SUPPORTING STATEMENT A

APPLICATION FOR TRAINING

OMB Control No. 0920-0017

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- **Goals:** To continually improve CDC training activities and maintain CDC compliance with mandatory accreditation organization standards by efficiently collecting information through the CDC TRAIN learning management system.

- **Intended Use:** CDC will use information collected in CDC TRAIN to evaluate and improve courses based on learner feedback. For accredited trainings, this information will also be used to generate certificates of attendance and verify training completion, review and approve proposals for educational activities to receive continuing education accreditation, and ensure compliance with mandatory accreditation standards.

- **Methods to be used to collect:** Online, using secure electronic web-based password protected platforms.

- **Subpopulation:** Educational developers requesting accreditation for their trainings and public health and healthcare professionals who seek training.

- **How data will be analyzed:** CDC will use identifiable information in CDC TRAIN to track participant completion of educational activities to facilitate required reporting to earn continuing education credits, hours, or units

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authorized by the Public Health Service Act, Title 42, The Public Health and Welfare, Chapter 6A-Public Health Service, 1) Subchapter V-Health Professions Education, Part E-Health Professions and Public Health Workforce, subpart 2-public health workforce Section 295 (Attachment 1A); 2) Subchapter V-Health Professions Education, Part F-General Provisions, Health Professions Data Section 295k (Attachment 1B); and by Title 42, Subchapter II, General Powers and Duties, Part B, Federal-State Cooperation, Section 243 (Attachment 1C).

The mission of CDC's Division of Workforce Development (DWD), within the Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (PHIC), is to provide leadership in public health training and education, and to manage innovative, evidence-based programs to prepare the health workforce to meet public health challenges of the 21st century. Access to quality and accredited learning programs and products allows the public health workforce to broaden their knowledge and skills to improve the science and practice of public health for domestic and international impact. CDC/DWD and public health partners offer learning programs to professionals in public health, epidemiology, medicine, economics, information science, veterinary medicine, nursing, public policy, and other related professions.

Notably, CDC is accredited by multiple accreditation organizations to award continuing education (CE) for public health and health professionals (learners). To comply with the mandatory requirements of accreditation organization standards and to manage the accreditation process, CDC collects standardized information through the Continuing Education Proposal, a secure web-based platform developed and managed internally by DWD. This is used to collect information from educational developers about the courses to be offered, which are reviewed to ensure accreditation and training quality standards are met (see Attachment 3).

Courses approved to confer CE credits (accredited courses), as well as other online trainings for the broader public health workforce (non-accredited courses) are made available to learners through CDC TRAIN. CDC TRAIN is an external online learning management system that serves as a centralized resource for both types of training. Learners who take courses through CDC TRAIN submit information needed for course evaluation and improvement (see Attachments 4 and 5) (OMB No. 0920-0017). Moreover, completing course evaluations is required for learners seeking CE, as part of accrediting agencies' requirements.

CDC TRAIN is part of the Public Health Foundation's larger TRAIN Learning Network. This Network is a national learning management system used by affiliate organizations to manage and share public health trainings with nearly 6 million registered learners. Specifically, Affiliate organizations currently include state health departments (32), federal agencies (6, including CDC), non-profit affiliate partners (2), local health departments (1), and tribal affiliate partners (1). Each affiliate organization has a doorway into the shared system. CDC's electronic portal into the TRAIN Learning Network is called CDC TRAIN. CDC manages this relationship with the Public Health Foundation and maintenance of CDC TRAIN through a cooperative agreement. Using CDC

TRAIN to offer these courses helps CDC reach the public health workforce where they already go to learn.

CDC TRAIN continues to be used extensively by learners. As of FY2024, there were a total of 2,031,603 learner accounts on CDC TRAIN, 20% (404,587) of which were new in that year. Of the registered learners, 503,247 unique learners used the system to complete 1,322,839 courses in FY2024. Over 205,000 unique health professionals earned free continuing education credit 482,926 times in FY24. Compared to training providers who charge for continuing education, providing this high-quality learning free of charge saved health professionals an estimated $9.1 million in FY2024.

