Andrews University

**Office of Research and Creative Scholarship**
**Institutional Review Board**
**(269) 471-6361 Fax: (269) 471-6246 E-mail: irb@andrews.edu**
**Andrews University, Berrien Springs, MI 49104-0355**

# APPLICATION FOR APPROVAL OF HUMAN SUBJECTS RESEARCH

Please complete this application as thoroughly as possible. Your application will be reviewed by a committee of Andrews University IRB, and if approved it will be for one year. Beyond the one year you will be required to submit a continuation request. It is the IRB's responsibility to assign the level of review: Exempt, Expedited or Full. It is your responsibility to accurately complete the form and provide the required documents. Should your application fall into the exempt status, you should expect a response from the IRB office within 2 weeks; Expedited within 2 weeks and a Full review 4-6 weeks.

**Please complete the following application:**

| **1. Research Project** | |
|---|---|
| a) Title: THE THIRD SPACE: THE MEETING OF JEW AND CHRISTIAN IN THE ACT OF REMEMBERING, RESTORING AND RECONCILING - A CASE STUDY OF THE MATZEVAH FOUNDATION | |
| Will the research be conducted on the AU campus? ___ Yes XX_ No<br>If no, please indicate the location(s) of the study and attach an institutional consent letter that references the researcher's study.<br><br>The research will be conducted in Poland, the US (principally, Atlanta, GA) and possibly Israel. I have requested an institutional consent letter to be forwarded to the Andrews IRB Office via email from The Matzevah Foundation (TMF) granting me permission to conduct a case study of TMF, its work, board members and participants.<br><br>One interview may occur in Israel and several interviews will be conducted in Poland. All other interviews will occur in Atlanta, GA and the US face-to-face, by phone or via Skype.<br><br>b) What is the source of funding (please check all that apply) | |
| **_XX** Unfunded | |
| ___ Internal Funding | Source: |
| ___ External Funding | Sponsor/Source: |
| Grant title: | Award # / Charging String: |
| *If you do not know the funding/grant information, please obtain it from your department* | |
| **2. Principal Investigator (PI)** | |
| **First Name:** Steven **Last Name:** Reece **Telephone:** 404-663-2383 **E-mail:** sdreece@matzevah.org | |
| XX_ Yes I am a student. If so, please provide information about your faculty advisor below. | |
| **First Name:** Erich **Last Name:** Baumgartner **Telephone:** 269-471-2523 **E-mail**: baumgart@andrews.edu | |

**Advisor's signature:**

**Department:** Leadership **Program:** PhD Leadership Program

**3. Co-investigators (Please list their names and contact information below)**

| First Name: | Last Name: | Telephone: | E-mail: |
|---|---|---|---|
| **First Name:** | **Last Name:** | **Telephone:** | **E-mail:** |
| **First Name:** | **Last Name:** | **Telephone:** | **E-mail:** |
| **First Name:** | **Last Name:** | **Telephone:** | **E-mail:** |

**4. Cooperating Institutions**

Is this research being done in cooperation with any institutions, individuals or organizations not affiliated with AU?
**_XX__** Yes **___** No If yes, please provide the names and contact information of authorized officials below.
**Name of Organization**: The Matzevah Foundation, Inc. **Address:** 6884 Tilton Lane, Atlanta, GA 30360

**First Name:** JoAnn **Last Name:** Siegienski **Telephone:** 615-594-6685 **E-mail:** j.siegienski@comcast.net

Have you received IRB approval from another institution for this study? **___** Yes **_XX__** No
If yes, please attach a copy of the IRB approval.

**5. Participant Recruitment**

Describe how participant recruitment will be performed. Include how and by whom potential participants are introduced to the study *(please check all below that apply)*

___ AU directory ___ Postings, Flyers ___ Radio, TV

___ E-mail solicitation. Indicate how the email addresses are obtained:

___ Web-based solicitation. Specify sites:

**_XX_** Participant Pool. Specify what pool: Board or advisory board members of TMF, volunteers from past and present projects

___ Other, please specify:

*Please attach any recruiting materials you plan to use and the text of e-mail or web-based solicitations you will use.*

**6. Participant Compensation and Costs**

Are participants to be compensated for the study? Yes ____ No **_XX_** If yes, what is the amount, type and source of funds?

| Amount: | Source: | Type: |
|---|---|---|

Will participants who are students be offered class credit? ___ Yes ___ No **_XX_** NA

Are other inducements planned to recruit participants? ___ Yes **_XX_** No If yes, please describe.

