

FOR IRB USE ONLY:

Protocol Number: IRB-_____ Received:_____ Approved :_____ Date:_____

**Rowan University
INSTITUTIONAL REVIEW BOARD
HUMAN RESEARCH REVIEW APPLICATION**

INSTRUCTIONS: Check all appropriate boxes, answer all questions completely, include attachments, and obtain appropriate signatures. Submit an **original and two copies** of the completed application to the Research Office, Bole Hall. **NOTE: Applications must be typed. Incomplete and handwritten applications will be returned.** Be sure to make a copy for your files.

Step 1: Determine if the proposed research is subject to IRB review.

All research involving human participants conducted by Rowan University faculty and staff is subject to IRB review. Some, but not all, student-conducted studies that involve human participants are considered research and are subject to IRB review. Consult the “Frequently Asked Questions” on the IRB website and your faculty advisor regarding student research. Some research may be eligible for exemption from IRB review. However, it should be submitted to the IRB Committee to determine whether an exemption applies. If you think your research is eligible for exemption, please fill out the application and attach a cover letter explaining why you think your research should be exempted. More details on what is considered research and types of exemptions can be found in Appendix A. You may also consult the “Frequently Asked Questions” on the IRB website.

Step 2: If you have determined that the proposed research is subject to IRB review, complete the identifying information below.

Project Title:

Researcher:	Date:
Department:	Location:
Mailing Address: (for PI) Street	
Town/State/Zip	
E-Mail:	Telephone:
Co-Investigator/s:	
Faculty Sponsor (if student)*	
Department:	Location:
E-Mail:	Telephone:

Approved For Use by Rowan IRB: 01/2012

Step 3: Determine if your research study requires a full IRB review

The Rowan University IRB handles reviews on an expedited basis (meaning that the protocol is examined by one IRB reviewer and the chair) with the exception of those that put the participant at greater than “minimal risk” (see below).

(Note: "Minimal risk" means that the risks of harm anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during performance of routine physical or psychological examinations or tests. The concept of risk goes beyond physical risk and includes risks to the participant's dignity and self-respect as well as psychological, emotional, or behavioral risk.)

Please indicate the level of risk participants will face in your research study:

Greater than minimal risk Not greater than minimal risk

Step 4: Complete the following information:

PROTOCOL DESCRIPTION:

1. THE HUMAN SUBJECTS INVOLVED IN THIS RESEARCH:

- a) **Who are the subjects?**

- b) **How many subjects will be involved in the project?**

- c) **Specify your plans for including women and minorities, if appropriate.**

- d) **List all inclusion and exclusion criteria.**

- e) **Do your subjects include any of the following:**
 - Yes No Pregnant Women or Human Fetuses or Neonates?
 - Yes No Children and Minors ages seven through seventeen?
 - Yes No Infants or Children younger than seven years of age?
 - Yes No Cognitively Impaired Persons?
 - Yes No Inmates/Prisoners?
 - Yes No Elderly/Aged Persons?
 - Yes No Non-English Speaking Persons?

NOTE: These subjects, by virtue of their age or status, may not be competent or free to give their own consent and may be particularly vulnerable to coercion and undue influence. Investigators must incorporate additional safeguards into the research plan and document fully the informed consent of these individuals and/or that of their legal representatives. If excluding minors, please explain how.

f) **Are your subjects students?**

Yes No If YES, name the institution(s) in which they are enrolled:

g) **Are there prospective subjects who, if selected for this project, would be especially vulnerable to risk because of the procedures you will be using?**

Yes No If YES, describe the process you will use to screen such subjects:

2. **RECRUITMENT:**

a) **Specify how you will gain access to, recruit, and select your subjects.**

b) **Are you advertising or posting a notice for subjects/volunteers?**

Yes No If YES, submit a copy of the advertisement or notice.

c) **Will the subjects be recruited from your place of employment?**

Yes No If YES, explain how this research relates to your job role and provide any other information pertinent to your relationship with the subjects (e.g., how will you ensure against the possibility of coercion?):

3. **COST/PAYMENT:**

a) **Are you paying your subjects?**

Yes No If YES, indicate the amount of payment and describe if (and how) you will pro-rate the payments to subjects who withdraw before they complete their participation:

b) **Will participation in the study involve any cost to the subject?**

Yes No If YES, indicate the anticipated costs to the subject.

