All students conducting research in the Psychology Department must obtain permission from both the Departmental Human Subjects Review Board and the University Institutional Review Board for the Protection of Human Subjects.

All forms should be read and prepared carefully and professionally. Use correct grammar and complete sentences in all written responses.

Complete all responses in the spaces provided.

Mark “Yes No” responses with Y or N as opposed to an X.

Indents are provided for your responses. Where written responses are required, begin all responses to the right of the F

Do not leave a question blank. Use N/A. (not applicable) There are very few N/A questions. Most questions will require justification.

Take your time. Be thorough and careful. Completing the checksheets at the end of the document is required for you to insure that you have completed the forms correctly. Inconsistency between your responses in the form and your responses on the checksheets will result in withholding of approval.

Submit three copies of all completed documents found here to Dr. Nelson.

Complete appendix L when the project is complete.
APPLICATION FOR FULL AND EXPEDITED REVIEW

Date ___________

Investigator(s)  Psych. 3340 Class ___________ Phone 450-5415 ___________E-mail bill@mail.uca.edu

Add additional lines as needed

Department  Psychology ___________ College  Education

Mailing Address (of Advisor if a student)  Mashburn 257

Project Title:  False Memory in Eyewitness Testimony

Check one of the following:

___ Faculty Research

___ Graduate Student Research
   Advisor’s name __________________ Phone ___________

___ Undergraduate Student Research
   Advisor’s name  Bill Lammers __________________ Phone 450-5415

___ Other (specify)

Anticipated dates of project:  Beginning:  Upon Approval ___________ Ending: 7-7-00

FUNDING: Anticipated source of funds, if any. (If this project will be funded under a grant to another investigator, please give the title of the grant, name of agency or institution, and the investigator’s name.)

N/A

Proposal has been (will be) submitted for funding (date) ___________ N/A

Will proposed research be conducted in team with investigator(s) from other agency/institution(s)?  ___ Yes  ___ No

If yes, list agency/institution(s) and investigators: ___________ N/A

Is proposed research being conducted to meet course or degree requirements at another university?  ___ Yes  ___ No

If yes, has the research been reviewed by that university’s IRB?  ___ Yes  ___ No

Results?  ___________ N/A __________________________ (Attach Notification)
SUBJECT INFORMATION

Total number of Subjects and Controls ___60____ 15__ Males  45__ Females

CATEGORIES OF SUBJECTS AND CONTROLS

X__ Adults (18 years and over)  
_____ Adolescents (13-17 years of age)  
_____ Mid-Childhood (6-12 years of age)  
_____ Preschool (3-5 years of age)  
_____ Infants (0-2 years of age)  
_____ Pregnant Women  
_____ Other (specify) _________________

_____ Using existing data, no subjects recruited

X__ Mentally Competent (able to give consent)  
_____ Mentally Incompetent (unable to give consent)

INSTITUTIONAL AFFILIATION OF SUBJECTS

X__ Schools/College/University  
_____ Prisons  
_____ Hospitals/Clinics

DEMOGRAPHIC DATA  (Check all variables included)

_____ Names of Subjects  
_____ Income  
_____ Addresses  
_____ Social Security Number  
_____ Phone numbers  
_____ Job Title  
_____ Age  
_____ Names of Employers  
_____ Sex  
_____ Types of Employers  
_____ Ethnicity  
_____ Other Unique Information  
_____ Marital status  
Specify _________________

SUBJECT SELECTION:

How will the subjects be chosen?  (If using existing records, attach a copy of the permission.)
F  Participants will be volunteers from undergraduate psychology classes.

How will the subjects be recruited and contacted?
F  Participants will be provided with a brief description of the study and asked to volunteer. They will volunteer by signing a sign-up sheet that indicates one of the four times that the experiment will be conducted. A phone call will be made to each participant to remind him/her of the date and time of the experiment.

Will the subjects receive any compensation or inducement to participate either before or after the research? If yes, describe.
F  Researchers will provide no compensation or inducements to the participants. The participants’ individual instructors may offer them extra credit points for participating.

Cost to the subjects:

What is the time requirement for the subject?
F  The approximate time needed for completion of the experiment is 15 minutes.
Will subjects be charged for any research related procedures? *If yes, explain.*
F No

Describe any potential short and long term benefits from this research to:
(If there are none, say so.)

**Subjects:** F The participants will benefit from having the experience of being a part of an experimental study.

**Society (Science):** F This research could help us to better understand the memory process, namely the merging of the memory of the original event with post-event information to create inaccurate memories.

