



CRCC MAILING LIST RENTAL APPLICATION FOR RESEARCH

The Commission on Rehabilitation Counselor Certification (CRCC) recognizes the value of scientific research and development to its certified professionals and the public; and that from time to time CRCC will be requested by outside entities to provide information from the database for further research.

The CRCC must review any study using information from the CRCC database for approval.

Please be advised that CRCC does not allow the awarding of continuing education for research projects that are not sponsored in whole or in part by CRCC.

This application is designed to secure the pertinent details of a request for information from CRCC's database in a manner that provides anonymity of the requesting individual(s) so as to ensure that a blind review of the information is conducted by the CRCC. Therefore, we request the individual(s) submitting the application provide their name or other identifying information only in the areas requested. This application should be returned to CRCC either via U.S. Mail at 1699 East Woodfield Road, Suite 300, Schaumburg, IL 60173 or submitted electronically to info@crccertification.com. Questions can be directed to (847) 944-1309 or info@crccertification.com.

Please Complete All Information for the Principal Researcher for this Project

Principal Researcher's Name

Daytime Telephone Number

Company Name

Facsimile Number

Address

E-mail Address

City

State

Country

Zip Code

Please List the Names of Additional Researchers

Do the researchers agree to comply with these policy requirements? YES NO

Where any information from CRCC's database is requested for use in a research project or dissertation thesis, policies of CRCC require that data be made available only to those who intend to submit research findings for publication, preferably to a peer reviewed publication. CRCC requires acknowledgement of its contributions in all publications. [RECOMMENDED CITATION: This Research Project has been supported with data from the Commission on Rehabilitation Counselor Certification (CRCC)]

Do the researchers agree to comply with these policy requirements? YES NO

Where any information from CRCC's database is requested for use in a research project or dissertation thesis, policies of CRCC require the data can only be used within one year from obtainment to the point of submission of findings for publication. If submission of findings for publication is not made within one year from the point of obtainment of data from CRCC, the researchers would be required to submit a request to CRCC for continued use of the data.

Do the researchers agree to comply with these policy requirements? YES NO

Where any information from CRCC's database for use in the research project, policies of CRCC require that all published research be provided to CRCC free of charge.

Do the researchers agree to comply with these policy requirements? YES NO

Where any information from CRCC's database for use in the research project, policies of CRCC require the researchers submit an Executive Summary to CRCC that includes contact information for the researchers and that CRCC be given exclusive permission to make the Executive Summary available to the public in electronic or other media. The Executive Summary should be a one-page typewritten, single-spaced document.

Do the researchers agree to comply with these policy requirements? YES NO

Please attach the following documents for review by the CRCC:

- 1) A written research proposal outlining: a) the scope and purpose of the research project, b) specific information requested from CRCC's database c) the intended use of the information from CRCC's database, and d) provide a detailed project timeline indicating start and completion dates for each phase of the research project. Please do not list identifying information within the research proposal.
- 2) A copy of the written approval from an institution's human subjects review board (IRB) or, if not previously required, documentation to ensure the protection of human subjects.
- 3) A copy of the instrument to be used to obtain the information required for completion of the research project.

If the nature of this request pertains in whole or in part to the attainment of names and addresses or emails addresses from CRCC's database of certified professionals, please complete the attached Mailing Rental Request Form.

Statement of Understanding: I the undersigned, as principle researcher, attest that to the best of my knowledge, the responses and information provided as part of this application are true.

Principal Researcher's Signature

Date

Published: 12/2000
Rev 06/2019
Application

CRCC MAILING LIST RENTAL REQUEST FORM

CRCC will rent its mailing list for the purpose of research. The list may be used up to three times, within three months from the date CRCC sends the Mailing List to the Lessee. There is a minimum charge of \$255 (USD) for up to 1,000 names/addresses or email address. An additional charge of \$55.00 (USD) applies for additional names/addresses or email addresses in increments of 250. Names and addresses are provided in zip code order. Up to two additional sets of pressure-sensitive labels may be ordered with a \$45.00 set-up for each additional set. To rent the label list, please complete the following:

Indicate the certification mailing list that you wish to rent:

(Approximate # of Names/Addresses Available)

Certified Rehabilitation Counselor (CRC)

11,600

Indicate the state(s) or province(s) that you wish to receive or indicate **ALL states, ALL provinces or Random Sample** (enter #):

States

<input type="checkbox"/> AK	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DC	<input type="checkbox"/> DE
<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> IA	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY
<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD	<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT
<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH
<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT
<input type="checkbox"/> VA	<input type="checkbox"/> VT	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY	<input type="checkbox"/> ALL STATES	<input type="checkbox"/> RANDOM SAMPLE	_____

Indicate label medium:

Pressure Sensitive (Peel & Stick)

Electronic File (Microsoft Excel File)

If Pressure Sensitive, indicate number of sets you wish to receive: _____ (Sets are created and sent together in a single mailing)

Indicate label contents:

Name and address only

Email only

Bill/Ship-To Address

BILL TO:

SHIP TO:

Name

Name

Company Name

Company Name

Address

Address

City State Zip Code

City State Zip Code

Contact Email Address

Contact Email Address

If the CRCC grants approval for this request, a contract and invoice for charges will be issued and emailed to the appropriate party (unless otherwise specified). The contract must be completed and returned to CRCC. Please allow a minimum of four weeks following receipt of the completed contract and payment for delivery of the mailing labels.

"I acknowledge the mailing list will be used only for research purposes and will be used in accordance with use terms indicated above. I agree I will not reproduce or sell this mailing list."

Authorized Signature

Date

Printed Name

Telephone Number (including area code)