

HRSA Nurse Corps Supplemental Funding Evaluation In-Depth Interview Recruitment and Scheduling Emails

Recruitment Email for Survey Respondents Who Indicated Interest in IDIs

Subject line: Participate in an Interview about Your Nurse Corps Experience – Earn \$75

From: NurseCorpsSurvey@westat.com

Dear [NAME],

Thank you for taking part in the **Health Resources and Services Administration’s (HRSA’s) Survey of Nurse Corps Participants and Alumni!** I’m contacting you because according to our records you expressed interest in participating in an interview about your experiences in the **Nurse Corps program.**

We invite you to participate in a 45-minute interview to share your experiences. Along with the survey we recently conducted, the interviews will help us to better evaluate the Nurse Corps program. Your participation can make a difference for the future of the Nurse Corps. The following topics will be discussed:

- Learning about and applying to the Nurse Corps program
- Perceptions of the Nurse Corps program
- Experience at your Nurse Corps site(s)
- Post-program employment (or plans for employment)
- Perceptions of nursing education and preparation for clinical practice

Westat – a research company helping HRSA with the program evaluation – will be conducting 45-minute interviews with Nurse Corps program participants and alumni [**over the next several weeks**]. Interviews will be conducted remotely using Zoom. Participation is voluntary. Your participation and the comments you share will not affect your status with the Nurse Corps in any way. All feedback received will be de-identified for the report, meaning that we will not attribute your comments to you or include identifying information that could be linked to you. **If you participate in an interview, you will receive a check for \$75 as a “thank you” for your time.**

Public Burden Statement: This survey is intended to gather information from Registered Nurses, Advanced Practice Nurses, and Nurse Faculty participating in the Nurse Corps program from 2017 to 2023. The information gathered will contribute to the Bureau of Health Workforce (BHW)’s comprehensive evaluation of the Nurse Corps program. 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. The OMB control number for this information collection is 0915-XXXX and it is valid until XX/XX/20XX. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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If you are still interested in being interviewed, **please respond to this email**. Please note that we may not be able to interview everyone who is interested in participating.

If you have any questions regarding the interviews, please reach out to us at NurseCorpsSurvey@westat.com or call us at [placeholder for toll-free phone number].

Thank you,

[NAME]

Recruitment Email for Direct Recruitment (to be used if there aren't enough survey respondents who indicated interest in participating in IDIs)

Subject line: Participate in an Interview about Your Nurse Corps Experience – Earn \$75
From: NurseCorpsSurvey@westat.com

Dear [NAME],

Thank you for taking part in the **Health Resources and Services Administration's (HRSA's) Survey of Nurse Corps Participants and Alumni!**

We invite you to participate in a 45-minute interview to share your experiences in the Nurse Corps program. Along with the survey we recently conducted, the interviews will help us to better evaluate the program. Your participation can make a difference for the future of the Nurse Corps. The following topics will be discussed:

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If you have any questions regarding the interviews, please reach out to us at NurseCorpsSurvey@westat.com or call us at [placeholder for toll-free phone number].

Thank you,

[NAME]

Confirmation Email

Subject line: Interview about Your Nurse Corps Experience – [DATE & TIME]
From: NurseCorpsSurvey@westat.com

Hello [NAME],

Thank you for agreeing to be interviewed about your experiences in the Nurse Corps program. Your interview is scheduled for [DATE AND TIME].

We will use the online meeting platform, Zoom. Information to join the Zoom meeting is provided below. If you have any difficulty joining the online meeting, please contact me at NurseCorpsSurvey@westat.com.

[Join Zoom meeting](#) ←click here

Meeting number: 627 174 830

Meeting password: Integration2015

Public Burden Statement: This survey is intended to gather information from Registered Nurses, Advanced Practice Nurses, and Nurse Faculty participating in the Nurse Corps program from 2017 to 2023. The information gathered will contribute to the Bureau of Health Workforce (BHW)'s comprehensive evaluation of the Nurse Corps program. 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. The OMB control number for this information collection is 0915-XXXX and it is valid until XX/XX/20XX. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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Join by phone

1-866-469-3239 Call-in toll-free number (US/Canada)

1-650-429-3300 Call-in toll number (US/Canada)

Access code: 627 174 830

[Global call-in numbers](#) | [Toll-free calling restrictions](#)

If you need to re-schedule, please let me know as soon as possible.

Thank you,

[NAME]

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Reminder Email

Subject line: REMINDER: Interview about Your Nurse Corps Experience – [DATE & TIME]

From: NurseCorpsSurvey@westat.com

Cc: Interviewer

Hello [NAME],

We are looking forward to speaking with you [tomorrow, DATE at TIME] to hear about your experiences with the Nurse Corps program. We are grateful that you are willing to be interviewed so that we can work to improve the Health Resources and Services Administration's **Nurse Corps Program** for future generations of nurses. Copied on this email is the interviewer for your scheduled interview, [INTERVIEWER NAME].

As a reminder, **you will earn \$75 for participating**. The Zoom information for the call is below:

[Join Zoom meeting](#) ← click here

Meeting number: 627 174 830

Meeting password: Integration2015

Join by phone

1-866-469-3239 Call-in toll-free number (US/Canada)

1-650-429-3300 Call-in toll number (US/Canada)

Access code: 627 174 830

[Global call-in numbers](#) | [Toll-free calling restrictions](#)

If you have any questions, please let us know.

Thank you,

[Name]

Public Burden Statement: This survey is intended to gather information from Registered Nurses, Advanced Practice Nurses, and Nurse Faculty participating in the Nurse Corps program from 2017 to 2023. The information gathered will contribute to the Bureau of Health Workforce (BHW)'s comprehensive evaluation of the Nurse Corps program. 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. The OMB control number for this information collection is 0915-XXXX and it is valid until XX/XX/20XX. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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