Scope of this revision

The revision request builds on a multi-year project to streamline data systems and establish a unified data collection framework for accredited and non-accredited trainings through the CDC TRAIN platform. Previously, CDC utilized the Training and Continuing Education Online (TCEO) platform for accredited trainings. The TCEO system was decommissioned on December 31, 2023, with all new and existing CE content transitioned to CDC TRAIN as of January 1, 2024. This has resulted in cost savings to the government for system operations and management, and has made it easier for learners to find everything they need in one system. This change also allows CDC to streamline and consolidate its training evaluation tools.

This revision request removes a data collection instrument relating to the TCEO system, consolidates accredited and nonaccredited training evaluation tools into one modular post-course evaluation and one follow-up evaluation, and reduces overall burden estimates significantly, based on real-world uptake.

These proposed changes will provide CDC with an efficient, effective, and secure electronic mechanism for collecting, processing, and monitoring training-related information while reducing the respondent burden by tailoring data collection tools based on the training type (accredited vs. non-accredited). All of CDC TRAIN's data collections align with HHS's strategic goal to strengthen the nation's health and human services infrastructure and workforce.

2. **Purpose and Use of Information Collection**

Continuing Education (CE) Proposal

The CE Proposal (Attachment 3) expedites the process for ensuring educational activities meet accrediting organizations standards and allows CDC to offer more accredited educational activities to meet the increasing demand of the public health and healthcare workforce (learners). CDC and its funded partner organizations (educational developers) develop educational activities for learners to meet their professional development needs. The CE Proposal module provides an efficient mechanism to aggregate data for assessment and reporting. After CDC accredits an educational activity, registered learners can access and take the activity to earn CE through CDC TRAIN.

CDC TRAIN

The post-course and follow-up training evaluation instruments in CDC TRAIN will allow CDC to meet accreditation organization requirements, and, for both accredited and non-accredited courses, provide information for improving educational activities and provision of quality training to

learners. The purpose of creating a modular post-evaluation tool in CDC TRAIN is to create a unified evaluation instrument that can be used for both accredited and non-accredited trainings, while ensuring questions are tailored to minimize response burden on learners.

These evaluation tools (post-course and follow-up) help CDC course providers meet the CDC Quality Training Standards, specifically standard 6 — training evaluation informs improvement. These tools will provide CDC programs with an easy way to collect post-course evaluation data via CDC TRAIN to continue to improve the trainings offered to the public health workforce. Aggregate data from CDC TRAIN will be used by course providers to improve educational activities.

3. Use of Improved Information Technology and Burden Reduction

Continuing Education (CE) Proposal

The CE proposal provides an efficient and integrated electronic mechanism that meets accreditation requirements and promotes use of secure data and information system standards to improve timeliness, accuracy, completeness, and consistency of data collection. Respondents are course developers seeking approval to offer their training for CE credits (e.g., CME, CNE, CEU), so that public health and healthcare professionals can maintain their licensures and certifications.

CDC TRAIN

To access accredited and non-accredited courses in CDC TRAIN, all learners register once and can participate in as many learning programs as needed using the same login and password. Learners evaluate the courses and educational products they take, from directly within the system, to provide information to improve courses to make them more relevant, effective, and engaging via post-course and follow-up evaluation tools. For accredited courses, the post-course evaluation is required for learners to receive the CE they earned. Both the post-course and follow-up evaluation tools are required by the accrediting organizations. For non-accredited trainings, evaluation instruments will be available to CDC TRAIN course providers to offer standardized evaluation questions across trainings.

Offering standardized evaluation tools for CDC TRAIN course providers confers agency-wide advantages over time. Previously, CDC programs wishing to collect post-course training evaluation data from CDC TRAIN had to obtain OMB approval individually. By having unified OMB-approved evaluation tools that CDC programs can use in CDC TRAIN, the burden on CDC programs as well as on ICRO and OMB has been greatly reduced. This unified approach ensures that evaluation data are collected uniformly and consistently, thereby reducing the burden on learners and improving the usefulness of the data obtained.

CDC TRAIN assures 100% compliance with the Government Paperwork Elimination Act (GPEA), Public Law 105-277, title XVII, 1998, lowering the burden to the respondent, allowing persons to submit information electronically, and providing capabilities for CDC to maintain records electronically.

