



Argosy University  
Institutional Review Board Forms

## **Appendix A – IRB Application**

# **REQUEST FOR REVIEW OF RESEARCH**

**APPENDIX A**  
**AUOC IRB Committee Presentation Cover Sheet**

Complete All sections of this form **ELECTRONICALLY AND PRINT**. Submit **ALL** Documents in **ORDER** to your  
**Dissertation Chair**

An electronic copy should be sent to: [cword@argosy.edu](mailto:cword@argosy.edu)

- Appendix A Cover Sheet Completed and Answered in Detail
- Appendix A Cover Sheet Completed and Answered in Detail
- Appendix A Application Checklist Completed and Signed by the Student and Dissertation Chair
- Appendix B Exempt, Expedited or Full Completed, Answered in Detail and Signed by the Student and Dissertation Chair (or other Appendix items as necessary)
- ALL INFORMED CONSENT AND ASSENT FORMS (see examples in Appendix G).
- All instruments, surveys, letters, documents included in data collection procedures, Certification letter from state or granting body, IRB from another institution as necessary
- Copy of Dissertation Proposal Form signed by all committee members and Dissertation Chair
- CITI Ethics Training Certificate – Student
- CITI Ethics Training Certificate – Dissertation Chair

Please go to the following website below and **LOGIN** for the ethics training:  
<http://www.citiprogram.org/default.asp?language=english> (click on Register Here)

Student's Name

Program of Study

Dissertation/CRP Chair

Title of Dissertation/CRP

Brief Description of the Research  
Statement of the Problem

Purpose

Methodology

Research Design

Procedures

*Choose exempt, expedited or full review. Check all that apply.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Exempt Review<br><input type="checkbox"/> Archival Data | <input type="checkbox"/> Expedited Review<br><input type="checkbox"/> Survey/Assessment<br><input type="checkbox"/> Observation/Case Study<br><input type="checkbox"/> Other <i>describe</i> | <input type="checkbox"/> Full Review<br><input type="checkbox"/> Children<br><input type="checkbox"/> High risk populations<br><input type="checkbox"/> Sensitive subject<br>Matter<br><input type="checkbox"/> Other <i>describe</i> |
|--|--|---|

## Application for IRB

Argosy University-

IRB# \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

### Human Subjects Review - Institutional Review Board

#### Application for IRB Review of Research Involving the Use of Human Subjects

\*Application Status Exempt \_\_\_\_\_ (Minimal Risk -Department Committee and Chair )  
Expedited \_\_\_\_\_ (Moderate Risk-Department Committee and Chair)  
Full \_\_\_\_\_ (High Risk - Full HSRC Member Review)

Investigator's Name: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Title of Research Project: \_\_\_\_\_

Name of Chair/Co-Chair: \_\_\_\_\_

College and Department: BUS \_\_\_\_\_ PSYCH \_\_\_\_\_  
EDUC \_\_\_\_\_ OTHER \_\_\_\_\_

Program and Degree of Study: \_\_\_\_\_

Project Proposed Start Date: \_\_\_\_\_ Project Proposed Completion Date: \_\_\_\_\_

Dissertation Committee Chair Signature/Date \_\_\_\_\_ / \_\_\_\_\_

Principal Investigator Signature/Date \_\_\_\_\_ / \_\_\_\_\_

#### DO NOT COLLECT DATA PRIOR TO RECEIVING IRB APPROVAL

##### **Important Notice:**

- Please complete this form in detail, acquire signatures of the Principal Investigator and the Dissertation Chair, then submit the form to the HSRC Chairperson with attachments relevant to this project (letter of informed consent, questionnaires, test protocol, interview questions, observational charts, institutional permission from site where research is to be conducted, parental permission if subject is under 18, completed HSRC form, designated IRB category).
- Do not proceed with any research work with subjects until IRB approval is obtained.
- If any change occurs in the procedure, sample size, research subject, or other element of the project impacts subjects, the HSRC must be notified in writing with the appropriate form (see ancillary forms).
- **Please allow 30 days for processing Exempt and Expedited Forms, and 60 days processing for Regular**

HSRC contact: \_\_\_\_\_ Date Logged In: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Expires: \_\_\_\_\_

## HSRC Application Form Checklist

*Please review the documents listed below that pertain to **your** research project, In the event that your project does require the use of any of the listed documents, you **MUST** attach a copy of the original form to the application submitted for HSRC approval. Your cooperation in this matter is appreciated and it will hasten the approval turn-around time significantly.*

