

**Application for HIV/AIDS Surveillance Data  
HIV /AIDS Registry Section  
Arkansas Department of Health**

**APPLICANT INFORMATION**

**Date of Request**

**Name of Requestor**

**Title**

**Organization**

**Full Mailing Address**

**Telephone**

**Fax**

**Email Address**

**Other Persons With  
Access to the Data**

Complete # 2 through 8 for all other persons who would be using the dataset, or working on the project in any capacity.

## **PROJECT DESCRIPTION**

**Title of analysis project.**

**Provide a brief description of the proposed project.**

Describe why the information desired cannot be obtained from other readily available sources, such as CDC, standard reports from the **HIV /AIDS Registry Section**, etc.

**Describe the specific type of data requested.** (Include specific data variables desired, but note that not all variables may be available.)

**Describe how the data will be analyzed.**

**Describe how the data are planned to be used and/or presented.**

**Include a time frame for completion of the proposed project(s).**

If you plan on publishing any reports or scientific papers, the Arkansas Department of Health HIV/AIDS Registry Section must be cited and given credit for the data:

“The author(s) acknowledge that the data used in this report were provided by the Arkansas Department of Health, HIV/AIDS Registry Section, 4815 W. Markham, Little Rock, AR 72205. The HIV/AIDS Registry Section is fully funded by a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC).”

## DATA PROTECTION AND SECURITY

Your request for an electronic file and coding instructions requires that you present a clear description of how you will manage the security of the documentation and data provided for your project. You must provide a written description that is very clear and specific for each of the following:

**Describe how and where you will maintain your electronic media and written documentation when not in use.**

**When you load the data from electronic media onto the computer, how will you protect the security of your data set?**

**When you complete your project, how will you dispose of your data diskettes and coding instructions?** (Within 2 months of project completion, you must provide a written report to the HIV/AIDS Registry Section of how you have disposed of these materials.)

**Describe any other provisions you will implement to ensure the data security and protection of confidentiality.**

Print Name of Applicant:	Date:
Signature of Applicant:	
Approval of Program:	Date:
Sharon Donovan, Section Chief	
Approval of Overall Responsible Party:	Date:
Charles McGrew Deputy Director and Chief Operating Officer, Arkansas Department of Health	