## **Appendix B7. HSA Confirmation Email**

## To: [HEALTH SYSTEM ADVISOR]

Subject: LHS K12 Training Program Scheduled Interview Confirmation

## Dear [FIRST NAME] [LAST NAME]:

Thank you for providing us with your preferred dates and times for your interview. I am writing to confirm that your interview is scheduled for **[DATE]** at **[TIME-TIME]** with a 2M Research staff member. At the time of your interview, please call into a conference line using the information below. We will send a calendar invitation with this same information shortly.

Toll-free number: [TELEPHONE NUMBER] Conference ID: [PIN NUMBER]

Please do not hesitate to contact us at **[EMAIL]** if you have questions or need to reschedule your interview.

Thank you for your participation, and we look forward to speaking with you soon.

Sincerely,

## [STUDY TEAM CONTACT INFORMATION]

According to the **Paperwork Reduction Act** of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. Public reporting burden for the collection of information is estimated to average 1 minute per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (XXXX-XXXX), AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.