



BETHUNE-COOKMAN UNIVERSITY

Founded in 1904 by Dr. Mary McLeod Bethune

Edison O. Jackson, Ed.D. President

INFORMED CONSENT STATEMENT

DATE: [Click to Enter Date]

TITLE OF RESEARCH

INTRODUCTION

The Department of [Insert Department Name] at Bethune-Cookman University supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with this unit, the services it may provide to you, or Bethune-Cookman University.

PURPOSE OF THE STUDY

The purpose of this study is [Describe the purpose of your study].

PROCEDURES

[Please state your procedures for your research]

RISKS

[List and explain all possible risks associated with your study]

BENEFITS

[List and explain all possible benefits gained from your study]

ALTERNATIVE PROCEDURES OR TREATMENTS

[List any alternative procedures or treatments if applicable]

PAYMENT TO PARTICIPANTS

[Enter Payment to Participants]

RESEARCH RELATED INJURY

There are no anticipated related injuries. In the event that an injury occurs while participating in this research the participants may discontinue their participation at any time. No treatment will be provided. If you have any questions, please feel free to contact your Principal Investigators at [Enter Contact Information].

PARTICIPANT CONFIDENTIALITY

Your name will not be associated in any way with the information collected about you or with the research findings from this study. The researcher(s) will use a code *instead* of your name to insure anonymity. No individual responses will be reported separately. Only summarized information will be reported and used in this study. The researchers will not share information about you unless required by law or unless you give written permission.

Permission granted on this date to use and disclose your information remains in effect indefinitely. By signing this form you give permission for the use and disclosure of your information for purposes of this study at any time in the future.

We must keep your study records as confidential as possible. Your confidential information will be stored in a secured locked file cabinet. The information derived from this research may be used for publication, future research endeavors and/or may be shared with other professionals.

However, certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

- [Enter People with Access to Records]
- Certain government and university people who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure that we are doing the study in the right way. They also need to make sure that we are protecting your rights and your safety.) These include:
 - The Bethune-Cookman University Institutional Review Board (IRB) and the staff that work for the IRB. Other individuals who work for B-CU that provide other kinds of oversight may also need to look at your records.

We may publish what we learn from this study. If we do, we will not let anyone know your name. We will not publish anything else that would let people know who you are.

REFUSAL TO SIGN CONSENT AND AUTHORIZATION

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from Bethune-Cookman University or to participate in any programs or events of Bethune-Cookman University. However, if you refuse to sign, you cannot participate in this study.

CANCELLING THIS CONSENT AND AUTHORIZATION

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose information collected about you, in writing, at any time, by sending your written request to: Bethune-Cookman University c/o [Enter c/o information], 640 Dr. Mary McLeod Bethune Blvd., Daytona Beach, FL, 32114. If you cancel permission to use your information, the researchers will stop collecting additional information about you. However, the research team may use and disclose information that was gathered before they received your cancellation, as described above.

QUESTIONS ABOUT PARTICIPATION

Questions about procedures should be directed to the researcher(s) listed at the end of this consent form.

PARTICIPANT CERTIFICATION:

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may write the Institutional Research Board (IRB), Bethune-Cookman University, 640 Dr. Mary McLeod Bethune Blvd. Daytona Beach, FL 32114-3099, or email bcuirb@cookman.edu, or call (386) 481-2062.

[Participants Name]
Type/Print Participant's Name

[Click to Enter Date]
Date

[Signature]
Participant's Signature

Researcher Contact Information:

[Principal Investigator #1]
Principal Investigator
School of [Insert name of School/College]
Bethune-Cookman University
Daytona Beach, FL
386-481-xxxx

[Principal Investigator #2]
Principal Investigator
School of [Insert name of School/College]
Bethune-Cookman University
Daytona Beach, FL
386-481-xxxx