**Note: The Consent Form MUST be Placed on WSU Departmental Letterhead**

**(The letterhead for ALL departments may be found in the Wichita State University Group Library within the Qualtrics system.)**

[Researchers identify themselves]. We are contacting you because you are a [student, patient, provider with/who…]. We are recruiting research participants to help us [define purpose of the study]. If you decide to participate, you will be asked to complete a survey that will take about [XX] minutes.

In addition to the survey questions, we will request [e.g. age, gender, educational status, health status].

There are no personal benefits or anticipated risks to participating in this study. However, if you feel uncomfortable with a question, you may skip it. Participation is voluntary, and you can stop taking the survey at any time. [*If students/residents are being surveyed, include this statement:* Participation or declining will have no impact on your academic evaluations.]

*[If payments will occur, include the amount of payment, the type of payment (check/gift card, etc.), the timing of payments, a statement that if subjects withdraw before the end of the study, they will be paid for the activities they have completed as applicable.]*

*[If students will be receiving class credit include a statement such as the following:* For your participation you will receive *X SONA credits*. If you choose not to participate, your instructor will offer you an alternative activity for equivalent course credit.]

We will work to make sure that no one sees your survey responses without approval [briefly explain where/how data are kept, if you are collecting identifiers state how/when they will be separated from responses]. But, because we are using the Internet, there is a chance that someone could access your online responses without permission. In some cases, this information could be used to identify you.

If you have any questions, please contact [insert researcher’s contact information.] For questions about the rights of research participants, you may contact the Office of Research and Technology Transfer at Wichita State University, 1845 Fairmount Street, Wichita, KS 67260-0007, and telephone (316) 978-3285.

You are under no obligation to participate in this study. By selecting “Yes” below, you are indicating that:

* You have read (or someone has read to you) the information provided above,
* You are aware that this is a research study,
* You have voluntarily decided to participate.

*[You need the following 3 questions in your survey. If the answer to either of the first two is 'No', you should instruct Qualtrics to end the survey which you can do using 'Skip Logic.']*

I have read the above and agree to participate in this survey. Yes No

I am age 18 or over. Yes No

I would like to have a copy of the Consent Form emailed to me. Yes No