**Consent to be a Participant in Research**

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| **Title of Study:** | 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 research study. The purpose of this capstone study is to     .

The details in this form will tell you about the study 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 study or not. You can decide not to be a part of this study or you can leave this study at any time. You may stop the study at any time without any loss of benefits to which you may have due. If any new information develops during the course of this study that may affect your decision to continue being a part of the study, you will be told.

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

If you agree to be in this study, you will be a part of this study 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 study?**

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

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

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

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

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

**Will my information be kept private?**

The records of this study 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 study?**

Your own private information collected as part of this study 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 study, you should contact:

Name of researcher:

Phone number during the day:

Phone number after hours:

Email address:

If you have any questions about your rights as a research subject, 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 study. By       means that information given to you has been fully explained, all your questions have been answered, that you understand the information given to you, and you agree to participate in the study.