**IRB Student Research Checklist**

**(25 JAN 16)**

Does the student plan to engage in any of the following activities? Check all that apply.

☐ Yes ☐ No Administer a questionnaire or survey.

☐ Yes ☐ No Conduct focus groups or interviews.

☐ Yes ☐ No Observe human performance behavior or activity, directly or indirectly

(e.g., online, through analysis of information systems, crowd sourcing,

etc.) with or without individuals' knowledge.

☐ Yes ☐ No Record human performance behavior or activity using audio, video, or

digital recording methods.

☐ Yes ☐ No Use of pre-collected data that contains any information about

individuals and that is not available to the general public (i.e., cannot be

obtained via a Google search).

☐ Yes ☐ No Perform hardware and/or software tests that include representative

users in the testing process.

If “Yes” is checked in any of the boxes above, a Human Subject Determination Request Form must be filled out, signed by the advisor, and sent to the HRPP Specialist at [IRB@nps.edu](mailto:IRB@nps.edu). If the student and advisor are certain the proposed activity involves human subject research, they should proceed with submitting a full human subject research protocol. IRB forms are available at available at <http://www.nps.edu/research/IRB.htm>.

Student Statement of Assurance. Please check each box confirming you have read and agree with each statement.

☐ The answers provided above are accurate.

☐ I understand that if I have checked “Yes” to any of the activities I must submit a Human Subject Determination Request Form to the IRB and await the IRB’s determination before engaging in that activity. (A full human subject research protocol may be submitted in lieu of a determination if the student and advisor are certain the proposed activity involves human subjects research).

☐ I agree that if all activities are checked “No” initially but the research evolves to include any of the above activities, I will request a new determination before engaging in that activity.

Student

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_