**Application for Exemption Determination**

Please submit the completed application to SHA Research Ethics (researchethics@saskhealthauthority.ca).

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| **PART 1: Identification** |
| 1.1 | **Project Title:**      Protocol Number (if applicable):       |
| 1.2 | **Principal Investigator** Full Name:      Mailing Address:       |
| Email:        | Phone:        |  |
| **University/Institutional Affiliation of Principal Investigator** Position:      Department:      Portfolio/Division: University/Institutional Affiliation:       |
| 1.3 | **Project Personnel (including graduates/post graduates/residents)**  |
| Full Name:      Project Position/Role:      University/Institutional Affiliation:       | Full Name:      Project Position/Role:      University/Institutional Affiliation:       |
| Full Name:       Project Position/Role:      University/Institutional Affiliation:       | Full Name:      Project Position/Role:      University/Institutional Affiliation:       |
| **If this is a student/resident project, please provide the following information:** |
| a) Student/Resident name:       | b) Supervisor Name:       |
| 1.4 | **Primary Contact Person for Correspondence (if different than Section 1.2)**Full Name:      Mailing Address:       |
| Email:        | Phone:       |
| 1.5 | **Please list all SHA site(s) where the project will be carried out:**      |
| 1.6 | **Has an application for ethical approval been made for, or received from, any other REBs for this project?** If yes, specify where:       |
| 1.7 | **Provide the name of the funding source:** Choose an item. |
| **Status of Funds (i.e., awarded or pending):**  |
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| **PART 2: BRIEF OVERVIEW OF PROJECT** |
| 2.1 | **Briefly describe the project, its objectives and primary/sole purpose (250-500 words):**      |
| 2.2 | **Provide a description of how you intend to collect the required information (i.e., methods):**      |
| 2.3 | **Identify the TCPS2 Article under which you think this project is exempt and discuss why. Please consult the associated Guidance Notes.**  |
| 2.4 | **Identify how you intend to report your findings (e.g., internal report, QI journal, academic journal):**  |

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| **PART 3: RECRUITMENT** |
| 3.1 | **Describe inclusion and exclusion criteria:**  |
| 3.2 | **Describe the method of recruitment, including how you will identify eligible individuals and/or determine eligibility. Please also identify any recruitment materials you intend to use, such as emails, recruitment posters, flyers, and brochures:**       |

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| **PART 4: Declaration by Principal Investigator *(or Supervisor for student projects)*** |
| **Project Title:**       |
| * I confirm that the information provided in this application is complete and correct.
* I will comply with all policies and guidelines of the Saskatchewan Health Authority/affiliated institutions where this project will be conducted, as well as with all applicable federal and provincial laws regarding the protection of human participants.
* I will ensure that project personnel are qualified and appropriately trained.
* I certify that any significant changes to the project that may change its exempt status, including the intent and methods, will be reported to the Research Ethics Board for consideration in advance of their implementation.
* If personal health information is requested, I assure that it is the minimum necessary to meet the objective and will not be reused or disclosed to any third parties, except as required by law.
* I understand that if the project involves Saskatchewan Health Authority resources or facilities, a copy of the exemption application may be forwarded to the Saskatchewan Health Authority research coordinator to facilitate operational approval.

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| **PART 5: Documents** |
| **Please include with this application form any documents you feel may help the REB make its determination, such as data collection tools. Please note that these are not required, but the REB may request them in order to make its decision.** |