



1. Form Approved

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**Project Title: Clinical Laboratory Interview Feedback on CDC Division of Laboratory Systems Professional Development Service Offerings**

**Pre-Interview Questionnaire**

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Dear Colleague:

Thank you for volunteering to participate in an interview regarding CDC's laboratory training and professional development offerings. By sharing your thoughts and experiences, you will help us improve CDC's portfolio of laboratory training and other professional development resources.

We are conducting individual interviews via telephone (or in-person if that is more convenient for the participant) between May – June 2019. The interview will be recorded with your permission to verify the accuracy of our project team's notes. Once the notes are deemed accurate, the audio recording will be destroyed. The notes will be de-identified as an additional confidentiality measure. Your name and other identifying information will not be linked to your responses.

**Please complete the attached pre-interview questionnaire and email your responses by [MONTH, DAY] to Amy Hoying at [AHoying@cdc.gov](mailto:AHoying@cdc.gov).** Once we receive your responses, we will let you know whether you have been selected to participate in an interview and we will reach out to you for scheduling. Please feel free to contact Amy with any questions you may have about the interview or the questionnaire.

Thank you,

Renee Ned-Sykes, MMSc, PhD  
Team Lead, Training and Workforce Development Branch  
Division of Laboratory Systems (DLS)  
Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)  
Centers for Disease Control and Prevention (CDC)



Laboratory Interview Feedback on DLS Professional Development Service Offerings:  
Survey

Please fill out the questions below to the best of your ability and return the completed questionnaire to Amy Hoying at [AHoying@cdc.gov](mailto:AHoying@cdc.gov). Thank you for your participation.

1. What best describes your current place of employment?  
 State Public Health Laboratory  
 Local/City/US Territory Public Health Laboratory  
 Other Governmental Laboratory  
 Hospital/Clinic Laboratory  
 Physician Office Laboratory  
 Independent Reference Laboratory  
 Other (please describe) \_\_\_\_\_
2. How many years have you been employed by one or more laboratories that fall into the categories above?
3. In which city and state (or territory) does your current laboratory reside?
4. What is the approximate number of laboratory personnel who work at your current laboratory?
5. Please indicate your highest level of education.  
 High school diploma/GED  
 Associate degree, including Medical Laboratory Technician (MLT) degree  
 Bachelor's degree (BS, BA, etc.)  
 Master's degree (MS, MPH, MBA, MPA, MPP, etc.)  
 Doctoral degree (PhD, DrPH, DSc, ScD, MD, DVM, DDS, etc.)
6. Do you supervise personnel? (Yes or No)
7. Do you have direct responsibilities managing or leading critical support activities for the laboratory or subset of the laboratory? If yes, please specify your role below. If no, please select "Not applicable."  
 Quality Assurance Officer/Manager  
 Training Coordinator  
 Safety Officer  
 Other (please describe) \_\_\_\_\_  
 Not applicable
8. Do you have a role in deciding how the knowledge, skills, and abilities of laboratory staff are assessed? (Yes or No)
9. To what extent do you consider yourself knowledgeable about the availability, accessibility, or use of trainings and professional development opportunities that your organization's laboratory staff engage in (other than yourself)?  
 1 Not Knowledgeable  
 2 Somewhat Knowledgeable  
 3 Knowledgeable  
 4 Very Knowledgeable



Laboratory Interview Feedback on DLS Professional Development Service Offerings:  
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10. What is the best number and email to contact you to set up an interview?

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

11. Can you recommend other colleagues who may be interested in speaking with us? If so, please provide their name(s) and as much contact information as possible.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_