



NEW JERSEY STATE SCHOOL NURSES ASSOCIATION
Application for Use of NJSSNA Member Contact List for Research

Name _____

Address _____

Telephone _____

Email _____

Affiliation _____

(University/Employer/Program/Research Sponsor)

Research Title _____

Purpose of Research (150 words or less) _____

Institutional Review Board Approval _____ Yes** _____ No ****If yes, copy must be submitted**

Instrument(s) _____

Type: _____ Survey _____ Interview Format: _____ Electronic _____ Pen & Paper (Hard copy)**

****If survey needs to be sent by mail, the applicant must provide postage in advance of mailing.**

Applicant Signature

Date

NJSSNA USE ONLY

All documents Received by Executive Director: _____

Received by Research Committee: _____
Date Signature

Reviewed _____ Approved _____ Rejected _____
Date

Returned to Applicant: _____
Date Signature