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

We are recruiting research participants to help us [define purpose of the study]. Participation involves completing 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.]*

We will work to make sure that no one sees your survey responses without approval.

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, telephone (316) 978-3285.

Please keep a copy of this consent form for your records.

You are under no obligation to participate in this study. By completing the survey, 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.