**Please be advised that ALL research project applications must have an Informed Consent Form Attached.**

*If a minor or incapacitated individual **of any age is involved**, parent permission forms **MUST be** attached with signature line included.*

*If you are conducting a research project in another institution (e.g., a hospital or school), you must attach a signed permission letter from a supervisor l administrator who is in a position to grant you permission to conduct the research at that site.*

*If that institution also has a Human subjects Review Committee (often referred to as the internal Review Board (IRB), then written permission from the participating institution's IRB must be attached to your HSRC application.*

*If you are conducting the research outside the geographical location of the United States, then a letter of assurance that you will abide by the laws and regulations of the governing bodies that preside over the state or country local of the location where the research is being conducted.*

\_\_\_\_\_ Letter of Informed Consent

\_\_\_\_\_ Institutional Permission Letter (where research is taking place)

\_\_\_\_\_ Assurance of Adherence to Governmental Regulations Concerning Human Subjects (if research project is conducted outside the US)

\_\_\_\_\_ Parental Permission Letter (must have provision for written signature)

\_\_\_\_\_ Oral statement of Assurance (used with minors)

\_\_\_\_\_ Survey(s) or Questionnaire(s) (if included in research project)

\_\_\_\_\_ Observation Instrument

\_\_\_\_\_ Interview Questions (structured or semi-structured)

**APPENDIX B  
REQUEST FOR  
EXEMPT, EXPEDITED OR FULL IRB REVIEW**



4. Describe the nature of required consent/assent.
  
5. Describe how confidentiality will be maintained: Be Specific, if using secondary documents, audio/video tapes, etc. Describe procedures for the safekeeping and disposal of information stored electronically.
  
6. Describes why this project fits the Exempt category.
  
7. Describe review by institutions outside of Argosy University. (Attach copies of permission letters, IRB approvals, and any other relevant documents).

8. As the principal investigator, I attest that all of the information on this form is accurate, and that every effort has been made to provide the reviewers with complete information related to the nature and procedures to be followed in the research project. Additional forms will be immediately filed with the IRB to report any change in subject(s), selection process, change of principal investigator, change in faculty dissertation chair, adverse incidents, or final completion date of project. I also attest to treat human participants ethically and in compliance with all applicable state and federal rules and regulations that apply to this study, particularly as they apply to research work conducted in countries other than the United States.

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Signature Principal Investigator

Date

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Signature Advisor/Committee Chair

Date

Attach any other forms, tests, institutional permission slips, etc, related to this study. Failure to do so will result in delayed processing of the approval form.



6. Will audio or videotapes be used in the study? Y N (please explain)
  
7. Confidentiality protection issues (pertains to audio and video as well as written documents.)
  - a. What precautions will be taken to insure the privacy and anonymity of the participants? (i.e. closed doors, private rooms, handling of materials where subject's identify could be discovered, etc.).
  - b. What specific precautions will be taken to safeguard and protect subject's confidentiality while handling the data (audio/video/paper) both in researcher's possession and in reporting the findings? (i.e., coding, removal of identifying data).
  - c. Describe procedures where confidentiality may be broken by law (e.g., child abuse, suicidal intent).
  
8. Review by institutions outside of Argosy University/Sarasota Y N (Attach copies of permission letters, IRB approvals, and any other relevant documents).
  
9. Informed Consent and Assent (Attach copies of all relevant forms). If consent is not necessary (e.g. anonymous interview), describe how you will inform all participants of the elements of consent (see instructions).
  
1. If informed consent, written consent is required, describe the manner in which consent and/or assent was obtained for each category).
  - a. Adult Participants (18 years and older – written consent required).
  - b. Child Participants (under 18 – parent/guardian consent required).
  - c. Child Participants (under 7 years old- child assent required).
  - d. Institutionalized participants (parent/guardian/conservator).

2. Describe any possible physical, psychological, social, legal, economic or other risks to participants (Attach another page if needed).
  - a. If there are any potential risks, describe the precautions taken to minimize risk to participants.
  - b. Describe procedures implemented for correcting harm caused by participating in the study (e.g., follow up calls, referral to appropriate agencies).
  
