



Principal Investigator J. Doe	<input checked="" type="checkbox"/> CITI or <input type="checkbox"/> NIH Certificate Date(s) * 1/1/15	Department Psychology
E-mail Jdoe999@iona.edu		Telephone 914-555-1234
Position: <input type="checkbox"/> Full-time faculty or staff <input type="checkbox"/> Adjunct faculty or part-time staff <input type="checkbox"/> Student		
Other (please specify):		
Project Title The effect of categorization on short-term memory		
Co-Investigator(s)/Faculty Supervisor	<input type="checkbox"/> CITI or <input type="checkbox"/> NIH Certificate Date(s) *	Department
E-mail		Telephone
Will this project involve Research Assistants in direct contact with participants and/or identifiable data? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES: Please list the name of each assistant and completion date for CITI or NIH training.		
Will this research involve collaboration with other organizations? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES: Attach documentation of approval to conduct research from each organization – either IRB approval or an administrative letter if no IRB exists at the site. If working with minors in the schools or other institutions, provide copies of necessary clearances for each investigator.		
Indicate the type of review that is being sought <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Full Note: Final determination of the type of review is at the sole discretion of the Iona IRB.		

* Please indicate the name of the completed training course

For IRB use only:		
Protocol ID number _____	Receipt Date _____	Initials _____

ASSURANCES

PRINCIPAL AND CO-INVESTIGATOR(S):

I understand that as an Investigator, I have responsibility for the protection of the rights and welfare of human subjects and the ethical conduct of this research project. I agree to comply with all Iona College policies and procedures, applicable federal, state and local laws, and the ethical principles of my profession.

I will obtain necessary review by the IRB if changes are made in the project. One month prior to the end of the approval period of one year I will apply for project continuation if needed. I understand that failure to apply for continuation will result in termination of the project and require resubmission as a new protocol.

I will report any unexpected or adverse events immediately to the IRB.

I certify that the information provided in this request is complete and correct.

Signature	Printed Name	Date
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Signature	Printed Name	Date
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Signature	Printed Name	Date
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SUPERVISOR/ADVISOR (required for adjunct faculty, part-time staff, students, and outside researchers) must be a fulltime Iona faculty or staff member:

I have reviewed this application and agree to provide supervision for this project. I agree to comply with all Iona College policies and procedures, applicable federal, state and local laws, and the ethical principles of my profession. I will report any unexpected or adverse events immediately to the IRB.

Signature	Printed Name	Date
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Position	Department
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Applicants must submit one signed, printed copy of this application to the Institutional Contact. Electronic copies of the application must be sent to the Institutional Contact and the IRB Chair. Review will not begin until both the printed and electronic copies have been received.

NARRATIVE – Tier I Application

Please provide a response for each item listed below. If the answer is “none” or “not applicable” that should be indicated in the space provided. Guidelines for each item can be found in the Handbook.

Applications with missing responses will be returned as incomplete.

- I. **Overview:** Brief description of the current project. Indicate the purpose, rationale and hypothesis being addressed.

Short-term memory is a critical function in humans and animals. Numerous studies have helped to elucidate the structure and interconnections of stored information. Stimmel and Hoffman (2005) showed that words and names were arranged into meaningful categories even if the original information was presented in random sequence. Glazer (2008) demonstrated that both sequential and simultaneous presentations yielded efficient learning, but recall was greater for simultaneous presentations, suggesting that participants were generating categorical groupings prior to encoding. The current research will expand on these studies by comparing category type. It is hypothesized that participants will demonstrate better recall if items can be categorized by function rather than color.

Expected start date and completion date for data collection.

Data collection will begin within one week of IRB approval and should be completed within six weeks.

- II. **Benefits to Research Participants:** Describe the potential benefits of this study to the research participants.

There are no monetary or health benefits for completion of this study. Participants may benefit from the experience of participating in this study and learning more about the scientific process. The debriefing may also provide participants an increased understanding of short-term memory.

- III. **Potential Risks:** Describe any physical, psychological, social, legal, economic, or other risks you can foresee, both immediate and long-range. Include those aspects of the procedure that might cause unusual discomfort or inconvenience to the research participants, including any effect on their self-esteem or self-image. Indicate the steps that will be taken to minimize these risks.

There is minimal risk associated with participation in this study. Participation is voluntary throughout the study and all activities and study materials are consistent with typical daily events experienced by most participants. It is possible that participants may experience some frustration while attempting to memorize the lists of words; it is also possible that some of the words may trigger unpleasant thoughts or feelings.

In the event of an adverse event, Iona students and staff will be referred to the Iona College Counseling Center at (914) 633-2038, if deemed necessary. Non-Iona participants will be referred to LifeNet a toll-free crisis line at 800-543-3638.

- IV. **Participants:**

A. Expected number.

One hundred participants.

B. Expected participant characteristics including whether they are: (a) younger than 18 years of age, (b) prisoners, (c) members of a special group such as institutionalized individuals whose ability to give free, informed consent is likely to be compromised, (d) individuals with impaired ability to give informed consent, and/or (e) pregnant women.