4. Efforts to Identify Duplication and Use of Similar Information

There is no duplication of these data, and there is no alternative source of information on training effectiveness. For the CE proposal, the accreditation data required by national accreditation organizations are not available from any other source. For accredited trainings, information collected through CDC TRAIN is necessary to provide required accreditation data that would not be

available from any other source. For non-accredited trainings, by offering standard training evaluation tools in these learning systems, course providers are able to use these tools instead of creating their own, which eliminates duplication.

5. Impact on Small Businesses or Other Small Entities

No small businesses have been, are, or will be, involved in CDC TRAIN data collection.

6. Consequences of Collecting Information Less Frequently

CDC's ability to meet its mission to strengthen the skills of the current workforce through quality, accredited and non-accredited, competency-based training relies on the timeliness of data collection in CDC TRAIN. For the CE proposal, data from training developers are collected once per educational activity submitted for accreditation in the CE proposal (Attachment 3). For learners taking accredited and non-accredited trainings, data are collected once at completion of the Post-Course Evaluation (Attachment 4) for each educational activity completed, and once at the Follow-up Evaluation (Attachment 5) for each educational activity completed.

The timeliness of data collected through the CE Proposal is essential and results in timely award of accreditation for an educational activity submitted for accreditation. Without timeliness of accreditation, learners would not have the opportunity to take the educational activities they need to earn free CE in CDC TRAIN, and they risk losing professional licensures and certifications.

For accredited trainings, we estimate that registered learners will participate in two unique educational activities per year; therefore, each learner will take the Post Course Evaluation two times per year, as this evaluation is required in order to confer continuing education credit. We estimate that approximately 8% of learners will take the optional Follow-up Evaluation two times per year. Data collected through these instruments is required by the accreditation organizations to ensure compliance with accreditation standards, and the timeliness of providing reports to accrediting organizations is necessary for CDC to maintain accreditation.

For non-accredited trainings, the timeliness of data collection using the CDC TRAIN system is crucial for prompt program improvement and as a result, a more skilled public health workforce. As a scientific agency, CDC has a duty to assure a competent public health and health care workforce as outlined in the Ten Essential Public Health Services. Part of assuring a competent workforce means providing and adapting training to meet the needs of the public. As public health is dynamic in nature, training must be improved over time, and training evaluation is one way to inform improvement. Availability of the Post-Course Evaluation (Attachment 4) and Follow-up Evaluation (Attachment 5) instruments provides CDC programs with an evidence-based and accessible way to collect post-course evaluation data via CDC TRAIN that will enable CDC programs to evaluate their trainings to identify areas of strength and areas for improvement.

7. Special Circumstances Relating to the Guidelines of CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

8. **Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

A. The agency's first notice of proposed revision to the existing data collection was published in the Federal Register on June 16, 2025 (Vol 90, No. 114, pp 25283-25284) (See Attachment 2. Published 60-day FRN) and ended August 15, 2025. CDC received no comments in response to this notice.

B. No formal consultations outside the agency have been held.

9. **Explanation of Any Payment or Gift to Respondents**

There are no payments, incentives, or gifts provided to respondents.

10. **Assurance of Confidentiality Provided to Respondents**

Personally identifiable information (PII) is collected in the CE Proposal and in CDC TRAIN. However, the information is not sensitive and will be fully protected

CE Proposal

PII collected on the CE Proposal (Attachment 3) includes the educational developer's name, telephone number(s), email address, and organization. In addition, CDC collects biographical data for course instructors, including instructors' names, professions, telephone numbers, addresses, email addresses, and organizations. CDC uses this information for managing reviews, corresponding with the educational developer, and ensuring course instructors have the appropriate qualifications to teach course content as required by accrediting organizations, all of which ensures national accreditation standards are met before accrediting the CE activity.

