

SAMPLE CONSENT FORM (Required for Expedited and Full Board Review)

Italicized text is instructional language and should be deleted.

University Affiliation: Clarion University of Pennsylvania Administrative Office
108 Carrier Administration Building
Clarion, PA 16214
814-393-2337

Project Title:

Principal Investigator: Name with title (if any), address, telephone number, and e-mail address

Faculty Advisor (if any): Name with title (if any), address, telephone number, and e-mail address

You are invited to participate in a research study being conducted through Clarion University of Pennsylvania. We ask that you read this form and ask any questions you may have before you decide whether or not you want to participate in the study. Please feel free to ask researchers any questions you may have. The university requires that you give your signed agreement if you choose to participate.

Purpose of the Study:

The purpose of this study is... *[Explain research question and purpose in lay language]*

Procedures:

If you agree to participate in this study, we would ask you to do the following... *[Explain any tasks and procedures, such as collection of data, and include the duration of the subject's participation]*

Risks and Benefits of Being in the Study:

The study has the following risks... *[Potential risk (physical, psychological, emotional, legal, privacy issues, etc.) must be explained, including the likelihood of the risk. If there are no risks, then state there are no risks.]*

The benefits to participation are... *[If no benefit, state that fact here. Compensation, including credit, is not considered a benefit.]*

Compensation:

[Explain compensation, if any. If extra credit is offered, please elaborate. Also, if extra credit is offered, an alternative project must be identified, which requires a comparable amount of effort and extra credit. The alternative extra credit project must be offered for students who do not want to participate in the study.]

Privacy and Confidentiality:

[Include how long data and identifying information including signed consent forms will be kept. In addition, address security measures for both physical data and electronic data. If there are video/audio recordings, indicate how long these recordings will be kept, when they will be destroyed, and if the recordings will be used for other purposes (such as teaching).]

An exception to confidentiality is information on child abuse and neglect that is obtained during research. The information will be reported to the appropriate local or state agency in accordance with Pennsylvania law.

Right to Refuse or End Participation:

I understand that I may refuse to participate in this study or withdraw at any time. I also understand that I may be withdrawn from the study at any time by the investigator(s).

Contact Information:

If you have concerns or questions about this study, please contact the researcher. *[Include name and advisor name (if applicable) and complete contact information: mailing address, email address, and phone number]*

If you have questions or concerns about your rights as a research participant or would like to register a complaint about this study, you may contact the Clarion University of Pennsylvania IRB by calling 814-393-2337, or emailing irb@clarion.edu, or mailing the IRB using the following address: Clarion University of PA Administrative Office, 108 Carrier Administration Building, Clarion, PA 16214.

Statement of Consent:

I have read the information described above and have received a copy of this information. I have asked questions I had regarding the research study and have received answers to my satisfaction. I am 18 years of age or older and voluntarily consent to participate in this study.

Signature of Research Participant

Date

Signature of Investigator

IRB Research Approval #:

Thank you for your participation.