**Job Corps Research Study Submission Form**

**Part 1: Submission of Concept for Initial Approval**

# Instructions

Job Corps center, Regional Office, and National Office approval is required prior to conducting any research study within the Job Corps Program. This form is the first part of a two-part approval process. Prior to submitting a research proposal through an institutional review process or applying for a grant, persons who wish to conduct research on Job Corps centers must receive approval of concept via this form. After this submission receives approval and prior to conducting a research study, researchers must submit “Job Corps Research Study Submission Form—Part 2: Full Submission” through the required approval process.

The Center Director(s) at the center(s) where research is proposed to take place should review and sign this form and submit it to the appropriate Regional Office. If the proposed research involves centers in multiple regions, a separate packet should be sent to each applicable region. The submission packet will be reviewed by the Regional Director (or designee). Health-related research studies will also be reviewed by applicable Regional or Lead Health Specialists during the Regional Office review. If approved by the Regional Office, this form must then be sent to the National Office of Job Corps for final review and approval. All Job Corps Research Study Submission Forms submitted to the National Office must be sent to the attention of Cassandra Thomas at Thomas.cassandra@dol.gov; (202) 693-3933.

Researchers should allow ample time for this review process. Type directly onto this form.

# Section I. Researcher Contact Information

Name:       Title:

Mailing address:

Email:       Phone:

Sponsoring Institution(s):

# Section II. Research Overview

1. Name of research project:
2. Brief synopsis of project:
3. What is the potential significance of the research study to Job Corps?
4. List all persons (and their roles) who will be working on this project:

|  |  |
| --- | --- |
| **Name** | **Role on Project** |
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1. Job Corps Regional Office (if applicable):
2. Job Corps center(s) to be included in research study:
3. Estimated start date:
4. Estimated completion date:

# Section III. Researcher’s Statement

I certify that the information I provided is true to the best of my knowledge. I will report any unexpected or adverse events or effects encountered during this research study to the National Office of Job Corps [Attention: Cassandra Thomas at Thomas.cassandra@dol.gov or (202) 693-3933]. It is my responsibility to ensure that this research study is conducted within HIPAA guidelines. I will provide all research findings to the National Office of Job Corps upon completion of this research and seek prior approval for publications and/or presentations.

Researcher Name Signature Date

# Section IV. Center, Regional Office, and National Office Authorizations

By signing below, each representative grants his/her approval to move forward with this research submission. If this research study will take place on multiple centers, the Center Director or designee from each center must sign below. If the research study is health-related the applicable Regional or Lead Health Specialists must sign below.

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| --- | --- |
| **Center Director 1/ Designee Name** |       |
| **Comments** |       |
| **Date** |       |
| **Decision** |  [ ]  Approved [ ]  Denied |
| **Signature** |  |

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| **Center Director 2/ Designee Name** |       |
| **Comments** |       |
| **Date** |       |
| **Decision** |  [ ]  Approved [ ]  Denied |
| **Signature** |  |

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| **Center Director 3/ Designee Name** |       |
| **Comments** |       |
| **Date** |       |
| **Decision** |  [ ]  Approved [ ]  Denied |
| **Signature** |  |

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| **Regional Director Name**  |       |
| **Comments** |       |
| **Date** |       |
| **Decision** |  [ ]  Approved [ ]  Denied |
| **Signature** |  |

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| **Health Specialist Name** |       |
| **Comments** |       |
| **Date** |       |
| **Decision** |  [ ]  Approved [ ]  Denied |
| **Signature** |  |

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| **National Office Representative Name** |       |
| **Comments** |       |
| **Date** |       |
| **Decision** |  [ ]  Approved [ ]  Denied |
| **Signature** |  |