**[NOTE to Researchers: All information in brackets applicable to your study is required by federal regulations. Below is a template for use in writing a Bushnell Informed Consent letter. Insert additional information as guided in bold text in brackets. Avoid discipline-specific professional terms or jargon. This paragraph and all brackets should be deleted prior to use, and you should remove the bold font from your inserted specific information.]**

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**Informed Consent Form for Adults**

You are invited to participate in a research study conducted by student researcher(s) **[name or names]** from Bushnell University **[departmental affiliation]**. **[I/We]** hope to learn **[state what the study is designed to discover or establish]**.

**Key Information:** As described in more detail below, the purpose of the study is to **[briefly describe purpose of study]**. If you choose to participate, you will be asked to **[summarize the procedures for your participants in one or two sentences]**. This will take about **[state duration hours, days, or weeks]**. The main risk or discomfort from this research is **[briefly state potential risk or discomfort]**. The main benefit to you from this research is **[briefly state potential benefit to participant]**. There are no known alternatives available to you other than not taking part in this study. Taking part in this study is voluntary.

Please carefully read the entire document and ask any questions before agreeing to participate.

If you decide to participate, you will be asked to **[describe procedures, including their purpose, how long they will take, the location, and frequency]**

It is possible that you may **[describe risks, discomforts, inconveniences, and how these will be managed. Insert appropriate general response; For example, “sense some discomfort in answering questions about social skills”. Indicate if any medical treatment or counseling resources are available in case of injury or distress and if so, where to get further information. For participants from Bushnell University, you can include contacting the Bushnell Counseling Center at 541- 349-7471. Describe any alternative procedures or courses of treatment, if applicable. Indicate costs of participating, if any]. [Describe benefits to subjects and humanity expected from the research]**. However, there is no guarantee that you personally will receive any benefits from this research. **[If participant will receive compensation or incentive, describe amount and when payment is scheduled]**.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. To maintain your confidentiality, **[describe coding procedures and plans to safeguard data. If participants will remain anonymous, then reword statement to remove confidential to anonymous and state how information will be kept anonymous.]**.

Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with **[agency, school, etc. where participant was recruited]**. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions about this study, please feel free to contact **[campus phone number, email, and campus address—do not include personal phone numbers]. [If the researcher is a student, also provide advisor name, email, and campus phone number, and identify as your advisor].** If you have questions regarding your rights as a research participant, please contact the Bushnell University Institutional Review Board at irb@bushnell.edu. You will be offered a copy of this form to keep.

You must be at least 18 years of age to participate in this study. Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_