

AMERICAN ASSOCIATION OF NURSE ANESTHESIOLOGY
Email Solicitation for Research Participants via Telecommunications Software

Revised 6-1-22

The American Association of Nurse Anesthesiology (AANA) will consider requests to conduct email notifications for approved research activities via telecommunications software such as Zoom, Teams, Skype, etc. Soliciting individuals to participate in research activities via telecommunications methods requires prior approval from the AANA. AANA must approve the message and will send the message to seek volunteers on behalf of the researcher. AANA reserves the right to refuse fulfillment of any request. At no time will the researcher have access to AANA members' email addresses.

IMPORTANT:

PLEASE READ THIS ORDER AGREEMENT CAREFULLY

- All required material must be submitted electronically in one email.
- PHONE ORDERS ARE NOT ACCEPTED.
- PAYMENT MUST BE RECEIVED BEFORE ANY ACTIVITY ON THE PROJECT BEGINS. (Payment will be processed immediately.)
- CONFIRMATION OF RECEIPT OF REQUEST WILL BE ACKNOWLEDGED WITHIN 30 DAYS.

Requirements

- **FIRST: Evidence that it has been approved by a AANA senior research officer including:**
 - An endorsement letter or email from the research advisor/dean/college/company is required to indicate that an instrument and study have been reviewed and approved.
 - Copy of official notice of your approved IRB.
 - Abstract of 200 words or less containing purpose, hypothesis, methods, anticipated analysis plan and plan for dissemination of the results.
 - Copy of the cover letter to the recipients, and survey/questionnaire.
- **SECOND: Complete the Order Form and Sign the Agreement.**
 - **Submit the request to researchsurvey@aana.com** with "Request for Research Volunteers via Telecommunications" in the subject line of the email.

If approved:

- You will be notified by email about the status of your survey's approval.
- The email approval will include information regarding the payment for the services.

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Fee Schedule:

A researcher must meet the application requirements (listed on page 1) to be approved. A maximum of 2,500 email addresses may be used. The Setup Fee includes delivery of the approved message and a maximum of two email notices with the same message (i.e., one original message and one response reminder).

- **Fees for number of emails addresses:**

<u># Addresses</u>	<u>Fee</u>
○ 0 – 100	\$ 300
○ 100 – 250	\$ 250
○ 251 – 500	\$ 500
○ 501 – 1000	\$ 750
○ 1001 – 2500	\$ 1000

- **Total Fee = Set Up Fee (\$300) + # of email addresses**

**** External Entity Fees: If you are NOT an AANA member, please contact researchsurvey@aana.com for the fees for the above service.**

PLEASE NOTE: REQUESTS WILL **NOT** BE FILLED WITHOUT: (1) FULL PAYMENT FOR THE SERVICES; (2) REQUIRED MATERIALS; AND (3) A COMPLETED, SIGNED AGREEMENT AND ORDER FORM. THANK YOU.

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PAYMENT

Credit Card (online only)

Instructions for payment online will be emailed to the primary researcher after survey approval and fee confirmation. Approved requests will NOT be filled without RECEIPT OF FULL PAYMENT for the service and a signed survey agreement. Payment will not be processed until the survey has been approved.

NOTE: Electronically submit all required materials in one email to researchsurvey@aana.com. You will be notified by email once your application has been approved. The survey policy and fees will be applied based on the policy and fee schedule that is currently posted online on the day of your submission.

If you have any questions, please contact researchsurvey@aana.com or 847-655-1170.

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Name:	AANA #:
Title:	
Affiliation/University/Corporation/Association:	
Address:	
City, State, Zip:	
Home or Cell Phone:	Email:
Research Study Title: <i>Maximum character (not word) count is 80 characters, including spaces.</i>	
Planned telecommunications software:	
Content for the email message to attendees: Please send in a separate Word document, including subject line.	
Intended Use of the Findings:	
Describe how this research will impact nurse anesthetists:	

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SELECTION CRITERIA OF THE SURVEY SAMPLE

SAMPLE SIZE REQUESTED: _____² **(Number Must Be Provided).**

SELECTING THE MEMBER TYPES OF YOUR SAMPLE: (Select all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Certified | (Passed exam within past 2 years – practicing) |
| <input type="checkbox"/> Recertified | (Passed exam over 2 years ago – practicing) |
| <input type="checkbox"/> Student | (Currently enrolled in a nurse anesthesia program) |

SELECTING THE PRACTICE SETTINGS AND LOCATIONS OF YOUR SAMPLE: (Select all that apply)³

- a. All states or Specific state(s) : _____

- b. Selecting the above states(s) based on (*choose one, not both*):
 State of Residence (Live) or State of Membership (Work⁴)

- c. Primary Employment Arrangement/Source of Income (the employment arrangement that provides the greatest portion of income): (Select all that apply)
- Employee of hospital
 - Employee of office/clinic
 - Employee of freestanding surgical center
 - Employee of surgicenter in other institution
 - Employee of college/university
 - Employee of joint CRNA/physician group
 - Employee of CRNA-only group
 - Employee of physician-only group
 - Army
 - Navy
 - Air Force
 - Veterans Administration
 - U.S. Public Health Service
 - Owner/partner of CRNA-only group
 - Owner/partner of joint CRNA/physician group
 - Owner/partner of locum tenens agency
 - Independent contractor for locum tenens agency
 - Independent contractor for joint CRNA/physician group
 - Independent contractor for physician-only group
 - Independent contractor for CRNA-only group

(cont.)

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- Independent contractor for hospital
- Independent contractor for surgicenter
- Independent contractor for various arrangements
- Independent contractor for office/clinic
- Other employment arrangement/source of income

d. Primary Position Description (51% or greater time in these areas)
 Practice Education Management Research Other

e. Highest Level of Education
 Diploma/Certificate Baccalaureate Master Doctorate

f. Other (Additional fee may apply)

Describe the selection variable(s): _____

² The sample will be randomly selected from the pool of your selection criteria. Members that opted out of mass email communication will not be included.

³ Due to demand, AANA cannot guarantee that we will be able to meet your list preferences. Whenever possible, please provide a broad list selection upon application.

⁴ Work addresses and emails are limited. If you choose that option, AANA cannot guarantee a sufficient quantity, and will complete the order with home contact information.

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Agreement: Email Solicitation for Research Participants via Telecommunications

In placing this order for membership information from the AANA, I agree that if, by chance, I gain access to the email addresses, and I will not use, disclose, transfer, or retain any portion of the email addresses. The AANA will send a survey invitation on behalf of the researcher to members; access to the members and their email addresses will only be used for research purposes. All member email addresses must be destroyed at the end of the study if, by chance, the researcher has gained access to the email addresses. Approval of this service does not imply endorsement of the research or its findings by the AANA. In addition, the survey contents, development and findings are the sole responsibility of the individual conducting the survey.

A final abstract of the findings and documentation of the results will be submitted to researchsurvey@aana.com at the completion of the study.

The following disclaimer must be added verbatim in your solicitation's cover letter: "Note: This invitation does not imply any endorsement of the survey research and/or its findings by the AANA. The survey contents and findings are the sole responsibility of the individual conducting the survey."

Signature: _____ Date: _____

Your Name: _____ Your Affiliation/University/Corporation/Association: _____

For Staff Only		
Research Director Approval:	_____	_____
	Date	Initials
Study Completed:	_____	_____
	Date	By _____ Initials