3. Potential benefit of the study:
  - a. Assess the potential benefit(s) of the study for the participants:
  - b. Assess the potential benefits(s) to the professional audience in the study:

As the principal investigator, I attest that all of the information on this form is accurate, and that every effort has been made to provide the reviewers with complete information related to the nature and procedures to be followed in the research project. Additional forms will be immediately filed with the IRB to report any: change in subject(s), selection process, change of principal investigator, change in faculty dissertation chair, adverse incidents, and final completion date of project. I also attest to abide by any other governmental regulations that apply to this study, particularly as applies to research work conducted in countries other than the United States.

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Signature Principal Investigator Date

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Signature Advisor/Committee Chair Date

Attach any other forms, tests, institutional permission slips, etc., relative to this study. Failure to do so will result in delayed processing of the approval form.



5. Confidentiality protection issues (pertains to audio and video as well as written documents.)
  
6. What precautions will be taken to insure the privacy and anonymity of the participants? (i.e. closed doors, private rooms, handling of materials where subject's identify could be discovered, etc.).
  
7. What specific precautions will be taken to safeguard and protect subject's confidentiality while handling the data (audio/video/paper) both in researcher's possession and in reporting the findings? (i.e., coding, removal of identifying data). Describe procedures for the safekeeping and disposal of information stored electronically.
  
7. Describe procedures where confidentiality may be broken by law (e.g., child abuse, suicidal intent).
  
8. Review by institutions outside of Argosy University/name of the campus. (Attach copies of permission letters, IRB approvals, and any other relevant documents).
  
9. Informed Consent and Assent (Attach copies of all relevant forms). If consent is not necessary (e.g.) anonymous interview), describe how you will inform all participants of the elements of consent (see instructions).
  
10. If informed consent, written consent is required, describe the manner in which consent and/or assent was obtained for each category).
  - a. Adult Participants (18 years and older – written consent required).
  
  - b. Child Participants (under 18 – parent/guardian consent required).
  
  - c. Child Participants (under 7 years old- child assent required).
  
  - d. Institutionalized participants (parent/guardian/conservator).

11. Describe any possible physical, psychological, social, legal, economic or other risks to participants (Attach another page if needed).

12. If there are any potential risks, describe the precautions taken to minimize risk to participants.

13. Describe procedures implemented for correcting harm caused by participating in the study (e.g., follow up calls, referral to appropriate agencies).

14. Potential benefit of the study:

15. Assess the potential benefit(s) of the study for the participants:

16. Assess the potential benefits(s) to the professional audience in the study:

17. As the principal investigator, I attest that all of the information on this form is accurate, and that every effort has been made to provide the reviewers with complete information related to the nature and procedures to be followed in the research project. Additional forms will be immediately filed with the IRB to report any change in subject(s), selection process, change of principal investigator, change in faculty dissertation chair, adverse incidents, or final completion date of project. I also attest to treat human participants ethically and in compliance with all applicable and state and federal rules and regulations that apply to this study, particularly as they apply to research work conducted in countries other than the United States.

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Signature Principal Investigator Date

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Signature Advisor/Committee Chair Date

Attach any other forms, tests, institutional permission slips, etc., relative to this study. Failure to do so will result in delayed processing of the approval form.

**APPENDIX C**  
**CONTINUING REVIEW FORM**

APPENDIX C

IRB Protocol #: \_\_\_\_\_

Date of Original certification: \_\_\_\_\_

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

**CONTINUING REVIEW FOR IRB**

(Submit to the Institutional Review Board, including all requested materials.)

**NOTE:** *If your proposal is not re-certified within the 1 year specified (365 days, your IRB certification expires and you are to immediately cease data collection.*

At the end of one year you are required to submit a final report or continuing review report for all research projects that deal with human participants. A copy of this report **MUST** be filed with the IRB.

Certification of protocols is usually for one year, unless specified by the Board. Our records indicate that your proposal for research dealing with human participants is expiring and must be renewed or terminated.

