

2021 Nursing Research Review Council (NRRC) Project Request Form

Applies to all PA /APRN (including, but not limited to: MS/DNP/CNS/PhD/MAOL) Students

Student (Including Employee Students) and Faculty acknowledge the Following:

- ❖ Initial approval must be by the Allina Health Nursing Research Council. **No exceptions.**
 - This applies to project planning, implementation, and/or evaluation for research and clinical inquiry projects. See [Differentiating Academic Clinical Leadership Project-experiences](#).
 - Allina Health Nursing Research Council must approve all requests for clinical projects formally. A willing preceptor/mentor does not equal approval.
 - This applies even if you do not believe IRB is required. The school will determine separately if IRB for the school is required. The school's decision does not eliminate the expectation that the Allina Health IRB will also review for human subjects' determination.
 - If approved by Nursing Research Review Council, the planning phase (needs assessment) may start without IRB approval under the council's oversight. **No implementation may start without the required Allina Health IRB determination.**
 - Students **may not** start their project hours until onboarding requirements have been met [Student preparation \(allinahealth.org\)](#) and Allina Academics approves final roster. This applies to all students, including Allina Health employee students.

Process Notes:

- ❖ School must submit all requests into TCCP for **each** semester the project is active. <https://studentpassport.clinicalcoordination.org/>
- ❖ When official request is in TCCP, the student must submit this Project Request document each semester to AllinaAcademics@allina.com.
- ❖ After review, the project request will be formally approved or denied in TCCP.
- ❖ Students must follow all affiliation agreement and on-boarding requirements.
- ❖ Onboarding is required for **every semester** the student is doing any project exploration, planning, implementation, or evaluation. Project work will be delayed, if student fails to re-onboard for subsequent semesters timely.

Student Name:		Faculty/Coordinator:		
Email:		Email:		
Phone Number:		Phone Number		
Degree:		College:		
Role: (i.e., FNP, Acute Care, etc.)		Current Work: (i.e., Med/Surg, Case Mgmt., etc.)		
Are you an Allina Health Employee? <input type="checkbox"/> Yes If yes, site, unit and manager <input type="checkbox"/> No				
Request Status:	<input type="checkbox"/> New <input type="checkbox"/> Returning Student	If Returning Preceptor/Mentor Student:		
Upcoming Semester	Start Date: End Date:	Preceptor's site and department:		
Student description of project:	<input type="checkbox"/> Quality Improvement	<input type="checkbox"/> Preliminary Exploration/Literature Review	Start Dates	Number of Hours Requested
	<input type="checkbox"/> Research	<input type="checkbox"/> Proposal Development & IRB Application		
	<input type="checkbox"/> Project Proposal Only	<input type="checkbox"/> Implementation		
	<input type="checkbox"/> Other:	<input type="checkbox"/> Evaluation		
	Comments:	Anticipated Completion Date (Graduation)		Total hours
Select two areas for of interest. Allina Health will partner students with projects based on organizational need.				
<input type="checkbox"/> Safety & Quality [e.g. falls, skin, restraints, patient violence]	<input type="checkbox"/> Nursing wellbeing & employee experience [e.g. bullying, lateral violence, post-pandemic recovery]	<input type="checkbox"/> Diversity, equity, and inclusion		
<input type="checkbox"/> Practice, leadership, and innovation	<input type="checkbox"/> Nursing informatics	<input type="checkbox"/> Care transitions		