

## Appendix A. DPDB Generic Webinar Survey

### National Practitioner Data Bank (NPDB) Webinar Registration Survey

**[Webinar Title]**

1. First Name
2. Last Name
3. Email
4. Phone
5. Job Title
6. Organization Type
  - Agent Reporting/Querying
  - Ambulatory Clinic/Center
  - Assisted Living
  - Federal Government
  - FQHC/Community Health Center
  - Group Medical Practice
  - Health Care Practitioner
  - Health Center
  - Health Plan
  - Hospital
  - Law Enforcement Agency
  - Medicaid Fraud Control Unit
  - Medical Malpractice Payer
  - Mental Health Facility/Center
  - Nursing/Skilled Nursing Facility
  - Organization Under Government Contract
  - Other Health Care Entity
  - Other Healthcare Services Provider
  - Private Accreditation Organization
  - Professional Society
  - Residential Treatment Facility/Program
  - State Licensing and Certification Agency
  - Utilization and Quality Control Peer Review Organization
7. Organization Name
8. Organization State

9. Which of the following best describes your primary role with the NPDB?

- Data Bank administrator
- Querying
- Reporting
- Other

10. How familiar are you with the NPDB?

- Extremely
- Very
- Moderately
- Slightly
- Not

11. What [webinar topic] questions would you like NPDB staff to answer during the Q&A portion of the webinar? *Open-ended text response*

12. Would you like to receive National Association of Medical Staff Services (NAMSS) CE?

## Appendix B. DPDB Generic Webinar Survey

### National Practitioner Data Bank (NPDB) Webinar Satisfaction Survey *[Webinar Title]*

1. Overall, how satisfied were you with the webinar?
  - Extremely satisfied
  - Satisfied
  - Neutral
  - Dissatisfied
  - Extremely dissatisfied
  - What made you choose this answer? *Open-ended text response*
2. To what extent did this webinar improve your knowledge of *[Webinar Title]* to the NPDB?
  - Greatly improved knowledge
  - Moderately improved knowledge
  - Slightly improved knowledge
  - Did not improve knowledge
  - What made you choose this answer? *Open-ended text response*
3. To what extent did the content of the webinar meet your expectations?
  - Completely
  - Mostly
  - Slightly
  - Did not
4. Did other people join you to watch the webinar? If so, how many?
  - 0
  - 1-2
  - 3-5
  - 6-10
  - 10+
5. What aspects of the webinar did you find most beneficial or informative? *Open-ended text response*
6. How would you rate the speakers' knowledge of the topic?
  - Excellent
  - Good
  - Average
  - Poor
7. How would you rate the speakers' presentation skills?

- Excellent
- Good
- Average
- Poor

8. What topics most interest you for future webinars? (Please select one from below)

- Authorized Agents
- Compliance
- Credentialing Software
- Data Bank Administrator
- Disputes
- Medical Malpractice Payments Reporting Requirements
- NPDB 101
- Querying
- Reporting
- Research and Data
- State Licensure Reporting Requirements
- User Accounts
- Other (Please Specify)

9. Did any elements of the webinar confuse you? If so, please explain. **Open-ended text response.**

10. How can the NPDB improve future webinars? *Open-ended text response*

**Public Burden Statement:** The purpose of this information collection is to assess participant training needs and measure satisfaction with various training and educational webinars offered by the National Practitioner Data Bank. 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 information collection is 0906-0084 and it is valid until 02/28/2027. This information collection is voluntary. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 5 minutes 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.