



CONSENT FORM

American International College, Department of _____

Title of the Study: _____ (the “Study”).

Researcher Name(s), advisor names, and contact information (if applicable):

I, the undersigned subject/participant in the Study, have read and understand the following:

a. Voluntary participation:

My participation is voluntary, and I may withdraw my consent and discontinue participation in the Study at any time. My refusal to participate will not result in any penalty. The researchers or sponsors of the Study also may remove me from the study at any time without my consent.

b. General purpose of the research: *(Note: the IRB can waive this element if the study requires deception. In such cases, a debriefing statement should also be used to inform participants at an appropriate time after their involvement in the study.)*

c. How the research findings will be used *(description and duration)*

d. What you will be asked to do: *(description and duration)*

e. Risks and discomforts: *(If any, insert description of reasonably foreseeable risks/discomforts, e.g., physical, emotional, social/economic, etc.)*

- f. **Potential Benefits:** *(insert description, including any benefits to the participant and/or society)*

- g. **Payment for participation:** *(If any, insert form/amount of compensation to be received by the participant.)*

- h. **Audio/Video Recording:** *(If any recordings will be used, insert description of why and how they will be stored.)*

- i. **Confidentiality:** My responses in this study will be kept confidential, to the extent permitted by law. The data will be stored in a secure location: _____, will be available to: _____, and research reports will only present findings on a group basis, without any personally identifying information. If you plan to quote individual participants or identify them by name, then revise this point appropriately.

- j. **If you are injured by this research:** In the event that any research-related activities result in an injury, treatment will be made available including first aid, emergency treatment, and follow-up care as needed. Cost for such care will be billed in the ordinary manner to you or your insurance company. No reimbursement, compensation, or free medical care is offered by American International College. If you think that you have suffered a research-related injury, contact the PI right away at: _____.

- k. **Clinical Trial:** If the study is a “clinical trial,” you must include the following language: *This study is classified as a clinical trial and will be registered online at <http://www.ClinicalTrials.gov>. The website will not include any information that can identify you but will include a summary of results once the research is completed. You can search this publicly available website at any time.*

I hereby give my consent to participate in the Study. I acknowledge that I have read the above information and have received answers to any questions I asked.

Name (printed): _____

Signature: _____ Date: _____