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|  | **Public Health Accreditation Board**  **Data Request Form**  **Effective Date: November 2023** |
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In order to request the use of accreditation data, please complete this form and email it to [research@phaboard.org](mailto:research@phaboard.org). Additional information about PHAB data is available at <https://phaboard.org/data-and-insights/request-data/>. If you have any questions, please contact research@phaboard.org.

1. Lead Researcher:

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| Name: |  |
| Organization: |  |
| Email: |  |
| Phone number: |  |
| Address: |  |

1. Other members of the research team. (Please list all other individuals who will have access to the data set.)

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| Name: |  |
| Organization: |  |
| Name: |  |
| Organization: |  |
| Name: |  |
| Organization: |  |
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| Name: |  |
| Organization: |  |

1. Project title:

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1. Briefly describe the purpose of the study. What research question(s) does the study seek to answer? What specific hypothesis are you testing?

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1. Briefly describe the study design, methodology, and analysis plan. What other data, if any, will be merged with the PHAB data? What statistical analyses will be conducted?

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1. What is the funding source for the study?

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1. Which data elements are you requesting? Please refer to the Description of PHAB Data and Codebook for field names (available at https://phaboard.org/data-and-insights/request-data/

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1. Are you requesting that the data set include the name of the health departments? If so, why?

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1. What steps will you take to protect the confidentiality of the health departments throughout the research process?

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1. Has this study been reviewed by an Institutional Review Board?

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1. What is the anticipated timeline for the study?

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1. How do you plan to disseminate the findings?

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By signing below, the lead researcher acknowledges that:

* I have reviewed the Description of PHAB Data and Codebook and understand the data limitations described therein.
* I have reviewed the PHAB Research Guidelines and understand that I will need to follow the overarching data use policy described therein.
* I understand that, if this data request is granted, I will need to provide PHAB with a signed data use agreement and the data fee prior to receiving the data.

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Signature Name Date