**ATTACHMENT A**

**APPLICATION FOR RESEARCH**

**Indiana Department of Correction**

INSTRUCTIONS:

* Replace the non-bolded test after each number with the answers to each question.
* Submit the application via email or by mail to:

Executive Director, Research and Technology Division

Indiana Department of Correction

302 W Washington St, E334

Indianapolis, IN 46204

* Include the Agreement of Security and Confidentiality (State Form 13251) with this application, if applicable.

1. **Title of Project** – Full title of proposed research project.
2. **Name of Applicant** – First and last name of principal investigator for the project.
3. **Phone number of applicant** – Daytime phone number including area code.
4. **Address of Applicant** – Address where applicant wishes to receive correspondence concerning the project.
5. **Organization or institutional affiliation pertaining to the project** – If project is a requirement for an educational degree, please enter the University where student is working on the degree. If not applicable enter “NA”.
6. **Name, title, department of faculty advisor** – If requirement for educational degree, enter full name, title and department of faculty advisor. If not applicable enter “NA”.
7. **Project hypothesis** (es) – State specifically the tentative assumption(s) or problem (s) to be studied.
8. **Project procedure** – State specifically the procedure involved to conduct the research. Include the following information:

* Facility(ies), parole district(s), division(s) to be involved;
* Estimated start and completion dates of project;
* What the Department is expected to provide (equipment, personnel, space, supplies etc);
* Number and type of subjects and method to select them;
* Copy of each instrument to be used;
* Name of all research personnel involved and their background as related to the project; and
* Any other pertinent information necessary.

1. **Intended use and dissemination of findings** – State if the final report is to be used for educational credit, publication, in-house use, etc. Include a statement that two (2) copies will be submitted to the Executive Director, Research and TechnologyDivision.
2. **Importance to Department of Correction** – State how the Department can benefit from the results of the project.
3. **Specific information required** – State all the information required from the Department in order to conduct the project. If information is to be obtained on individual subjects, specifically state the information required.
4. **Justify need for subject’s information in identifiable form if applicable** – State why information is required in a manner which will identify the subjects and state the specific information associated with them that is needed. If criminal history information is required, a copy of AGREEMENT OF SECURITY AND CONFIDENTIALITY, State Form 13251, is to be completed. If information is not required in identifiable form enter “NA”.
5. **If the project is being conducted in association with a college or university**, has it received approval from the Committee on the Protection of Human Subjects (or similar committee)?

If yes, please attach a copy of the committee approval. If no, please explain.

1. **Signature of Applicant** – please sign the application.
2. **Title of Applicant** – Enter job title if applicable.
3. **Date of signature** – Enter month, day, and year the application is signed.