



Informed Consent Template

This is the official informed consent template for research conducted within the Maricopa County Community College District. All researchers must use this template. If consent is being sought through a digital form (such as through an online survey), the format and contents of this template must be preserved. In the event that a waiver of consent is received, research participants must still be provided with a copy (paper or electronic) of all of the information contained herein.

According to federal regulations (45 CFR 46 at <http://www.hhs.gov>), informed consent needs to be provided to participants in a manner that is clear and easy to understand. This includes using language that is appropriate for your audience and avoiding technical or scientific jargon.

Care should be taken to ensure that prospective participants with disabilities have equal access to participate and are provided with sufficient accommodations to ensure they understand the information contained in the informed consent document prior to seeking consent. For example, consider using larger font for those with visual impairments, and ensure that digital forms are accessible using screen reader technologies.

All participants should receive a copy of this form for their own records. If consent is being sought through a digital form (such as through an online survey), consider emailing a copy of the form to all participants.

To be used as an assent form, please include all of the information about the research, but remove the signature page at the end.

Instructions for filling out this template:

In the template below, all prompts for providing information are mandatory, and the exact verbiage must be included in your consent form. The instructions are designed to help you fill in the necessary information, allowing your research participants to make an informed decision about participating.

Note: Please use this sheet to view the instructions on how to fill in the Informed Consent Form. If you need additional assistance with the form, contact IRB at Maricopa Community Colleges.

Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa
Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain

Study Title: *enter the title of the study*

Principal Investigator: *include name & contact information*

You are invited to participate in a voluntary research study on *(provide a brief description of the research. This should be no more than one sentence.)*

(If this study is being funded by an external entity, please provide a sentence indicating who is funding this research.)

Why are you doing this study?

The purpose of this study is *(Please describe the project in a way that is easy to understand. Include the purpose of the research.)*

What can I expect to do if volunteer to participate in this study?

As a participant, you *(Please provide a clear description of what the participants will be doing or experience.)*

How much time will being a participant take?

By participating in this study, you *(Please indicate how much time the participants will be expected to spend in this study. If the study is designed to take place over a period of time, describe that time period and the frequency of participation.)*

Are there any risks I should know about?

Note: The information collected about you will only be used for this research and will not be shared with other researchers now or in the future.

(Please describe any risks, including personal, physical, mental/emotional, professional, financial, etc. What would be the risks if the data became public? Also include what you are doing as a researcher to mitigate these risks. If there are any costs that the participants will incur, please include those here.)

(Include a section about how you, as the researcher are going to protect the privacy of participant information. If you are collecting biospecimens, please indicate how you will protect these biospecimens.)

(If the research involves more than minimal risk, please clarify who is responsible for any costs associated with any medical treatments required or any personal compensation for injuries received as a result of participation in the research.)

What are the benefits for participating?

(Please describe any compensation, monetary or otherwise, that the participant will receive. If no compensation is being offered, indicate as such. If there are expected benefits to the public good, such as an increased understanding in effective treatments, indicate this here as well. Also indicate if you or the funding organization will profit financially from this study. Include whether or not participants will share in these profits.)

Am I eligible to participate?

To be eligible to participate in this research study, you *(Please indicate the eligibility requirements for participating in this study. If you are not going to seek the consent of a legal guardian for minors, please indicate that participants must be 18 or older.)*

What rights do I have as a participant?

As a participant, you may stop participating at any time. Select the option below that applies to your participation: *(The following are included so that the participants may choose an option.)*

I am a student.

As a student, if you choose to stop participating, this will not affect your class grades, academic standing, financial aid, eligibility to participate in sports or clubs, or your employability within the Maricopa County Community College District. If you decide not to participate, you will also not be affected in any way.

I am an employee.

As an employee, if you choose to stop participating, this will not affect your employment status or eligibility for benefits. If you decide not to participate, you will also not be affected in any way.

I am a faculty member.

As a faculty member, if you choose to stop participating, this will not affect your employment status, your eligibility for benefits, or your ability to teach additional classes. If you decide not to participate, you will also not be affected in any way.

If the participants have any additional rights as pertaining to the study, they are outlined here:

(Please include any additional rights your research participants will have.)

Who do I contact if I have any questions?

If you have questions, you may contact *(Insert name, phone number and email address of principal investigator.)*

This research study has been reviewed and approved by the Institutional Review Board (IRB) for the protection of human research participants of the Maricopa County Community College District. If you have concerns about this study, or you feel that your rights have been violated in any way, please contact:

Maricopa Community Colleges
IRB Office
2411 W 14th St
Tempe, AZ 85281
irb_office@domail.maricopa.edu

Consent

I have read the information provided. I agree to participate in this research study and acknowledge that I meet the eligibility requirements to be a participant. (Note: If the participant is under the age of 18, see legal guardian signature requirement below.)

I further acknowledge that I may stop participating at any time.

Printed Name

Signature

Date

(If the participant is under 18, signature of the guardian is required in the following section.)

The above participant is under the age of 18. As the legal guardian of the participant, I give consent to allow participation in the research. (Note: The signature of the legal guardian is only required when participant is under the age of 18.)

Printed Name

Signature

Date

Additional Information:

(If you require additional space to provide information about the study, please enter the question from above and provide the additional information in one, or more, of the fields.)