**Research Title:** Click or tap here to enter text.

**Principal Investigator Information:**

**Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Institution:** Click or tap here to enter text.

**Is the principal investigator a current employee of Prince George’s Community College?**

[ ]  **Yes** [ ]  **No**

**Continuation year # 1** [ ]  **Continuation year # 2** [ ]  **Continuation year # 3** [ ]  **Continuation year # 4** [ ]

A protocol is initially approved for a period of up to 12 months, unless otherwise specified by the IRB. **A continuation** (renewal) may be requested, each for a period of up to 12 additional months, unless otherwise specified by the IRB.

By typing your name, email address and date, the investigator(s) certify they will abide by all PGCC IRB policies and procedures and understand that no research activities will be conducted with human participants prior to obtaining the required approvals.

**Investigator’s Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Faculty Advisor's Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**(if applicable)**

| **1) Are you proposing any changes to the research methods and/or procedures since the original submission or the last continuation report?** [ ]  **Yes** [ ]  **No** **If yes, please explain:** Click here to enter text. |
| --- |
| **2) Are you proposing any changes to the level of risk since the original submission or the last continuation report?** [ ]  **Yes** [ ]  **No** **If yes, please explain:** Click here to enter text. |
| **3) Have there been any changes/additions in sponsored funding?** [ ]  **Yes** [ ]  **No** |
| **4) Are you proposing any changes to the consent form or the informed consent procedure since the original submission or last continuation?** [ ] **Yes** [ ]  **No** **Attach currently approved copies of consent/assent forms.**  |
| **5) Do you have plans to contact new participants during the continuation period?**[ ]  **Yes** [ ]  **No** |
| **6) Do you have plans to follow-up with current participants during the continuation period?**[ ]  **Yes** [ ]  **No** |
| **7) How many participants are currently enrolled in this project?** Click here to enter text. |
| **8) How many participants do you anticipate enrolling in the next continuation period?**  Click here to enter text. **Has there been any change made to the participant selection process?** [ ]  **Yes** [ ]  **No** **If yes, please explain:** Click here to enter text. |
| **9) How long do you anticipate it will take, from now, to enlist the number of participants you want?** Click here to enter text. |
| **10) Have you encountered any adverse effects as a result of or coincidental with the research project?** [ ]  **Yes** [ ]  **No If yes, please explain:** Click here to enter text.**Indicate how the continuation of this research will address or attempt to prevent such effects in the future and include a listing of citations of relevant research.**Click here to enter text. |

Renewal Application Materials Checklist

Required for all applications:

[ ] Completed renewal application, including electronically-signed cover page

[ ] Current and/or modified consent document

Additional materials (**if applicable**):

[ ] Current and/or modified questionnaires, measures, survey instruments, etc. (Word document(s) and/or provide link to online instruments)

[ ] Current and/or modified advertisements/recruitment letters (Word document(s))

[ ] Letter of cooperation from sites other than Prince George’s Community College campus or extensions centers with updated dates