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The University of Texas at El Paso

**Institutional Review Board Office**

**Quality Improvement Project Application**

*Instructions:* This form must be reviewed and completed in its entirety. Please type and submit this form along with finalized copies of all project related materials via [IRBNet](http://www.irbnet.org/) in a timely manner. Attention to these elements will facilitate the IRB’s review of your project. The IRB will then determine whether the submission is a QI project or research. For further guidance or assistance, please contact the IRB office at (915) 747-6590 or by email at [irb.orsp@utep.edu](mailto:irb.orsp@utep.edu).

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| 1. **Project Information:** | | | |
| **Project Manager** |  | | |
| **Department** |  | | |
| **University Title** | Faculty/Staff  Student |
| **Faculty Advisor, Mentor, or Committee Chair** |  | | |
| **Project Title** |  | | |
| **Additional Study Personnel (if applicable)** |  | Today’s Date: |  |
| **CITI Group Completed** | Yes  No | Anticipated Start Date: |  |

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| 1. **Literature Review:**   *In this section describe the significance of the proposed project and why it is being conducted. Provide appropriate references.* |

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| 1. **Project Site(s): \*Please include Site Authorization Letter allowing permission to conduct project\***   *Check the box that best describes the status of your project* |

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|  | Project will be implemented at project manager’s place of employment. |
|  | Project will be reviewed by another IRB and/or Ethics Committee  Provide the institution name and contact person: |

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| 1. **Summary of Project Activity:** |

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| **Briefly state the purpose of this project activity:**  **If applicable, list your PICO question:** |

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| **What is the overall goal of this project? Please include the specific population geared to benefit from this project:** |

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| **Describe how the project will be implemented. List what procedures you will follow and what the project participants will be exposed to. Please provide details:** |

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| **Describe how the project team will collect, manage, and analyze data:** |

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| 1. **Ethical Considerations:** | |
| **E1. Does this project include inclusion and exclusion criteria?**  **IF yes, please describe:** | YES  NO  N/A |
| **E2. Will you be audio or video recording during any portion of this project?**  **IF yes, please describe:** | YES  NO  N/A |
| **E3. Does the project pose any risk to the individual(s)?**  **IF yes, please describe how the risk/benefit ratio has been weighed and explain how you will address this concern:** | YES  NO |
| **E4. Is there a possibility of coercion or undue influence?**  **IF yes, please describe how you will address this concern:** | YES  NO |
| **E5. Is there a possibility that data collected may be compromised? If yes, please describe the measures taken to ensure confidentiality and security.** | YES  NO |
| **E6. Will identifiable data be made available to anyone other than the Project Manager?**  **IF yes, explain who and why they will have access to the identifiable data:** | YES  NO  N/A |
| **E7. Will the results of the project be disseminated? Check all that apply.**  **Publication  Presentation** | YES  NO  N/A |

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| **Acknowledgment of Responsibility** | |
| **Principal Investigator Assurances-Conflict of Interest and Fiscal Responsibility** | |
| Do you or any person responsible for the design, conduct, or reporting of this project have an economic interest in, or act as an officer or director of any outside entity whose financial interests may reasonably appear to be affected by this project?  If yes, please explain any potential conflict of interest | YES  NO |
| Do you or any person responsible for this project have existing financial holdings or relationships with the sponsor of this study?  If yes, please explain any potential conflict of interest | YES  NO  N/A |
| **Principal Investigator Certifications:** | |
| **With this submission I certify that:**  I agree to fully ensure that this project will be conducted in an ethical manner.  I agree that the information provided in this form and all other supporting documents are accurate and complete.  I accept responsibility for making sure all personnel involved in the project have been appropriately trained.  I understand that any changes in procedure with affect to participants must be submitted to the IRB Office for written approval prior to their implementation. Furthermore, I understand that any significant changes in risk for participants must be immediately reported in writing to the UTEP IRB Office. | |