

## IRB Application

**Curtis McClane** <cao@ogs.edu>

to me, Curtis, David

Hello, Thuam:

Thanks for the question. You need to go on our website, access the "Research" tab, and click on the Institutional Review Board (IRB). You need to complete the training there, and then download and save the certificate. You will need to make sure that your chair has a copy of the certificate, and the other documents below so that, with your chair's permission, all of the appropriate documents can be sent to the Dean at the same time. Once we receive those collection of documents, the Academic Team will vote for approval, and you will receive from the Dean's Office an IRB approval letter that grants you permission to begin collecting your data.

Here is the complete list below of the 6 documents we will need:

LIST OF IRB DOCUMENTS FOR EACH PHD CANDIDATE FOR IRB APPROVAL

- 1) *site permission,*
- 2) *recruitment letter,*
- 3) *informed consent,*
- 4) *instruments*
- 5) *Academic resources demonstrating validation of instruments*
- 6) *NIH certificate—downloaded from IRB link after completing required guidelines*

*Let me know if you have any questions.*

*May God bless you, and have a fantastic Thanksgiving with your family!*

**Curtis D. McClane, Ph.D., D.Min., M.Div.**

*Executive Vice-President, Chief Academic Officer (CAO)/Dean of Faculty*

**Omega Graduate School**

**American Centre for Religion/Society Studies (ACRSS)**

500 Oxford Drive, Dayton, TN 37321 USA

Web: <https://www.ogs.edu/>

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On Wed, Nov 22, 2023 at 11:14 AM Thuam C. Khai <[tckhai@gmail.com](mailto:tckhai@gmail.com)> wrote:

Dear Dr. McClane,

I hope you will have a joyous Thanksgiving weekend with your family. Are there prerequisite lessons before IRB Approval?

Sincerely,

Thuam



District of Columbia Baptist Convention

One Faith. Many Cultures. Endless Possibilities.

Omega Graduate School  
American Centre for Religion/Society Studies  
500 Oxford Drive Dayton, TN 37321

January 23, 2024

Dear OGS IRB,

I have evaluated the proposed research by Thuam Cin Khai and his Dissertation Committee Chair, David C Ward, ThM, Ph.D. Based on my review, I authorize Mr. Khai to conduct his study on the correlation between immigration trauma and post-traumatic growth among leaders (Deacons, Elders) of Diaspora Myanmar Churches within the District of Columbia Baptist Convention at the Omega Graduate School/American Centre for Religion/Society Studies, located at 500 Oxford Drive Dayton, TN 37321.

The researcher would like to conduct a survey on the SOIS and PTGI domains. The survey is intended for leaders (elders, deacons) of diaspora Myanmar churches in collaboration with the DC Baptist Convention. The survey is available in English and Burmese and will take about an hour to complete. The survey aims to collect valuable information and disseminate the findings in a meaningful way.

We understand that it is his responsibility to carry out a survey on the five areas of SOIS (Stress of Immigration Survey) and the five areas of PTGI (Post Traumatic Growth Inventory). These include the personnel (elders and deacons), rooms, resources, and supervision that diaspora Myanmar churches within the DC Baptist Convention will provide. Please be advised that we have reserved the right to withdraw from the study, should our circumstances change.

We would like to invite you to participate in a research study that aims to explore the interaction between participants at diaspora Myanmar churches and their responses to a questionnaire. The questionnaire will focus on two topics: the five domains of the SOIS and the five domains of the PTGI. Your cooperation is greatly appreciated, and we look forward to gaining valuable insights from this study.

This authorization covers the time period of January to September 2024. I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside the research team without permission from the Omega Graduate School IRB.

Sincerely,

Rev. Dr. Trisha Miller Manarin, Executive Director/Minister

1628 Sixteenth Street, N. W.  
Washington, D.C. 20009-3064

Phone: 202-265-1526/Fax: 202-667-8258 Website: [www.dcbaptist.org](http://www.dcbaptist.org)



**OMEGA**  
GRADUATE SCHOOL

AMERICAN CENTRE FOR  
RELIGION/SOCIETY STUDIES (ACRSS)

January 23, 2024

Re: Institutional Review Board-approved Project

Dear Elders and Deacons,

I am writing to let you know about an opportunity to participate in a voluntary research study about *A correlational study of immigration trauma and posttraumatic growth among leaders (Deacons, Elders) of diaspora Myanmar churches within the District of Columbia Baptist Convention*. This study is being conducted by (Thuam Cin Khai) at Omega Graduate School.

Participation includes examining the relationship between immigration trauma, the Stress of Immigration Survey (SOIS) by (Stenberg, Gregorich, Paul & Stewart, 2016) which measures immigration trauma and posttraumatic growth, in examining the Post Traumatic Growth Inventory (PTGI) by (Tedeschi & Calhoun, 1996) among leaders which measures posttraumatic growth.

The survey on the five domains of the SOIS and the five domains of the PTGI is anticipated to take no more than one hour to complete and the survey, focus individual is anticipated one hour to complete and the survey are available both in English and Burmese versions. The survey is intended for leaders (elders, deacons) of diaspora Myanmar churches in collaboration with the DC Baptist Convention. The survey aims to collect valuable information and disseminate the findings in a meaningful way. Your identity as a participant will remain anonymous in most surveys and confidential in quantitative correlational studies during and after the study

If you would like additional information about this study, please contact me at [tckhai@gmail.com](mailto:tckhai@gmail.com) 443-528-5667.

Thank you for your consideration, and once again, please do not hesitate to contact us if you are interested in learning more about this Institutional Review Board-approved project.

Sincerely,

Thuam Cin Khai

Researcher, DPhil Candidate



A correlational study of immigration trauma and posttraumatic growth among leaders (Deacons, Elders) of diaspora Myanmar churches within the District of Columbia Baptist Convention  
and URIRB Study No.: IORG0011922

**Informed Consent Form**

You are being asked to take part in a research study of *A correlational study of immigration trauma and posttraumatic growth among leaders (Deacons, Elders) of diaspora Myanmar churches within the District of Columbia Baptist Convention*. Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. If you have questions, please feel free to ask the researcher for more information.

**Purpose**

The purpose of this study is to investigate the relationship between immigration trauma and posttraumatic growth among leaders [deacons/elders] of diaspora Myanmar churches in the District of Columbia Baptist Convention. The study should take approximately one hour to complete. If you agree to participate, you will be asked to conduct a survey on the SOIS and PTGI domains. The survey is intended for leaders (elders, deacons) of diaspora Myanmar churches in collaboration with the DC Baptist Convention. The survey is available in English and Burmese and will take about an hour to complete.