PII collected by the CE Proposal (Attachment 3) is filed and retrieved by the name of the CE activity; it is not published. An advisement or consent notice is provided for all educational developers and is clearly displayed immediately above the Public Burden Statement section of the CE Proposal on the login page. The statement is, "The Privacy Act applies to this information collection. The requested information is used to process your request for educational activities to receive accreditation. CDC will treat data/information in a secure manner and will not disclose, unless otherwise compelled by law or upon your written request. Accreditation can only be conferred when all requested information is submitted."

Personal information is maintained for at least seven years. CDC will retain and destroy records in accordance with the applicable CDC Records Control Schedule.

Applicable Privacy Act considerations for this submission fall under System of Records Notice (SORN) 09-20-0161, "Records of Health Professionals in Disease Prevention and Control Training Programs, HHS/CDC/NCPS" (Attachment 6. Privacy Act Issuances 09-20-0161). Safeguards have been established to minimize the possibility of unauthorized access to the information being collected through the CE system. Technical controls include password protection and storing all personal identifiable information on a Microsoft SQL server, configured behind the CDC firewall. Physical controls include the use of a secure data center, which requires identification badges and

authorized key cards for entry. Security provisions meet all requirements established by CDC's Health Information System and Surveillance Board. Administrative controls restrict access to the SQL database, ensuring accessibility only through the CE application, for CDC/PHIC administrative personnel and IT staff. Although contractors at CDC maintain the CE system or support the collection and administration of CE proposals, CDC owns the information collections. Data are not sold, rented, or shared with third parties for promotional use or otherwise. Data are and will be treated in a secure manner and will not be disclosed, unless otherwise compelled by law.

Other administrative controls include the system's security plan, which defines the process for handling security incidents. The system's team and the Office of the Chief Information Security Officer (OCISO) share the responsibilities for event monitoring and incident response. Suspicious security or adverse privacy related events are directly reported to the component's Information Systems Security Officer, CDC helpdesk, or to the CDC Incident Response Team. The CDC OCISO reports cybersecurity incidents to the HHS Secure One Communications Center, which coordinates and escalates incidents to Cybersecurity and Infrastructure Security Agency (CISA) (formerly US-CERT) as appropriate.

CDC TRAIN

Unlike the CE Proposal, the Public Health Foundation owns the TRAIN Learning Network. CDC, as a TRAIN affiliate, manages a portal into the TRAIN Learning Network called CDC TRAIN. The Public Health Foundation is the owner of all data entered and managed through the TRAIN Learning Network, including login and registration data obtained via all portal sites.

CDC has full confidence in the security of this learning management system. There are many safeguards in place, including course provider agreements (Attachment 7) and active security and privacy management by the Public Health Foundation. These are described more fully below. Moreover, the TRAIN platform meets FISMA requirements, has been approved and determined low-risk by CDC's OCISO's Third Party Site Security Survey/Plan, and was recently given FedRAMP approval by the Veterans Health Administration, which also uses TRAIN. All are clear indications that the TRAIN system meets industry standards.

The CDC, as a TRAIN affiliate, has access to CDC TRAIN course data on the TRAIN Learning Network for assessment and planning purposes, but has no authority to sell or otherwise transfer any information from the TRAIN Learning Network or any data from another Affiliate to any person(s) without the prior written consent of Public Health Foundation. CDC programs and funded partners that list and manage courses, learners, or other learning content on CDC TRAIN are required to adhere to the CDC TRAIN Annual Agreement (Attachment 7) which includes specific rules for behavior. Programs and funded partners must annually review their level of access and confirm adherence to continue listing learning content and to access any related activity and participant data.

As outlined in the CDC TRAIN Rules of Behavior, PII collected in CDC TRAIN must not be shared or distributed; agreeing to the CDC TRAIN Rules of Behavior confirms that CDC programs will ensure that PII is protected and managed accordingly. CDC administrators and course providers can review basic reports on course registrations and completions (including limited demographic information), pretest and posttest results, and evaluation results (if OMB approved). Aggregate reports do not include any PII. Non-aggregate reports include learners' names and user IDs collected by the Public Health Foundation in their participant registration form. Most of the data collected will be used for aggregate reporting; however, for course providers to assess course effectiveness, PII from the data collected by the Public Health Foundation is needed to match responses from individual learners from the post-course evaluation to the follow-up evaluation. That particular use of PII is limited to data management and the data matching process.

