

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

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- 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]

	<u>For Orientation</u>	<u>For Participation</u>
As a subject	_____	_____
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): _____

