

## **Guidelines for Approval to Solicit ACNM Members for Research Purposes**

This document provides guidelines for implementing “Policy for Solicitation of ACNM Members for Research Purposes” - #34

- A. Requests to access members via the ACNM mailing list or to conduct surveys at the annual meeting must be sent to the ACNM National Office to the attention of the Director of Professional Practice & Health Policy, with one copy to the current Chair of the DOR Survey Section and one copy to the ACNM Senior Staff Researcher. Copies may be emailed (preferred) to the ACNM Sr. Staff Researcher and the DOR Section Chair. However, a signed IRB statement is required before approval can be given, therefore the IRB approval form will need to be either faxed or mailed.**

**Contact information for staff:**

Tina Johnson, CNM MS  
Director of Professional Practice & Health Policy  
American College of Nurse-Midwives  
8403 Colesville Road, Ste. 1550  
Silver Spring, MD 20910-6374  
[tjohnson@acnm.org](mailto:tjohnson@acnm.org)

Dr. Kerri Schuiling, CNM, PhD, FACNM  
Senior Staff Researcher  
342 E. Hewitt Ave.  
Marquette, MI 49855  
Email: [kschuiling@acnm.org](mailto:kschuiling@acnm.org)  
FAX: 906-227-1658  
Telephone: (906) 226-3624

- B. Requests for the ACNM membership mailing list will be processed within 3-4 weeks of receipt of all materials. Requests to survey members at the annual meeting MUST be received at least 6 weeks before the first day of the annual meeting. All requests must include the following materials:**

1. A cover letter describing:
  1. Purpose of the research
  2. Rationale for the use of CNMs/CMs as research subjects
  3. Proposed time frame for contacting the CNM/CM participants
2. Copy of approval of the research by the appropriate Institutional Review Board
3. Curriculum Vita of the researcher
4. All materials that will be given to CNM/CM participants, including
  1. research instruments
  2. cover letter, consent form and/or information sheet for participants that addresses:
    - a. The purpose of the research

- b. Assurance of participant anonymity
  - c. Assurance of the right to non-participation
  - d. Potential risks and benefits to participants
  - e. Time required of participants,
5. Student proposals must have a letter from the faculty advisor, stating that s/he has reviewed the proposal and assumes faculty responsibility for the proposed research activities.

**C: The ACNM Senior Staff Researcher and the Chair of the DOR's Survey Committee will review each proposal to ensure that the materials are complete and in order.**

Once the request is approved, a statement that "Solicitation of CNM/CM participants for this study has been approved the ACNM" should be added to the consent form or information sheet.

**D. Surveys meeting the above completed requirements will be approved in the order received, up to a maximum of 5, which can be distributed at the ACNM annual meeting.**

Source: Board of Directors

Approved by ACNM BOD 9-06

Revised 6-09

Revises previous documents from 4-02, 9-02, 3-04

**CRITERIA CHECKLIST FOR THE REVIEW OF REQUESTS FOR USE OF THE ACNM MEMBERSHIP MAILING LIST FOR RESEARCH PURPOSES**

Title of Proposal:

\_\_\_\_\_

Reviewer: \_\_\_\_\_

(Circle one)

All of the requested materials have been submitted. (If NO, do not continue.) YES NO

The ACNM membership is an appropriate subject/respondent group for the proposed research. YES NO

The materials contain adequate evidence of the appropriate measures to protect the privacy of CNMs/CMs and SNMs/SMs who respond and the confidentiality of those responses. YES NO

The timing of the solicitation of ACNM member participation is not in conflict with other known mailings to the membership, whether those mailings are internal or external to ACNM. YES NO

For student applicants, there is evidence that a faculty advisor has reviewed the proposal and assumes supervisory responsibility for the proposed research. YES NO

Reviewer has attached additional comments. YES NO

**FINAL DECISION REGARDING RELEASE OF THE ACNM MAILING LIST TO THE APPLICANT FOR RESEARCH PROPOSES:**

(circle your review decision) (comments)

Approval

Disapproval

Disapproval with recommendations for revision and resubmission