



NCTRC Research Mailing Label and Email Notification -Policy and Application-

The National Council for Therapeutic Recreation Certification (NCTRC) allows for the purchase of select contact information of active CTRs who have authorized the release of their contact information for research purposes. The release of contact information is contingent upon the approval of the NCTRC Research Advisory Committee and can be transmitted by postal mailing labels or email notification. The proposed research investigation must be directly related to TR/RT practice and have a general benefit to CTRs. NCTRC shall maintain final approval of all requests for contact information and reserves the right to withhold contact information to protect the interests of the certificants of the National Council for Therapeutic Recreation Certification.

Procedures:

1. The mailing labels or email distribution available for purchase includes only CTRs certificants who have consented to the release of their contact information.
2. The application and signed agreement should be received by NCTRC at least thirty (30) days before the actual date of the expected mailing or email distribution.
3. The mailing labels provided by NCTRC contain the names and addresses of active CTRs. The copying or scanning of the mailing labels is strictly prohibited by the terms of the licensing agreement.
4. NCTRC does not release the actual email addresses of CTRs. Rather, NCTRC distributes an email message to CTRs containing a link to the research investigator's website. The email distribution sent via the NCTRC system will include the following statement:

NCTRC has been requested by the (Research Investigator) to provide you with information about participating in a research project (Research Title).

This statement will be followed by a website link containing a copy of the research instrument or other pertinent material as supplied by the investigator.

5. All requests for NCTRC contact information must submit the attached application in full.
6. As part of the application process the investigator must submit a 3 to 4 page abstract of the proposed research that includes the following information:
 - a. Names, addresses, telephone numbers and email addresses of all principal investigators;
 - b. Clearly delineated purpose statement, research hypotheses or research questions, and the need for the study;
 - c. Description of methods, including sample, design, instrumentation, procedures, and analysis;
 - d. Anticipated outcomes or benefits of the research project;
 - e. Projected timelines for the research project;

- f. Procedures for assuring the rights of human subjects and/or obtaining human subjects approval specific to sponsoring agency;
 - g. Plans for distribution of the research results;
 - h. Copies of all instrumentation to be used (e.g., cover letter, surveys, tests, etc.);
 - i. List of references;
 - j. Statement on how the research will benefit NCTRC certificants, the operations of NCTRC, or the public at large.
7. All materials must be submitted to the NCTRC national office by postal mail or email. If the submission is by postal mail then five complete copies must be sent to NCTRC. If the submission is sent by email then only one copy (MS Word) of the submitted materials is required. (Note: if the proposal and all attachments are sent by email, then one printed application with original signatures and the notary verification must be sent via postal mail).
 8. All related materials (e.g., cover letters, etc.) must state that the release of contact information for the intended research does not imply or convey direct endorsement by NCTRC;
 9. A signed notary statement guaranteeing that the requested contact information will be used only for the specified mailing as requested and that such labels will not be copied, disseminated or in any way given to a third party without the written permission of NCTRC;
 10. A copy of the human subjects release document from the sponsoring organization;
 11. A copy of the final research report must be sent to NCTRC upon completion of the research study.

NCTRC Research Review Process:

1. The Research Contact Request Application will be reviewed by the NCTRC Research Advisory Committee in the direct manner that it is received by NCTRC.
2. A minimum of three members of the NCTRC Research Advisory Committee will complete the review.
3. The application will be sent to the NCTRC Research Advisory Committee in the same manner that the application is sent to NCTRC (email or postal mail).
4. All materials are held in strict confidence and will be destroyed after the review is completed.
5. The Research Contact Request Application will be evaluated using the following guidelines:
 - a. Is the conceptual basis of the study sound and supported by the literature?
 - b. Does the research proposal follow accepted research methodology?
 - c. Is the research consistent with the mission and vision of NCTRC?
6. An independent review decision will be made by each committee member related to whether the request to purchase contact information is approved or denied.
7. NCTRC will forward the decision to the investigator and provide the following information:
 - a. Recommendations regarding the proposal.
 - b. The cost of the contact information if the request is approved.
 - c. Expected date of delivery.
 - d. Recommendations on how to revise the application if it is denied so that it may be resubmitted for consideration.

NCTRC Research Contact Information Application

Please provide the following information in order to process the application in a timely manner:

Date: _____

Name: _____

Full Street Address: _____

City: _____

State/Province: _____ Zip Code/Postal Code: _____ Country: _____

Daytime Phone: (____) _____ Fax Phone Number: (____) _____

Email Address: _____

Is this research a student project? Yes No

If yes, list the Name of the Sponsoring Faculty Member: _____

Faculty Daytime Phone: (____) _____

Faculty Email Address: _____

Contact Information Request:

Please indicate the CTRS contact information you would like to purchase:

All active CTRSs currently on the NCTRC registry

All active CTRSs from the following states/provinces: _____

Please indicate how you would like the mailing labels sorted:

Alphabetical sort

Zip code sort

Please check the appropriate box to determine fee. Check both boxes if ordering both mailing labels and email blast. Contact NCTRC for current number of CTRSs per individual states or provinces.

<u>Amount</u>	<u>Labels</u>	<u>Email</u>
1-100	<input type="checkbox"/> \$25	<input type="checkbox"/> \$12.50
101-500	<input type="checkbox"/> \$50	<input type="checkbox"/> \$25
501-1000	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50
1000+	<input type="checkbox"/> \$100 per 1000	<input type="checkbox"/> \$50 per 1000
Sub-Total:	\$ _____	\$ _____

Special Services and Fees (check all that apply):

- Random Sample: An additional fee of \$100.00 is charged for a randomized sub-set of the entire active certificant pool regardless of the number of contacts requested above. Each separate request for a randomized sub-set of the active certificant pool will be assessed the \$100.00 fee.
- Second Set of Labels: A second set of labels may be ordered for the cost of labels alone (see Basic Label Fees) even if special services are requested.
- Overnight Shipment: Labels are sent first-class postal mail unless otherwise specified and paid for by the applicant.
- Second Email Blast: A second email blast may be ordered at a rate of 25% of the original email blast within the same certification cycle. Please check with the office for details. There is a limit of two email blasts per order.

Grand Total (Labels, Emails, and Special Services): \$_____.

Payment Options: NCTRC accepts Credit Cards, Checks and Money Orders (payable to NCTRC).

Please indicate the appropriate selection: Check Money Order Credit Card

- Visa
- MasterCard
- American Express

Name as it appears on card: _____

Card Number: _____ Expiration Date: _____

By signing below I do hereby authorize NCTRC to charge \$_____ to the above listed credit card

Signature (required): _____ Date: _____

Notary Verification of Licensing Agreement

Please read and sign the following statement before a Notary Public.

I guarantee that the requested contact information will be used only for the specified mailing as described in this application and that this information will not be copied, disseminated, or in any way given to a third party without the express written permission of the National Council for Therapeutic Recreation Certification.

Signature Date

The above applicant personally appeared and stated upon oath this _____ day of _____, 20__ that the information contained in the application is true and correct.

Notary Public in and for the State of _____

Notary Signature _____ Commission Expires _____

{Affix notary seal here}