Start of Block: Informed Consent  
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Informed Consent  
   
 Study Title: Insert Study Title  
     
*[Insert Salutation]*,   
 My name is [*insert name]* and I am an [*insert information about who you are and what you do]* and am a doctoral candidate in [*insert field]* in the [*insert college/program]* at Samuel Merritt University.  With the support of [*insert agency or organization]*, I am conducting a study about *insert very brief explanation...* If you are a… [*insert inclusion criteria]* I’m inviting you to participate in this project.  
   
*Study or Project* Purpose: The purpose of this project is to *…[insert purpose of the project or study]*   
   
Survey Participation: Participation in this [study or project] will require approximately XXX minutes of your time, and involves [*one or two]* electronic survey*[s].* [*If multiple surveys*, *explain timing].*  Participation in this [these] survey[s] pose minimal- risk to you, as it will be completely anonymous. No personal identifiable information will be collected nor the IP address of the device used to respond to the survey. All survey items are optional and you can skip any items you want and/or exit the survey at any time without any ramifications.  
   
What are the possible benefits to you?  *[There are no direct benefits]* to you personally *[or if so, explain what it is*], however the results of this study will be used to *[insert the broader benefit for the organization and/or group and/or discipline]*

**How will information about you be protected?**Your decision to participate or not will not be known to the researcher[s], [insert appropriate groups that the subject might be concerned about; ie: faculty, managers, colleagues]. Your participation is anonymous and all responses will only be reported in the aggregate. Individual responses will be held confidentially and secured via encrypted files on the *Qualtrics* server. Once the *study or project* concludes, all responses will be downloaded from the server and data will be stored in an encrypted file on the researcher’s personal computer.  All original data will be destroyed following the completion of the *study or project*. 

**What are your rights as a participant?**You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study [or project].  
   
 *For study related questions, please contact the researcher(s):* [Insert Your Name]. Phone: [phone number]; Email: [email address]

[Insert name of Faculty chair or advisor]. Phone: [phone number]; Email: [email address]

*For questions concerning your rights or complaints about this research, contact the SMU IRB Administrator Jamie Hirota at* (510) 879-9200, x7374 or[*jhirota@samuelmerritt.edu*](mailto:jhirota@samuelmerritt.edu)*.*

**Withdrawing from the Study *[or project]*:**You can decide not to be in this research study *[or project]*, or you can stop participating (“withdraw’) at any time before, during, or after the research *[or project]* begins for any reason. Deciding not to be in this research study *[or project]*, or deciding to withdraw will not affect your relationship with the investigator, Samuel Merritt University, or the *[insert organization as appropriate*]. You will not lose any benefits to which you are entitled.  
   
**Documentation of Informed Consent:**You are voluntarily making a decision whether or not to participate in this research study *[or project]*. By clicking on the “I Agree” button below, you consent to participate in the survey.  If you do not agree to participate in this study, please exit by closing your browser.  

I agree I do not agree

End of Block: Informed Consent

Start of Block: Instructions

**Survey Instructions**  
   *[provide instructions for the survey…]*

End of Block: Instructions