**Study site: Where will the research be conducted?**
F Mashburn Hall Rm. 237, University of Central Arkansas

**If not at UCA, has permission been granted? (Attach a copy.)**
F N/A
RESEARCH PROJECT DESCRIPTION

Use lay terms and/or provide definitions of technical terminology. [Use extra pages as necessary.]

1. Briefly describe the background or justification for your research.
   
   F Many studies have been conducted that investigate false memory, eye-witness testimony, and the effects of leading questions on that testimony. However, no study has examined the influence of auditory stimuli on visual memory.

2. Describe your research focus (the purpose or questions to be answered).
   
   F We are investigating whether or not the variables of sound or no sound and leading verbs affect the estimate that participants will make concerning the speed of a car that is involved in a filmed accident.

3. Describe the research design including the use of a control group and any intervention or treatment to be administered to the subjects whether performed by the researchers or others.
   
   F We are using a 2x2 factorial design. Group 1 will have sound and will receive a question that contains the verb “smashed.” Group 2 will have sound and will receive a question that contains the verb “contacted.” Group 3 will have no sound and will receive a question with the verb “smashed.” Group 4 will have no sound and will receive a question with the verb “contacted.” There will be no control group.

4. Describe your data collection procedures in detail. What will the subjects (and controls) be doing to create the data (e.g., filling out a survey, performing a task, etc.)?
   
   F Participants will write their responses on a blank piece of paper.

If the subject will need training, explain in detail. (Attach copies of any instruments, tests, surveys, interview guides, etc. and descriptions of any research data collection equipment.)

F Participants will need no training.
Appendix C - 4

RISKS TO SUBJECTS

Will the human subjects be placed “at risk” of physical, psychological, social, legal, or other harm as a consequence of participating in this research? Check ‘yes’ or ‘no’. If yes, answer the questions directly below.

1. Possible invasion of privacy of subject or family, including use of personal information or records? 
   YES   NO  
   ___   __X

2. The administration of physical stimuli other than auditory and visual stimuli associated with normal situations and levels? 
   ___   __X

3. Deprivation of physical or psychological requirements such as nutrition or sleep; manipulation of psychological and/or social variables, e.g., sensory deprivation, social isolation, psychological stresses, etc. 
   ___   __X

4. Deception as part of the experimental procedure (if the study involves the use of deception, the protocol must include a description of this fact and the “debriefing procedure” which will be used upon completion of this study). 
   ___   __X

5. Any probing for information which an individual might consider to be personal or sensitive (sexual or illegal activities, alcohol or drug use)? 
   ___   __X

6. The presentation to the subjects of any materials which they might find to be offensive, threatening, or degrading? 
   ___   __X

7. The requirement of physical exertion beyond normal situations? 
   ___   __X

If any of the above items are checked “YES,” indicate:

   (1) What precautions have been taken to minimize these risks? 
   F   N/A

   (2) What arrangements have been made for the care of a subject in the event of an accident or complication related to the research? 
   F   N/A

!!! NOTE: Add this statement to the consent form if more than minimal risk of physical harm: “In the case of an emergency a subject may be seen by Student Health Services or a local or regional medical facility. All expenses associated with care will be the responsibility of the subject and his/her insurance.” (If the research is not conducted at UCA, leave out the option of using Student Health Services.)
CONFIDENTIALITY OF DATA:

1. Will any data be made a part of any permanent record that can be identified with the subjects? If yes, explain.
   
   \[\text{F No}\]

2. What steps will be taken to ensure the confidentiality of the data? (How will the subject’s privacy be protected?)

   \[\text{F No identifying information will be associated with the data.}\]

3. Where will the data be stored for the three (3) year minimum? Specify the precise location, preferably in a locked file cabinet with limited access by others, and on the UCA campus. If student research, the advisor should store the data.

   \[\text{F The data will be stored in a locked faculty office in Mashburn Hall.}\]

INFORMED CONSENT PROCEDURES

See the consent/permission/assent templates at the end of this document

1. What type of informed consent will be used?

   \[\text{X Written consent agreement. (Attach a copy.)}\]
   \[\text{Implied consent - anonymous survey, etc. (Add this statement after the informed consent or cover letter: “I understand that the return of this completed survey constitutes my informed consent to act as a subject in this research.”)}\]
   \[\text{Oral consent. (Attach a copy of the script and the short written form.)}\]
   \[\text{Waiver from consent. (Justify the request for the waiver. )}\]

2. Describe the process for obtaining consent/permission/assent from the subjects, parents and/ or legal guardians.

   \[\text{F The consent will be typed on a piece of paper and signed by the participant.}\]

