

**REQUEST FOR ACCESS TO SCHOOL OF NURSING DATA FOR RESEARCH
PURPOSES BY EXTERNAL INVESTIGATORS/PROJECT DIRECTORS**

Date:

The Requesting Party (check one) ___ is/___ is not affiliated with Rutgers University.

Access Requested to:

_____ Institutional data (e.g., enrollment, student demographics)

_____ Survey distribution to faculty

_____ Survey distribution to students Please check:
 Graduate Undergraduate

_____ Other (please explain) _____

Name of Requester(s):

Job Title:

Institutional Affiliation: _____

Telecommunications:

Phone: _____ E-mail: _____

Funder/Sponsor (if any): _____

Project Period: _____

Title of Project for which access to SN data or resources is sought:

Research Question/Goal:

IRB status: Exempt/Expedited/QA-QI (circle one) approval has been obtained from:

Rutgers e-IRB _____ Other _____ Date: _____ Protocol # _____

If other, please be aware that you must also submit your approved protocol to Rutgers IRB for approval. We will verify that you have abided by all requirements for privacy and confidentiality.

Do you have a letter of sponsorship/support from an RU administrator or other institutional approval? ___Y/___N If yes, please attach.

Will other schools of nursing or other Rutgers schools/institutes be included in the study? ___Y/___N

Will the School data be identified? ___Y/___N If yes, provide rationale

Do you require any additional resources from the School of Nursing (e.g., staff-time, facilities, IT support) to conduct your study? ___Y/___N

How will you share/disseminate the results? _____

With whom will you share the aggregated results?

In what way are the results of this research of benefit or use to the School of Nursing?

Questions specific to survey research requests (Skip if not applicable):

If access is requested for survey research, please complete the following:

What specific information is needed on the target population? _____

How will the survey be administered? (Check one) _____Paper, distributed directly _____, Electronic, distributed via email _____, Web-based, link distributed via email.

If paper, who will distribute the surveys? _____

Provide the dates when you expect to administer the survey. Be as specific as possible:

Will there be any incentives provided for survey completion? ___ Y/___N

How will the incentives be distributed to participants? _____

FOR OFFICE USE ONLY

APPROVED

Signature of Associate Dean for Research Services _____

Date:

Signature of Director of Office of Institutional Research and Assessment _____

Date:

APPROVED WITH STIPULATIONS

Signature of Associate Dean for Research Services _____

Date:

Signature of Director of Office of Institutional Research and Assessment _____

Date:

REJECTED

Signature of Associate Dean for Research Services _____

Date:

Signature of Director of Office of Institutional Research and Assessment _____

Date: