

# **Informed Consent**

**Principal Investigator:** Name, credentials

**Student Investigator:** Name, credentials

**Title of Study****:**

My name is [insert name here]. I am [a student / faculty] in the [insert program name here] at Spalding University in Louisville, KY. You are invited to participate in my research study entitled: [insert study title (or brief description) here]. This consent form will explain the details of participating in this research. Please read this form carefully. Feel free to contact us if you have any questions about the study.

# **What are we trying to find out in this study?**

# The purpose of this study is to [insert purpose of study here]. You will [insert statement of broad overview of what participants will do]. The goal is to [insert specific goal(s) / aim(s) here].

# **Who can participate in this study?**

You must be [insert inclusion criteria here].

**Where will this study take place?**

This study [is an online survey / will take place at…].

# **What is the time commitment for participating in this study?**

The [survey] should take about [insert time requirements here] of your time.

# **What will you be asked to do if you choose to participate in this study?**

You will [describe procedures that participants will be involved in here].

**What are the risks of participating in this study and how will these risks be minimized?** There are [minimal] risks to you in this study. These include [list specific risks here-be sure to consider social, economic, civil, criminal, emotional and physical risks]. [use this language if appropriate for minimal risk survey research that may ask “uncomfortable” questions: However, some questions may bring up strong feelings.] [Describe procedures in place that will minimize the likelihood of participants encountering the aforementioned risks.] You have the option to discontinue the study at any point, without consequence.

# **What are the benefits of participating in this study?**

There are no direct benefits to you. However, your participation in this research will help us better understand [insert goals of research / how it will contribute to the field here].

# **Are there any costs associated with participating in this study?**

There are no costs associated with participating in this study. [revise according to study details]

# **Is there any compensation for participating in this study?**

There is no compensation for participating in this study. [revise according to study details]

**How will my data be protected?**

All information obtained is completely voluntary. Only the investigators have access to your responses and informed consents. This data will only be used to support the goals of this current project. Only summary data will be reported in any conference and/or paper. Your name will not [be collected / be associated with your responses]. All electronic information will be stored for a minimum of three years after the study is completed. Data will be stored in a password protected file on a password protected computer in a locked office on Spalding University’s campus. [revise details as needed per your specific study procedures].

# **What if you want to stop participating in this study?**

Your participation in this research is voluntary. You can leave the study without penalty. Please contact [investigator name] (email) or Dr. [faculty advisor / PI] (PI email) if you have any questions about the study. If you have any questions or concerns about your rights as a research volunteer, you can contact Dr. Lisa Potts, Chair of the Research Ethics Committee at rec@spalding.edu.

You can withdraw from the study at any time if you no longer wish to participate in this research. Signing below indicates your consent to have your data used for the purpose of this research project.

**Please indicate you meet the following criteria to participate in this study:**

 I have read and understand this informed consent document. The risks and benefits

have been explained to me.

  I confirm I am 18 years of age or older.

  I confirm I am [insert any needed inclusion criteria here].

  I agree to take part in this study.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual obtaining consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of individual obtaining consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-------------------------------------------------------------------------------------------------------------------

This consent document has been approved for use for one year by the Research Ethics Committee [REC]

-------------------------------------------------------------------------------------------------------------------

[the following section can be used in lieu of signature lines for survey research or other research for which an alteration of consent has been approved]

If you have already completed this survey, please do not take it again. Thank you for participating in the study.

I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study.

Please indicate you meet the following criteria to participate in this study:

  I confirm I am a certified athletic trainer.

  I confirm I am either fully or partially employed as an athletic trainer at a high school.

  I confirm that I am a member of the National Athletic Trainers’ Association

  I agree to take part in this study.

 I do not wish to participate in this study and/or do not meet all the criteria listed above.