GEORGIAN COLLEGE

RESEARCH ETHICS BOARD

RENEWAL REQUEST

# INSTRUCTIONS

## Who should complete a different form?

Instructors seeking renewed permission from the Georgian College Research Ethics Board (GCREB) to review the ethics of their students’ minimal-risk course-based research should submit a new Request for Authority to Conduct Course-Based Research Ethics Review form.

If you obtained your current ethics approval using the ONTARIO COMMUNITY COLLEGE MULTI-SITE APPLICATION TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH, you may submit the ONTARIO COMMUNITY COLLEGE MULTI-SITE RENEWAL/COMPLETED STATUS REPORT form.

## Who should complete this form?

The Tri-Council Policy Statement requires research ethics boards to review ongoing studies each year. If you wish to extend your project’s current Georgian College Research Ethics Board approval, submit this form at least two weeks before your current approval expires to apply for renewal of your ethics approval.

**Note:** A new application for ethics approval may be required 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.

## What do I need to do before I complete this form?

1. ***Familiarize yourself with any updates to the applicable policies and the TCPS2.***

See links in the checklist attached to these instructions and the [GCREB website](http://www.georgiancollege.ca/researchethicsboard).

1. ***Obtain Permission for Access to Resources for Research***

*(Also known as seeking administrative approval or institutional approval)*

In addition to ethics approval, if you are requesting an extension or change that could impact college activities, resources or other research, including but not limited to changes to your recruitment dates, you will need permission from the manager(s) of the affected resources and from Institutional Research.

For research that will be done under the auspices of Georgian College or using Georgian College resources, you must submit a REQUEST FOR PERMISSION FOR ACCESS TO RESOURCES FOR RESEARCH (RPARR) form, which is available on the GCREB website.

Other research sites such as health facilities, schools, community organizations or businesses may require similar institutional approvals, and may also have their own ethics review requirements.

How do I complete this form?

First save a copy to your computer. You may also need to click something to enable editing.

Rename the file as follows: PILastName\_PIFirstName\_GCREBFile#\_Renewal.docx

This is a fillable form for Microsoft Word 2013-2019. Click the first response field to begin each section. You may use the Tab key to move forward one field, and Shift+Tab to move back one field within sections. To select (or to deselect) a box, either click it with your mouse or navigate to it with the Tab key and use the spacebar to click the box.

Type in the text boxes provided. They will grow as you type. To insert a tab stop within your response, use Ctrl+Tab. (Using Tab only will move you forward one field.)

In some questions, you can add sections for additional responses by clicking the blue plus sign (**+**) in the lower right corner of the line.

You can apply Rich Text Formatting such as bold or italics to your written responses.

Please **print** Section C, read it, initial and sign where indicated, and submit your scanned (preferably PDF) signature pages with your application.

Please save your application as a Word document and submit it with all attachments to [reb@georgiancollege.ca](mailto:reb@georgiancollege.ca). (Students submit to their instructor if they hold current authority to conduct course-based research ethics review.)

If you are attaching new versions of documents that were previously approved, please highlight the changes.

If you are attaching new versions of documents that were previously submitted, please highlight the changes.

## Whom may I contact if I have any questions?

Please contact your instructor or the Georgian College Research Ethics Board at 705.728.1968, Ext. 5395 or [reb@georgiancollege.ca](mailto:reb@georgiancollege.ca) .

**Important!**

**Do not implement any changes or extensions until they have received final ethics approval.**

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| RENEWAL REQUEST CHECKLIST | *Principal Investigator Use* | *GCREB Office Use Only* |
| Have any new investigators complete the [Tri-Council Policy Statement 2 Course on Research Ethics tutorial (TCPS 2 CORE)](http://www.pre.ethics.gc.ca/eng/education_tutorial-didacticiel.html) and submit their certificate(s) of completion with this application. Ensure all investigators review any updates made to the TCPS2 information since their tutorial completion date with particular attention to the following requirements:   * TCPS2 CORE tutorials **completed before April 2011** are no longer valid and **must be redone.**   + Note: The TCPS 2 CORE will not generate an updated certificate of completion. Researchers must provide a **screenshot** of their dashboard as proof that they have redone the modules. * **All investigators must also read the following:**   + [*TCPS2 CORE Module 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada*](http://www.pre.ethics.gc.ca/eng/documents/Module9_en.pdf);   + [*TCPS2 CORE Module 10: Multi-Jurisdictional Research Ethics Review*](http://www.pre.ethics.gc.ca/eng/documents/Module10_en.pdf);   + *The*[*Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans - TCPS 2 (2018)*](http://www.pre.ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html); and   + [*Highlights of changes: Summary of revisions in TCPS 2 (2018)*](http://www.pre.ethics.gc.ca/eng/policy-politique_tcps2-eptc2_changes.html). |  |  |
| Familiarize yourself with [*Freedom of Information and Protection of Privacy Act (FIPPA)*](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90f31_e.htm) and any other applicable privacy legislation and institutional procedures.  Employees may wish to read the Access and Privacy Office information on the Employee Intranet. |  |  |
| Obtain other necessary approvals/supports (e.g. permission for access to resources for research, ethics approval from home institution if applicable). |  |  |
| Print, sign, scan and attach completed initial and signature pages |  |  |

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| RENEWAL REQUEST CHECKLIST continued | *Principal Investigator Use* | *GCREB Office Use Only* |
| If you are making changes related to any of the following, submit the revised/added documents with this form: |  |  |
| Recruitment scripts and advertising materials (e.g. in-person classroom recruitment scripts, ads, posters, social media/portal posts and emails)\* |  |  |
| Informed consent script(s), letter(s) and/or form(s)\* |  |  |
| Questionnaire(s), interview guide(s) or other test instrument(s) |  |  |
| Debriefing form or script if applicable\* |  |  |
| Approval letter(s) from other research ethics board(s), and the approved application(s) |  |  |
| Signed Request for Permission for Access to Resources for Research (RPARR)and/or letters of support from non-Georgian sponsors, site administrators, etc. |  |  |
| Project budgets (if funded) |  |  |
| Certificate(s) of completion or screen shots from the TCPS 2 Tutorial Course on Research Ethics (CORE) for all new investigators |  |  |

\*Include the following statement on your recruitment and/or information and consent documents, and (if applicable) on debrief documents:

*If you have any questions regarding your rights as a research participant, you may contact the Georgian College Research Ethics Board (GCREB) at* [*reb@georgiancollege.ca*](mailto:reb@georgiancollege.ca) *or 705.728.1968, ext. 5395.*

Ensure the participants are able to retain a copy of the consent documents and contact information.

# RENEWAL REQUEST

*The personal information collected on this form will become part of the records held by the Georgian College Research Ethics Board and will be used to assist in the review of your application and provision of services for your study. A copy of this form may be reviewed by external parties in order to meet legislative, audit and/or regulatory requirements. The information is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. If you have any questions or concerns about the information collected, please contact the Research Ethics Board at* [*reb@georgiancollege.ca*](mailto:reb@georgiancollege.ca) *or 705.728.1968, ext. 5395. For more information about FIPPA, please contact the Access and Privacy Office at 705.728.1968, ext. 5770 or* [*accessprivacy@georgiancollege.ca*](mailto:accessprivacy@georgiancollege.ca)*.*

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| SECTION A – GENERAL INFORMATION | |
| 1. **Title of the Research Project:** | [Title] | |
| 1. **Investigator Information** *(Click* ***+*** *to add rows)* | | |

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|  | **Courtesy**  **Title** | **First Name** | **Last Name** | **Organization**  **/Department** | **Mailing**  **Address** | **Phone** | **Email** |
| **Principal Investigator (PI) or**  **Faculty Supervisor**  **for student research** | Choose/type title. | Click or tap here to enter first name. | Click or tap here to enter last name. | Click or tap here to enter org/dept. | Click or tap here to enter address. | Click or tap here to enter phone. | Click or tap here to enter email. |
| **LEAD PI**  **(For multi-site research only)** | Choose/type title. | Click or tap here to enter first name. | Click or tap here to enter last name. | Click or tap here to enter org/dept. | Click or tap here to enter address. | Click or tap here to enter phone. | Click or tap here to enter email. |
| **Co-Investigator** | Choose/type title. | Click or tap here to enter first name. | Click or tap here to enter last name. | Click or tap here to enter org/dept. | Click or tap here to enter address. | Click or tap here to enter phone. | Click or tap here to enter email. |
| **Student Investigator** | Choose/type title. | Click or tap here to enter first name. | Click or tap here to enter last name. | Click or tap here to enter org/dept. | Click or tap here to enter address. | Click or tap here to enter phone. | Click or tap here to enter email. |
| **Other Investigator** | Choose/type title. | Click or tap here to enter first name. | Click or tap here to enter last name. | Click or tap here to enter org/dept. | Click or tap here to enter address. | Click or tap here to enter phone. | Click or tap here to enter email. |

