Regis University
CONSENT TO PARTICIPATE IN RESEARCH

Title or paraphrased title of the study

RB Note: most of the black text in this document can be kept as is, and modify the red text to fit your study. Additional notes to the author will be in blue (and labeled “RB Note”), and should be removed before submitting. Be sure to triple-check for typos, and document should be “clean and pretty.”

You are asked to participate in a research study conducted by names of student PI and faculty sponsor, from the Department of Psychology & Neuroscience at Regis University. This project is being conducted as part of the Psychology & Neuroscience Research Methods course. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

OPTIONAL: You have been asked to participate in this study because explain succinctly and simply why the prospective subject is eligible to participate. State whether there are inclusion or exclusion criteria for participation (e.g., medical conditions that would include or exclude a person).

RB Note: remove “OPTIONAL” header if you include this second section above. Typically only included if you have exclusion criteria; if you have any exclusion criteria, be sure to state clearly here, and state “If you have [list exclusion] please tell the experimenter now. You will still receive your research credit, if applicable.”

• PURPOSE OF THE STUDY

Briefly state what the study is designed to examine, assess, or establish.
RB Note: this is just a short paragraph, usually a couple of sentences.

• PROCEDURES

If you volunteer to participate in this study, you will be asked to do the following things:

Describe the procedures chronologically using simple language, short sentences, and short paragraphs. If there are several procedures or if they are complex, the use of subheadings may help organize this section and increase readability.

Define and explain scientific or discipline-specific terms. Use language appropriate to the population.

If applicable, specify the subject's assignment to study groups, length of time for participation in each procedure or study activity, the total length of time for participation, frequency of procedures and location of the procedures to be done.

If subjects will be recorded (audiotaped, videotaped, digitally), describe the procedures to be used.

If any study procedures are experimental, clearly identify which ones.

RB Note: this should be brief (~1/4 to 1/3 page) but clear and informative. Should include exactly what the participant will do, including number of items, stimuli, etc.
• **POTENTIAL RISKS AND DISCOMFORTS**

There are no anticipated risks to you from your participation in this study. We believe that the risk from participation is no greater than that encountered in everyday life. However, in case you do experience any mild distress from the experiment, a debriefing process will be provided at the end of the experimental session.

(RB NOTE: if you DO think there could be small risk, you would state that here, and state how you are going to avoid it and deal with it. If you think there is greater than small risk, then you CAN'T do the research for this project.)

• **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

You will benefit by learning about research in the fields of Psychology and Neuroscience, and will benefit by learning more about the topic of (STATE TOPIC). There is a benefit to the field of (STATE FIELD) research by expanding our knowledge about this topic. (One sentence description of what you hope to learn).

RB Note: you can keep the above paragraphs word for word, and just modify where appropriate

• **PAYMENT FOR PARTICIPATION**

Psychology & Neuroscience Subject Pool participants will receive one Research Credit from participation, which will fulfill a course requirement or be used for extra credit. Others will participate as volunteers and not receive compensation.

RB Note: you can keep the above paragraphs word for word, and just modify where appropriate

• **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. A coding procedure will be used so that the researcher will use a numerical code for your data that can’t be identified with you, and your name will not be recorded with the data. The researcher and the researcher's faculty advisor will have access to the raw data, and results of data will be presented in aggregate form. After completion of the study, the consent forms and data will be stored for 3 years in a locked filing cabinet in the Regis College Department of Psychology & Neuroscience.

RB Note: you can keep the above paragraphs word for word, and just modify where appropriate

This research is being conducted by a student as part of a course requirement. Therefore, records that identify you and the consent form signed by you may be looked at by others. They are:

• Regis IRB that protects research subjects like you
• Officials at Regis University who are in charge of making sure that we follow the rules of research.
• Any faculty members who are co-investigators on this project may also contact you about your participation in the project.
• PARTICIPATION AND WITHDRAWAL

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer. There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

If you sign the consent form but then do not complete the project, please write “withdrawn” on your original consent form, next to your signature, to indicate that you have chosen not to participate further.

RB Note: you can keep the above paragraphs word for word, and just modify where appropriate

(Include the following paragraph in this section only if relevant)

The investigator may withdraw you from this research if circumstances arise which warrant doing so. Describe the anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent.

RB Note: as stated, only include the above section and header if relevant (not typical for us)

• IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about this research, please contact identify research personnel: Principal Investigator and Faculty Sponsor

RB Note: Include both e-mail and phone number.

• RIGHTS OF RESEARCH SUBJECTS

If you have any questions about your rights as a research subject, you may contact the Regis University Institutional Review Board (IRB) by mail at Regis University, Center for Scholarship and Research Engagement, Denver, CO by phone at (303) 458-4188, or e-mail the IRB at IRB@regis.edu. You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with Regis. The IRB has reviewed and approved this study.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

____________________________  _________________________
Printed Name of Subject

____________________________  _________________________
Signature of Subject   Date

____________________________  _________________________
Signature of Investigator   Date