1. Research Protocol Title

1.B. Research Protocol Title

1.C. Duration of Study

Exempt Research Application Form

Human Subjects

Institutional

Office of Research Integrity

UNLV Office of Research

Applicable Policy - 45 CFR 46.101 (b)

Human Subjects

Institutional Review Board

UNLV Office of Research

PI: Mary Ann Winkeles PhD

Department: Behavioral Science

Program: Psychology

Mail Code: C644

Principal Investigator: Dr. Mary Ann Winkeles PhD

Name and Credentials:

The PI must be UNLV faculty in all cases involving studies carried out by students or fellows.

1. Investigator's Contact Information

2. Investigator's Contact Information

3. Is there a student Researcher who is conducting this Research as a basis for their dissertation or thesis?

4. Protocol Coordinator

5. Co-Principal Investigators

6. Research Team Members

NO

Yes

Date: 07/07/2014

Protocol Review Form is to be completed independent of the IRB Review process.

If the IRB determines the Research to be non-exempt, the project must be resubmitted with the completed Research Exemption Application. As a result of this process, your study will be subject to all applicable federal regulations governing all research.

Exempt Research must adhere to the same ethical principles governing all research.

In instances where the UNLV IRB determined the project to be exempt, the exempt determination must be granted UNLV IRB will make the final determination of exempt Research projects. The exempt determination must be granted by the UNLV IRB.

Complete this application if you believe your study qualifies as exempt Research based on the categories below. The

Categories:

1. Exempt Research Application Form

Revised: 07/07/2014

Received Office Use Only

IRB Protocol Number

1992.43-14

AB Research Data Stamp

AB Research Data Stamp

AB Research Data Stamp
<table>
<thead>
<tr>
<th>Name &amp; Credentials:</th>
<th>Dr. Matthew Bernacki, Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Institution:</td>
<td>College of Education</td>
</tr>
<tr>
<td>Mail Stop:</td>
<td>UNLV, Office of Decision Support</td>
</tr>
<tr>
<td>Phone:</td>
<td>Ext. 894-4013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name &amp; Credentials:</th>
<th>Justin Lewis, BS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Institution:</td>
<td>UNLV</td>
</tr>
<tr>
<td>Mail Stop:</td>
<td>Ext.</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:lewisj2@unl.nevada.edu">lewisj2@unl.nevada.edu</a></td>
</tr>
</tbody>
</table>

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### Risk Assessment

**45CFR46.102(b):** Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

7.1 In order for your study to qualify as exempt, it may only involve minimal risk. By Federal Regulations at 45CFR46.102(b), minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

**Does your study meet the definition of minimal risk as defined above?**

- Yes
- No

8. **Category of Exemption**

- **Solid Box:** All items in the box must be true.
- **Dotted Box:** One item in the box must be true.

