



**Research Cover Letter**

**Project Title:** Occupational Therapy Practitioners' Perceptions of Medical Marijuana

**Investigators:** Julia Tinyszyn OT/S and Joanne Gallagher Worthley, EdD, OTR/L, CAPS

You are being asked to be a volunteer in a research study. The study involves a survey which should be completed in 15 minutes. There are no known risks to this study. You are encouraged to take your time in making your decisions.

**Purpose:**

The purpose of this study is to measure OT Practitioners' current level of knowledge of medicinal marijuana, its delivery methods, adverse effects, and attitudes towards medical marijuana use in their clients' daily lives.

**Procedures:**

You will view an online link for the survey being used. You have the option to click the survey link, or to continue scrolling. Once the link has been clicked you will be brought to the cover letter webpage. You are encouraged to read this cover letter entirely. Once done you can start the 16 question survey. After completion of the survey, the answers to questions 6 through 12 will be provided on the webpage.

**Risks/Discomforts**

There are no known risks to this study.

**Benefits**

There are no direct benefits to participants, however this study may be an educational opportunity. By completing this survey, the correct answers to questions pertaining to marijuana use, its affects, and delivery methods are given.

**Payment to You**

There is no payment provide to you.

**Confidentiality**

The following procedures will be followed in an effort to keep your personal information confidential in this study: All IP address will be disabled, meaning results cannot be traced back to a participant making your survey anonymous. In addition, all data will be kept in a password-protected Survey Monkey account. Your identity will not be revealed in any publication or presentation of the results of this research.

**Costs to You**

There are no financial costs.

**Participant Rights**

- Your participation in this study is voluntary. You do not have to be in this study if you don't want to be.
- You have the right to change your mind and leave the study at any time without giving any reason, and without penalty.
- Any new information that may make you change your mind about being in this study will be given to you.
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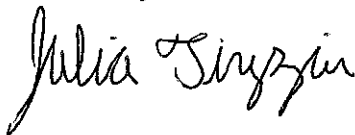
**Questions about the Study or Your Rights as a Research Participant**

**If you have any questions about the study, you may contact Julia Tinyszyn and/or Dr. Gallagher at (508) 929-8783.**

**If you have any questions about your rights as a research subject, you may contact Dr. Henry Theriault, Institutional Officer, at (508) 929-8938.**

**By starting this survey, It means that you have read (or have heard it read to you) the information given in this cover letter and would like to be a volunteer in this study.**

Sincerely,  
Julia Tinyszyn OTs

A handwritten signature in cursive script that reads "Julia Tinyszyn".