



NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY APPLICATION FOR RESEARCH APPROVAL

GENERAL INSTRUCTIONS

Follow the instructions below when completing the application for research approval. After completing the application, attach it to an e-mail and send it to: Linda.Mitterling@ncdps.gov .

Note: Pages 1-3 describe general information needed and instructions on what is being reviewed as part of the actual application. ALL applicants are required to fill out the actual application pages 4-7.

General Information:

1. Provide the title of your research project.

2. Provide all research team information.

a. Principal Investigator:

Instructions: As the PI, you must have attained at least a master's degree from an accredited U.S. institution or your project must be supervised by an individual with these credentials. Degrees from foreign institutions are accepted upon review. Please attach your most recent CV or resume to this application.

Provide: name, degree, address, institution, telephone, fax and email address.

b. Faculty Advisor:

Instructions: If you have not attained at least a master's degree from an accredited U.S. institution you must be supervised by an individual with these credentials. If you are a student seeking a Ph.D., you should provide the name of your advisor here. Degrees from foreign institutions are accepted upon review. If there is no advisor, leave this blank.

Provide: name, degree, address, institution, telephone, fax and email address.

c. Any additional team members:

Provide: name, degree, address, institution, telephone, fax and email address and role of those on the team.

3. Provide a Department Sponsor (if applicable):

Instructions: If you have worked with a DPS employee to develop this project please list this person here. Do not include communications from the Office of Reentry Services and Planning regarding the project unless you have worked closely with staff on the design or analysis of the proposal. If there is no sponsor, leave this blank.

Provide: name, degree, address, institution, telephone, fax and email address.

4. Provide the project Institution Review Board:

Every research project determined to involve human subjects must be approved by an Institutional Review Board (IRB) certified by the U.S. Department of Health and Human Services.

Provide: name of IRB, contact person, address, telephone, fax and email address.



APPLICATION QUESTION INSTRUCTIONS

1. Purpose and rationale of the study:

Instructions: You should provide background information on the research topic and state your questions or hypotheses. Supply justification for the research including reasons that the use of offenders or correctional staff is necessary. Include citations as appropriate.

Provide: literature review, hypotheses and references

2. Study design:

Instructions: Describe the study design. For each hypothesis describe, if applicable, what subjects will be asked to do and how subjects will be assigned into treatment groups. Describe how data will be collected and who will collect data. Describe any measures or instruments that will be used. Tell how data will be analyzed. Explain the specific statistical or other techniques that will be used to address your question or hypothesis. Address adequacy of the sample to achieve study aims. Note: Study designs that rely heavily on data mining techniques are rarely approved.

Provide: study design and data analysis approach

3. Subjects:

Instructions: Summarize information on human subjects.

Provide: number of subjects, subject age range, duration of involvement, duration of study, recruitment, restrictions/exclusions, inducements, gender and subject class

4. Data sources:

Instructions: Summarize your sources of data by checking all that apply. If you plan to collect or are requesting identifying information, specify the identifiers requested and attach a copy of any surveys, interviews or tests. Indicate any special materials you will need and any materials you will bring with you to the research site (e.g., tape recorder, video equipment, etc.).

Provide: data sources, required equipment and any data elements from DPS databases required to complete your research

5. Benefits:

Instructions: Describe the potential for benefits to the individual, society, class of individuals (e.g. offenders, corrections professionals) or Division of Adult Correction and Juvenile Justice. Include direct and indirect benefits. If no direct benefits to the individual are possible, state this explicitly.

Provide: direct and indirect benefits

6. Risks:

Instructions: Describe the potential risks to the individual, society, class of individuals (e.g., offenders, corrections professionals) or Division of Adult Correction and Juvenile Justice. Include psychosocial harm, economic harm, legal jeopardy, loss of professional standing or reputation, loss of community standing (including prison society), as well as any side effects of study medication.

Provide: risks



APPLICATION QUESTION INSTRUCTIONS (continued)

7. Measures to minimize risks:

Instructions: Describe the measures that will be taken to minimize the risks noted above. Consider how you will maintain confidentiality of participation, and provision for mental health counseling if requested. Also discuss the potential for deductive disclosure.

Provide: potential for deductive disclosure, confidentiality measures used in the research design

8. Confidentiality measures:

Instructions: Specify the nature of the data and who will see it. Describe measures to protect the subject, her/his participation, and the data. Detail any provisions for data sharing, data security and storage, disposition of identifying information and other data after completion of study.

Provide: data sharing intentions, data storage and security

9. Cost (financial and resource) to the Department of Public Safety:

Instructions: Include an estimate of DPS staff time required to assist with this project (e.g., administering and scoring tests and surveys or data extraction) and subject time. Also indicate proposed data collection sites. Describe in detail what assistance you require from staff.

Provide: estimate of DPS financial contribution, estimate of DPS staff time and proposed data collection sites.

