

Dear HSTA Student:

You were admitted to the HSTA program because of your ability to pursue a STEM (Science, Technology, Engineering, Mathematics) career or to become a future health care provider in West Virginia. We are committed to providing you with opportunities to help you to be the best you can be. The primary purpose for this survey is for program evaluation; however, you will have the opportunity to participate in research. There are approximately 800 participants in this research study. The purpose of this research is to help us to show how important HSTA is to West Virginia students. We also would like to know if you believe the program works, and if it is helping you to reach your desired goals and dreams. It will take you approximately 30 minutes to complete this survey.

Overtime, you will be approached to complete similar surveys, but you are under no obligation to complete these surveys. You will be asked to provide your WVEIS student identification number so that your responses to these surveys may be compared as you progress through the HSTA program. Your name, address, and other personal identifiers will not be linked to your WVEIS student identification number by the researchers. Your WVEIS student identification number will not be shared with your school or any other parties. If you do decide to complete this and future surveys, the research team will make every effort to maintain the confidentiality of your responses. We would like to use your responses to publish research papers and tell others about HSTA. We will not publish or report your name or any information that identifies you. All of your responses will be grouped together with other students who are in the program. There are no risks in taking this survey except for mild discomfort associated with taking surveys, and there are no direct benefits to you; the researchers, however, will have a better understanding of the impact of the program. You do not have to participate in this study. Finally, your standing as a HSTA student will not be affected if you decide not to participate in the Research component. If you have any questions about the research project, contact Sherron Benson McKendall, Ph.D. (304) 293-1651. For information regarding your rights as a research subject, contact the Office of Research Compliance (304) 293-7073.

At the end of the survey you will be asked to answer “yes” or “no” to the following statements:

1. I have read the cover letter on research.
2. I understand what I read in the cover letter on research.
3. I agree to have my responses used as research.

Thank you for your participation.

Sincerely,

Sherron McKendall, Ph.D.

Sherron McKendall, Ph.D.
Senior Research Associate

Phone:304-293-1651

1-800-345-4267
Fax:304-293-0574

Health Sciences Center Education Partnership Office

PO Box 9026
Morgantown, WV 26506-9026

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