



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

APPLICATION FOR RESEARCH WITH CLIENTS OF THE MISSOURI DEPARTMENT OF MENTAL HEALTH

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| NAME OF PRINCIPAL RESEARCHER | | DATE |
| HOME ADDRESS | | PHONE |
| CURRENT EMPLOYER | | |
| ADDRESS | | PHONE |
| HIGHEST ACADEMIC DEGREE | | |
| MAJOR FIELD OF STUDY | | |
| I. Title of Proposal _____ | | |
| II. Dates of Proposed Project Period _____ | | |
| III. Facility or Location where Research Project will be conducted _____ | | |
| <p>Who will serve to oversee the project at the facility where the research will be conducted? Unless the applicant works in a managerial capacity in the unit where the project will be conducted, a staff member in a managerial position should be enlisted to ensure that the project proceeds smoothly and does not unnecessarily disrupt the unit's operation.</p> <p>Facility Overseer _____</p> <p>Position Title _____</p> | | |
| <p>IV. Who will serve as the principal investigator for the project? Note the definition in Standard 3.1 of the Research Guidelines of scientifically qualified individuals. If the applicant does not feel he/she qualifies as per this definition, a more senior researcher should be enlisted to oversee the project. Generally, a student's professor serves as the principal investigator when the project receives academic credit.</p> <p>Attach curriculum vitae of applicant and principal investigator.</p> | | |
| Principal Investigator _____ | | |
| Title _____ Affiliation _____ | | |

V. If the proposed project is to serve as a requirement for an academic program, indicate its role. Include any deadlines which are known.

Master's Thesis _____ Deadline for _____
(I.E., DATA COLLECTION)

Doctoral Dissertation

Pilot study for thesis or dissertation research.

Other academic requirement, please specify _____

Indicate the University and Department in which you are enrolled _____

Indicate the faculty member who will serve as your academic advisor _____

Has the project received approval by your professor/committee? YES NO

If yes, please attach a statement to that effect, signed by your professor.

If no, please indicate expected date of approval _____

VI. Please answer the following questions in a total of no more than seven pages.

1. Describe and assess the potential benefits that may come as a result of the planned work (include literature review). Describe the benefits to participants and to mental health in general.
2. Describe the relationship to other studies of this type. Include literature reviews to support your discussion.
3. **Subjects:** Briefly describe the potential subjects. Describe the characteristics of the subject population, i.e., age, sex, ethnic background, diagnosis. Include target number of subjects and sampling techniques. Explain why a DMH client sample is requested.
4. **Methods:** Discuss in detail the research design and the procedures to be used to accomplish the specific aims of the project. Describe the protocols to be used and the tentative sequence of the investigation. Include the means by which the data will be analyzed and interpreted. Point out any procedures, situations, or materials that may be hazardous to personnel and the precautions to be exercised.
5. **Performance Sites:** Indicate where the project will be conducted. Include the potential cost and impact on the operation of the facility(ies), any assistance you will need from facility personnel, etc. Enclose letter(s) from the facility director(s) reflecting tentative approval of the project.

VII. **Human Subject Assurance Procedures:** Describe the procedure you intend to follow to assure that informed consent will be solicited and obtained, the nature of information to be provided to prospective subjects, and the method of documenting consent. Attach a copy of the letter of informed consent which you intend to use.

