

# Informed Consent

You are invited to participate in a research study of (Title of your Study as listed on the IRB form).This study will be completed by *(student and indicate program or faculty and indicate department/division)* through Minot State University in Minot, North Dakota. The purpose of this research study is *(Explain the purpose of your study in one-two sentences).*

Participation in this study will take no more than (Indicate time needed by participant to complete the procedure)*.* Your responses will be confidential and will only be used for research purposes. No personally identifiable information is asked of you in any part of this study.

If you chose to participate in this study, you will *(Describe the process for participation. For example, completion of an online survey, contribution during an oral interview, etc. If the research involves an experiment, provide details).*

There are no known risks to participating in this study. The benefits of participating in this research include *(If applicable, describe how the research benefits the participants or others). (Indicate any alternative procedures or courses of treatment, if any, that might be advantageous to the subject).*

Your participation is voluntary. You may withdraw from this research study *(Indicate when and how; for example, if completing a survey, the subject can withdraw anytime up until the survey is submitted.).*

If you have questions about the purpose of this study, please contact *(Insert your name, phone, and email address; also include names and contact information for other investigators, as applicable).*

This study has been approved by the Minot State University Institutional Review Board as exempt research. If you have questions concerning your rights as a participant in this study, please contact the IRB chair, Dr. Linda Cresap at 701-858-3316 or [irb](mailto:irbchair@minotstateu.edu)[chair@minotstateu.edu.](mailto:chair@minotstateu.edu)

# Documentation of Informed Consent:

You are freely making a decision whether to allow your child to be in this research study. Signing this form means that

1. you have read and understood this consent form
2. you have had your questions answered, and
3. you have decided to be in the study.

You will be given a copy of this consent form to keep.

Click or tap to enter a date.

Your signature Date

Click or tap here to enter text. Click or tap to enter a date.

Your printed name Date

Click or tap to enter a date.

Signature of researcher explaining study Date

Click or tap here to enter text.

Printed name of researcher explaining study