

Form A:	For IRB Use Only:	
CERTIFICATION FOR EXEMPTION FROM IRB REVIEW FOR RESEARCH INVOLVING HUMAN SUBJECTS	IRB No.	Click here to enter text.
	Date Submitted	Click here to enter text.
	Date Approved/Disapproved	Click here to enter text.

Investigator's Assurance: By submitting this protocol, I attest that I am aware of the applicable principles, policies, regulations, and laws governing the protection of human subjects in research and that I will be guided by them in the conduct of this research.

Provide the required information in the space available. If additional space is needed, attach a separate sheet or expand that section of the form. Both scanned original signatures and typed electronic signatures are acceptable. Please submit any research instruments (including questionnaires or surveys) at the same time as the application. Incomplete submissions will be returned to the applicant without review.

All forms and research instruments should be submitted by email to kraig.knudsen@mh.ohio.gov or you may mail them to: Kraig Knudsen, Ph.D., Ohio Department of Mental Health, 30 East Broad Street, 8th Floor, Columbus, Ohio 43214-3430.

TITLE OF RESEARCH:	Click here to enter text.
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		DEPT	EMAIL
Principal Investigator	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other Investigator	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other Investigator	Click here to enter text.	Click here to enter text.	Click here to enter text.

Funding Agency (if applicable) and ID Number	Click here to enter text.
Grant Submission Deadline	Click here to enter text.
Estimated Start Date	Click here to enter text.
Estimated Completion Date <i>(Include all aspects of research and final reports)</i>	Click here to enter text.

FOR STUDENT RESEARCH:

FACULTY SPONSOR	DEPT	PHONE
Click here to enter text.	Click here to enter text.	Click here to enter text.
Student Address	Click here to enter text.	
Type of Research <i>(Dissertation, Thesis, Class Project, Other)</i>	Click here to enter text.	

Purpose/Objectives of Research: (Briefly state, in non-technical language, the purpose of the research, with special reference to human subjects involved).

Subject Population: (List the size of population to be used, and check if any of the populations listed below apply to the study. Discuss criteria for selection or exclusion, population from which subjects will be selected, and duration of involvement. *NOTE: Federal guidelines require selection of subjects be*

equitable within the exclusion; and subjects meeting the criteria cannot be discriminated against for gender, race, social or financial status, or any other reason.)

Describe sample: Click here to enter text.		
Approximate No. of Subjects: Click here to enter text.		
Subjects Include <i>(Check if applicable):</i>	Minors (under 18)	<input type="checkbox"/>
	Involuntarily institutionalized	<input type="checkbox"/>
	Mentally handicapped	<input type="checkbox"/>
	Health Care Data/ Information	<input type="checkbox"/>

IF YOU HAVE CHECKED ANY OF THE ABOVE BOXES, YOU MUST USE A **FORM B** AND COMPLETE AN **EXPEDITED REVIEW**. IF YOU HAVE CHECKED THE BOX PERTAINING TO HEALTH CARE DATA, BE SURE YOU HAVE COMPLETED ANY NECESSARY **HIPAA FORMS** AS WELL.

Methods/Procedures: Briefly discuss, in non-technical language, the research methods which directly involve use of human subjects. List any potential risks, or lack of such to subjects and any protection measures. Explain how anonymity of names and confidentiality of materials with names and/or data will be obtained and maintained. List the names of individuals who will have access to names and/or data.

SIGNATURES:	
Click here to enter text. _____ Principal Investigator or Student	Click here to enter text. _____ Date
Click here to enter text. _____ Faculty Advisor <i>(for student apps)</i>	Click here to enter text. _____ Date

IRB APPROVED:	
_____ IRB Chair or Designee	_____ Date