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| 1. **Has any of the above information changed since you received GCREB approval?** | | Choose Yes or No. |
| If Yes, please identify the changes: | | |
| Click or tap here to enter text. | | |
| 1. **GCREB File #:** | Click or tap here to enter text. | |
| 1. **Date of original or most recent GCREB approval:** | Click or tap to enter a date. | |
| 1. **Today’s date:** | Click or tap to enter a date. | |
| 1. **Study abstract:** | | |
| Click or tap here to enter text. | | |
| 1. **Brief summary of study progress:** | | |
| Click or tap here to enter text. | | |
| 1. **Activities to be completed:** | | |
| Click or tap here to enter text. | | |
| 1. **Expected date of completion:** | Click or tap to enter a date. | |
| 1. **Were there any problems with the study that may have negatively affected the participants, Georgian College or the success of the project?** | | Choose Yes or No. |
| If yes, please describe: | | |
| Click or tap here to enter text. | | |
| 1. **Were any changes made to the study’s protocol since it was last approved by the Georgian College Research Ethics Board?** | | Choose Yes or No. |
| If yes, please describe: | | |
| Click or tap here to enter text. | | |
| 1. **Are you continuing with any changes made to the study’s protocol since it was last approved by the Georgian College Research Ethics Board and/or are you requesting GCREB approval of new changes?** | | Choose Yes or No. |
| **If yes, please complete SECTION B – REQUESTED CHANGES.** | | |

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| SECTION B – REQUESTED CHANGES  *Please check all boxes that apply to the sections of the original (or most recently approved) protocol that you wish to change, and describe the nature of the change(s) under each heading.* | | |
|  | 1. **Project Start/End Dates** | |
| Requested new commencement date for **this project**: | | Click or tap to enter a date. |
| Requested new completion date for **this project:** | | Click or tap to enter a date. |
| Requested new start date for **recruitment**: | | Click or tap to enter a date. |
| Requested new completion date for **recruitment**: | | Click or tap to enter a date. |
| Requested new completion date for **recruitment**: | | Click or tap to enter a date. |
| Requested new start date for **data collection**: | | Click or tap to enter a date. |
| Requested new completion date for **data collection**: | | Click or tap to enter a date. |
|  | 1. **Location(s)** | |
| Indicate any changes to the location(s) where the research will be conducted (Please specify campus locations.): | | |
| Click or tap here to enter text. | | |
|  | 1. **Other Research Ethics Board Approval** | |
| Describe any changes related to other research ethics board approval: | | |
| Click or tap here to enter text. | | |
|  | 1. **Project Funding** | |
| Describe any changes related to project funding: | | |
| Click or tap here to enter text. | | |
|  | 1. **Conflict of Interest** | |
| Describe any changes related to conflict of interest: | | |
| Click or tap here to enter text. | | |
|  | 1. **Rationale** | |
| Describe any changes related to rationale: | | |
| Click or tap here to enter text. | | |
|  | 1. **Methodology** | |
| Describe any changes related to methodology: | | |
| Click or tap here to enter text. | | |
| Note: Attach a copy of any modified questionnaire(s), interview guides or other test instruments and highlight the changes. Include any new supporting literature. | | |
|  | 1. **Participants** | |
| Describe any changes related to participants: | | |
| Click or tap here to enter text. | | |
|  | 1. **Recruitment** | |
| Describe any changes related to recruitment: | | |
| Click or tap here to enter text. | | |
| Note: Attach a copy of any modified recruitment scripts and advertising and highlight the changes. | | |
|  | 1. **Informed Consent** | |
| * 1. **Describe any changes related to informed consent:** | | |
| Click or tap here to enter text. | | |
| * 1. **Have you added, removed or changed the nature of deception in your research?** | | |
| Choose yes or no. | | |
| If **“Yes”**, please elaborate (including issues around debriefing and an explanation of why the deception is necessary): | | |
| Click or tap here to enter text. | | |
| Note: Attach a copy of any modified consent or debrief documents and highlight the changes. | | |
|  | 1. **Collection of Personal Information** | |
| Describe any changes related to collection of personal information: | | |
| Click or tap here to enter text. | | |
|  | 1. **Confidentiality** | |
| Describe any changes related to confidentiality: | | |
| Click or tap here to enter text. | | |
|  | 1. **Storage and Protection of Information** | |
| Describe any changes related to storage and protection of information: | | |
| Click or tap here to enter text. | | |
|  | 1. **Transmission or Movement of Data** | |
| Describe any changes related to transmission or movement of data: | | |
| Click or tap here to enter text. | | |
|  | 1. **Secondary Use of Data** | |
| Describe any changes related to secondary use of data: | | |
| Click or tap here to enter text. | | |
|  | 1. **Compensation/Incentives** | |
| Describe any changes related to compensation/incentives: | | |
| Click or tap here to enter text. | | |
|  | 1. **Possible Risks to Participants** | |
| Describe any changes related to possible risks to participants: | | |
| Click or tap here to enter text. | | |
|  | 1. **Possible Benefits** | |
| Describe any changes related to possible benefits to participants: | | |
| Click or tap here to enter text. | | |
|  | 1. **Details of Participant Feedback** | |
| Describe any changes related to details of participant feedback: | | |
| Click or tap here to enter text. | | |
| 1. **Please provide any additional information that may assist GCREB in reviewing your amended protocol:** | | |
| Click or tap here to enter text. | | |