4. **INFORMED CONSENT:**

a) **Does your protocol involve the use of an informed consent form?**

Yes No If YES, enclose a copy of the form. Informed consent must be obtained from the subjects and/or, in the case of minors under the age of 18, the parent or legal guardian. See Appendix B for instructions on informed consent. All requirements **must** be met. If NO, explain how consent will be obtained.

NOTE: If the only record linking the subject and the research would be the consent document and the research presents no more than minimal risk of harm to subjects, you may use an alternative procedure for consent. (See **Appendix B** for more information)

b) Will the research be conducted at a site other than Rowan institution?

Yes No

If YES, list the institutions and provide letters from appropriate institutional official(s) with the authority to approve research at their institution (e.g. school principal, school superintendent, director of institution, IRB)

5. THE RESEARCH PROCEDURES:

a) Describe in non-scientific language exactly what you will be doing to, or with, your subjects.

Include in your description:

- The goal/s of the research
- The procedures to be followed

b) Will you be carrying out procedures or asking questions that might disturb your subjects emotionally or produce stress or anxiety?

Yes No If YES, describe your plans and criteria for counseling such subjects:

c) Are you using a questionnaire, survey, and/or an interview as part of your procedure?

Yes No If YES, submit a copy of the questionnaire(s) and/or interview questions.

d) Are you using focus group discussions as a part of your procedure?

Yes No If YES, submit a copy of the focus group guide.

e) Does your study involve deception of your subjects?

Yes No

If YES, describe the deception, justify its need, and describe the procedure you will use to debrief your subjects. Submit a copy of the debriefing statement, which should include a statement of your willingness to allow subjects to withdraw from your study after debriefing and to remove from your files all records of their involvement.

f) Will this study involve the use of existing data, documents, records, pathological specimens, or diagnostic specimens?

Yes No

If YES, include authorization to access the data if not publicly available from an official with authority to provide such permission.

6. **DATA STORAGE/DISPOSITION:**

a) Will participants' names be kept:

confidential anonymous neither

(See Appendix B (Informed Consent) for definitions of these terms)

b) If participants' names are to remain confidential how will confidentiality be maintained?

c) Describe how you will keep your data secure:

d) Describe how you will **ultimately dispose of your data** (notes, drafts, lists of subjects, photographic records, tapes, computer disks, etc.) **after you have completed your research** (e.g. shredding, burning) (please note that all research records must be maintained for **at least three years after the completion of the research**, including consent forms, flyers, etc.). **If you do not plan to destroy research data, please provide a justification for maintaining the data for an indefinite period of time and how you will ensure confidentiality:**

7. **RISK/BENEFIT:**

In three or four sentences, summarize the risk/benefit ratio of the proposed research, with regard to the human subjects, the risks to them, and the potential benefits to knowledge or society:

8. **COLLABORATION:**

Does this research project involve the IRB approval of one or more participating institutions or organizations other than that of Rowan?

Yes No

If YES, list the institutions and submit copies of the related IRB approval notices.

9. **ADDITIONAL INFORMATION (OPTIONAL) (Attach a separate sheet if needed)**

CERTIFICATIONS:

Rowan University maintains a Federal-wide Assurance (FWA) with the Office of Human Research Protection (OHRP), U.S. Department of Health & Human Services. This Assurance includes a requirement for all research staff working with human participants to receive training in ethical guidelines and regulations. "Research staff" is defined as persons who have direct and substantive involvement in proposing, performing, reviewing, or reporting research and includes students fulfilling these roles as well as their faculty advisors.

Once training is complete with a overall score of 80 percent or higher, Collaborative Institutional Training Initiative (CITI) certificates will generated automatically on-line to the Research Office.

To begin CITI training, go to <https://www.citiprogram.org/>. Click on "New User" to create an account and choose Rowan as your affiliation. On the second page, enter your Banner ID and place it in the space that says "Employee ID" to ensure accurate tracking. Once you are logged into the system, register for "Human Subjects Research" module in your area of expertise. If you have not already completed your "Responsible Conduct of Research" (RCR) training, sign up for that module to complete the certification. All researchers must have RCR training.

