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.

- 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

If Yes is answered to all the above questions, the signature is given the right to use the consent form. The consent form will be valid from September 8th 2014 to September 7th 2015.

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__/__/__