

# BIS Program Evaluation

*"Complying with U.S. Export Controls"*

*Location*

*Date*

Please take a few moments to evaluate our program. Your responses will help us to structure our workshops and services to best meet the needs of the exporting community. We take your comments seriously. Thank you in advance for your time and effort.

1) Please describe your objectives in coming to our program \_\_\_\_\_  
\_\_\_\_\_

2) To what extent were your objectives accomplished? (circle one)

Not at all      Somewhat      Generally      Mostly      Completely

3) Did the registration fee for the program accurately reflect the value of the information presented to you?

Not at all      Somewhat      Generally      Mostly      Completely

4) If not, why? \_\_\_\_\_

5) What do you consider the most important concept/skill presented during the program? \_\_\_\_\_  
\_\_\_\_\_

6) What do you consider the least important concept/skill presented during the program? \_\_\_\_\_  
\_\_\_\_\_

7) How did you find out about this program? \_\_\_\_\_  
\_\_\_\_\_

8) Have you previously attended any BXA programs? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

9) How long have you worked in the export control field? (circle one)

Less than 1 year      1 to 3 years      3 to 5 years      Over 5 years

10) How comfortable were you with the subject matter before the program? (circle one)

Not at all      Somewhat      Generally      Mostly      Completely

11) After the program? (circle one)

Not at all      Somewhat      Generally      Mostly      Completely

Please review the following statements and indicate how strongly you agree or disagree

12) The information presented at the program will assist me in my export compliance responsibilities (circle one)

Strongly Disagree      Disagree      No opinion      Agree      Strongly Agree

13) The information presented met my expectations of the goals set out in the course description (circle one)

Strongly Disagree      Disagree      No opinion      Agree      Strongly Agree

14) The agenda was well organized (circle one)

Strongly Disagree      Disagree      No opinion      Agree      Strongly Agree

15) The hands-on learning activities assisted in my understanding of the program material (circle one)

Strongly Disagree      Disagree      No opinion      Agree      Strongly Agree

16) I would recommend this program to others (circle one)

Strongly Disagree      Disagree      No opinion      Agree      Strongly Agree

17) The copies of slides and other handout material will be useful to me as a future reference (circle one)

Strongly Disagree      Disagree      No opinion      Agree      Strongly Agree

18) The length of time allocated to each topic was appropriate (circle one)

Strongly Disagree      Disagree      No opinion      Agree      Strongly Agree

19) Are you a SNAP user? \_\_\_\_\_ If not, why? \_\_\_\_\_  
\_\_\_\_\_

Please rate the clarity of seminar topics, as follows: 1 = poor, 2 = fair, 3 = average, 4 = good, 5 = excellent:

**Day 1**

Overview of the EAR	1	2	3	4	5
Classification of Items on the CCL	1	2	3	4	5
Licensing Requirements - ECCN/Destination	1	2	3	4	5
License Exceptions	1	2	3	4	5
Licensing Requirements - Other	1	2	3	4	5
Case Study Exercises	1	2	3	4	5

**Day 2**

Review	1	2	3	4	5
Office of Foreign Assets Control	1	2	3	4	5
How to Submit an Application	1	2	3	4	5
How the USG Processes the License Application	1	2	3	4	5
Export Clearances: Census Requirements	1	2	3	4	5
Export Clearances: EAR Requirements	1	2	3	4	5
Export Enforcement	1	2	3	4	5
Managing Your Company's Internal Compliance	1	2	3	4	5
Case Study Exercises	1	2	3	4	5
<b>Overall Seminar Rating</b>	1	2	3	4	5

Please indicate any suggestions you have for improvements to the workshop or topics for future workshops or any additional comments you may have about the program.

---



---



---



---

(Optional Information)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Company: \_\_\_\_\_

**Burden Estimate and Request For Comment**

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to BIS Reports Clearance Officer, Room 6608, Bureau of Industry and Security, U.S. Department of Commerce, Washington, DC 20230, and to the Office of Management and Budget, Paperwork Reduction Project (0694-0125), Washington, DC 20503. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.

OMB 0694-0125