

Wyoming PRAMS Data Request Form

Contact Information

Name	
Organization/affiliation	
Address	
Phone	
Email	
Project title	
Date requested	
Date needed	

WY PRAMS data requested

Which years of PRAMS data do you need for your project? Please check all that apply.

<input type="checkbox"/> 2007	<input type="checkbox"/> 2010	<input type="checkbox"/> 2013	<input type="checkbox"/> 2016
<input type="checkbox"/> 2008	<input type="checkbox"/> 2011	<input type="checkbox"/> 2014	<input type="checkbox"/> 2017
<input type="checkbox"/> 2009	<input type="checkbox"/> 2012	<input type="checkbox"/> 2015	<input type="checkbox"/> 2018

Data Requested

Please summarize the data (*i.e. maternal smoking rates by race*) you need to complete your project and how the data will be used in your project (*i.e. used for X federal grant application*).

Data to Action

The WY PRAMS program is not only interested in how the data will be used in your project but also how your project, due to the use of WY PRAMS data, has impacted program and/or policy. As a result, please submit a report of ways that you have used the data and any action that has resulted from its use. If we do not hear back from you, the WY PRAMS program coordinator will follow-up with you around six months after you receive your data.

Thank you for your interest in WY PRAMS and your support in this process. Please submit completed requests to the WY PRAMS Coordinator, at wdh-wyprams@wyo.gov.

All research conducted with WY PRAMS data requires WDH IRB approval and is subject to WY PRAMS Coordinator approval.