

Archives of Scientific Psychology

An Open Methodology, Collaborative Data Sharing, Open Access Journal

Data Request Proposal for Research Purposes

At the end of this proposal form, you will be asked to attach your institutional/ethics review board application and approval regarding the use of the dataset you are requesting.

If you are inquiring about a dataset to which you've already been granted access, please [email the editorial office at SBarnold@apa.org](mailto:SBarnold@apa.org) with the project name, your name, and reason for your inquiry (e.g. extending the date or scope of access). If extending the scope, you may be asked to fill out this form anew and to provide an updated IRB or related approval.

Requestor (Person Requesting Use of the Dataset)

Institution:			
First Name:		Last Name:	
Address 1:			
Address 2:			
City:		State:	
		Zip:	
Phone:		Fax:	
Email:			

All Intended Users/Investigators (Title, Name, Affiliation):

Project Name:	
---------------	----------------------

Archives of Scientific Psychology dataset(s) being requested. Please provide the full dataset citation, as listed on the [ICPSR website](#).

Are you employed at an institution that has a current NIH Multiple Project Assurances (MPA) Certification Number or Federal Wide Assurances (FWA) Certification Number?

☐ Yes. If yes, please provide the following information and then skip to item 8:

Number: Expiration Date:

☐ No. If no, please describe your employer in detail:

Type of organization:

Profit/Nonprofit Status:

Primary Source(s) of Revenue:

Does your employer have policies regarding scientific integrity and misconduct, or human subjects research that cover the secondary analysis of survey data?

☐ Yes. Please describe these policies or provide a link:

☐ No.

Do you agree to comply with the ethical guidelines of the [American Psychological Association](#), [Department of Health and Human Services](#), and [National Institutes of Health](#)?

- ☒ American Psychological Association
- ☒ Department of Health and Human Services
- ☒ National Institutes of Health

Do you agree to offer co-authorship on all subsequent publications using these data to the data's author or originator?

☐ Yes ☐ No

Do you agree to cite all data appropriately? ☐ Yes ☐ No

Please list and describe all locations where copies of the data will be kept.

Please describe the types of data protection methods you intend to take to assure security for the data: (check as many as are applicable)

- ☐ Password protection for all files containing data
- ☐ Removable storage media holding the data (e.g., CDs, flash drive, etc.) kept in a locked compartment/room when not in use
- ☐ Printouts derived from data analysis stored in a locked compartment/room when not in use
- ☐ No storage of the data on any network, including LANs, internet enabled, etc.
- ☐ No transmittal of data or analysis output derived from the data via email, email attachments, or FTP (either over the internet, an Intranet system, or within a local area network)
- ☐ Use of the data on a dedicated computer kept in a secure room and not connected to a network
- ☐ No backup copies of the data to be made
- ☐ Data stored in strongly encrypted form

List and briefly describe the types of data from other sources, if any, that will be merged with the requested *Archives* dataset:

Attachments:

- ☐ Institutional/Ethics Review Board Application
- ☐ Institutional/Ethics Review Board Approval Letter
- ☐ Evidence of Funding Support Available for Project (if applicable)

- ☐ If this dataset involves human subjects, I agree not attempt to identify any individual in this dataset. I agree to [cite these data properly](#) and offer co-authorship to data originators on any resulting publication(s).

Your full name here indicates your signature.