

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

Data collection instrument: Training Registration

Data Elements	<ol style="list-style-type: none"> 1. Which of the following best describes your current organizational affiliation? <ul style="list-style-type: none"> <input type="checkbox"/> State or territorial health department <input type="checkbox"/> Local health department <input type="checkbox"/> Other organization 2. [If state, territorial, or local health department] Do you work in an HAI/AR program? [Yes/No] 3. [If state, territorial, or local health department] Please select your jurisdiction. 4. What is your current role in the health department? 5. How long have you been in your current role? 6. Ethnicity (select all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino 7. Race (select all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White 8. Highest level of education or training <ul style="list-style-type: none"> <input type="checkbox"/> Doctor of Medicine/Osteopathic Medicine (MD/DO) <input type="checkbox"/> Doctor of Pharmacy (PharmD) <input type="checkbox"/> Doctor of Philosophy (PhD) <input type="checkbox"/> Doctor of Public Health (DrPH) <input type="checkbox"/> Advanced Practice Provider (e.g., PA, NP, etc.) <input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Master of Public Health (MPH) <input type="checkbox"/> Other Master's Degree (e.g., MBA, MPA, MSc, MSW, etc.) <input type="checkbox"/> Bachelor's Degree (e.g., BS, BA, etc.) <input type="checkbox"/> Associate's degree (e.g., AA, AS, ASN, etc.) <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Other, not listed 9. Please enter your work Email address
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Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA XXXX-XXXX

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