OONL Approval for Utilization of Member Contact List

In an effort to respect the time of our members, our organization does not routinely share our member contact list. However, on occasion, a project may align with our mission and values, in which case, if approved, the Ohio Hospital Association will send a correspondence on your behalf.

Please note the approvals process is as follows:

1. Complete the following Approval for Utilization of Member Contact List form
2. Send to the Chair of OONL Evidence Based Practice Committee
3. The Evidence Based Practice Committee will review the request and give a recommendation to the Executive Board
4. The Executive Board will approve or deny the request
5. You will be contacted and receive feedback regarding your request
6. If your request is approved, the Ohio Hospital Association will send the correspondence on your behalf.
Your Name:
Your Organization:
If this is a student project, please indicate the school and program:

1. Please attach an abstract which includes the following:
   Background/Significance
   Purpose of the study/project
   Methods
   Data Analysis
   Implications

2. How does your study/project align with OONL values?

________________________________________________________

3. Please select the reason for your request:
   ___Research
     If Research: IRB number____
     IRB approval date_______
     Which Institution IRB approved the study? _________
   ___Quality Improvement/Performance Improvement project
   ___Evidence Based Practice
   ___Other (Please specify if other) __________

4. Please indicate the platform you are using for your survey (ex. emailed with a link to Qualtrics, RedCap, mailing paper tools, etc.)

________________________________________________________

5. Please indicate the length of your survey:
   Number of questions____

6. How many times would you like OONL members contacted?
   ___

7. Who will you be sharing the data with?

______________________________________________________________________

8. Are you willing to disseminate the results to OONL?
   ___No
   ___Yes

9. Please indicate a timeline of when you would like to send the survey and when you will conclude your study/project and have results.

______________________________________________________________________

Please submit your completed form to Wendy Sarver, PhD, RN, NEA-BC, Chair Evidence Based Practice Committee at: wsarver@metrohealth.org, and direct any questions to Wendy as well.

Please note all survey requests to OONL members will be coordinated and sent out by the Ohio Hospital Association.