**Society of Pediatric Nurses (SPN)**

**Request for Conducting Research Using SPN Members**

**Purpose**

SPN welcomes research proposals involving its members that will facilitate the health and welfare of pediatric patients, their families, and the pediatric nurses who care for them.

This document describes the principles and process to ensure that the research projects are appropriate for our members, will yield meaningful results and provide adequate ethical protection for members.

**Overview of Process**

The application and all supporting materials should be sent **electronically** to the SPN National Office. Send submissions electronically to: SPN National Office at [info@pedsnurses.org](mailto:info@pedsnurses.org). Complete applications will be assigned to a review panel of experts. A blind review process is followed. Applicants will be notified within approximately 4 weeks of submission.

* SPN will not provide member’s names, addresses, emails or phone numbers to research applicants. For this reason, only online surveys that utilize links to online survey engines will be allowed.
* SPN will only consider projects that have been reviewed and approved by an Institutional Review Board/Human Subject or Ethics Committee at the applicant’s institution.
* The application will be reviewed by an expert panel of Research Committee members who will evaluate the proposal according to its scientific and ethical qualities, as well as its fit with the mission of SPN.
* If approved, the applicant will abide by the protocol approved by the panel. In addition, an agreement will be signed by the applicant and the Research Chair. Terms of the agreement will include but are not limited to:
  + SPN is not liable for researcher misconduct, or the results of misconduct
  + SPN is not liable for any expenses incurred by the researcher
  + The applicant will provide periodic updates during data collection and a summary of the research to SPN within 6 months of completion
  + The applicant will acknowledge the support of SPN for the conduct of this study
  + Upon completion, the applicant will submit an abstract for poster or podium presentation at the Annual Conference and/or to the SPN Newsletter or Journal of the Society of Pediatric Nursing (acceptance subject to peer review)
* A non-refundable review fee of $50.00 for SPN members and $100.00 for non-members will be charged prior to review. If approved, the applicant will be charged $250.00 for SPN members or $375 .00 for non-members prior to accessing SPN members for research. The review and access fees will be waived if the research is conducted by the SPN organization.

**Selection Criteria**

1. Protection of human subjects, including protection of SPN and its members
2. Value of findings for SPN members
3. Contribution to the knowledge base of pediatric nursing
4. Scientific soundness
5. Qualifications of the applicant/adequate student supervision by a qualified advisor

**SPN Conducting Research Using SPN Members Request Form**

**Title of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Applicant’s Information:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degrees, Licenses, Certifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email and phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief summary of previous research experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Applicant’s Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degrees, Licenses, Certifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email and phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief summary of previous research experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a student?** If so, provide the following information.

What degree are you pursuing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Degrees, Licenses, Certifications of Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title of Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief summary of you/your advisor’s previous research experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enclosed Documents**

* Completed Research Request Form (this form)
* Proof of SPN membership (If applicable)
* Primary applicant CV (and Advisor CV)
* Non-refundable review fee

**SPN Conducting Research Using SPN Members Request Form**

Please answer the following questions, which are often asked by your Institutional Review Board/Human Subject or Ethics Committee. The answers will be used to review your proposal in these areas: a) adequate protection of human subjects, including protection of SPN and its members, b) value of findings for SPN members, c) contribution to the knowledge base of Pediatric Nursing, d) scientific soundness, and e) qualifications of the applicant/adequate student supervision by a qualified advisor. Email the completed form to the Association Manager.

**Project Description:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the purpose of the study, and its significance for Pediatric Nursing or Pediatric Nurses?
2. What is/are your research question(s)?
3. What type of research design are you employing?
4. What is your approximate timeline (beginning to end) for accessing our members?
5. What demographic and survey questions will you ask (provide copies)?
6. What are your inclusion criteria/ exclusion criteria?
7. Do you need us to provide approximate numbers of members fitting particular inclusion criteria for your sampling scheme or power analyses?
8. Are you sampling SPN members only through our organization, or are you also asking SPN members to forward the survey to non-members (snowball sampling)?
9. How will you protect the identity of SPN members?
10. Have you received Institutional Review Board/Human Subject or Ethics Committee approval yet?
11. Please provide us with a copy of your Institutional Review Board/Human Subject or Ethics Committee approval and consent form?
12. Describe your data collection procedure/protocol.
13. Are you willing to present your findings to SPN at convention as a poster or paper (if accepted, after peer review)?
14. Are you willing to share your findings in the SPN newsletter?
15. Are you willing to accept and sign the terms of agreement for surveying SPN members? Note: Violating these terms will result in removal of the research link and ethical violations will be reported to your Institutional Review Board/Human Subject or Ethics Committee (and if a student, advisor or Provost)?