Applicant Info

IRB Application

The following form must be completed in order to have your research reviewed by the IRB. If you run into any issues with this form, please select Save and Continue so your progress is saved, and contact the IRB at BerkleeIRB@berklee.edu.

BEFORE YOU SUBMIT

- Review this decision chart to determine if your research needs to be reviewed by the IRB or not.
- Carefully review our FAQ for information on application requirements and the IRB review process.

This application takes about 20-40 minutes to complete. You may save your answers and return at a later time to complete your application.

Applicant Information

Name	
Address	
Email	
Phone	

Are you affiliated with Berklee?

Yes

No

Applicant Information

Institution

Title

Department (if applicable)

What is your role at Berklee?

Faculty

Staff

Student-Undergraduate

Student-Graduate

Other

What is your department or major?

Are you the principal investigator?

Yes

No

Is the principal investigator affiliated with Berklee?

Yes

No

Who is the principal investigator?

Please note that undergraduate students cannot be listed as the principal investigator and must instead list their advisor.

Name

Address

Email

Phone

Institution

Department

Title

What is the principal investigator's role at Berklee?

Faculty

Staff

Student-Graduate

Other

Who is the co-investigator?

Please note that graduate students are required to have a co-investigator, usually their advisor.

Name

Address

Email

Phone

Title

Department

All study personnel are required to complete a training on protecting human research participants. Please upload the principal investigator's certificate of completion.

All study personnel are required to complete a training on protecting human research participants. Please upload your certificate of completion.

All study personnel are required to complete a training on protecting human research participants. Please upload the co-investigator's certificate of completion.

Co-Investigator

Does your research project have a co-investigator?

Yes

No

Who is the co-investigator?

Name	
Phone Number	
Email	
Job Title	
Department	
Institution	

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the co-investigator listed above.

Are there additional co-investigators?

Yes

No

Who is the second co-investigator?

Name	
Phone Number	
Email	
Job Title	
Department	
Institution	

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the co-investigator listed above.

Are there additional co-investigators?

Yes

No

Who is the third co-investigator?

Name	
Phone Number	
Email	
Job Title	

Department

Institution

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the co-investigator listed above.

Are there additional co-investigators?

Yes

No

Who is the fourth co-investigator?

Name

Phone Number

Email

Job Title

Department

Institution

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the co-investigator listed above.

Are there additional co-investigators?

Yes

No

Who is the fifth co-investigator?

Name

Phone Number

Email

Job Title

Department

Institution

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the co-investigator listed above.

Graduate Research Assistant

Does your research project have a graduate research assistant?

Yes

No

Who is the graduate research assistant?

Name

Phone Number

Email

Major

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the graduate research assistant listed above.

Is there an additional graduate research assistant?

Yes

No

Who is the second graduate research assistant?

Name	
Phone Number	
Email	
Major	

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the graduate research assistant listed above.

Is there an additional graduate research assistant?

Yes

No

Who is the third additional graduate research assistant?

Name	
Phone Number	
Email	
Major	

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the graduate research assistant listed above.

Is there an additional graduate research assistant?

Yes

No

Who is the fourth graduate research assistant?

Name	
Phone Number	
Email	
Major	

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the graduate research assistant listed above.

Is there an additional graduate research assistant?

Yes

No

Who is the fifth graduate research assistant?

Name	
Phone Number	

Email

Major

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the graduate research assistant listed above.

Undergraduate Research Assistant

Does your research project have an undergraduate research assistant?

Yes

No

Who is the undergraduate research assistant?

Name

Phone Number

Email

Major

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the undergraduate research assistant listed above.

Is there an additional undergraduate research assistant?

Yes

No

Who is the second undergraduate research assistant?

Name

Phone Number

Email

Major

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the undergraduate research assistant listed above.

Is there an additional undergraduate research assistant?

Yes

No

Who is the third undergraduate research assistant?

Name

Phone Number

Email

Major

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the undergraduate research assistant listed above.

Is there an additional undergraduate research assistant?

Yes

No

Who is the fourth undergraduate research assistant?

Name	
Phone Number	
Email	
Major	

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the undergraduate research assistant listed above.