Researcher: I certify that I am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks and will adhere to the policies and procedures of the Rowan University Institutional Review Board. I will ensure that all research staff working on the proposed project, who will have direct and substantive involvement in proposing, performing, reviewing, or reporting this research (including students fulfilling these roles), will complete IRB approved training. I will not initiate this research project until I receive written approval from the IRB. I agree to obtain informed consent of participants in this project if required by the IRB; to report to the IRB any unanticipated effects on participants which become apparent during the course or as a result of experimentation and the actions taken as a result; to cooperate with the IRB in the continuing review of this project; to obtain prior approval from the IRB before amending or altering the scope of the project or implementing changes in the approved consent form; and to maintain documentation of consent forms and progress reports for a minimum of three years after completion of the final report or longer if required by the sponsor or the institution. I further certify that I have completed training regarding human participant research ethics within the last three years as indicated below my signature.

Signature of Researcher: _____ Date: _____

Faculty Advisor (if Researcher is a student): I certify that I am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks. I further certify that I have completed training regarding human participant research ethics within the last three years as indicated below my signature (attach copy of your "Completion Certificate for Human Participant Protections Education for Research Teams" from the Collaborative Institutional Training Initiative).

Signature of Faculty Advisor: _____ Date: _____

Please check one of the following:

_____ Full Review Needed

_____ Expedited Review Needed

_____ Expedited Review with Exemption Number _____ (See Appendix B)

Step 5: Complete the checklist below.

INVESTIGATOR CHECKLIST

DIRECTIONS: *(Use NA if "not applicable")*

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | Application typed or computer-generated, not hand written |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | Identifying information complete |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | Principal Investigator's signature on application |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | Names of all investigators specified |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | Summary in non-technical terms |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | Risks and benefits specified |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | Informed Consent form appended |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | All instruments appended (e.g. questionnaires, standardized tests, interview schedules) |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | Advertisement for recruitment of participants appended, if relevant |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | Approval letter(s) from ALL relevant off-campus site(s) (e.g. school principal, other IRB's) appended |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | If applicant is a STUDENT, advisor signature included |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | Indicated that application needs "full review," "expedited review," or "expedited review with exemption." |
| <input type="checkbox"/> Yes <input type="checkbox"/> NA | "Certifications" form for PI and Co-investigator/s completed and signed |

Step 6: Submit an original and two copies to the Research Office, Bole Hall. If you have technical questions about your IRB application, you may send an e-mail to hartman@rowan.edu. If you have administrative questions, you may send an e-mail to heiser@rowan.edu or call 856-256-5150.

**DO NOT INCLUDE THE FOLLOWING APPENDICES IN YOUR SUBMISSION.
THEY ARE FOR YOUR INFORMATION ONLY.**

Appendix A

How is "Research" Defined?

The Rowan University IRB defines "research" as a *systematic* investigation designed to develop or contribute to *generalizable knowledge*. All **research** involving human participants conducted by Rowan University faculty and staff is subject to IRB review.

Some, but not all, student-conducted studies that involve human participants are considered research and are subject to IRB review. Student research that is subject to IRB review includes research:

1. Intended to satisfy the academic requirements for the Master's Thesis/Project or Doctoral Dissertation;
2. Intended or expected to result in publication, presentation outside the classroom, or public dissemination in some other form;
3. Conducted outside the classroom and/or departmental research participant pool if they involve
 - a. minors (*i.e.*, persons under the age of 18),
 - b. a targeted population of adults whose ability to freely give informed consent may be compromised (*i.e.*, persons who are socioeconomically, educationally, or linguistically disadvantaged, cognitively impaired, elderly, terminally ill, or Incarcerated),
 - c. pregnant women and/or fetuses who may be put at risk of physical harm,
 - d. a topic of a sensitive or personal nature, the examination or reporting of which place the research participant at more than minimal risk, or
 - e. any type of activity that places research participants at more than minimal risk.

Student-conducted research that is conducted solely within the confines of the classroom or within a departmental research participant pool and:

1. a general requirement of a course,
2. has the sole purpose of developing the student's research skills, and
3. will be overseen by a faculty member;

may not be subject to IRB review. Check with your class instructor for guidance as to whether you must submit your research protocol for IRB review. If you or your instructor has any doubts, apply for an IRB review.

Oral history projects are not generally subject to IRB review. It is up to the individual faculty member, in consultation with their department chair and/or dean, to determine whether a project must be submitted to the IRB. If the project meets the guideline for research established by the U.S. Office for Human Research Protection, it must be submitted to the IRB for approval. That definition states that research is a, "systematic investigation designed to develop or contribute to generalizable knowledge."

Projects that involve participation by protected groups under US Code 45 CFR part 46 (e.g. prisoners) must be reviewed by the IRB

For more information, go to:

http://www.rowan.edu/open/provost/research/Integrity_and_compliance/Irb/Irb.htm

Appendix B

Research Exemptions

Federal law allows the IRB to exempt some research from a full review. This saves time and effort. Research activities in which the only involvement of human subjects is in one or more of the categories listed below, and present no more than minimal risk to subjects, may qualify for a claim of Exemption from full IRB review.

In order to fulfill the federal requirement for the proper review of research, investigators cannot "self exempt" from IRB review, nor does a claim of exemption necessarily exempt investigators from the requirement of gaining written informed consent from subjects. Note that the following exempt categories do not apply to research involving:

1. deception of subjects where the investigator does not describe the true purpose of the research and /or the results of the subjects participation in the study;
2. sensitive behavioral research, or research involving vulnerable populations.

The categories of potential exemption are:

1. Research may be exempt if it is conducted in an established or commonly accepted educational setting and involves normal educational practices such as research on regular and special education instructional strategies or research on the effectiveness of, or the comparison among, instructional techniques, curricula, or classroom management methods.
2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior may be exempt, unless the information obtained is recorded in such a manner that subjects can be identified, directly or through identifiers linked to the subjects, and any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.
3. Research involving the use of education tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that would not exempt under paragraph (2) may be exempt if the human subjects are elected or appointed public officials or candidates for public office, or federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
4. Research involving the collection or study of previously existing data, documents, records, pathological specimens, or diagnostic specimens may be exempt if they are being obtained from publicly available sources or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. NOTE: If the records involved are those of Rowan students, the project is not exempt and must be reviewed by the IRB. Such research must conform to the Family Education Rights and Privacy Act of 1974, a copy of which may be obtained from the Assistant Director, Research Subjects administration.
5. Research and demonstration projects may be exempt if they are conducted by or subject to the approval of Federal department or agency heads, and are designed to study, evaluate, or otherwise examine public changes in or alternatives to those programs or procedures or possible changes in methods or levels of payment for benefits or services under those programs.
6. Taste and food quality evaluation and consumer acceptance studies may be exempt if wholesome foods without

additives are consumed or a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture. For more guidelines on exemption see the FAQ on the Rowan IRB website, or the more detailed explanations in the Rowan IRB policy or the Website of the U.S. Department of Health and Human Service [Office for Human Research Protections \(OHRP\)](#).

Appendix C

Consent Procedures

The following information is to be provided to each subject in the informed consent form:

1. A statement that the study involves research, an explanation (in non-technical language) of the purposes of the research, a description of the procedures to be followed, and identification of any procedures that is experimental.
2. A description of any reasonably foreseeable *risks* or discomforts to the subject.
3. A description of any *benefits* to the subjects or other persons that may reasonably be expected to result from the research.
4. A disclosure of appropriate alternative procedures or treatments that might be beneficial to the subject.
5. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained. Your proposal must specify *precisely* whether the identity of your subjects will be: a) Anonymous; b) Confidential; or c) Neither.

Note: Your subjects' responses may be recorded and maintained as confidential or anonymous, but *not both*.

Definition of Anonymous: *Data are recorded such that no identifier whatsoever exists to link a subject's identity to that subject's response.* Examples: (1) subject fills out and mails back to the investigator a questionnaire that does not provide subject's name, social security number, phone number, or any other identifier; (2) investigator interviews subject by phone and notes responses, but does not have any record connecting any response to any phone number.

Definition of Confidential: *There exists a documented linkage between a subject's identity and his/her response in the research, and the investigator provides assurance in the protocol and in the informed consent form that the identity of any individual subject will not be revealed in any report of the study.* Example: a subject's data record is assigned a code, and a "master list" that links the code to the subject's identity is maintained in a secure location.

