**UNIVERSITY OF MONTANA**

Form RA-108

(Rev. 5/24/2022)

IRB Protocol No.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Review Board (IRB)

*for the Protection of Human Subjects in Research*

**IRB PROJECT REGISTRATION**

At the University of Montana (UM), the Institutional Review Board (IRB) is the institutional review body responsible for oversight of all research activities involving human subjects as outlined in the U.S. Department of Health and Human Services’ Office of Human Research Protections.

**Instructions:** A separate application must be submitted for each project. Email the completed form as a Word document to *IRB@umontana.edu**,* or submit a hardcopy (no staples) to the IRB office in the Interdisciplinary Science Building, room 104. Student applications must be accompanied by email authorization by the supervising faculty member or a signed hard copy. *All fields must be completed. If an item does not apply to this project, write in: N/A.* Questions? Call the IRB office at 243-6672.

1. **Administrative Information**

|  |
| --- |
| Project Title:       |
| Principal Investigator:       | UM Position:       |
| Department:        | Office location:       |
| Work Phone:       | Cell Phone:       |

**2. Human Subjects Protection Training** *(All researchers, including faculty supervisors for student projects, must be listed below and have completed a* [*self-study course on protection of human research subjects*](http://www.umt.edu/research/compliance/IRB/hspcourse.php) ***within the last three years*** *and be able to supply the “Certificate(s) of Completion” upon request. If you need to add rows for more people, use the* [*Additional Researchers Addendum*](http://www.umt.edu/research/compliance/IRB/Docs/Additional%20Researchers%20Addendum.doc)*.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **All Research Team Members** (list yourself first) | **PI** | **CO-PI** | **Faculty****Supervisor** | **Research Assistant/other role** | **DATE COMPLETED IRB-approved Course mm/dd/yyyy** |
| Name:      Email:       | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Name:      Email:       | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Name:      Email:       | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Name:      Email:       | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Name:      Email:       | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Name:      Email:       | [ ]  | [ ]  | [ ]  | [ ]  |       |

**3. Project Funding** *(If federally funded, additional requirements may apply.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency | Grant No. | Start Date | End Date | PI on grant |
|       |       |       |       |       |