Is there an additional undergraduate research assistant?

Yes

No

Who is the fifth undergraduate research assistant?

Name	
Phone Number	
Email	
Major	

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the undergraduate research assistant listed above.

Additional Staff

Does your research project have additional paid staff?

Yes

No

Please note that all outside contractors need to be reviewed by the contracts office before IRB approval can be issued.

Who is the additional paid staff person?

Name	
Phone Number	
Email	
Job Title	
Department	
Institution	

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the staff member listed above.

Is there another paid staff person?

Yes

No

Please note that all outside contractors need to be reviewed by the contracts office before IRB approval can be issued.

Who is the second paid staff person?

Name

Phone Number

Email

Job Title

Department

Institution

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the staff member listed above.

Are there other paid staff persons?

Yes

No

Please note that all outside contractors need to be reviewed by the contracts office before IRB approval can be issued.

Who is the third paid staff person?

Name

Phone Number

Email

Job Title

Department

Institution

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the staff member listed above.

Is there another paid staff person?

Yes

No

Please note that all outside contractors need to be reviewed by the contracts office before IRB approval can be issued.

Who is the fourth paid staff person?

Name

Phone Number

Email

Job Title

Department

Institution

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the staff member listed above.

Is there another paid staff person?

Yes

No

Please note that all outside contractors need to be reviewed by the contracts office before IRB approval can be issued.

Who is the fifth paid staff person?

Name	
Phone Number	
Email	
Job Title	
Department	
Institution	

All study personnel are required to complete a training on protecting human research participants. Please upload the certificate of completion for the staff member listed above.

Study basics

Study Basics

Your application should clearly outline in detail exactly what will be done with study participants and the data collected from the start to the finish of the study. Please refrain from adding background or extraneous details that do not directly pertain to the research being done on or with Berklee community members or in your role as Berklee faculty, staff or student.

What is the name of your study?

Briefly state the objectives of the proposed research in the space below

Please describe your study subjects or participants.

How many subjects will you use?

What is the inclusion criteria for subjects?

What is the exclusion criteria for subjects?

Describe in non-technical language exactly what you will be doing to or with your subjects or participants.

Projected Study Recruitment Start Date (MM/DD/YYYY)

Projected Study Data Analysis End Date (MM/DD/YYYY)

Please upload a copy of your research proposal, thesis proposal, or culminating experience proposal.

Accepted file types: docx, doc, or pdf

If there is a website for your study, please include the link below.

Is there another institution involved in this research?

Yes

No

The Revised Common Rule recommends that IRBs use reliance agreements, rather than requiring a researcher to pursue IRB approval at two institutions. Is there a possibility of establishing a reliance agreement (also known as an Institutional Review Board Authorization Agreement) with the other involved institution?

Yes

No

Specify the sites(s) within the United States where you will perform your study (e.g. on

Berklee College of Music campus, in local schools, hospitals, correctional facilities)

Specify the site(s) outside of the United States where you will perform your study (e.g.on Berklee College of Music campus in Valencia, in local schools, hospital, correctional facility).

Recruitment

Recruitment

Please note the Berklee logo can only be used with permission of Berklee Marketing and Communications. If use of the Berklee logo has been allowed, please attach proof of permission to this application, or email it to BerkleeIRB@berklee.edu if permission is received after your application has been submitted.

How will you recruit your subjects? Select all that apply.

Email

Flyer, poster, or other printed material

Social media

Word of mouth

Data provided by a third party

Other

None of the above

In the previous question you selected none of the above. Please explain your selection.

Please upload any documentation that may be relevant to your comments above.

Each file upload box can accept one file. If you have more than one file, please use the additional upload boxes below.

Please upload a document containing the text of the email(s) you will be sending.

From where will you be getting the email addresses you plan to contact?

Please upload the **final version** of the flyer, poster, or other printed material you will be using. *Recruitment materials must include contact information for the PI and for the Berklee IRB.*

Please upload the **final version** of the social media content you will be using.

Please describe your plans to advertise your study via word of mouth.

Who is the third party you will be receiving data from?

What data will you be receiving from the third party?

