REQUEST FORM FOR USE OF CDRE DATABASE INFORMATION

Applicant Information

Name ____________________________ (Last) ____________________________ (First) ____________________________ (MI)

Mailing Address ________________________________________________________________

____________________________________________________________

Daytime Phone ____________________________ Cell Phone ____________________________

E-Mail Address ________________________________________________________________

I am currently an enrolled student at _____________________________________________

My Research Advisor is ________________________________________________________

Advisor Contact Information

Address ________________________________________________________________

Daytime Phone Number ____________________________ E-mail address ____________________________

Two Step Application Process

Step 1: Submit completed application and documents for review by the Council on Research Survey Review Subcommittee of the Academy of Nutrition and Dietetics.

Please attach a letter of support signed by your research advisor, a sample copy of your research survey, a description of your proposed research study methodology and a copy of the cover e-mail or letter that will accompany your survey. Please allow three weeks for processing.

Research Request Evaluation Criteria:

Please provide your response to questions one through five on a separate sheet to be submitted with this application form.

1. Does this research support the Academy’s and/or CDR’s Mission/Vision?

   **Academy**

   **Vision:**
   A world where all people thrive through the transformative power of food and nutrition.

   **Mission:**
   Accelerate improvements in global health and well-being through food and nutrition.

   **CDR**

   **Vision:**
   The Commission on Dietetic Registration administers valid, reliable, and rigorous credentialing processes to protect the public and meet the needs of CDR credentialed practitioners, employers and consumers.

   **Mission:**
   The Commission on Dietetic Registration protects and promotes the health of the public by supporting practitioner competence, quality practice, lifelong learning and career advancement. Will this research advance the profession of dietetics?

2. Does this research support the Academy’s and/or CDR’s strategic plan?

3. The sample research survey conforms to generally accepted research survey design standards.

4. Is your college/university US regionally accredited and accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND)?
5. The proposed research study description/methodology conforms with the generally accepted research design standards

NOTE: The Institutional Review Board (IRB) approval should not be obtained until the student has received written approval from the Subcommittee. Otherwise, if IRB approval has already been obtained and the Survey Review Subcommittee requests that you make changes to your materials, you may need to submit an IRB modification in order for CDR to accept your application and provide the registry list.

Check List: To avoid a delay in obtaining approval, please complete the below check list to ensure that all documentation is attached before submission.

____ Include a written statement how this research is in support of the Academy’s and/or CDR’s Mission/Vision.
____ Include a written statement how this research is in support of the Academy’s and/or CDR’s strategic plan.
____ Include a sample research survey that conforms to generally accepted research survey design standards.
____ Your college/university is an US regionally accredited and accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND)?
____ Include a proposed research study description/methodology conforms with the generally accepted research design standards.

Complete Step 2, after written approval has been received from Survey Review Subcommittee.

Step 2: Submit of Institutional Review Board (IRB) Approval to CDR at credservices@eatright.org.

The complimentary list will be fulfilled within five days of receipt of the IRB. Please indicate your list selection below.

Database Selections
Please choose one of the following options for a Registered Dietitian Nutritionists random sample Excel list not to exceed 5,000 names. List will include the RDN’s name, city, state and email address.
____ Option 1 – General Registry

Please list specific states

_______________  ______________  ______________  ______________  ______________  ______________
_______________  ______________  ______________  ______________  ______________  ______________
CDR Database Usage Agreement:
Please note that Academy/CDR reserves the right to request additional information upon review of documentation submitted.

I agree to utilize the CDR Database subject to the following terms and conditions:

1. The CDR database will be used only for the purpose for which it was approved. The list is only be used ONE time to distribute the survey.
2. CDR information will not be duplicated, shared, resold or integrated into a permanent database.
3. Once a list has been obtained for research purposes from CDR, a list cannot be obtained from the Academy of Nutrition and Dietetics for the same purpose.
4. Do not display email addresses of the RDNs in a cover email or letter to protect the privacy of our credentialed practitioners.
5. Indicate the anticipated time to complete the survey on the survey and/or in the cover email or letter.
6. I will share the final research report with CDR. The anticipated completion date is _______________.

______________________________
Applicant Signature

______________________________
Academic Program Advisor Signature

______________________________
Date

______________________________
Date

November 2019