Please provide the following information regarding your study. Each item must be filled in or indicated as non-applicable:

**(PLEASE TYPE)**

Investigator: \_\_\_\_\_

Research Advisor: \_\_\_\_\_

Title of Project: \_\_\_\_\_

IRB Protocol Number (from original certification letter): \_\_\_\_\_

Please check the following items as they may apply to your project during the period following IRB review:

1. The study was not initiated and has been cancelled, please indicate here and return the form with a completed signature page: \_\_\_\_\_
2. The research protocol was unchanged from the certified protocol and was completed in a satisfactory manner: \_\_\_\_\_
3. A renewal of the protocol is requested:
  - a. \_\_\_\_\_ Renewal of proposal or protocol with no changes. The research protocol has not yet been begun but will be carried out as previously certified.
  - b. \_\_\_\_\_ The research is in progress and no changes in protocol have been made regarding human participants.

c. \_\_\_\_\_ The research protocol was modified during the project including, for example, changes in the informed consent form or any other modifications to the study. (Any changes to the protocol must be reviewed and certified by the IRB before being initiated.) **Please attach certified amendment forms.**

d. \_\_\_\_\_ The research protocol was changed significantly in regard to human participants. Please explain on an attached page, or if the research has been completed, please submit copies of the final report sections that describe these changes as initiated. (Any changes to the protocol must be reviewed and certified by the IRB before being initiated.) **Please attach certified amendment forms.**

3. Have there been any adverse events regarding human participants in your investigation?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Any adverse events must be immediately reported to the IRB!** If yes, please attach explanatory information concerning the adverse events. **Please attach an adverse event form.**

I/We certify that the above statements and attachments concerning this research are true.

\_\_\_\_\_  
Principle Investigator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Research Advisor - Department Head

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPENDIX D**  
**IRB AMENDMENT FORM**

APPENDIX D

IRB Protocol #: \_\_\_\_\_

Date of Original certification: \_\_\_\_\_

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

**IRB AMENDMENT FORM**

(Submit to the Institutional Review Board, including all requested materials.)

Please provide the following information regarding your study. Each item must be filled in or indicated as non-applicable:

**(PLEASE TYPE)**

Investigator: \_\_\_\_\_

Research Advisor: \_\_\_\_\_

Title of Project: \_\_\_\_\_

IRB Protocol Number (from original certification letter): \_\_\_\_\_

1. Description of Changes to the Protocol (check all that apply):

a. Revision to research protocol \_\_\_\_\_

b. Revision to consent document \_\_\_\_\_

c. Other (specify) \_\_\_\_\_

2. Describe the specific changes being requested:

3. How have the requested changes impacted the level of risk involved for participants?

4. Attach revised protocol and or consent documents as applicable (make sure all changes are highlighted and or in bold type)

I/We certify that the above statements and attachments concerning this research are true.

\_\_\_\_\_  
Principle Investigator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Research Advisor - Supervisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPENDIX E**  
**ADVERSE EVENT**  
**REPORTING FORM**

APPENDIX E

IRB Protocol #: \_\_\_\_\_

Date of Original certification: \_\_\_\_\_

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

**IRB ADVERSE EVENT REPORT FORM**

(Submit to the Institutional Review Board, including all requested materials.)

**(PLEASE TYPE)**

Investigator: \_\_\_\_\_

Research Advisor: \_\_\_\_\_

Title of Project: \_\_\_\_\_

IRB Protocol Number (from original certification letter): \_\_\_\_\_

1. Date of Event: \_\_\_\_\_

2. Describe the Adverse Event (an adverse event is described as any significant event which occurs outside of the original protocol):

3. Attach a summary of all circumstances related to this event. All hospitalization and/or medical treatment must be reported. Include all notifications, correspondence, and other related materials of this adverse event from the study sponsor or study sites. Include a statement regarding this adverse event and its relation to the study at Argosy University.

I/We certify that the above statements and attachments concerning this research are true.

\_\_\_\_\_  
Principle Investigator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Research Advisor - Supervisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPENDIX F**

**FACULTY RESEARCH AND ASSIGNED**

**COURSE RESEARCH PROJECTS**

APPENDIX F  
**APPLICATION FOR IRB CERTIFICATION OF FACULTY RESEARCH AND ASSIGNED COURSE  
RESEARCH PROJECTS**

IRB Number:

Date of Initial certification:

If ANY of these criteria below are met, then the project must be reviewed by the IRB.

- Are the participants from a special population such as minors (under 18 years old), prisoners, patients, physically or mentally challenged individuals, or pregnant women? (Y/N)
- Does the assignment require using a setting such as prisons, nursing homes, hospitals, or schools? (Y/N)
- Does the assignment focus on topics such as alcohol or drugs, depression or suicide, learning disabilities, abortion or AIDS or HIV or Sex, sexually transmitted diseases, eating disorders, or psychological inventories? (Y/N)
- Does the assignment include audio taping or videotaping? (Y/N)
- Will participants be directly identified through the assignment? (Y/N)
- Will the research extend beyond the realm of the classroom environment? (Y/N)

If the answers to all of those questions are NO, then the classroom assignment may not need IRB review.

