DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH
APPLICATION FOR LIMITED DATA FILES

Limited data do not contain personal identifiers, such as name and social security numbers, but they do contain more identifiers than public-use data that has been stripped of the 18 identifiers, such as city, zip code, census tract, elements of dates relegated to a person, and other unique characteristics.

Name:		Date:
Title:	Organization:	
Street Address:		City:
State:	Zip Code:	Phone:
Email Address:		

DATA REQUESTED		
Type of data being requested:		☐ Delaware Resident Data ☐ Delaware Occurrence Data (includes DE and Non-DE residents data)
Year(s) requested:	File format:	☐ Comma delimited (csv) ☐ Excel ☐ Tab delimited (dat) ☐ SAS ☐ SPSS (sav)
Specify variables requested:		

List the primary project or study objectives, and describe the health, medical, or other problem addressed by the proposed project. Include project abstract and research methodology. Attach additional sheets if necessary.

Describe how data files will be used, stored, and protected. Specify how long data will be stored and used for the research project, and how files will be expunged at project completion. Attach additional sheets as necessary.

Limited Data User's Agreement	
I, the undersigned, in accordance with Delaware law, agree to the following terms and conditions related to this application and the use of the information obtained from the Division of Public Health (DPH). I agree not to sell, release, or otherwise transfer the files, or any portion thereof, provided under this agreement. I agree that the data obtained from the DPH will be used only for the project proposed and the purposes described in this application. Use of the information for purposes other than those described will not be undertaken until a separate application form for the project has been submitted to, and approved by, the DPH. I agree to maintain the data in a secure manner, and to return or destroy the data and any files created from it to the DPH following their described use. A Certification of Data Disposal Form provided by DPH will be completed and returned to DPH certifying that the data used for the study has been disposed. I agree that no attempt will be made to link the files provided by the DPH with other files so as to identify an individual's confidential data. I understand that failure to comply with the above terms and conditions will result in the following: • The immediate termination of access to limited vital statistics data for this project and all other previously approved projects conducted by me or my organization. • Prohibition from access to limited and/or protected vital statistics data for all future projects conducted by me or my organization. I further agree to the following for any material derived from these vital statistics files: 1. No statement shall be made indicating or suggesting that interpretations drawn from the vital statistics data files are those of the Division of Public Health. 2. If cited in a publication or presentation, the source of the data will be acknowledged as the Delaware Health and Social Services, Division of Public Health.	
User's Signature:	**Date:**
Printed Name:	**Title:**
Division of Public Health (DPH) Use Only	
Application complete:	**Date:**
DPH Authorization:	

SUBMIT

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Division of Public Health