**Contact Information**

This research is being conducted by Thuam Cin Khai. If you have any questions about the project, Mr. Khai can be contacted at [tckhai@gmail.com](mailto:tckhai@gmail.com) or 443-528-5667.

**Possible Risks**

There is no more than minimal risk involved in participating in this study. That is, the risks for completing this study are no more than the risks experienced in daily life. If you do experience any discomfort during the study, remember you can stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study.

**Possible Benefits**

There are minimum direct benefits to you for participating in this project, but you may get some satisfaction from contributing to this investigation.

**Confidentiality of Records**

Reasonable steps will be taken to ensure that your individual results will remain confidential. However, as with any research process, the risk of a breach of confidentiality is always possible. Nevertheless, to the best of the investigators' abilities, your answers in this study will remain anonymous and confidential. Once the study is completed, we will completely "deidentify" our data. All identifiers will be removed from the identifiable private information or identifiable biospecimen and only then will the information be used for future research studies.

**Use of Information and Data Collected**

We will not tell anyone the answers you give us. Your responses will not be associated with you by name and the data you provide will be kept secure. What we find from this study may be

presented at meetings or published in papers, but your name will not ever be used in these presentations or papers.

**Protections and Rights**

If you have any questions concerning your rights as a research participant, you may contact the Chair of the Omega Graduate School’s Institutional Review Board (IRB) for the Protection of Human Subjects of Research at (804) 484-1565 or cao@ogs.edu for information or assistance.

**Statement of Consent**

The study has been described to me and I understand that my participation is voluntary and that I may discontinue my participation at any time without penalty. I understand that my responses will be treated confidentially and used only as described in this consent form. I understand that if I have any questions, I can pose them to the researcher. I have read and understand the above information and I consent to participate in this study by signing below. Additionally, I certify that I am 18 years of age or older.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witnessing Researcher: \_\_\_\_\_

## Demographic of the Respondent

Please tick appropriately

<b>Age</b>		<b>Gender</b>	<b>Marital Status</b>	<b>Ethnic Origin</b>	
<input type="checkbox"/> <40 Under 40	<input type="checkbox"/> 40< Over 40	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married	<input type="checkbox"/> Bama <input type="checkbox"/> Chin <input type="checkbox"/> Kachin <input type="checkbox"/> Karen <input type="checkbox"/> Karenni <input type="checkbox"/> Mon <input type="checkbox"/> Rakhine <input type="checkbox"/> Shan <input type="checkbox"/> Other _____	
<b>Immigration Status</b>		<b>Education</b>		<b>Role of the Leaders</b>	<b>Years of Service</b>
<input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> F-1/F-2 Student Visa <input type="checkbox"/> Diversity Visa (DV) <input type="checkbox"/> R1-Religious Worker <input type="checkbox"/> Nonimmigrant Visas <input type="checkbox"/> Other		<input type="checkbox"/> Middle School: 6-8 grades <input type="checkbox"/> High School: 9 – 12 grades <input type="checkbox"/> University: BA/BS degree <input type="checkbox"/> Graduate (Secular): <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Seminary: <input type="checkbox"/> LTh <input type="checkbox"/> BTh <input type="checkbox"/> MA/MDiv <input type="checkbox"/> DMin <input type="checkbox"/> PhD		<input type="checkbox"/> Elders: <input type="checkbox"/> Senior Pastor <input type="checkbox"/> Associate/Assist <input type="checkbox"/> Youth Pastor <input type="checkbox"/> Trustee <input type="checkbox"/> Advisor <input type="checkbox"/> Deacons	<input type="checkbox"/> <5 less than 5 <input type="checkbox"/> 5< more than 5 <input type="checkbox"/> <10 less than 10 <input type="checkbox"/> 10< more than 10 <input type="checkbox"/> <20 less than 20 <input type="checkbox"/> 20< more than 20 <input type="checkbox"/> Retired
<b>Employment Status</b>			<b>Household Income</b>		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employment			<input type="checkbox"/> <40k less than 40k <input type="checkbox"/> 40k< more than 40k		

### Stress of Immigration Survey (SOIS)

#### English Translation

Below you will find a list of statements about being an immigrant in the United States. Please circle one number that indicates the level of stress or worry that you have felt in the past 3 months.

In the past 3 months,...	No stress	A little stress	Moderate stress	A lot of stress	Severe stress
1. How much stress or worry have you experienced because you do not speak English well enough to get a good job and to do important things for yourself and your family?	1	2	3	4	5
2. How much stress or worry have you experienced because you cannot communicate in English well enough to enjoy life in this country?	1	2	3	4	5
3. How much stress or worry have you experienced because you feel that speaking and understanding English is very difficult?	1	2	3	4	5
4. How much stress or worry have you experienced because you are worried that you or your family might be deported?	1	2	3	4	5



<b>In the past 3 months,...</b>	<b>No stress</b>	<b>A little stress</b>	<b>Moderate stress</b>	<b>A lot of stress</b>	<b>Severe stress</b>
5. How much stress or worry have you experienced because you cannot get a driver's license because you do not have the right documents?	1	2	3	4	5
6. How much stress or worry have you experienced because documentation problems keep you from getting the things that you need for you and your family?	1	2	3	4	5
7. How much stress or worry have you experienced because documentation problems keep you from getting the health care that you need for you and your family?	1	2	3	4	5
8. How much stress or worry have you experienced because documentation problems make it difficult for you to visit your country?	1	2	3	4	5
9. How much stress or worry have you experienced because you do not have a job with benefits like health insurance?	1	2	3	4	5
10. How much stress or worry have you experienced because you do not have a job where you can take time off when you need it (sick days or vacation)?	1	2	3	4	5
11. How much stress or worry have you experienced because you are not able to advance or get a promotion in your job?	1	2	3	4	5
12. How much stress or worry have you experienced because you cannot compete with Americans in your work place?	1	2	3	4	5
13. How much stress or worry have you experienced because you miss your family and friends back in your home country?	1	2	3	4	5
14. How much stress or worry have you experienced because you feel emotional and sentimental when thinking of your life back in your country?	1	2	3	4	5
15. How much stress or worry have you experienced because of how hard it is to learn how to do things here in the United States (such as signing up your child for school or registering your car)?	1	2	3	4	5





