

**University of Minnesota Center for Public Health Preparedness**  
**Bioterrorism/Emergency Preparedness**  
**Competency Mapping Guide**  
**- User Information -**

Please assist us in our Grant Reporting efforts by completing this form whenever you use the Competency Mapping Guide **to train others**. This form is also available on the CD in the Guide.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**MailingAddress:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Briefly describe how this product was utilized (audience/setting/format):**

**Audience:** Number of Participants\_\_\_\_\_

Description (ie, public health nurses, volunteers, etc.)

\_\_\_\_\_

\_\_\_\_\_

**Setting(s) where training was held** (if used in group setting) \_\_\_\_\_

**To request additional training products, please complete the following:**

<b>Product Requested</b>	<b>Intended Use</b> (ie, group training, individual training).	<b>Estimated Reach</b> (number of people who will be trained using this product)
<input type="checkbox"/> Special Populations Skill Development Guide		
<input type="checkbox"/> Contact Investigation Skill Development Guide		
<input type="checkbox"/> Mass Dispensing Site: A Primer for Volunteers CD		
<input type="checkbox"/> Protecting our Food System from Intentional Attack CD		

**Please mail or fax completed forms to:**

CPHEO  
Suite 350  
2221 University Avenue S.E.  
Minneapolis, MN 55414  
Fax: 612-626-4525  
Main: 612-626-4515

Thank you for providing this feedback and assisting in our grant reporting efforts!