

OMB Control No: 0910-0360
Expiration Date: 10/31/2026

Survey Invitation Message

You recently took part in <enter **Course ID/Course Title**> and your assistance is requested to complete an evaluation regarding your satisfaction with the training. Please take the time to provide your feedback, as it is critical to making course improvements.

The evaluation should take **only 5-7 minutes to complete** and will be available for <enter duration>, closing on <enter closing date **Day, Month, Year.**>.

ACCESSING THE EVALUATION:

- Click the following link (or paste it into your web address bar): **<INSERT LINK HERE>**

Please remember to click "Submit" when finished, otherwise your responses may not be saved.

HOW YOUR DATA IS PROTECTED:

- Your participation / nonparticipation is completely voluntary, and your responses will not affect your eligibility to receive any FDA services.
- No personal information is requested (e.g., name, birth date), collected, or associated with results.
- Participant information will be kept secure to the extent permitted by law.

QUESTIONS: If you have questions or need additional assistance in completing the evaluation, please contact <enter **First Name Last Name**> at <enter phone number> or <enter email>.

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0360. The time required to complete this information collection is estimated to average five (5) minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASStaff@fda.hhs.gov.