---|---|
| **To facilitate Medicine Hat College Research Ethics Board review and to determine whether the study involves more than minimal risk, please respond to the following questions by checking all those that apply.** | |
| **Does this project involve….** | |
| ☐ | **Collection, use, or disclosure of health information or biological samples where the researcher is requesting that the requirement for informed consent be waived.** |
| ☐ | **Any procedures involving deception or incomplete disclosure of the nature of the research for purposes of informed consent** |
| ☐ | **Any possibility that a breach of confidentiality could place subjects at risk of Criminal or civil liability or be damaging to subjects' financial standing, employability, or reputation** |
| ☐ | **Project questions or procedures that might cause subject psychological distress, discomfort or anxiety beyond what a reasonable person might expect in day-to-day social interactions (e.g., questions that raise painful memories or unresolved emotional issues).** |
| ☐ | **Project questions that involve sensitive issues (e.g. sexual orientation or practices, drug use, illegal behavior).** |
| ☐ | **Investigations in which there is a previous or existing relationship between the investigator and subjects (e.g., manager/employee, therapist/client, teacher/student).** |
| ☐ | **Investigations in which there is a conflict of interest between an investigator and the sponsor of the investigation.** |
| ☐ | **None of the above statements apply.** |

**a) Outline any risks of potential physical or emotional harm or discomfort to the subjects and describe how the anticipated benefits outweigh the potential risks.**

Click or tap here to enter text.

**b) What strategies to minimize and mitigate risk will you implement? If the research involves vulnerable populations, carefully clarify the boundaries between the researcher and participants.**

Click or tap here to enter text.

**c) Outline the exit strategy for termination of the study. Some types of research involve intense or lengthy contact between a researcher and the study participant(s), which may result in a close personal relationship, especially if the research itself involves matters close to the heart of participants. For this section, applicants should consider the possibility that a strategy may be required for participants who have difficulty in disengaging from the project after their role is completed or the project has terminated. If this does not apply to your research, please indicate N/A.**

Click or tap here to enter text.

## B8 Obtaining Consent

**Advise the Board how informed consent will be obtained. The Tri-Council Policy Statement 2 ensures that informed consent be obtained in writing from all subjects or, when appropriate from parents or legal guardians, unless there is a good reason for not doing so. Attach copies of the consent form including a letter of information sent to participants regarding the proposal for the Board. Please ensure that the reading level of the consent form is appropriate to the population involved. If written consent is not obtained, please provide a rationale.**

Click or tap here to enter text.

**a) Clearly detail who will be obtaining consent and the procedures for doing so. If appropriate, specify whether participants will be randomly assigned to groups before or after consent has been attained.**

Click or tap here to enter text.

**b) If the subjects are not able/competent to give fully informed consent (e.g. cognitive impairment, too young), or if there are significant power imbalances (e.g., instructor/student, employer/employee), please specify, and describe steps you will take to obtain free and informed consent. If participants are not competent to consent, specify who will consent on their behalf. If this does not apply to your research, please indicate N/A.**

Click or tap here to enter text.

**c) Do any of the procedures include the use of deception or partial disclosure of information to subjects? If yes, provide a rationale for the deception or partial disclosure. Describe the procedures for debriefing the subjects. If this does not apply to your research, please indicate N/A.**

Click or tap here to enter text.

## SECTION C: SUPPORTING DOCUMENTS

| C | SUPPORTING DOCUMENTS |
|---|---|

**For all supporting documents (including letters of introduction, interview questions, questionnaires, telephone survey scripts, letters of consent, etc.), please label each document as an appendix with a brief description and refer to appendix in your application where applicable.**

**For example: Appendix A: Letters of Consent**

| D | HOW TO SUBMIT APPLICATION |
|---|---|

**To submit your application and all supporting documents, please email reb@mhc.ab.ca.**

**"I will assure the protection of humans in accordance with the Tri-Council Policy Statement 2."**

Click or tap here to enter text. _____

**TYPED NAME OF RESEARCH APPLICANT**

Click or tap to enter a date. _____

**DATE**

**When the Applicant is a student, the supervisor must sign the following statement:**
**"I have reviewed this application and I deem it ready to submit to the Ethics Review Board."**

Click or tap here to enter text. _____

**TYPED NAME OF SUPERVISOR**

Click or tap to enter a date. _____

**DATE**