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**Key:** Indicate your exemption category choice by completing the relevant categories from the list below. As you check the appropriate boxes, the form will guide you on the Category your study may qualify. Please note: The Federal regulations do not permit any new categories and only the IRB may determine which research activities qualify for an exemption review.
<table>
<thead>
<tr>
<th>Category 2 (all of the following are true):</th>
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</thead>
<tbody>
<tr>
<td>You Checked One of the Following. Please check this box.</td>
</tr>
<tr>
<td>Educational tests (cognitive, diagnostic, aptitude, achievement)</td>
</tr>
<tr>
<td>Observation of public behavior</td>
</tr>
<tr>
<td>Survey procedures</td>
</tr>
<tr>
<td>Interview procedures</td>
</tr>
<tr>
<td>Both of the following are true:</td>
</tr>
<tr>
<td>Participants CANNOT be identified, directly or through identifiers linked to the participants.</td>
</tr>
<tr>
<td>Information obtained is recorded in such a manner that either:</td>
</tr>
<tr>
<td>Research is NOT subject to FDA regulation (e.g., drug, device, or biological)</td>
</tr>
<tr>
<td>Research does NOT involve prisoners as participants.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category 3 (all of the following are true):</th>
</tr>
</thead>
<tbody>
<tr>
<td>The research involves the use of one or more of the following:</td>
</tr>
<tr>
<td>Educational tests (cognitive, diagnostic, aptitude, achievement)</td>
</tr>
<tr>
<td>Survey procedures</td>
</tr>
<tr>
<td>Interview procedures</td>
</tr>
<tr>
<td>Observation of public behavior</td>
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<tr>
<td>The research does NOT involve prisoners as participants.</td>
</tr>
<tr>
<td>The research does NOT subject to FDA regulation (e.g., drug, device, or biological)</td>
</tr>
<tr>
<td>The research is NOT exempt under Category 2 above (Research cannot qualify for both Category 2 and Category 3)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Either of the following is true:</th>
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<tbody>
<tr>
<td>The participants are elected or appointed public officials or candidates for public office</td>
</tr>
<tr>
<td>The research does NOT involve prisoners as participants.</td>
</tr>
<tr>
<td>The research is NOT subject to FDA regulation (e.g., drug, device, or biological)</td>
</tr>
</tbody>
</table>
9. Research Team Members: List all research team members (including PI) who will have contact with subjects, have contact with subjects’ data or biological samples, or use subjects’ personal information. If needed, see the Additional Research Team Member Form.

<table>
<thead>
<tr>
<th>NAME and DEPARTMENT</th>
<th>ROLE IN PROTOCOL</th>
<th>SPECIFIC EXPERIENCE WITH ROLE IN PROTOCOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mary Ann Winkles, Ph.D.</td>
<td>Developed protocol.</td>
<td>Five years’ experience conducting and publishing human subjects research at a university (<a href="http://www.teachingandinquiry.illinois.edu/teaching/transparency.html">http://www.teachingandinquiry.illinois.edu/teaching/transparency.html</a>)</td>
</tr>
<tr>
<td>Dr. Matthew Bernacki, Ph.D.</td>
<td>Advisor.</td>
<td>Helped to construct dataset, helped to format charts and slides to illustrate findings</td>
</tr>
</tbody>
</table>

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<tr>
<th>ROLE IN CONSENT PROCESS</th>
<th>EXAMPLE: Recruiting</th>
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<td>Writing consent form, recruiting subjects</td>
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<td></td>
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**Note:** The research does NOT involve prisoners as participants.
A. Describe the purpose of the project and how it will contribute to the field.

B. Maximum number of residents:
The project has a capacity of 300 residents.

C. Describe the study population or ecosystem in which the study is conducted (e.g., healthy adults aged 18-50).

D. Describe the process for enrolling subjects into the study, including whether an Institutional Review Board (IRB) will be used.

E. Inclusion and exclusion criteria:
- Inclusion criteria:
  - Participants must be over the age of 18
  - Participants must have a history of mental health issues
  - Participants must be able to read and write
  - Participants must be able to attend all study sessions
- Exclusion criteria:
  - Participants with a history of substance abuse
  - Participants with a history of neurological disorders
  - Participants with a history of major medical conditions

F. Expected timeline:
- Pre-study phase: 1 month
- Enrollment phase: 6 months
- Data collection phase: 1 year
- Data analysis phase: 3 months
- Report writing phase: 1 month

G. Budget:
- Equipment: $10,000
- Personnel: $20,000
- Travel: $5,000
- Total budget: $35,000

H. Risks and benefits:
- Risks:
  - Participants may experience discomfort during data collection
  - Participants may experience anxiety during the study
  - Participants may experience a loss of privacy
- Benefits:
  - Participants will receive mental health support
  - Participants will receive a certificate of completion
  - Participants will receive a $50 gift card for their participation

I. Dissemination:
- Results will be published in peer-reviewed journals
- Results will be presented at conferences
- Results will be shared with stakeholders

J. Ethical considerations:
- The study is approved by the Institutional Review Board
- Participants will provide informed consent
- Participants will be debriefed at the conclusion of the study

K. Contact information:
- Principal investigator: Dr. John Smith
- Email: john.smith@university.edu
- Phone: 123-456-7890
any time about the study or your participation in it, you may contact the study's principal investigator, Dr. Mary-Ann Winkelles, Coordinator of Campus Instructional Development and Research, Office of the Vice Provost for Faculty, Policy and Research, University of Nevada, Las Vegas (Mary-Ann.Winkelles@unlv.edu, tel. 702-895-3455) mawink@illinois.edu. You may also contact the Office of Research Integrity %u2013 Human Subjects, University of Nevada, Las Vegas at 702-895-2794 or by email at IRB@unlv.edu for information about the rights of human subjects in approved research, identifying yourself as a research subject. Procedures, Dissemination and Confidentiality: You are selected and invited to participate in this study because your course instructor(s) agreed to participate in the study. You will be asked to take about 4 minutes to complete an online survey. No key or other identifier will link your answers with your identity. Your answers will always remain anonymous. Anonymous averages of the responses, only in aggregate form, will be shared with course instructors only after grades have been submitted to the registrar. The survey data will be stored on a secured server at the University of Illinois, accessible only through a password protected account on a password-protected computer, and also in a locked cabinet in Dr. Winkelles's office. Data from the survey will be preserved for the duration of this ten-year study (2009-2019). Dr. Winkelles and several collaborators will code and analyze data, interpret the findings, and disseminate the study's context, purpose, methods, findings, limitations, and conclusions through presentations and publications in higher education conferences, journals, and/or books. No individual names of Transparency Initiative participants will be identified in any reports, presentations, or publications. Benefits/Risks and Voluntary Participation: Your participation in this research is voluntary. Your decision to participate, decline, or withdraw from participation will have no impact on your grade in this course or on your present or future relations with your instructors or school or the University of Illinois at Urbana-Champaign in any way. There are no known risks from participation in this study beyond those that exist in normal daily life. There may not be immediate direct benefits to you as a participant. You may benefit from this project by becoming more aware of your own learning practices and how these impact your performance in school. You will be providing valuable information about your learning processes that will help schools and faculty to improve students' learning experiences. You may skip questions or terminate your participation at any time. I HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE AND CONFIRM THE FOLLOWING STATEMENTS: I understand that my participation is entirely voluntary. I understand that I may refuse to participate or may discontinue participation at any time during the project without penalty, simply by closing my browser. I understand that I may skip any questions that I don't wish to answer. I understand that my anonymity will be preserved and my identity will never be connected with my responses. I am 18 years of age or older. I understand that the investigator will disseminate aggregate data from this survey in reports of this research at professional meetings and in professional publications, and that the names of participants will not be recorded or revealed. 2) Information and Consent for Instructor Participants Purpose and Investigator: The Transparency in Learning and Teaching Initiative is a study that aims to gather information about how higher education students understand their own learning processes and how instructors can enhance that understanding. Your responses will help institutions of higher education improve students' learning experiences. If you have questions at any time about the study or your participation in it, you may contact the study's principal investigator, Dr. Mary-Ann Winkelles, Coordinator of Campus Instructional Development and Research, Office of the Vice Provost for Faculty, Policy and Research, University of Nevada, Las Vegas (Mary-Ann.Winkelles@unlv.edu, tel. 702-895-3455) mawink@illinois.edu. You may also contact the Office of Research Integrity %u2013 Human Subjects, University of Nevada, Las Vegas at 702-895-2794 or by email at IRB@unlv.edu for information about the rights of human subjects in approved research, identifying yourself as a research subject. Procedures, Dissemination and Confidentiality: By clicking the %u201CSubmit%u201D button at the bottom of the online registration form, you indicate your voluntary participation in the Transparency Initiative. You will invite your students at the end of term to complete a 4-minute online survey located at a URL that will be provided to you, and at the end of term you will be asked how frequently (if at all) you chose to implement transparent modes of teaching and learning in your course. The investigators will keep your identity confidential. Your name will not be used in any presentations or publications resulting from the Transparency study, nor will it be shared with your institution%u2019s Review Board or other administrators. Your data will always remain anonymous and will be shared only in aggregate form. Your students%u2019 identities will never be recorded or tracked. Students%u2019 responses will always remain anonymous. Anonymous averages of students%u2019 responses, only in aggregate form, will be shared with course instructors only after grades have been submitted to the institution%u2019s registrar or equivalent. Data will be stored on a secured server at the University of Illinois, accessible only through a password protected account on a password protected computer, and also in a locked cabinet in Dr. Winkelles%u2019s office. Data will be preserved for the duration of this ten-year study (2009-2019). Dr. Winkelles and several collaborators will code and analyze data, interpret the findings, and disseminate the study%u2019s context, purpose, methods, findings, limitations, and conclusions through presentations and publications in higher education conferences, journals, and/or books. No individual names of Transparency Initiative
(a) Identify the source of the data to which the privacy protection requirements extend; and state whether the data will be in existence at the time your application to the REB is reviewed.

