**Final Report for Research Protocols Involving**

**Human Participants**



**Research Ethics Board**

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**FOIP NOTIFICATION:**

THE PERSONAL INFORMATION REQUESTED ON THIS FORM IS COLLECTED AND PROTECTED UNDER THE AUTHORITY OF THE ALBERTA FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT, AND WILL BE USED FOR THE PURPOSE OF PROCESSING YOUR RESEARCH ETHICS BOARD APPLICATION**,** AND FOR USES CONSISTENT WITH THIS PURPOSE. QUESTIONS CAN BE DIRECTED TO THE RESEARCH ETHICS BOARD COORDINATOR**,** LETHBRIDGE COLLEGE, 403.320.3202 EXT.7344.

## INSTRUCTIONS:

## COMPLETE THIS FORM ELECTRONICALLY AND ATTACH ALL SUPPORTING MATERIALS. ANSWER ALL QUESTIONS, EVEN IF THE INFORMATION IS DUPLICATED ELSEWHERE IN THE APPLICATION. SUBMIT THE COMPLETED FORM AS A SINGLE DOCUMENT (.DOC OR .PDF) TO THE RESEARCH ETHICS BOARD COORDINATOR AT [APPLIEDRESEARCH@LETHBRIDGECOLLEGE.CA](mailto:APPLIEDRESEARCH@LETHBRIDGECOLLEGE.CA). APPLICATIONS RECEIVED AS MULTIPLE ATTACHMENTS WILL NOT BE ACCEPTED. IF ELECTRONIC SUBMISSION IS NOT POSSIBLE PLEASE CONTACT THE REB COORDINATOR.

**\*\*\* YOUR APPLICATION WILL NOT BE REVIEWED BY THE BOARD UNTIL ALL NECESSARY DOCUMENTS (I.E. SURVEY QUESTIONS, CONSENT DOCUMENTS, INTERVIEW QUESTIONS) HAVE BEEN RECEIVED BY THE REB COORIDNATOR\*\*\***

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| RESEARCH ETHICS BOARD USE ONLY DATE RECEIVED PROTOCOL NUMBER  REVIEW DATE APPROVAL DATE |

## APPLICANT INFORMATION

PRINCIPAL INVESTIGATOR / FACULTY MEMBER:

|  |  |
| --- | --- |
| LAST NAME, FIRST NAME: | |
| INSTITUTIONAL AFFILIATION: Choose an item. If other please explain: | |
| DEPARTMENT / SCHOOL: | |
| EMPLOYEE / STUDENT ID #: | |
| PHONE NUMBER: | EMAIL ADDRESS: |

## PROJECT INFORMATION

|  |
| --- |
| DESCRIPTIVE PROJECT TITLE: |
| PROTOCOL NUMBER (IF KNOWN): |
| PROJECT COMPLETION DATE: Click here to enter a date. |
| PROVIDE A BRIEF DESCRIPTION OF YOUR ORIGIONAL PRTOCOL SUBMISSION: |
| EXPLAIN ANY MODIFICATIONS / VARIATION FROM THE ORIGINAL PROTOCOL: |
| DESCRIBE ANY UNEXPECTED OCCURRENCES DURING THE COURSE OF YOUR PROJECT: |
| PROVIDE A BRIEF SUMMARY OF THE OUTCOMES OF YOUR PROJECT: |

## ACCURACY OF INFORMATION:

I certify that I have read and understand the policies, procedures, and guidelines developed by Lethbridge College for ensuring ethical conduct in research and that I intend to comply fully with the letter and spirit of those policies, procedures, and guidelines; that all the information I have included in this application is, to the best of my knowledge, true; and that I have not knowingly omitted any information from this application that is relevant to the task of the Lethbridge College Research Ethics Board. I further acknowledge my responsibility to report any significant changes in the project and to obtain written approval for those changes, as required by the College policies, procedures, and guidelines, prior to implementing those changes.

**SUBMISSION OF THIS APPLICATION TOGETHER WITH SUPPORTING DOCUMENTATION INDICATES COMPLIANCE WITH THE ABOVE STATEMENT.**

**Submitted by:**

|  |  |
| --- | --- |
|  | Click here to enter a date. |
| Typed name | Date |