

Application of Intent to Conduct Nursing Research at Jersey City Medical Center

If you have completed a similar application of intent to an IRB, please indicate that and attach a copy of your documents, you do not need to duplicate your answers

Date: _____

Primary Researcher _____ Contact Info: _____

Institution Affiliation _____

Additional Researcher(s):	_____	Contact Info: _____
	_____	Contact Info: _____
	_____	Contact Info: _____
	_____	Contact Info: _____

Title of Research Project:

Research Question:

Where will the project take place?

What procedure will be followed?

What is the sample size and population being researched? _____

Will consent be required? If Yes Please attach copy of consent form _____

How will your research finding enhance Nursing Practice at JCMC?

Date reviewed by Nursing Research Council: _____