

RSA Plaza, Suite 250

## **ALABAMA BOARD OF NURSING**

## PEGGY SELLERS BENSON, RN, MSHA, MSN, NE-BC EXECUTIVE OFFICER

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Mailing address: P.O. Box 303900 Montgomery, AL 36130-3900 (334) 293-5200 or 1-800-656-5318 Fax (334)293-5201

## 770 Washington Ave Montgomery, AL 36104 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 he not appli		ble:	
	ursing School:		Initial here if not applicable:			
Preferred method of receipt of Site Authorization Letter:		Email		Regular Mail	_ Regular Mail	
Submission Checklist:						
Initial Here	Research/Project Proposal included. (.pdf)					
Initial Here	Research/Project includes matters that are of regulatory or public health interest.					
Initial Here	I understand that, if approved, I would be subject to a Data Use Agreement.					
Initial Here	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						

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)