

RP Form 1 — Proposal Fact Sheet

All eight sections of this form need to be completed for a proposal to be considered by the IRB. Please consult the Principal Investigator's Handbook before completing this form for a list for all information and documents that will be required and any assistance that may be required to properly answer questions.

* Required

Section 1 — Proposal Overview

1. Research Project Title *

2. Principal Investigator Name *

3. Principal Investigator Primary Email *

4. Please provide the abstract of your proposal. Please be brief and concise describing a general overview of the research and its aims, you will go into more depth in methodologies and interpretation later. *

5. Research Type (Please select all that apply) *

Check all that apply.

- Exploratory/Discovery
- Clinical
- Case Study
- Behavioral
- Therapeutic/Counseling
- Blind/Double Blind
- Archival

Other: _____

Section 2 — Project Staff

6. Principal Investigator Name (Please use full, legal name) *

7. Institution or affiliation *

8. Highest Level of Education Obtained *

Mark only one oval.

High School Diploma/GED

Some College

Associates

Bachelors

Masters

Doctorate

9. Degree Area of Study *

10. Principal Investigator Phone *

11. Principal Investigator country, state/province and city of residence/operation. *

12. Hours of Availability *

13. Please upload the Principal Investigator's IRB Ethics Certification Credentials. If you cannot use the upload tool, please email them to IRB@SoCalBrainspotting.org

Files submitted:

14. In order to participate in IRB approved research, the Principal Investigator must conduct an interview with an IRB member before their proposal is considered. Please provide a selection of general days and times that you may be available to conduct this interview. *

15. Please list the name, contact email and title of any additional research staff planned to be attached to the project. This includes co-investigators and aides. Please provide any supplemental information relevant to their qualifications and need to be assigned to the project.

16. Please upload IRB Ethics Certification Credentials for EACH person assigned to the research team, including aides. If you cannot use the upload tool, please email them to IRB@SoCalBrainspotting.org

Files submitted:

17. Do you intend to pay any research staff? If so, please make sure to fill out the appropriate sections on Section 7 — Finances, Reimbursement and Compensation. Select all that apply. *

Check all that apply.

- Compensation for staff - Hourly
- Compensation for staff - Stipend
- Reimbursement for staff for travel/lodging
- Other payment types
- No, I do not intend to pay staff.

18. If you answered yes to the above, please provide a description of intended compensation, including a dollar amount and information of where funds will be coming from.

Section 3 — Research Methodology

19. Please provide an overview of your research project. Include your hypothesis, descriptions of research methods and the aims of this research. Please limit responses to 1000 words. *

20. Which modalities will your research involve? Check all that apply. *

Check all that apply.

- Surveys/Questionnaires
- Interviews
- Assessments
- Therapy/Counseling modalities - individual
- Therapy/Counseling modalities - group setting
- Experiments (monitored activities conducted by participants)
- Scenarios/Fabricated situations

Other: _____

21. Please upload all instruments and modalities planned to be used in the study. This includes blank copies of questionnaires/surveys/assessments, interview scripts, experiment procedures and other documents that will be used to assess subjects. If you cannot use the upload tool, please email them to IRB@SoCalBrainspotting.org

Files submitted:

22. Please provide a detailed description of what metrics will be recorded, in what measurement system, how they will be calculated and what their relevance is to the hypothesis. If needed, upload documents in the "research materials" section below. Please limit responses to 1000 words or less. *

23. Please describe what the significance level for the data described above will be, and what the implications are of each variable in regards to your hypothesis. Please limit responses to 500 words or less. *

24. What is the implication and goal of this research and hypothesis? What impact will it have on the research community? Please limit responses to 500 words or less. *

25. How do you intend to disseminate this information after research? Please provide the names of publications as applicable. Limit responses to 500 words or less. *

26. If needed, attach any statements, data sheets or other materials relevant to the gathering, calculation and interpretation of your data. If you cannot use the upload tool, please email them to IRB@SoCalBrainspotting.org

Files submitted:

27. Are you intending to gain any profit, compensation or royalties from the publication of this research? If yes, please provide a brief description of your intent.

Section 4 — Research Logistics

28. Will this research involve subjects that fit into any of the following criteria? *

Check all that apply.

- Children (under the age of 18)
- Prisoners
- Individuals with impaired decision-making
- Individuals of disadvantaged educational or financial status
- None of the above

29. Please attach a copy of the Informed Consent form(s) that will be used in the study (for archival research please submit a records request letter instead). If you answered yes for any of the above, please submit a separate informed consent for each demographic. If you cannot use the upload tool, please email them to IRB@SoCalBrainspotting.org

Files submitted:

30. Please provide the site(s) the research will be conducted at. Include the address(es) and description of the location(s). *

31. Is the listed site(s) publicly accessible and ADA Compliant? *

Mark only one oval.

Yes

No

I don't know

32. Please provide an overview of times and dates the research is anticipated to be conducted. Please factor in 6-8 weeks for the proposal to process, these times may be amended depending on if approval is delayed. *

33. Who will be participating in this research, and how are they selected? How is this selection method and demographic relevant to the research? Please provide any information on controls if applicable. *

34. Southern California Brainspotting Institute takes the safety and privacy of its research subject very seriously. If any of the following will be collected from research subjects, check all that apply. *

Check all that apply.

