

# HCA Academic Learning Collaborative application

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The Academic Learning Collaborative (ALC) was developed by the Health Care Authority (HCA) to strengthen research efforts by academic organizations across the state, thereby advancing knowledge by supporting evidence-based health care and cultivating a statewide research community.

Members will receive ALC correspondence and may attend ALC meetings and symposiums. Additionally, members are entitled to request funding and support for research efforts.

Complete the application below to apply to the ALC. Applications will be reviewed on a rolling basis and there is no cost for membership.

Requests for funding or other support will be considered according to the schedule below and includes ALC membership.

Application type	ALC membership	Symposium presentation	Application review
ALC participation only	Included	Optional	Ongoing
HCA support	Included	Required	As needed

All support recipients are required to present their research as it relates to health care in Washington State at the annual HCA ALC Symposium (to be scheduled at a future date). Other ALC members are invited to participate in the symposium, but are not required to do so. For more details visit **Academic Learning Collaborative page**.

Please complete the sections below to the best of your ability. If not requesting funding or other support, only the **Applicant Organization** section is required. This is not an application to request data.

**Learn more about placing data requests.**

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**1**

**Support requested**

No support requested	All Payer Claims Database (APCD) fee reduction		
All Payer Claims Database (APCD) letter of support	HCA grant co-applicant	HCA letter of support	
Other support (financial, etc.)			

**2**

**Applicant organization**

Provide the following information about the applicant organization. Include the formal legal name of the organization that, if awarded, will receive grant funds. If more than one organization intends to apply for funding, please provide information for only one organization at this time.

Academic organization	Research organization		
School	Department	Unit	
Address	City	State	Zip
Website			
Contact first name	Contact last name		
Email	Contact phone number		
Have you applied for ALC funding in the past?	Yes	No	

**Which of the following best describes your organization?**

Government entity      Academic Institution

Not-for-profit that is tax exempt under IRC Section 501(c)(3)

Not-for-profit that is tax exempt under IRC Section 501(c)(4)

For-profit entity

Private foundation

Type III supporting organization

Other (please specify) \_\_\_\_\_

**How did you hear about the ALC Program?**

Select all that apply

HCA website

ALC Symposium

Email

Social media

Word of mouth

Other (please specify) \_\_\_\_\_

**3 Project summary**

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**Project title** \_\_\_\_\_

**Project description**

Describe the project, particularly as it relates to health care in Washington State. Be sure to include the type of data you plan to use in your project. Provide a clear idea of the activities this funding would support and how they will be achieved.

*Maximum 1500 words.*

**4 Experience and qualifications**

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**Answer the following questions to the best of your ability:**

Provide citations for publications using Washington State health care data in the past five years

What are your organization's three main goals?

What is your organization's capacity to conduct this research (e.g., use of claims data, registries, IT platforms and tools to support data analysis and reporting)?

Provide examples of past success leading evidence-based efforts or initiatives to improve patient care

What has been your experience with data analysis of health care claims?

Would you like to discuss financial support for your project?      Yes      No