

NASN Membership Outreach for Research Request Form

Investigator Name and Title: _____ Date of Request: _____

Investigator Address: _____ NASN member: Yes ___ No ___

Investigator email address and telephone number: _____

Faculty Advisor, if appropriate: _____

School/Health Care Agency Affiliation: _____

School/Health Care Agency Department: _____

Please provide a brief bio-sketch of the principal investigator:

Please summarize the current status of IRB approval. (IRB approval must be obtained before anything will be sent to members. This initial form can be sent before approval letter has been received):

Please indicate which NASN Research Priority this addresses.

Publication to which a manuscript of completed research will be sent:

Timeline and anticipated date for distribution of the survey:

Please describe how NASN will be acknowledged in the final research summary:

Which distribution approach will you be using to reach NASN members?

- ☐ E-mail link to online survey ☐ Post link to web-page or web digest communication

Please include in addition to this form:

- ☐ Brief abstract of the study
☐ Copy of the instrument/survey to be completed by NASN membership
☐ \$100.00 Processing fee (Non-refundable)

Signed Acknowledgement: _____

- ☐ I understand that outreach requests will be sent out by NASN staff only. No personal information of our members will be given out.
☐ I agree to acknowledge the source of my data as described above.
☐ I agree to send a summary of the results to NASN after completion of my survey. (Within 3-6 months)

Signature

Date

Email this form and attachments to data.research@nasn.org | Include the subject line: Research Survey Committee.

Pay the \$100 non-refundable fee via: CREDIT CARD (locate payment link at the bottom of this web page
www.nasn.org/research-mailing-lists

OR

CHECK made out to NASN and mailed to NASN, Attn: Research, 1100 Wayne Avenue, Suite 925, Silver Spring, MD 20910.