

Medical Education Research Data Access OUWB Internal Approval Form

This form is designed to ensure that faculty or staff conducting medical education research with student data collected for legitimate educational purposes conforms to the standards described in the Medical Education Research Policy. **Submit this form to the Office of Medical Education at meded@oakland.edu. Permission should be received prior to seeking IRB approval.**

1. Please list the data you wish to access. Be as specific as possible, including the data element and the source of that element (e.g., exam grades from Empower or student attendance from OASIS).

2. Please initial the following, if applicable (if not applicable, your study does not likely qualify for use of the existing general FERPA release):

_____ A. I verify that the data for which I am requesting access were all collected for legitimate educational purposes, not primarily for research purposes.

_____ B. I verify that the data for which I am requesting access do not include any of the following: i.) in-class assignments or papers not collected by the teacher or professor; ii.) any assignment data collected through PRISM (a professionalism/wellness curriculum); iii.) comments on clinical performance evaluations that are specifically designated as for “formative purposes” or “student information only”; iv.) any information related to disability student services-granted accommodations; v.) advising or counseling notes intended to support advising of individual students; vi.) student emails sent through Learning Management System; vii.) student comments in notepad tool; viii.) criminal background check; and ix.) content contained in letters of recommendation.

3. Please describe the purpose of your study:

4. Please describe the processes you will employ for ensuring confidentiality of the data:

5. Will your research require the services of an honest broker? ____ **Yes** ____ **No**

For administrative use only:

Associate Dean for Preclinical Education

_____	_____	_____
Name	Date	Signature

Approval of other data stewards (as determined by Associate Dean for Preclinical Education):

_____	_____	_____
Name	Date	Signature

_____	_____	_____
Name	Date	Signature

_____	_____	_____
Name	Date	Signature

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Name	Date	Signature

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Name	Date	Signature