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| **Overview** |

Data sharing is an important part of the scientific process allowing new opportunities to advance knowledge. A data use and sharing agreement allows a researcher to share a limited data set with a colleague or another person or entity not associated with the study or the researcher’s institution. It also defines the ethical obligations and legal boundaries for data usage for individuals within the researcher’s institution and fellow members of the research team. All persons seeking access to archival and related data collected through The Accountability Based Juvenile Treatment and Assessment Program (Protocol #15-331 MR 1508) will be required to have an active data use and sharing agreement on file with the Research Coordinator.

The data use and sharing agreement is a two-step process. First, all parties interested in accessing data should fill out the Research Project Application Form available on the lab website. Second, the research team will review the application and prepare a data use and sharing agreement document which states in detail the parameters of the collaboration and the specific ethical and legal limitations of data usage including, but not limited to, the length of the agreement, intended use of the data, and data security and confidentiality expectations.

Please be advised that copies of the entire database are rarely granted without special written approvals. Therefore, please indicate specifically the variables of interest, the population of interest (AISB, AGDB, or both), and the time interval (pre-treatment, post-treatment, or recidivism) when completing the Research Project Application Form. Copies of the full variable list are available upon request.

Due to the large scale nature of the data collection process, the full database is updated and cleaned on a quarterly basis (i.e., the last day in the month of March, June, September, and December). If the analyses chosen for your project require a specific sample size and if there is an insufficient sample size at the end of a quarterly review, you may be asked to wait until the end of the next quarterly review to be granted access to the data. Please plan accordingly and indicate any deadlines on the application. This will help our research team best serve your needs.

## Research Project Application Form

\*This form is for all requests to conduct research using archival and related data collected under the **Accountability Based Assessment and Treatment IRB.** If you are requesting access to the participants at Mt. Meigs or the facilities of the Juvenile Delinquency Lab, but not access to this data—you will need to complete a different form

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| Applicant Information |
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| Full Name: |       |  |  |
|  | Last | First | M.I. |
| Auburn FacultySupervisor/MP: |       |
|  |  |  |  |
| Contact: |       |       |
|  | Email |  | Phone |
| Program/Dept: |       |

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| Project Information |

**DATA SOURCE:** We do not typically provide the entire database to applicants without special written approvals. Please list the specific measures that you are requesting, the population of interest, and whether you need pre, post, recidivism or both. If you need interview data, please generally describe.

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|[ ]  Existing/Archival |[ ]  New Data Collection Describe:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |

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**PERSONS or PARTIES ACCESSING THE DATA:** List all individuals seeking access to the data, and whether or not they are listed on the IRB. Unless otherwise approved in writing by all research personnel below, access to the data is limited to those who are listed on the IRB.

**INTENDED USE OF DATA:** Briefly summarize your proposed project, including a statement of the research question/hypotheses, procedure, and a data analysis plan (attach additional pages if necessary). If analyses require a projected sample size, please provide that information in this section as well.

Describe how the results of this project will be used.

* If the project will be used for academic purposes, specify the purpose (i.e., thesis, dissertation).
* If the project will be used for presentation or publication, please specify the conference or journal you intend to submit your project.

**Please note: a faculty member from the lab MUST be involved in final approval of any and all publications, presentations, etc. or other dissemination of this data.**

**PERIOD OF AGREEMENT:** Please indicate the academic term or period for which you need access to the data. The actual date range is required (i.e., fall semester 2016 does not provide a specific date range). You may request extensions of this time period in writing.

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| **Ethical Considerations** |

**To use the data, you must sign and agree to these terms. Please initial after each statement.**

**By signing this agreement, I agree to:**

* Comply with all requirements of the Auburn University Psychology Department and Clinical Program Handbook and the American Psychological Association relating to research ethics and IRB #15-331 MR 1508 \_\_\_\_\_\_\_
* Use the data solely for the purposes stated in this agreement and for no other purposes without specific written approval. I further understand that I may never use, access, store, transmit, or transport identifiable data without specific written approval (e.g., recidivism data projects) \_\_\_\_\_\_\_
* Permit use of the data only by approved individuals noted in this agreement. I understand that I may not transmit or provide the data to any third party without written approval. \_\_\_\_\_\_\_
* Permit use of the Juvenile Delinquency Lab student offices in Cary only to individuals who are listed on the IRB. The IRB requests that only IRB-approved research personnel have access to these offices. \_\_\_\_\_\_\_\_\_
* Cease all use of the data and destroy all copies in my possession after the termination of the use period noted above. I understand that any use of the data after this time period will be considered unauthorized use and subject to ... \_\_\_\_\_\_\_\_\_
* Notify the Research Coordinator of all planned presentations or publications using the data in advance and provide a written copy of all submissions for approval prior to submission. \_\_\_\_\_\_\_\_\_

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| Requestor Date |  | Faculty Supervisor Date |

**RESEARCH COORDINATOR USE ONLY:**

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| Date Received  |  | Dr. Barry Burkhart, PI Date  |

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| Research Coordinator Date |  | Dr. Jan Newman Date |

 Lead Research Faculty

Termination of data use period: \_\_\_\_\_\_\_\_\_\_\_\_\_