For accredited trainings, accreditation organizations require identifiable information for tracking attendance in the course offerings, authenticating the individual learners who receive CE, and managing transcripts for learners. CDC's CE staff use the information collected through CDC TRAIN to efficiently process new participants' registrations and post-course evaluations to ensure learners receive the CE they earned to maintain professional licensures and certifications, generate certificates of attendance and CE as verification of training activity attendance, produce participant transcripts when requested, improve educational activities as needed, and produce reports for the accrediting organizations on an annual basis. Data requests from Course Developers who wish to review registration, completion or assessment data not explicitly covered under the CDC TRAIN Annual Agreement are required to complete a Data Use Agreement.

No PII is collected by the Post-Course Evaluation (Attachment 4) or the Follow-Up Evaluation (Attachment 5). Additional information about PII on CDC TRAIN and how it is protected can be found on CDC's OCIO intranet page [CDC's Office of the Chief Information Officer (OCIO) Intranet page](#), in the [Public Health Foundation's Privacy Policy](#), and [TRAIN's policies webpage](#). Programs that do not ensure the adequate protection of PII lose their right to list content and retrieve data from CDC TRAIN. Collected data are housed on a secure server, owned and maintained by the Public Health Foundation.

11. Justification for Sensitive Questions

No questions of a sensitive nature are asked of respondents. Approval by the CDC Institutional Review Board (IRB) is not required for these information collection systems. This data collection is not considered human subjects research. This conclusion is based on the description and justification for CDC TRAIN and on the definition of research, as defined by the federal policy for the protection of human subjects (45 CFR 46) (Attachment 8. Research Determination Memorandum).

12. Estimates of Annualized Burden Hours and Costs

For the CDC TRAIN post-course and follow-up evaluation tools, respondent volume and frequency estimates were adjusted based on the number of accredited and non-accredited training evaluations completed in FY2024. The respondent types included in the burden estimates for this ICR are educational developers and public health and healthcare professionals (learners). Annualized burden hours and costs presented include only the burden of respondents who are not federal employees or entities.

The calculated annualized burden hours and burden costs for the CE proposal and CDC TRAIN data collection tool takes into consideration the variances for each data collection tool and an adjustment for increased cost of living in respondents' estimated salaries.

A. Estimated Annualized Burden Hours
The respondent types and burden hours included for each data collection in this ICR are nonfederal CDC partner funded organizations' educational developers and nonfederal public health and healthcare professionals (learners). The number of learners who take trainings through CDC TRAIN depends upon educational developers promoting their accredited and non-accredited educational activities, and health professionals seeking out opportunities to earn CE to maintain professional licensures and certifications or to learn about specific topics. Because continuing education is often offered for cost by other accredited providers, the availability of free CE and

other timely trainings from CDC brings health professionals to CDC TRAIN. Since 2016, CDC has intensified marketing of CDC educational activities through the CDC Learning Connection website, social media, and electronic newsletters. CDC intends to continue promoting efforts for CDC accredited educational activities and other learning opportunities.

CE Proposal

The CE Proposal (Attachment 3) reflects an average of 5 hours to complete the tool and 130 educational developers (health educators) are expected to complete the CE Proposal annually. The total estimated annualized burden hours for educational developers is 650.

CDC TRAIN Post-Course and Follow-up Evaluation

In FY 2024, 205,000 unique learners earned continuing education from CDC 480,000 times, with learners taking ~2.3 accredited training courses per year. Evaluations collected from accredited trainings account for more than 99% of post-course and follow-up evaluation data collected in CDC TRAIN, driving the estimates proposed below. If all post-course question modules are included, an estimated 250,000 learners would take this twice a year, for an annualized response burden of 125,000 hours. Based on FY2024 response data, the optional follow-up evaluation is completed by ~8% of learners who complete the post-course evaluation, totaling 20,000 learners twice a year, for a burden of 2,000 annualized hours.

Across all respondent types and tools, total estimated response burden is 127,650 hours per year.

