## Request to Renew a Scientific Research License for 2025



2024 Research License Number	
Project Title	
Primary License Holder Informat	on
Name:	
Affiliation:	
Mailing Address:	
Telephone: Email:	
Email:	
Proposed Fieldwork dates in 2025	;
Start Date (dd-mm-yr)	End Date (dd-mm-yr)

## Team members to be included on 2025 Research License

Name	Affiliation	Role in Research
:- <b>f</b> Diti (	2000	to be supplementation in COOF.
ief Description (	200 words or less) of Research	to be undertaken in 2025:

<sup>\*</sup>This text will appear on the 2025 research license

## **Change in Research Scope for 2025**

Will you carry out new research activities i communities/field locations, that were no application to the NRI?					
□ Yes □ No					
Description of Modifications/Changes in 2025					
Proposed change(s). Select all that apply:					
□Study team	□Consent process	☐Research site(s)			
☐Study population	☐Research protocol	□Other			
☐Recruitment process	□ Data collection materials				
Describe the proposed change in research s	cope for 2025 and provide a rational	e for the change:			

## Potential Risks for new research activities:

Could the proposed changes increase the level of risk to participants and/or potentially influence participants' willingness to continue in the study?

<sup>\*</sup>New research methods, the addition of new research field locations or inclusion of new study communities may require a new submission to the Nunavut Planning Commission. Additional community consultations may also be required.

☐ Yes – Please Explain below	□ No			
How will the proposed changes be communicated to stu	dy participants (select all that apply)?			
□Inform study participants through a letter, email, verba				
□Revise consent/assent forms and:				
☐Seek consent from remaining participants using the revised forms				
☐Seek a new consent from already-enrolled part	icipants using the revised forms			
□No action is required Other – please describe:				
I certify that all the information provided herein is accurate and complete, and that I will inform				
the Nunavut Research Institute immediately if any additional changes are made to the research protocol or if any errors are discovered in this amendment request.				
protocol of it any errors are discovered in this amendment	request.			
Signature:	Date:			

**Privacy notice:** The personal information provided in this form is handled in accordance with the *Privacy Act*. We only collect the information we need to process your renewal request. In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information.

 $Please\ submit\ your\ completed\ renewal\ request\ to:\ mosha.cote@arcticcollege.ca$