



**Salish Kootenai College
Institutional Review Board (IRB)**

IRB APPLICATION for AMENDMENT OF APPROVED PROTOCOL

SKC IRB #	
Title of IRB Protocol	
Principal Investigator Name	
Contact Phone Number	
Mailing Address	
Email Address	

1. Please indicate the amendments that are requested.

Please select the type of amendment you are requesting (select all that apply):

- Change in protocol (design, methods, procedures, etc.)
- Change in number of participants or selection criteria
- Change in recruitment materials (flyers, emails, compensation, etc.)*
- Change in study materials (surveys, questionnaires, interview questions, etc.)*
- Change in consent form(s)*
- Change in research personnel
- Other

* Please attach all revised documents with changes indicated.

For each change indicated, describe the changes being made and the rationale for the changes.

<p>Do the requested changes increase the risks to participants?</p> <p>Yes</p> <p>No</p>	<p>If yes, please explain.</p>
<p>Are any of the requested changes the result of an unexpected or adverse event?</p> <p>Yes</p> <p>No</p>	<p>If yes, please explain.</p>

By signing this IRB protocol, the researcher(s) certifies the following:

- The information provided entirely and accurately describes the proposed changes to the previously approved research protocol
- The changes will not be implemented until approved by the Salish Kootenai College Institutional Review Board, unless there is the likelihood of immediate and serious harm to research participants.

Required Signatures:

Principal Investigator	Date
Faculty Advisor (if applicable)	Date