The AOSW Research Committee is charged with providing independent peer review of the applicability of IRB-approved protocols to the greater AOSW membership. Feedback will be provided to the applicant(s) at their request.

1. Study Title______________________________________________________________

2. Principal Investigator_____________________________________________________
   a. AOSW Member?
      □ Yes
      □ No (AOSW co-investigator) _____________________________________________
   b. Please attach CV of Principal Investigator

   a. Has the study been approved by an IRB?
      □ Yes (Date of approval) ____________________________
      □ No (explain) ___________________________________
   b. Please attach IRB approval letter and consent form

   a. Describe the purpose, aims, hypotheses and/or research questions, and methodology (e.g., study design, data analysis plan).
   b. Please attach the study instrument(s), if applicable.
   c. How does your study advance the AOSW Strategic Plan? Refer to https://www.aosw.org/about-aosw/mission-vision-values/

5. Indicate how AOSW can best promote your study to your targeted population (check all that apply).
   □ Email blast to AOSW membership
   □ Email blast to Special Interest Group(s) only (e.g., Palliative Care, BMT)
   □ SWON Listserv
   □ Social media channels (e.g., Facebook)
   □ Other __________________________________________________________________________

6. How do you plan to share the results of your completed study with AOSW membership?