Appendix E

SIERRA NEVADA COLLEGE

Sample Consent to Participate in Research

Proposed Title of Research

You are invited to participate in a research study conducted by [insert Name of Researcher] under the supervision of [faculty member] for [Semester/Year] at Sierra Nevada College. [If student, indicate the results will contribute to senior project, thesis, or coursework]. If you agree to participate, you will be one of approximately [number] participants. We anticipate your participation in this study to take [time estimated].

Purpose of Study

[State what the study is designed to assess or establish in plain English.]

Procedures

If you elect to participate in our study, we will ask you to do the following:

[Describe the procedure, completely, chronologically, using simple language, short sentences, and short paragraphs. This should be in language understandable by the target sample. The use of subheadings helps organize this section and increases readability. Necessary vocabulary terms should be defined and explained. Identify any experimental procedures.]

[Describe the assignment procedure for placing participants in groups, the length of time per meeting, the total length of time for participation, frequency of procedures, location, etc.]

Potential Risks and Discomforts

[Describe any reasonable and foreseeable risks, discomforts, inconvenience and how these will be managed.]

[If there are significant physical or psychological risks as a function of participation that may cause the researcher to prematurely terminate the study, describe them and allow for the researcher to terminate the study without prior notice to participants.]

Potential Benefits to Participants and/or Society

[Describe benefits. If the participant will not benefit from participation, make this clear.]

[State the potential benefits, if any, to science or society.]

please initial after reading _____

Extended Care Options for Studies Involving More than Minimal Risk Research

***Note**: This section is a required element of informed consent for research involving more than minimal risk. If this does not apply to your research, omit.*

Explain whether any compensation and/or treatments are available in the event of injury. Indicate the extent and nature of compensation or treatment. Indicate where further information may be obtained. For research with potential lasting psychological effects, provide contact information for publicly available treatment options (e.g., student services, etc.)

Confidentiality

Any information obtained in connection with this study and that can be identified with you will remain confidential and be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of [describe coding procedures and plans to safeguard data, where data will be stored, who will have access, etc.].

[If activities are to be audio- or video-taped, describe the participant's right to review/edit video, who has access, if videos will be used for educational purposes, and when videos are erased.].

Participation and Withdrawal

You choose whether or not you would like to participate in this study. If you do choose to volunteer, you may withdraw at any time without consequences of any kind. You may refuse to answer any questions, without explanation, and remain in the study. The researcher reserves the right to withdraw you from this research if circumstances arise which warrant doing so.

People to Contact

If you have any questions about the research, please feel free to contact [principal investigator, faculty sponsor, co-investigators. Include day phone numbers and email addresses for all listed individuals. For greater than minimal risk studies, include night/emergency phone numbers.].

Rights of Research Participants

You may, at any time and without penalty, withdraw your consent and discontinue your participation. You waive no legal claims, rights, or remedies due to your participation in this study. If you have questions regarding your rights as a research participant, please contact the SNC Institutional Review Board Chair as indicated below:

Institutional Review Board Chair (c/o Academic Dean)
Christina M. Frederick, Ph.D.
cfrederick@sierranevada.edu
(775) 831-1314 (ex. 7460)
999 Tahoe Blvd.
Incline Village, NV, 89451

please initial after reading _____

Signature of Research Participant or Legal Representative

I have read and received a copy of this consent form. All my questions have been answered to my satisfaction. I agree to take part in this study [or I agree to allow my child to take part in this study].

Printed Name of Participant *or Child (omit if irrelevant)*	Signature	Date

Printed Name of Parent(s) or Legal Representative(s)	Signature	Date

Printed Name of Witness	Signature	Date

Note: The final two signature elements are only included in consent forms designed for use with individuals from vulnerable population samples.