# **Instructions for Investigators**

**Reminder:** The process of obtaining informed consent must comply with the requirements of 45 CFR 46.116. The documentation of informed consent must comply with 45 CFR 46.117.

These regulations are available at: <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/index.html>.

Use this type of CONSENT FORM for research projects that involve:

* Anonymous Surveys completed online
* Research participants who are ADULTS (age 18 and older).
* For online survey research, a consent handout may be administered by various electronic methods including in an email to potential participants, a separate web page, cover, or first page of the survey, etc.

**Please remove the yellow highlights and red notes before finalizing your consent form.**

**YOU CAN EDIT/ MODIFY THE DETAILS TO FIT YOUR STUDY, BUT YOU NEED TO INCLUDE THIS INFORMATION GENERALLY IN YOUR INFORMED CONSENT DOCUMENT:**

You are invited to take part in a research study conducted by NAME from the DOCTORAL PROGRAM at Franklin University in Columbus, Ohio. This project is being supervised by NAME, Dissertation Committee Chair. Before you decide whether or not to participate in the study, you should read this page and ask questions if there is anything that you do not understand.

The purpose of the study is to better understand BRIEF AND SIMPLE EXPLANATION WITH NO TECHNICAL JARGON OR COMPLEX VOCABULARY. If you decide to participate in this study, you will be asked to complete a QUESTIONNAIRE/SURVEY. Some of the questions and topics include PROVIDE A BRIEF OVERVIEW OF WHAT A PARTICIPANT CAN EXPECT. The QUESTIONNAIRE/ SURVEY should take about TIME to complete.

Although there will be no direct benefit to you for taking part in this study, the researcher may learn more about BRIEF AND SIMPLE DETAILS HERE. Your volunteer participation could help BRIEF AND SIMPLE.

I believe there is little risk to you for participating in this research project. If you choose to complete this QUESTIONNAIRE/SURVEY, know that you do not have to answer any questions or provide details you do not want to share. Participating in this study is completely voluntary. You can skip questions or stop participating in this study at any time without penalty or loss of benefits you would normally have.

This QUESTIONNAIRE/SURVEY is anonymous. The researcher will not collect names, email addresses, or other identifiable information as part of the QUESTIONNAIRE/SURVEY. These data will be used for research purposes only. ADD ADDITIONAL SECURITY DETAILS IF YOU FEEL IT IS NECESSARY, BUT DON’T MAKE IT COMPLICATED.

If you have questions about this research study, please contact YOUR NAME (Principal Investigator) at FRANKLIN EMAIL. You may also contact DISSERTATION CHAIR at CHAIR’S FRANKLIN EMAIL. If you have any questions regarding your rights as a research participant, please contact the Franklin University IRB Office at 614-947-6037 or irb@franklin.edu.

Thank you for your participation!

Please click the button below to proceed and participate in this study. If you do not wish to participate, please close out your browser window.