*Please remember to print the following pages. Complete and sign them. Scan and submit them with your RENEWAL REQUEST.*

SECTION C – SIGNATURES

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| *Please* ***print*** *the pages from this section,* ***sign and scan*** *them.*  *Send the scanned pages as an attachment when you submit your application.* | | | |
| **Title of the Research Project:** | | | |
| [Title] | | | |
| 1. **Annual Review**   It is the principal investigator’s responsibility to notify the GCREB when the project is completed, or if it is cancelled, using the appropriate form.  I understand that the completion of a RENEWAL REQUEST or FINAL REPORT is required at least annually. | | | |
| **Principal Investigator Initial:** |  | | |
| 1. **Adverse events**   I understand that adverse events (i.e. unanticipated negative consequences or results affecting participants) must be reported to the Georgian College Research Ethics Board (GCREB) as soon as possible. | | | |
| **Principal Investigator Initial:** |  | | |
| 1. **Required Tutorial on Ethical conduct for Research Involving Humans (TCPS2 CORE)**   I have submitted certificates of Tri-Council Policy Statement 2 Course on Research Ethics (TCPS2 CORE) completion, or screen shots of renewed completion for those whose certificates are from before April 2011, **for all new investigators**, and I confirm all investigators have read the following:   * **TCPS2 CORE Module 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada;** * **TCPS2 CORE Module 10: Multi-Jurisdictional Research Ethics Review;** * **The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018); and** * **Highlights of changes: Summary of revisions in TCPS 2 (2018).** | | | |
| **Principal Investigator Initial:** |  | | |
| 1. **Investigator Assurance *(Print additional copies of this page if needed.)***   I agree to conduct the research in accordance with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, Georgian College’s policies and procedures for ethical conduct of research, and any conditions communicated by the Georgian College Research Ethics Board (GCREB).  I also understand that if I make any changes whatsoever to the documents provided with this application (including, but not limited to, the application form, recruitment scripts, information and consent letters, survey questions, interview or focus group questions), I must complete a CHANGE REQUEST form and submit it to GCREB for review. I further understand that these changes, if determined to be substantive by GCREB, may require a new application for research ethics approval if they constitute new research.  If any changes are made to the protocol submitted, or if unanticipated risks or events are observed, I will bring these to the attention of the GCREB immediately. I understand that if I fail to advise GCREB of any changes or adverse events, or fail to comply with research protocols outlined in this application, or make any unauthorized changes to any document submitted with this application, ethics approval may be rescinded.  I further understand that I may not start any recruitment or research without receiving ethics approval. I further understand that ethical approval does not constitute institutional approval of this research.  I consent to the collection of my name and contact information on this form. I understand this form may be reviewed by external parties in order to meet legislative, audit and/or regulatory requirements. I will notify GCREB immediately of any changes to my contact information or status as an investigator for this study. | | | |
| **Title of the Research Project:** | | |
| [Title] | | |
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| Signature of Principal Investigator (PI) or Faculty/Thesis Supervisor for student research | | Date | |
|  | |  | |
| Name and Signature Lead PI/Student Investigator/Co-Investigator/Other Investigator *(circle one)* | | Date | |
|  | |  | |
| Name and Signature Lead PI/Student Investigator/Co-Investigator/Other Investigator *(circle one)* | | Date | |
|  | |  | |
| Name and Signature Lead PI/Student Investigator/Co-Investigator/Other Investigator *(circle one)* | | Date | |