(b) Provide the date range of the data to which the privacy protection requirements extend and state whether the data will be in existence at the time your application to the REB is reviewed.

Note: If you are collecting identifiable information from recorded voices, figures, academic records, or other personal records, answer the following.

II.1. If you selected Category 4 in section B above and your project involves the collection of data (e.g., medical records)

II.2. Details of the project, including the nature of the research.

If you selected Category 4 in section B above and your project involves the collection of data (e.g., medical records), answer the following.

II.2.1. Describe how the data will be protected (inclusive location, length of time and disposition of data).
12. Financial Information

Will subjects be paid or otherwise compensated for research participation? Yes ☐ No ☐

a) Describe the nature of any compensation to subjects. Include cash, gifts, research credit, etc.

b) Provide a dollar amount, if applicable. Check here ☑

c) When and how is the cash compensation provided to the subject?

d) What is the effect on cash compensation if a subject does not complete the study?

12.2 Is there any internal or external funding (e.g., grants, contracts, gifts, etc.)? Yes ☐ No ☐

13. Protected Health Information (PHI)

A waiver for use and disclosure of PHI is requested (submit a request for waiver of HIPAA Authorization).

All projects must indicate whether PHI will be used and/or disclosed as part of the research. Please select one of the following.

a) Attach a copy of the proposal and/or award document through the Supporting Documents Grid from the Home Page of CyberIRB.

B) Name of Sponsor or UNL Grant Program:

A copy of the data collection sheet that details the data that will be collected for this project. If you are not attaching, please check here:

1. The activity is exempt from research HIPAA requirements as no PHI is used or collected (information collected must have all 18 elements as defined by the HIPAA Privacy Rule removed so that an individual or the individual's relatives may not be identified).

2. HIPAA Authorization for use and disclosure of PHI will be obtained from subjects (submit a HIPAA Authorization form).
I, the student/fellow investigator, will follow through with the storage and destruction of data as outlined in the protocol.

I am aware that the student/fellow investigator will properly report adverse events to OPRA according to IRB guidelines.

I agree to participate in regulatory support, the student/fellow investigator in the study.

I agree to serve the student/fellow investigator in all wills and testaments in accordance with OPRA and the student/fellow investigator with all wills and testaments.

In accordance with the approved protocol, I understand:

- Governance research with human subjects and has sufficient training and experience to conduct this particular application of OPRA. I certify that the student/fellow investigator is knowledgeable about the regulations and policies governing the research application.

FACULTY ADVISOR (AF APPLICABLE): By my signature as Principal Investigator on this research proposal, I understand that I will be responsible for the conduct of the study.

I acknowledge that the information provided in this application is true and accurate as Principal Investigator.

I certify that the information provided in this application is true and accurate. As Principal Investigator, I agree to participate in regulatory support, the student/fellow investigator in the study.

I agree to serve the student/fellow investigator in all wills and testaments in accordance with OPRA and the student/fellow investigator with all wills and testaments.

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