Long-Term Care
DATA COOPERATIVE

Research Application to the LTC Data Cooperative

Thank you for your interest in the LTC Data Cooperative. If you'd like an overview of the application process, including pre-application FAQs and a PDF of this application in its entirety before submitting it via this form, please visit our website at https://www.ltcdatacooperative.org/pages/apply.aspx.

We accept applications for research proposals that fall under one of the following key purposes:

1. **Observational, comparative effectiveness research** (i.e. comparing outcomes for residents who were or were not exposed to a particular treatment (drug, test, or care regimen) or who were exposed to different treatments intended to address the same clinical condition); or
2. **Clinical research study** that tests and evaluates interventions in post-acute and long-term care facilities, such as a pragmatic trial.

If your study does not fall under these two categories, please email LTCDataCooperative@AHCA.org to discuss prior to applying.

Fields marked with an asterisk (*) are required.

Date of Submission *

mm/dd/yyyy

Project Title *

Study Type *

- ◯ Observational, comparative effectiveness research
- ◯ Clinical research study
- ◯ Other

Principal Investigator (PI) Information

Please review and confirm that the PI on this study meets the eligibility requirements listed on our website and in accordance with NIA LINKAGE policy *(i.e. "An individual whose identity has been validated and who is a permanent employee of their institution at a level equivalent to a tenure-track professor or senior researcher equivalent and is the primary individual who prepares data access request (DAR)s, Project Renewals, and Project Close-Outs (*must be a U.S. Citizen or legal permanent U.S. resident).")*

I have reviewed the eligibility requirements and confirm that the PI listed below meets these requirements. *

☐

PI Name *

PI Credentials *

(e.g. MD, PhD, MS)

PI Job Title *

PI Institution *

Institutional Address *

PI Email Address *

Alternate Contact: Full Name

Alternate Contact: Email Address

Is this project currently funded? *

If yes, please list funding source.

Are you requesting a letter of support? *

Are you requesting access to CMS-EHR linked data? *

Please note if you are requesting access to CMS-EHR linked data: If/when this application has been approved, the PI will receive an approval letter and information on how to submit a DUA request to NIA Data LINKAGE to use the CMS-EHR linked data).

IRB Documentation

Prior to data access, **researchers must submit an eligible Institutional Review Board (IRB) determination letter and protocol (that covers the aims of the approved study) to LTCDataCooperative@AHCA.org**. We accept determinations of exempt research or non-exempt research approved through full IRB review. Both must include a waiver of informed consent and a waiver of HIPAA authorization.

We cannot accept an IRB determination of "not human subjects research." We also recommend that IRB approvals encompass all years of data requested, including future years of data that may become available, to avoid the need for repeated IRB amendments.

IRB Determination

Plain Language Abstract

All applications must include a structured abstract written in plain language, of no more than 750 words. Please review the instructions here, including required headings, prior to submission.

The abstract should clearly and succinctly describe the study in plain language and include the required headings. Abstracts with overly technical academic language, or that do not follow the required format and headings, will be returned for revisions.

Plain Language Abstract Upload *

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