Interview Consent Forms

Think you for agreeing to be interviewed. This project is a requirement for the University of Vermont Larue College of Medicine - Family Medicine workshop. 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 Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.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 interviewee affirms that he/she has explained the nature and purpose of this project.

The interviewer affirms that he/she has consented to this interview. Yes / No ___

Interviewer Name: Tanya Weaver
Date: 3/21/18

Thank you for agreeing to be interviewed. This project is a requirement for the University of Vermont Larue College of Medicine - Family Medicine workshop. 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 unclassified or publicized work. The interviewee 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 / No ___

Interviewer Name: [Name]
Date: 1/29/19