<b>In the past 3 months,...</b>	<b>No stress</b>	<b>A little stress</b>	<b>Moderate stress</b>	<b>A lot of stress</b>	<b>Severe stress</b>
16. How much stress or worry have you experienced because you feel it is hard it is to face new situations and circumstances here in the United States (such as renting an apartment)?	1	2	3	4	5
17. How much stress or worry have you experienced because you feel it is hard to raise children in the United States?	1	2	3	4	5
18. How much stress or worry have you experienced because you feel that cultural differences in the United States are causing conflicts within your family?	1	2	3	4	5
19. How much stress or worry have you experienced because you feel people discriminate against you and you are treated as a second-class citizen?	1	2	3	4	5
20. How much stress or worry have you experienced because you feel Americans think that you do not really belong in their country?	1	2	3	4	5
21. How much stress or worry have you experienced because you feel that this is not your country although you live here?	1	2	3	4	5







Thuam Khai &lt;tckhai@gmail.com&gt;

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## Request to Translate into Burmese

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**Stewart, Anita** <Anita.Stewart@ucsf.edu>  
To: "Thuam C. Khai" <tckhai@gmail.com>

Sat, Feb 25, 2023 at 6:59 PM

Dear Thuam

Thank you for your interest in the Stress of Immigration survey – if you check our website, you will find that you are free to translate it without permission.

<https://cadc.ucsf.edu/sois>

Dr. Sternberg would like to have a copy of the translation, but otherwise we wish you the best of luck.

Anita Stewart

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**From:** Thuam C. Khai <tckhai@gmail.com>  
**Sent:** Saturday, February 25, 2023 7:32 AM  
**To:** Stewart, Anita <Anita.Stewart@ucsf.edu>  
**Subject:** Fwd: Request to Translate into Burmese

# Demographic of the Respondent

ကျေးဇူးပြု၍ သင့်လျော်သလို အမှန်ခြစ်ပေးပါ။ ☑

Age		Gender	Marital Status	Ethnic Origin
<input type="checkbox"/> <40 Under 40	<input type="checkbox"/> 40< Over 40	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married	<input type="checkbox"/> Bama <input type="checkbox"/> Chin <input type="checkbox"/> Kachin <input type="checkbox"/> Karen <input type="checkbox"/> Karenni <input type="checkbox"/> Mon <input type="checkbox"/> Rakhine <input type="checkbox"/> Shan <input type="checkbox"/> Other
Immigration Status		Education		Role of the Leaders
<input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> F-1, F-2 Student Visa <input type="checkbox"/> Diversity Visa (DV) <input type="checkbox"/> R1-Religious Worker <input type="checkbox"/> Nonimmigrant Visas <input type="checkbox"/> Other		<input type="checkbox"/> Middle School: 6-8 grades <input type="checkbox"/> High School: 9 – 12 grades <input type="checkbox"/> University: BA/BS degree <input type="checkbox"/> Graduate (Secular): <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> Seminary: <input type="checkbox"/> LTh <input type="checkbox"/> BTh <input type="checkbox"/> MA/MDiv <input type="checkbox"/> DMin <input type="checkbox"/> PhD		<input type="checkbox"/> Elders: <input type="checkbox"/> Senior Pastor <input type="checkbox"/> Associate/Assist <input type="checkbox"/> Youth Pastor <input type="checkbox"/> Trustee <input type="checkbox"/> Advisor <input type="checkbox"/> Deacons
				Years of Service
				<input type="checkbox"/> <5 less than 5 <input type="checkbox"/> 5< more than 5 <input type="checkbox"/> <10 less than 10 <input type="checkbox"/> 10< more than 10 <input type="checkbox"/> <20 less than 20 <input type="checkbox"/> 20< more than 20 <input type="checkbox"/> Retired
Employment Status				Household Income
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employment				<input type="checkbox"/> <40k less than 40k <input type="checkbox"/> 40k< more than 40k

## Stress of Immigration Survey (SOIS)

### Burmese Translation

အောက်တွင် အမေရိကန်ပြည်ထောင်စုတွင် ရွှေ့ပြောင်းနေထိုင်သူဖြစ်ခြင်းနှင့်ပတ်သက်သည့် ထုတ်ပြန်ချက် စာရင်းကို သင်တွေ့ရပါမည်။ ကျေးဇူးပြု၍ ပြီးခဲ့သော 3 လအတွင်း သင်ကြိုတွေ့ခဲ့ရသော စိတ်ဖိစီးမှု သို့မဟုတ် စိုးရိမ်ပူပန်မှုအဆင့်ကို ညွှန်ပြသော နံပါတ်တစ်ခုကို ကျေးဇူးပြု၍ ဝိုင်းထားပါ။

လွန်ခဲ့သည့် ၃ လအတွင်း...	ဖိစီးမှုမရှိ	အနည်းငယ်စိတ်ဖိစီးမှု	အလယ်အလတ်စိတ်ဖိစီးမှု	စိတ်ဖိစီးမှုများတယ်	ပြင်းထန်သောစိတ်ဖိစီးမှု
၁။ သင်ဟာ အလုပ်ကောင်းကောင်းရဖို့နဲ့ သင့်မိသားစုအတွက် အရေးကြီးတဲ့အရာတွေကို အင်အားစိုက်လို့ ကောင်းကောင်းမတတ်နိုင်လို့ စိတ်ဖိစီးမှု ဒါမှမဟုတ် စိုးရိမ်ပူပန်မှုတွေ ဘယ်လောက် ကြုံတွေ့ခဲ့ရလဲ။	၁	၂	၃	၄	၅



လွန်ခဲ့သည့် ၃ လအတွင်း...	ဖိစီးမှုမရှိ	အနည်းငယ်စိတ်ဖိစီးမှု	အလယ်အလတ်စိတ်ဖိစီးမှု	စိတ်ဖိစီးမှုများတယ်	ပြင်းထန်သောစိတ်ဖိစီးမှု
၂။ ဒီနိုင်ငံမှာ ဘဝကို ပျော်ပျော်ပါးပါး အင်္ဂလိပ်လို ကောင်းကောင်း ပြောဆိုနိုင်လို့ ဖိစီးမှု ဒါမှမဟုတ် စိုးရိမ်ပူပန်မှုတွေ ဘယ်လောက် ခံစားခဲ့ရလဲ။	၁	၂	၃	၄	၅
၃။ အင်္ဂလိပ်စကားပြောနဲ့ နားလည်ဖို့က အရမ်းခက်ခဲတယ်လို့ ခံစားရတဲ့အတွက် စိတ်ဖိစီးမှု ဒါမှမဟုတ် စိုးရိမ်ပူပန်မှုတွေ ဘယ်လောက်များ ခံစားခဲ့ရလဲ။	၁	၂	၃	၄	၅
၄။ သင် သို့မဟုတ် သင့်မိသားစုအား ပြည်နှင့်ဒဏ်ခံရမည်ကို စိုးရိမ်သောကြောင့် သင်မည်မျှ ဖိစီးမှု သို့မဟုတ် စိုးရိမ်ပူပန်မှုများ ကြုံတွေ့ခဲ့ရသနည်း။	၁	၂	၃	၄	၅
၅။ သင့်တွင် မှန်ကန်သောစာရွက်စာတမ်းမရှိသောကြောင့် ယာဉ်မောင်းလိုင်စင်မရနိုင်သောကြောင့် သင်မည်မျှစိတ်ဖိစီးမှု သို့မဟုတ် စိုးရိမ်ပူပန်မှုများ ကြုံတွေ့ခဲ့ရသနည်း။	၁	၂	၃	၄	၅
၆။ စာရွက်စာတမ်းပြဿနာများသည် သင်နှင့် သင့်မိသားစုအတွက် လိုအပ်သောအရာများကို မရရှိစေသောကြောင့် သင်မည်မျှစိတ်ဖိစီးမှု သို့မဟုတ် စိုးရိမ်ပူပန်မှုများ ကြုံတွေ့ခဲ့ရသနည်း။	၁	၂	၃	၄	၅



လွန်ခဲ့သည့် ၃ လအတွင်း...	ဖိစီးမှုမရှိ	အနည်းငယ်စိတ်ဖိစီးမှု	အလယ်အလတ်စိတ်ဖိစီးမှု	စိတ်ဖိစီးမှုများတယ်	ပြင်းထန်သောစိတ်ဖိစီးမှု
၇။ စာရွက်စာတမ်းပြဿနာများသည် သင်နှင့် သင့်မိသားစုအတွက် လိုအပ်သော ကျန်းမာရေးစောင့်ရှောက်မှုကို မရရှိစေသောကြောင့် သင်မည်မျှစိတ်ဖိစီးမှု သို့မဟုတ် စိုးရိမ်ပူပန်မှုများ ကြုံတွေ့ခဲ့ရသနည်း။	၁	၂	၃	၄	၅
၈။ စာရွက်စာတမ်းပြဿနာများသည် သင့်နိုင်ငံသို့ သွားရောက်ရန်ခက်ခဲသောကြောင့် သင်မည်မျှစိတ်ဖိစီးမှု သို့မဟုတ် စိုးရိမ်ပူပန်မှုများ ကြုံတွေ့ခဲ့ရသနည်း။	၁	၂	၃	၄	၅
၉။ သင့်တွင် ကျန်းမာရေးအာမခံကဲ့သို့သော အကျိုးခံစားခွင့်ရှိသော အလုပ်မရှိသောကြောင့် သင်မည်မျှစိတ်ဖိစီးမှု သို့မဟုတ် စိုးရိမ်ပူပန်မှုများ ကြုံတွေ့ခဲ့ရသနည်း။	၁	၂	၃	၄	၅
၁၀။ အလုပ်မရှိလို့ (ဖျားတဲ့နေ့တွေ ဒါမှမဟုတ် အားလပ်ရက်တွေ) မှာ အလုပ်မရှိလို့ စိတ်ဖိစီးမှုတွေ ဘယ်လောက်များကြုံဖူးလဲ။	၁	၂	၃	၄	၅
၁၁။ သင့်အလုပ်တွင် ရာထူးတိုးခြင်း သို့မဟုတ် ရာထူးမတက်နိုင်ခြင်းတို့ကြောင့် စိတ်ဖိစီးမှု သို့မဟုတ် စိုးရိမ်ပူပန်မှု မည်မျှ ကြုံတွေ့ခဲ့ရသနည်း။	၁	၂	၃	၄	၅
၁၂။ အလုပ်ခွင်မှာ အမေရိကန်တွေနဲ့ မယှဉ်နိုင်လို့ စိတ်ဖိစီးမှုတွေ ဘယ်လောက်များ ကြုံဖူးလဲ။	၁	၂	၃	၄	၅





လွန်ခဲ့သည့် ၃ လအတွင်း...	ဖိစီးမှုမရှိ	အနည်းငယ်စိတ်ဖိစီးမှု	အလယ်အလတ်စိတ်ဖိစီးမှု	စိတ်ဖိစီးမှုများတယ်	ပြင်းထန်သောစိတ်ဖိစီးမှု
၁၃။ မင်းရဲ့မိသားစုနဲ့ သူငယ်ချင်းတွေကို မင်းမွေးရပ်မြေကို လွှဲပြောင်းနေတာကြောင့် စိတ်ဖိစီးမှု ဒါမှမဟုတ် စိုးရိမ်ပူပန်မှုတွေ ဘယ်လောက်များကြုံခဲ့ရလဲ။	၁	၂	၃	၄	၅
၁၄။ ကိုယ့်တိုင်းပြည်ကို ပြန်တွေ့တဲ့အခါ စိတ်ခံစားမှုနဲ့ စိတ်ကူးယဉ်ဆန်တဲ့ ခံစားချက်တွေကြောင့် စိတ်ဖိစီးမှု ဒါမှမဟုတ် စိုးရိမ်ပူပန်မှုတွေ ဘယ်လောက်များ ခံစားခဲ့ရလဲ။	၁	၂	၃	၄	၅
၁၅။ အမေရိကန်ပြည်ထောင်စုတွင် ဤအရာများကို သင်ယူရန် မည်မျှခက်ခဲသည် (ဥပမာ သင့်ကလေးအား ကျောင်းစာရင်းသွင်းရန် သို့မဟုတ် သင့်ကားကို စာရင်းသွင်းခြင်းကဲ့သို့ ခက်ခဲသော စိတ်ဖိစီးမှု သို့မဟုတ် စိုးရိမ်ပူပန်မှု) တို့ကို သင်မည်မျှခံစားခဲ့ရသနည်း။	၁	၂	၃	၄	၅
၁၆။ အမေရိကားမှာ (တိုက်ခန်းငှားတာလိုမျိုး) အခြေအနေအသစ်တွေနဲ့ ရင်ဆိုင်ရခက်တယ် လို့ သင်ခံစားရတဲ့အတွက် စိတ်ဖိစီးမှု ဒါမှမဟုတ် စိုးရိမ်ပူပန်မှုတွေ ဘယ်လောက် ကြုံခဲ့ရလဲ။	၁	၂	၃	၄	၅
၁၇။ အမေရိကားမှာ ကလေးတွေကို ပြုစုပျိုးထောင်ဖို့ ခက်ခဲတယ်လို့ သင်ခံစားရတဲ့အတွက် စိတ်ဖိစီးမှု ဒါမှမဟုတ် စိုးရိမ်ပူပန်မှုတွေ ဘယ်လောက်များ ခံစားခဲ့ရလဲ။	၁	၂	၃	၄	၅



