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**Survey of Certification Plan and Reporting Database Users**

The Environmental Protection Agency would like to give you the opportunity to help improve the Certification Plan and Reporting Database (CPARD) to better meets your needs. Please respond to the following questions to the best of your ability. Your responses will help us improve the CPARD user experience. Thank you!

1. **Please identify which certifying authority you represent (please check one):**
   1. EPA
   2. State
   3. Territory
   4. Tribe
   5. Other Federal Agency

**1a. (If EPA) Which EPA Region do you represent?**

* + 1. Headquarters
    2. 1
    3. 2
    4. 3
    5. 4
    6. 5
    7. 6
    8. 7
    9. 8
    10. 9
    11. 10

**1b. (If State)** **Which state do you represent?**

1. All States Listed

**1c. (If Territory)** **Which territory do you represent?**

1. Puerto Rico
2. U.S. Virgin Islands
3. American Samoa
4. Commonwealth of the Northern Mariana Islands
5. Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau
6. Other: (fill-in text box)

**1d. (If Tribe) Which tribe do you represent?**

1. Cheyenne River Sioux
2. Three-Affiliated Tribe
3. Shoshone Bannock
4. Prairie Band Potawatomi Nation
5. Santee Sioux Tribe of NE
6. White Earth Band
7. Other: (fill-in text box)

**1e. (If Federal Agency) Which federal agency do you represent?**

1. BLM
2. DOD
3. DOE/BPA
4. USDA/APHIS/PPQ
5. USDA/FS
6. Other: (fill-in text box)
7. **First & Last Name:**
8. **How many years of experience do you have using CPARD?**
   1. Less than 1 year.
   2. 1 – 3 years.
   3. More than 3 years.

**Access to CPARD:**

1. **Have you experienced any problems accessing CPARD within the last calendar year?** 
   1. Yes
   2. No
   3. I haven’t tried accessing CPARD within the last year.

**4a. (If Yes)** **Please select when the problem(s) occurred. (Check all that apply)**

1. Logging-In
2. Signing-Out
3. Accessing Information
4. Entering Data/Information
5. Registering
6. Other: (fill-in text box)

**4b. (If Yes) Are you able to access CPARD now?**

1. Yes
2. No
3. N/A – I haven’t tried to sign into CPARD since.

**4b1. (If Yes) How did you resolve your problem(s) accessing CPARD?**

**(Check all that apply)**

1. Contacted EPA headquarters for assistance.
2. Requested new password and/or user ID.
3. Attempted to access at a later time and was able to.
4. Accessed CPARD by using a different internet browser.
5. Found the solution in the updated CPARD User Guide.
6. Other: (fill-in text box)

**4b2. (If No)** **Please describe the problem(s) you are still having with accessing**

**CPARD.**

1. **How was your applicator certification data entered for FY 2023? (Check all that apply)**
   1. I entered my applicator certification data into CPARD.
   2. EPA Headquarters entered my applicator certification data into CPARD.
   3. A colleague entered the applicator certification data into CPARD for our certifying authority.
   4. Other: (fill-in text box)
   5. N/A

**CPARD Support:**

1. **Have you used the most recent EPA CPARD reporting instructions within the last year?**
   1. Yes
   2. No
   3. What is the EPA CPARD reporting instructions?

**6a. (If Yes)** **How helpful did you find the most recent EPA CPARD reporting instructions?**

1. Very Helpful
2. Helpful
3. Neutral
4. Not Helpful
5. Not Very Helpful
6. N/A
7. **Did you participate in a CPARD Open Office Hours?**
   1. Yes
   2. No

**7b. (If Yes)** **How helpful did you find the CPARD Open Office Hours?**

1. Very Helpful
2. Helpful
3. Neutral
4. Not Helpful
5. Not Very Helpful
6. N/A

**7a. (If Yes)** **Would you participate in another CPARD Open Office Hours?**

1. Yes
2. No
3. Maybe

**CPARD Structure:**

1. **What information from Certification Plans would you like to be able to find and sort easily (without having to open and search each Plan)? (Check all that apply)**
   1. Program administration – contacts, URLs, agencies involved
   2. Legal authorities
   3. Certification passing scores
   4. Pre-certification requirements (e.g. training)
   5. Certification requirements (e.g. exams, training)
   6. Noncertified applicator requirements (e.g. training, certification)
   7. Recertification requirement (e.g. exams, continuing education, recertification period)
   8. Reciprocity agreements
   9. Minimum age(s) requirements
   10. Under the Direct Supervision requirements – different than federal requirements.
   11. Other: (fill-in text box)
2. **What information do you keep track of and/or that you get asked for now that you collect from CPARD?**
   1. Program administration – contacts, URLs, agencies involved
   2. Legal authorities
   3. Certification passing scores
   4. Pre-certification requirements (e.g. training)
   5. Certification requirements (e.g. exams, training)
   6. Noncertified applicator requirements (e.g. training, certification)
   7. Recertification requirement (e.g. exams, continuing education, recertification period)
   8. Reciprocity agreements
   9. Minimum age(s) requirements
   10. Under the Direct Supervision requirements – different than federal requirements.
   11. Other: (fill-in text box)
3. **Is there a function (i.e. additional data fields, text boxes, exporting options) you’d like to see added to CPARD to assist you in reporting?**
4. **Any additional comments, questions, or concerns?**

**Thank you for taking the time to answer these questions!**

If you have any questions or concerns about this survey, please contact:

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Office of Pesticide Programs

Pesticide Re-Evaluation Division

Certification and Worker Protection Branch

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