Cover Letter

Alaska Nurse Practitioners Barriers of Use of Prescription Drug Monitoring Program

Description:

You are being asked to participate in a survey to explore barriers to the use of the State of Alaska’s Prescription Drug Monitoring Program*.* You have been chosen to participate in this study because you have an active Alaska Nurse Practitioner license. Your name and address were obtained from public records available through the State of Alaska Department of Commerce, Community, and Economic Development.

Voluntary Nature of Participation:

Your participation in this project is voluntary. If you agree to participate, you may choose not to answer any given questions, and you may discontinue your participation at any time prior to returning the completed survey. Your informed consent is implied upon completion and return of the questionnaire.

Confidentiality:

Your responses to the survey will be confidential. Since all responses are intended to be anonymous, please do not write your name or address anywhere on the questionnaire or return envelope. Aggregated results will be stored in a computer with password protection, and deleted at the conclusion of this study. Returned paper copies of the survey will be stored in a locked file cabinet for three years, then destroyed.

Potential Benefits and Risks:

The questionnaire should take 5-10 minutes to complete. In this project, there are no known economic, legal, physical, psychological, or social risks to participants in either immediate or long-range outcomes.

Compensation:

There is no compensation for your participation in this study. The results of the survey will be presented at Alaska Nurse Practitioner conference and the Alaska Board of Pharmacy.

Contacts:

If you have any questions about this project or the results please contact\_\_\_\_\_. If you have any concerns about your participation in this study, please contact the UAA Research Integrity & Compliance Officer, (907) 786-1099.

Thank you for your time and cooperation.

Sincerely,