

# Needs Assessment Form

## University of South Florida, Center for Biological Defense

Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

May we send you information about our future training programs?  Yes  No  N/A

1. Present Occupation/Position:  Law Enforcement Officer  First Responder  Industrial Hygienist/Safety Professional  
 Environmental Professional  Technician  MD/DO  Nurse  Government Professional  
 Other –Specify: \_\_\_\_\_
2. Identify your employer: - Local Government  State Government  Federal Government  
 Private Industry – Specify \_\_\_\_\_  Other – Specify \_\_\_\_\_
3. What course length do you prefer:  1 day  2 days  3 days  4 days  5 days  No preference
4. What types of training do you prefer:  Traditional classroom setting  Distance learning  Other – Specify \_\_\_\_\_
5. What time of day do you prefer to attend a continuing education course:  Evenings (5-9 p.m.)  Days (8-5)
6. What factors might prevent you from attending our training programs for example: cost, personal time constraints, staff shortages, location, subject matter, length of programs \_\_\_\_\_
7. Based on your area of expertise, what would you like to see offered for training on bioterrorism, disaster or emerging infections?  
 \_\_\_\_\_
8. Would your organization be willing to host a Center for Biological Defense Program during 2010-11?  Yes  No  N/A

**Our training programs are offered in 1-2 hour modules. We will tailor a course to include those modules you select. Please check off those modules you would be interested in combining into a course:**

<input type="checkbox"/> General Overview of Bioterrorism	<input type="checkbox"/> Mental Health in the Aftermath of Disaster	<input type="checkbox"/> Pandemic Flu Overview	<input type="checkbox"/> Bloodborne Pathogens and Emerging Infections
<input type="checkbox"/> Biological Warfare: A Historical Perspective	<input type="checkbox"/> Threats of Bioterrorism	<input type="checkbox"/> The Flu's (Seasonal, Avian, Pandemic, H1N1)	<input type="checkbox"/> Clostridium difficile
<input type="checkbox"/> Biological Agent Overview and Sample Collection Procedures	<input type="checkbox"/> Selected Agents of Bioterrorism	<input type="checkbox"/> Methicillin-Resistant Staphylococcus aureus (MRSA)	<input type="checkbox"/> Hazardous Materials Generated in a Methamphetamine Laboratory
<input type="checkbox"/> Communicating with the Media During a Disaster	<input type="checkbox"/> Other: _____		

9. How many people at your organization or in your community do you estimate would attend this program? \_\_\_\_\_
10. If other agencies or groups might be involved as co-sponsors, please identify the potential groups: \_\_\_\_\_
11. Have you attended a Center for Biological Defense Educational program?  Yes  No
12. If yes, was the course you attended satisfactory at meeting your educational needs?  Satisfactory  Unsatisfactory  N/A  
 If you answered Unsatisfactory, please list suggestions of how course can be improved: \_\_\_\_\_
13. Please provide any other comments or suggestions: \_\_\_\_\_