INTERVIEW CONSENT FORM
Teen pregnancy education and resources
8/10/17

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.
The interviewee affirms that he/she has consented to this interview.

Yes  
Name:  Nya Rossi  Nya Rossi

Name:  

No  
Name:  

Name:  

If you received informed consent, please upload this page as a separate document entitled: “Name of Project/Interview Consent Form”.

If an informed consent was not received, please do not upload this page to ScholarWorks. However, you should include this consent page when submitting your PowerPoint to the Family Medicine Department.
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Yes ✓
Name: Erica Mailler
Name: Mink

No ___
Name: _______________________
Name: _______________________

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