



APPLICATION FOR USE OF INFORMATION FROM THE CRCC DATABASE AND/OR SPONSORSHIP OF A RESEARCH PROJECT

The Commission on Rehabilitation Counselor Certification (CRCC) recognizes the value of scientific research and development to its certified professionals and the public; and that from time to time CRCC will be requested by outside entities to provide information from the database for further research. Furthermore, that outside entities may request sponsorship from CRCC in terms of the contribution of hard and soft funds. Sponsorship may be granted only when the research is directly related to rehabilitation counseling.

The CRCC must review any study using information from the CRCC database for approval.

Please be advised that CRCC does not allow the awarding of continuing education for research projects that are not sponsored in whole or in part by CRCC.

This application is designed to secure the pertinent details of a request for information from CRCC's database or for sponsorship in a manner that provides anonymity of the requesting individual(s) so as to ensure that a blind review of the information is conducted by the CRCC. Therefore, we request that the individual(s) submitting the application provide their name or other identifying information only in the areas requested and that this application be returned directly to CRCC to the attention of the Executive Director at 1699 East Woodfield Road, Suite 300, Schaumburg, IL 60173. Questions can be directed to (847) 944-1325 or info@crccertification.com.

Please Complete All Information for the Principal Researcher for this Project

Principal Researcher's Name

Daytime Telephone Number

Company Name

Facsimile Number

Address

E-mail Address

City

State/Province

Country

Zip/Postal Code

Please List the Names of Additional Researchers

CRCC requires the submission of quarterly reports as to the progress of the project.

Do the researchers agree to comply with these policy requirements? YES NO

Where any information from CRCC's database is requested for use in a research project or dissertation thesis, policies of CRCC require that data be made available only to those who intend to submit research findings for publication, preferably to a peer reviewed publication. CRCC requires acknowledgement of its contributions in all publications. [RECOMMENDED CITATION: This Research Project has been supported with resources from the Commission on Rehabilitation Counselor Certification (CRCC)]

Do the researchers agree to comply with these policy requirements? YES NO

Where any information from CRCC's database is requested for use in a research project or dissertation thesis, policies of CRCC require that the data can only be used within one year from obtainment to the point of submission of findings for publication. If submission of findings for publication is not made within one year from the point of obtainment of data from CRCC, the researchers would be required to submit a request to CRCC for continued use of the data.

Do the researchers agree to comply with these policy requirements? YES NO

Where any information from CRCC's database or funding of any sort is received from CRCC for use in the research project, policies of CRCC require that all published research be provided to CRCC free of charge.

Do the researchers agree to comply with these policy requirements? YES NO

Where any information from CRCC's database or funding of any sort is received from CRCC for use in the research project, policies of CRCC require that the researchers submit an Executive Summary to CRCC that includes contact information for the researchers and that CRCC be given exclusive permission to make the Executive Summary available to the public in electronic or other media. The Executive Summary should be a one-page typewritten, single-spaced document.

Do the researchers agree to comply with these policy requirements? YES NO

Please attach the following documents for review by the CRCC:

- 1) A written research proposal outlining: a) the scope and purpose of the research project, b) specific information requested from CRCC's database and/or a detailed accounting of hard or soft funding requested, and c) the intended use of the information from CRCC's database or of funding requested in relation to the scope and purpose of the research project, d) provide a detailed project timeline indicating start and completion dates for each phase of the research project. Please do not list identifying information within the research proposal.
- 2) A copy of the written approval from an institution's human subjects review board (IRB) or, if not previously required, documentation to ensure the protection of human subjects.
- 3) A copy of the instrument to be used to obtain the information required for completion of the research project.

If the nature of this request pertains in whole or in part to the attainment of names and addresses or emails addresses from CRCC's database of certified professionals, please complete the attached Mailing Rental Request Form.

Statement of Understanding: I the undersigned, as principle researcher, attest that to the best of my knowledge, the responses and information provided as part of this application are true.

Principal Researcher's Signature

Date

Published: 12/2000
Rev 06/2009
DB application.doc

RECOMMENDED CITATION

Commission on Rehabilitation Counselor Certification. (2009). *Application for Use of Information from the CRCC Database and/or Sponsorship of a Research Project*. Retrieved [date] from, http://www.crc certification.com/filebin/pdf/CRCC_DatabaseUseApplication062009.pdf

MAILING RENTAL REQUEST FORM

CRCC will rent the names and addresses or email addresses, as specified below, of Certified Rehabilitation Counselors (CRCs) who have agreed to have their contact information available for research projects. The data is available for one-time use only in accordance with the project outlined in the submission to CRCC. The minimum charge for up to 1,000 names/addresses is \$250.00 (USD). An additional charge of \$50.00 (USD) applies for additional names/addresses or email addresses in increments of 250. Please complete the following:

Indicate the certification mailing list from which you wish to rent data:

(Approximate # of Names/Addresses Available)

- | | |
|---|--------|
| <input type="checkbox"/> Certified Rehabilitation Counselor (CRC) | 11,000 |
| <input type="checkbox"/> Canadian Certified Rehabilitation Counselor (CCRC) | 250 |

Indicate the state(s) or province(s) that you wish to receive
OR indicate ALL states or ALL provinces OR Random Sample and enter the number:

State

<input type="checkbox"/> AK	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DC	<input type="checkbox"/> DE
<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> IA	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY
<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD	<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT
<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH
<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT
<input type="checkbox"/> VA	<input type="checkbox"/> VT	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY	<input type="checkbox"/> ALL	<input type="checkbox"/> RANDOM SAMPLE	_____

Province

<input type="checkbox"/> AB	<input type="checkbox"/> BC	<input type="checkbox"/> MB	<input type="checkbox"/> NB	<input type="checkbox"/> NL	<input type="checkbox"/> NS	<input type="checkbox"/> NT	<input type="checkbox"/> NU	<input type="checkbox"/> ON
<input type="checkbox"/> PE	<input type="checkbox"/> QC	<input type="checkbox"/> SK	<input type="checkbox"/> YT	<input type="checkbox"/> ALL	<input type="checkbox"/> RANDOM SAMPLE	_____		

Other

Foreign Countries Territories

- Select Format:**
- Pressure Sensitive Name and Address Labels (Sticky Peel-Off Labels)
 - Electronic File (.csv) (Applicable for Name and Address or Email Address Requests)

You may also request a paper listing of the same information so that you may, for example, verify receipt of survey instruments. Do you wish to receive the paper listing? YES NO

Indicate the Sorting Order: (Only Applicable for Name and Address Requests) Zip Code Order Alphabetical Order by Last Name

Indicate the bill to and ship to addresses:

BILL TO:	SHIP TO:
_____ Name	_____ Name
_____ Company Name	_____ Company Name
_____ Address	_____ Address
_____ City State/Province Zip/Postal Code Country	_____ City State/Province Zip/Postal Code Country
_____ Email Address	_____ Email Address

If the CRCC grants approval for this request, you will be sent a contract and invoice for the charges. Please allow up to four weeks following receipt of payment and the contract for delivery of the mailing labels/.csv file.

“I, the undersigned, acknowledge that the data requested from CRCC is for a one-time use and will be used only within the parameters designated in the research proposal. I agree that I will not reproduce or sell this data.”

_____ Signature	_____ Date
_____ Printed Name	_____ Telephone # and Email Address