

University of Minnesota Center for Public Health Preparedness Disease Surveillance Skill Development Guide User Information and Product Request

Please assist us in our grant reporting efforts by completing this form whenever you use the Disease Surveillance Skill Development Guide. Please return the completed form as soon after the training as possible. Briefly describe how this product was utilized.

Name: _____ Email: _____

Title: _____ Organization: _____

Mailing Address: _____

Audience: Number of participants _____
Description of participants (i.e. public health nurses, volunteers, etc.) _____

Setting(s) where training was held _____

To request additional training products, please complete the following:

Product	Intended Use (i.e. group training, individual training)	Estimated Reach (number of people who may be trained)
<input type="checkbox"/> Special Populations Skill Development Guide		
<input type="checkbox"/> Competency Mapping Guide		
<input type="checkbox"/> Contact Investigation Skill Development Guide		
<input type="checkbox"/> Protecting Our Food System from Intentional Attack CD		
<input type="checkbox"/> Mass Dispensing CD		
<input type="checkbox"/> Emergency Preparedness and Response for Environmental Health Professionals		

Please mail or fax completed forms to:
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Telephone: 612-626-4515
Fax: 612-626-4525