

Onsite (Conference or In Person) Training Event Survey

Below is a sample Onsite Post-Training Survey. The surveys are provided to event participants electronically and in hardcopy. Surveys evaluating multiple sessions and dates will include the dates and titles of all sessions to be evaluated. Surveys are voluntary and only provided to training participants who attended the event.

Stakeholder Training Evaluation Form

[Session Title]

[Dates] ▪ [Location]

Day [X]

Please take a few minutes to complete the relevant section(s) of this evaluation form. Your feedback will assist CMS in determining the content and direction of subsequent training sessions. Your responses will remain confidential and will be reported in aggregate form only. Please do not include in your responses any personally identifiable information (PII).

Section A — Sessions

Please indicate your level of agreement with the following statements regarding [Session Title]

(Select **one** response per statement.)

[Session Title]	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Content was presented in an organized manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information regarding resources related to the topic of this session was provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session met the stated learning objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information provided during this session will be useful to my organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, the session met my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

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Section B— Training Logistics

<ONSITE RESPONDENT INSTRUMENT> How satisfied were you with each of the following aspects of the [Event Title] training? (Select **one** response for each aspect.)

Aspect	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
REGTAP registration process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
REGTAP onsite training event page	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness of onsite staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onsite Registration check-in process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session location and accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Break(s) provided during the training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visibility of presentation slides and visual aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audibility of the speaker(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Question and Answer (Q&A) process or mechanism (Item contingent upon onsite training format)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch logistics (Item contingent upon onsite training format)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakout session registration (Item contingent upon onsite training format)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner tables (Item contingent upon onsite training format)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

<INSTRUMENT FOR REMOTE RESPONDENTS PARTICIPATING ONLINE > How satisfied were you with each of the following aspects of the [Event Title] training? (Select **one** response for each aspect.)

Aspect	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Webinar log-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinar functionality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audibility of the speaker(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Question and Answer (Q&A) process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Additional Comments:

Section C - General Comments and Recommendations

<ONSITE RESPONDENT INSTRUMENT> If you expressed dissatisfaction with any aspect of this training, please provide a brief description of why you were dissatisfied in the space below.

Event Logistics:

Event Facilitation and Content:

<PROGRAMMER INSTRUCTION: INSTRUMENT FOR REMOTE RESPONDENTS PARTICIPATING ONLINE AND WERE DISSATISFIED OR VERY DISSATISFIED WITH ANY ASPECT> You expressed dissatisfaction with at least one aspect of this training. Please provide a brief description of why you were dissatisfied in the space below.

Event Logistics:

Event Facilitation and Content:

What did you like most about this training?

What recommendations, if any, do you have for future [Event Title] training topics?

Do you have any general comments regarding the [Event Title] training?

Section D - Background Information

Which of the following **best** describes your organization? (Select **one** response only.)

- | | |
|---|---|
| <input type="checkbox"/> Agent/Broker/Web-Broker | <input type="checkbox"/> Non-Marketplace Issuer |
| <input type="checkbox"/> Association | <input type="checkbox"/> Pharmacy Benefit Manager (PBM) |
| <input type="checkbox"/> Auditor/Potential Initial Validation Auditor (IVA) | <input type="checkbox"/> State Agency/State Regulator |
| <input type="checkbox"/> Centers for Medicare & Medicaid Services (CMS)
and other Federal Agencies | <input type="checkbox"/> State-Based Marketplace (SBM) Issuer |
| <input type="checkbox"/> Consultant/Contractor | <input type="checkbox"/> State-Based Marketplace-Federal Platform (SMB-FP) Issuer |
| <input type="checkbox"/> Cooperatives (CO-OP) | <input type="checkbox"/> State Partnership Marketplace (SPM) Issuer |
| <input type="checkbox"/> Dental Plan | <input type="checkbox"/> State Reinsurance Entity |
| <input type="checkbox"/> Federally Facilitated Marketplace (FFM) Issuer | <input type="checkbox"/> Third Party Administrator (TPA) |
| <input type="checkbox"/> Issuer Vendor | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Navigators and Marketplace Assistor | |

Which of the following best describes your role within your organization? (Select **one** response only.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Compliance Staff |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Broker | <input type="checkbox"/> CMS Staff |
| <input type="checkbox"/> Business/Program Analyst | <input type="checkbox"/> Third Party Submitter | <input type="checkbox"/> CMS Contractor |
| <input type="checkbox"/> Finance/Revenue Staff | <input type="checkbox"/> Coder/Data Analyst | <input type="checkbox"/> Operations Staff |
| <input type="checkbox"/> Risk Adjustment Staff | <input type="checkbox"/> Program/Project Manager | <input type="checkbox"/> Information |
| <input type="checkbox"/> Technology Staff | <input type="checkbox"/> Consultant | |
| <input type="checkbox"/> Industry Association Representative | <input type="checkbox"/> Quality Assurance/Quality Control Staff | |
| <input type="checkbox"/> Other (Specify): _____ | | |

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State represented (States will be prelisted on hardcopy instruments and will be included in dropdown format on electronic surveys.)

<ONSITE RESPONDENT INSTRUMENT> What is your home state?

- | | | | | | |
|---|-----------------------------------|--|---|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Florida | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Ohio | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Georgia | <input type="checkbox"/> Maine | <input type="checkbox"/> Nevada | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Oregon | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Idaho | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> California | <input type="checkbox"/> Illinois | <input type="checkbox"/> Michigan | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Indiana | <input type="checkbox"/> Minnesota | <input type="checkbox"/> New York | <input type="checkbox"/> South Carolina | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Iowa | <input type="checkbox"/> Mississippi | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Kansas | <input type="checkbox"/> Missouri | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Montana | | | |

<PROGRAMMER INSTRUCTION: INSTRUMENT FOR REMOTE RESPONDENTS PARTICIPATING ONLINE>

- | | | | | | |
|---|-----------------------------------|--|---|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Florida | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Ohio | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Georgia | <input type="checkbox"/> Maine | <input type="checkbox"/> Nevada | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Oregon | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Idaho | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> California | <input type="checkbox"/> Illinois | <input type="checkbox"/> Michigan | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Indiana | <input type="checkbox"/> Minnesota | <input type="checkbox"/> New York | <input type="checkbox"/> South Carolina | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Iowa | <input type="checkbox"/> Mississippi | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Kansas | <input type="checkbox"/> Missouri | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Montana | | | |

Thank you for completing the [Event Title] Evaluation.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1331. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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