Have the participants or subjects consented to having their data shared with you? Please describe the consent that was given, or why it has not been given.

On the previous question you selected other. Please describe what the other form of recruitment is and upload any supporting documentation below.

Please upload any applicable documents that will be used to recruit participants.

Vulnerable populations

Use of vulnerable populations

The Office for Human Research Protections requires researchers follow special procedures when certain groups of individuals are used in research to ensure that informed consent is freely given, without a risk of coercion. More information about vulnerable populations in research can be found here. **Individuals under 18 and Berklee students (regardless of age) require special protections when used in research.**

The Berklee IRB highly recommends avoiding the use of individuals under 18 in research related to a culminating experience/thesis or research that has a short deadline.

Do your subjects include any of the following?

Berklee students as participants
Pregnant women, human fetuses, or neonates
Children and minors ages seven through seventeen
Infants or children younger than seven years of age
Cognitively impaired persons
Inmates/Prisoners or individuals who are currently on parole
Elderly/Aged Persons
Individuals that are not fluent in English
Economically or educationally disadvantaged persons
None of the above

When using individuals under age seventeen as research participants, you are required to collect consent from the parent or guardian of the minor and assent from the minor to

participate in your research. More information on assent and consent can be found on our website.

Please describe in detail your justification for using children or minors under age 18.

Please describe in detail how you will collect both consent and assent for the participation of minors in your research.

Please upload the final version of the consent form and assent form you will use for participants under 18. *Each upload box can upload one file. For additional files, please use the upload boxes below.*

Read the following policy regarding the use of Berklee students as experimental subjects

The procedures outlined in this statement are designed to reduce the element of coercion or influence in any use of any Berklee students as subjects in research projects conducted by faculty or instructional staff. These procedures DO NOT apply to students studying research techniques in courses that require them to perform experiments; rather, they apply to experimentation that uses students not as investigators, but as subjects.

The ethical principles of professional societies insist that all consent to participate in research must be voluntary, and that all potential subjects must be treated as autonomous agents, with the right to choose or not to choose to take part in experiments. US Federal regulations (e.g., 45 CFR 46.116) are explicit: "An investigator shall seek such consent only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence."

Consequently, individual faculty members and instructional staff, students, and departments that use students as experimental subjects, or that maintain "subject pools" of students from which investigators may draw research participants, are asked to adopt procedures that meet the following conditions:

1. Before they enroll in a course, students must be informed of the possibility that they may be asked to serve as research subjects in experiments under direction of the faculty.

2. If there is a course requirement that students serve as research subjects in such experiments, then alternative ways must be provided for students to meet this requirement. During the first week of classes, students should receive a written description of the various ways of meeting the requirement.

3. Each department that regularly requires students to act as research subjects should establish a committee composed of faculty and students to review the research projects

involved. This committee should be responsible for hearing and acting on any student complaints in connection with the research-participation requirement

I have read the above statement and agree to follow the procedures required

I will not be using any Berklee students as subjects in this protocol

Please describe in detail your justification for using pregnant women, human fetuses, or neonates.

Please describe in detail your justification for using infants or children younger than seven years of age.

Please describe in detail your justification for using cognitively impaired persons.

Please describe in detail your justification for using inmates, prisoners, or individuals who are currently on parole.

Please describe in detail your justification for using elderly or aged persons.

Please describe in detail your justification for using individuals that do not speak English fluently.

Please describe in detail your justification for using economically or educationally disadvantaged persons.

You've indicated above that you are using members of a vulnerable population as research subjects or participants. Please upload the consent and/or assent forms you

will be using for these populations. Consent and assent forms must meet the federal requirements for research on special populations.

Please note, each upload box can upload one file. For additional files, please use the extra upload boxes below.

How will you ensure participants in your study who are not fluent in English will fully understand the details of your study and be able to provide informed consent?

Data collection details

Will your study use any of the following? (select all that apply)

Surveys or questionnaires

Interviews or focus groups

Classroom observation

Other forms of observation

Please answer the following questions regarding the interview, observation, or focus group portion(s) of your study.