Are there any costs to participants? **___** Yes **_XX_** No If yes, please explain.

**7. Confidentiality and Data Security**

Will personal identifiers be collected? ___ Yes **XX_** No | Will identifiers be translated to a code? ___Yes XX_ No

Will recordings be made (audio, video)? **_XX_** Yes **___** No If yes, please describe.

Audio recordings will be made of interviews and focus groups. Participants will be asked for their consent prior to

recording any aspect of the interview or focus group.

Who will have access to data (survey, questionnaires, recordings, interview records, etc.)? Please list below.

Primarily, I will be the only one who will have access to the data; however, since audio recordings will be made I will use the services of a professional transcriber, who will be determined at a later time.

**8. Conflict of Interest**

Do you (or any individual who is associated with or responsible for the design, the conduct of or the reporting of this research) have an economic or financial interest in, or act as an officer or director for, any outside entity whose interests could reasonably appear to be affected by this research project: ___ Yes **_XX_** No
If yes, please provide detailed information to permit the IRB to determine if such involvement should be disclosed to potential research subjects.

**9. Results**

To whom will you present results (highlight all that apply)

**_XX_** Class **_XX_** Conference **_XX_** Published Article **_XX_** Other If other, please specify: I will use peer or member checking and member review as a means to verify and corroborate results.

**10. Description of Research Subjects**

If human subjects are involved, please highlight all that apply:
___ Minors (under 18 years) ___ Prison inmates ___ Mentally impaired ___ Physically disabled
___ Institutionalized residents ___ Anyone unable to make informed decisions about participation
___ Vulnerable or at-risk groups, e.g., poverty, pregnant women, substance abuse population

**11. Risks**

*Are there any potential damage or adverse consequences to researcher, participants, or environment? These include physical, psychological, social, or spiritual risks whether as part of the protocol or a remote possibility*.
Please highlight all that apply (Type of risk):

___ Physical harm **_XX_** Psychological harm **_XX_** Social harm **_XX_** Spiritual harm

**12. Content Sensitivity**

Does your research address culturally or morally sensitive issues? **_XX_** Yes ___ No If yes, please describe:

Since the nature of my study focuses on the conflict that exists among Jews and Christians concerning issues such as Jewish-Christian dialogue, anti-Semitism, and the Shoah (Holocaust) culturally and morally sensitive issues will be dealt with in my study.

**13. Please provide (type in or copy - paste or attach) the following documentation in the boxes below:**

**Protocol :** See attached document Reece_IRB_Research Protocol 9_18_2015.doc

**Survey instrument or interview protocol:** Please see attached document Reece_Focus Group Protocol 9_18_2015.docx and Reece_Interview Protocol 9_18_2015.docx

**Institutional approval letter (if off AU campus):** Please refer to separate institutional consent letter submitted via email by The Matzevah Foundation, Inc. I have submitted electronic versions that I received from the institution confirming their delivery: Matzevah Letter of Consent.jpg.

**Consent form (for interviews and focus groups):** Please see attached document, Reece_Focus Group Consent Form 9_18_2015.docx and Reece_Individual Consent Form 9_18_2015.docx

**Participants recruitment documents: N/A**

Principal Investigator's Assurance Statement for Using Human Subjects in Research

**_XX__** I certify that the information provided in this IRB application is complete and accurate.

**_XX___** I understand that as Principal Investigator, I have ultimate responsibility for the conduct of IRB approved studies, the ethical performance of protocols, the protection of the rights and welfare of human subjects, and strict adherence to the study's protocol and any stipulation imposed by Andrews University Institutional Review Board.

**_XX___** I will submit modifications and / or changes to the IRB as necessary prior to implementation.

**_XX___** I agree to comply with all Andrews University's policies and procedures, as well as with all applicable federal, state, and local laws, regarding the protection of human participants in research.

**__XX__** My advisor has reviewed and approved my proposal.