HUMAN RESEARCH REVIEW COMMITTEE HANDBOOK

This is a working document. It will be updated and posted periodically.
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Introduction

Northwest Nazarene University is concerned with the protection of the rights and welfare of human participants in all research conducted by faculty, staff, and students and by outside entities using NNU faculty, staff, and students as part of their research. This concern, which is the primary purpose of the HHRC, includes the protection of rights to privacy, the need for informed consent, protection of confidentiality of data, protection against physical, psychological, spiritual, social, or economic risks and an appropriate demonstration of benefit to risk ratio. The safe-guarding and confidentiality of records and data collected on individuals and groups, the use of such data by the investigator conducting the original research or by other investigators, and the use of the data at a later time are all considered within the scope of this policy.

Purpose

The purpose of the HRRC is to ensure:

1. The protection of the rights of all human participants involved in research projects carried out by NNU faculty, staff, and students or any outside entity wishing to conduct research using NNU personnel or students, including making a risk/benefit assessment of the study. Research methodology will not be evaluated so long as it does not impact risk and ethical issues.

2. The research conducted by NNU faculty, staff, and students meets the standards required by the governmental agencies (21 CFR 50, 21 CFR 56, 34 CFR 97, 34 CFR 350.3, 34 CFR 356.3).

3. Compliance with the policies of NNU as stated in these guidelines, thereby reducing risk of harm and individual or corporate liability with regard to all persons involved in research that are subject to HRRC evaluation.

The secondary goal is to assist faculty and student researchers, staff, administrative personnel, and other involved university community members in avoiding errors or oversights that can result in justifiable complaints and actions, including lawsuits against the university and/or anyone acting in a university sanctioned capacity.

Structure

There is a three-level structure for the approval of research involving human participants.

1. **Exempt**: Research that is exempt as defined in Guideline #2.

2. **Expedited**: Research that presents no risk to participants is eligible for expedited review as determined in Guideline #2, upon request. The chair of the HRRC or a designee will review the protocol.
3. **Full**: Research which does not meet exempt or expedited status will be submitted to the HRRC chair for full review.

**Procedure**

All research involving human subjects, except research clearly identified as exempt (See Guideline #2) must be cleared through the Human Research Review Committee prior to commencement of data collection. The HRRC will not review a proposal unless a written protocol for the research has been submitted as detailed in Guidelines 1, 2, and 3 as applicable. It is the responsibility of the principal investigator to supply a copy of the protocol for each member of the HRRC including copies of all materials (questionnaires, interview schedules, informed consent documents, and other supporting material) to the HRRC chair. The copies should be as follows:

1. one set of original documents with required signatures, and attachments
2. additional copies including all attachments may be photocopies

Failure to comply with the HRRC Guidelines of Northwest Nazarene University could be considered a serious violation. The HRRC may forward to the relevant department chair, the School Dean, and the Vice President for Academic Affairs documentation of any violations of the Guidelines or specific committee requirements, especially in those cases determined to constitute serious or continuing noncompliance. The HRRC may make recommendations to university officials regarding consequences and possible disciplinary measures.
Human Research Review Committee Guidelines

All HRRC reviews are based on the submission of a protocol. A protocol is a written statement which conforms to the following guidelines. The protocol, which must be signed by the principal investigator and research director, informed consent documents, and other supporting materials become part of the record of the HRRC’s deliberations.

Guideline #1 - Protocol

The protocol, as approved by the HRRC, becomes part of the agreement between Northwest Nazarene University and the researcher(s) about the way in which research will be conducted. Therefore, the protocol must be an accurate description of the research. Any change in the approved protocol, including supporting documents, must be approved by the HRRC. In order to ensure the integrity of the research, the protocol will not be available for review by the public until the research is completed.

