AS A STUDENT AND REPRESENTATIVE OF THE BACHELOR OF HEALTH SCIENCES (HONOURS) PROGRAM, WE EXPECT THAT YOU WILL CONDUCT YOURSELF IN A RESPECTFUL AND ETHICAL MANNER AT ALL TIMES AND TO ALL BEINGS. All research activities, conducted by students, faculty and staff under the auspices of the Bachelor of Health Sciences (Honours) Program, are to comply in spirit as well as in fact with the Tri-Council Policy for Research Ethics, the Animal Utilization Protocol (AUP) and the Canadian Biosafety Standards and Guidelines of the Public Health Agency of Canada (PHAC). Every student conducting any projects within the program must complete Research Ethics Screening prior to beginning their project since it is often difficult to determine the line between research and non-research activities. Completing this form is a learning opportunity for the student and not solely an administrative requirement.

ALL BHSc Students ARE REQUIRED to complete the attached form if they are doing ANY type of research for course credit (i.e. 3H03, 3BM3, 3BM6, 4A09/12/15, 4B06, 4C06/09/12/15, 4D03, 4D06/09/12, 4F03, 4G06/09/12/15, 4R09/12, 4W03).

*PLEASE ATTACH A DESCRIPTION OF YOUR PROJECT TO THIS FORM

- Project descriptions should include details of your activities and responsibilities on the project. Ethics screening usually takes 3-4 weeks once submitted to the office. If the BHSc Office determines that you must apply to HiREB for research ethics approval, it may take an additional 4 weeks upon receipt of the completed application.

- If your project supervisor already knows that your project requires HiREB approval that has not yet been completed, you may submit these forms simultaneously to both the BHSc Office and HiREB and indicate that the application is pending approval.

- It may be that your project is not yet fully defined. Please complete your project description to the best of your ability. Should any major/substantial changes occur, please complete the amendment form available on Learnlink.

Title of Project:

Supervisor Name:

Title:

Department:

Institution:

Does this project extend beyond Library Research?

YES ☐  NO ☐  If YES, please complete entire form.
If **NO**, you are not required to complete the rest of the form. However, you **ARE** required to print and submit the form, signed by both your supervisor(s) and yourself, to the BHSc Office, MDCL/3308.

Will you be conducting research that in any way involves human participants?

**YES** □ **NO** □

If **YES**, explain.

Will you be conducting research that in any way involves animals?

**YES** □ **NO** □

If **YES**, explain.

*Has your supervisor received any form of Research Ethics Approval(s) from any Research Ethics Board for the research project described?*  **YES** □ **NO** □

If **YES**, please identify **WHICH** board approved the project and provide the **number** (i.e. REB, AUP, or BIOHAZARD).

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<th>Name of Board:</th>
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<tr>
<td>REB/AUP/BIOHAZARD Number:</td>
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<td>Title of REB approved project:</td>
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*Does your research deviate in any way from the research for which your supervisor received approval?*

**YES** □ **NO** □

If **YES**, explain.

*Notice of Collection*

The information gathered on this form is collected under the authority of *The McMaster University Act, 1976*. The information is used for the academic, administrative, and statistical purposes of the Faculty of Health Sciences BHSc Program including, but not limited to, maintaining records; academic counselling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act of Ontario* (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate or Assistant Dean, Faculty of Health Sciences BHSc Program, Room MDCL 3308, McMaster University.

**IT IS THE STUDENT’S RESPONSIBILITY TO PROVIDE THE APPROPRIATE SIGNATURES WHEN SUBMITTING THE ETHICS SCREENING FORM TO THE BHSC OFFICE, MDCL/3308.**

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<th>Student Signature:</th>
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<td>Supervisor’s Signature:</td>
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