လွန်ခဲ့သည့် ၃ လအတွင်း...	ဖိစီးမှုမရှိ	အနည်းငယ်စိတ်ဖိစီးမှု	အလယ်အလတ်စိတ်ဖိစီးမှု	စိတ်ဖိစီးမှုများတယ်	ပြင်းထန်သောစိတ်ဖိစီးမှု
၁၈။ အမေရိကန်ပြည်ထောင်စုတွင် ယဉ်ကျေးမှုကွဲပြားမှုများသည် သင့်မိသားစုအတွင်း ပဋိပက္ခများကိုဖြစ်စေသည်ဟု သင်ခံစားရသောကြောင့် သင်မည်မျှစိတ်ဖိစီးမှု သို့မဟုတ် စိုးရိမ်ပူပန်မှုများ ကြုံတွေ့ခဲ့ရသနည်း။	၁	၂	၃	၄	၅
၁၉။ လူတွေက မင်းကို ခွဲခြားဆက်ဆံပြီး ဒုတိယတန်းစား နိုင်ငံသားတစ်ယောက်အနေနဲ့ ဆက်ဆံခံရလို့ မင်းစိတ်ဖိစီးမှု ဒါမှမဟုတ် စိုးရိမ်ပူပန်မှုတွေ ဘယ်လောက်ခံစားရလဲ။	၁	၂	၃	၄	၅
၂၀။ အမေရိကန်နိုင်ငံသားတွေက သူတို့တိုင်းပြည်မှာ တကယ်မပိုင်ဘူးလို့ ထင်တဲ့အတွက် စိတ်ဖိစီးမှု ဒါမှမဟုတ် စိုးရိမ်ပူပန်မှုတွေ ဘယ်လောက်များ ခံစားခဲ့ရလဲ။	၁	၂	၃	၄	၅
၂၁။ မင်းဒီမှာနေပေမယ့် မင်းနိုင်ငံမဟုတ်ဘူးလို့ မင်းခံစားရလို့ စိတ်ဖိစီးမှု ဒါမှမဟုတ် စိုးရိမ်ပူပန်မှုတွေ ဘယ်လောက်ကြုံခဲ့ရလဲ။	၁	၂	၃	၄	၅



## Stress of Immigration Survey (SOIS)

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If you translate the SOIS to another language other than Spanish, please send a copy to Dr. Sternberg for our records: [rmsternberg@gmail.com](mailto:rmsternberg@gmail.com)

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NOTE: The appendix that includes the 21 items in Spanish and English is only available in the print manuscript. In the PMC Free Access version, the supplementary material must be downloaded via a link in the online version.

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### Method of Administration of SOIS

The SOIS is administered by personal interview in which the interviewer provides a brief description of the questionnaire. This can be done by reading the description and instructions at the top of the questionnaire. Respondents self-administer the survey with the interviewer available to answer any questions. If a respondent indicates that an item is “not applicable,” he/she can just skip the item.

A modified visual analogue scale (attached) can be printed and laminated for use by the interviewer. It was developed for respondents with very low literacy. This presents visually an ordinal scale depicting increasing levels of stress. Respondents can choose one number from this figure.

### SOIS Scoring Instructions

Five subscales are scored from the 21 items. In addition, a total score and a 5-item short form scale can be calculated.

First, recode all “not applicable” scores to missing for all items. Then, for each scale, calculate average scores for non-missing items. Scores will range from 1-5 with higher scores indicating greater stress.

<b>Subscales (# of items)</b>	<b>Item numbers</b>
<b>Subscales</b>	
Limited English proficiency (3)	1-3
Lack of legal immigrant status (5)	4-8
Disadvantages in the workplace (4)	9-12
Yearning for family and home country (2)	13-14
Cultural dissonance with the U.S. (6)	16-21
<b>Summary scores</b>	
SOIS total score (21)	1-21
SOIS short form (5)	2, 6, 10, 14, and 20





## Posttraumatic Growth Inventory—Expanded (PTGI-X)

### English Translation

Indicate for each of the statements below the degree to which this change occurred in your life as a result of your crisis [**Please circle one of the numbers that indicates the level of Posttraumatic Growth**], using the following scale.

- 0= I did not experience this change as a result of my crisis.
- 1= I experienced this change to a very small degree as a result of my crisis.
- 2= I experienced this change to a small degree as a result of my crisis.
- 3= I experienced this change to a moderate degree as a result of my crisis.
- 4= I experienced this change to a great degree as a result of my crisis.
- 5= I experienced this change to a very great degree as a result of my crisis.

Possible Areas of Growth and Change		0	1	2	3	4	5	Factor
1.	I changed my priorities about what is important in life.							V
2.	I have a greater appreciation for the value of my own life.							V
3.	I developed new interests.							II
4.	I have a greater feeling of self-reliance.							III
5.	I have a better understanding of spiritual matters.							IV
6.	I more clearly see that I can count on people in times of trouble.							I
7.	I established a new path for my life.							II
8.	I have a greater sense of closeness with others.							I
9.	I am more willing to express my emotions.							I
10.	I know better that I can handle difficulties.							III
11.	I am able to do better things with my life.							II
12.	I am better able to accept the way things work out.							III
13.	I can better appreciate each day.							V
14.	New opportunities are available which wouldn't have been otherwise.							II
15.	I have more compassion for others.							I
16.	I put more effort into my relationships.							I
17.	I am more likely to try to change things which need changing.							II
18.	I have a stronger religious faith.							IV
19.	I discovered that I'm stronger than I thought I was.							III
20.	I learned a great deal about how wonderful people are.							I
21.	I better accept needing others.							I
22.	I have a greater sense of harmony with the world.							IV
23.	I feel more connected with all of existence.							IV
24.	I feel better able to face questions about life and death.							IV
25.	I have greater clarity about life's meaning.							IV



