

The consent letter in this appendix is in accordance to the NYC Department of Education requirements:

You have been invited to take part in a study to learn more about the effects of gamification on training non-information technology users in cybersecurity concepts. If you agree to be in this study, you will be asked to do the following:

1. Take a ten question knowledge test and a five question self-confidence survey.
2. Participate in a training for 15-30 minutes.
3. Take a ten question knowledge test and complete another five question self-confidence survey.
4. Take a ten question knowledge test one month after the training five question self-confidence survey.

Participation in this study will involve two sessions, each roughly 30 minutes long, 30 days apart. There are no known risks associated with your participation in this research beyond those of everyday life. This research will make you more prepared to engage with technology in a safer manner.

Participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty. Please read the rest of this consent form for more information about the study.

Northcentral University

Institutional Review Board

Adult Consent Form to Participate in a Research Study

1. Title of research study and general information.

Study title: The Effect of Gamified Training on Retention, Knowledge, and Confidence: A Longitudinal Experimental Study

Study number: [insert NYC DOE IRBManager and all external protocol numbers]

IRB of Record:

Institutional Review Board

Northcentral University

8667 E Hartford Dr STE 100

Scottsdale, AZ 85255

IRB@NCU.edu

Participation duration: Participants will partake in 2 sessions over the course of one month, averaging 30 minutes per session.

Anticipated total number of research participants: 200

2. Researchers' contact information.

Principal Investigator: Patrick M. Damon, M.S., Northcentral University

Phone Number: 347-675-3234

Email Address: p.damon9664@o365.ncu.edu

Faculty Advisor for Student Research: Frank Appunn, Ph.D., Northcentral University

Email Address: fappunn@ncu.edu

3. What information is on this form?

We are asking you to take part in a research study.

This form explains why we are doing this study and what you will be asked to do if you choose to be in this study. It also describes the way we (Researchers) would like to use and share information about you.

Please take the time to read this form. We will talk to you about taking part in this research study. You should ask us any questions you have about this form and about this research study.

You do not have to participate if you don't want to.

4. Why is this study being done?

We are doing this research study to find out if gamified trainings in cybersecurity can help people who have jobs outside of information technology better understand and retain information related to cybersecurity.

5. Who is being included?

You are being asked to participate in this study because we have determined that people who are at least 18 years of age, have obtained an accredited college degree of at least a bachelors, have not worked within an information technology field, and are presently employed help us answer our research questions. The following people will not be included because not meeting the aforementioned requirements would not be beneficial to answering the research questions: people under the age of 18, people without a college degree of at least a bachelors, individuals who are presently employed in an information technology field, and individuals that are presently unemployed.

6. What will I be asked to do if I choose to be in this study?

We will ask you to complete 2 trainings and answer questions by visiting <https://www.infostocat.com> and following the appropriate prompts to complete the tests and training.

The following tests and procedures will be done on scheduled visits:

1. Take a ten question knowledge test and a five question self-confidence survey.
2. Participate in a training for 15-30 minutes.
3. Take a ten question knowledge test and complete another five question self-confidence survey.
4. Take a ten question knowledge test one month after the training five question self-confidence survey.

During these activities, you will be asked questions about:

- Cybersecurity
- Information Security
- Self-confidence in cyber and information security

This study will last 30 days.

7. Are there any risks?

We do not think that the risks associated with taking part in this study are greater in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examination or tests.

8. Are there any benefits?

You may or may not receive personal benefit from taking part in this study. The possible benefits of taking part in this study include: the potential to increase your knowledge of cybersecurity practices and improve your personal security posture.

9. What about my privacy?

Every effort will be made to keep your personal information confidential. However, we cannot guarantee total privacy.

All collected research data will be immediately stripped of all identifiers and maintained in a de-identified format in a password protected database. Only the Principal Investigator and the study staff will be able to see this file.

If information from this study is published or presented at scientific or professional meetings, your name and other personal information about you will/will not be used.

Information not containing identifiers may be used in future research, shared with other researchers, or placed in a data repository without your additional consent.

The following people and/or agencies will be able to look at, copy, use and share your research information:

- The investigator, Northcentral University, NYC DOE staff, and other professionals who may be evaluating the study;
- Authorities from Northcentral University and NYC DOE, including the Institutional Review Board ('IRB'). An IRB is a committee organized to protect the rights and welfare of people involved in research.
- The Federal Office of Human Research Protections ('OHRP')

Future Use/Data Storage:

The data collected during this research study may be further examined with other self-identified markers of identity (race, age, et cetera) to find potential relevance. No identifiable private information will be stored, as each participant will choose a personal identification number (PIN) at the beginning of the study, and no identifying information will be related to the PIN. The

information collected in this study will be shared with KnowBe4, Inc. The data will be maintained in a secure, password protected, cloud environment for 3 years.

On the checklist below, please indicate if you would permit the researchers to store and/or share your test and demographic data for future research.

_____ I agree to allow my test data to be stored for future research by the researchers of this study.

_____ I agree to allow my demographic data to be shared with other researcher for future research.

_____ I do not agree to allow my test or demographic data to be stored or shared for future research.

You may change your mind and revoke (take back) this consent at any time and for any reason.

To revoke this consent, you must contact the Principal Investigator, Patrick Damon at 347-675-3234.

However, if you revoke your consent, you will not be allowed to continue taking part in the Research. Also, even if you revoke this consent, the Researchers and the Sponsor (if applicable) may continue to use and disclose the information they have already collected.

10. Will I get paid or be given anything to take part in this study?
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You will not receive any payment or other reward for taking part in this study.

11. Will I incur costs if I take part in this study?
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There will be no costs to you for being in this study.

12. What are my rights if I take part in this study?
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Taking part in this study is your choice. You can decide not to take part in or stop being in the study at any time. If you decide not to participate, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.

Please tell one of the Researchers listed in Section 2 of this consent form if you decide to leave the study before it is finished.

13. Who can I call if I have questions?

You may call Patrick Damon at telephone # 347-675-3234 or email

p.damon9664@o365.ncu.edu if you have any questions or concerns about this research study.

If you have any questions about your rights as a research participant, or if you have a concern about this study, you may contact the Institutional Review Board listed below.

Institutional Review Board

New York City Department of Education

52 Chambers Street, Room 310

New York, NY 10007

IRB@schools.nyc.gov

Institutional Review Board

Northcentral University

8667 E Hartford Dr STE 100

Scottsdale, AZ 85255

IRB@NCU.edu

14. Statement of consent and signatures

Statement of consent

I have read this consent form. The research study has been explained to me. I agree to be in the research study described above.

A copy of this consent form will be provided to me after I sign it.

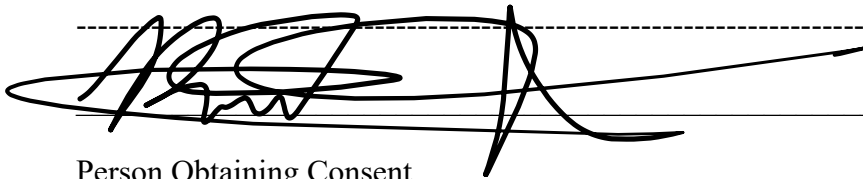
By signing this consent form, I have not given up any of the legal rights that I would have if I were not a participant in the study.

Signatures

Research Participant

Date

Print Name of Research Participant



Person Obtaining Consent

Patrick M. Damon II

Print Name of Person Obtaining Consent