Length of sessions (e.g. Minutes, hours)

Number of sessions

Duration of sessions (e.g. days, weeks, months)

All participants present in a classroom or other group setting must provide informed consent before they can be observed.

How will you ensure that individuals in the group setting are able to choose not to consent to observation and that you will exclude from your observations individuals who have chosen not to consent?

Is there anything else we should know regarding the interview, observation, or focus group portion(s) of your study?

How long will it take participants to complete your survey or questionnaire? Please describe how you determined this length.

How will you distribute your survey or questionnaire?

App

Website platform

On paper

Other

What platform will you be using to host your survey or questionnaire?

What app will you be using to host your survey or questionnaire?

Please provide a link to your survey, questionnaire, or app.

Please provide the following details on distribution of your paper survey or questionnaire.

When will you be distributing your survey or questionnaire?

Where will you be distributing your survey or questionnaire?

How will you be distributing your survey or questionnaire?

Use this box to include additional details you feel are relevant to this section of the application.

Please upload the **final version** of your survey or questionnaire. Surveys hosted digitally should be downloaded in a PDF or Word document that allows IRB members to view the full survey. Incomplete drafts will not be accepted.

Please note, each upload box can upload one file. If you have additional files you would like to upload, please use the additional upload boxes below.

Costs, benefits, funding

Funding Status

Are you receiving funding for this project?

Funded by Berklee
External Funding or Grant
Not Funded
Other

How much funding are you receiving?

What is the organization that is providing your funding?

Please describe the terms or description of your funding.

If applicable, please upload a description of the terms of your funding.

Are you paying your subjects or providing anything in exchange for participation?

Yes

No

You indicated in a previous question that you are receiving funding for this work but are not offering participants a payment in exchange for their participation. Please explain your reasoning for not offering payment.

Will Berklee students receive course credit for their participation?

Yes

No

Indicate the amount and type of payment(s) participants will receive (e.g. gift cards, movie tickets, etc)

Type of Payment

Amount of Payment

Will participation in the study involve any cost to the subject?

Yes

No

Indicate the anticipated costs to the subject.

Please describe the justification for the anticipated costs to subjects or participants.

Are there potential benefits to the subject?

Yes

No

Please describe the potential benefits to the subjects or participants.

Other legal or federal requirements

General Data Protection Regulation (GDPR) of the European Union

Research conducted within the European Union (EU), or that collects data from individuals in the European Union, may be subject to the General Data Protection Regulation. More information can be found here:
https://gdpr.eu/faq/

Please initial below to indicate your understanding of the following statement:

1. I understand that if I am conducting research in the EU, or collecting data from individuals in the EU, that my research may be required to comply with the GDPR.
2. I understand that it is my responsibility to consult with a GDPR expert to determine if my research is in compliance.
3. **I understand that neither the Berklee Institutional Review Board as a whole, nor any of its individual members, are experts in GDPR compliance. Any advice given by the IRB does not constitute legal advice and it is the sole responsibility of the researchers to ensure their research is in compliance with the GDPR.**
4. I understand that if I am found to be conducting research that is subject to the GDPR but is not in compliance, my IRB approval will be revoked.
5. I understand that if I am conducting my research in the EU or collecting data from individuals in the EU, I will be required to provide proof of compliance to the Berklee IRB before I can receive IRB approval.
6. I understand that if at any future date I decide to expand my research to individuals in the EU, it is my responsibility to ensure compliance with the GDPR and to notify the Berklee IRB of these changes so that my file can be updated.

Initial below to indicate your understanding and agreement with the GDPR policy above.

Will you be conducting your research in the European Union or collecting data from individuals who reside within the European Union?

Yes

No

Consent

Informed Consent
If you haven't already, please review our website for information regarding the requirements for informed consent.

How will you collect informed consent from your participants or subjects?

Paper/hard copy

Electronic (for example, asking participants to complete a form that is separate from a survey)

Consent statement at the beginning of a survey

Orally

Other

Please upload a copy of your informed consent form. Note: consent forms must be written in non-technical language that can be easily understood by the participants in your study.

For more information on the requirements for an informed consent, please view the OHRP Informed Consent Checklist.

Upload a description of the procedures used to obtain oral consent.

In the previous questions you selected that you will collect informed consent another way. Please describe the other way you will collect informed consent that is not electronic, hard copy, oral, or at the beginning of a survey.

Please upload any documentation related to the type of informed consent you intend to use.

Deception/upsetting questions

Debriefing and Deception
When participants are asked questions that could be potentially upsetting, or are subject to deception as a research method, debriefing must occur before a participant leaves a research session. A debriefing statement must be given to participants when they leave.

Your debriefing statement must include:

- A full explanation of the hypothesis being tested
- Procedures that were used to deceive participants
- Justification for why it was necessary to deceive them
- Contact information for the principal investigator and the Berklee IRB

Debriefing upsetting questions or procedures
When asking participants about things that they may find upsetting, such as experiences with trauma, racism, discrimination, harassment, or violence, they must be immediately offered a list of resources and support they can take with them to help them recover and process their experience in your study. Listing Berklee Counseling Services (BCS) as the only resources is not considered sufficient and does not satisfy the

requirement. BCS is only available to students, and is not equipped to treat someone who may be experiencing acute distress or a mental health emergency.

Will your study use deception?

Yes

No

Please describe the deception and your justification for using deception.

Please describe any potential risks, harm, or discomfort to your subjects.

Will you be carrying out procedures or asking questions that might disturb your subjects emotionally or produce stress or anxiety?

Yes

No

What aspects of your study might disturb your subjects emotionally or produce stress or anxiety?

Please upload the final version of your debriefing statement.

Results

Does your study involve assessment of subjects’ abilities in areas relevant to their academic standing or professional goals?

Yes

No

Please describe the ways in which a subjects' abilities in areas relevant to their academic standing or professional goals will be assessed.

Describe the extent to which subjects will receive feedback on their performances

Does your study involve collecting physiological data such as audiometry?

Yes

No

Describe the extent to which subjects will be informed of physiological results

Data storage/privacy

Subjects' identity will be:

Confidential

Anonymous

Neither

Indicate below the types of demographic data that will be recorded. (Check all that apply)

Names of People

Addresses

Email Address

Phone Number

Age

Gender

Ethnicity

Marital Status

Income

Social Security Number

Job Title

Names of Employees

Types of Employees

Disability status

Sexual Orientation

Personal health information

Other Unique Information

None

Data Storage

Where and by whom will demographic data be held?

Describe below how you will keep your data secure and maintain confidentiality during the course of your project. *Please note that data stored electronically must be password protected.*

Will study data be destroyed after completion of the study?

Yes

No

Study Data Collection

How will data be collected? (e.g. Excel, RedCap, etc.)

How will study data be stored? (e.g. Berklee secure hard drive, encrypted thumb drive, etc.)

Who is responsible for collecting and securing the collected data?

Destroying Study Data

How will data be destroyed? (e.g. deleted from hard drive, excel sheet, RedCap, etc).

When will data be destroyed? (e.g. immediately after study ends, specific date, etc.)

Who is responsible for destroying the data?

Saving Study Data Indefinitely

Why do you plan to keep data indefinitely?

Where do you plan to store the data indefinitely? (e.g. Berklee secure hard drive, encrypted excel sheet on secure hard drive, RedCap, etc)

Who is responsible for securing the study data indefinitely?

Completion

If there is any additional information you are unable to provide at this time, please describe what it is and why it is unavailable below.

I understand that by electronically signing this document by typing my full name below that I acknowledge, agree, and attest that the information provided by me is true and correct and I am freely intending to create and adopt as my own a legally binding electronic signature that carries the same legal effect and enforceability as my handwritten.

Type your full name below to electronically sign this application.

Applicant full name

Principal investigator full name

Co-principal investigator full name

Feedback

We hope this submission form worked well for you, but if it didn't, or you have other feedback you would like to provide on the form, please include it below. **This field is not required and information provided here will only be used to help us improve the application.** Information provided here will not impact your application or the IRB approval process.

If you run into any issues with this form, please select Save and Continue so your progress is saved and contact the IRB at BerkleeIRB@berklee.edu.