UNIVERSITY OF CENTRAL FLORIDA

INSTRUCTIONS:

- *If your study qualifies for **Exempt Review**, you will not need to use the long consent form and obtain signatures, BUT you need to have a Consent Process.*
- *You must submit this form, HRP-254 Summary Explanation for Exempt Research, as an informational sheet for use with study participants.*
- *This form may be provided electronically to study participants by email or as page one of an electronic survey.*
- *Instructions for completing are provided below in italics, with example wording.*

Delete all red text and italics before submitting this form in the IRB system. Attach a clean copy (i.e., no track changes, comments) in M.S. Word format. Attach the form in the Consent section of Local Site Documents page in the IRB system.

EXPLANATION OF RESEARCH

Title of Project: *[Complete title of the project as it appears on the protocol and application]*

Principal Investigator: *[Only one person may be named as principal investigator]*

Other Investigators: *[List other investigators here]*

Faculty Supervisor: *[If PI is a graduate student, add the name of the faculty supervisor who is supervising the research. If the research is being conducted by an undergraduate student, the faculty supervisor must be listed as PI and student as Co-investigator.]*

You are being invited to take part in a research study. Whether you take part is up to you.

[Briefly summarize the research purpose. (i.e. The purpose of this research is …)]

[Briefly describe the procedures in lay terms. Describe what the participant will be asked to do and give the location where the research will take place]

[Explain the expected duration of the participant's participation and the time commitment (i.e., the time needed to complete questionnaires, etc.)]

[Include if there will be audio or video recordings. Otherwise delete]. You will be [audio or video as appropriate to the protocol] recorded during this study. If you do not want to be recorded, you will <not> [Delete or add the "not" as appropriate to the protocol] be able to be in the study. Discuss this with the researcher or a research team member. If you are recorded, the recording will be kept in a locked, safe place. The recording will be erased or destroyed when [Explain when the tape will be erased or destroyed. If the tapes will be kept indefinitely, explain this.].

[Include if you are recruiting UCF students or employees. Otherwise delete.] Your participation in this study is voluntary. You are free to withdraw your consent and discontinue participation in this study at any time without prejudice or penalty. Your decision to participate or not participate in this study will in no

way affect your relationship with UCF, including continued enrollment, grades, employment or your relationship with the individuals who may have an interest in this study.

You must be 18 years of age or older to take part in this research study.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints *[Insert language similar to the following]: John/Jane Doe, Graduate Student, Physical Therapy Program, College of Health and Public Affairs, (407) 823-0000 or Dr. _____, Faculty Supervisor, Department of Health Professions at (407) 823-2233 or by email at _____.*

IRB contact about your rights in this study or to report a complaint: If you have questions about your rights as a research participant, or have concerns about the conduct of this study, please contact Institutional Review Board (IRB), University of Central Florida, Office of Research, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901, or email irb@ucf.edu.