CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (CPHS)
Request for Exemption from Review

- To request an exemption from CPHS review, complete the form below. Send the completed form and any attachments to cphs-mail@oshpd.ca.gov. Please scan or fax (916-322-2512) the PI's signature.
- Please note that although your project may be exempt from review based on the federal guidelines, there may be State statutes or departmental policies that require your project to be reviewed by CPHS.
- Some program evaluation projects may not be research. See the Office of Human Research Protection Decision Chart 1 at www.hhs.gov/ohrp/humansubjects/guidance/decisioncharts.htm.
- Some public health activities, such as surveillance, may not be research. See "Distinguishing Public Health Practice from Research, http://www.oshpd.ca.gov/Boards/CPHS/InstructionsforResearchers.pdf#_FPA40, in section IV of the Instructions for Researchers on the CPHS website (www.oshpd.ca.gov/boards/cphs).

Date of Request:	PI Name:
Project Title:	
Contact Name:	Phone:
Organization Name:	FAX:
Mailing Address:	E-Mail:

1. Briefly describe the purpose and goals of this project:	
2. Briefly describe the human subjects and how they are involved in the study:	
3. Briefly describe the risk to participants:	
4. List data files and data elements to be accessed.	
5. Does this project involve human subjects for whom the federal Common Rule prohibits exemption? a. All research involving prisoners	☐Yes ☐ No
b. Research involving children (except direct observations of public behavior)	☐Yes ☐ No

Note: If you answered "Yes" to 5a or b, your project cannot be exempt. Do not complete the remainder of this form. You will need to file an application for review to CPHS.

Exemption Categories Checklist		
Select **only one** exemption category below that is appropriate for your research project and provide a narrative explanation in the space provided on the next page or on an attached sheet.	**Select Category by Placing a Check (√) Mark Below**	**THIS SHADED AREA FOR CPHS REVIEWERS ONLY** **Project Number:** **Reviewer Concurs:**
(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as research on regular and special education instructional strategies or research on effectiveness of or comparison among instructional techniques, curricula or classroom management methods.		☐ Yes ☐No
(2) Research involving only the use of educational tests, survey procedures, interview procedures or observation of public behavior **unless** information is recorded in such a manner that subjects can be identified directly or through identifiers **and** any disclosure of responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.		☐ Yes ☐ No
(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior if:		
(i) human subjects are elected or appointed officials or candidates for public office **or**		☐ Yes ☐ No
(ii) federal laws require, without exception, that the confidentiality of personally identifiable information will be maintained throughout the research and thereafter		☐ Yes ☐ No
(4) Research involving the collection or study of existing data, documents, records, pathological or diagnostic specimens. If:		
(i) The sources are publicly available **or**		☐ Yes ☐ No
(ii) The information is recorded by the investigator in such a manner hat subjects cannot be identified, directly or through identifiers linked to the subject		☐ Yes ☐ No

Exemption Categories Checklist		
(5) Research and demonstration projects which are conducted by or subject to the approval of a federal department or agency head, and are designed to study, evaluate or otherwise examine: **(Please note that projects that are federally funded but not directly supervised by a federal department or agency head do not qualify for this exemption)**		
(i) Public benefit or service programs		☐ Yes ☐ No
(ii) Procedures for obtaining benefits or services under those public benefit or service programs		☐ Yes ☐ No
(iii) Possible changes in or alternatives to public benefit or service programs **or**		☐ Yes ☐ No
(iv) Possible changes in methods or levels of payment for benefits or services under public benefit or service programs		☐ Yes ☐ No
(6) Taste and food quality evaluation and consumer acceptance studies. If:		
(i) Wholesome foods without additives are consumed **or**		☐ Yes ☐ No
(ii) The food consumed contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below levels found to be safe by FDA or approved by the EPA or Food Safety and Inspection Service of USDA?		☐ Yes ☐ No
Please provide a narrative explanation of why this project qualifies for the exemption checked above.		

Signature of PI: _____ **Date_____**

Name of PI (please type or print):_____

CPHS Only **Decision on Exemption**
Name of CPHS Member/Staff making exemption determination:
Please check the appropriate answer:
__I agree that this project is exempt based on the checked rationale above.
__I do not agree that this project is exempt based on the following checked rationale above.
Comments
:
CPHS Signature_____ Date:_____