**Consent to be a Participant in Project**

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| **Title of Project:** | | Click or tap here to enter text. |
| **Researcher:** | Click or tap here to enter text. | |

**Invitation:**

You are asked to be a part of a capstone project. The purpose of this capstone project is to      .

The details in this form will tell you about the project and are meant to help you decide whether or not to take part. Please read the details below and ask questions about anything you do not understand before choosing whether or not to take part.

It is your choice if you want to take part in the project or not. You can decide not to be a part of this project or you can leave this project at any time. You may stop the project at any time without any loss of benefits to which you may have due. If any new information develops during the course of this project that may affect your decision to continue being a part of the project, you will be told.

**How long will I be a part of this project?**

If you agree to be in this project, you will be a part of this project for      .

You will need to return to the research site       times.

Each visit will take about       minutes.

**What will happen during my part in the project?**

If you agree to be in this project, you will      .

**What are the risks or discomforts to me during my part in this project?**

There is no greater than minimal risk or discomfort to you as a part of this project. Minimal risk means that the risk of being a part of this project is no more than what you have in everyday life.

**What are the benefits to me during my part in this project?**

There may not be any benefits to you as a part of this project. The information learned from this project may benefit     .

**Will my information be kept private?**

The records of this project will be kept private. Complete privacy of your information cannot be guaranteed, but access to records will be limited to allowed people as required by state or Federal law.

**What about my own private information collected as a part of this project?**

Your own private information collected as part of this project will not be used or given to anyone else for future research.

**Whom should I contact if I have any questions or problems?**

If you have any questions or problems as a part of this project, you should contact:

Name of researcher: Click or tap here to enter text.

Phone number during the day: Click or tap here to enter text.

Phone number after hours: Click or tap here to enter text.

Email address: Click or tap here to enter text.

If you have any questions about your rights as a participant of this project, you may contact Nebraska Methodist College’s Institutional Review Board, a group of people who are responsible to protect the rights of research subjects, by calling 402-354-7116 (ask to speak to the IRB Chair).

**Consent Statement:**

You are freely making a choice to be a part in this project. Signing this form means that information given to you has been fully explained, all your questions have been answered, and that you understand the information given to you. If you think of any more questions during the project, you should contact     . You will be given a copy of this form.

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| *Date* |  | *Time* |  | *Signature of Subject or Subject’s Legally Authorized Representative* |
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| *Printed Name of Subject or Subject’s Legally Authorized Representative* |
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| Date |  | Time |  | *Signature of Person Conducting Informed Consent Discussion* |
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|  | | | | *Printed Name of Person Conducting Informed Consent Discussion* |