



*Johnson County Community College
Research Participant Protection Program (RPPP)
Consent Form Format*

Informed consent is one of the highest priorities of the JCCC RPPP. All participants in research projects approved by the JCCC RPPP need to be fully informed of the purpose of the study in which they are participating, the possible risks and benefits, their responsibilities to the study, the investigator's responsibilities, and so forth. In order to assist investigators develop consent forms that meet federal and JCCC guidelines, the following is a list of sections that should be included in all research participant consent forms. If for some reason you believe, as an investigator, that this format is not appropriate for your research project and/or your research participants, please contact Eve Blobaum, JCCC RPPP Chair, at 913-469-8500, ext. 4965, or at eblobaum@jccc.edu to discuss the matter.

TITLE OF RESEARCH PROJECT

Please provide the title of the project as it appears on your JCCC RPPP approval letter.

NAME OF PRINCIPAL INVESTIGATOR

Please provide the name of the research project's principal investigator.

INTRODUCTION

Include a concise paragraph detailing the study. Begin the paragraph with the following: "You are being invited to participate in a research study that..."

PURPOSE

Include a brief statement explaining the purpose of the study in language that is understandable.

PROCEDURES

Describe in detail what research participants can expect if they agree to participate in the research study. Include information such as what their participation entails, how long it will take, where it will take place, if follow-up participation is required and so on.

PARTICIPANT POPULATION

Include a short description of who will be sought to participate in this research study, as well as how many participants are being sought.

VOLUNTARY PARTICIPATION

Please include the following statement:

Your participation in this research study is entirely voluntary. You may choose not to participate in this study or withdraw at any time without penalty or loss of benefits. Please be aware that this research study can be discontinued at any time without your consent. If for some reason the principal investigator believes that you are not fully participating or that this study is contrary to your best interest, your participation can be discontinued.

FEES AND EXPENSES

Please list any costs associated with the study for which research participants will be held responsible. If there are no costs, then this should be clearly stated.

COMPENSATION

If research participants are to be compensated for their participation, please provide the specific details, such as form of payment, amount, conditions, etc.

RISKS AND INCONVENIENCES

If there are any potential physical, psychological, emotional, social, economic, legal, etc., risks associated with the research study, please explain. If there are no risks, please state that there are no risks.

BENEFITS

Please explain the direct benefits participants can expect by participating in this research study. Benefits may be to individual participants, specific populations and so forth.

ALTERNATIVES TO PARTICIPATION

If there are any alternative procedures, please state what those alternatives are. If there are no alternatives, then that should be stated.

CONFIDENTIALITY

It is very important that all data collected in any research project be kept secure. Describe the methods and manners that will be used to secure data collected in the research study, including research participant information. This statement should specify where the data will be stored, who will have access to it, how long it will be kept, and how it will be destroyed.

IN CASE OF INJURY

Please include the following statement:

If you believe you have received any type of injury or harm by participating in this study, please contact Eve Blobaum, Research Participant Protection Program Chair, Johnson County Community College, 12345 College Blvd., Box 36, Overland Park, KS 66210, 913-469-8500, ext. 4965, eblobaum@jccc.edu.

QUESTIONS

The principal investigator should include his/her name, mailing address, office phone number and e-mail address, in case participants have any questions and/or concerns in the future.

CONSENT SIGNATURES

Please include the following:

You have voluntarily agreed to participate in this research study. You fully understand the purpose of the research and what is expected of you as a participant, as well as the risks and benefits associated with this research study. You have had the opportunity to ask questions concerning this research study and have had them answered.

You will be given a signed copy of this consent form to keep for your records.

Research Participant's Name (Printed)

Signature of Research Participant

Date

Name of Person Obtaining Consent (Printed)

Signature of Person Obtaining Consent

Date