 **DEPARTMENT OF HEALTH & HUMAN SERVICES**  Public Health Service

NIH Clinical Center, Office of Clinical Research Training and Medical Education

**Graduate Medical Education**

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DATE: January 12, 2012

TO: Mikia Currie

Program Analyst

NIH Project Clearance Branch

Through: Office of Management and Budget (OMB)

Reports Clearance Officer, DHHS

FROM: Robert M. Lembo, MD

Executive Director, Graduate Medical Education

Office of Clinical Research Training and Medical Education

SUBJECT: Modification of Graduate Medical Education Alumni Survey

(OMB # 0925-0602, Expiration Date 08/31/2012)

We seek to incorporate one new, multiple choice question to the survey that will help us prospectively evaluate the attractiveness of the NIH Loan Repayment Programs to research-oriented graduates who may seek further advanced-level training at the NIH. Recognizing that increasing debt burdens may dissuade these trainees from pursuing advanced-level clinical-research training, this question has gained significant importance to the NIH and its accomplishment of its mission to train the next generation of clinician scientists. The additional time burden associated with this new multiple choice question would be at most 1 minute. The current annual hours are 272, with this addition it will now be 289 hours. All other dimensions of the survey will remain unchanged.

Proposed new question:

When you completed medical or dental school, what was your debt burden?

* + 1. None
    2. <$50,000
    3. $50,000 - $99,000
    4. $100,000 - $150,000
    5. >$150,000
    6. I prefer not to answer

Attached, you will find this question, written in red, on page three of the survey.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Respondents** | **Estimated Number of Respondents** | **Estimated Number of Responses per Respondent** | **Average Burden Hours Per Response** | **Estimated Total Annual Burden Hours Requested** |
| Doctoral Level | 625 | 1 | 21/60 | 218.75 |
| Students | 100 | 1 | 21/60 | 35.00 |
| Nurses | 100 | 1 | 21/60 | 35.00 |
| Total | ……………………… | ……………………… | ……………………… | 288.75 |

Thank you for considering this minor modification we seek to make to the survey through the expedited change request process. Please do not hesitate to contact me if you have any questions or wish additional information.