**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  ☐​ White   1. 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 |