Atachment B.2.1.5: Invitation to Participate in Phone Interview

INVITATION EMAIL TO PARTICIPATE IN PHONE INTERVIEW

Dear [insert name],

As part of the NIH national cross-site evaluation of the BEST Program, the NIH has contracted Windrose Vision to conduct phone interviews with program staff from your BEST program. Program staff includes PIs, co-PIs, Program Directors, and local evaluators.

The purpose of the phone interview is for the NIH to gain an understanding of the [insert name of BEST program at awardee institution] program including current successes, challenges, and opportunities to add or expand BEST activities at [insert name of awardee institution]. The interview will last approximately one hour.

To help us schedule your interview, please complete and return the attached two forms to [insert email address] by COB [insert date].

Attachment 1: Agreement to participate in the phone interview and for audio recording Attachment 2: Form to schedule an interview time.

After we receive the forms, we will confirm the date and time of the phone interview. Thank you for your participation in the NIH cross-site evaluation for the BEST program.

If you have any questions, please contact [insert name and email of staff from Windrose Vision].

Sincerely,

[Insert name]
[Insert email address]
Phone number [Insert number]

AGREEMENT TO PARTICIPATE IN PHONE INTERVIEW

Name:			
Program Name:			
Institution/Organization:			
Role in BEST Program: a. PIs	b.Co-PIs	c.Program Director	d.Local Evaluator
The National Institutes of Health (I Scientific Training (BEST) program contracted to conduct the evaluation outcomes: (1) changes in understant and attitudes toward career opportu- career opportunities and reduced ti- of institutional infrastructure to con-	m. An independ on. The purpose ading of career anities; (2) redu me in postdocto	lent company, Windrose V of this evaluation is to ass opportunities, confidence to desired, non-troral positions; and (3) createst.	ision, has been ess three desired to make career decisions, aining, non-terminal
PROTOCOL: The phone intervie and future plans for your BEST prointerviews with the program staff (institution at the end of each year to gathered will be used to document	ogram at your i PI, co-PIs, Prop hroughout the o	nstitution. We anticipate co gram Director, a local evalu duration of the BEST grant	onducting phone uator) from each awardee . The information
PARTICIPATION AND WITHI interview with us, but we strongly program depends on gathering as n for participating. Refusal to partici otherwise entitled, and you may di	encourage you nany perspectiv pate will involv	to do so. A successful evalues as possible. There are not not penalty or loss of benue.	uation of the BEST o consequences or risks
PRIVACY: Interviews may be recretordings will be protected on a second			responses. Audio
IDENTIFICATION OF STAFF: evaluation study you may contact [I national cross-site
Please sign your name below if you	u agree to parti	cipate in the phone intervie	w.
Signature:		I	Date:
Please indicate if you agree to an a	udio recording	of your interview.	
Agree			

FORM TO SCHEDULE PHONE INTERVIEW

Please complete this form and email it to [insert email address] by COB [insert date]

Name:

Institution/Organization:

Preferred phone number for your phone interview:

Preferred date and time for your phone interview. Please use the table below to indicate your first choice with the number "1," and your second choice with the number "2."

Schedule from [insert date] through [insert date]

EASTERN STANDARD TIME (EST)	Monday [insert date]	Tuesday [insert date]	Wednesday [insert date]	Thursday [insert date]	Friday [insert date]
9-10 am					
10-11 am					
11-12 am					
12-1 pm					
1-2 pm					
2-3 pm					
3-4 pm					
4-5 pm					

EASTERN STANDARD TIME (EST)	Monday [insert date]	Tuesday [insert date]	Wednesday [insert date]	Thursday [insert date]	Friday [insert date]
9-10 am					
10-11 am					
11-12 am					
12-1 pm					
1-2 pm					
2-3 pm					
3-4 pm					
4-5 pm					

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