Informed Consent Form
North Central State College

Title of Project:
Primary Investigator:

Please note: Participation in this study is voluntary. Additionally, participants may withdraw from the study at anytime.

- **Purpose of Study**

- **Foreseeable Risks**

- **Potential Benefits of the Research Study**

- **Protection of Confidentiality**

_____ (place your initials here and sign below or on the following page)
I understand that this research study has been reviewed and approved by the Institutional Review Board at North Central State College.

For research-related problems or questions regarding subjects' rights, I can contact the Institutional Review Board through Dr. Gina Kamwithi, Chair, Institutional Review Board, at 419-755-4554 or gkamwith@ncstatecollege.edu.

_____I am 18 (eighteen) years old or older.

_____ If I do NOT wish to participate, I will not return this form. No adverse actions will be taken against me or my grades if I choose this option. I will still participate in all the same tests, assignments, and other classroom activities as the rest of the class.

Researcher's Signature _____ Date _____

Consent
I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have been given a copy of this consent form.
Name (printed) _____

Signature _____ Date_____

If you have any questions regarding the project's procedures please contact

Dr. Gina Kamwithi
Academic Services Director
IRB Chair at 419-755-4554
gkamwithi@ncstatecollege.edu.

For more information please contact:
Dr. Karen Reed
Vice President of Academic and Student Services
kreed@ncstatecollege.edu
(419) 755-4538 or 4812

Form 12-101b

Informed Consent Form Specifications

As part of most research activities it is necessary to obtain an informed consent. The key to the consent form is to provide participants with enough information so that they understand your research. Examples have been provided on the website. Make sure to include the following information:

1. Your name and how to contact you.
2. A description of your project including the number of participants, the time the participant will need to devote to the project, how the participant will be involved with the project (interview, test, survey, etc.).
3. How you will maintain the information to ensure confidentiality
4. The identification of risks, benefits, and alternative treatments available to the participant.
5. A statement regarding the ability of the participant to not answer some questions or to opt out of the study at any time.
6. A space for the participant's signature and date. If the form is more than one page, include a place for initials on each page other than the signature page.
7. No participant can be under the age of majority, which in the state of Ohio is 18 years of age.
8. You need to also have the IRB chairs name and how to contact him/her.

IRB may approve a consent procedure that does not include, or which alters, some or all of the elements of informed consent, or waive the requirements to obtain informed consent provided the IRB finds and documents that the following four conditions have been met:

- the research involves no more than minimal risk to the subjects;
- the waiver or alteration will not adversely affect the rights and welfare of subjects;
- the research could not practicably be carried out without the waiver or alteration; and
- whenever appropriate, the subjects will be debriefed — provided with additional pertinent information — after they have participated in the study.