Application Status: (Check one.)

**Exempt**  (Minimal Risk: one IRB Member signature required for certification) this is generally reserved for studies that use archived data and for which there is no researcher/participant interaction.

**Expedited**  (Moderate Risk: one IRB Member signature required for certification) this is used for those studies with low to moderate risk to the participants which can be reduced through the protection of participants' procedures planned by the researcher.

**Full**  Course projects requiring a Regular Review must have an application for each individual student. This is used in those instances where the researcher is working with a protected class of participants and the risk To benefit ratio is high (i.e. children, elderly, clinical patients etc). Consent from is REQUIRED.

Name of Instructor

**Note: In the context of projects associated with university courses, the course instructor is the research coordinator and, as such, has ultimate responsibility that the research projects meet the ethical standards established by the IRB.**

Course Number and Title:

College and Department:

IRB Certification Signature and Date:

**Note: Certification for assigned course projects extends for one year from initial certification date.**

**DO NOT DISTRIBUTE THIS PROJECT TO STUDENTS WITHOUT WRITTEN IRB**

**CERTIFICATION**

As the research coordinator (course instructor), I attest that:

- a) The student(s) have been educated on the general principles of research ethics, human participant protection, and investigator training.
- b) **The research project(s) conforms with the ethical standards established by the IRB.**
- c) All of the information on the attached form is accurate and every effort has been made to provide the reviewers with complete and accurate information related to the nature and procedures to be followed in this research project.
- d) Additional forms will immediately be filed with the IRB to report any change in participant(s), participant selection process, change of research coordinator (course instructor), adverse incidents, as well as final completion of projects.

I agree to file a Progress Report with the IRB at the end of each term in which this project has been implemented. I also agree to abide by all governmental regulations and institutional policies that apply to this study, including those applicable to research work conducted in countries other than the United States.

Course Instructor's Signature:

Date:

The following must be submitted **by each student researcher/research group** and attached to this form:

- Consent Forms (see examples in Appendix G)
- All instruments, surveys, letters, documents included in data collection procedures, Certification letter from state or granting body,
- A brief typed (1 page) description of participant recruitment or data collection procedures.

Important Notice:

- Complete this form in detail, sign it, then submit the form to your departmental IRB representative with attachments relevant to this project.
- **Do not distribute this assignment to students until IRB certification is obtained.**
- If any change occurs in any element of the project, the IRB must be notified in writing with the appropriate form.
- Allow 30 days for processing.
- Certification is for one year.

Date Logged In:

Date Certified:

Date Expires:

**APPENDIX G**  
**SAMPLE CONSENT FORMS**

## APPENDIX G

**On the following pages, there is a Sample Informed consent included. Please modify all the highlighted sections to reflect the content of your research study. Do Not modify the non highlighted sections (Please keep the initial and date at the top each page of consent)**

Initial \_\_\_\_\_ Date \_\_\_\_\_

### Argosy University, San Francisco Bay Area Informed Consent Form

Please read this consent agreement carefully before agreeing to participate in this study.

**Title of Study:** Social Influences on Political Issues

**Purpose of the Study:** This research study is being conducted by John Doe at Argosy University, San Francisco Bay Area to determine how social influence relates to attitudes on political issues.

**What you will do in this study:** You will be asked to complete a questionnaire. This involves answering a series of questions. Questions will include details about your social memberships, demographics and your own personal views and feelings about current political issues.

**Time required:** The experiment will take approximately thirty minutes to complete.

**Risks:** There are minimal risks for participation in this study. This research study is designed to test theories or applications of psychology rather than measuring your personality traits or intellectual abilities. However, you may feel some emotional discomfort when answering questions about your personal beliefs

**Benefits:**

There are no direct benefits to participants. However, it is hoped that your participation will help researchers learn more about how social influences affect attitudes toward political issues. At the end of the experiment, you will receive a full explanation of the study and the potential impact of the results from the study.

**Confidentiality:**

All information provided will remain confidential and will only be reported as group data with no identifying information. All the information gathered from the study, will be kept in a secure location and only those directly involved with the research will have access to them. After the research is completed, the information will be destroyed after a period of a year.

