

*Application for IRB Review and Certification of Compliance*

**Expedited Cover Sheet**

IRB# 2015-18  
Date Logged: originally 6/11/15  
revision  
7/16/15

*Expedited Review (Level 2) Application, Moderate Risk*

(Review by one or more IRB Members—May lead to Full IRB Review)

Principal Investigator/Researcher's Name: Jason A Stahl  
Student ID Number: 0803746061

Type of Research Project (CRP, Dissertation, ACP, describe other) CRP

Title of Research Project: Factors Related to the Adoption of Theoretical Orientation: A Study of Graduate Level Trainees

Principal Investigator/Researcher's Address: 7 Oak Lane, Sauk Rapids, MN 56379

Telephone Number: 218-235-1378 Email: stahl5336@gmail.com

Faculty Research Supervisor's Name: Dr. Carlson-Ghost

College: Business ☐ Psychological and Behavioral Sciences x Education ☐  
Health Sciences ☐ OTHER ☐

Program of Study: Clinical Psychology Degree Psy.D.

Project Proposed Start Date: 1 Sept 2015 Project Proposed Completion Date: 1 March 2016

As the principal investigator, I attest that all of the information on this form is accurate, and that every effort has been made to provide the reviewers with complete information related to the nature and procedures to be followed in the research project. Additional forms will be immediately filed with the IRB to report any change in participant(s), selection process, change of principal investigator, change in faculty research supervisor, adverse incidents, or completion date of project. I also attest that I will treat human participants ethically and in compliance with all applicable state and federal rules and regulations that apply to this study, particularly as they apply to research work conducted in countries other than the United States.

Signature of Principal Investigator/Researcher [Signature]

Date 7/16/15

Approval Signature – Faculty Research Supervisor/CRP/Dissertation Committee Chairperson:

[Signature: Dr. Carlson-Ghost]

Date 7/15/15

IRB Certification

Signature [Signature]

Date 7.17.15