



ALABAMA BOARD OF NURSING

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EXECUTIVE OFFICER

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Research/Evidence-Based Project Authorization Letter Request

Researcher/Project Conductor Information:			
Name:			
Address:	Street or P.O. Box #:	City/State:	Zip Code:
Telephone:	() -	Email:	
Alabama RN License No.:	1 -	Initial here if not applicable:	
Graduate Nursing School:		Initial here if not applicable:	
Preferred method of receipt of Site Authorization Letter:	_____ Email		_____ Regular Mail

Submission Checklist:	
<i>Initial Here</i>	Research/Project Proposal included. (.pdf)
<i>Initial Here</i>	Research/Project includes matters that are of regulatory or public health interest.
<i>Initial Here</i>	I understand that, if approved, I would be subject to a Data Use Agreement.
<i>Initial Here</i>	Prior to being permitted use of ABN data, I understand that I must submit my complete IRB packet and approval for review by the ABN Institutional Review Committee (IRC).

Researcher/Project Conductor:

Faculty Advisor:

(Print Name)

(Print Name)

(Signature)

(Signature/Title)

Submit to: anrc@abn.alabama.gov	Subject: IRC
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Part 1: Research/Evidence-Based Project Authorization Letter Request (Researcher/Project Conductor)

Part 1A: ABN IRC to review request for Authorization Letter (ABN)

Part 2: Complete IRB packet and approval submission to ABN (Researcher/Project Conductor)

Part 2A: ABN IRC for final approval (ABN)