

**Request for Approval under the
“Generic Clearance for the Collection of Routine Customer Feedback” (NCI)
(OMB Control Number: 0925-0642-14, Expiration Date 9/30/2014)**

TITLE OF INFORMATION COLLECTION: CCR Clinical Trials at NIH – Join Our Mailing List/Update Your Profile Business Contact Information

PURPOSE: The purpose is to collect business contact information from individuals wishing to join the “Center for Cancer Research (CCR) Clinical Trials at NIH” mailing list or update their profile through “Update Your Profile” and to receive promotional letters/newsletter. Health care professionals who join the National Cancer Institute Clinical Trials at NIH mailing list receive: quarterly e-mail notifications about clinical trials, a yearly requests to update their contact information, and information about the National Cancer Institute's programs and clinical trial opportunities. To sign up, individuals would go to <http://bethesdatrials.cancer.gov/health-care-professionals/maillinglist.aspx>.

DESCRIPTION OF RESPONDENTS:

Physicians (Oncologist, General Medicine, and other physicians)
Health Care Professions (nurses, social works, case managers, etc.)

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Form for Contact List</u> |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: _____ Susan McMullen _____

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

Basic information such as name, contact information, credentials, specialty, and professional affiliation are collected. This information will be stored for the life of the Bethesdatrials web site.

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	1600 ¹	5 minutes	133 hours
Totals	1600	5 minutes	133 hours

Total Burden Hours used for IC’s to date: 749
Total Burden Hours Approved for IC’s under 0925-0642: 8750
Total Burden Hours currently requested: 133

FEDERAL COST: The estimated annual cost to the Federal government is_\$10,500

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

Respondents are directed to the “Join Our Mailing list form” by clicking the “Join Our Mailing List” link under the “Health Care Professionals” heading on the left hand side of the home page of the Bethesdatrials web site. Respondents are directed to the “Update My Profile” form by linking from the yearly “update my profile” e-letter.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - [X] Web-based or other forms of Social Media
 - [] Telephone
 - [] In-person
 - [] Mail
 - [] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] No

List of instruments, instructions, and scripts submitted with this request:

- Attachment 1: Screenshot of CCR Form to Join Mailing List
- Attachment 2: Screenshot of CCR Form to Update Your Profile

¹ . This refers to a combined annual number of respondents for both forms - “Join” and “Update.”