**Invitation Template**

Dear [Position Title],

The Research and Scholarship Learning Community of APPD is surveying [survey population] about [survey topic]. We need your input!

This anonymous survey will give us information about [data to be collected] about your program. With this data, we aim to [survey aims]. Your responses will help [anticipated research gains].

You can access the survey here: [survey url].

Please have one person from your residency training program complete this survey. If there is another member of your team who could best complete a survey about [survey topic] for your residents (ex: an Associate Program Director, faculty member, program coordinator), please forward this survey link to them.

Participation in this survey is optional, and no harm or benefit will come from not participating.  The survey should take you about [estimated time] to complete, and you can stop at any time without penalty.  By advancing to the next page and completing the survey you consent to participation in this study. At the conclusion of the study, data will only be reported in the aggregate. This survey has been found exempt by [lead site IRB].

If you have any questions, please contact [principal investigator name] at [email address] or [phone number].

Thank you in advance for your thoughtful participation!

[Principal Investigator]

**Reminder Template**

**IF YOU ARE RECEIVING THIS MESSAGE, WE DO NOT HAVE YOUR RESPONSE YET.**

Dear [Position Title],

We need your input!

The Research and Scholarship Learning Community of APPD is surveying [survey population] about [survey topic]. This anonymous survey should take about [estimated time] to complete.

The response rate as of [date] was [xx%]. We would like to have responses from as many of you as possible, since we value your input, so please participate if you are able. [IF FINAL REMINDER] **We will be closing data collection on [date]. This is your last chance to participate!**

You can access the survey here: [survey url].

If there is another member of your team who could best complete a survey about [survey topic] for your residents (ex: an Associate Program Director, faculty member, program coordinator), please forward this survey link to them.

Your participation in this study is voluntary. At the conclusion of the study, data will only be reported in the aggregate. This survey has been found exempt by [lead site IRB].

If you have any questions, please contact [principal investigator name] at [email address] or [phone number].

Thank you in advance for your thoughtful participation!

[Principal Investigator]