Form Approved OMB No. 0920-1050 Expiration Date: 6/30/2019

## Attachment I: APIH Fellowship Training/Workshop Feedback Survey

Please complete the following feedback on the training you just completed. We seek your feedback as a participant to strengthen the quality of the training and improve outcomes to ensure that participants receive value and benefits from the program.

| 1.        | Fellowship year: $\Box 1^{st}$ year $\Box 2^{nd}$ year $\Box 3^{rd}$ year |                      |              |                                  |          |                   |
|-----------|---|----------------------|--------------|----------------------------------|----------|-------------------|
| 2.        | How did you participate in the session? ☐In person ☐Remotely              |                      |              |                                  |          |                   |
| 3.        | Content & Structure   |                      |              |                                  |          |                   |
|           |   | Strongly<br>disagree | Disagree     | Neither<br>disagree nor<br>agree | Agree    | Strongly<br>agree |
|           | The content delivered was helpful   |                      |              |                                  |          |                   |
|           | The content delivered was appropriate                                     |                      |              |                                  |          |                   |
|           | The format was a good one for this topic                                  |                      |              |                                  |          |                   |
|           | The amount of time allotted for this workshop was about right             |                      |              |                                  |          |                   |
|           | Please share any additional comments you                                  | ı have on t          | he structure | e of the works                   | hop sess | ion.              |
| <b>4.</b> | Briefly explain any knowledge, attitudes, o                               | or skills ga         | ain from thi | s session:                       |          |                   |

The public reporting burden of this collection of information is estimated to average 5 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. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-1050).

| _  | What part(s) of the session did you like the most?   |  |  |  |  |  |
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|    | What part(s) of the session could be improved to make it more useful to you? What chan would you make? |  |  |  |  |  |
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| 7. | What other topics would you like to see in future APIH training sessions?                              |  |  |  |  |  |
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