**Participation and withdrawal:**

Your participation in this study is completely voluntary. You may withdraw from the study at any time without penalty and this will not affect your current or future relations with Argosy University, San Francisco Bay Area. You may withdraw by telling the experimenter that you no longer wish to participate and the study will be stopped.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Researcher Contact:**

If you have any further questions after participating from this study, please contact me at (714)-123-4567 or johndoe@argosy.edu.

**Whom to contact about your rights in this experiment:**

This study is conducted under the supervision of Dr. Jane Doe from the Argosy University, San Francisco Bay Area, Clinical Psychology Program. She can be contacted at (714) 123-4567 or janedoe@argosy.edu or you can contact Carl Word, PhD, the Chair of Argosy University, San Francisco Bay Area Institutional Review Board at 1005 Atlantic Avenue, Alameda, CA 94501, (510) 217-4764.

**Before signing this consent form, please talk to the researcher to clarify anything on this consent form or any concerns you have about participating in this research study**

**Agreement:**

The purpose and nature of this research study has been explained to me by the researcher and I agree to participate in this study. I understand that I am free to withdraw at any time without any penalty. I have also have written my initials and today's date at the top of each page. After signing this consent form, I will also receive a copy of this consent form for my own records.

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

Name (print): \_\_\_\_\_

Researcher Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name of Researcher (print): \_\_\_\_\_

**On the following pages, there is a Sample Informed consent included. Please modify all the highlighted sections to reflect the content of your research study. Do Not modify the non highlighted sections(Please keep the initial and date at the top each page of consent)**

Initial \_\_\_\_\_ Date \_\_\_\_\_

Argosy University, San Francisco Bay Area  
Informed Consent Form

Please read this consent agreement carefully before agreeing to participate in this study.

**Title of Study:** Style of Play for Autistic Children

**Purpose of the Study:** This research study is being conducted by John Doe at Argosy University, San Francisco Bay Area to learn about how children with autism play with their siblings.

**What you will do in this study:** First, we will give you a brief explanation about the study to read. Someone will also talk with you about the study. You will need to sign this form giving us permission to include your autistic son and his older brother in the study.

Dr. Doe will come to your home three times to videotape your autistic child and his older brother as they play together. She will also ask your older son questions about how he plays with his autistic brother. The questions and his answers will be taped and typed onto paper.

**Time required:** Each visit to your home will last about an hour. It will take about one hour to ask your older son questions about how he plays with his autistic brother.

**Risks:** There are minimal risks for participation in this study. This research study is designed to test theories or applications of psychology rather than measuring personality traits or intellectual abilities. You have the right to stop Dr. Doe from observing and videotaping them and you can also stop your older son from answering her questions.

**Benefits:**

In exchange for participation, your two children will receive Toys R Us gift certificates after the study is over. Otherwise, there are no direct benefits to participants. However, it is hoped that your participation will help researchers in developing play therapies for autistic children. At the end of the experiment, you will receive a full explanation of the study and the potential impact of the results from the study.

**Confidentiality:**

The records of this study are confidential. We may write about what we discover from this study but the real names of your children will not be used. The information that is gathered will stay confidential unless we have to reveal it based on the law (for example: mandatory reporting of child abuse or immediate danger to your children). All notes, audiotapes, and records will be kept in a locked file cabinet and will be destroyed when the study is over. Consent forms will be stored in a secure place for three years after the end of the study and then will be destroyed.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Participation and withdrawal:**

Your child(rens) participation in this study is completely voluntary. You may withdraw your child(ren) from the study at any time without penalty and this will not affect your current or future relations with Argosy University, San Francisco Bay Area. You or child(ren) may withdraw by telling the experimenter that you no longer wish to participate and the study will be stopped.

**Researcher Contact:**

If you have any further questions after your child(ren) participated from this study, please contact me at (714)-123-4567 or johndoe@argosy.edu.

**Whom to contact about your rights in this experiment:**

This study is conducted under the supervision of Dr. Jane Doe from the Argosy University, San Francisco Bay Area, Department of Psychology. She can be contacted at (714) 123-4567 or janedoe@argosy.edu or you can contact Carl Word, PhD, the Chair of Argosy University, San Francisco Bay Area Institutional Review Board at 1005 Atlantic Avenue, Alameda, CA 94501, (510) 217-4764.

