



## Informed Consent Template

This is the official informed consent template for research conducted within the Maricopa County Community College District. All researchers must use this template. If consent is being sought through a digital form (such as through an online survey), the format and contents of this template must be preserved. In the event that a waiver of consent is received, research participants must still be provided with a copy (paper or electronic) of all of the information contained herein.

According to federal regulations (45 CFR 46 at <http://www.hhs.gov>), informed consent needs to be provided to participants in a manner that is clear and easy to understand. This includes using language that is appropriate for your audience and avoiding technical or scientific jargon.

Care should be taken to ensure that prospective participants with disabilities have equal access to participate and are provided with sufficient accommodations to ensure they understand the information contained in the informed consent document prior to seeking consent. For example, consider using larger font for those with visual impairments, and ensure that digital forms are accessible using screen reader technologies.

All participants should receive a copy of this form for their own records. If consent is being sought through a digital form (such as through an online survey), consider emailing a copy of the form to all participants.

To be used as an assent form, please include all of the information about the research, but remove the signature page at the end.

### **Instructions for filling out this template:**

In the template below, all prompts for providing information are mandatory, and the exact verbiage must be included in your consent form. The instructions are designed to help you fill in the necessary information, allowing your research participants to make an informed decision about participating.

*Note: Please fill in all fields with as much information as possible by reading and following all instructions in the fields. If you need additional space to provide content for one or more of the following questions, please use the additional text areas provided at the end of this document.*

Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa  
Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain

**Study Title:**

**Principal Investigator:**

You are invited to participate in a voluntary research study on

**Why are you doing this study?**

The purpose of this study is

**What can I expect to do if I volunteer to participate in this study?**

As a participant, you

**How much time will being a participant take?**

By participating in this study, you

**Are there any risks I should know about?**

Note: The information collected about you will only be used for this research and will not be shared with other researchers now or in the future.

### **What are the benefits for participating?**

### **Am I eligible to participate?**

To be eligible to participate in this research study, you

### **What rights do I have as a participant?**

As a participant, you may stop participating at any time. Select the option below that applies to your participation:

I am a student.

As a student, if you choose to stop participating, this will not affect your class grades, academic standing, financial aid, eligibility to participate in sports or clubs, or your employability within the Maricopa County Community College District. If you decide not to participate, you will also not be affected in any way.

I am an employee.

As an employee, if you choose to stop participating, this will not affect your employment status or eligibility for benefits. If you decide not to participate, you will also not be affected in any way.

I am a faculty member.

As a faculty member, if you choose to stop participating, this will not affect your employment status, your eligibility for benefits, or your ability to teach additional classes. If you decide not to participate, you will also not be affected in any way.

If the participants have any additional rights as pertaining to the study, they are outlined here:

**Who do I contact if I have any questions?**

If you have questions, you may contact

This research study has been reviewed and approved by the Institutional Review Board (IRB) for the protection of human research participants of the Maricopa County Community College District. If you have concerns about this study, or you feel that your rights have been violated in any way, please contact:

Maricopa Community Colleges  
IRB Office  
2411 W 14<sup>th</sup> St  
Tempe, AZ 85281  
irb\_office@domail.maricopa.edu

**Consent**

I have read the information provided. I agree to participate in this research study and acknowledge that I meet the eligibility requirements to be a participant. (Note: If the participant is under the age of 18, see legal guardian signature requirement below.)

I further acknowledge that I may stop participating at any time.

Printed Name: \_\_\_\_\_

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

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

The above participant is under the age of 18. As the legal guardian of the participant, I give consent to allow participation in the research. (Note: The signature of the legal guardian is only required when participant is under the age of 18.)

Printed Name: \_\_\_\_\_

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

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

Additional Information: