



## Request for Approval of Research on a NAMI Program

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

State: \_\_\_\_\_ NAMI Affiliate (if applicable) \_\_\_\_\_

Contact Person: \_\_\_\_\_ email: \_\_\_\_\_

### Program for which research is being considered:

- |  |  |
|--|--|
| <input type="checkbox"/> NAMI Basics               | <input type="checkbox"/> NAMI Homefront                    |
| <input type="checkbox"/> NAMI Connection           | <input type="checkbox"/> NAMI In Our Own Voice             |
| <input type="checkbox"/> NAMI Ending the Silence   | <input type="checkbox"/> NAMI Parents & Teachers as Allies |
| <input type="checkbox"/> NAMI Family-to-Family     | <input type="checkbox"/> NAMI Peer-to-Peer                 |
| <input type="checkbox"/> NAMI Family Support Group | <input type="checkbox"/> NAMI Provider                     |

### **Research on NAMI national programs** (NAMI National Program Operating Policies 2017)

Any research studies conducted on NAMI programs or using participants in NAMI programs must be approved in advance and in writing by NAMI's Director of Knowledge Integration and Director of National Education Programs. The individual/institution conducting the research must also be willing to share with NAMI the data, analysis and conclusions from the research project.

### **Please answer the following questions about the research being proposed.**

1. Will the research be conducted by an entity outside NAMI? (i.e. University, research group) If so, please tell us who the entity is.  
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2. What type of evaluation/research is being proposed? (i.e. pre/post-test, interviews)
3. What is the purpose of the research? (i.e. funder requirement)
4. During what time frame will the research be conducted? (include start date and completion date)
5. Is there an Institutional Review Board (IRB) involved in this research?  
 Yes       No

6. Please describe the methodology planned for the research in detail to include at a minimum:
- a. What instruments will be used?
  - b. Where will the study be conducted?(list NAMI Affiliates to be involved)
  - c. Who will administer the instruments?
  - d. Who will collect them?
  - e. How will any NAMI volunteer leaders be trained on the process?
  - f. Who will be doing the training of the volunteers?
  - g. What will the process involve?
    - ✓ Consent forms?
    - ✓ Are responses anonymous?
    - ✓ Will collected instruments be placed in sealed envelopes?
    - ✓ What happens to the instruments after they are collected?
  - h. How will data be analyzed and who will do the analysis?
  - i. What will be done with the results?
7. What are the plans for the results of the research (dissertation, evaluation report, article for publication, etc.)?
8. Do you agree to share the results and conclusions with NAMI, and to reference NAMI in any and all publications of these results.
- Yes       No
9. Anything else that would be helpful to NAMI in making the decision to approve this research request.

Copies of all documents referenced in this request for approval must be included for review (instruments to be used, IRB approval, training process outlines, etc.)

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*(this portion of form for internal use only)*

**Disposition:**

- Research proposal is approved
- Research proposal is denied
- No decision can be made until the following questions are addressed:
  - 1.
  - 2.
  - 3.

Reviewed by: