

**NEW JERSEY DEPARTMENT OF CORRECTIONS
DEPARTMENTAL RESEARCH REVIEW BOARD (DRRB)**

APPLICATION FORM TO REQUEST REVIEW OF A RESEARCH PROTOCOL

This form is to be used for requesting DRRB review of any new project. DRRB approval is required before any research involving human subjects review of databases, files or records may be initiated.

Full details must be given and all necessary documentation submitted. If you are unable to provide certain information at the time of submission, please indicate this in a cover letter. It is vital that all information be submitted at the time of review in order to ensure appropriate review and timely processing of the protocol. Please read the attached instructions before completing this form. Handwritten and/or incomplete forms will be returned to the researcher(s) without review.

DRRB REVIEW TYPE REQUESTED: (specify only one of the following) Full DRRB panel review Expedited review - specify category(s):		<i>Please refer to the section, "Categories of DRRB Review", in the instructions for an explanation of the categories.</i>
TITLE OF PROJECT:		
Projected Study Dates: Begin Recruitment:		End Analysis:

PRINCIPAL RESEARCHER (type name here): _____ <i>Please note that undergraduate student researchers may not be named as the principal researcher on protocols and must instead name their faculty advisor.</i>	
CHECK ONE: _____ Faculty	Title: _____
_____ Staff	Title: _____
_____ Graduate Student	
Department/Unit: (DO NOT ABBREVIATE): _____	
Mailing Address: _____	Home phone (optional): _____
Office Phone: _____	Fax: _____ E-Mail: _____
I certify that the statements made in this request are accurate and complete, and that I will conduct this study in accordance with the recommendations of the DRRB. I will not begin work on this project until I receive either a Notice of Approval from the DRRB. I understand that I am responsible for reporting any serious adverse events or emergent problems to the DRRB, for obtaining DRRB approval before implementing modifications, and for requesting continuing review and approval.	
Signature of Principal Researcher: _____ Date _____	
<i>Complete the following if applicable:</i>	
Name of Undergraduate Researcher: _____	E-Mail: _____
Signature of Undergraduate Researcher: _____ Date: _____	
Program of study for Undergraduate Researcher: _____	
If this project is being performed as part of an honors program, please check here <input type="checkbox"/> and specify the program: _____	

In lay language, briefly state the hypothesis, objectives, or purpose of the proposed research, in the space provided below. Attach a complete research protocol, marked 'Attachment 1'.

Complete this section if someone in addition to the PR is designated to receive and respond to correspondence.
CONTACT PERSON: _____ Title: _____
Department/Unit: _____
Mailing Address: _____
Phone: _____ Fax: _____ E-Mail: _____

*Complete this section if the PR is a **graduate student**:*
Candidate for degree of: _____
Degree candidates must obtain the signature of their faculty advisor below:
Faculty supervisor:
As faculty advisor/course instructor/dissertation Chair for the student named above, I certify that I am familiar with NJ DOC policies and federal regulations as they apply to research involving human subjects. I have advised and/or assisted the student in the preparation of this application and have reviewed it for completeness and accuracy. I endorse the study and certify that it fulfills all the guidelines and requirements for DRRB review.
Name: (printed) _____ Signature: _____
Title: _____ Department: _____ Date: _____
Phone: _____ Fax: _____ E-Mail: _____
Indicate the date that the **Faculty Advisor** successfully completed the Human Subjects Certification Program:
Date: _____

REQUESTS RECEIVED WITHOUT THE APPROPRIATE SIGNATURE(S) WILL NOT RECEIVE REVIEW.

FUNDING STATUS:
1. Funded by: (Agency or Organization): _____
2. Funding proposal submitted to: (Agency or Organization): _____
If #1 and/or #2 above is applicable, please complete and sign the following:
Anticipated Start Date: _____ Projected End Date: _____
I certify that the grant application or contract listed above describes no research involving human subjects other than that which is included in this protocol.
Name (printed): _____ Signature: _____
3. Funding **not** applied for at this time (*check here*): _____

List below **other key individuals, including any co-researchers**, who are responsible for the design OR conduct of the study. Attach additional sheets if necessary, marked 'Attachment 2'.

Name: Title: Department: Mailing Address:	Phone: Fax: Email:
Name: Title: Department: Mailing Address:	Phone: Fax: Email:
Name: Title: Department: Mailing Address:	Phone: Fax: Email:
Name: Title: Department: Mailing Address:	Phone: Fax: Email:
Name: Title: Department: Mailing Address:	Phone: Fax: Email:
Name: Title: Department: Mailing Address:	Phone: Fax: Email:

RATIONALE FOR TYPE OF REVIEW:

If you are requesting an EXPEDITED review, please provide your rationale here:

PROTOCOL DESCRIPTION:

1. THE HUMAN SUBJECTS INVOLVED IN THIS RESEARCH:
 - a) Who are the subjects?
 - b) How many subjects will be involved in the project?
 - c) Specify your plans for including women and minorities, if appropriate.

d) List all inclusion and exclusion criteria.

e) Do your subjects include any of the following:

- Yes No Children and Minors ages seven through seventeen?
 Yes No Inmates?
 Yes No Cognitively Impaired Inmates?
 Yes No Elderly/Aged Inmates/Persons?
 Yes No Non-English Speaking Inmates/Persons?

NOTE: These subjects, by virtue of their age or status, may not be competent or free to give their own consent and may be particularly vulnerable to coercion and undue influence. Researchers must incorporate additional safeguards into the research plan and document fully the informed consent of these individuals and/or that of their legal representatives. Guidelines for inclusion of vulnerable populations are available from the DRRB office.

2. **RECRUITMENT:**

Specify how you will gain access to, recruit, and select your subjects.

3. **DURATION OF PARTICIPATION:**

a) Indicate the length of each session (e.g. minutes, hours) and the number of sessions in which each subject will participate:

b) What is the total duration of an individual subject's involvement (e.g. days, weeks, months)?

4. **INFORMED CONSENT:**

a) Does your protocol involve the use of an informed consent form?

Yes No If YES, enclose a copy of the form, marked 'Attachment 3'. Informed consent must be obtained from the subjects and/or, in the case of minors under the age of 18, the parent or legal guardian. Review the instructions regarding the use of written vs. oral consent. The document must include all of the relevant elements mentioned in the instructions.

b) Does your protocol involve the use of assent or oral consent?

Yes No If YES, provide an approximate script that will be communicated to the subjects, or the assent statement, marked 'Attachment 4'. Assent is agreement by an individual not competent to give legally valid informed consent to participate in research (e.g. A child or cognitively impaired person). See the instructions for the use of assent and oral consent.

c) If you do not intend to use a consent form, please provide your rationale here:

5. SITE(S):
Specify the NJ DOC facility(s) where you will perform your study.

6. THE RESEARCH PROCEDURES:

a) Describe in lay language exactly what you will be doing to, or with, your subjects:

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

Yes No If YES, describe your plans and criteria for counseling such subjects:

c) Are you using a questionnaire, survey, and/or an interview as part of your procedure?

Yes No If YES, submit a copy of the questionnaire(s) and/or interview questions, marked 'Attachment 5'.

d) Are you using focus group discussions as a part of your procedure?

Yes No If YES, submit a copy of the focus group guide, marked 'Attachment 6'.

e) Does your study involve deception of your subjects?

Yes No If YES, describe the deception, justify its need, and describe the procedure you will use to debrief your subjects. Submit a copy of the debriefing statement, marked 'Attachment 7', which should include a statement of your willingness to allow subjects to withdraw from your study after debriefing and to remove from your files all records of their involvement.

f) Will this study involve the use of existing data, documents, records?

Yes No If YES, include authorization to access the data if not publicly available, marked 'Attachment 8'.

