

**COVER LETTER FOR SURVEY OF CLINIC MEDICAL DIRECTORS
DEMONSTRATION CLINICS**

DATE

Dear INSERT NAME

As you may know, your clinic has been selected to participate in a study to understand how the inclusion of [pharmacists/chiropractors] in the National Health Service Corps's (NHSC) loan repayment program affects patient access to services and quality of care in underserved areas. The NHSC has been directed by Congress to conduct this study and your insights will help the NHSC and Congress understand the effectiveness of this initiative.

Your participation in this survey is voluntary, but essential to understanding the effects of including [pharmacists/chiropractors] in the NHSC loan repayment program. Please complete the enclosed questionnaire for INSERT CLINIC AND SITE and return it in the self-addressed, stamped envelope to Mathematica Policy Research, Inc. (MPR) by INSERT. MPR is the research organization helping us with the evaluation.

The questionnaire should take approximately 30 minutes to complete.

All individual responses to the survey will be kept completely confidential. Answers from all responding entities will be tabulated and published in aggregate form. However, individual responses may be used on occasion for illustrative purposes. In these instances, the individual clinic will not be noted.

If you have any questions about the study, please feel free to call Evan R. Arrindell at (301) 594-4150 or Carol Irvin, the MPR Project Director, at (617) 491-7900, ext. 232. If you have questions about items on the questionnaire, call Mr. James Cashion, MPR's Survey Director, toll free at 877-xxx-xxxx. We look forward to receiving your valuable input.

Sincerely,

Xxxx
NHSC or HRSA

Enclosures
Questionnaire
Return Envelope