**PhD Students: Researchers Survey Requests POLICY**

* Maximum number of calls for participants per month.
	+ No more than three requests for participation per month.
	+ If your request is forth or fifth in line, it will be published the following month.
* Research Request are Presented together as a batch:
	+ Our members receive:
	+ "Here are the three (or less) officially approved by \_\_\_\_\_\_\_\_\_\_ research studies request for the month of \_\_\_\_\_\_\_\_\_, please help out if you can".

* Standard requirement:
	+ Offer participants, a change to sign up, via an email address, to be notified of the research's publication, if published
	+ Or when it otherwise becomes available
	+ And the bibliographic details so one can go find it.
* MUST BE A MEMBER OF LPCA or the AMHCA state chapter in which you live.

PROCEDURE: EMAIL The Following to ADMIN@LPCAGA.org

1. Proof of membership.

 Georgia Residents: LPCA membership levels apply

 Non-Georgia Residents: Proof of AMHCA State Chapter members. Whatever state you live in; you must be a Member of the www.AMHCA.org State Chapter

2. Attest to Ethics Compliance:

“I have read and will comply with LPCA policy and AMHCA Code of Ethics.”

3. Proof of Approval

“My research study has been approved by the Institutional Review Board with the University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Approval was issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) Copy Attached.

4. Your research study

Approved 11/8/19 By the LPCA Board of Directors.