6. A statement specifying the amount of time required for participation in the study (e.g. a *realistic* estimate of the number of minutes required to complete a questionnaire, the number of separate sessions, the overall duration [days, weeks, months] that the subject will be involved in the study).
7. A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and that the subject may discontinue participation *at any time* without penalty or loss of benefits to which the subject is otherwise entitled. Specify the consequences, if any, to the subject of his/her decision to withdraw from the research before completing the protocol (e.g. loss of pro-rated compensation for participation in the study) and procedures for orderly termination of participation by the subject (e.g. exit interview).
8. Statement regarding financial or other compensation, if any, to the subjects, giving precise amounts and providing for prorating of payment if a subject withdraws before completing the study. Also, specify any uncompensated costs to the subject that may result from participation in the research (e.g. travel costs, absence from the workplace).

9. A statement regarding accessibility of the investigator and advisor to the subjects for questions related to the research (e.g. phone number, email address, institutional address).

10. The following statement regarding subjects' rights:

If you have any questions about your rights as a research subject, you may contact the Associate Provost for Research at:

*Rowan University Institutional Review Board for the Protection of Human Subjects
Office of Research
201 Mullica Hill Road
Glassboro, NJ 08028-1701
Tel: 856-256-5150*

Format of the Informed Consent Form:

Text should be written in non-technical terms, at a sixth-grade reading level, with non-technical explanation of any specialized terms. If the consent form is more than one page, include a notation, "Subject's Initials _____," at the bottom of each page except the signature page.

If non-English speaking subjects will be involved, a consent form that has been translated into the relevant language is required.

Signature lines for the Principal Investigator and the subject, with corresponding lines for the date of each signature, are required. Signature lines for a legally authorized representative or minor subject may also be necessary, depending upon the categories of subjects that are involved. A witness signature is not required in most cases; exceptions are oral consent verification (below) and situations in which a legally authorized representative signs for the subject.

If the protocol involves videotaping, audiotaping, or photographing of subjects, the consent form must include either a separate statement of agreement for these procedures within the consent document, with signature line, or an addendum to the consent form describing the recording procedure with a statement of agreement and signature line. The purpose of the distinct signature for these procedures is to ensure that the subject is aware of their inclusion, and if the study design permits, to allow the subject to participate in the study without being recorded.

Sample of Informed Consent Forms

(These should be used as a guide only--each PI should tailor the form to fit the research)

Sample 1: Participants over the age of 18 (faculty researcher)

I agree to participate in a study entitled "Problem Solving in Groups Versus Individuals," which is being conducted by Dr. Jane Doe of the Psychology Department, Rowan University.

The purpose of this study is to evaluate the methods used by individuals and groups to solve difficult problems. The data collected in this study will be combined with data from previous studies and will be submitted for publication in a research journal.

I understand that I will be required to attempt to solve a logic problem, and I will be assigned to work either individually or as part of a group. My participation in the study should not exceed one hour.

I understand that my responses will be anonymous and that all the data gathered will be confidential. I agree that any information obtained from this study may be used in any way thought best for publication or education

provided that I am in no way identified and my name is not used.

I understand that there are no physical or psychological risks involved in this study, and that I am free to withdraw my participation at any time without penalty.

I understand that my participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

If I have any questions or problems concerning my participation in this study, I may contact Dr. Jane Doe at (856) 256- _____ ext. _____.

(Signature of Participant) (Date)

(Signature of Investigator) (Date)

Sample 2: Participants over the age of 18 (student with faculty advisor)

I agree to participate in a study entitled "Problem Solving in Groups Versus Individuals," which is being conducted by Jane Doe, a Psychology student at Rowan University.

The purpose of this study is to evaluate the methods used by individuals and groups to solve difficult problems. The data collected in this study will be combined with data from previous studies and will be submitted for publication in a research journal.

I understand that I will be required to attempt to solve a logic problem, and I will be assigned to work either individually or as part of a group. My participation in the study should not exceed one hour.

I understand that my responses will be anonymous and that all the data gathered will be confidential. I agree that any information obtained from this study may be used in any way thought best for publication or education provided that I am in no way identified and my name is not used.