A protocol, in writing and suitably titled or identified, must contain the following information: (see Protocol Checklist)

1. A title page that conforms to the format (See Sample)
2. A summary of the nature and purpose of the research.
3. A full description of the human participants involved, their characteristics, the total number anticipated, and how they will be selected. Indicate explicitly whether any participants are minors (under age 18 years) or are otherwise members of “vulnerable” populations (e.g. prisoners, hospital patients, or inpatients in state hospitals, such as the cognitively impaired, or others whose ability or competence to give voluntary informed consent may be questioned). Participants subject to “undue influence” (e.g. college classes, interest groups, clubs, Sunday School classes and/or Bible study groups) should also be considered “vulnerable”. The reason for using minors or members of “vulnerable” populations as participants should be stated clearly.
4. A description of exactly how the participants will be used in the research.
5. A full description and assessment of the potential benefits, if any, to the individual human participant, and/or to the group or class of which the participant is a member, and/or to society in general as a result of the research.
6. A description and assessment of the potential risks, if any, to the individual human participant, and/or group or class of which the participant is a member, and/or to society in general as a result of the research. Such risk may be physical, psychological, spiritual, economic, or social. The likelihood, severity, and duration of such risks is to be assessed. If the research methods create potential risk provide:
   a. a description of other less risky methods, if any, which were considered, and explain why they will not be used. See Guideline #2 and complete the form entitled “Risk Level Determination” which should be included with your protocol.
b. an explanation of whom to contact for answers to pertinent questions about the research and research participants’ rights, and whom to contact in the event of a research-related injury to the participant and the name and telephone number of the investigator.

c. a statement that describes the plan for medical care in the case that an untoward event occurs.

7. A description of the means to be taken to minimize such risks, including the means by which the participant's personal privacy is to be protected and the confidentiality of the information obtained from the participant maintained. Assess the likely effectiveness of such precautionary measures.

8. A description of the procedures to be used in obtaining and documenting the prior informed consent of the participant. If participants are minors, participant "assent" must be obtained as well as parental/guardian informed "consent". If written consent forms are to be used, a copy of the consent form (and/or a verbatim copy of any accompanying oral instructions) should be attached to the protocol. For more information concerning elements included in informed consent, see Guideline #3. Copies of suggested consent forms for adults and for minors are attached to these guidelines.

9. Studies designated to have minimal to moderate risk must include a description of medical services available if the participant suffers adverse health effects as a result of the research.

10. A waiver of written informed consent must be requested from the HRRC if the researcher does not wish to use a written informed consent. If a waiver of the requirement for written informed consent is sought, the justifications for the waiver must be specified. See Guideline #3.

11. If cover letters, questionnaires, interview schedules, or follow up communications are to be used in the research, a copy of each must be attached. If such are not available at the time of submission, an informative description of their content and manner of administration must be included in the protocol. The completed versions must be approved by the HRRC or designee prior to use.

12. An explanation of any special or unusual circumstances regarding the research that the principal investigator believes could be relevant to the HRRC’s decision in reviewing the protocol.

13. When required by the nature of the research, a copy of state and/or federal documents which permit the investigator to proceed if a new drug or device is to be tested or used in the research.

14. A protocol signed by the principal investigator and the immediate supervisor (e.g. department chair, research director, or research supervisor). The signature of the immediate supervisor indicates acceptance of responsibility that the research will be conducted in accordance with ethical principles concerning the protection of human participants. No proposal will be accepted without the signature of the immediate supervisor.
Guideline #2 – Risk & Status

Risk is defined as the probability of harm or injury (physical, psychological, social, spiritual, or economic) occurring as a result of participation in research (adaptation of Federal Guidelines in the IRB Guidebook – http://www.hhs.gov/ohrp/irb/irb_chapter3.htm). Both the probability and magnitude of possible harm may vary from no risk to significant risk. Research determined to have significant risk to participants will not be approved. The level of risk must be evaluated and designated by the researcher.

Risk Level Determination:

1. **No Risk**: Research involves no risk to human participants when it includes only
   a. observation of public behavior or the use of information available to the public, and/or
   b. data used in a manner that is strictly statistical and anonymous at the point of data collection – information cannot be traced to a specific participant.

2. **Minimal Risk**: Research involves at least minimal risk to human participants when
   a. the research procedure includes non-public behavior or data and/or allows for connection of the response to the individual’s identity.
   b. the research procedure includes no deception of participants, no sensitive, culturally taboo, or socially controversial material that is likely to evoke responses which could distress participants.
   c. the research procedure is unlikely to impact or change the participants’ physical, social, psychological, spiritual, or economic status.

3. **Moderate Risk**: Research involves at least moderate risk to human participants when
   a. the research procedure includes deception of participants; sensitive, culturally taboo, or socially controversial material that is likely to evoke responses which could distress participants;
   b. the research procedure is physically intrusive;
   c. the research procedure may impact the physical, social, psychological, spiritual or economic status of the participant.
   d. the research procedure involves the use of organs, tissues, or bodily fluids may create medico-legal risks, or
   e. the research procedure may expose the participant to public embarrassment or humiliation through breach of confidentiality and invasion of privacy.
Federal regulations allow for exemption from HRRC review for certain kinds of research. They also allow for each university HRRC to require that all research under all circumstances be reviewed at some level by the HRRC.

