

Attachment 5
Information Collection Instrument,
Training and Continuing Education Online New Participant Registration

TCEO New Participant
Registration

2018

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Introduction

The purpose of this document is to list all data elements collected online from the learners that wish to obtain continuing education credit through the Centers for Disease Control and Prevention's (CDC) Training and Continuing Education Online System (TCEO).

TCEO has a robust, flexible framework, and is successfully tailored for the various healthcare professions requiring continuing education for certification and licensure. This collection of data elements, derived from the Create Account and My Profile screens, makes up the TCEO New Participant Registration form.



Figure 1. Create Account Screen

To create an account in the Training and Continuing Education Online System (TCEO) participants are required to complete the data fields shown in the Create Account screen (Figure 1). The data element options to create an account are shown in Table 1.



Figure 1 - Create Account Screen (Top of Page 1)

Table 1 - Create Account Data Elements

Column Label	Display property	Figure
Email:		1
Confirm email:		1
Password:		1
Confirm password:		1
Do you wish to be notified by email of upcoming CDC training events or educational opportunities?	Y/N	1





Figure 2. My Profile

To complete creating an account in the Training and Continuing Education Online System (TCEO), participants are required to complete the data fields shown in the My Profile screen (Figure 2). The data element options to create an account are shown in Table 2.



Figure 2a – My Profile Screen (Middle of Page 1)

Your Profile

- First name:
- Middle initial:
- Last name:
- Address:
- City:
- Country: 
- Zip/postal code:
- Do you have a United States telephone number? Yes No
- Daytime telephone: Ext#:
- Are you a CDC/ATSDR employee? Yes No
- Are you in one of the United States uniformed services? Yes No
- Are you a physician? Yes No
- Are you a pharmacist? Yes No
- Employer:
- Education: 
- Work setting: 
- Primary profession: 

“State/Territory” appears if “United States (and Territories)” is selected as country




Figure 2b – My Profile Screen (Bottom of Page 1)

Security Questions

Select and answer the following security questions. You will need to answer these questions correctly each time you sign in to TCEO to verify your account. Answers are not case sensitive.

- Question 1:
- Your answer:
- Question 2:
- Your answer:

Privacy Act Information and Advisement

The Privacy Act applies to this information collection. The requested information is used only to process your training registration. CDC will treat data/information in a secure manner and will not disclose unless otherwise compelled by law or upon your written request. Continuing education credit, contact hours, or units can only be provided when all requested information is submitted.

Public Burden Information

CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

Create Account

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Table 2 – My Profile Screen Data Elements

Column Label	Display property	Figure	
First name:		2a & 2b	
Middle initial:		2a & 2b	
Last name:		2a & 2b	
Address:		2a & 2b	
City:		2a & 2b	
Country:		2a & 2b	
Specify: If US selected as country, then dropdown selection appears: “State/Territory”		2a & 2b	New
Zip/postal code:		2a & 2b	New
Do you have a United States telephone number?	Y/N	2a & 2b	
Daytime telephone:		2a & 2b	New
Ext #		2a & 2b	
Are you a CDC/ATSDR employee?	Y/N	2a & 2b	New
Are you in the United States Uniformed Services?	Y/N	2a & 2b	
If so, what branch?		2a & 2b	
Subspecialty:	US Army	2a & 2b	New
Subspecialty:	US Air Force	2a & 2b	
Subspecialty:	US Marines	2a & 2b	
Subspecialty:	US Navy	2a & 2b	
Subspecialty:	US Coast Guard	2a & 2b	
Subspecialty:	NOAH Commissioned Corps	2a & 2b	
Subspecialty:	USPHS Commissioned Corps	2a & 2b	
Are you a Physician?	Y/N	2a & 2b	New
Are you a Pharmacist?	Y/N	2a & 2b	
Employer:		2a & 2b	Removed “Academic”
Education:	Select:	2a & 2b	
Specify:	Eighth grade or less	2a & 2b	
Specify:	Some high school	2a & 2b	
Specify:	High school graduate	2a & 2b	
Specify:	Some college	2a & 2b	
Specify:	Completed college (e.g., BA or BS)	2a & 2b	
Specify:	Some graduate or professional school (requiring work beyond college graduation	2a & 2b	
Specify:	Masters (e.g., MA, MPH, or MS)	2a & 2b	
Specify:	JD	2a & 2b	
Specify:	PhD, EdD, DrPH, PharmD, ScD, or equivalent	2a & 2b	
Specify:	MD, DO, or equivalent	2a & 2b	
Specify:	MD/PhD, MD/JD, or equivalent dual advanced degrees	2a & 2b	
Specify:	Other education	2a & 2b	
Work setting:	Select:	2a & 2b	New
Specify:	Educational Institution	2a & 2b	
Subspecialty:	K-12	2a & 2b	
Subspecialty:	Pre-K/Childcare	2a & 2b	
Subspecialty:	University/Higher/Institution	2a & 2b	
Specify:	Healthcare	2a & 2b	
Subspecialty:	Behavioral/Mental Health Facility	2a & 2b	

