Research Application Packet

Minnesota Department of Corrections
(DOC)

Researchers are required to comply with all Agency Policies and Procedures (copies available upon request).

In order to be considered for conducting human subjects research within the MN DOC, interested parties must complete the Research Application Packet, obtain appropriate signatures, include any Supplemental Documents, and submit the entire Research Application to:

Minnesota Department of Corrections
ATTN: Information Services
1450 Energy Park Drive, Ste. 200
St. Paul, MN 55108

For more information contact:
Information Services Manager, (651) 361-7366
Fax (651) 642-0223
www.doc.state.mn.us

MINNESOTA DEPARTMENT OF CORRECTIONS

APPLICATION TO CONDUCT RESEARCH

PROJECT PROPOSAL

For DOC Office Use Only

Date Received: **Project Number:**

Type of Submission: External Research: ☐ Medical ☐ Academic | Internal Research: ☐ Medical ☐ Academic | **Location of Data Collection:**

1. Name: *Last* *First* *Middle*

2. Home Address: *Street* *City* *State* *Zip Code*

Business Address: *Street* *City* *State* *Zip Code*

3. Telephone: *Home* *Work* *Extension* *Fax*

4. E-mail:

5. Social Security No.:	6. Driver's License No.:	7. State of Issuance:
8. Date of Birth:	9. City, State of Birth:	10. County of Birth:

11. Name(s) of Secondary Researchers* *(Each additional researcher associated with the project **must** complete the Criminal History Questionnaire):*

12. Organization Affiliation: ☐ University ☐ Agency ☐ Other

Organization Name:

13. Organization Address: *Street* *City* *State* *Zip Code*

14. Supervisor(s) or Project Chair:	Phone :

15. Title of Project:

16. Research Question:

17. Requested Site(s) of Research:

☐ Faribault ☐ Lino Lakes ☐ Moose Lake ☐ Oak Park Heights ☐ Red Wing

☐ Shakopee ☐ St Cloud ☐ Stillwater ☐ Togo ☐ Willow River

18. Will you require use of the DOC computer system for data or subject selection? ☐ Yes ☐ No

If yes, describe need:

19. Implications for MN Government Data Practices Act:

20. If research is conducted in a prison facility, list type of data to be collected (direct offender contact, review of records, etc.) and estimated total time needed in facility location.

21. What type of assistance, such as access to archival records or DOC staff, if any, do you require from DOC? Please specify the type of access or records you are requesting.

22. Outline procedure(s) for data storage and disposal:

Storing Data:

Disposing of Data:

23. Timeframe:	What is the estimated date for project completion (inclusive of final products)?
	Between what dates are you requiring access to Research Data?

24. Complete Research Proposal Packet. All documents *must* be typed and properly labeled.

I. Research Proposal (Attach) - The research proposal submitted should include the following areas:

a. Project Abstract
b. Introduction
c. Literature Review
d. Statement of the Research Question
e. Expected Benefits
f. Steps taken to minimize risk
g. Research Design and Methodology
i. Project Management (include resume/vitae)
j. Confidentiality Agreement

II. Letter from IRB indicating approval (Attach)(If Primary Researcher is a student completing a project for school credit or program completion) *Note: IRB approval* must *be obtained prior to application review by DOC HSB*

Please initial below to indicate your understanding and consent.

25. DOC can revoke my study at any time.

26. I will provide progress reports as specified in the Research Agreement.

27. I agree to furnish the DOC with a copy of the research results.

DEFINITION OF TERMS

Project Abstract - The Project Abstract should serve as a succinct description of the proposed work and should be no more than 400 words.

Introduction - Sets the stage for the project. It provides a research and policy context for the topic to be studied, and along with the Literature Review, tie the issue in to a national perspective.

Literature Review - This section should clearly demonstrate the author(s) familiarity and expertise with existing research. This section should be a synthesis of past research and may draw on recent summary reviews. It should also discuss how the proposed project would contribute to the body of research and practice. The topics reviewed should reflect the themes presented in the proposal.

Example: If the proposal concerns evaluation of a drug treatment program, both the treatment and the evaluation literature should be discussed.

