

# ARRL VEC -- VE Services Survey



Dear VE Team Liaison:

Thank you for choosing the ARRL VEC to coordinate your exam session. In order for us to better serve your needs for your future sessions, please take a moment to complete the survey below and then return it to us in your exam session results package.

If there is anything, we can do to assist you in preparing for, or conducting your exam sessions, please feel free to contact us. Remember, to use the ARRL VE toll free number 1-800-927-7583.

Sincerely,  
ARRL VEC Staff

## Please take a moment to help us to better serve you and your VE team by replying to the following questions.

Circle the response that best applies to your experiences when interacting with us for your exam session.

[n/a = not applicable] [info = VEC will provide information to the team]

### When you contacted us for support for your recent exam session:

- 1) Did you receive all of the exam materials that you had requested? Yes No n/a
- 2) Was the supply of exam materials we sent to you accurate based upon what you requested? Yes No n/a
- 3) If you requested exam materials from us at 3 weeks or more before the exam date, were the exam materials delivered to you 7 to 10 days or more before the exam date? Yes No n/a
- 4) Before the team mailed the package, did the team upload the session documents via the ARRL VEC's secure session upload webpage? Yes No info
- 5) A. If you called us by phone, were you treated promptly and courteously? Yes No n/a  
B. Which VEC staff member(s) did you speak with? (circle all that apply)  
Maria Amanda Lisa Stephanie Josh Ann n/a
- 6) What is your overall impression of the VE services we provided? Excellent Good Fair Poor n/a
- 7) Has your team participated in remote video online exam sessions? Yes No info
- 8) Please provide suggestions on additional VE Services that you would find desirable, or what current services you feel could be improved (and how)? Use any addition sheet of paper if necessary:

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Name: \_\_\_\_\_ Call sign: \_\_\_\_\_ Email address: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Location: \_\_\_\_\_

Please place this completed form in your exam package, or send it to us separately via email, mail, or FAX.

**Thank you!**