I understand that there are no physical or psychological risks involved in this study, and that I am free to withdraw my participation at any time without penalty.

I understand that my participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

If I have any questions or problems concerning my participation in this study, I may contact Jane Doe at (856) 256- _____ or her faculty advisor, Dr. Peter Rabbit, rabbit@timbuktu.edu.

(Signature of Participant) (Date)

(Signature of Investigator) (Date)

Sample 3: Participants are minors

Dear Parent/Guardian:

I am a graduate student in the Education Leadership Department at Rowan University. I will be conducting a research project under the supervision of Dr. John Doe as part of my master's/ thesis/doctoral dissertation concerning how children make decisions and how they develop strategies when playing games. I am requesting

permission for your child to participate in this research. The goal of the study is to determine how strategy development changes as the children mature.

Each child will be invited to play a game during the recess period and will be led to a quiet corner of the recess yard. Any child who expresses a desire not to play will be escorted back to the main area of yard immediately. While playing the game, each child will be asked a series of questions and will be videotaped. I will retain the videotapes at the conclusion of the study. To preserve each child's confidentiality only first names will be used to identify individuals. The videotapes may be viewed by other researchers when the data are presented at a professional conference. All data will be reported in terms of group results; individual results will not be reported.

Your decision whether or not to allow your child to participate in this study will have absolutely no effect on your child's standing in his/her class. At the conclusion of the study a summary of the group results will be made available to all interested parents. If you have any questions or concerns, please contact me at 555-1845 or you may contact my advisor, Dr. John Doe, at (856) 256-___ext.___. * Thank you.

Sincerely,

Mary Fawn

Please indicate whether or not you wish to have your child participate in this study by checking the appropriate statement below and returning this letter to your child's teacher by Feb. 1.

___ I grant permission for my child _____ to participate in this study.

___ I do not grant permission for my child _____ to participate in this study.

(Parent/Guardian signature)

(Date)

* If you do not have a faculty advisor, there is no need to include faculty information in the consent letter.

Alternate Consent Procedure

If the only identifying link between the subject and your research procedure would be the consent form, you may obtain consent simply by informing the participant about your research project.

Example: You are conducting a survey and are not asking for any identifying information from participants. In this case, using a consent form would require that the participants reveal their identity by signing the form. As long as the survey did not put the participants at more than minimal risk, a consent form may not be required.

If the IRB grants permission to use an alternative method to obtain consent, you must state the following at the top of the instrument you are using to collect data or on an accompanying cover letter on department stationary:

1. A statement that all participation is voluntary
2. A statement that you are conducting research and the reason for it (e.g., master's thesis, publication, etc.)
3. Purpose of the research - what you are investigating
4. A statement that all responses will be kept anonymous and confidential
5. A statement that participants need not respond to all questions

6. If participants are students, a statement that class standing will not be affected in any way based on participation.
7. Include the name, telephone number, and/or e-mail of the Principal Investigator (PI); and if you have a faculty sponsor, also include the faculty sponsor's name, telephone number, and/or e-mail.

Sample of Alternate Consent Procedure (when signatures are not required)

(This should be used as a guide only--each PI should tailor the form to fit the research)

The purpose of this survey is to evaluate the methods used by individuals to solve difficult problems. The research, entitled "How Individuals Solve Problems," is being conducted by Jane Doe of the Psychology Department, Timbuktu University, in partial fulfillment of her M.A. degree in Liberal Arts and Sciences. For this study you will be required to attempt to solve a logic problem, and to answer some questions about how you did it. Your participation in the study should not exceed 15 minutes. There are no physical or psychological risks involved in this study, and you are free to withdraw your participation at any time without penalty. The data collected in this study will be combined with data from previous studies and will be submitted for publication in a research journal. Your responses will be anonymous and all the data gathered will be kept confidential.

By taking this survey you agree that any information obtained from this study may be used in any way thought best for publication or education provided that you are in no way identified and your name is not used. Participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

If you have any questions or problems concerning your participation in this study, please contact Jane Doe at (856) 256- _____ ext. ____, or her faculty advisor, Dr. Peter Rabbit, rabbit@timbuktu.edu.