

# BioMaS Workforce Collaborative

Biotechnology • Bioremediation • Math & Sciences

## CONSENT TO PARTICIPATE IN A RESEARCH STUDY

**TITLE:** Biotechnology, Bioremediation, Math & Sciences (*BioMaS*) Workforce Collaborative

### PRINCIPAL INVESTIGATOR

Caroline Evans, M.S.

*Biotechnology Program Coordinator*

Community College of Allegheny County

Biology Department

808 Ridge Avenue

Pittsburgh PA 15212

**Phone:** 412-237-2506

**Email:** [cevans@ccac.edu](mailto:cevans@ccac.edu)

**SPONSOR:** This study is supported by a grant from the National Science Foundation.

### Introduction

You are being invited to participate in this research study because you are part of the *BioMaS* Workforce Collaborative program. The researchers want to learn about non-traditional students, and the impact of the program. This includes:

### Purpose

This study seeks to investigate how a research based educational program with personal development support is able to help students earn an associate's degree in Biotechnology, Bioremediation or Math & Sciences.

### Procedure

Data will be collected for the *BioMaS* Workforce Collaborative. The researchers would like to use the data (interviews, email from the program, grades and school records, interviews with teachers and instructors, group session notes, session video and audio recordings, questionnaires, mentoring data, feedback on the program from you, and other data collected) to evaluate the *BioMaS* program.

### Risks

All records will be kept in a locked file in a locked room.

### Benefits

There may be no personal benefit from your participation in the research study but the knowledge received may be of value to researchers and to future students. You will receive benefits by being in the program and do not have to participate in the research of the impact of the program. The potential benefits to you from participation in this study include that you may find value in participating in the program.

### Alternative Procedures

The only alternative to this study is to not participate in the study.

### Costs to Participate

There will be no financial compensation. Participation in the project will require no monetary cost to you.

**Confidentiality**

Your identity and research records and data related to this study will be kept confidential, except as required by law and for inspections by federal regulatory agencies (Office of Human Research Protection), the sponsors, the IUP Institutional Review Board (the committee that reviews, approves and oversees research). Results of the research may be published for scientific purposes or presented to scientific groups, however, *your identity will not in any way be revealed.*

**Inquiries/Questions**

Should you have any questions about the study or any research related harm, contact the principal investigator at 412-237-2506.

**Voluntary Participation and Right to Withdraw From the Study**

Participation is voluntary, and withdrawal from the program will involve no penalty or loss of benefits to which you are otherwise entitled.

You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

If you decide to withdraw from the study, no further tests, procedures, phone calls or follow-up study visits will be done for research purposes without your express consent.

**Participant Consent**

By signing below, you agree that the above information has been explained to you and all your current questions have been answered. You understand that you may ask questions about any aspect of this research study during the course of the study and in the future. By signing this form, you agree to participate in this research study.

---

SIGNATURE OF PARTICIPANT

---

DATE

---

Printed name of participant

**Investigator’s Certification**

I certify that I have explained the nature and purpose of this research study to the above individuals and I have discussed the potential benefits and possible risks of participation in the study. Any questions the individuals have about this study have been answered and any future questions will be answered as they arise.

---

SIGNATURE OF PERSON OBTAINING CONSENT

---

DATE



This material is based upon work supported by the National Science Foundation under Grant No. 1458505. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation.