



Bureau of Labor Statistics Visiting Researcher Questionnaire

This questionnaire will assist the Bureau of Labor Statistics (BLS) in determining your eligibility to access confidential microdata through the visiting researcher program and in completing the required paperwork if your project is approved. For multiple researchers applying together, but affiliated with different institutions, one questionnaire should be completed for each institution. Thank you for your cooperation.

1. Applicant Information			
Name:			
Title:		Email:	
Phone:		Fax:	
Mailing Address:			
Affiliation with Institution:			
<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time			
<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:			
<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:			
<input type="checkbox"/> Other. Please specify:			
Will you require access to the confidential information? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please provide a resume or CV.</i>			
2. Project Information			
Title:			
BLS Data Set(s):			
Non-BLS Data Set(s):			
Description of your approach to completing the project within a two-year time period. <i>(For example, you may plan to come to the BLS national office for three months to do your research all at once, or you may plan to work periodically by coming once a month and researching a week at a time. Also, please detail any special circumstances that may affect your availability to access data. Examples of special circumstances include: grants, visiting professorships, fellowships, leaves of absence, and sabbaticals.)</i>			
How will you present your research?			
<input type="checkbox"/> Journal Articles(s) <input type="checkbox"/> Dissertation(s) <input type="checkbox"/> Conference(s) <input type="checkbox"/> Report for Government Agency			
<input type="checkbox"/> Other. Please specify:			

3. Institution Information			
Institution Legal Name:			
Signing Official: <i>This official must have the authority to enter into legal binding agreements on behalf of your employer or educational institution. For educational institutions, this official may be a President, Vice President, Provost, Director of Sponsored Research, Contracts Officer, or a similar official. Note that a Dean or Department Chair will not be accepted.</i>			
Name:		Dr.	Mr. Ms.
Title:		Email:	
Phone:		Fax:	
Mailing Address:			

4. Sources of Funding
What are the sources of funding (if any) for this project?

5. Collaboration			
Are you collaborating with any other universities or institutions for this project?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes	What university / institution?		
	Please list the names of the collaborators.		
	Specify if any of those collaborators need access to confidential microdata.		

6. Recipient Project Coordinator			
Recipient Project Coordinator: <i>A project coordinator must be an employee of the institution and serves as the main point-of-contact between the BLS and the institution. An applicant may serve as project coordinator unless the applicant is a student.</i>			
Check if same as applicant. <input type="checkbox"/>			
If not the same as applicant, please fill out the following information:			
Name:			
Title:		Email:	
Phone:		Fax:	
Mailing Address:			
Affiliation with Institution: <input type="checkbox"/> Full-time employee or faculty <input type="checkbox"/> Part-time employee or faculty			
<input type="checkbox"/> Other. Please specify:			
Will the recipient project coordinator require access to the confidential information?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide their resume or CV.</i>			

7. Additional Individuals Seeking On-site Access to Confidential Microdata			
Please specify any additional individuals who require access to confidential microdata. Attach a resume or CV for each individual.			
1.	Name:		Title:
	Affiliation with Institution:		
	<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:		
	<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:		
<input type="checkbox"/> Other. Please specify:			
2.	Name:		Title:
	Affiliation with Institution:		
	<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:		
	<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:		
<input type="checkbox"/> Other. Please specify:			
3.	Name:		Title:
	Affiliation with Institution:		
	<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:		
	<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:		
<input type="checkbox"/> Other. Please specify:			
4.	Name:		Title:
	Affiliation with Institution:		
	<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:		
	<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:		
<input type="checkbox"/> Other. Please specify:			
5.	Name:		Title:
	Affiliation with Institution:		
	<input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	<input type="checkbox"/> Student. If so, please specify your anticipated graduation date:		
	<input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:		
<input type="checkbox"/> Other. Please specify:			

Privacy Act Statement. The information you provide will be used by staff at the Bureau of Labor Statistics (BLS) to determine your eligibility for access to confidential BLS data and for other administrative purposes. Providing the information on this form is voluntary; however, the BLS will not be able to grant access to confidential BLS data without this information. The BLS is authorized to request the information on this form under Title 5, United States Code, Section 301.

Paperwork Reduction Act Statement. This information is being collected to allow access to confidential information on a limited basis to eligible researchers for approved statistical analysis. We estimate that it will take an average of 30 minutes to complete this form. The responses to this collection of information are voluntary. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Bureau of Labor Statistics, Division of Management Systems, Attention: BLS Clearance Coordinator, 2 Massachusetts Ave., NE, Room 4080, Washington, DC 20212.