- Financial or social information (ID numbers, banking information, etc)
- Sensitive information that may pose a risk to the subject if widely circulated
- Subject's health history or condition (physical or psychological)
- Subject's legal/criminal history
- Other personal information beyond name and birthday
- Subjects place of residence
- Very personal information
- Participation in experiments that may be damaging ones reputation
- None of the above

Other: _____

35. If you answered yes to any of the above, please provide an explanation and include why this is necessary to the research conducted.

36. Do you intend to compensate participants financially? *

Mark only one oval.

- Yes, hourly compensation
- Yes, stipend
- Yes, reimbursement for travel or lodging
- Yes, other compensation
- No, this is a volunteer study

37. If you answered yes to the above, please provide an exact dollar amount for the participant and how many participants are expected to receive the compensation. Please include this information when filling out Section 7.

Section 5 — Compliance Auditing

38. As a research project under the oversight of the Southern California Brainspotting Institute Institutional Review Board, you will be assigned audits in your Notice and Terms of Acceptance notification if approved. The forms, deadlines and frequencies for these audits will be provided to you, and you will also be provided with or requested to provide documents including but not limited to Informed Consent forms and additional paperwork related to your approval. By checking below, you state that you understand the above and that violation of audit protocols can result in corrective action up to and including termination of the study. *

Mark only one oval.

Yes, I have read and understand the above

39. Gathering personal information of any kind from participants requires that the information must be secure. If information is stored digitally, the files must be password protected, and if they are physical copies, they must be kept and transported in a locked container. Are you able to furnish such software or secure filing space for your findings? *

Mark only one oval.

Yes, I am

No, I am not

40. Please provide a description of the password-protected software (for digital records) and secure containers (for physical records) that you will be using in your study.

Section 6 — Reliance

41. Will you be working for/in partnership with any research institution/IRB other than Southern California Brainspotting Institute as a part of this project? *

Mark only one oval.

Yes

No - Continue to Section 7

42. If you answered yes, please provide a description including the name and address of the institution(s) and what roles each IRB (including Southern California Brainspotting Institute) will take, including which is the Institution of Record.

43. Please upload a letter of intent and any or documents in support of this proposed reliance agreement, including documents pertinent to outlining ceding, memorandums of understanding and authorization. Please include contact information for the primary IRB liaison assigned to this project from each IRB. If you cannot use the upload tool, please email them to IRB@SoCalBrainspotting.org

Files submitted:

Section 7 — Finances, Reimbursement and Compensation

44. Will there be any financial expenditures necessary to conduct this research? This includes compensation, purchase of materials, renting of space, reimbursement for lodging or travel, licenses or any other form of cost integral to the conducting of the study. *

Mark only one oval.

Yes

No — Continue to Section 8

45. If you answered yes, please provide a list and description of expenditures. Include dollar amounts and make sure they align with the amounts reported in the uploaded budget.

46. Please include the anticipated total cost of this research project.

47. Who is expected to finance these expenditures?

Check all that apply.

Principal Investigator/Sponsors

SoCal Brainspotting Institute

Grant funding

Other: _____

48. If you intend to pursue grant funding, please include the names of the organizations and the amount to be applied for.

49. Please upload a complete budget for the proposed project. Include item lines for all individuals compensated, the expected number of participants compensated, and all expected grant revenue. If you cannot use the upload tool, please email them to IRB@SoCalBrainspotting.org

Files submitted:

50. If any other documents are required to show need, usage and accountability for the proposed budget of the project, please attach them here. If you cannot use the upload tool, please email them to IRB@SoCalBrainspotting.org

Files submitted:

51. Please attach any direct deposit information if desired for research staff. If you cannot use the upload tool, please email them to IRB@SoCalBrainspotting.org

Files submitted:

Section 8 — Submission

52. Upon submission, you are affirming that you understand the proposal will be reviewed and may be denied at the discretion of the Institutional Review Board of Southern California Brainspotting Institute for any reason. This submission is not a guarantee of approval or oversight and the terms offered in the Notice and Terms of Acceptance may be modified from information submitted here in any way the IRB sees necessary. *

Mark only one oval.

Yes, I have read and understand the above

53. Upon submission, please allow 10 business days for your request to process. You will be delivered at that time either a Confirmation of Receipt or Request for Additional Information at the email provided above. If you receive a Confirmation of Receipt, you will be notified of the scheduled board meeting to discuss and decide on approval for your request. If you are needed to be in attendance to speak on your proposal, you will be given five days notice. All board meetings are conducted by teleconference. If approved, within seven days you will receive a Notice and Terms of Acceptance that will outline the conditions of approval for your proposal and include the required compliance audit forms and potentially informed consent forms. There may be requests for you to furnish additional forms or information as part of the Notice and Terms of Acceptance. After the Terms of Acceptance are finalized, research may begin according to the timeline outlined in the terms. *

Mark only one oval.

I have read and understand the above

54. Please use this space to provide any further comments necessary for the IRB to consider when reviewing your submission.

55. If needed, please upload any other documentation necessary for the IRB to consider when reviewing your application. If you cannot use the upload tool, please email them to IRB@SoCalBrainspotting.org

Files submitted:

This content is neither created nor endorsed by Google.

