



# Township of Union Public Schools

Date: 04/08/2025

**Re: Letter of Cooperation For Kim Zieser at Union High School**

Dear Dr. Loveless and Mrs. Kim Zieser

This letter confirms that that I, as an authorized representative of *Union High School*, allow the DNP student (co-investigator) access to conduct study related activities at the listed site(s), as discussed with the co-investigator and briefly outlined below, and which may commence when the co-investigator provides evidence of IRB approval for the proposed project.

- **Project Site(s):** *Union High School, 2350 North 3<sup>rd</sup> Street, Union, NJ 07083*
- **Project Purpose:** *The purpose of this quality improvement project is to increase the knowledge and confidence of asthma management in high school adolescent students with a goal of increasing self-efficacy in asthma management and improving inhaler use technique.*
- **Project Activities:** *The intervention is a four-week educational program aimed at improving asthma management and inhaler use, with 40-minute weekly sessions in a group setting at the nurse's office. Pre and Post surveys/questionnaires will be given to the students.*
- **Participant Enrollment:** *Students diagnosed with moderate to severe asthma, with an asthma action plan on file, and a rescue inhaler. Target population size 20.*
- **Site(s) Support:** *In order to conduct the project, a space will be needed in the nurse's office. I will also need access to the student's medical files, Genesis, and be able to meet with students during the designated time during the school day.*
- **Data Management:** *De-identified data will be collected to identify students diagnosed with asthma and their asthma management techniques/abilities. Data will be secured in a locked office, on a password protected laptop and two-factor authentication google drive.*
- **Anticipated End Date:** *May 2026*

We understand that this site's participation will only take place during the project's active IRB approval period. All project related activities must cease if IRB approval expires or is suspended. I understand that any activities involving Personal Private Information or Protected Health Information may require compliance with HIPAA Laws and Rutgers Policy.

Our organization agrees to the terms and conditions stated above. If we have any concerns related to this project, we will contact the co-investigator. For concerns regarding IRB policy or human subject welfare, we may also contact the Rutgers IRB (see [orra.rutgers.edu/hssp](https://orra.rutgers.edu/hssp)).

Regards,

[Signature of Research Site Authorized Representative]	[Date Letter Signed]
Signature	Date Signed
Full Name	Job Title