



## Form #10 Recertification Procedures

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Sealy Center on Aging, University of Texas Medical Branch

301 University Blvd. Galveston, TX 77555-0177

On the anniversary of your access to your restricted data set we ask that you provide the following information.

1. A short report describing how you have used the restricted data.
2. A description of any changes or modifications in your research plan or in your data protection plan.
3. Copy of and citations for any papers, publications or presentations using the restricted data.
4. Additions or changes to the list of authorized users. A Supplemental User Agreement must be completed and signed for each new user (Form #7 (2), included below). To remove an authorized user from your project, submit a Supplemental User Termination Form (Form #7 (3), included below).

**If you have questions about the recertification process, do not hesitate to contact:**

Rebeca Wong  
Mexican Health and Aging Study  
Sealy Center on Aging  
Galveston TX 77555-0177

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Fax: 409.772.1968  
Email: [rewong@utmb.edu](mailto:rewong@utmb.edu)



**Form #7 (2) Supplemental Agreement  
With Research Staff For Use Of  
Restricted Data**

Sealy Center on Aging, University of Texas Medical Branch

301 University Blvd. Galveston, TX 77555-0177

*Please note that you are to submit one original, signed copy of this document.*

The undersigned Research Staff, in consideration of their use of Restricted Data from the Mexican Health and Aging Study (MHAS), agree:

- a. That they have read the associated Agreement for Use of Restricted Data from the Mexican Health and Aging Study, the Research Plan and Restricted Data Protection Plan incorporated by reference into it.
- b. That they are "Research Staff" within the meaning of the Agreement.
- c. To comply fully with the terms of that Agreement, including the Restricted Data Protection Plan incorporated by reference into it.

The undersigned Restricted Data Investigator agrees that the persons designated herein are Research Staff within the meaning of the associated Agreement for Use of Restricted Data from the Mexican Health and Aging Study.

**RESEARCH STAFF:**

**RESEARCH STAFF:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Job Title/Formal Affiliation with Research Project

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Job Title/Formal Affiliation with Research Project

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

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Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

**RESTRICTED DATA INVESTIGATOR:**

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Signature

Date

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Typed Name

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Title



**Form #7 (3) Supplemental User  
Termination of Restricted Data**

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Sealy Center on Aging, University of Texas Medical Branch

301 University Blvd. Galveston, TX 77555-0177

*Please note that you are to submit one original, signed copy of this document.*

As the Restricted Data Investigator to Mexican Health and Aging Study (MHAS) restricted data agreement \_\_\_\_\_ at \_\_\_\_\_, I certify by my signature below that the following supplemental users no longer have access to MHAS restricted datasets licensed under this agreement.

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Date of Access Termination: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Date of Access Termination: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Date of Access Termination: \_\_\_\_\_

**RESTRICTED DATA INVESTIGATOR:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title