**Exempt Status: (Refer to Human Research Review Summary Form)**
The Northwest Nazarene University HRRC has determined that research meeting the following conditions is exempt from HRRC review:

1. Data collected as a classroom activity assigned by the instructor and involving only the students enrolled in the class as the participants. The class instructor is responsible for the ethical treatment of participants as set forth in these guidelines.
2. Research conducted in established or commonly accepted educational settings involving normal educational practices (e.g. instructional methods outcomes research).
3. Research on existing data, documents, or specimens with no identifiable elements that can link participants to the data (e.g. public census data).

Research meeting criteria of sections 2 and 3 must complete the Exempt status form and submit it to the chair if the HRRC or a designee prior to the beginning of research. All other research must be reviewed either as an expedited or full committee review.

**Expedited Status: (Refer to Human Research Review Summary Form)**
An expedited review is conducted by the chair of the HRRC or a designee. A researcher may request an expedited review if:

1. The research meets criteria for no risk (copy of the Risk Level Determination form must be completed).
2. No minor participants are involved.
3. No “vulnerable” population participants are involved.

Research that qualifies for expedited review must follow the procedure for full committee review submitting only one original set of documents. The HRRC chair or a designee may determine that the study must have a full committee review.

**Guideline #3 – Informed Consent**

Informed consent means the knowing consent of an individual (or his/her legally authorized representative such as parent, guardian, conservator, etc.) to participate in research. (see Federal Guidelines in the IRB Guidebook – http://www.hhs.gov/ohrp/irb/irb_chapter3.htm). An investigator shall provide the prospective participant or the representative sufficient opportunity to consider whether or not to participate and minimize the possibility of coercion or undue influence. The information that is given to the participant or the representative shall be in language understandable to the participant or the representative. No informed consent, whether oral or written, may include any exculpatory language through which the participant or the representative is made to waive or appear to waive any of the participant’s legal rights,
or releases or appears to release the investigator, the sponsor, the institution, or its agents from liability for negligence.

The basic elements of informed consent are: *(See sample of consent form)*

1. A statement that the study involves research, an explanation of the purposes of the research, the expected duration of the participant's participation, a description of the procedures to be followed, and identification of any procedures which are experimental.
2. A description of any reasonably foreseeable factors that may be expected to influence a participant's willingness to participate such as potential risks, discomfort, or adverse effects.
3. A description of any benefits to the participant or to others, which may reasonably be expected from the research.
4. A statement describing the extent, if any, to which confidentiality of records identifying the participant will be maintained, and any limitations to confidentiality.
5. For research involving more than minimal risk, an explanation as to whether any compensation or medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained. This should include information such as an explanation of whom to contact for answers to pertinent questions about the research and research participants' rights, and whom to contact in the event of a research-related injury to the participant and the name and telephone number of the investigator.
6. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled. The participant may discontinue participation at any time without penalty or loss of benefits to which the participant is otherwise entitled.

When appropriate, the following information shall also be provided to each participant:

1. A disclosure of appropriate alternative procedures or courses of treatment, if any, which might be advantageous to the participant.
2. Anticipated circumstances under which the participant's participation may be terminated by the investigator without regard to the participant's consent.
3. Any additional costs to the participant that may result from participation in the research.
4. The consequences of a participant's decision to withdraw from the research and procedures for orderly termination of participation by the participant.
5. Details regarding authorization for access to the participant's personal records (school, university, hospital, employment, or others).
6. Details regarding any recording of their voices or images for data collection unless the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm.
7. The amounts and terms of any proposed payments or other form of remuneration to participants.
8. When experimental treatments are used, clarify to participants at the outset of the research
   a. the experimental nature of the treatment;
   b. the services that will or will not be available to the control group(s) if appropriate;
   c. the means by which assignment to treatment and control groups will be made;
   d. available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and
   e. compensation for or monetary costs of participating including whether reimbursement from the participant or a third-party payer will be sought if appropriate.

