

Informed Consent Form

1. The procedures of this research have been fully described to me. I understand that this research involves a wide range of topics in memory, thinking, and language. The purpose of this research is to examine cognitive processes across the adult years to determine which, if any, of the current beliefs about cognitive changes in old age are true. In general, the research is concerned with the behavior and reactions of people in situations similar to the kinds of things most of us do in everyday life. The tasks I will be invited to engage in may involve processing words and/or pictures, making judgments about letters, words, and/or sentences, or solving problems of various kinds. I understand that this research is an ongoing activity that is supported by funds issued by Whitman College to Matthew W. Prull, Principal Investigator. I understand that participation in this research means that I will be asked to assist in an experimental session lasting about one hour, but that I am in no way committed to do so.
2. There are no foreseeable physical and psychological risks associated with my participation beyond those risks that are encountered in everyday life.
3. The research entails no immediate benefits of a psychological or medical nature. The research is not designed to provide diagnostic information about the cognitive status or health status of individuals. However, any publications that report deleterious patterns of age-related memory change may enable future researchers to design interventions that may halt or reverse those changes. All participants are given an honorarium of \$10 or extra credit for their time.
4. There are no appropriate alternative procedures or courses of treatment that may be advantageous.
5. Records identifying my data will be treated as confidential. The names of research participants are not disclosed to other persons outside of this research project. Any data from this research that are published in scientific journals will not reveal the identity of the participants. Only the Principal Investigator of the project and his trained research assistants will have access to an individual's data.
6. I may obtain further information about the research and about research participants' rights from Matthew Prull, Department of Psychology, Whitman College, Walla Walla, WA 99362, (509) 527-5890, or from Gilbert Mireles, chair of the Institutional Review Board (IRB) at Whitman College, (509) 527-5259. Any research-related injury will be reported to Matthew Prull, who will inform Gilbert Mireles and Timothy Kaufman-Osborn (Provost and Dean of Faculty).
7. I understand that my participation in this research is voluntary and that refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. I understand that I may discontinue participation at any time during the experimental session, and by doing so I will incur no penalty or loss of benefits to which I am otherwise entitled.
8. The extra copy of the consent form is for you to keep.

Signature

_____/_____/_____
Date