ATTACHMENT G - VIRTUAL GROUP INTERVIEW SIGN-UP FORM, WEB VERSION SCREENSHOTS

	Ith Officials
orm Approved MB No. 0920-0879 xpiration Date 01/31/2021	
Medical Countermeas ign-Up	ure (MCM) Training Needs Assessment - Group Interview
Name	
Email Address	
Health Department	
Vhich group interview discussion	on would you like to participate in?
a. Small Local Health Dep	partment (Jurisdiction <50,000) <>
	Department (Jurisdiction 50,000-500,000) <>
	partment (Jurisdiction >500,000) <> or a complete list of PHEP Recipients, click <u>here</u>)
O d. Free President Co.	a both process and of the state process of the stat
earching existing data/information sources, formation. An agency may not conduct or	burden for this collection of information as 1 minute per response, including the time for reviewing instructions, gathering and maintaining the data/information needed, and completing and reviewing the collection of sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid ding this burden estimate or any other aspect of this collection of information, including suggestions for reducing a Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).
urden to CDC/ATSDR Information Collection	

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