



Informed Consent

Title of Project:

Principal Investigator (PI):

PI Phone Number:

PI Email: Co-PIs:

Student Investigators:

Date Submitted:

Introduction

Please read this carefully. This form tells you about a research study in which your participation is requested. You are being asked to be in a research study of *[insert general statement about study]*. You are selected eligible to participate in this study if *[list inclusion criteria]*. You are not eligible to participate if *[list exclusion criteria]*.

Purpose

Provide a brief statement of the purpose of the study.

Procedures

Provide a description of what participants will be asked to do and how long the study will take (both length and frequency of participation). *[For example; how many interviews, length of each interview, the main research question to be asked, where the interview will take place]*

Potential Benefits

State anticipated benefits the research will produce for society or the participants.

Potential Risks

Explain the risks (if any) of the research or explain that there are no foreseen risks or discomforts to participating in the research. *[If risks are anticipated discuss how they will be minimized]*

Payment to subjects (if applicable)

You will receive the following payment for being in the study: *[explain amount of payment or other reimbursement information (e.g., class points, tokens, donations, etc.), as well as when payment and/or reimbursement will occur and in what cases payment will not occur if any]*.

Cost

There is no cost to you for being in this research study.

Right to Refusal or Withdrawal of Participation

Provide a statement that people may decline to answer questions and may withdraw from the study without penalty at any time. If you are using students, you must include a statement that participating or not participating in the study will have no impact on their academic status. If you are using employees, you must state participating or not participating in the study will have no impact on their employment status.

Assurance of Privacy and Confidentiality

Explain the extent to which information about the participants will be protected. Responses are anonymous when the researcher does not know the identity or any identifying information about who wrote them. If you are keeping a list connecting participants' names to ID numbers, explain how you will keep that information protected and separate from your data analysis. In all other situations, you must explain the extent to which you will protect the participants' identity. If applicable, state that responses are meant to be combined with other participants' data and are not meant to gather information about specific individuals. If you hope to publish your research, ask for that permission now.

Additional Information

Include the following information in paragraph form (do not use bullets):

- Statement indicating that the researcher will be available to answer any questions about the study.
- Provide a telephone number and email where the researcher can be contacted if the participant has questions.
- Statement indicating that concerns may be directed to the Chair of the Becker College Institutional Review Board, and provide the Chair's name, telephone number and email address (available at [insert link to website here](#)).
- Statement indicating that you will provide a copy of the document for the participant and keep a signed copy for yourself.

By signing below, you are agreeing that you have read the above document, been given the opportunity to ask questions, understand the risks and discomforts associated with the above study, and understand that you may withdraw participation at any time without penalty.

Research Participant:

Printed Name: _____

Participant Signature: _____

Date: _____

For Parental Permission/Consent:

Participant (Printed Name): _____

Parent/Guardian (Printed Name): _____

Parent/Guardian Signature: _____

Date: _____

For Consent of a Non-English Speaking Participant (interpreter required):

Printed Name: _____

Participant Signature: _____

Date: _____

Interpreter Printed Name: _____

Interpreter Signature: _____

Date: _____

Person Conducting Research Signatures:

I have explained the research to study subjects.

I have answered all of the questions to the best of my ability.

Signature: _____

Date: _____

IRB Approval

This form has been approved by the Becker College IRB.

Authorized IRB Approval Signature: _____

Date: _____