3. Is any information regarding the research being purposely withheld from the subjects?

   \[\text{X No}\]

   If yes, provide the following information:

   a) state information purposely withheld from subjects.

      \[\text{F N/A}\]

   b) justify the reason for this,

      \[\text{F N/A}\]

   c) describe the post-research debriefing of the subject, including when and where subjects will be debriefed.

      \[\text{F N/A}\]
INVESTIGATOR AGREEMENT

I agree to follow the procedures outlined in this summary description and any attachments to ensure that the rights and welfare of human subjects in my research are properly protected. **I understand that no contact may be initiated with subjects until I have received approval of these procedures from the Institutional Review Board and complied with any required modifications in connection with that approval.**

I further understand that additions or changes in the procedures involving human subjects or any adverse events or problems with the rights or welfare of the human subjects must be promptly reported to the Research Compliance Coordinator.

I further understand that **subject data and research records must be maintained in a secure and safe location for a period of at least three (3) years** after research is completed. The original data will be provided to the IRB if so requested.

_________________________________________________  ________________
Signature of Investigator  Date

_________________________________________________  ________________
Signature of Investigator  Date

_________________________________________________  ________________
Signature of Investigator  Date

_________________________________________________  ________________
Signature of Investigator  Date

_________________________________________________  ________________
Signature of Faculty Advisor (if the above are students)  Date

AFTER COMPLETING THESE FORMS, RETURN ORIGINAL AND SPECIFIED NUMBER OF COPIES* OF THESE MATERIALS AND ALL ATTACHED DOCUMENTS TO:

Research Compliance Coordinator
University of Central Arkansas
Sponsored Programs, Library 308
201 Donaghey Avenue
Conway, Arkansas 72035-0001

*Full review - send the original and 12 copies (13 total).
Expedited review - send the original and one (1) copy (2 total).

CONSENT AGREEMENT and APPLICATION CHECKLISTS

*If “NO” or “NA” is checked, explain why.*
### Elements of Informed Consent:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>States UCA’s name and the title of the research project at the top of the consent agreement.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Uses the term “research”.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Investigators’ names, UCA addresses and phone numbers given.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td><strong>Purpose of the Research</strong>: what will be assessed or studied.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>States how and why the subject is recruited and eligible to participate.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If student research, how it relates to your program of study (thesis, class project, honors project, etc.).</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Explains Procedures in lay language; what the subjects and controls will do, any training needed; time to complete, frequency; and the kind or type of information gathered. If audio/video taping, procedures clearly explained.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Potential Risks, Discomforts and inconveniences are described.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Potential Benefits of the Research to the subject, science and/or society are described.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Confidentiality and Data Storage: explains how confidentiality and privacy will be preserved.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explains what will happen to the information, data and materials after the research is finished (storage, etc.).</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Participation and Withdrawal: voluntary participation; right to refuse to participate without penalty; right to withdraw, how to withdraw and who to contact.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Questions about the Research: states subject may ask how and who to contact and how for additional questions later.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Statement about review and approval by UCA’s IRB.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Subject’s Agreement expresses that subject’s signature indicates agreement to participate; or that returning a completed survey indicates consent.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Statement saying subject is to keep a copy of the full informed consent.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Elements of Informed Consent if Applicable

16. If subject is a minor:
   - Parent informed permission agreement and signature line; Child informed assent. |   | X |    |             |
17. Incentives to Participate: what is offered and how to get it. |   | X |    |             |
18. Reasons for Exclusion from this Study for subject’s safety . |   | X |    |             |
19. In Case of Injury statement if more than minimal physical risk. |   | X |    |             |
20. Informs subjects if they are not being completely informed and that they will be informed after data collection. |   | X |    |             |
APPLICATION CHECKLIST

This checklist is to help you verify the completeness of your research proposal application for IRB review. Remember, if your application is not complete, it will be returned to you to complete and re-submit.

__X__ Is the time frame for the research project given?

__X__ Does the application state the purpose of the research?

__X__ Does the application describe the subject (and control) population and the recruitment process?

__X__ Are copies attached of subject recruitment flyers, advertisements, newspaper and/or e-mail announcements?

__X__ Is the demographic information listed that will be collected about the subjects?

__X__ Does the application summarize (in lay language) the procedures and tasks which the subjects and/or controls will be asked to complete?