Type of Respondents	Tool	Number. Of Respondents	Frequency of Response	Average Burden Time per Response (in hours)	Total Response Burden (in hours)
Educational Developers (Health Educators)	Continuing Education (CE) Proposal	130	1	5	650
Public Health and Health Care Professionals (Learners)	CDC TRAIN Post-Course Evaluation	250,000	2	15/60	125,000
Public Health and Health Care Professionals (Learners)	CDC TRAIN Follow-up Evaluation	20,000	2	3/60	2,000
Total		270,130	540,130		127,650

B. Estimated Annualized Burden Cost

There is no cost to respondents other than their time to complete the data collection. Data from the US Department of Labor's, Bureau of Labor Statistics, Occupational Employment and Wage Statistics were used to determine the average salaries of the CE educational developers and of the CDC TRAIN learners.

CE Proposal

The annualized cost burden to nonfederal educational developers submitting courses through the CE Proposal has not significantly changed since the last proposal. Median 2024 hourly wage rates for Health Education Specialists were used.

CDC TRAIN Post-Course and Follow-up Evaluation

Over 90% of Public Health and Health Care Professionals (learners) completing the post-course and follow-up evaluations for accredited trainings in CDC TRAIN have post-secondary education, with CE for nurses accounting for the majority of CE earned in FY2024. To estimate the hourly wage rate, 2024 median wages for bachelor's level nurses and Master's level nurses were averaged to estimate hourly rate and calculate cost burden. Across all tools and respondent groups, total non-federal annualized burden costs are $6,908,169.

Type of Respondents	Tool	Number of Respondents	Frequency of Response	Average Burden per Response (in hours)	Hourly Wage Rate	Total Respondent Costs
Educational Developers (Health Educators)	Continuing Education (CE) Proposal	130	1	5	$30.29	**$19,689**
Public Health and Health Care Professionals (Learners)	CDC TRAIN Post-Course Evaluation	250,000	2	15/60	$54.24	**$6,780,000**
Public Health and Health Care Professionals (Learners)	CDC TRAIN Follow-up Evaluation	20,000	2	3/60	$54.24	**$108,480**
Total		270,130				**$6,908,169**

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no capital or maintenance costs to respondents or record keepers.

14. Annualized Cost to the Government

CE Proposal

The estimated annualized costs to operate and maintain the CE system are $773,000, to support contract consultants and federal staff who coordinate the CE proposal process, conduct data quality assurance and reporting to CE developers and accrediting agency organizations, and maintain data

systems. No additional development costs are anticipated for the CE proposal module over the next 3 years.

Item	Cost Categories	Annualized Cost to Federal Government
Operations & Maintenance (O&M) Cost	CE Consultants*	$589,000
	Data Management and IT Support	$184,000
Total Annualized Cost		**$773,000**

*Contractor Costs

CDC TRAIN

The estimated annualized costs to operate and maintain the CDC TRAIN system are $1,798,352. No additional development costs are anticipated for these evaluation tools in CDC TRAIN over the next 3-years.

Estimated Annualized Operations and Maintenance Costs for CDC TRAIN

Item	Cost Categories	Annualized Cost to Federal Government
Operations & Maintenance (O&M) Cost	Project Management (FTEs)	$515,617
	Program Staff (contractors)	$903,735
	System development, maintenance, and IT support (cooperative agreement costs)	$379,000
Total O&M Cost		$1,798,352

15. Explanation for Program Changes or Adjustments

This ICR requests a revision to the Application for Training, OMB No. 0920-0017, involving three main changes.

First, as anticipated clearly in the previously-approved ICR, this request removes all references and instruments related to the TCEO system and presents CDC TRAIN as the one-stop-shop for learners to access accredited and non-accredited training.

Second, this revision proposes to consolidate accredited and nonaccredited training evaluation tools - previously two separate, but similar, instruments used across two systems - into one modular post-course evaluation and one follow-up evaluation to be used for courses in the CDC TRAIN system. A detailed review and psychometric assessment of previously-approved question sets was conducted to identify questions that could be consolidated and/or removed, while still ensuring instrument validity and compliance with accreditation standards. Creating a unified evaluation tool for both accredited and non-accredited courses in CDC TRAIN eliminates redundancy, reduces burden, and improves clarity for learners and training developers. Although we propose to reduce the number of tools and questions slightly, the purpose and spirit of the information collection is identical to that from the previously-approved ICR.