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Column Label	Display property	Figure
Subspecialty:	Clinical or Commercial Laboratory	2a & 2b
Subspecialty:	Diagnostic Imaging Center	2a & 2b
Subspecialty:	Home Care	2a & 2b
Subspecialty:	Hospice	2a & 2b
Subspecialty:	Hospital	2a & 2b
Subspecialty:	Nursing Home or Long Term Home Facility	2a & 2b
Subspecialty:	Outpatient Care Center	2a & 2b
Subspecialty:	Private Office or Clinic	2a & 2b
Subspecialty:	Rural/Community Health Center (or other Federally Qualified Health Center)	2a & 2b
Subspecialty:	School Health Clinic	2a & 2b
Subspecialty:	Other	2a & 2b
Specify:	Indian Health Service	2a & 2b
Specify:	Non-profit Organization	2a & 2b
Specify:	Private Industry (except healthcare)	2a & 2b
Specify:	Public Health Agency	2a & 2b
Public health work setting:	Federal Public Health	2a & 2b
Public health work setting:	Local Public Health	2a & 2b
Public health work setting:	Public Health Clinic	2a & 2b
Public health work setting:	Regional/Area Public Health	2a & 2b
Public health work setting:	State/Territory Public Health	2a & 2b
Specify:	Tribal Health Sites	2a & 2b
Specify:	Other Governmental Agency (except military)	2a & 2b
Specify:	Other Work Setting	2a & 2b
Primary profession:	Select:	2a & 2b
Specify:	Administrative Support Staff	2a & 2b
Specify:	Administrator/Director/Manager	2a & 2b
Specify:	Allied Health Professional	2a & 2b
Subspecialty:	Dietician	2a & 2b
Subspecialty:	Medical Assistant	2a & 2b
Subspecialty:	Medical Imaging Professional	2a & 2b
Subspecialty:	Optician	2a & 2b
Subspecialty:	Rehabilitation Professional	2a & 2b
Subspecialty:	Respiratory Therapy Professional	2a & 2b
Subspecialty:	Speech, Language, Audiology Professional	2a & 2b
Specify:	Animal Handler	2a & 2b
Specify:	Biostatistician	2a & 2b
Specify:	Childcare Provider	2a & 2b
Specify:	Computer/Information Systems Specialists	2a & 2b
Specify:	Dental Professional	2a & 2b
Subspecialty:	Dental Assistant	2a & 2b
Subspecialty:	Dental Hygienist or Technical Assistant	2a & 2b
Subspecialty:	Dentist	2a & 2b
Subspecialty:	Other Dental Professional	2a & 2b
Specify:	Emergency Responder	2a & 2b
Subspecialty:	Emergency Medical Services Personnel	2a & 2b
Subspecialty:	Emergency Preparedness/Management Personnel	2a & 2b
Subspecialty:	Fire and Rescue Personnel	2a & 2b

New

New

New

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Column Label	Display property	Figure
Subspecialty:	Other Emergency Responder	2a & 2b
Specify:	Environmental Health Professional	2a & 2b
Subspecialty:	Engineer/Engineering Technician	2a & 2b
Subspecialty:	Environmental Health Specialist/Sanitarian	2a & 2b
Subspecialty:	Food Safety Professional	2a & 2b
Subspecialty:	Hazardous Substance Professional	2a & 2b
Subspecialty:	Industrial Hygienist	2a & 2b
Subspecialty:	Radon Specialist	2a & 2b
Subspecialty:	Toxicologist	2a & 2b
Subspecialty:	Other Environmental Health	2a & 2b
Specify:	Epidemiologist/Infection Control/Communicable Disease Professional	2a & 2b
Specify:	Facility Manager/Engineer	2a & 2b
Specify:	Food Service/Housekeeping	2a & 2b
Specify:	Governmental Official	2a & 2b
Subspecialty:	Board of Health Member	2a & 2b
Subspecialty:	Other Elected Appointed Official (except Public Health)	2a & 2b
Specify:	Health Educator	2a & 2b
Specify:	Laboratory Professional/Technician	2a & 2b
Specify:	Law Enforcement	2a & 2b
Specify:	Legal Professional	2a & 2b
Specify:	Liberian/Information Specialist	2a & 2b
Specify:	Licensure/Inspection/Regulatory Specialist	2a & 2b
Specify:	Medical Examiner/Coroner	2a & 2b
Specify:	Mental and Behavioral Health Professional	2a & 2b
Subspecialty:	Marriage and Family Therapist	2a & 2b
Subspecialty:	Mental Health Counselor	2a & 2b
Subspecialty:	Other Mental or Behavioral Health	2a & 2b
Subspecialty:	Psychologist	2a & 2b
Subspecialty:	Social Worker	2a & 2b
Subspecialty:	Substance Abuse Counselor	2a & 2b
Specify:	Nursing Professional	2a & 2b
Subspecialty:	Advanced Practiced Nurse	2a & 2b
Specify:	Clinical Nurse Specialist	2a & 2b
Specify:	General	2a & 2b
Specify:	Nurse Anesthetist	2a & 2b
Specify:	Nurse Practitioner	2a & 2b
Specify:	Nurse Midwife	2a & 2b
Subspecialty:	Licensed Practical Nurse (LPN)/ Licensed Vocational Nurse (APRN)	2a & 2b
Subspecialty:	Registered Nurse	2a & 2b
Specify:	Administrator	2a & 2b
Specify:	Clinical Nurse	2a & 2b
Specify:	General	2a & 2b
Specify:	Infection Prevention	2a & 2b
Specify:	Mental and Behavioral Health Nurse	2a & 2b
Specify:	Nurse Educator	2a & 2b
Specify:	Public Health Nurse	2a & 2b
Specify:	Occupational Health and Safety Personnel	2a & 2b
Specify:	Outreach/Field Worker	2a & 2b
Specify:	Pharmacy Professional	2a & 2b
Subspecialty:	Pharmacist	2a & 2b
Subspecialty:	Pharmacy Technician/Aid	2a & 2b
Specify:	Physician	2a & 2b

