

DISTANCE LEARNING Registration Form

Title Course ID Number "Preparation for a BSE Emergency" - November 7, 2001 R Date E Work E-Mail Address G First Name MI. Last Name ı Agency s O USFDA O USDA O DOD O OTHER FEDERAL O STATE O LOCAL O FOREIGN GOVERNMENT O ACADEMIA O INDUSTRY O OTHER T Name of Agency R District The FDA Region You Are Located \circ sw ОРА \bigcirc HQ ONE OCE O SE A Work Address T City State Zip Code ı Mailing Code Telephone Number Extension 0 Fax Number N



DISTANCE LEARNING SIGN-IN SHEETS

Location:	Date of:				
"Preparing for a BSE Emergency",	November 7, 200)1		//	
Title:					
Name	Agency				
	O USFDA	O USDA	O DOD	O OTHER FEDERAL	O STATE
	O LOCAL	O FOREIGN GOV'T	O ACADEMIA	O INDUSTRY	O OTHER
Name	Agency				
	O USFDA	O USDA	O DOD	O OTHER FEDERAL	O STATE
	O LOCAL	O FOREIGN GOV'T	O ACADEMIA	O INDUSTRY	O OTHER
N a m e	Agency	O HSDA	0.000	O 07115	O STATE
	O USFDA	O USDA O FOREIGN GOV'T	O DOD	O OTHER FEDERAL O INDUSTRY	OSTATE
Name	Agency				
	O USFDA	O USDA	O DOD	O OTHER FEDERAL	O STATE
	O LOCAL	O FOREIGN GOV'T	O ACADEMIA	O INDUSTRY	O OTHER
Name	Agency				
	O USFDA	O USDA	ODOD	O OTHER FEDERAL	
	O LOCAL	O FOREIGN GOV'T	O ACADEMIA	O INDUSTRY	O OTHER
Name	Agency		_		
	O USFDA	O USDA	ODOD	O OTHER FEDERAL	
	O LOCAL	O FOREIGN GOV'T	O ACADEMIA	O INDUSTRY	O OTHER
N a m e	Agency	0	0	0.100	
	O USFDA	O USDA	O DOD	O OTHER FEDERAL	
	O LOCAL	O FOREIGN GOV'T	O ACADEMIA	O INDUSTRY	O OTHER



DISTANCE LEARNING Program Evaluation

Title	Site Location
"Preparation for a B	SE Emergency"
November 7, 2001	
Date	
Directions: All the question	s that follow are about the effectiveness and efficiency of the training in which you just participated. Your
	tems are valuable to the individuals developing and delivering this broadcast. Using the scale which appears
	de each number indicating your response. In addition, for each statement marked "D" or "E", please use the
A=Completely	lain why you gave that rating and provide a written recommendation to improve the deficiency.
B=To a great extent	
C=To some extent	
D=To a little extent E=Not at all	
ABCDE	TO WHAT EXTENT:
1 (4 (8 (0 (0 (8 (1. Was the content of the broadcast appropriate to your level of preparation and
10000	ability?
2 (0 (0) (0) (0)	2. Are you satisfied with what was accomplished during this broadcast
	(i.e.,knowlegde gained to carry out the responsibilities of your current job)?
3 (A) (B) (C) (D) (E)	3. Did this broadcast provide you with the information you need to effectively carry
	the responsibilities of your current job?
4 (A) (B) (C) (D) (E)	4. Did you understand the objectives of the broadcast?
5 (A) (B) (C) (D) (E)	
5 0 0 0 0	5. Did this broadcast effectively and efficiently achieve its objectives?
6 A B C D E	6. Was the amount of time of the instruction appropriate to the content?
7 (A) (B) (C) (D) (E)	7. Will the reference materials, placed on the website contribute to your learning?
8 (A) (B) (C) (D) (E)	8. Did the telephone and/or fax options add value to the broadcast?
	To help you prepare for foreign assessment audits, what additional training may be necessary? Please be specific. Use reverse side of page.

Comments

Return your evaluation via:

1) **Fax:**

Attention: Bobbie Giganti (301) 594-1966

2) Ground Delivery:

Food and Drug Administration, 15800 Crabbs Branch Way Suite 126, HFC-60 Rockville, MD 20855 Attn: Bobbie Giganti (301) 594-2263

3) **U.S. Mail:**

Food and Drug Administration DHRD, HFC-60 Attn: Bobbie Giganti 5600 Fishers Lane Rockville, MD 20857