Example: If the research concerns developing a prediction instrument for classifying serious offenders in confinement, the research to be reviewed would include that concerning prediction instruments ***and*** custodial classification.

Statement of the Research Question - Outlines specifically what the proposal intends to accomplish. Succinct goals (usually one sentence each), associated objectives, or hypotheses to be tested are listed and described.

Expected Benefits - Details what benefits will accrue from the project for basic research (theory or method), policy discussion or practice.

Risk Minimization – Details what efforts have been made to minimize potential risk to participants and/or MN DOC.

Research Design and Methodology - Method of research used and the manner in which research will be done, including intended subject or data pool with selection criteria clearly stated.

Project Management

Staffing and Management - The specific staff who will conduct the research are delineated, as are their roles and time allocations. New staff to be hired are indicated with qualifications noted.

Tasks and Timelines - List major milestones of events, activities and products. A timetable for the completion of individual project tasks is developed.

Confidentiality Agreement - Applicants should describe their plans to protect sensitive information

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CRIMINAL HISTORY BACKGROUND CHECK

CONSENT FORM

This information is needed for the DOC to conduct a criminal history check to determine whether access to DOC information, units, facilities and/or offices should be approved. Please be sure to provide ALL of the information requested.

1. Title of Project:

2. Primary Researcher's Name: *Last* *Middle* *First*

3. Secondary Researcher's[1] Name: *Last* *Middle* *First*

4. Home Address: *Street* *City* *State* *Zip Code*

Business Address: *Street* *City* *State* *Zip Code*

5. Telephone: *Home* *Work* Extension *Fax*

6. E-mail:

7. Social Security No.:	8. Driver's License No.:	9. State of Issuance:
10. Date of Birth:	11. City, State of Birth:	12. County of Birth:

Please initial below to indicate your understanding and consent.

13. In the event that I am taken hostage, there will be no special condition made regarding my release.

_____

14. I will maintain strict confidentiality of all information obtained and **not** reveal the identity of any participant.

_____

15. I agree that prior to conducting research within the DOC, any secondary researcher(s) and I may be required to submit to a criminal record check.

_____

[1] Not applicable to Primary Researcher

MINNESOTA DEPARTMENT OF CORRECTIONS

APPLICATION TO CONDUCT RESEARCH

CRIMINAL HISTORY QUESTIONNAIRE

16. Other names used (maiden, alias, nicknames):

17. Have you previously been employed by DOC or worked in a DOC facility on a contract basis? *If yes, give unit/facility or department and dates:*

☐ Yes

☐ No

18. Are you related to any EMPLOYEE of DOC ? *If yes, list name, relationship and where they are assigned.*

☐ Yes

☐ No

☐ Unknown

19. Are you or any immediate family member (parent, brother, sister, spouse, child) related to any OFFENDER (incarcerated or on supervised release) currently under the supervision of the DOC? *If yes, list name, relationship and where they are assigned*.

☐ Yes

☐ No

20. Are you now or have you ever been in a relationship with a DOC OFFENDER (incarcerated or on supervised release)? This includes marriage, common-law marriage, lived together or had child (ren) together, etc.. *If yes, please explain.*

☐ Yes

☐ No

MINNESOTA DEPARTMENT OF CORRECTIONS
APPLICATION TO CONDUCT RESEARCH
NOTARY DOCUMENT

This page is to be notarized and ***must*** be submitted with the Criminal History packet. A notary seal or original stamp ***must*** appear on the form.

You ***must*** attach a photocopy of your valid driver's license or identification card.

I, the undersigned, do hereby affirm that all information submitted is true and complete. I certify that the answers contained in this Research Application Packet are true, complete and correct to the best of my knowledge, and that I have not evaded or omitted any part thereof to reflect an untruth. I understand that falsification constitutes grounds for refusing or terminating access to DOC facilities. I also affirm that I am in fact a good faith researcher and would be entitled to receive access to DOC facilities, information and/or data for the expressed good faith purpose of research. I have read, understand and agree to the guidelines, policies and procedures set forth by the DOC.

_____ _____

Researcher' s Signature *Date*