Attachment A
The Johns Hopkins Hospital
Department of Nursing

Approval of Research Involving Nursing or Nursing Resources

Send completed application to the Nurse Researcher, The Johns Hopkins Hospital; Administration 222A; 600 N. Wolfe Street; Baltimore, MD 21287-1720.

A complete application includes:
1. Request for Approval of Nursing Research
2. Research Proposal

PROJECT NAME:

INVESTIGATOR TO CONTACT:

Institution or Agency:

Address:

Telephone Work:____________________ Home:____________________

OTHER INVESTIGATORS (name and title):

FOR STUDENTS ONLY

DEGREE PURSUED:

ADVISOR'S NAME:

Advisor's Institution:

Advisor's Address:

Advisor's Phone:

Check one category
R:\CNR\OSI\DEL Fund\DEL Fund Documents\Application Process\Final\DEL Fund__JHH_Nursing_301 Approval.doc
Nurses are the target sample
Nurses will collect data or conduct a study procedure (e.g. data collection, assessment or blood draw)

CLINICAL RESOURCES REQUIRED

1. Describe the activities that nursing staff will be responsible for.

2. Type and number of nurses sought [if none, skip to item 4].

3. Time required of each nurse
   [hours per week or specify]
   
   As a subject
   For Orientation For Participation
   
   As a data collector
   
   Other

4. Type and number of patients sought.

5. Clinical areas or units to be involved.

6. Time of day when data will be collected [day, evening, or night shift].

7. Data collection period [anticipated start and end dates].
   
   From: ___________________________ To: ___________________________

8. Is there any equipment involved in this protocol? ☐ No ☐ Yes. If yes, what type of equipment?
   
   _____________________________________________________________________

FEEDBACK AND COMPENSATION

1. If nursing service involvement is essential for completion of the study, indicate plans for acknowledging contributions of nursing service in subsequent publications:
   
   _____ Credit to unit for service
   _____ Footnote naming nurse contributors
   _____ Opportunity to participate in writing papers, if desired
   _____ Other (specify): ____________________________

2. Plans for feedback of study results (check all that apply):
   
   _____ Discuss findings at nursing staff meetings on request
   _____ Send abstract of completed study to unit(s)
   _____ Other plan (specify): _________________________
3. How will participating nurses be compensated for their participation?
   ______ Grant stipend to unit
   ______ Part of nursing practice - paid from unit budget
   ______ Nurses will receive direct payment or gift
   ______ No compensation (nurses will not be paid)
   ______ Other

4. Upon completion of the study, a summary of the results must be sent to the Nurse Researcher. This summary will be sent on or about ________ (date).

PERMISSION FOR RELEASE OF PROPOSAL

Copies of this proposal may be provided to nurses or students who are learning the research process.

   YES □  NO □

I certify that the above information is correct:

{Contract Investigator}  [Date]

{Signature of Advisor, if student}  [Date]

OTHER SIGNATURES

{Director of Nursing}  [Date]

{Nurse Researcher}  [Date]

{Director of Practice, Education, and Research}  [Date]