NCHS RESTRICTED VITAL STATISTICS DATA REQUEST APPLICATION FORM

Instructions and Other Information

1. BEFORE completing the data application, please read the application completely and carefully review the information for researchers available at: https://www.cdc.gov/nchs/nvss/nvss-restricted-data.htm.

2. All information on this application is required. Attach additional pages as needed.

3. Include all required and supporting documents as requested and submit your application with attachments to nvssrestricteddata@cdc.gov.

4. Applications are reviewed in the order they are received. After review, you will receive notification of approval, denial, or a request to re-submit the application with clarifications and/or amendments. Applications are generally processed within 4 – 6 weeks.

5. You may contact the NCHS Research Review Team at nvssrestricteddata@cdc.gov with any questions regarding the application process. If you are contacting the Team regarding an application already submitted, please include the name of the PI on the project application, the application title and the number assigned by NCHS (if possible).

6. Any questions regarding access to the data file or status after NCHS approval should be directed to dvsdatarequests@cdc.gov

Application Submission Date: (mm/dd/yyyy)

Project Title:

Section I: INVESTIGATOR AND INSTITUTIONAL INFORMATION

Principal Investigator

Name and Title:

Position & Affiliation:

Phone: Email address:

Is the PI a student?   Yes   No

    If student, a letter of support from primary mentor or advisor is required as an attachment.

    Primary Mentor or Advisor Name:

    Affiliation:

    Phone: Email address:

Other Personnel: List all other personnel who will have access to the raw datasets (e.g., view, analyze, manage, secure).

    Name:

    Position:

    Affiliation:

    Roles:

    Name:

    Position:

    Affiliation:

    Roles:

(Add additional personnel here as needed. Attach additional pages as needed)

Section II: TYPE OF APPLICATION

☐ New Application

☐ Previously Approved Application (Check all that apply)

　　　　☐ Additional data years　　　☐ Amendment to data use

Section III: SPONSORING AGENCY & FUNDING INFORMATION

Is this project currently funded? ☐ Yes ☐ No

　　　If yes, sponsoring Agency:

Section IV: DATA SET INFORMATION:

1. Have you determined that Vital Stats (https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm)
    or other publicly available data (e.g., CDC Wonder) cannot meet your data needs?

    ☐ Yes　　　☐ No

2. Have you reviewed the data file descriptions/record layouts available at
    https://www.cdc.gov/nchs/nvss/nvss-restricted-data.htm to make sure that the variables you
    requested are available?
    ☐ Yes　　　☐ No

3. Which vital statistics data files are you requesting? (Select all that apply; if you select the natality or detailed
mortality all counties file, it is not necessary to select the natality or detailed mortality limited geography file)

    ☐ Natality - Limited Geography[1]　　　　☐ Detailed Mortality - Limited Geography (2005+)[2]

    ☐ Natality - All Counties[3]　　　　　　☐ Detailed Mortality - All Counties[3]

    ☐ Fetal Deaths - All Counties[4]　　　　☐ Compressed Mortality - All Counties[5]

    ☐ Period Linked Births/Infant Deaths - All Counties[4]

    ☐ Birth-cohort Linked Births/Infant Deaths - All Counties[4]

    [1]All states, plus counties and cities of 100,000 or more population.
    [2]States only.
    [3]All states, all counties, plus cities of 100,000 or more population.
    [4]All states, all counties, plus cities of 250,000 population or more.
    [5]All states, all counties, and limited variables - race, age group, gender, and underlying cause.

