This form is to be used if you are requesting to present and/or publish information about students, faculty, and/or staff. This form should only be used if you did not go through an earlier IRB application where you got approval to present and/or publish your results in that application. *The table also contains information about Human Subjects in Research Training (you need to complete this training if you are using data).* **Please email** [**irb@anokaramsey.edu**](mailto:irb@anokaramsey.edu) **with any questions.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Presentation/Publication IRB Approval** | | | |
| **Title of Presentation/Article** |  | | |
| **Primary Presenter/Author** |  | | |
| **Primary Email** |  | | |
| **Primary Presenter/Author Position** | [ ] Faculty  [ ] Staff  [ ] Student | | |
| **Primary Presenter/Author Department** |  | | |
| **Additional Presenters/Authors or Support** |  | | |
| **Purpose (choose all that apply)** | [ ] External Presentation (i.e. conference)  [ ] Internal Presentation (i.e. OSCARS)  [ ] Publication (i.e. journal article)  [ ] Other: *Please specify below* | | |
| Please specify: | | |
| **Data Source(s)**  **(choose all that apply)** | [ ] Data from my course/data I collected  [ ] PowerBI report, Other SO, or ARCC/ATC Report  [ ] Other: *Please specify below* | | |
| Please specify: | | |
| **Abstract** | [Please provide abstract/description for presentation/publication] | | |
| **Data Points & Values that will be shared (you can provide screenshot as appendix as well if you wish).** | [Please indicate the data points and values that you will be sharing. You can provide a screenshot as an appendix to your request as well.} | | |
| **Human Subjects in Research Training Requirement** | *You will need this to apply for IRB approval (documentation for each presenter/author involved in the study).* **Please attach documentation of your completed training to this application.**  ***ALL*** *data that has been collected from human beings requires completion of human subjects in research training. This includes data that you collect yourself and secondary data that someone else has collected.*    *A popular one is done through CITI, or there is a free option through the US Dept of Health and Human Services:* [*https://www.hhs.gov/ohrp/education-and-outreach/human-research-protection-training/human-research-protection-foundational-training/index.html*](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hhs.gov%2Fohrp%2Feducation-and-outreach%2Fhuman-research-protection-training%2Fhuman-research-protection-foundational-training%2Findex.html&data=05%7C01%7Cshari.jorissen%40anokaramsey.edu%7C8687a4d7c3b04d6e004c08dba4b4ce0a%7C5011c7c60ab446ab9ef4fae74a921a7f%7C0%7C0%7C638284869542250660%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=m3n2Orr%2F9W%2BBkPzL3uIoYO0gyoVgKeHbnnh%2BFUM7Ruo%3D&reserved=0)***These trainings produce a certificate at the end, and we are required to have these certificates for all presenters/authors.*** | | |
| **Supervisor Approval of Project (Dean or Staff Supervisor)** | **Printed Name** | |  |
| **Position** | |  |
| **Email** | |  |
| **Signature** | |  |
| **Date of Approval** | |  |
| **Primary Presenter/Author Certification** | * I certify that the information furnished concerning the procedures to be taken for the protection of human subjects/data is correct. * I have completed human subjects in research training (for any data about students/faculty/stff). * I will seek and obtain prior approval for any modification from the IRB. * I certify that all individuals named as consultants, additional presenters/authors, suppliers of secondary data, supervisors, and other institutions/organizations have agreed to participate in this study. I understand that they may choose to no longer participate, and I will report if this occurs to the IRB promptly. | | |
| **Signature** | |  |
| **Date** | |  |
| **To be completed by the IRB** | IRB Application Approval: | | |
| Yes | IRB Approval #: ARCC-[2023-XXXX] | |
| Date Approved: | |
| Date Expires: | |
| Date Extended: TBD | |
| No | *The IRB will indicate what information needs to be added/revised.* | |
| *TBD* | |