UNIVERSITY OF CENTRAL FLORIDA

FORM: Request for Exempt Determination		
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Instructions: This form is used to establish whether your research can be determined to be "Human Research" that is exempt from IRB Review according to the federal regulations. To request a determination of exemption, please complete the protocol application and attach this form in Section 1.8 of the Basic Information Page of the online study submission. Also attach recruitment materials, study instruments, and, if a consent process is required, the HRP-254 Summary Explanation for Exempt Research. *The IRB Office will then make the final determination on whether the activity meets an exempt category under Health and Human Services regulations (HHS)45 CFR 46.101 (b).*

Investigator:	
Study Title:	
Co-Investigators(s) (if Applicable):	
Faculty Advisor (if Applicable):	

Section 1 – Justification of IRB Exemption
In order to be considered exempt, the research study MUST meet the following conditions:

A. The research protocol involves NO more than minimal risk. Minimal risk is the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or in the routine medical, dental, or psychological examination of healthy persons.45CFR46.303(d).

☐	Yes, this research involves NO more than minimal risk.
☐	No, this research involves GREATER than minimal risk. STOP, your submission does not qualify for an exemption determination. Discard this form and complete a Protocol using Form HRP-503 for submission to the IRB.

B. This study fits into at least one of the following 5 Exemption categories. Please indicate which of the following categories you think most clearly represents your research.

☐	1. Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
☐	2. Research involving the use of (a) educational tests (cognitive, diagnostic, aptitude, achievement), (b) survey procedures, (c) interview procedures or (d) observation of public behavior, UNLESS: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. Note: If your research includes surveys or interviews with minors, this study will not qualify for an exemption.
☐	3. Research involving public officials/offices through the use of educational tests, surveys, interviews, or observation. Note: Select this category only if your participants are public officials.
☐	4. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. Note: "Existing" for the purpose of this checklist means that the data already exists at the time the research is proposed.
☐	5. Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

Section 2 – Study Details
Complete each section

Protocol Synopsis/Summary:	

Objective/Background:	
Study Design:	
Study Instruments: (List **all** materials the participant will view or hear. This list must match the document names attached in the Local Study Documents in the IRB system):	
Maximum number of participants:	
Study Population: (check ☑ all that apply)	☐ UCF Students, Faculty or Staff ☐ Children or Young Adults Under the age of 18 ☐ Adults over 65 ☐ Pregnant Women ☐ Prisoners ☐ Adults to Unable to Consent ☐ Other (specify):
Recruitment Methods: (Unless the content is exactly the same for all versions, upload a copy of each type selected)	☐ Flyer ☐ Email ☐ Social Media Post ☐ Other (specify): ☐ The content is the same for all methods
Languages Included:	☐ English ☐ Other (specify): Note, the IRB will request translated versions of the study materials after the English versions are approved.
Research Locations: (check ☑ all that apply)	☐ UCF Owned or Operated Locations(s) (specify all applicable locations): ☐ Online ☐ Amazon M-Turk ☐ Sona ☐ Qualtrics ☐ Other (specify): ☐ International (specify all applicable locations): ☐ Multi-site (specify all No-UCF locations): ☐ Other (specify):
Involves Deception:	☒ No ☐ Yes (Completion of HRP-509 – Debriefing Statement is required) If Yes, describe the nature of the deception:

Illegal activity/sensitive information (Drug use, underage alcohol use, rape, suicidal thoughts, etc.):	☐ No ☐ Yes If Yes, describe the nature of the sensitive information:
Compensation:	☐ No ☐ Yes If Yes, specify the form of compensation (check all that apply): ☐ Course Credit (students) (if offering course credit, "Alternate Assignment" below must also be selected) ☐ Alternate Assignment (students) ☐ Monetary (cash/check/gift card) ☐ Other (specify): ☐ Lottery (Note: In general, due to Florida's strict state laws regarding lotteries and the appearance of coercion in research studies, the IRB does not allow lotteries unless the study is investigating the lottery process or psychological effects of lotteries as the purpose of the study.
Type of Interaction(s)to Take Place for Research Purposes: (check ☑ all that apply)	☐ Online survey ☐ In-person/Face-to-Face ☐ Voice Call ☐ Voice/Video Call (i.e. Skype) ☐ Voice Recordings ☐ Video Recordings ☐ Observation (describe the nature of the observation): ☐ Other (specify):
Data Collection: (check ☑ all that apply and upload the study data collection sheet)	☐ None ☐ Name ☐ Contact Information (email, phone number, address, etc.) ☐ NID ☐ Video Recording-- Face or other identifying personal attribute ☐ Protected Health Information (PHI) (includes any of the 18 HIPAA identifiers associated with medical records, biological specimens, biometrics, data sets) ☐ Other (specify):
Data Retention: (check ☑ all that apply for both the identifiable and de-identified sections, as applicable)	If You are Collecting Identifiable Data: ☐ Identifiers deleted after transcription ☐ Identifiers deleted after data analysis ☐ Identifiers deleted at a specific timepoint (specify): If You are Collecting and De-Identified Data: ☐ De-identified data stored for a minimum of 5 years (per UCF policy) ☐ De-identified data stored for a certain amount of time or specific timepoint (specify):

Section 3 – Ethical Considerations
Complete each section

1. Describe how subject selection is equitable (describe inclusion/exclusion criteria):	
2. This study involves the recording of identifiable data:	☐ No ☐ Yes If Yes, describe the provisions in place to protect the confidentiality of the data:
3. There are interactions with participants (including surveys):	☐ No ☐ Yes If Yes, question number 4 is required.
4. Informed Consent Process (required for all studies involving subject interaction)	Note: The Consent Process Must: Disclose that the activities involve research; Disclose the procedures to be performed; Disclose that participation is voluntary; Disclose the name and contact information for the investigator. Describe the informed consent process the HRP-254 – Summary of Research Explanation and any other documents used to facilitate the consent process.
5. Subject Privacy	Describe the provisions to maintain privacy interests:

Section 4 – Certification and Investigator Sign-Off

Please be aware that the different activities listed under the categories for exemption do not automatically deem these activities as exempt from IRB review. Exempt determination does not designate that research is automatically excused from IRB submission or review, but rather are exempt only from certain federal regulations. The activities presented here only indicate that a significant portion of these types of research activities could be eligible for exemption procedures. In addition, this eligibility also depends on whether or not the specific circumstances surrounding the proposed research activities involves no more than minimal risk to the participants. Decisions regarding eligibility for exemption will be made on a case-by-case basis by the IRB Office. The IRB Office may request additional documentation, including the full protocol (HRP-503 – Protocol Template), in order to make the appropriate determination.

By entering your initials below you certify that the information you have provided is complete and accurate. In addition, you acknowledge that any intended/proposed modifications to this research must first be submitted to the IRB as certain modifications may increase risk to participants or change the review category.

Investigator Initials	Date