Waiver of Information Consent

A waiver of the requirements for informed consent is granted only where research would not reasonably be assumed to create distress or harm and involves:
1. the study of normal educational practices, curricula, or classroom management methods conducted in educational settings
2. anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk for criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected
3. the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants’ employability, and confidentiality is protected
4. the study of situations in which the usual procedure for obtaining written informed consent would surely invalidate objectives of considerable, immediate importance. In this case, verbal instructions should assure the fully informed and voluntary consent of each participant to participate in the research.

The HRRC typically honors requests for waiver of written informed consent when
1. the participants of the investigation are illiterate;
2. the risks, usually psychological risks, inherent in asking participants for their signatures outweigh the risks of not obtaining the signatures; or
3. requests for signatures demonstrably violate or distort the participants’ perceptions of the nature and purpose of the investigation.
Proposed Schedule of HRRC Deadlines and Meetings

The Northwest Nazarene University Human Research Review Committee will meet according to the following schedule. Specific meeting dates will be set each month or year by the current HRRC chair and published to the NNU community.

All research protocols are due to the chair or the HRRC by the first of the month in which the researcher wishes the protocol to be reviewed. For example for a protocol to be reviewed in the November meeting, the completed protocol must be received by the HRRC by November 1. If the first day of the month falls on a weekend, the following Monday will be the due date. Any protocol received following the first day of the month will be kept for review the following month.

All levels of review, exempt, expedited, and full, are due the first of the month. See Guideline #2 for a full explanation of the different levels of review.

The HRRC will meet the third week of each month starting in September through May to review protocols received the first of that month. For the month of January, protocols are due by January 3rd for review during the third week of January. There will be a special meeting in June for all summer protocols. The specific day during the third week will be determined by the chair of the HRRC by the end of the first full week of the month. This will be announced to the HRRC members and all researchers who submitted protocols. If no protocols are received by the first, there will be no meeting of the HRRC for that month.

The researcher is responsible for providing enough copies for each HRRC member. The HRRC will issue to the principal investigator a signed cover sheet and/or letter of status within one week of the review meeting.

Schedule Template

<table>
<thead>
<tr>
<th>MONTH</th>
<th>PROTOCOL DUE</th>
<th>HRRC MEETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>1st (or Monday if on weekend)</td>
<td>Third week of the month</td>
</tr>
<tr>
<td>October</td>
<td>1st (or Monday if on weekend)</td>
<td>Third week of the month</td>
</tr>
<tr>
<td>November</td>
<td>1st (or Monday if on weekend)</td>
<td>Third week of the month*</td>
</tr>
<tr>
<td>December</td>
<td>1st (or Monday if on weekend)</td>
<td>Third week of the month*</td>
</tr>
<tr>
<td>January</td>
<td>3rd (or Monday if on weekend)</td>
<td>Third week of the month</td>
</tr>
<tr>
<td>February</td>
<td>1st (or Monday if on weekend)</td>
<td>Third week of the month</td>
</tr>
<tr>
<td>March</td>
<td>1st (or Monday if on weekend)</td>
<td>Third week of the month*</td>
</tr>
<tr>
<td>April</td>
<td>1st (or Monday if on weekend)</td>
<td>Third week of the month</td>
</tr>
<tr>
<td>May</td>
<td>1st (or Monday if on weekend)</td>
<td>Third week of the month</td>
</tr>
<tr>
<td>June</td>
<td>1st (or Monday if on weekend)</td>
<td>Third week of the month</td>
</tr>
</tbody>
</table>

*(may be adjusted due to Thanksgiving, Christmas or spring break dates)
**Decision Levels and Resubmission Requirements**

Decisions are made on one of three levels: Approved, Conditional Approval and Denied.

**Approved**: The reader or committee has determined from the information provided that the proposed study has been all ethical guidelines. The researcher may proceed with data collection. The chair of the HRRC will notify the researcher via email and an official letter will follow containing the HRRC research number.

**Conditional Approval**: The reader or committee has determined from the information provided that the proposed study has not meet all the ethical guidelines but the adjustments are minor. The researcher will be notified via email of the changes that must be made or the information that was lacking. The researcher will work directly with her or his reader or in the case of full-review will be assigned an HRRC member to whom the researcher must report. The researcher will be given 3 months to make the corrections and complete this process. If this is not done and the committee does not receive a request for an extension, the case will be closed and the researcher will be to resubmit her or his full proposal. When the additional tasks have been completed, the reader or assigned researcher will sign the proposal as approved. The researcher will be notified and the chair will send the official letter.

