

PARTICIPANT INFORMATION STATEMENT

The form can be altered to fit your needs, but the following information MUST be included:

- General information
 - Title of the project
 - Date
 - Your name
 - Your affiliation with the university (student, faculty, staff)
 - The names of other people with whom the participant will interact
 - Purpose of the study
- Procedure
 - What you expect the participant to do
 - Time commitment of the participant
- Confidentiality or anonymity
 - A statement telling the participant whether or not you will ensure anonymity (no one, not even the principal investigator, will know the participant's identity) or confidentiality (the principal investigator or specified others may know the participant's identity, but that identity will not be revealed to others). Unless it is not possible, it is a good idea to ensure one or the other.
- Risks
 - Description of potential risks, physical or psychological, involved in the study. If there are no foreseen risks, state so.
- Benefits
 - A statement of the potential benefits of the study to the participant (if there are none, state so)
 - A statement of the potential benefits of the study to society (if there are none, state so).
- Voluntary nature of participation
 - The participant may withdraw from the study at any time
 - If doing so, there will be no penalty or adverse effects
 - Data collected up to this point can be destroyed if the participant requests this to be done.
- Use of information
 - A statement discussing what will be done with the information gathered. For example, will the results be presented at a conference, submitted for publication, or simply used for classroom.
 - Who to contact if there are questions, concerns, or complaints. This will include:
 - Your name, e-mail, and phone number (for students, we suggest you list your Department's contact information rather than your personal information)
 - Your instructor's e-mail, phone number, and address
 - The IRB chair's e-mail, phone number, and address (this is followed by a statement that all complaints will remain confidential)

Joan L. Whitman, COEL, IRB Chair
6801 N. Yates Road BOX 375
Milwaukee, WI 53217
414-410-4343
jlwhitman@stitch.edu

- A statement that the research has been approved by the Cardinal Stritch University's Institutional Review Board for the Protection of Human Participants for a period of 12 months and the date of that approval.

Note:

- The *Participant Information Statement* must be written in a language that can be understood by someone with a sixth grade education
- One copy must be given to the participant and a second copy must be kept for the principal investigator's records.

Example Participation Information Statement (Observational Skills of Milwaukee Police Officers)

January 15, 2008

My name is Dr. Mai Vang. I am a faculty member in the Department of Psychology at Cardinal Stritch University. I am conducting a study on the observational skills of Milwaukee police officers.

Procedure: You will be asked to watch a 3-minute video clip depicting activity in a convenience store. Following the video, you will be asked six questions concerning what you observed in the video. The study should require no more than 20 minutes of your time.

Confidentiality: All responses to the questions will remain confidential (i.e., I will not reveal your responses). To ensure confidentiality, do not include your name on the answer sheet.

Risks: I do not anticipate this study will cause any type of risk, psychological or otherwise.

Benefits: Although this study probably will not benefit you directly, this research will help psychologists understand observational skills in trained observers.

Participation is Voluntary: If you are not comfortable with this study, please feel free to stop at any time. Your answers to the questions will be destroyed upon your request and you will not be penalized in any way.

Use of Your Information: My goal is to present the results of this study at a scientific meeting. Only aggregate (combined) data from all participants will be used, and in no case will any names be associated with this study.

Contact Information: If you are interested in the results of this study (which should be completed by May 15, 2009), or if you have any other questions, concerns, or comments on this project, please contact:

Dr. Mai Vang
Department of Psychology
Cardinal Stritch University
6801 N. Yates Rd., Box 2134
Milwaukee, WI 53217-3985
414-410-9991
mxvang@stritch.edu

If you have any complaints about this study, please call or write:

Fill in the name of the current IRB chair here
Joan L. Whitman, COEL, IRB Chair
Cardinal Stritch University, Box 375

6801 N. Yates Rd.
Milwaukee, WI 53217-3985
414-410-4343 jlwhitman@stitch.edu

Although your name may be asked, all complaints are kept in confidence.

Thank you for your cooperation.

This research project has been approved by the Cardinal Stritch University Institutional Review Board for the Protection of Human Research Participants on January 12, 2009, for a period of 12 months.