7. DATA COLLECTION:

- a) Are you obtaining from your subjects information about their private behavior, economic status, sexual preferences, religious beliefs, or other matters which, if made public, might impair their self-esteem or reputation, or could reasonably place the subjects at risk of criminal or civil liability or be damaging to their lives upon release from the jurisdiction of the NJDOC?

___ Yes ___ No

If YES, please explain:

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

___ Names of people

___ Ethnicity

___ Names of employers

___ Addresses

___ Marital status

___ Types of employers

___ Phone numbers

___ Income

___ Other unique information

___ Age

___ Social security number

(Specify) _____

___ Gender

___ Job title

- c) Do you plan to use a code to link a subject to his/her response?

___ Yes ___ No

If YES, indicate where and by whom the code is held.

8. DATA STORAGE/DISPOSITION:

- a) Describe how you will keep your data secure and maintain confidentiality during the course of your project:

- b) Describe how you will ultimately dispose of your data (notes, drafts, lists of subjects, photographic records, tapes, computer disks, etc.) after you have completed your research (e.g. shredding, burning):

9. RISK/BENEFIT:

In three or four sentences, summarize the risk/benefit ratio of the proposed research, with regard to the human subjects, the risks to them, and the potential benefits to knowledge or society:

10. INTERNAL REVIEW:

Does your department, unit, or school have an ethics or research review committee?

___ Yes ___ No

If YES, state the name of the committee and the date it reviewed and approved your project:

11. COLLABORATION:
Does this research project involve the DRRB approval of one or more participating institutions or organizations other than that of your own agency?
___Yes___No If YES, list the institutions and submit copies of the related DRRB approval notices, marked 'Attachment 9'.

12. PRE-PUBLICATION REVIEW:

All persons or agencies who complete a research project must, prior to publication or any dissemination, make available the research findings or the results to the correctional facility administrator, community program supervisor, or operational unit supervisor, NJ DOC DRRB and the Commissioner, New Jersey Department of Corrections, for review and comments.

13. ADDITIONAL INFORMATION (OPTIONAL)

- If you are unable to provide certain information at the time of submission, **please indicate this in a cover letter**. It is vital that all information be submitted at the time of review in order to ensure appropriate review and timely processing of the protocol.
- All subjects must be informed by the researcher that they are free to terminate their participation in the study at any time without penalty.
- Review the application before submission to verify that all required signatures are included. Requests received without the appropriate signature(s) **will be returned without review**.
- Submit the complete application packet by the deadline for the DRRB meeting. **Do not submit instructions**.
- All relevant attachments should be marked and attached to the protocol form in the following order:

Attachment 1	Research Protocol (e.g. grant application, dissertation proposal)
Attachment 2	Inclusion of Key Individuals and Co-Researchers
Attachment 3	Consent Form(s)
Attachment 4	Assent or Script for Oral Consent
Attachment 5	Questionnaire(s), Survey(s), Interview Questions
Attachment 6	Focus Group Guide
Attachment 7	Debriefing Statement
Attachment 8	Authorization to Use Data
Attachment 9	DRRB Approval Notices from Participating Institutions

FOR OFFICIAL USE ONLY

**This Research Request has been reviewed by the following members of the
New Jersey Department of Corrections Departmental Research Review Board:**

Douglas Gerardi, Director, Policy & Planning
(Chairperson)

(Chairperson Signature) (Date)

Kristen Zgoba, Research Scientist
(Co-Chairperson)

(Co-Chairperson Signature) (Date)

Luis Silva, Ombudsman
(Ombudsman)

(Ombudsman Signature) (Date)

Ralph Woodward, Director

(Signature) (Date)

Patty Friend, Acting Assistant Commissioner

(Signature) (Date)

Jim Barbo, Director

(Signature) (Date)

William Plantier, Director

(Signature) (Date)

The above members of the NJ DOC DRRB recommend to the NJ DOC Commissioner that this Research Request be Approved Disapproved

Comments: _____

**Based on the recommendation of the NJ DOC Departmental Research Review Board
I hereby Approve Disapprove this research.**

George Hayman, Acting Commissioner (Date)