

ATTACHMENT 4: INFORMED CONSENT

PURPOSE OF SURVEY AND CONSENT

The National Institute for Nursing Research (NINR) at the National Institutes for Health is conducting this important survey to examine the extent to which the Summer Genetics Institute is achieving its long-term goals in research and clinical practice, so that changes to the program can be made as needed. All Summer Genetics Institute alumni are being asked to complete the survey.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address. NINR will use the survey results to determine the extent to which the Summer Genetics Institute program is achieving its goals, and to make improvements to the program, as necessary. We will share the survey results with Summer Genetics Institute alumni in the future.

Your responses to this survey will be kept private to the extent permitted by law. Your personal identity will be protected. Data files will be stored securely so that outsiders cannot see them. Your answers will be collated with the responses of other participants and analyzed. No one will be identified in study reports or publications resulting from this survey which may be published or presented publicly.

NINR is authorized to conduct this survey under section 42USC 285q of U.S. Law.

Your participation is voluntary. You can choose to not answer questions and stop your participation at any time without consequence to you. We believe that your participation in the survey has very low risk of harm to you.

If you have questions about this survey or your participation, please contact Dr. Amanda Greene by email at amanda.greene@nih.gov or by phone at (301) 496-9601.

By checking the Yes box, I acknowledge that I have read this statement and agree to participate in this survey. *

Yes, I accept

No, end the survey