

**U. S. Department of Health & Human Services
Food and Drug Administration (FDA)
Office of Medical Products and Tobacco
Center for Tobacco Products**

**FDA Tobacco Retail Compliance Check Inspection
Program Coordinators' Training
April 2017**

FDA Program Coordinator Training

EVALUATION

Please use **blue ink, black ink, or pencil**. Fill in each circle completely, and do not make any stray marks on the evaluation. For questions requesting written answers or comments, please print legibly using the space provided. Thank you for taking the time to complete this evaluation.

How long have you been with the FDA program?: _____

Please use the scale listed below to evaluate the effectiveness of the **overall conference**. Completely fill in **ONE** circle for each question.

5 = Extremely 4 = Very 3 = Fairly 2 = Not Very 1 = Not Applicable

Example:	5 <input checked="" type="radio"/>	4 <input type="radio"/>	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
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OVERALL CONFERENCE	5	4	3	2	1
1. How satisfied were you that the session topics were educational and informative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How satisfied were you with the speakers' abilities to meet the stated session objectives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How satisfied were you with the conference materials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How satisfied were you with the length of the presentations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Prior to attending this conference, how motivated and engaged were you regarding the FDA inspection program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. After attending this conference, how motivated and engaged are you regarding the FDA inspection program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide comments below. Include comments on specific sessions and any questions you have ranked 3 or lower.

Please use the scale listed below to evaluate the effectiveness of the **venue and facilities**. Completely fill in **ONE** circle for each question.

5 = Extremely 4 = Very 3 = Fairly 2 = Not Very 1 = Not Applicable

VENUE/FACILITIES	5	4	3	2	1
7. How satisfied were you with the conference location?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How satisfied were you with audio/visual support of the conference program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide comments below. Include comments for any questions you have ranked 3 or lower.

Please use the scale listed below to evaluate the effectiveness of the **registration process**. Completely fill in **ONE** circle for each question.

5 = Extremely 4 = Very 3 = Fairly 2 = Not Very 1 = Not Applicable

REGISTRATION PROCESS	5	4	3	2	1
9. How satisfied were you with the pre-conference registration process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How satisfied were you with the travel/reimbursement instructions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How helpful were the email notifications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide comments below. Include comments for any questions you have ranked 3 or lower.

Please provide your comments for the questions below:

12. Which session(s) was the most valuable to you?

13. Which session(s) was the least valuable to you?

14. What specific topic areas and in what presentation style(s) would you recommend for a future conference?

15. In what ways could this year's conference have been improved?

16. What, if any, benefits are there to holding this training in person?

17. Please list any additional comments.

Thank you for your feedback!

If you are unable to return this form at the end of the conference, please email your evaluation to CTPTrainer@fda.hhs.gov

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 15 minutes per response to complete the survey (the time estimated to read and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRStaff@fda.hhs.gov.

Your participation/nonparticipation is completely voluntary, and your responses will not have an effect on your eligibility for receipt of any FDA services. In instances where respondent identity is needed (e.g., for follow-up of non-responders), this information collection fully complies with all aspects of the Privacy Act and data will be kept private to the fullest extent allowed by law.