**PEPPERDINE UNIVERSITY**

***(School Affiliation)***

|  |
| --- |
|  |
| **INFORMATION/FACTS SHEET FOR EXEMPT RESEARCH**  |

(Note: PLEASE USE SECOND PERSON, SINGLE-SIDED, SINGLE-SPACED. DELETE INSTRUCTIONS IN BOLD PRIOR TO SUBMITTING THIS DOCUMENT)

* **This model is flexible based on the type of research.**
* **Use language and simple sentences understandable to the average 8th -grader. If subjects don’t understand the study or procedures, they may not agree to participate.**
* **Instructions are provided below in bold, with example wording.**
* **Delete the instructions and, where applicable, the examples. Revise the document to be consistent with your study/procedures.**

**(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 the Pepperdine University, because you are **(insert eligibility criteria).** Your participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read this document. You may also decide to discuss participation with your family or friends.

**PURPOSE OF THE STUDY**

The purpose of the study is…

***(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.)***

**PARTICIPANT INVOLVEMENT**

If you agree to voluntarily to take part in this study, you will be asked to

***(Describe what participants will be asked to do and provide enough detail for the participant to understand. Indicate the study procedures; how long each procedure will take along with their total length of participation. If audio/video-recording will be used, indicate whether participants can decline to be recorded and continue with their participation)***

***EXAMPLES:***

***Example: If you agree to take part in this study, you will be asked to complete an online survey which is anticipated to take about 5 minutes. You do not have to answer any questions you don’t want to, click “next” or “N/A” in the survey to move to the next question.***

***Example: If you agree to take part in this study, you will be asked to participate in a 30 minute audio-taped interview. You do not have to answer any questions you don’t want to; if you don’t want to be taped, handwritten notes will be taken.***

***Example: If you agree to take part in this study, you will be asked to participate in a 5 minute survey and a 30 minute audio-taped interview. You do not have to answer any questions you don’t want to; if you don’t want to be taped, you cannot participate in this study.***

**PAYMENT/COMPENSATION FOR PARTICIPATION (IF NOT APPLICABLE DELETE THIS SECTION)**

*(If applicable, describe payment amount. Indicate how payment will be made cash, gift card, etc.; when payment will be given and by whom. If there is no payment, please remove this section)*

***EXAMPLES:***

***Example: You will receive $10 visa gift card for your time. You do not have to answer all of the questions in order to receive the card. The card will be given to you when you return the questionnaire.***

***Example: You will be entered into a drawing for an iPod. The drawing will be held at the end of the study and the winner notified via email.***

***Example: You will not be compensated for your participation; however parking will be provided for you.***

**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.)***

**ALTERNATIVES TO FULL PARTICIPATION**

The alternative to participation in the study is not participating or completing only the items

which you feel comfortable.

***EXAMPLES:***

***Example: Your alternative is to not participate. Your relationship with your employer will not be affected whether you participate or not in this study.***

**CONFIDENTIALITY**

I will keep your records for this study *(****anonymous******or******confidential – cannot be both)*** as far as permitted by law. However, if I am required to do so by law, I may be required to disclose information collected about you. Examples of the types of issues that would require me to break confidentiality are if you tell me about instances of child abuse and elder abuse. Pepperdine’s University’s Human Subjects Protection Program (HSPP) may also access the data collected.The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

The data will be stored on a password protected computer in the principal investigators place of (***residence, office, etc…)***.The data will be stored for a minimum of three years. ***The data collected will be coded, de-identified, identifiable, transcribed etc.***

*(If the data will be released to a third party or transcribed, please describe this process – if not delete)*

***(Explain how information will or will not be kept confidential. [If taping will take place, describe the participant’s right to review/edit the audio/video-recordings or transcripts, who will have access (including transcribers). 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.)***

***(Indicate how long the data will be kept. The data may be kept indefinitely; subjects should be informed of the maximum length of data storage.)***

***EXAMPLES:***

***Example: There will be no identifiable information obtained in connection with this study. Your name, address or other identifiable information will not be collected.***

***Example: Any identifiable information obtained in connection with this study will remain confidential. Your responses will be coded with a pseudonym and transcript data will be maintained separately. The audio-tapes will be destroyed once they have been transcribed.***

***Example: The data will be stored on a password protected computer in the researcher’s office for three years after the study has been completed and then destroyed.***

**INVESTIGATOR’S CONTACT INFORMATION**

I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact **(*insert name and contact information include email address for faculty supervisor or other collaborator****)* if I have any other questions or concerns about this research.

**RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION**

If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho*,* Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500

Los Angeles, CA 90045, 310-568-5753 or gpsirb@pepperdine.edu.

By completing the survey and returning it to [insert location], you agree to participation in this research study.

If you would like documentation of your participation in this research you may keep a copy of this form.