Memorandum of Agreement

To abide by the policies and procedures of the National Association of School Psychologists in conducting research

As a researcher who has requested a partnership with NASP, or who has requested access to NASP members or database information, I agree to abide by all of the policies and procedures adopted by NASP concerning the use and reporting of data.

1. I certify that the data I have requested have been described in a research application that has been approved by the Institutional Review Board for the Protection of Human Subjects (or institutional/organization equivalent) of the university or organization that is my primary professional affiliation (attach documentation). For data that are used in grant proposals or as background or support for other types of research proposals, I agree that I will seek and obtain approval from my IRB before the research project is formally executed.

2. I agree that no data from the NASP database will be reported in a way that allows identification of NASP members, individual students, teachers, schools, or school districts. I agree to abide by strict privacy requirements for use of individual member data in all research reports, personal communications, and data transmission and storage.

3. I agree that any publication that incorporates or reports data from the proposed research (a) will include acknowledgment of NASP’s contribution; and (b) will provide authorship credit as appropriate to the nature and degree of NASP contributions

4. If the proposal is for a research partnership with NASP, I have discussed and reached agreement with NASP representatives on the terms and conditions of the partnership relative to ownership and usage of data collected in the study, as follows:

__________________________________________________________________________________

___________________________________________________________
Researcher Name Printed                                    Date

___________________________________________________________
Researcher Signature                                      Date

____________________________________________________________
Organization Official, Faculty Advisor, or Lead Researcher Name, Affiliation, and Relationship or Role

___________________________________________________________
Signature                                                  Date