



Nursing Research Intake Form

Primary Investigator: _____

Position/Department: _____

- SJHS Employee
- Non SJHMC employee - Institution: _____
- Student - School: _____

Title: _____

Give a brief description of the scientific background and the specific aims of the study.
What data is to be used to achieve those aims?

Research Study	Evidence-based Practice Project
<p>Introduction:</p> <p>Participants:</p> <p>Stage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Design (no data collected) <input type="checkbox"/> Analysis (data collected) <input type="checkbox"/> Data Collection <input type="checkbox"/> Peer Review 	<p>Background/Problem:</p> <p>Goal Statement:</p>

Results will likely be published as:

- Journal Article
- Abstract

Indicate important time deadlines: _____

Contact Information for Primary Investigator

Mailing Address:

Phone: _____ Email: _____

Complete application aligned with nursing strategic goals: Yes/No

If no mentor has been assigned:

Name of Mentor: _____

Date to return to Nursing Research Committee with completed application: _____

Approved by: _____

Date: _____