10. Consent Process:

Instructions: Describe the process of obtaining informed consent from subjects.

Provide: copies of all consent forms, justification for waiver of written consent (if applicable), and justification for full or partial waiver of consent (if applicable).

Please include the following statements in your consent form, where applicable or provide justification for exemption from this requirement in Section 10 of the application:

Department of Public Safety staff are not conducting this research project. They will not get a copy of your name or of your answers. The Department will receive a copy of the overall results at the end of the study but will not be able to identify you personally from the copy they receive.

Your release date, terms of supervision, medical care, or your general living conditions will not be affected by whether you chose to be in the study or if you chose to stop participating at any point. You may refuse to answer questions or stop taking part in the study at any time.

You should know that if you indicate plans to harm yourself, to harm someone else, or to escape or abscond supervision that information is not confidential and will immediately be reported to DPS staff.



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CONFLICT OF INTEREST – DISCLOSURE

In order to ensure research is conducted in an ethical and transparent manner and to protect the integrity of research conducted by, on, or with interests of the Department, all research requests are reviewed for conflicts of interest.

You may have a conflict of interest when you, or any member of your immediate family has a personal financial interest in the outcome of the research or when engagement in research activities creates a situation that may compromise or has the appearance of comprising your objectivity in carrying out research related activities, including but not limited to the collection, analysis and interpretation of data.

All researchers must disclose any conflict of interest when submitting the research request. Space is provided below for you to describe any potential conflicts of interest that should be considered by the Department.

Submission of this research application without disclosure constitutes an explicit attestation that no conflict exists.

Describe any potential conflicts of interest.



**NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
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RESEARCH INFORMATION		
Proposal Title:		
Principal Investigator	name:	
title:	email:	
address:	phone number:	
Faculty Advisor	name:	
title:	email:	
address:	phone number:	
Additional team members: (Please list all team members and their role.)		
Department (DPS) Sponsor:		
IRB:		
1. Purpose and Rationale		
References:		
2. Study Design		
Data Analysis:		
3. Subjects		
Number of Subjects:	Age Range of Subjects:	Duration of Study:
Duration of Subject Involvement in Study Activities:		Subject Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females
Subject Class:	<input type="checkbox"/> Adult Inmates	<input type="checkbox"/> Adult Probationers or Parolees/Post-Releasees
<input type="checkbox"/> Juveniles	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
Subject Recruitment (list recruitment scripts as a separate attachment):		
Inducements:		
Restrictions or Exclusions:		
4. Data Sources & Equipment		
Check all that apply:	<input type="checkbox"/> Electronic files	<input type="checkbox"/> Email/mail-in surveys/interviews/tests
<input type="checkbox"/> Hard copy files	<input type="checkbox"/> Face-to-face surveys/interviews/tests (including telephone contact)	
Are you collecting or receiving any of the following identifiers? (Check all that apply):		
<input type="checkbox"/> a. Names <input type="checkbox"/> b. Any geographic subdivisions smaller than a city, including street address, precinct, zip code and their equivalent geocodes, except for the initial three digits of a zip code <input type="checkbox"/> c. Social Security, SBI, or FBI numbers <input type="checkbox"/> d. Biometric identifiers, including finger prints <input type="checkbox"/> e. Any other unique identifying numbers, characteristics or codes, other than dummy identifiers that are not derived from actual identifiers <input type="checkbox"/> f. Full face photographic images and any comparable images		

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4. Data Sources & Equipment continued

If you checked e. above, please explain:

If you checked "Hard copy files" list any information you plan to abstract from the file and the DPS location where these files are stored:

If you checked, "Electronic files" list any data elements required to complete your research and the DPS database in which these data are found:

List the title of surveys, interviews, or tests:
(for each indicate whether it has been 1. field tested and/or 2. validated. If the instrument(s) have not been both field tested and validated, please make certain your research design incorporates these elements. If the instrument cannot be validated you should provide justification in your study design. Include copies of materials as individual attachments. Do not insert the actual text of materials here.)

Title 1:	<input type="checkbox"/> field tested	<input type="checkbox"/> validated
Title 2:	<input type="checkbox"/> field tested	<input type="checkbox"/> validated
Title 3:	<input type="checkbox"/> field tested	<input type="checkbox"/> validated
Title 4:	<input type="checkbox"/> field tested	<input type="checkbox"/> validated

List any equipment you plan to bring to the research site (including but not limited to computers and other non-electronic data recording equipment such as paper and pens):

continued next page >



5. Benefits

6. Risks

7. Measures to Minimize Risk

8. Confidentiality Measures

9. Cost to the Department

10. Consent

Describe the consent process:

Are you requesting any of the following (check all that apply):

- Waiver of written consent
- Partial waiver of consent (specify specific elements of consent you wish waived)
- Full waiver of consent
- Exemption from DPS consent statements

If any of the above are checked, provide justification below: