**NCHC Research Project Application**

General Information

Determination of Human Subjects Research*.*

***Instructions***

*Please complete the following research project application in as much specificity and detail as possible, and email all completed requests to* *research@nchcaz.org**.*

***Deadlines***

*NCHC Research Committee meetings are held on the first Thursday of each month. Deadlines to submit research materials are 2 weeks prior to the meeting date. An application deadline calendar is linked to our research website outlining the specific dates. Please ensure you are aware of these deadlines, as a failure to submit research materials before the deadline will result in the postponement of review until the following month’s meeting.*

1. **Name:** Click or tap here to enter text.
2. **Email Address:** Click or tap here to enter text.
3. **Phone Number:** Click or tap here to enter text.
4. **Institution and Department (if applicable):** Click or tap here to enter text.
5. **Does your project involve a systematic method of studying your topic and collecting and analyzing data?** [ ] Yes [ ] No
6. **Is your project a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to scientific knowledge? (Answer YES if your results will be published and/or presented at state or national conferences. Answer NO if your project will only be used for academic credit or within North Country. Answer UNSURE if unsure.)**

 [ ] Yes [ ] No [ ] Unsure

1. **Does your research project involve human subjects? (Human subject research is any investigation, either observational or interventional, that involves human beings as research subjects or the identifiable information or biospecimens of human beings for analysis*. If NO, skip to Question #14*.)**

[ ] Yes [ ] No

1. **If YES, documented approval or exemption from an Institutional Review Board (IRB), as well as an IRB stamped informed consent document, is required before beginning your research project. Please mark YES here to indicate your understanding.**

[ ] Yes

1. **Has your research project been submitted to an IRB?**

 [ ] Yes [ ] No

1. **If YES, has the project been approved by an IRB?**

 [ ] Yes [ ] No [ ] Pending approval [ ] Project has not been submitted to IRB

1. **Will you obtain identifiable and/or private information about living people (i.e. names, demographic information, birthdates, ZIP codes, etc.)?**

 [ ] Yes [ ] No

1. **Are you collecting data directly from human subjects?**

[ ] Yes [ ] No

1. **If YES, please describe how you plan to obtain informed consent from the study participants.**

Click or tap here to enter text.

1. **Are you evaluating a new or existing program serving NCHC patients or clients?**

[ ] Yes [ ] No [ ] N/A

1. **Are you collecting data with the intention to improve NCHC processes or quality of care?**

[ ] Yes [ ] No [ ] N/A

**NCHC Research Application**

Research Description

1. **Title of research project**: Click or tap here to enter text.
2. **Provide a summary of your research project. (Less than 100 words.)**

Click or tap here to enter text.

1. **Provide a background of your research project and/or topic area. (Approximately 100 words.)**

Click or tap here to enter text.

1. **Describe the objective of the research project. (Approximately 100 words.)**

Click or tap here to enter text.

1. **Describe the research methodology and procedures. Include timelines for data collection and a precise description of the tools and/or measures that will be used to collect and manage the data (i.e. surveys, interviews, etc.). Please be as specific and inclusive as possible.**

Click or tap here to enter text.

1. **Describe the target study sample. From or about whom do you intend to collect data? If applicable, please describe any inclusion or exclusion criteria for study participants*.***

Click or tap here to enter text.

1. **Please describe the human resources (i.e. staff time) NCHC will be required to contribute to the project. Please be as specific and inclusive as possible.**

Click or tap here to enter text.

1. **Please describe the technology and data resources NCHC will be required to contribute to the project. Please be as specific and inclusive as possible.**

Click or tap here to enter text.

1. **If this project includes a clinical component, please describe explicitly the role that providers or clinical staff will have. Please be as specific and inclusive as possible.**

Click or tap here to enter text.

1. **Describe the potential benefits of this project for NCHC or for general and/or scientific community knowledge.**

Click or tap here to enter text.

1. **Describe the potential risks to either patients or NCHC.**

Click or tap here to enter text.

1. **Describe how you will ensure and maintain confidentiality of participants/data.**

Click or tap here to enter text.

1. **What is your estimated start date?** Click or tap here to enter text.
2. **What is you estimated end date?** Click or tap here to enter text.
3. **Please estimate the time period when NCHC staff participation will be required.**

Click or tap here to enter text.

1. **If your project has a clinical component, please include the names of any providers or clinical staff with whom you have consulted or are working. If you have not consulted with a clinical advisor for a project that engages our clinical staff, we highly recommend you do so.**

Click or tap here to enter text.

1. **Please provide the name(s) of any staff person(s) with whom you have consulted or are working.**

Click or tap here to enter text.