Oglala Lakota College

Graduate Studies Department

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Informed Consent for Non-Medical Research

(Insert Title of the Study)

You are invited to participate in a research study conducted by **(insert names and degrees of principal investigator (including faculty advisor)** at Oglala Lakota College, because you are **(insert eligibility criteria).** This study is not funded by any agency. Your participation is voluntary. You should read the information below, and ask questions about anything you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. If you decide to participate, you will be asked to sign this form. You will be given a copy of this form.

PURPOSE OF THE STUDY

(State what the study is designed to assess or establish. Technical or complicated language should be avoided. Participants should be able to easily understand the purpose of the study and that it is research.)

STUDY PROCEDURES

If you volunteer to participate in this study, you will be asked to **(Describe the procedures in the order they will be administered or experienced using simple language, short sentences and short paragraphs. If several procedures will be used, the use of subheadings may help to organize this section and increase readability. If scientific terms need to be used, they should be defined and explained. If experimental procedures will be used, they should be identified as such. If survey or questionnaire instrument(s) are used, briefly describe the types of questions asked. If applicable to the study, clearly state participants will be photographed and/or audio/video-recorded. Clarify if the participant can still participate in this research study if they do not wish to be audio/video-recorded or photographed.)**

(If applicable, specify the participant's assignment to study groups, length of time for participation in each procedure, the total length of time for participation, frequency of procedures, location where the procedures will be take place, etc. For research involving randomization, specify the randomization procedure, for example, "you will be assigned randomly, much like tossing a coin, into……)

POTENTIAL RISKS AND DISCOMFORTS

(Describe any reasonable foreseeable risks, discomforts, inconveniences, including physiological risks/discomforts; describe any psychological, social, legal or financial risks to the participant, and how these will be minimized. If there are no anticipated risks, state so.)

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

(Describe direct benefits from participating in the study. Also, state the anticipated benefit to society. If there are no anticipated benefits to the participant, state so. Note that as this is a research study, the benefits are contingent upon the results. The investigator can state only that benefits are anticipated, not that they will occur. If there are no direct benefits to participants, there should be anticipated benefits to society.)

PAYMENT/COMPENSATION FOR PARTICIPATION

(State whether the participant will receive payment/compensation or any other form of compensation, e.g. small gift, course credit, etc. If not, state clearly, "You will not be paid for participating in this research study" or remove the section. If participants receive payment, describe amount, when payment is scheduled, and pro-rated schedule should the participant decide to withdraw or is withdrawn by the investigator. If participants are reimbursed for expenses such as parking, bus/taxi, travel companion/assistant, etc., list payment.)

POTENTIAL CONFLICTS OF INTEREST OF THE INVESTIGATOR

(A "Conflict of Interest (COI)" is a situation in which financial or other personal considerations compromise, or have the appearance of compromising, an individual's professional judgment in proposing, conducting, supervising or reporting research. If there appears to be a conflict of interest (COI) or there is a COI, include this section. Delete this section if there are no conflicts of interest.)

1. **The investigator must disclose all financial or other personal considerations that compromise, or have the appearance of compromising, the investigator's professional judgment in proposing, conducting, supervising, or reporting research. Conflicts include financial as well as non-financial interests. Conflicts include financial interests (stocks, stock options, or other ownership interests, whether traded publicly or not) in a research sponsor or licensee; management roles in a research sponsor, licensee, or other company having an economic interest in the outcome of the research; and using students to perform services in which an**

investigator maintains an ownership interest or management role or attaining a degree as a result.

2. **In disclosing your proprietary interest and research interest in the informed consent, you may do so in general terms, in a manner consistent with IRB requirements. At a minimum, you must disclose the nature of the interest, such as a paid consultant, a lecturer, a board member, an equity ownership, or a management or supervisory role in the sponsoring company, or the attaining of a degree as a result of findings. Such conflicts should also be disclosed to the Vice President of Research for resolution. The proposed informed consent language must be reviewed by the IRB, and if necessary, by the USC Conflict of Interest Review Committee (CIRC).**

CONFIDENTIALITY

We will keep your records for this study confidential as far as permitted by law. However, if we are required to do so by law, we will disclose confidential information about you. The members of the research team and Oglala Lakota College's Institutional Review Board (IRB) may access the data. The IRB reviews and monitors research studies to protect the rights and welfare of research subjects. **(remove references to funding agency if not applicable)**

The data will be stored **(state where and how the research data will be stored). [If applicable to the study, describe the participant's right to review/edit the audio/video-recordings or transcripts, who will have access (including transcribers), if the audio/video-recordings will be used for educational purposes, describe how personal identities will be shielded/disguised and, if/when the audio/video-recordings will be erased (approximately). If the audio/video-recordings will be maintained indefinitely, state how confidentiality will be maintained. If information will be released to any other party for any reason, state the person/agency to which the information will be furnished, the nature of the information, and the purpose of the disclosure. Give a brief description of how personal information, research data, and related records will be coded, stored, etc., to prevent access by unauthorized personnel (list the personnel who have access).**

[Indicate how long the data will be kept. Please note that data must be kept for a minimum of three years after the completion of the study. The data may be kept indefinitely.]

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. **(If appropriate, describe the**

anticipated circumstances under which participation may be terminated by the investigator without regard to the participant's consent.)

INVESTIGATOR'S CONTACT INFORMATION

If you have any questions or concerns about the research, please feel free to contact **(identify research personnel: Principal Investigator, Faculty Sponsor (if student is the Co-P.I.), and Co-Investigator(s). Include day phone numbers, email addresses, and school/business addresses for all listed individuals. (DO NOT INCLUDE HOME ADDRESSES FOR YOUR PERSONAL SAFETY).**

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

If you have questions, concerns, or complaints about your rights as a research participant or the research in general and are unable to contact the research team, or if you want to talk to someone independent of the research team, please contact Oglala Lakota College Institutional Review Board (OLCIRB), PO Box 490, Kyle, SD 57752 or email aalasfour@olc.edu.

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____

Name of Participant

_____ _____

Signature of Participant Date

SIGNATURE OF INVESTIGATOR

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this document and freely consents to participate.

Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date