**Training Evaluation: Healthcare Outbreak Prevention and Response Curriculum for Public Health Departments**

## Data collection instrument: Training Registration

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| **Data Elements** | 1. Which of the following best describes your current organizational affiliation?

​​☐​ State or territorial health department​​☐​ Local health department  ​​☐​ Other organization 1. [If state, territorial, or local health department] Do you work in an HAI/AR program? [Yes/No]
2. [If state, territorial, or local health department] Please select your jurisdiction.
3. What is your current role in the health department?
4. How long have you been in your current role?
5. Ethnicity (select all that apply)

☐​ Hispanic or Latino ☐​ Not Hispanic or Latino 1. Race (select all that apply)

☐​ American Indian or Alaska Native☐​ Asian ☐​ Black or African American ☐​ Native Hawaiian or Other Pacific Islander☐​ White1. Highest level of education or training

​​☐​ Doctor of Medicine/Osteopathic Medicine (MD/DO) ​​☐​ Doctor of Pharmacy (PharmD) ​​☐​ Doctor of Philosophy (PhD) ​​☐​ Doctor of Public Health (DrPH) ​​☐​ Advanced Practice Provider (e.g., PA, NP, etc.) ​​☐​ Registered Nurse (RN) ​​☐​ Master of Public Health (MPH) ​​☐​ Other Master's Degree (e.g., MBA, MPA, MSc, MSW, etc.) ​​☐​ Bachelor's Degree (e.g., BS, BA, etc.) ​​☐​ Associate's degree (e.g., AA, AS, ASN, etc.) ​​☐​ High school diploma or GED ​​☐​ Other, not listed 1. Please enter your work Email address
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