Everything
on this
page is
new

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Column Label	Display property	Figure
Subspecialty:	Allergy/Immunology	2a & 2b
Subspecialty:	Anesthesiology	2a & 2b
Subspecialty:	Colon and Rectal Surgery	2a & 2b
Subspecialty:	Dermatology	2a & 2b
Subspecialty:	Emergency Medicine	2a & 2b
Subspecialty:	Family Practice	2a & 2b
Subspecialty:	Internal Medicine	2a & 2b
Subspecialty:	Medical Genetics	2a & 2b
Subspecialty:	Neurological Surgery	2a & 2b
Subspecialty:	Neurology	2a & 2b
Subspecialty:	Nuclear Medicine	2a & 2b
Subspecialty:	Obstetrics and Gynecology	2a & 2b
Subspecialty:	Ophthalmology	2a & 2b
Subspecialty:	Orthopedic Surgery	2a & 2b
Subspecialty:	Otolaryngology	2a & 2b
Subspecialty:	Pathology-Anatomic and Clinical	2a & 2b
Subspecialty:	Pediatrics	2a & 2b
Subspecialty:	Physical Medicine and Rehabilitation	2a & 2b
Subspecialty:	Plastic Surgery	2a & 2b
Subspecialty:	Preventive Medicine	2a & 2b
Subspecialty:	Psychiatry	2a & 2b
Subspecialty:	Radiation Oncology	2a & 2b
Subspecialty:	Radiology-Diagnostic	2a & 2b
Subspecialty:	Surgery-General	2a & 2b
Subspecialty:	Thoracic Surgery	2a & 2b
Subspecialty:	Urology	2a & 2b
Subspecialty:	Other	2a & 2b
Specify:	Policy Planner	2a & 2b
Specify:	Program Specialist	2a & 2b
Specify:	Public Health Official	2a & 2b
Specify:	Public Relations/Media/Communications Specialists	2a & 2b
Specify:	Researcher/Analyst	2a & 2b
Specify:	Student	2a & 2b
Specify:	Teacher/Faculty	2a & 2b
Specify:	Veterinarian	2a & 2b
Specify:	Volunteer	2a & 2b
Specify:	Other Medical Professional	2a & 2b
Specify:	Other Profession	2a & 2b
Subspecialty:	Chiropractor	2a & 2b
Subspecialty:	Optometrist	2a & 2b
Subspecialty:	Physician Assistant	2a & 2b
Subspecialty:	Podiatrist	2a & 2b
Subspecialty:	Other	2a & 2b
Specify:	Other Profession	2a & 2b
Security Question 1:		2a & 2b
Your answer:		2a & 2b
Security Question 2:		2a & 2b
Your answer:		2a & 2b

New

Table 4 – Select CE Data Elements

Column Label	Display property	Figure
Select CE Type:		4
You must specify other profession. You must select a profession. You must select a specialty.		4
MY CE INFORMATION:		4
Specify:	CME (Physician) Information	4
Specify:	CME Type: (Dropdown: MBBS, DO, MD, Certificate of Participation)	4
Specify:	Physician MOC Information	4
Specify:	<ul style="list-style-type: none"> • MOC ID: 	4
Specify:	<ul style="list-style-type: none"> • Birth Month: 	4
Specify:	<ul style="list-style-type: none"> • Birth Day: 	4
Specify:	CHES (Certified Health Education Specialists) Information	4
Specify:	<ul style="list-style-type: none"> • CHES Number: 	4
Specify:	CPE (Pharmacists) Information	4
Specify:	<ul style="list-style-type: none"> • CPE ID: 	4
Specify:	<ul style="list-style-type: none"> • Birth Month: 	4
Specify:	<ul style="list-style-type: none"> • Birth Day: 	4
Specify:	AAVSB (Veterinarians) Information	4
Specify:	<ul style="list-style-type: none"> • License Number (up to 2): 	4
Specify:	<ul style="list-style-type: none"> • State (up to 2) 	4