



# External Research Collaboration Full Application

Please complete the **full application** if you are pursuing a research collaboration with NCCPA, where you intend to disseminate your research in a journal and/or a conference. If more space is required, include a separate Word document.

Please submit the completed application to **Kasey Puckett, MPH**, at [kaseyk@nccpa.net](mailto:kaseyk@nccpa.net).

**Submission date:** \_\_\_\_\_

## Primary Investigator (PI) Contact Information

First name \_\_\_\_\_  
Last name \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Job title/role \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_  
Work address \_\_\_\_\_

## Co-Investigator (PI) Contact Information

First name \_\_\_\_\_  
Last name \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Job title/role \_\_\_\_\_  
Phone number \_\_\_\_\_  
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## Data Request Application

Please complete the following information.

1. Research project title

2. Provide a one to two-page executive summary describing the purpose/objective of the project (including a hypothesis or research question) and how it serves the public interest and/or enhances the standing of certified PAs in health care delivery systems.



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A large, empty rectangular box with a thin black border, intended for the applicant to provide details for the External Research Collaboration Full Application.



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3. List specific variables and years requested (For more information on the available variables, please visit our research page to review our [Statistical Profile of Board Certified PAs reports](#)).

4. Discuss methodologies recommended for data analysis.

5. Describe the projected timeline (research/grant term – if applicable) and completion date for the project. Include date data is needed.

6. Discuss the intended method(s) of disseminating the results.

7. List the budget, including direct and indirect costs, and source(s) of funding (if applicable).

8. List the location and facility or institution where research will be conducted.

9. Attach the curriculum vitae (CV) of the primary investigator and all co-investigators with this application.



## Disclosures, Institutional Review Board (IRB) Information, and Confidentiality

1. Are there any potential conflicts of interest for the researcher(s), including any financial (direct funding, investments, consultancy fees), personal relationship (such as a spouse, domestic partners, children or stepchildren, parents (including stepparents), siblings, grandparents, or any compatible in-law relationships), or professional interests (including employment, advisory roles) that might influence the research?

No                       Yes (please explain below)

2. Provide a copy of the formal approval from the applicant's Institutional Review Board (*if available*) **or** a timeline for obtaining IRB approval pending the approval of the data request where necessary.

3. Describe how the project will comply with institutional and NCCPA policies on confidentiality and research guidelines.

### **NCCPA Policies for Data Request and External Research Collaboration**

**Please check below that you have reviewed and agree with the NCCPA *Policies for the Review of Requests for Data and External Research Collaboration*.**

I have reviewed and agree with the [NCCPA Policies for the Review of Requests for Data and External Research Collaboration](#).

I acknowledge that NCCPA will only provide non-identifiable, aggregate data for this project. The NCCPA research team will analyze data, and resultant tables will be provided to the principal investigator.



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- I acknowledge that the principal investigator will obtain prior approval by NCCPA for any publications, manuscripts, reports, articles, presentations, etc. that use NCCPA data.
  
- I acknowledge that NCCPA will be an author and will be involved with writing the manuscript, report, etc. Requests for exceptions to the authorship requirement may be considered based on the nature and scope of the project.
  
- I acknowledge that NCCPA maintains ownership of data. External researchers may be granted a non-exclusive license to use NCCPA data for the purpose specified in the proposal. Data may not be disclosed to others without prior written consent from NCCPA.
  
- I acknowledge that payment may be required to cover labor or administrative costs associated with conducting the analysis or processing the data request.
  
- I acknowledge that any changes made to this application after it is fully approved will require a formal request and approval by the Research Advisory Work Group.