Thank you for participating in the **Federal Cervical Cancer Collaborative!** Your feedback is greatly valued and will guide us in planning future roundtable meetings and developing the Toolkit for Provider Support and the Federal Opportunities Report.

This evaluation should only take a few minutes.

Please indicate your level of agreement or disagreement with the following statements.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
ne objectives of e meeting were ear.	0	0	0	0	$\circ$
ne expectations r my participation ere clear.	0	0	0	0	0
vas able to share y thoughts and pinions during eakout sessions.	0	0	0	0	0
vas able to learn om others during eakout sessions.	0	0	0	0	0
ne length of time the meetings was officient to meet its pals.	0	0	0	0	0
echnology was sed in a way that shanced my sperience during e meeting.	0	0	0	0	0
What changes couroundtable meetin		to promote pa	rticipant enga	gement in futu	ire
					/
In your opinion, where will be most imported important i	tant to highliq ties Report? rity topics in t need to be	ght in the Tooll cervical cance	r care that we	r Support and/	or the
Please share any cervical cancer ca during the meeting Provider Support	nre in safety-i g, or content	net settings (e. we should cor	g., links to ma	aterials you ref levelop the Too	erenced
May we contact your Federal Opportun			ut on the Tool	kit for Provider	rs and
Yes					
No					
Public Burden Statement: An ag	ency may not conduct	or sponsor, and a person i	s not required to respond	f to, a collection of informa	tion unless it

Public Burden Statement: 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. The OMB control number for this project is 0915-0212 and is valid until 4/30/2024. Public reporting burden for this collection of information is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5800 Fishers Lane, Room 14N138B, Rockville, Maryland, 20857.

OMB Number 0915-0212; Expiration date (04/30/2024)

We thank you for your time spent taking this survey.

Your response has been recorded.