

## Consent to be included in a student database

The XXX PA program is collecting student data for educational research and program improvement. The Physician Assistant Education Association (PAEA) will only release your data to XXX with your written consent and if at least 65% of your cohort completes this survey. Fields collecting identified information (e.g., email for prize entry, ZIP code) will be removed from the data prior to release to your program. While it may still be possible to identify you based on your responses to other survey questions, your program has agreed to use this data in aggregate for research and evaluation only and is prohibited from attempting to use survey responses to identify individual students.

You have the right to withhold consent without penalty. If you do not consent, PAEA will never release your individual data to any parties and will store your data according to the standard confidentiality and privacy protections outlined previously. If you choose not to release your data to XXX you can still complete the survey and are eligible to win any prizes associated with completing the survey.

If you consent to release your data to XXX, your PA program will protect this information using the standards and protections detailed in their IRB agreement with their home institution and may not share your data with any external individuals or parties.

Please select an option below to indicate whether you have read the above disclosure and agree to release your data to XXX.

I have read and understood the preceding information and freely agree that **PAEA may release my data to XXX** for educational research and program improvement.

I have read and understood the preceding information and **choose NOT to release my data to XXX** for educational research and program improvement.