__X__ Has the investigator made every possible provision for minimizing physical/mental/emotional/legal risks?

__X__ Has the investigator described the procedures employed to preserve confidentiality/privacy?

__X__ Has the investigator described the procedures used to obtain informed consent/permission/assent?

__X__ If more than minimal risk of physical harm, has the “In case of injury statement” been added to the consent form?

__X__ Is a copy included of the informed consent/permission/assent?

__X__ Are copies attached of instruments, questionnaires, surveys, tests and supporting documents?

__X__ Have provisions been made for maintaining data for at least 3 years at UCA?

__X__ Is the location of data storage and who will have access to it stated in the application?

__X__ Have all investigators signed the Investigator’s Agreement? And the advisor, if student research?
Informed Consent Agreement

Accuracy of Eyewitness Testimony

You are being asked to participate in a research study. Your instructor has given us permission to request participants from this class. Before you give your consent to volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators
The investigators involved in this research study are students in Psyc 3340. The investigators are affiliated with the Psychology Department at the University of Central Arkansas. The faculty advisor is Dr. Bill Lammers. He can be reached by phone at 450-5415 or in Mashburn Hall room 257.

Purpose of the Research
This research study is designed to assess the accuracy of eyewitness testimony. The data from this research will be used to provide required research experience for psychology students.

Procedures
If you volunteer to participate in this study, you will be asked to view a 25 second film clip and then answer 6 questions pertaining to the film clip that you have seen. Your participation will take approximately 15 minutes.

Potential Risks or Discomforts
There are no foreseeable risks associated with the study.

Potential Benefits of the Research
You will benefit by having the experience of being a part of an experimental study. This research could benefit society by helping us to better understand the memory process.

Confidentiality and Data Storage
Your name will not be associated with your responses. The data will be stored in Dr. Lammers’ office in Mashburn Hall Room 257 for three years. Only the student researchers and their faculty advisor will have access to the data.

Participation and Withdrawal
Your participation in this research study is voluntary. You may refuse to participate without penalty. If you decide to participate, you are free to withdraw at any time without penalty. To withdraw from the study simply raise your hand and you will be assisted by an experimenter. However, since the data are not associated with your name, your data may not be withdrawn from the study after it has been collected.

Incentives to Participate
Researchers are offering no incentive for participation in this study.

Reasons for Exclusion from this Study
You must be over the age of 18 to participate in this study.

Questions about the Research
If you have any questions about the research, please ask now. If you have questions later, you may contact Dr. Lammers by phone at 450-5415.

This project has been reviewed and approved by the Institutional Review Board for the Protection of Human Subjects at The University of Central Arkansas. If you believe there is any infringement upon your rights as a research subject, you may contact the Research Compliance Coordinator at (501)450-3451.

Subject’s Agreement:
I have read the information provided above. My signature below indicates my voluntarily agreement to participate in this research study. Please return one copy of this consent form and keep one copy for your records.

______________________________________________
Signature of Research Participant
Date

______________________________________________
Signature of Person Obtaining Consent
Date
Appendix L

FINAL REPORT FOR STUDENT RESEARCH

As soon as you have completed your research project, complete this form and return it to: Research Compliance Coordinator, Sponsored Programs, Library 308, 201 Donaghey Avenue, Conway, Arkansas, 72035-0001 or use campus mail.

Student Investigator(s): Steve Hodge, Sancy Faulk, Amber Rayford, Marc Griffin

Faculty Advisor: Bill Lammers

Project Title: False Memory in Eyewitness Testimony

UCA IRB #: 00-70

Reason for research project (check one): Undergraduate thesis Graduate thesis

Class Assignment Independent Study Other (name)

Date Research Started: 6-6-00

Date Completed or Stopped: 7-6-00

If the research project was not completed as planned, please explain: N/A

Did you receive: UCA Student Research Funds? YES or NO Outside financial support (e.g., grant money)? YES or NO

If YES to outside support, name the funding source:

SUBJECT INFORMATION

Total number of subjects that participated: 60

Ages: 18 yrs. or older, 13-17 years, 6-12 years, 5 yrs. and under.

Any in protected categories? YES or NO If Yes, list:

SUBJECT ADVERSE EVENTS and/or COMPLICATIONS

Did any subject suffer an unanticipated or adverse event? YES or NO

If yes, explain on separate sheet and attach.

MODIFICATIONS TO PROJECT

Were any changes made to the project since original approval (e.g., changes in the consent process, investigators and/or protocol amendments)? YES or NO If yes, attach updated materials to this form.

I understand that I received IRB approval for this project and time-frame only. If I want to continue this project or a new project I must receive IRB approval again.

Signature of Student Investigator OR Faculty Advisor Date