**Please complete and submit this form if you wish to make a change or an addition to an approved “Application to Involve Human Participants in Research” to the Research Ethics Coordinator/REB Chair at each college where you have received Ethical Approval.**

**Include any changed documents and provide a narrative description of the changes identified in the Checklist below.**

If you are making changes to your research which may

1. alter the fundamental nature of the research, or
2. alter the informed consent participants may have provided, or
3. affect the level of risk involved with the research protocol,

a new application may be required. Please contact the REB Chair at each college where the study will be conducted to discuss.

**Title of Research Project/Course:** Click here to enter text.

**Date of Original REB Approval**: Click here to enter a date.

**Application #**: Enter Application # here

**Today’s Date:** Click here to enter a date.

**Principal Investigator**

Name: Click here to enter text.

School/Department: Click here to enter text.

Telephone: Click here to enter text.

E-mail: Click here to enter text.

## Co-Investigators

Name: Click here to enter text.

Position: Click here to enter text.

School/Department: Click here to enter text.

Mailing Address: Click here to enter text.

Telephone: Click here to enter text.

E-mail: Click here to enter text.

## Student Investigators

Name: Click here to enter text.

Position: Click here to enter text.

School/Department: Click here to enter text.

Mailing Address: Click here to enter text.

Telephone: Click here to enter text.

E-mail: Click here to enter text.

Please check all boxes that apply to the sections of the original protocol that you wish to change. These correspond to the Ontario Community College Multi-site Form.

| SECTION A: GENERAL INFORMATION | | |
| --- | --- | --- |
|  | 1 | Title of the Research Project |
|  | 2 | Investigator Information |
|  |  | Principal Investigator |
|  |  | Co-Investigators |
|  |  | Student Investigators |
|  |  | Other Investigator(s) |
|  | 3 | Project Dates: |
|  | 4 | Project Location |
|  | 5 | Other Research Ethics Board Approval |
|  | 6 | Project Funding |
|  | 7 | Conflict of Interest |
| SECTION B: SUMMARY OF PROPOSED RESEARCH | | |
|  | 8 | Rationale |
|  | 9 | Methodology |
|  | 10 | Recruitment |
| *If you wish to change a test instrument (questionnaire, etc.) or a consent form or letter of information, please submit the revised test instrument and highlight the sections that are being changed or added.* | | |
| SECTION C – DESCRIPTION OF THE RISKS AND BENEFITS OF THE PROPOSED RESEARCH | | |
|  | 11 | Level of Risk |
|  | 12 | Possible Risks to Researchers |
|  | 13 | Possible Benefits to Participants |
|  | 14 | Informed Consent |
|  | 15 | Collection and Protection of Personal Information |
|  | 16 | Storage of Information |
|  | 17 | Moving and Transmission of Data |
|  | 18 | Secondary Use of Data |
|  | 19 | Experience |
|  | 20 | Compensation |
|  | 21 | Participant Feedback |
|  | 22 | Annual Review and Adverse Effects |
|  | 23 | Additional Information |

Briefly describe the specific nature of the change(s) in the Comments section below.

# Comments:

Click here to enter text.

**Principal Investigator (PI) Assurance:**

**I­­, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [PLEASE PRINT] have the ultimate responsibility for the conduct of the study described in this application including my responsibilities as an advisor to any students involved in this project. I have read and am responsible for the content of this application. The information provided is complete and accurate. I understand that, as Principal Investigator, I will be the primary link with the REB, other researchers involved with this project, and the research participants. I agree to conduct the research in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and the research ethics policies of the colleges where the study will take place.**

**I understand that these changes, if determined to be substantive by the REB, may require a new application if they constitute new research. I further understand that I may not continue with any new protocol without receiving a second Certificate of Ethical Acceptability. I further understand that ethical approval does not constitute institutional approval of this research.**

**Name of Principal Investigator:** Click here to enter text.

**Signature Date**

Please mail a hard copy or fax a copy containing your signature to the attention of the REB Chair/Coordinator at each college where the study will be conducted.

**If you send an electronic copy, this must be sent from your specific ISP. This electronic communication should be sent from a secure socket and sent from a secure address. If a fax is sent electronically, this should be a scanned copy of the actual signature. Following this fax and/or electronic submission, the applicant should follow up with a verbal confirmation to be made to the REB Coordinator and should clearly indicate that this electronic copy is to be treated as your official digital signature.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Change Request Confirmation of Approval:**  (To be completed by the REB):   | Reviewer Name: |  | | --- | --- | | College REB: |  | | Date Reviewed: |  |   Signature:  Comments:   |  | | --- | |