

## INSTITUTIONAL REVIEW BOARD NOTICE OF APPROVAL

(Federalwide Assurance Number #0189)

PROJECT DIF	RECTOR: Elizal	beth Peters & Heather Sandstrom	
TITLE:	"Home Visiting: App	proaches to Father Engagement and	Fathers' Experiences"
SPONSOR AG	ENCY: <u>US DHHS</u> PR	ROTOCOL DATE: Mar '14	
UI PROJECT I	NUMBER: _08800-046-0	00 PROPOSAL NUMBER:	:
NATURE OF I (Check One)		EXPEDITED X	EXEMPT
MEETING DA	<b>TE:</b> <u>N/A</u>		
SUBJI SURV X FULL RENE	IMINARY. SCHEDULE ECTS EY PRETEST ONLY. S IMPLEMENTATION	E NEXT REVIEW PRIOR TO INVO	
Please note the	following requirements	:	
adverse reactio	PR ADVERSE REACTIONS including any breach on immediately.	ONS: If any problems in treatment of of data confidentiality occur as a rest	f human subjects or unexpected ult of this study, you must notify the
CHANGES IN the IRB Chairp	PROTOCOL: If there a person before they are im	re significant changes in procedures on plemented.	or study protocol, you must notify
RENEWAL: Your no	ou are required to apply ext review date should be	for renewal of approval at least annue on or before <u>3/28/2015</u> .	ually for as long as the study is
IRB Chairman Martin D. Abrav	anel	March 2 Date	8, 2014
Print or Type N			

CC: PI