**CESS Agreement To Use The General Consent Form**

By signing the following I confirm that the answers to the questions below are true and that I am either a faculty member at NYU or a student of NYU.

Top of Form

|  |  |  |
| --- | --- | --- |
| * I have successfully passed the NYU IRB Certification Exam. | ☐Yes | ☐No |
| * The minimum payment for the experiment (if completed) cannot be below $10 per 90 minutes. | ☐Yes | ☐No |
| * No deception is used. | ☐Yes | ☐No |
| * No physical or psychological harm is done to any subject. | ☐Yes | ☐No |
| * Subjects take one or more decisions. If more than one decision is taken, the exact number of decisions is known, or if it is not known, the rule that determines when they will stop is known. | ☐Yes | ☐No |
| * Subjects are told if they are taking a decision on their own, or if the outcome also depends on what others do. If it also depends on what others do, the way in which they are grouped together is explained to them. | ☐Yes | ☐No |
| * What they know and what others know is told to everyone. That is, if there is something each subject is told in private, all subjects know that others have such private information. | ☐Yes | ☐No |
| * If subjects are asked to take decisions in a practice run, or dry run, those decisions do not affect their final payoffs. | ☐Yes | ☐No |
| * The way by which payoffs are determined is explained to the subjects. | ☐Yes | ☐No |
| * The payoffs of one subject are not shown to other subjects. | ☐Yes | ☐No |
|  |  |  |
| Please Indicate your current status ☐Faculty ☐Student |  |  |

Bottom of Form

If Yes is answered to all the above questions, the signature is given the right to use the consent form.

The instructions to all treatments must be submitted to CESS as a required part of the approval process.

**Experimenter**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NetID: \_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_/\_\_/\_\_

Project name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-authors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Same as recruitment experiment name)

**CESS Authorizer**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_/\_\_/\_\_