**Denied**: The reader or committee has determined from the information provided, that the proposal is sufficiently lacking in its completeness or does not meet ethical standards. The researcher will be sent an email from the reader or the chair of the HRRC listing the reasons for the denial. A follow-up letter will be sent. The researcher must resubmit her or his proposal in its entirety with a letter of explanations directing the committee or reader how the researcher has addressed the deficiencies of the proposal. A new HRRC number is assigned.
Protocol Checklist

This checklist is to be completed and included with the protocol. Please refer to Guideline #1 for full explanation. Check all that apply.

_____ 1. A title page that conforms to the format. (See example on following page)
_____ 2. A summary of the nature and purpose of the research. This can be included as an attachment to the required forms.
_____ 3. A full description of the human participants. This should be included on the HRRC required forms in the Human Participant Review Summary. **
_____ 4. A full description of exactly how the participants will be used in the research. **
_____ 5. A full description and assessment of the potential benefits. This is included in the attached proposal. **
_____ 6a. A description and assessment of the potential risks. **
_____ 6b. Completed Risk Level Determination form (See the Human participant Review Summary Form)
_____ 7. A description of the means to be taken to minimize risks.
_____ 8. A description of the procedures.
_____ 9. A description of provision of medical services if needed.
_____ 10. A waiver of written informed consent if needed. (See Guideline #3).
_____ 11. Copies of all materials including cover letters, questionnaires, interview schedules, or follow up communications to be used in the research.
_____ 12. An explanation of any special or unusual circumstances.
_____ 13. A copy of state and/or federal documents if needed.
_____ 14. A protocol with appropriate signatures including all necessary permission from directors, principals, teachers, managers or others who have given permission for data collection. (See examples on pages that follow).

**Note: Please cut and paste information from your summary document into appropriate forms as needed rather than stating "See Attached."
THIS IS THE APPROVED FORMAT FOR COVER PAGE OF PROTOCOL FOR STUDENTS

__________________________________________
(Specific Title of Research)

In Partial Fulfillment for ____________________________
Northwest Nazarene University
Department ____________________________
School ________________________________

_______________________________________   ______________
Signature of Immediate Supervisor       Date

_____________________________________
Principal Investigator

_____________________________________
Street Address

_____________________________________
City, State, Zip code

_____________________________________
Phone number

_____________________________________
Email Address

_____________________________________
Date

ACTION OF THE HRRC

Full Approval ______  Conditional Approval ______  Denied _____
(See letter for comments for conditional and denied research)

_____________________________________
HRRC member signature       Date

_____________________________________
HRRC member signature       Date
THIS IS THE APPROVED FORMAT FOR COVER PAGE OF PROTOCOL FACULTY OR OTHER NON-STUDENT RESEARCHERS

__________________________________________________________

(Specific Title of Research)

Institutional Affiliation
Department
School

__________________________________________________________
Signature of NNU Liaison (for non-NNU researchers) Date

__________________________________________________________
Principal Investigator

__________________________________________________________
Street Address

__________________________________________________________
City, State, Zip code

__________________________________________________________
Phone number

__________________________________________________________
Email Address

__________________________________________________________
Date

__________________________________________________________
ACTION OF THE HRRC

Full Approval _____ Conditional Approval _____ Denied _____
(See letter for comments for conditional and denied research)

__________________________________________________________
HRRC member signature Date

__________________________________________________________
HRRC member signature Date
SAMPLE OF CONSENT FORM TO BE USED WHEN A QUESTIONNAIRE OR PROCEDURE IS ADMINISTERED TO A GROUP OR INDIVIDUAL

(Refer to GUIDELINE #3 to assure that all elements of informed consent relevant to the specific proposed research are covered, since only the basic articles are shown in the example below. Also, exclude any personal information such as address, home phone numbers to minimize risk to yourself.)

Informed Consent

Participant's name (Please Print): _______________________________________________

I authorize (name of researcher) of (department), Northwest Nazarene University, Nampa, Idaho, and/or any designated research assistants to gather information from me on the topic of (brief statement of research topic).

I understand that the general purposes of the research are__________________________, that I will be asked to (list activities—e.g., answering questionnaires, interviewing, group discussion), and that the approximate total time of my involvement will be_________.

I am aware that I may choose not to answer any questions that I find embarrassing or offensive.

I understand that my participation is voluntary and that I may refuse to participate or discontinue my participation at any time without penalty or loss of benefits to which I am otherwise entitled.

I understand that if, after my participation, I experience any undue anxiety or stress or have questions about the research or my rights as a participant, that may have been provoked by the experience, (name of researcher) will be available for consultation, and will also be available to provide direction regarding medical assistance in the unlikely event of injury incurred during participation in the research.

Confidentiality of research results will be maintained by the researcher. My individual results will not be released without my written consent.

The potential benefits/risk of the research study are (list benefits and risks ).

__________________________________________________________
Signature of Participant Date

There are two copies of this consent form included. Please sign one and return it to the researcher. The other copy you may keep for your records.

Questions and comments may be addressed to (name of researcher) or (name of supervisor), (department), Northwest Nazarene University, 623 Holly Street, Nampa, ID, 83686, Phone (208) (contact number)
SAMPLE OF FORM TO BE USED WHEN PARTICIPANTS ARE MINORS

(Refer to GUIDELINE #3 to assure that all elements of informed consent relevant to the specific proposed research are covered, since only the basic articles are shown in the example below. Also, exclude any personal information such as address, home phone numbers to minimize risk to yourself.)

**Consent for Minor to Participate**

Child's name: ____________________________

Parent's/Guardian's name: ____________________________

I authorize (name of researcher) of (department), Northwest Nazarene University, Nampa, ID, and/or any designated research assistants to gather information from my child on the topic of (brief statement of research topic).

I understand that the general purposes of the research are ____________________________, and I understand that my child's participation will involve: (list activities--e.g., answering questionnaires, interviewing, play activity, class work). The approximate total time of my child's involvement will be__________.

My child and I have been assured that my child may refuse to discuss any matters that cause discomfort or that my child might experience as an unwanted invasion of privacy. I am aware that my child may choose not to answer any questions that my child finds embarrassing or offensive.

I understand that my child's participation is voluntary and that my child may refuse to participate or discontinue participation at any time without penalty or loss of benefits to which my child may be otherwise entitled.

This study is unlikely to cause my child distress. However, I understand that if, after participation, my child experiences any undue anxiety or stress or has questions about the research or his/her rights as a participant that may have been provoked by the experience, (name of researcher) will be available for consultation, and will also be available to provide direction regarding medical assistance in the unlikely event of injury incurred during participation in the research.

I understand that confidentiality of research results will be maintained by the researcher. No individual results will be released without my written consent as the parent or guardian of the particular child.

The potential benefits/risks of the study are (list benefits and risks).

______________________________  __________________________
Signature of Parent or Guardian  Date

There are two copies of this consent form included. Please sign one and return it to the researcher. The other copy you may keep for your records.

Questions and comments may be addressed to (name of researcher) or (name of supervisor), (department), Northwest Nazarene University, 623 Holly Street, Nampa, ID, 83686, Phone (208) (contact number)
SAMPLE OF PERMISSION FORM TO BE USED WHEN THE RESEARCH IS TO BE CONDUCTED IN A PRIVATE LOCATION

(Refer to GUIDELINE #3 to assure that all elements of informed consent relevant to the specific proposed research are covered, since only the basic articles are shown in the example below. Also, exclude any personal information such as address, home phone numbers to minimize risk to yourself.)

Informed Consent

Responsible Party’s name (Please Print): ________________________________________________

I authorize (name of researcher) of (department), Northwest Nazarene University, Nampa, Idaho, and/or any designated research assistants to request volunteers and gather information from (specify location and/or business name) on the topic of (brief statement of research topic).

I understand that the general purposes of the research are__________________________, that volunteers will be asked to (list activities—e.g., answering questionnaires, interviewing, group discussion), and that the approximate total time of my involvement will be__________.

I understand that my permission is voluntary and that I may refuse to grant permission or discontinue my permission at any time without penalty or loss of benefits to which I am otherwise entitled.

I understand that if I have questions about the research (name of researcher) will be available for consultation.

Confidentiality of research results will be maintained by the researcher.

The potential benefits/risks of the research study are (list benefits and risks ).

______________________________________________   ______________
Signature of responsible party                      Date

There are two copies of this consent form included. Please sign one and return it to the researcher. The other copy you may keep for your records.

Questions and comments may be addressed to (name of researcher) or (name of supervisor), (department), Northwest Nazarene University, 623 Holly Street, Nampa, ID, 83686, Phone (208) (contact number)