

Dear Medical Student:

The purpose of this letter is to introduce you to a newly formed medical group, *Physician Leadership on National Drug Policy* (PLNDP), and to recruit you as a Medical Student Associate. This leadership group is examining the problem of substance abuse and the policies our government uses to address this issue. As a *Medical Student Associate*, you are simply indicating that you want to be kept informed of the group's activities and that you agree with the consensus statement. Whether you decide to become an Associate or not, we are very interested in your opinion of our initiative. **Note: we are not soliciting financial support, just your opinion.** Please take a few moments to review our consensus statement (see attached) and answer the following questions below:

- ☐ I AGREE with the consensus statement
☐ I DISAGREE with the consensus statement

How Do You Feel You Can Get Involved? _____

PLNDP Medical Student Associate

A PLNDP Medical Student Associate:

- Agrees with the consensus statement of the *Physician Leadership on National Drug Policy*.
- Is interested in receiving periodic information and material about the progress and activities of the PLNDP.

I would like to be a PLNDP Medical Student Associate (circle one): **Yes** **No**

PLEASE PRINT CLEARLY:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ —

Phone: _____ Fax: _____

Email Address: _____

Med School: _____ Year: _____

Field of Interest or Specialty: _____

Please feel free to make copies of this form for your peers.

**Return the form to: PLNDP National Project Office, Brown University,
Box G-BH, Providence, RI 02912**

Physician Leadership on National Drug Policy

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