**Posttraumatic Growth Inventory—Expanded (PTGI-X)**

**Burmese Translation**

အောက်ပါစကားကိုအသုံးပြု၍ သင်၏အကျပ်အတည်းကြောင့် သင့်ဘဝတွင် ဤပြောင်းလဲမှုဖြစ်ပွားခဲ့သည့် အတိုင်းအတာအောက်ရှိ ထုတ်ပြန်ချက်တစ်ခုစီအတွက် ဖော်ပြပါ (Posttraumatic Growth အဆင့်ကို ညွှန်ပြသော နံပါတ်များထဲမှ တစ်ခုကို ကျေးဇူးပြု၍ ဝိုင်းထားပါ) ကို ညွှန်ပြပါ။

၀= ကျွန်ုပ်၏ အကျပ်အတည်းကြောင့် ဤပြောင်းလဲမှုကို ကျွန်ုပ် မခံစားခဲ့ရပါ။

၁= ကျွန်ုပ်၏ အကျပ်အတည်းကြောင့် ဤပြောင်းလဲမှုသည် အလွန်သေးငယ်သော အတိုင်းအတာအထိ ခံစားခဲ့ရသည်။

၂= ကျွန်ုပ်၏ အကျပ်အတည်းကြောင့် ဤပြောင်းလဲမှု အနည်းငယ်ကို ခံစားခဲ့ရပါသည်။

၃= ကျွန်ုပ်၏ အကျပ်အတည်းကြောင့် ဤပြောင်းလဲမှုကို အလယ်အလတ်အဆင့်အထိ ခံစားခဲ့ရသည်။

၄= ကျွန်ုပ်၏ အကျပ်အတည်းကြောင့် ဤပြောင်းလဲမှုကြီးကို အတိုင်းအတာတစ်ခုအထိ ကြုံတွေ့ခဲ့ရသည်။

၅= ကျွန်ုပ်၏ အကျပ်အတည်းကြောင့် ဤပြောင်းလဲမှုကြီးကို အတိုင်းအတာတစ်ခုအထိ ကြုံတွေ့ခဲ့ရသည်။

Possible Areas of Growth and Change		၀	၁	၂	၃	၄	၅	အချက်
၁။	ဘဝမှာ အရေးကြီးတဲ့အရာတွေနဲ့ပတ်သက်ပြီး ဦးစားပေးတွေကို ပြောင်းလဲခဲ့တယ်။							V
၂။	ကိုယ့်ဘဝရဲ့တန်ဖိုးကို ပိုတန်ဖိုးထားတယ်။							V
၃။	အကျိုးစီးပွားအသစ်တွေ ဖော်ထုတ်ခဲ့တယ်။							II
၄။	ကိုယ့်ကိုယ်ကိုယ် အားကိုးရတဲ့ ခံစားချက် ပိုရှိတယ်။							III
၅။	ငါသည် ဝိညာဉ်ရေးရာကိစ္စများကို ကောင်းစွာနားလည်သည်။							IV
၆။	ဒုက္ခရောက်ချိန်မှာ လူတွေအပေါ်အားကိုးနိုင်တာကို ပိုရှင်းရှင်းလင်းလင်းမြင်တယ်။							I
၇။	ငါ့ဘဝအတွက် လမ်းကြောင်းသစ်တစ်ခု ထူထောင်ခဲ့တယ်။							II
၈။	တခြားသူတွေနဲ့ ပိုရင်းနှီးတဲ့သဘောရှိတယ်။							I



၉။	ကျွန်တော့်ရဲ့စိတ်ခံစားချက်တွေကို ထုတ်ဖော်ပြသဖို့ ပိုလိုလားတယ်။									I
၁၀။	အခက်အခဲတွေကို ကိုင်တွယ်နိုင်တယ်ဆိုတာ ပိုသိတယ်။									III
၁၁။	ဘဝမှာ ပိုကောင်းတဲ့ အရာတွေကို လုပ်နိုင်ခဲ့တယ်။									II
၁၂။	ငါက ပိုမိုကောင်းမွန်တဲ့နည်းလမ်းကို လက်ခံနိုင်ခဲ့တယ်။									III
၁၃။	နေ့ရက်တိုင်းကို ပိုတန်ဖိုးထားနိုင်ပါစေ။									V
၁၄။	အခွင့်အလမ်းသစ်များ ရရှိနိုင်သည်မှာ အခြားမဟုတ်လျှင် ဖြစ်မည်မဟုတ်ပေ။									II
၁၅။	သူများတွေကို ပိုသနားတယ်။									I
၁၆။	ကျွန်တော့်ရဲ့ဆက်ဆံရေးကို ပိုအားစိုက်ထုတ်ခဲ့တယ်။									I
၁၇။	ပြောင်းလဲဖို့ လိုအပ်တဲ့အရာတွေကို ပြောင်းလဲဖို့ ကြိုးစားရတာ ပိုများပါတယ်။									II
၁၈။	ကျွန်တော့်မှာ ခိုင်မာတဲ့ ဘာသာရေးယုံကြည်ချက်ရှိတယ်။									IV
၁၉။	ကိုယ်ထင်ထားတာထက် ပိုသန်မာတယ်ဆိုတာ သိလိုက်ရတယ်။									III
၂၀။	အံ့သြစရာကောင်းတဲ့ လူတွေအကြောင်း အများကြီး လေ့လာခဲ့ရတယ်။									I
၂၁။	တခြားသူတွေ လိုအပ်တာကို လက်ခံတာ ပိုကောင်းပါတယ်။									I
၂၂။	ကမ္ဘာကြီးနဲ့ ပိုသဟဇာတဖြစ်တယ်ဆိုတဲ့ ခံစားချက်ရှိတယ်။									IV
၂၃။	ဖြစ်တည်မှုအားလုံးနဲ့ ပိုဆက်စပ်နေတယ်လို့ ခံစားရတယ်။									IV
၂၄။	ဘဝနဲ့ သေခြင်းဆိုင်ရာ မေးခွန်းတွေကို ရင်ဆိုင်ရတာ ပိုကောင်းတယ်လို့ ခံစားရတယ်။									IV
၂၅။	ဘဝရဲ့အဓိပ္ပါယ်ကို ပိုပြီး ရှင်းရှင်းလင်းလင်း သိလာတယ်။									IV



### Assistance to PTG Researchers

We provide to researchers this information about the measures we have published in relation to posttraumatic growth (PTG). You may note that the PTGI was first published and the term first used by us (Tedeschi & Calhoun) in the 1995 book *Trauma and Transformation*. However, the version we have used was published with a revised response format in *Journal of Traumatic Stress* in 1996. The expanded version, the PTGI-X was published in *Journal of Traumatic Stress* in 2017. Other measures have been published in order to research PTG in children, and to provide a measure of both positive and negative outcomes in the aftermath of trauma, and to assess other variables that are central to our model of PTG processes.

