Child Care & Early Education
RESEARCH CONNECTIONS

Access to these data will be granted to researchers currently affiliated with an institution, organization, or agency with a valid NIH Multiple Project Assurances (MPA) Certification Number or Federal Wide Assurances (FWA) Certification Number and/or governed by an Institutional Review Board (IRB), and who agree to the terms and conditions listed below.

If employed at an organization that has a current NIH Multiple Project Assurances (MPA) Certification Number or Federal Wide Assurances (FWA) Certification Number, please provide the number and expiration date. The FWA number is issued by the United States Department of Health and Human Services Office for Human Research Protections (http://www.hhs.gov/ohrp); it informs *Research Connections* that your institution's IRB is registered with OHRP. If a member of the proposed research team, including subcontractors, is employed at an organization that **does not** have an NIH Multiple Project Assurances (MPA) Certification Number or Federal Wide Assurances (FWA) Certification Number, please include responses to the questions on page four of this Restricted Data Application.

An original copy of this agreement form must be signed and returned to *Research Connections* before data will be released. In addition to the completed data-use agreement form, applicants are required to submit a letter summarizing research interests and provide contact information, including the mailing address to where the data may be sent. Students who wish to use these data for a dissertation or a class project must also submit a photocopy of his/her student ID, and obtain the co-signature of an advisor or professor.

The application must include:

- An **original-signature** Restricted Data Use Agreement Form including
  - MPA or FWA Certification Number and expiration date **OR** responses to the four questions listed on page four if you are not affiliated with an organization with MPA/FWA Certification Number.
  - Your contact information, including a mailing address to where the data may be sent.
- A letter summarizing your research interests for the data requested
- Students that apply must *also* include
  - photocopy of student ID
  - co-signature of an advisor or professor

Submit completed application materials to:

Research Connections
Restricted Data Use Agreements
P.O. Box 1248
Ann Arbor, MI 48106-1248

Questions about this application may also be sent to the above address or submitted via e-mail to contact@researchconnections.org.

Restricted Data Use Agreement Form

INSTRUCTIONS: Please submit an **original-signature** copy of this agreement **for each member of the research team who will have access to the data**.

I am requesting the following dataset(s):

_____

_____

_____

I agree to the following terms and conditions:

1. These data will be used solely for the purpose of non-commercial, scientific and public policy research and teaching. Faculty members who desire to share these data with students bear full responsibility for ensuring that all conditions of this agreement are met by the students.

2. No attempt will be made to identify any individual person, family, household, classroom, center, or organization. Any attempt to use these data to identify individuals or institutions is a violation of federal law.

3. To acknowledge in any publication, whether printed, electronic, or broadcast, based wholly or in part on these data, both the original depositors, the funding agency, and *Research Connections*. To declare in any such work that those who carried out the original collection and analysis of the data bear no responsibility for their further analysis or interpretation.

4. To deposit with *Research Connections* two copies of any published work or report based wholly or in part on these data.

5. Not to make any claim to copyright ownership of the materials provided, not to distribute copies of the materials to others, nor to make copies.

6. To store the data securely and to restrict access to registered users who have received written permission from *Research Connections* for the specified purposes. In particular, I will not store the data on a file server or in any other computational domain where it could be accessed by others.

7. To notify *Research Connections* of any errors discovered in the materials.

8. To accept that *Research Connec*tions and the depositor of the materials supplied bear no legal responsibility for their accuracy or comprehensiveness. To indemnify and hold harmless *Research Connections*, the depositor of the materials, and any employees or agents of the same against any and all claims for damages, demands, and all other actions and all expenses and costs arising from such demands whatsoever arising from the release of the materials.

I understand that violation of any of the above-mentioned conditions will be a breach of this Data-use Agreement, will constitute unethical professional practice, and may subject me to legal action under applicable statutes and regulations.

To be Completed by Applicant

Name (printed): _____

Signature: _____

Date Signed: _____

Organization: _____

MPA or FWA Certification Number *: _____

MPA or FWA expiration number: _____(*mm/dd/yyyy*)

Name of Co-signer (if applicable): _____

Signature of Co-signer (if applicable): _____

* **Note:** If you are not affiliated with an organization with MPA/FWA Certification Number please answer the four questions listed on page 4 of this Restricted Use Data Application.

Contact Information and Mailing Address

Name: _____

Address: _____

City, State: _____

Phone: _____

Email: _____

Representative of *Research Connections* - The person(s) listed above are hereby granted approval to access this restricted data:

Name: _____

Signature: _____

Date Signed: _____

Applicants employed at an organization that does not have an NIH Multiple Project Assurances (MPA) Certification Number or Federal Wide Assurances (FWA) Certification Number, must answer the questions below.

1. Please describe your employer in detail. Include the type of organization, profit/non-profit status, and primary sources of revenue.

   _____

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   _____

2. What is(are) the sources(s) of funding for the specific research for which you are applying to use this restricted data file? (List name of funding organization, whether funds provided as a grant, contract, or other mechanism.)

   _____

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3. Please describe proprietary interests of the funding organizations listed in the response above, even if not directly related to the research project described above.

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4. Does your employer have policies regarding scientific integrity and misconduct, or human subjects research that cover the secondary analysis of survey data? If so, please describe these policies.

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