Informed Consent to Participate in Research

Study Title: [Enter title here.] Researcher: [Enter name(s) here.]

INFORMATION TO CONSIDER BEFORE TAKING PART IN THIS RESEARCH STUDY

The information below will explain, in brief, the study. If you have any questions about the study or this form, please ask one of the contacts identified below.

PURPOSE OF STUDY

[Enter description here.]

STUDY PROCEDURES

[Enter description here.]

BENEFITS AND RISKS

Benefits [Enter description here.]

Risks

[Enter description here. Note that it is not acceptable to indicate there is no risk.]

COMPENSATION OR INCENTIVES

[Enter description of compensation or incentives here. If none, use the following statement: Students agreeing to participate in this study will receive no additional compensation or incentive outside of the benefits identified above.]

PRIVACY AND CONFIDENTIALITY

[Enter description here.]

VOLUNTARY PARTICIPATION/WITHDRAWAL

[Enter description here.]

CONTACTS IF YOU HAVE QUESTIONS, CONCERNS, OR COMPLAINTS

This research study has been reviewed by an Institutional Review Board (IRB) at [list institutions where IRB has reviewed and approved the study.]

If you have any questions, concerns, or complaints about this study, or experience an unanticipated problem as a result of your participation, contact:

[Enter contact information for principal investigator. Include email and phone number.]

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns, or issues you want to discuss with someone outside the research study, contact the Chair of the Institutional Review Board (IRB) at Rock Valley College:

Heather Snider, Vice President of Institutional Research and Effectiveness h.snider@rockvalleycollege.edu

815-921-4075

[If approved by the IRB of another institution, also provide the contact information for their IRB.]

CONSENT TO PARTICIPATE IN THIS RESEARCH STUDY

Participant

I have read this consent form, and I am aware that I am being asked to participate in a research study. Benefits and risks have been clearly stipulated. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

By checking this box, I certify that I am at least 18 years of age.

By marking one of the following, I confirm my willingness to participate in this study.

_____ I choose to participate in the research study as described.

_____ I choose to NOT participate in this study.

I know that I am not giving up any legal rights by signing this form, and that I will be given a copy of this form.

Printed name of participant

Signature of participant

Date

Researcher

I have carefully explained the research to the participant before requesting the signature(s) above. I hereby certify that when this person signs this form, to the best of my knowledge, he/ she understands:

- What the study is about;
- What procedures will be used;
- What the potential benefits might be; and
- What the known risks might be.

Printed name of person obtaining consent

Signature of person obtaining consent

Date