**This material is copyrighted and may not be revised or published without our permission.**

### In Reciprocation

There is no charge for the PTGI and these other measures, and there is no charge for the reproduction of the scale for use in research.

We welcome the use of our scales in not-for-profit research. However, these inventories are not to be reproduced for any kind of general distribution and may not be used in for-profit enterprises.

In reciprocation, we would like you to send us a gratis copy of any manuscripts, theses, dissertations, research reports, preprints, and publications you prepare in which our materials, or any version of them, is used. Dr. R. G. Tedeschi can be contacted at: [rich.tedeschi@bouldercrest.org](mailto:rich.tedeschi@bouldercrest.org)

Note: Scale is scored by averaging all responses. Factors are scored by adding responses to items on each factor. Items to which factors belong are not listed on form administered to participants.

#### **PTGI-X Factors**

Factor I: Relating to Others

Factor II: New Possibilities

Factor III: Personal Strength

Factor IV: Spiritual and Existential Change

Factor V: Appreciation of Life

Tedeschi, R.G., Cann, A., Taku, K., Senol-Durak, E., & Calhoun, L.G. (2017). The Posttraumatic Growth Inventory: A revision integrating existential and spiritual change. *Journal of Traumatic Stress, 30* (1), 11-18.







Thuam Khai &lt;tckhai@gmail.com&gt;

**PTGI**

7 messages

**Rich Tedeschi** <rich.tedeschi@bouldercrest.org>  
To: tckhai@gmail.com

Tue, Feb 21, 2023 at 6:51 AM

I received your request for the translation of the PTGI into Burmese. I retain copyright for the PTGI. You may translate for your research use. Please let me know if you need a copy of the measure.

Richard G. Tedeschi, Ph.D.  
Executive Director  
Boulder Crest Institute for Posttraumatic Growth  
33735 Snickersville Turnpike  
Bluemont, Virginia 20135 USA  
[www.bouldercrest.org](http://www.bouldercrest.org)

See my latest publications:

*Transformed by Trauma: Stories of Posttraumatic Growth* (2020)

*Posttraumatic Growth: Theory, Research, and Applications* (2018) at  
<https://www.taylorfrancis.com/books/9781315527444>

*The Posttraumatic Growth Workbook* (2016) at  
<https://www.newharbinger.com/posttraumatic-growth-workbook>

**Thuam C. Khai** <tckhai@gmail.com>

Tue, Feb 21, 2023 at 9:36 AM

To: Rich Tedeschi <rich.tedeschi@bouldercrest.org>

Cc: Cathie Hughes <cathiehughes848@gmail.com>, Cathie Hughes\_Dean <dean@ogs.edu>, Curtis McClane <cmcclane@ogs.edu>, David Ward <warddavidc@gmail.com>, Sean Taladay <sean.taladay1@gmail.com>

Dear Dr. Richard,

Thank you so much for your permission to translate PTGI into Burmese for my social research dissertation at Omega Graduate School. Yes, I need a copy of the measure.

Shalom,

Thuam Khai  
DPhil Student at Omega Graduate School  
Dayton, TN

[Quoted text hidden]

Sincerely,

Thuam C Khai  
6332 Green Field Rd  
Elkridge, MD 21075

443-597-6159

**David Ward** <warddavidc@gmail.com>  
To: "Thuam C. Khai" <tckhai@gmail.com>

Tue, Feb 21, 2023 at 9:48 AM

This is AWESOME news!

[Quoted text hidden]

**U.S. Department of Health and Human Services (HHS)  
Registration of an Institutional Review Board (IRB)**

**This form is used by institutions or organizations operating IRBs that review:**

- a) **Research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research; and/or**
- b) **Clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services**

**This form is to be used for the following purposes:**

- a. To register an IRB if your institution or organization has not previously registered an IRB
- b. To update or renew the registration of an IRB previously registered by your institution or organization
- c. To add another IRB to those previously registered by your institution or organization

**Fields with an \* are required for OHRP IRBs and FDA IRBs**

**Fields with an are required for OHRP IRBs but are optional for FDA IRBs**

**Fields with an ‡ are required for FDA IRBs but are optional for OHRP IRBs**

**Fields with no symbol are optional for both OHRP IRBs and FDA IRBs**

**1. \*Has your institution or organization previously registered an IRB with the Office for Human Research Protections (OHRP)?**

- Yes, proceed to section 2                       No, proceed to section 3

**2. \*What is your institution or organization (IORG) number?**

This number was provided by OHRP the first time your institution or organization registered an IRB. If you do not know your IORG number, search for your institution or organization on the OHRP website at <http://ohrp.cit.nih.gov/search/search.aspx> or contact OHRP using the contact information at <http://www.hhs.gov/ohrp/daqi-staff.html> or by telephone at 1-866-447-4777.

**3. Name of Institution or Organization Operating the IRB(s)**

\*Name of Institution or Organization: **Omega Graduate School**

\*Mailing Address: **500 Oxford Drive**

\*Street Address (if different from the Mailing Address)

\*City: **Dayton**                      \*State/Province: **TENNESSEE**      \*Zip/Postal Code: **37321**

\*Country (if outside the U.S.):

**4. Senior Officer or Head Official of Institution or Organization Responsible for Overseeing the Activities Performed by the IRB(s)**

\*First Name: **Curtis**                      Middle Initial: **D**      \*Last Name: **McClane**

Earned Degree(s): **Ph.D., D.Min., M.Div.**      Title or Position: **Executive Vice-President, Chief Academic Officer (CAO)/Dean of Faculty**

\*Mailing Address (if different from the Mailing Address in section 3):

**500 Oxford Drive**

\*City: **Dayton**                      \*State/Province: **TENNESSEE**      \*Zip/Postal Code: **37321**

\*Country (if outside the U.S.):

\*Phone: **423 6930992**                      \*FAX: **000 0000000**                      \*E-Mail: **cao@ogs.edu**

**5. Contact Person Providing this Registration Information**

\*First Name: **Curtis**                      Middle                      **D**      \*Last Name: **McClane**

Earned Degree(s): **Ph.D., D.Min., M.Div.**      Title or Position: **Executive Vice-President, Chief Academic Officer (CAO)/Dean of Faculty**

