Source of Research Subjects:	Subject Recruitment:
Will Video 🔲 or Audio tapes 🗌 be used?	Provisions for Confidentiality/Anonymity I360.76808 390.84 4
Designate who will use or have access to tapes:	(Cannot be both anonymous & confidential)
Invasive or Sensitive ProceduresYes No No Blood Samples Urine Samples Physical Measurements Stress Exercise	Sensitive Subject Matter:Yes No

PART I: CERTIFICATION OF EXEMPTION

Researcher and Faculty Sponsor (for student researchers)

Department	Phone #			
Project Title				

This is a Request fo Exemption from the full review by the Institutional Review Board (IRB). Check and initial all applicable conditions, sign below and provide protocol of research design.)

I certify that the project identified above, which involves the use of humaecssbigualifies as exempt from full IRB review and approval because it meets the criteria (ion) specified below:*

	(1) The research will be conducted in established or commonly established settings, involving normal education pra
	For example:
Initials	(a) Research on regular and special educational instructional strategies;
	(b) Research on effectiveness of instructional techniques, curricula or classroom management techniques.
	(2) The research involves use of education testso(gnitive, diagnostic,
Initials	

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PART II: PROTOCOL

I have read the Belmont Report, "Ethical Principles and Guidelines for the Protection of Human Subjects of Research" and subscribe to the principles it contains. In light of this Declaration, I present for the Board's consideration the following information, which will be explained to the subject about the proposed research:

Principal Investigator Name: CAU Internal Control No:			Faculty/Staff	Graduate Student	
Department		Campus Ad	dress		
Phone:	Fax:		E-mail:		
Name of Research Advis	sor/Committee Ch	air if Graduate Stude			
Department:		Campus Address			Phone:
Project Title:					
Funding Agency:					
Funding Agency					
Mailing Address:					
Funding Agency	Funding Agency				
Contact Name:	Telephone:				
Funding Agency					
Contact Fax:					

2. EXPERIM ENTAL PROCEDURE

3. RISKS AND BENEFITS TO SUBJECTS

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4. SIGNATURE ASSURANCE:

Principal Investigator/Graduate Student Assurance Statement:

I understand Clark Atlanta University's policy concerning research involving human subjects and I agree:

- To accept responsibility for the scientific and ethical conduct of this research study;
 To obtain prior approval from the Institutional Reviewo obt (e)0.-3.6.2 .9 (w)4 (i)5.0 (h i)5.3 ()5.d.3 (or)3bobt (e)