

Advanced Practice Registered Nurse Research Network Letter of Agreement

I understand that active membership in APRNet has certain benefits and responsibilities as outlined below.

Benefits of Active Membership:

- Eligibility to serve on the Advisory Board and/or committees established by APRNet.
- Eligibility to vote in APRNet elections.
- Eligibility to participate in training programs offered by YSN to APRNet members such as research minifellowships and individualized computer training.
- The opportunity to contribute to the APRNet newsletter.
- The opportunity for access to other APRNet members for networking and exchange of information.
- The opportunity to participate in all stages of APRNet research projects, including the opportunity to generate research ideas to be undertaken by the network and early access to the results of these projects.
- The opportunity to attend APRNet annual conference
- Receipt of the APRNet newsletter, published 2 times per year.

Responsibilities of Membership:

- Completing training in Human Subjects Research and submitting a copy of certificate to APRNet office.
- Completing training in Health Insurance Portability and Accountability Act (HIPAA).
- Obtaining from and maintaining formal assurance with the U. S. Department of Health and Human Services (OHRP) that the research will be conducted according to governmental regulations regarding human subjects research.
- Participating in at least one network project relevant to practice over a course of three years.
- Checking APRNet e-mail at regular intervals and responding when appropriate and abiding by Yale Information Technology Appropriate Use Policy (http://its.med.yale.edu/about_itsmed/policies), and other applicable provisions of APRNet Bylaws.
- Completing agreed upon research activities. Responding promptly to APRNet member surveys sent by fax or surface mail.
- Notifying APRNet office staff of change in practice status/location or decision to withdraw membership.
- Maintaining Advanced Practice Registered Nurse / Nurse Practitioner license.

I agree to join the Advanced Practice Registered Nurse Research Network. I understand my membership may be terminated if I fail to maintain eligibility or to fulfill my responsibilities as a member.

SIGNATURE OF NURSE PRACTITIONER

DATE

PRINTED NAME OF NURSE PRACTITIONER

SIGNATURE OF EMPLOYER (if applicable)

PRINTED NAME OF EMPLOYER