4. Years of Data Requested:
    (Please see website (https://www.cdc.gov/nchs/nvss/dvs_data_release.htm) for available years for
    each data file)
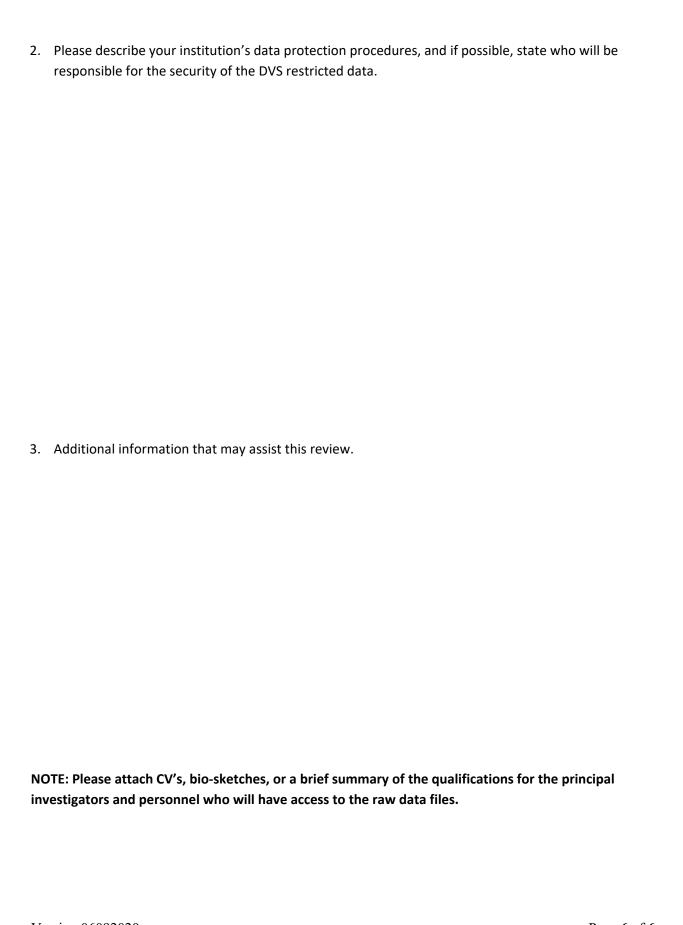
5. Was this study previously approved for different data years?
   ☐ Yes   No

   If yes, indicate for which data years, the date submitted, name of PI, and title of project.

6. Do you plan to link any other datasets to the data you are requesting?
   ☐ Yes   No

   If yes, describe the other datasets and indicate if any linkage is to be done at the individual record level.

Section V: PROJECT SUMMARY

1. Please provide a brief overview of your project, including objective(s), study population (age, sex, race and ethnicity, and geographic area and level), and analytical methods. Specifically state why the restricted rather than public-use vital events data are needed and how the requested data will be used in the analysis.

2. Briefly describe the significance of the planned research and the purpose for which it will be used.

3. Please describe your plan for the release of results, including the public dissemination plans (for example, presentations, publications, query systems, etc.).

4. Do you agree to abide by the NCHS data suppression standard that no count, including totals, should be less than 10 in tabulations for sub-national geographic areas, regardless of number of years combined?

    ☐ Yes   No

5. When do you expect to complete the proposed work? Provide justifications as needed. (mm/dd/yyyy):
    (Please note that if your project is approved for the proposed period but you would later like to extend past the approved period, you will need to apply to NCHS for an extension.)

Section VI: SECURITY MEASURES

DVS restricted data may not be accessed outside of the U.S.A. and should be stored on, and accessed from, the secure computer system of the affiliated organization or institution. If a secure computer system is not available, the data may be stored on a password-protected, encrypted computer protected by anti-malware and anti-virus software. Storage and access of data files using a cloud-based system is not permitted. If data will be accessed by researchers at more than one institution, a description of the security measures at each institution must be described in the response to Question 2, below.

1. Where will the data be stored and accessed?

    ☐ On my affiliated organization's/institution's computer system (required for student researchers)

    ☐ On a stand-alone computer or laptop

        ___ Computer is fully encrypted and password protected

        ___ Computer is protected by (describe):

    ☐ Other (describe):

2. Please describe your institution's data protection procedures, and if possible, state who will be responsible for the security of the DVS restricted data.

3. Additional information that may assist this review.

NOTE: Please attach CV's, bio-sketches, or a brief summary of the qualifications for the principal investigators and personnel who will have access to the raw data files.