

Consent to be included in a student database

The XXX PA program is collecting student data for inclusion in a student database for use in educational research and program improvement. The Physician Assistant Education Association (PAEA) will only release your identified data to XXX with your written consent and if at least 65% of your cohort completes this survey. You have the right to withhold consent without penalty. If you do not consent, PAEA will never release your identified 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, you will be asked for your first and last name, which will be supplied to your program before being permanently removed from the PAEA database. XXX 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 inclusion in a student database.

I have read and understood the preceding information and **choose NOT to release my data** to XXX for inclusion in a student database.

<<< IF AGREE >>>

Thank you for agreeing to share your information with the XXX PA program for inclusion in their student database. Please provide your first and last name. This information will be permanently removed from the PAEA database once data is shared with your program.

First name

Last name