Data Collection Instrument	Current Length	Revised Length
TCEO Post-Course Evaluation	21 questions	*Removed*
TCEO Follow-up Evaluation	6 questions	*Removed*
CDC TRAIN Post-Course Evaluation	31 questions	24 questions
CDC TRAIN Follow-up Evaluation	7 questions	7 questions (*unchanged*)

Third, burden estimates have also been updated to more accurately reflect real world uptake of training evaluation instruments in CDC TRAIN based on the last OMB-approved data collection period. Using learner data from the 2022-2025 period, response and burden estimates outlined below have been reduced substantially. This lower estimate is based largely on smaller numbers of providers who offer non-accredited training through CDC TRAIN to offer the evaluation tools, and thus smaller numbers of people completing the evaluations.

ICR	Current (Previously Approved)	Revision ICR (proposed)	Net Change
Total Respondents	960,130	270,130	(-690,000)
Total Responses	2,280,130	540,130	(-1,740,000)
Total Burden Hours	288,150	127,650	(-160,500)

In addition to the summary above, a detailed crosswalk of changes to instruments and burden estimates across the previous and current submissions are outlined in Attachment 9.

In accordance with these changes, DWD has updated attachment names associated with the forms for this submission. The changes are as follows:

Data Collection Instrument	Status in Revision	Previous Attachment ID	New Attachment ID
TCEO New Participant Registration	Removed	Attachment 4	n/a
TCEO Post-Course Evaluation	Removed	Attachment 5	n/a
TCEO Follow-up Evaluation	Removed	Attachment 6	n/a
CDC TRAIN Post Course Evaluation	Updated	Attachment 7	Attachment 4
CDC Follow-up Evaluation	Updated	Attachment 8	Attachment 5

16. Plans for Tabulation and Publication and Project Time Schedule

CE Proposal
Internal reports will continue to be generated using available CE proposal data to provide trends and program data for DWD leadership and the accrediting organizations. CE program staff collect the information and compile them in program reports documenting accreditation progress, continuing education processes, and performance. Aggregate data on CE activities are reported to CDC leadership for the purposes of performance measure reporting and budget justifications.

CDC TRAIN

Internal reports of aggregate data for specific courses or across courses will be generated using the CDC TRAIN Post-Course Evaluation (Attachment 4) and the CDC TRAIN Follow-Up Evaluation (Attachment 5) to provide learning trends and program data for CDC leadership, as requested.

For accredited courses, reports to accrediting bodies occur once a year for some and monthly for others. These reports may include non-aggregate data for learners to receive the credits, contact hours, or units they earned by taking courses in CDC TRAIN. Reports to developers of aggregate data on their courses and evaluation data to inform course improvement occurs quarterly. Educational developers interested in comparing post-course evaluation data to follow-up evaluation data will receive reports that align individual responses on both tools using a unique assigned number, but PII is removed.

For non-accredited courses, course providers and system administrators can pull aggregate and non-aggregate reports as needed to document processes, assess learner progress, and use data to improve courses. Although most of the data collected will be used for aggregate reporting, for course providers to assess course effectiveness, PII from the data collected by the Public Health Foundation is needed to match responses from individual learners from the post-course evaluation to the follow-up evaluation.

Timeline of Key Events Following Receipt of OMB Clearance for Revision Request

Activity	Time Schedule
Continuing Education (CE) Proposal	Following receipt of OMB clearance, CDC will continue collecting data throughout the approval period.
CDC TRAIN Post-Course Evaluation	Following receipt of OMB clearance, CDC will revise the current data collection template to reflect new modular layout, and begin collecting data throughout the approval period.
CDC TRAIN Follow-up Evaluation	Following receipt of OMB clearance, CDC will begin collecting data throughout the approval period.

17. Reasons Display of OMB Expiration Date is Inappropriate

CDC is not requesting an exemption from displaying the expiration date.

18. Exceptions to the Certification for Paperwork Reduction Act Submissions

No exceptions to certification apply to this request.

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