

DPG Student Research Survey Proposal Form

ADA student members proposing survey participation by dietetic practice group (DPG) members must complete this proposal form in its entirety. After review by the DPG and the American Dietetic Association, you will be contacted regarding the status of your request. If the survey cannot be verified by the educational institution, this request may be denied by the DPG.

Your contact information:

Name_____

ADA Member Number:_____

Phone_____

Fax_____

Email_____

Are you a member of the DPG that you are proposing to survey? ____Yes ____No

Contact at educational institution:

Name_____

Title_____

Institution Name_____

Department Name_____

Address1_____

Address 2_____

City_____ State_____ Zip code_____

Phone_____

Fax_____

Email_____

Faculty Advisor Signature_____

DPG Student Research Survey Proposal Form--continued

Please verify the method by which you will survey DPG members: (check one):

_____ DPG members will be provided my contact information via email and asked to contact me if they wish to complete the survey.

_____ I will provide a link and participants will be re-directed to the survey Web site to complete the survey.

_____ Other: (explain below)

The survey or questionnaire should take no longer than _____ minutes to complete.

I, _____ agree to provide a summary of the survey results to share with the DPG within 4-8 weeks of the survey completion date. I have permission from (insert institution) _____ to conduct this study.

Participation by the DPG is entirely voluntary and consent by DPG participants will be implied by the return of the completed survey. All questionnaires will be cleaned of identifiers (such as email addresses) and kept in a secure location for research purposes only. Results will be shared only to support collection of research, analyze results for the purpose of a thesis, dissertation and/or educational/ scientific journal. If the DPG has further questions, they may contact my educational institution.