



# External Research Application

OFFICE OF RESEARCH & GOVERNMENT EFFICIENCIES

## Research Proposal Overview and Contact Information

Title of Proposed Research:

### External Research Parties:

Primary Contact:

Email:

Other Parties:

Email:

Other Parties:

Email:

Other Parties:

Email:

Organization/Institution

Mailing Address:

Phone:

### Project Dates and Funding:

Anticipated Project Start Date:

Anticipated IRB Submittal Date:

Proposed Duration of Research:

Type of Funding Agency (e.g., Federal, State, Foundation, None):

Funding Agency:

## Research Proposal/Project Details

### Summary

In 500 words or less, please provide a summary of the project and its purpose, including a description of the methods and procedures to be used.

### Research Questions and/or Hypotheses

Please explain your primary research questions and/or hypotheses and the data sources you will use to address these questions.

### Research Sample and Population

Please describe the proposed sample and how it applies to the population you intend to study. Be sure to provide an estimate of the number of participants you plan to recruit and the reason(s) for your intended sample size. In addition, indicate the method you will use to recruit participants.

## Research Proposal/Project Details

### Correctional Institution Involvement

Please list which correctional institutions you plan to involve and the reason(s) why you chose these institutions.

### Request for DOC Resources

Please describe what you feel is necessary from DOC in order to carry out your proposed research. This may include, but is not limited to, access to DOC's data, physical access to correctional facilities, research staff to collect data, and/or assistance with data analysis and/or reporting. DOC does not guarantee requests can always be granted due to limited resources

### Access to Correctional Facilities

If your proposed research involves the need to enter one or more DOC correctional facilities, please indicate what kind(s) of equipment you will need to bring into the secure institutions. This may include, but is not limited to, surveys, pencils, and/or computers.

### Information Security

Please describe how you will ensure information security. This may include, but is not limited to, ensuring confidentiality of data, maintaining data files on a password-protected computer in a limited-access locked office, and/or keeping raw data in a locked file cabinet in a limited-access locked office. Please also list any additional individuals who will have access to the data and their knowledge of confidentiality standards and ethical research practices.

### Potential Benefits

Please describe the potential benefits of your proposed research. For example, participants may benefit directly from the research through participation incentives (e.g., payment, canteen vouchers, etc.) and/or indirectly through the improvement of treatment programs or staff collaboration.

### Expected Outcomes

Please describe the expected outcomes of your study and how and by whom this research will be used. Specifically address what conclusions you hope to be able to draw from your findings.

### Additional Disclosures

Before beginning of any research it is important for the researcher to disclose and reflect on any biases he or she might have that may interfere with the implementation of the study or a fair interpretation of the data.

In this section, please list and describe these biases as well as any other issues that are not included in this application that we should consider or know about. For example, any other parties that have a vested interest in this research in addition to your organization (e.g., The Oregonian, Common Sense for Oregon, Department of Justice, etc.). Are you conducting this research on behalf of one of these parties or on behalf of any other organization and/or person (e.g., as a lobbyist for Crime Victims United)? Do you have any family members and/or friends who are currently incarcerated in Oregon? Please include as much detail as possible.

### Adherence to DOC Rules

#### DOC Oregon Administrative Rules (OARs) and Policies

By checking the boxes below, you agree you have read, understood, and will abide by the below OARs and policies should your application be approved.

- [OAR 291-035](#), External Research Proposals
- [OAR 291-016](#), Facility Access
- [DOC Policy 40.1.13](#), Prison Rape Elimination Act (PREA)
- [DOC Policy 60.1.4](#), Information Security
- [DOC Policy 60.1.5](#), Information Security Awareness
- [DOC Policy 60.1.6](#), Information Security Incident Response
- [DOC Policy 60.1.7](#), Acceptable Use and Management of Criminal Justice Information

## Assurances, Conduct, and Professionalism

By checking the boxes below, you agree you have read, understood, and will abide by the below statements assurances, conduct, and professionalism.

### Investigator's Assurance Statement

I will report any changes in the proposed study and any unanticipated problems involving human participants to the DOC Research Committee.

I agree to return all DOC data to the DOC Research Committee upon completion of the study unless this requirement is waived by the Research Committee.

I agree to provide a copy of the final research report, statistical input statements, and statistical output documents to the DOC Research Committee upon completion of the study, unless this requirement is waived by the Research Committee.

I will be responsible for upholding the ethical standards of this research and for protecting the rights and welfare of human participants.

### External Research Party (ERP) Conduct and Professionalism

When conducting research at the Department of Corrections, whether inside or outside Agency facilities, the ERP and its representatives shall conduct themselves in a civil, polite, courteous, and professional manner at all times in their interactions with adults in custody (AICs), Agency staff and volunteers, and the public. The ERP and its representatives shall not, under any circumstances, fraternize with AICs. The ERP and its representatives shall immediately report to the institution Superintendent and the DOC Inspector General, (telephone number 503-945-0954), any conduct they observe or any information they receive in the course of conducting research regarding inappropriate or unlawful conduct by any ERP, or representatives, AICs, Agency staff, contractors, or volunteers.

The ERP and its representatives shall value and maintain the highest ideals of professionalism and compassionate public service by respecting the dignity, cultural diversity, and human rights of all persons, and protecting the safety and welfare of the public.

The ERP will be responsible for upholding the ethical standards of this research and for protecting the rights and welfare of human participants.

## Required Supporting Documentation

Please attach copies of the following documentation with your application.

- Informed consent document to be used during participant recruitment
- Data collection tools (e.g., survey instruments, interview protocols, etc.)
- Draft IRB application. (If this research is approved, IRB approval is mandatory prior to starting data collection within the Department of Corrections.)

**Applicant Signature(s) (Required)**

Signature	Printed Name	Date
<p><i>If this research is part of a student project, thesis, or dissertation, this proposal must also be signed by the student's faculty advisor.</i></p>		
Signature of Faculty Advisor	Printed Name	Date
<p>Please complete, <b><i>sign</i></b>, and return this application along with supporting documentation to:</p> <p style="color: blue; text-decoration: underline;"><a href="mailto:ODOCResearchCommitteeChair@doc.oregon.gov">ODOCResearchCommitteeChair@doc.oregon.gov</a></p> <p><b>Note: Application must have signature. Electronic signatures acceptable.</b></p>		

**FOR OFFICIAL DOC USE ONLY**

**DOC Research Committee Decision**

Date Application Received		IRB Approval Date	
Research Committee Decision		IRB Entity	
		IRB Entity #	
<p>If decision is "approved with conditions" or "denied," provide explanation below.</p>			
Signature of DOC Research Committee Chair		Date	