**1. Guidelines**

**In support of the American Health Information Management Association’s (“AHIMA’s”) mission of enriching and promoting of the Health Information profession as a professional society, AHIMA accepts applications from students currently enrolled in an accredited academic institution requesting AHIMA member data and surveys to post to our members for student research purposes only.  In order to ensure the integrity of the process and the data requested, all applicants must follow these guidelines:**

* Data requests must comply with AHIMA’s Privacy Policy and Code of Conduct. No confidential or private member or staff data will be released. Any member surveys will be strictly voluntary.
* All requests must be submitted using the Student Research Request Form. No other types of requests will be accepted.
* Results of surveys or data collected for the research does not represent the opinions or views of AHIMA, the AHIMA Foundation or AHIMA membership and is not sponsored or endorsed by AHIMA unless otherwise noted.
* All requests must be submitted at least 90 days prior to the date required or will not be accepted.
* AHIMA’s Research Review Committee will evaluate all requests and make recommendations to accept or deny the research requests in its sole and absolute discretion. Applicants will be notified via email within 30 days of submittal. Additional information or instructions may be requested at that time.
* Requestors may be required to sign a Data Agreement form.
* Completed data requests or launched surveys will be sent electronically or applicant will be notified via email of the status of the request.
* AHIMA reserves the right to stop the data collection or survey if evidence of a breach of the Privacy Policy or Code of Conduct is determined in the Research Review Committee’s reasonable discretion.

**Please complete the request form in its entirety. Incomplete forms will not be considered. Per American Health Information Management Association’s (“AHIMA’s”) guidelines, forms must be received at least 90 days prior to data request date.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify I have read and understand the guidelines and timelines for the AHIMA Academic Research Request.

Do you agree with this statement?

Yes - I agree

No - I do not agree

**Selection Criteria**

Please indicate how/where you learned about the opportunity to submit a research request.

AHIMA E-alert Newsletter

AHIMA Website

Facebook

Instructor/Program Director

Journal of AHIMA

LinkedIn

Student/Peer

School posting/website

Twitter

Other



Submissions are screened for completeness and forwarded to the Academic Research Committee for review.

**2. Requestor Information**

**Requestor Information**

Please enter your contact information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter your 7 digit AHIMA Member ID Number (if applicable):



First Name \*



Last Name \*



Email Address \*



**3. Advisor Information**

**Advisor Information**

Please provide contact information for your faculty advisor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter the 7 digit AHIMA Member ID Number of your Faculty Advisor (if applicable):



First Name \*



Last Name \*



Email Address \*



**4. Prospectus**

**Introduction**

Include any necessary background in your introduction to ensure the reader is made aware of the essential concepts and literature needed to understand the study problem. The introduction will also include the background necessary to understand the study problem. \*

Min words required: 0|

Max Number of Words: 1000

Relevance of research to AHIMA’s mission:

\*

Min words required: 0|

Max Number of Words: 1000

**Statement of the Problem**

Your problem must come from a significant issue to be addressed that meets the criteria of supported research (cite framework document). In most cases, evidence within the past 5 years is required to support the problem you will investigate. \*

Min words required: 0|

Max Number of Words: 1000

**Purpose of the Study**

The purpose statement should begin with “The purpose of this (quantitative, qualitative, mixed and the specific research approach aligned with the method) study is to…”  What contribution does this research make to the literature?  What gap in current knowledge is addressed by this study?

\*

Min words required: 0|

Max Number of Words: 1000

**Research Questions**

State the hypothesis(es) and/or research question(s) of the proposed project.

\*

Min words required: 0|

Max Number of Words: 1000

**Method and Design**

In this section, describe your study approach and design.  Please include target population, sampling method, and data collection and data analysis methods, as well as the survey instrument (if applicable).

\*

Min words required: 0|

Max Number of Words: 1000

If analysis of de-identified secondary data, specify the source (who gathered the data initially and for what purpose?

Min words required: 0|

Max Number of Words: 1000

Which of the following data-gathering procedures will be used?

\*

* Analysis of de-identified secondary data
* Audio recorded focus groups
* Email or web based
* In person interviews
* Paper
* Survey/questionnaire
* Telephone interviews
* Video recorded focus groups
* Other



Data Set definition and date of need (if applicable):

Min words required: 0|

Max Number of Words: 1000

How information will be used or shared:

\*

Min words required: 0|

Max Number of Words: 1000

**5. Institutional Review Board Approval**

**Institutional Review Board Approval (IRB)**

Please upload the following:

Institutional Review Board Approval (IRB), if applicable.

Note: If attaching multiple files, please combine into a single PDF before uploading. \*

Select File

Maximum File Size: 10MB

No file attached

**6. Supportive Material**

**Supportive Documents**

Please upload additional supportive documents, if any.

Select File

Maximum File Size: 10MB

No file attached

Please upload additional supportive documents, if any.

Select File

Maximum File Size: 10MB

No file attached

**7. Request Form Submission and Certification**

**Request Form Submission and Certification**

By submitting this request form, the undersigned hereby acknowledges the information provided on this form, including attachments, is true and correct to the best of his/her knowledge, and the information may be provided and disclosed to the AHIMA Research Request Review Committee and to any other person(s) authorized by AHIMA to review the information.

Requestor name in the section below will serve as an electronic signature and indicate requestor agrees with the above statement and the Guidelines.

Please type your name below. \*



**8. Summary of Findings**

**Summary of Findings**

This section is to be completed after approval, post completion, pre-publication.

Should your request be approved, and we provide you with what you need, we ask that you come back to this section afterward to provide AHIMA with the results for publication.

Please provide a summary of your research findings and upload any supporting material.

Min words required: 0|

Max Number of Words: 1000

Upload materials to support research findings.

Select File

Maximum File Size: 10MB

No file attached

Upload materials to support research findings.

Select File

Maximum File Size: 10MB

No file attached