

**GENERIC SUB-STUDY SUBMISSION – 0925-XXXX**

**DATE OF REQUEST:** September 23, 2013

**SUB AGENCY (I/C):** NIH/NCI/Division of Cancer Epidemiology and Genetics

**TITLE OF SUB-STUDY:** Division of Cancer Epidemiology and Genetics (DCEG) Fellowship Program and Summer Student Applications

**GENERIC CLEARANCE UNDER OMB #0925-xxxx-02**

**EXP. DATE:** xx/xx/20xx

**TOTAL ANNUAL BURDEN APPROVED:**

X hours

**BURDEN APPROVED TO DATE:**

0 hours

**BURDEN FOR THIS REQUEST:**

525 hours

**ABSTRACT:**

The DCEG Office of Education (OE) administers a variety of programs and initiatives to recruit pre-college through post-doctoral educational level individuals into the Intramural Research Program to facilitate their development into future biomedical scientists. DCEG trains post-doctoral, doctoral candidates, graduate and baccalaureate students, through full time fellowships, summer fellowships, and internships. The proposed information collection involves the online applications completed by applicants to the full time fellowship, which includes the NIH Visiting Fellow, the Research and Clinical Fellowship, and the summer fellowship program. These applications are essential to the administration of these training programs as they enable OE to determine the eligibility and quality of potential awardees; to assess their potential as future scientists; to determine where mutual research interests exist; and to make decisions regarding which applicants will be proposed and approved for traineeship awards. In each case, completing the application is voluntary, but in order to receive due consideration, the prospective trainee must complete all required fields. The information is for internal use to make decisions about prospective fellows and students that could benefit from the DCEG program.

<b>IS RACE AND ETHNICITY DATA COLLECTED?</b> ____ YES ____X____ NO ____ N/A	<b>IS PERSONALLY IDENTIFIABLE INFORMATION (PII) BEING COLLECTED?</b> __X__ YES ____ NO ____ N/A
<b>OBLIGATION TO RESPOND:</b> __X__ VOLUNTARY ____ REQUIRED TO OBTAIN OR RETAIN BENEFITS ____ MANDATORY	<b>TYPE OF COLLECTION/RESEARCH?</b> ____ CUSTOMER SATISFACTION ____ USABILITY TESTING ____ FOCUS GROUPS ____ PRETESTING ____ FORMATIVE RESEARCH ____ QUESTIONNAIRE DEVELOPMENT __X__ APPLICATION ____ PROGRAM MONITORING ____ OTHER: _____
<b>HOW WILL THIS SURVEY BE OFFERED?</b> __X__ WEB SITE ____ TELEPHONE INTERVIEW ____ MAIL RESPONSE ____ IN PERSON INTERVIEW ____ OTHER: _____	
<b>CONTACT INFORMATION:</b> NAME: Kristin Kiser TELEPHONE NUMBER: (240) 276-7234 EMAIL ADDRESS: kiserk@mail.nih.gov	