Students from the general population of Iona College and members of the local community will be recruited for participation. Only students 18 or older will be allowed to participate. No members of the special populations listed above will be included. Females will not be screened for pregnancy, but there is nothing in the study that would present a risk to a pregnant woman or her fetus.

C. Method of recruitment, including who will be recruiting the participants and whether participants will be affiliates of Iona College or outside the college population.

The principal investigator will recruit students by seeking permission from Iona instructors to speak briefly to his or her class. Community members will be recruited via flyers placed in store windows (with permission of the owner). Study participation will take place in the Psychology Computer Lab.

D. Estimated time commitment for each participant.

Estimated time for participation is 20-30 minutes.

E. How will participants be compensated for their participation?

There is no monetary or other compensation for participating in this study.

V. Procedures:

A. Will deception be used? If so, please describe the nature of the deception involved and describe why it is necessary to the research project.

There will be no deception in this study.

B. Provide a clear description of the research procedure including the anticipated experience for the participant. What will each participant be asked to do and what will be the nature of his/her interaction with the research personnel? This is a critical item for judging the ethical treatment of the participant. A brief statement regarding data analysis is also useful here.

Each participant will be asked to read the consent form along with the experimenter; they will be encouraged to ask questions for clarity and to ensure their comfort prior to signing the consent and participating in the study.

After completing the consent process, the participant will be asked to memorize a list of 32 words. They will be given three minutes to complete the memorization. The list will be comprised of 16 words that describe common tools and 16 words that describe items that are typically blue in color (e.g., sky, ocean). Following memorization of the word list, participants will be asked to solve several anagram puzzles; after working at that task for three minutes, participant recall will be assessed. Half the participants will engage in a free-recall task (asked to simply write down as many items as possible), half will engage in a recognition task (identify previous items from a list of 96 words).

Upon completion, each participant will be thanked for their participation and will receive a copy of the debriefing statement.

C. Will this project involve collecting raw data from a) prison records, b) school records, c) medical records? If so, please describe the type of record, the nature of the information drawn from the records and how this information will be used.

No.

D. Describe the materials that will be used in the proposed research (e.g. standardized surveys, questionnaires, interviews, photographs, audio or video recordings) and their source. Copies of all materials must be inserted into the application (or a link provided for recordings). If inclusion is not practical or possible, provide a clear rationale.

If the materials were developed by the researcher, please state so. Otherwise, state whether or not copyright permission has been obtained for their use. If permission has not been obtained and a claim of "fair use" is asserted, complete the Fair Use Request Form and insert into the application (do not submit as a separate document).

The words used in the memorization and recall tasks were selected from a dictionary by the principal investigator; they are in the public domain and are not subject to copyright.

Attach copies of all instruments to be used in this study, whether they are standardized or not. Contact the IRB if this requirement proves problematic.

VI. Informed Consent: (attach a copy of the consent form, if applicable)

A. The Informed Consent Statement should be read to the Participant(s) as he or she reads along. Is there any reason this cannot be done? Explain why and what procedure(s) you will use to ensure participant understanding. If participants cannot give **FREE** and **INFORMED** written consent, explain why and indicate what alternative procedure you will use to guarantee his or her rights (e.g., parent, guardian or institutional consent).

Informed consent will be obtained directly from the participant. The principal investigator will read the statement along with the participants and encourage them to pose any questions or concerns. A copy of the consent form is included with the application.

All signed Informed Consent Statements must be retained for a minimum of three (3) years.

B. Describe the storage location for signed Consent Statements and the methods that will be use to assure their security.

During the data collection phase of the project, consent forms will be stored a locked file cabinet in the office of the principal investigator. Once all data are collected, the consent forms will be moved to a centralized location in the Psychology Department and kept in a locked file cabinet; access to the room and the file cabinet are limited to a few designated personnel.

VII. Confidentiality:

A. Will any personal identifying information be recorded? If yes, please describe.

No personal indentifying information will be gathered beyond common demographic information such as age, sex, and ethnic group (see attached). Refusal to provide any or all of this information will not affect his/her ability to participate in the project.

B. Describe the necessity for recording personal identifying information.

N/A.

C. Will identifiable information be obtained pertaining to persons other than the participants, e.g., family, friends, co-workers?

No.

D. Describe the steps that will be taken to secure any personal identifying information obtained.

N/A.

VIII. Debriefing: (attach a copy of the debriefing script, if applicable)

A. Describe how will debriefing take place (e.g., when, where, individually, in groups). If debriefing is NOT going to be used please explain the reason.

Each participant will receive a written paragraph that provides an explanation of the study, including its hypotheses. The participant will be given time to review the debriefing statement and encouraged to ask additional questions of the researcher. A copy of the consent form will be provided as well; this copy includes contact information for the principal investigator as well as the Provost's office.

B. If deception was employed, describe what you will do to restore the participant's trust.

N/A.