

## Health Center Workforce Survey - Email Invitation System

This form will be the means by which your health center invites staff to participate in the HRSA Health Center Workforce Survey. Please complete this form only once for your whole organization.

In order to complete this process you will need to have access to the individual email addresses for all health center staff. Please be sure you have this information available before proceeding.

Thank you in advance. If you have any questions, or experience any difficulties with this process, please contact the survey team at (603-573-3307).

**Please click "Next" when you are ready to begin.**

OMB control number 0915-0379, Expiration date: 08/31/2023

Next

0%

