**Information about Participating in a Research Study**

**East Texas Baptist University**

**CONSENT FORM**

*The informed consent document below will be given to each participant prior to beginning research.*

**Title of Research Study:**

**Principal Investigator Name:**

**Co-Principal Investigator Name(s):**

**Other Researcher(s) Name(s):**

**Description of the Study, Rationale, and Your Participation:**

**Research Population:**

**Research Procedures:**

**Risks and Discomforts:**

**Possible Benefits to the Participant and Research Literature:**

**Protection of Privacy & Confidentiality:**

**Incentives:**

**Choosing to Be in the Study**

You do not have to participate in this study. You may choose not to participate and you may choose to stop participating at any time. Participation is voluntary. Refusal to participate or withdraw at any time will not involve any penalty or loss of benefits, to which the subject is otherwise entitled. You will not be punished in any way if you decide not to be in the study or to stop taking part in the study.

**Contact Information**

If you have any questions or concerns about this study or if any problems arise, please contact the researcher at:

*(Student Name & Degree)*

*(Department Name)*

East Texas Baptist University

1 Tiger Dr.

Marshall, TX 75670

*(Student Phone)*

*(Student Email)*

or the Research Advisor at:

*(Research Advisor Name & Degree)*

*(Department Name)*

East Texas Baptist University

1 Tiger Dr.

Marshall, TX 75670

*(Research Advisor Phone)*

*(Research Advisor Email)*

If you have any questions or concerns about your rights in this research study, please contact the IRB Chair at:

LaShondra Manning, PhD, LPC-S, NCC

Chair, Institutional Review Board (IRB)

East Texas Baptist University

1 Tiger Dr.

Marshall, TX 75670

 (903) 923-2088

irb@etbu.edu

**The signature below affirms that the undersigned is at least 18 years old, has received a copy of this consent form, has understood the above information, and agrees to voluntarily participate in this research.**

Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that I have personally explained this document before requesting that the prospective participant sign it.**

Researcher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of this form will be given to you.