

Center for Mental Health Services Neuropsychiatric Participant Feedback Form

Instructions

The training you are attending is funded by The Center for Mental Health Services (CMHS), a Federal agency with a mission to improve mental health services delivered to HIV/AIDS affected populations. CMHS requests that you complete the attached form in order to assist in assessing the effectiveness of the effort in meeting its objectives to provide state-of-the-art information to a diverse mixture of training participants. CMHS and the sponsoring agency intend to use the information gathered from this feedback to improve the quality of training and to ensure continued funding for HIV/AIDS provider education programs.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions and completing the feedback form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0195); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0195.

Completion of the feedback form is voluntary. **All information gathered from the form is anonymous. It is important that you fill in the Anonymous Unique Identifier at the top of the form. This identifier will be used to match your responses from this form with responses from other forms that you may complete as part of this training.** Please use a pen or pencil to darken each circle completely. Return the completed form to the place designated by the training staff.