

 407.774.7880  [www.masscrna.com](http://www.masscrna.com)

**MANA Mission and Vision Statements**

**Our Mission**

The Massachusetts Association of Nurse Anesthetists is a non-profit organization dedicated to the professional interests of nurse anesthetists in the state of Massachusetts.  Our main objectives are: patient safety through the advancement of the science and art of anesthesia as well as the promotion of cooperation among nurse anesthetists, all medical professionals, hospitals and other agencies interested in anesthesia.​

**Purpose**– to provide a guided policy for member research submissions and utilization of the MANA member data bank for research surveys.

**Policy**– to delineate the steps for approval of member research survey distribution to the MANA members through the MANA website and databanks, and for reimbursement of the MANA administrative fee services.

**Member**– a certified registered nurse anesthetist (CRNA), student registered nurse anesthetist (SRNA) and emeritus CRNA, who possesses an AANA and or MANA membership or associate membership number.

All AANA and or MANA members and associate members who wish to submit third party research surveys to the MANA members must follow the guidelines for survey submission:

1) Submit a request for research survey approval to the MANA Education Committee by emailing rclayton@kmgnet.com. The Member’s request will be approved by majority vote by the Education Committee. The Member must submit the below form. Please allow four (4) weeks for review and consideration by the MANA Education Committee.

2) Requesting party should submit survey distribution fee to MANA via check or money order. All checks and or money orders shall be addressed to the Massachusetts Association of Nurse Anesthetists. MANA’s fee schedule is detailed below.

3) Once fees have been paid, MANA Headquarters will collaborate with the MANA board to discuss timeline for survey distribution and notify requesting party of survey date distribution.  A posted link of the survey will be the mode of distribution on the MANA website.

4) MANA’s Board of Directors reserves the rights to deny or cancel member survey requests that are not in alignment with the vision and mission of the American Association of Nurse Anesthetists (AANA) or MANA.

**Research Survey Fee Structure**

**Fee Schedule:**

Each survey link fee will be at a cost of $100 for a one time posting.  Associate member survey fee will be at a cost of $50 for a one time posting. The survey link will be visible on [masscrna.com/](https://www.masscrna.com/) website for a period of 2 weeks.  Any additional posts or links will incur a posting fee of an additional $100 per survey link post and $50 per survey link for all Associate members.

**Request for Research Survey Distribution**

**Kindly complete for approval by MANA Education Committee Members**

**Date:**

**Name:**

**Member or Associate Member: circle Yes or No If yes, member number \_\_\_\_\_\_\_\_**

**Title of Project or Proposal**

**Institutional Review Board (IRB) approval: circle Yes or No**

**Documentation attached: circle Yes or No**

**Intended Survey Distribution Date: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_, certify that the above information is truthful and accurate and that information obtained from the survey instrument is intended for research purposes only and for best practices in the field of nursing and nurse anesthesiology.**

**Education Member Signatures:                                                                 Date:**

**Education Committee Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                          \_\_\_\_\_\_\_\_**

**Education Committee Co-Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                          \_\_\_\_\_\_\_\_**