

**Arkansas Department of Health  
Application for HIV/STI/Hepatitis C/TB Surveillance Data**

**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.**

**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).**

## DATA PROTECTION AND SECURITY

Requests for datasets require a clear description of how you will maintain and secure the data provided.

**Describe your security and confidentiality policies and procedures for maintaining datasets. Detailing how and where you will maintain the data and written documentation when not in use.**

**Describe the computer network and encryption security software features of the computer system where you will house and work on the data.**

**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.)

If you plan on publishing any reports or scientific papers, the Arkansas Department of Health STI/HIV/Hepatitis C/Tuberculosis Section must be cited and given credit for the data provided.

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

**\*\* Please note that special requests for data outside of the standard data reports produced by the program may require a time frame of two weeks or more.**

Print Name of Applicant/ Data Steward:	
Signature of Applicant:	Date:
Approval of Program Section Chief:	Date:
Approval of Overall Responsible Party:	Date: