

Pre-notification
Email/BMISS
Announcement

Subject Line: Help the Nurse Corps Program!

Dear Current or Former Nurse Corps participant,

We want to hear from you! We are conducting a survey of the Nurse Corps program. The survey is a chance for current and former program participants to speak up about what went well in the program and what could be improved for future generations of nurses.

Be on the lookout for a link to the survey in your email. The email will come from Westat, a research company helping HRSA conduct the survey. **Those who complete the survey will receive \$5 redeemable at Amazon.com as a small token of our appreciation.**

If you have questions about the survey or do not receive your survey invitation within one week (check your spam folder!), please contact the survey help desk at NurseCorpsSurvey@westat.com or call us at [placeholder for toll-free phone number].

Thank you in advance!

Sincerely,

[Name of Nurse Corps contact at HRSA]

[Title of Nurse Corps contact at HRSA]

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.

Form Approved | OMB No. 0915-xxxx | Expires xx/xx/xxxx

1st Survey Contact: Email

Subject Line: Nurse Corps Survey – Help Evaluate the Program!

Dear [First Name],

We're writing to invite you to participate in an important survey to help with an evaluation of the Nurse Corps program. Our records show that you are a current or former program participant who is eligible for this survey. It's a chance for current and former program participants to speak up about what went well in the program and what could be improved for future generations of nurses.

Please use the link below to access the survey. When prompted, please enter the four-digit PIN shown below to confirm your eligibility to complete the survey. It should take approximately 25 minutes to complete, but you don't have to complete it all at once. Our system will automatically save your work after each page of the survey, so you can go back to finish it whenever it's convenient. **Those who complete the survey will receive \$5 redeemable at Amazon.com as a small token of our appreciation.**

Participation is voluntary, but we hope you take the time to respond. If you decide not to participate, it will not affect your status in the program. Your response to the survey will be combined with responses from others to help us better understand the experiences of Nurse Corps participants. At the end of the evaluation, all of the data that are collected will be provided to the Health Resources and Services Administration (HRSA). We will not share your personal information with anyone outside of the study team.

The survey is being conducted by Westat, a research company working on behalf of HRSA. If you have questions about the survey, please contact the survey help desk at NurseCorpsSurvey@westat.com or call us at [placeholder for toll-free phone number].

Survey URL: <https://westat.com/NurseCorpsSurvey>

Survey PIN: XXXX

Sincerely,

[Name of Westat Project Director]

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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[Title of Westat Project Director]

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.

Form Approved | OMB No. 0915-xxxx | Expires xx/xx/xxxx

First and Last Name
Line One of Address
Line Two of Address (If any)
City, State Zip

1st survey contact: postal mail

Month Day, 2023

Dear [First Name],

We're writing to invite you to participate in an important survey to help with an evaluation of the Nurse Corps program. Our records show that you are a current or former program participant who is eligible for this survey. It's a chance for current and former program participants to speak up about what went well in the program and what could be improved for future generations of nurses.

Please type in the URL below to access the survey. When prompted, please enter the four-digit PIN shown below to confirm your eligibility to complete the survey. It should take approximately 25 minutes to complete, but you don't have to complete it all at once. Our system will automatically save your work after each page of the survey, so you can go back to finish it whenever it's convenient. **Those who complete the survey will receive \$5 redeemable at Amazon.com as a small token of our appreciation.**

Participation is voluntary, but we hope you take the time to respond. If you decide not to participate, it will not affect your status in the program. Your response to the survey will be combined with responses from others to help us better understand the experiences of Nurse Corps participants. At the end of the evaluation, all of the data that are collected will be provided to the Health Resources and Services Administration (HRSA). We will not share your personal information with anyone outside of the study team.

The survey is being conducted by Westat, a research company working on behalf of HRSA. If you have questions about the survey, please contact the survey help desk at NurseCorpsSurvey@westat.com or call us at [placeholder for toll-free phone number].

Survey URL: <https://westat.com/NurseCorpsSurvey>

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.

Form Approved | OMB No. 0915-xxxx | Expires xx/xx/xxxx

Survey PIN: XXXX

Sincerely,

[Name of Westat Project Director]

[Title of Westat Project Director]

2nd Survey Contact: Email

Subject Line: Reminder: Nurse Corps Survey – Help Evaluate the Program!

Dear [First Name],

We recently reached out to invite you to participate in an important survey to help with an evaluation of the Nurse Corps program. We're reaching out again to let you know that there is still time for you to complete the survey! Our records show that you are a current or former program participant who is eligible for this survey. It's a chance for current and former program participants to speak up about what went well in the program and what could be improved for future generations of nurses.

Please use the link below to access the survey. When prompted, please enter the four-digit PIN shown below to confirm your eligibility to complete the survey. It should take approximately 25 minutes to complete, but you don't have to complete it all at once. Our system will automatically save your work after each page of the survey, so you can go back to finish it whenever it's convenient. **Those who complete the survey will receive \$5 redeemable at Amazon.com as a small token of our appreciation.**

Participation is voluntary, but we hope you take the time to respond. If you decide not to participate, it will not affect your status in the program. Your response to the survey will be combined with responses from others to help us better understand the experiences of Nurse Corps participants. At the end of the evaluation, all of the data that are collected will be provided to the Health Resources and Services Administration (HRSA). We will not share your personal information with anyone outside of the study team.

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Survey URL: <https://westat.com/NurseCorpsSurvey>

Survey PIN: XXXX

Sincerely,

[Name of Westat Project Director]

[Title of Westat Project Director]

First and Last Name

Line One of Address

Line Two of Address (If any)

City, State Zip

3rd Survey Contact: Postal mail

Month Day, 2023

Dear [First Name],

We've been reaching out to invite you to participate in an important survey to help with an evaluation of the Nurse Corps program. We're reaching out again to let you know that there is still time for you to complete the survey! Our records show that you are a current or former program participant who is eligible for this survey. It's a chance for current and former program participants to speak up about what went well in the program and what could be improved for future generations of nurses.

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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Survey URL: <https://westat.com/NurseCorpsSurvey>
Survey PIN: XXXX

Sincerely,

[Name of Westat Project Director]
[Title of Westat Project Director]

4th Survey Contact: Email

Subject Line: Reminder: Nurse Corps Survey – Help Evaluate the Program!

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.

Form Approved | OMB No. 0915-xxxx | Expires xx/xx/xxxx

Dear [First Name],

We've been reaching out to invite you to participate in an important survey to help with an evaluation of the Nurse Corps program. **We're reaching out again to let you know that time is running out for you to complete the survey. Please respond by [DATE] to make your voice heard!** The survey is a chance for current and former program participants to speak up about what went well in the program and what could be improved for future generations of nurses.

Please use the link below to access the survey. When prompted, please enter the four-digit PIN shown below to confirm your eligibility to complete the survey. It should take approximately 25 minutes to complete, but you don't have to complete it all at once. Our system will automatically save your work after each page of the survey, so you can go back to finish it whenever it's convenient. **Those who complete the survey will receive \$5 redeemable at Amazon.com as a small token of our appreciation.**

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Survey URL: <https://westat.com/NurseCorpsSurvey>

Survey PIN: XXXX

Sincerely,

[Name of Westat Project Director]

[Title of Westat Project Director]

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BMISS Downtime Banner

Additional BMISS Announcements

Important notice: You may have received a survey invitation from a research company called Westat. We are working with Westat to conduct the survey so that we can understand what is working well with the Nurse Corps program and what could be improved. Please help us by completing the survey.

BMISS Pop-Up

We want to hear from you!

We are working with Westat, a research company, to evaluate the Nurse Corps program. If you received a survey invitation from Westat, we encourage you to participate so that your voice is heard.

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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