Name of Institution or Organization (if different from the Name in section 3):

**Omega Graduate School American Centre for Religion/Society Studies (ACRSS)**

\*Mailing Address (if different from the Mailing Address in section 3):

**500 Oxford Drive**

\*City: **Dayton**                      \*State/Province: **TENNESSEE**      \*Zip/Postal Code: **37321**

\*Country (if outside the U.S.):

\*Phone: **423 6930992**                      \*FAX: **000 0000000**                      \*E-Mail: **cao@ogs.edu**

**6. IRB Registration Information (to be completed separately for each IRB being renewed/updated or newly registered)**

A. \*Is this a renewal or update of a registration for an IRB already registered with HHS?

[ ] Yes. Provide the IRB registration number previously assigned to this IRB by OHRP:  
\_\_\_\_\_ (This number was provided by OHRP the first time the IRB was registered with OHRP. If you do not know the IRB registration number, search for the IRB on the OHRP website at <http://ohrp.cit.nih.gov/search/search.aspx> or contact OHRP using the contact information at <http://www.hhs.gov/ohrp/daqi-staff.html> or by telephone at 1-866-447-4777)

[X] No, this is a new IRB registration.

B. Provide the IRB name, if any, used by the institution or organization (e.g., State University Behavioral IRB, University Healthcare Biomedical IRB, or XYZ Hospital IRB #1):

**Omega Graduate School IRB #1**

C. Location of the IRB

\*Mailing Address (if different from the Mailing Address in section 3):

**500 Oxford Drive**

\*Street Address of the IRB (if different from the Mailing Address of the IRB):

\*City: **Dayton**                      \*State/Province: **TENNESSEE**                      \*Zip/Postal Code: **37321**

\*Country (if outside the U.S.):

\*Phone: **423 6930092**                      \*FAX: **000 0000000**                      \*E-Mail: **cao@ogs.edu**

D. Approximate number of full time equivalent positions devoted to the IRB's administrative activities: **4**

E. Approximate number of all active protocols (for purposes of completing this registration, an active protocol is any protocol for which the IRB conducted an initial review or continuing review at a convened meeting or under an expedited review procedure during the preceding 12 months): **1**

F. Approximate number of active protocols conducted or supported by HHS (e.g., the National Institutes of Health, Centers for Disease Control and Prevention, etc.) (for purposes of completing this registration, an active protocol is any protocol for which the IRB conducted an initial review or continuing review at a convened meeting or under an expedited review procedure during the preceding 12 months): **1**



G. ‡For IRBs that review, or intend to review, protocols involving products regulated by the Food and Drug Administration (FDA) (for purposes of completing this registration, an active protocol is any protocol for which the IRB conducted an initial review or continuing review at a convened meeting or under an expedited review procedure during the preceding 12 months):

‡i) Approximate number of active protocols involving FDA-regulated products:

‡ii) Types of FDA-regulated products involved in FDA protocols include (check all that apply):

human drugs	food additives
medical devices	color additives
biological	other

Specify:

H. IRB Chairperson

\*First Name: **David** Middle Initial: **C** \*Last Name: **Ward**  
 Earned Degree(s): **PhD, ThM** Title or Position: **Chair for Thuam C Khai  
 Dissertation Committee, Senior  
 Tutor for DPhil**

Mailing Address (if different from the Mailing Address in section 3):

City: **Dayton** State/Province: **TENNESSEE** Zip/Postal Code: **37321**  
 Country (if outside the U.S.):  
 \*Phone: **423 3642515** FAX: \*E-Mail: **warddavidc@gmail.com**

I. IRB Roster Form: Completion of the IRB Roster Form is required if your IRB is designated on a Federalwide assurance submitted to OHRP. Otherwise, it is optional.

Member Name (Last, First)	Sex M/F	Earned Degree(s)	Scientist (S) Non-scientist (N)	Primary Scientific or Non-Scientific Specialty	Affiliation Institution(s) Y/N	Comments
Ward, David	M	PhD	N	Faith Learning Integration	Y	
Taladay, Sean	M	EdD	S	Research Design and Statistics	Y	
Nguyen, Minh Ha	M	PhD	S	Statistics on	N	

McClane, Curtis	M	DMin, PhD	N	Diaspora Studies Trauma and Posttraumatic Growth	Y
Ward, David	M	PhD	N	Faith Learning Integration	Y

**Alternative Members**

McCullough, Andy	M	PhD	S	Social Sciences	Y
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**NOTES:**

Members whose training, background, and occupation would incline them to view scientific activities from the standpoint of someone within a behavioral or biomedical research discipline should be considered a scientist, while members whose training, background, and occupation would incline them to view research activities from a standpoint outside of any biomedical or behavioral scientific discipline should be considered a nonscientist. In addition, the IRB must have members with sufficient knowledge of the specific scientific discipline(s) relevant to the research that it reviews.

Affiliation: Please indicate whether or not each individual (or a member of that person’s immediate family) is affiliated (other than as an IRB member) with the institution or organization operating the IRB.

Yes = The IRB member is affiliated with the institution or organization operating the IRB.

No = The individual is not affiliated with the institution or organization operating the IRB.

Alternate Members: An alternate member(s) may be designated, as needed, for a regular voting member(s). An alternate member may vote only when the regular voting member is not voting.

When an institution or organization registers two or more IRBs, all alternate members for all IRBs may be listed on the roster of one IRB, or they may be listed separately with each IRB roster. A primary member of any IRB registered under the same IORG number may serve as an alternate for any comparably qualified member on any other IRB of that institution or organization. Primary members on registered IRBs serving as alternate members do not need to be listed as an alternate on any roster. Each alternate IRB member who replaces a primary member at any given meeting should have experience, expertise, background, professional competence, and knowledge comparable to that of the primary IRB member whom the alternate will replace. Whenever an alternate member substitutes for a primary member of the IRB, the combined requirements of § 46.107(a) and 46.108(b) shall remain satisfied. Whenever this occurs, the minutes of the IRB meeting should indicate clearly that the alternate IRB member has replaced the designated primary IRB member, and include the identity of the replaced primary and the alternate members. If multiple alternate members serve at an IRB meeting, the pairing of primary and alternate members should be indicated.

Public burden for this collection of information is estimated to average one hour for an initial IRB registration, and thirty minutes for updating or renewing the registration of a previously registered IRB. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: OS Reports Clearance Officer, Room 503, 200 Independence Avenue, SW., Washington, DC 20201. *Do not return the completed form to this address.*