

RMTIRB Exempt Form

If you feel the protocol is **Exempt**, complete the Exempt Form and submit this form in addition to **/along with your initial RMTIRB protocol application.**

The RMTIRB will ultimately make the decision of type of review a protocol receives based on information provided in the initial protocol application.

This form shall be used if there is **minimal risk** to human subjects and one or more of the conditions below apply. If there is more than minimal risk associated with the research (none of the conditions below apply) or if the research utilizes a special population (children, prisoners, institutionalized individuals, etc.), please use the RMTIRB Application for Principal Investigators.

Name: _____

Date: _____

Email: _____

Title of Project: _____

- 1) Research conducted in established or commonly accepted educational settings, involving **normal educational practices**, such as:
- a. research on regular and special education instruction strategies, or
 - b. research on the effectiveness of or the comparison among instruction techniques, curricula, or classroom management methods.
- 2) Research involving the use of **educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior** unless:
- a. the subjects can be identified, directly or through identifiers linked to the subjects and
 - b. any disclosure of subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Note: This exemption does not apply to survey procedures or interviews involving minors.

- 3) Research involving the use of educational tests, survey or interview procedures, or observation of **public behavior** if:
 - a. the subjects are elected or appointed public officials or candidates for public office or
 - b. the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

- 4) Research involving the **collection or study of existing data, documents, records, or specimens** if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, indirectly or through identifiers linked to the subjects.

- 5) Research and demonstration projects that are conducted by or subject to the approval of Department or Agency heads and that are designed to study, evaluate, or otherwise examine:
 - a. **public benefit or service programs,**
 - b. procedures for obtaining benefits or services under those programs,
 - c. possible changes in or alternatives to those programs or procedures, or
 - d. possible changes in methods or levels of payment for benefits or services under those programs.

- 6) **Taste and food quality evaluation** and consumer acceptance studies if:
 - a. wholesome foods without additives are consumed or
 - b. food is consumed that contains food ingredients found to be safe by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

5. Describe the procedures you will use to maintain the confidentiality and privacy of your research subjects and project data.

6. Describe your plan for informed consent (attach proposed form).

7. Discuss the importance of the knowledge that will result from your study and what benefits will accrue to your subjects (if any).

8. Explain how your proposed study meets criteria for exemption from Institutional Review Board review (as outlined on page 1 of this form).

Signature Assurances

I understand RMTIRB's Policies concerning research involving human subjects and I agree:

1. to accept responsibility for the scientific and ethical conduct of this research study,
2. to obtain prior approval from the Institutional Review Board before amending or altering the research protocol or implementing changes in the approved consent form,
3. to immediately report to the IRB any serious adverse reactions and//or unanticipated effects on subjects which may occur as a result of this study,
4. to complete, on request by the IRB, a Continuation Review Form if the study exceeds its estimated duration.

PI Signature _____

Date_____

FOR IRB USE ONLY

IRB Approval _____

Date_____

Name

IRB #