**Before signing this consent form, please talk to the researcher to clarify anything on this consent form or any concerns you have about your child(ren) participating in this research study**

**Agreement:**

The purpose and nature of this research study has been explained to me by the researcher. I understand that I do not have to allow my child(ren) to participate in this study and may end their participation at any time. I give my permission to have my child(ren) in this study . I have also have written my initials and today's date at the top of each page. After signing this consent form, I will also receive a copy of this consent form and assent for my own records.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Name of child (print): \_\_\_\_\_

Researcher Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name of Researcher (print): \_\_\_\_\_

**On the following page, there is a Sample Assent form included. Please modify all the highlighted sections to reflect the content of your research study. Do Not modify the non highlighted sections**

## **Toothpaste Study**

We are asking if you are willing to use our new toothpaste, because we are trying to learn more about how to prevent cavities in kids your age.

Because you have had 3 or more cavities in the last year, we are asking if you want to be in a study. It seems like some kids have teeth that never get cavities, and other kids get lots of them. We hope that our new toothpaste will help kids who seem to get a lot of cavities from getting so many cavities in the future. But we won't know if the toothpaste works until we try it.

If you agree to be in this study, we will ask you to brush your teeth with our toothpaste after breakfast, after dinner, and right before you go to bed. We will ask you to come in to see a dentist in our office once a month to take a quick look at your teeth. We will give your mom or dad all the toothpaste that you will need for the three months that you are in our study.

You may not like the new toothpaste. The new toothpaste might not work as well as the kind you are using now. If it does work, you may not have as many cavities in the future.

You will still have the same dentist if you say no to being in this study. *And, if you change your mind during the study, you can always go back to your regular toothpaste.* Being in this study is totally up to you, and no one will be mad at you if you don't want to do it.

You can ask any questions that you have about this study. If you have a question later that you didn't think of now, you can ask us next time. Signing here means that you have read this paper or had it read to you and that you are willing to be in this study. If you don't want to be in this study, don't sign. Remember, being in this study is up to you, and no one will be mad at you if you don't sign this or even if you change your mind later.

Signature of participant\_\_\_\_\_

Signature of person explaining study\_\_\_\_\_

Date\_\_\_\_\_

**On the following pages, there is a Sample Informed Consent Letter included. Please modify all the highlighted sections to reflect the content of your research study. Do Not modify the non highlighted sections (Please keep the initial and date at the top each page of consent)**

**Argosy University, San Francisco Bay Area  
Informed Consent Letter**

Dear **Student**,

You have been invited to participate in a study being conducted by **John Doe** at Argosy University, San Francisco Bay Area **to determine how social influence relates to attitudes on political issues.**

**What you will do in this study:** **You will be asked to complete a questionnaire. This involves answering a series of questions. Questions will include details about your social memberships, demographics and your own personal views and feelings about current political issues.**

**Time required:** **The experiment will take approximately thirty minutes to complete.**

**Risks:** **There are minimal risks for participation in this study. This research study is designed to test theories or applications of psychology rather than measuring your personality traits or intellectual abilities. However, you may feel some emotional discomfort when answering questions about your personal beliefs**

**Benefits:**

**There are no direct benefits to participants. However, it is hoped that your participation will help researchers learn more about how social influences affect attitudes toward political issues. At the end of the experiment, you will receive a full explanation of the study and the potential impact of the results from the study.**

**Confidentiality:**

All information provided will remain confidential and will only be reported as group data with no identifying information. All the information gathered from the study, will be kept in a secure location and only those directly involved with the research will have access to them. After the research is completed, the information will be destroyed after a period of a year.

**Participation and withdrawal:**

Your participation in this study is completely voluntary. You may withdraw from the study at any time without penalty and this will not affect your current or future relations with Argosy University, San Francisco Bay Area. You may withdraw by telling the experimenter that you no longer wish to participate and the study will be stopped.

**Researcher Contact:**

If you have any further questions after participating from this study, please contact me at **(714)-123-4567** or  **johndoe@argosy.edu.**

**Whom to contact about your rights in this experiment:**

This study is conducted under the supervision of **Dr. Jane Doe** from the Argosy University, Orange County, Department **of Psychology.** She can be contacted at **(714) 123-4567** or **janedoe@argosy.edu** or you can contact the Chair of Argosy University, San Francisco Bay Area Institutional Review Board at 3501 West Sunflower

Avenue, Suite 110, Santa Ana, CA 92704-9888, (714) 338-6200.

Respectfully,

Jane Doe

**Agreement:**

After reading through the purpose and nature of this research study, I understand that I am free to withdraw at any time without any penalty. **Completing the Survey or Questionnaire and sending this to the researcher** constitutes my consent to voluntarily participate in the research study.

## **Model Oral Instructions to Participants Involved in Survey Research**

*Note: The following statement (because it is included in the letter of consent) may be included on **the first page** of a paper survey. This statement must be included in online surveys.*

**The purpose of this research study is to** *(fill in the blank - e.g., "compare opinions, examine perceptions, etc.')*. **By completing and turning in this survey, you are giving your consent for the researcher/principal investigator to include your responses in his/her data analysis. Your participation in this research study is strictly voluntary, and you may choose not to participate without fear of penalty or any negative consequences. Individual responses will be treated confidentially. No individually identifiable information will be disclosed or published, and all results will be presented as aggregate, summary data. If you wish, you may request a copy of the results of this research study by writing to the researcher/principal investigator at *(fill in your name and address here).***

- **Due to the nature of a participatory action research process, the Action Research *Consent Letters* should include the following points:**
- The nature of the research process from the beginning, including a listing of all personal biases and interests of the researcher;
- Participants will see themselves, their input, direction of the research, and the probable outcomes as being collaboratively discussed, transparent yet respected, allowing for a collective decision;
- Descriptions of others' work and points of view must be negotiated with those concerned before being published outside the AR process; and
- The participant has the right to refuse to participate and can withdrawal for any reason at any time. Anything that the withdrawing participant shared with the study must be offered to be returned if requested.

### **EDMC Code of Business Ethics and Conduct: Conflicts of Interest**

EDMC's directors and employees must be free of conflicting interests that might influence, or be perceived to influence, their decisions when representing EDMC. Consequently, you must not maintain any interest that conflicts with the interests of EDMC, and should make every effort to avoid even the appearance of any such conflict.

A "conflict of interest" occurs when your private interest interferes in any way, or even appears to interfere, with EDMC's interests as a whole. A conflict of interest can arise when:

- a. you take actions or have interests that may make it difficult to perform your work on behalf of EDMC objectively and effectively;
- b. you, or a member of your family, receive any improper personal benefits as a result of your position with EDMC.

Employees who believe that they may have a potential conflict of interest must report their concerns to the General Counsel immediately. Directors or executive officers who believe that they may have a potential conflict of interest must report their concerns to the Chairman of the Board, who will consult with the Nominating and Corporate Governance Committee to resolve the situation.

Following are guidelines that will help you recognize and avoid potential conflicts of interest. Please remember that conflicts of interest are not restricted to these guidelines.

- a. Your dealings with students, employers of our graduates, suppliers, contractors and others should be based solely on what is in EDMC's best interest, without favor or preference to any third party, including close relatives.
- b. If you deal with, or influence decisions of, individuals or organizations seeking to do business with EDMC, you must not own interests in, or have other personal stakes in, those organizations that might affect your decision-making process and/or objectivity.
- c. You must not do business with close relatives on behalf of EDMC unless you have disclosed the relationship and received written authorization.
- d. Personal loans, or any guarantee of such loans, by EDMC to you or to members of your families are strictly prohibited.
- e. Unless you have received approval in writing from your supervisor, you must not accept or attempt to accept costly entertainment or gifts from third parties with whom EDMC directly or indirectly does, has, or is seeking to do business. The following direct and indirect forms of compensation are strictly prohibited:
  - separate individual payment or commission arrangements;
  - personal loans or services;
  - excessive entertainment and travel;
  - gifts of more than nominal value.

If such a gift is unavoidable because of local custom, you must report the gift to the General Counsel, who may consult with the Nominating and Corporate Governance Committee, for a determination whether, or the extent to which

***Example Conflict of Interest (Disclosure) Statement***

To the Institutional Review Board:

I have reviewed the ***EDMC Code of Business Ethics and Conduct Statement*** found in SECTION 5.0 of the *Argosy University Intuition Review Board Handbook* and wish to disclose the following potential conflict of interest related to my research study:

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or

I have reviewed the ***EDMC Code of Business Ethics and Conduct Statement*** found in SECTION 5.0 of the *Argosy University Intuition Review Board Handbook* and state that I have no potential conflicting interests that might influence or be perceived to influence how I professionally conduct my research study.

Signed and Dated (under printed name).

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