

# Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0690-0030)

**TITLE OF INFORMATION COLLECTION:** PETTP Presenter Experience Survey

**PURPOSE:** To obtain feedback from Patent Examiner Technical Training Program (PETTP) participants regarding their experience as a volunteer interacting with the US Patent and Trademark Office by way of the PETTP. Information collected from the participants will assist the USPTO agency wide, as well as improve customer service for participants within and outside of USPTO.

**DESCRIPTION OF RESPONDENTS:** Respondents are scientific and technical experts from industry and academia who volunteered to present technical training to USPTO employees.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" 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 type="checkbox"/> Other: _____                            |

## 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.

Business Unit Certification: \_\_\_\_\_/Alexa Neckel/\_\_\_\_\_

OCIO Certification: Marcie Lovett \_\_\_\_\_

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice been published?  Yes  No

## Gifts or Payments:

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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	200	5 minutes (.08 hours)	1,000 minutes (16.67 hours)
<b>Totals</b>	<b>200</b>		<b>16.67 hours</b>

**FEDERAL COST:**

The estimated annual cost to the Federal Government is \$317.36

(200 responses x .033 hours = 6.67 hours; 6.67 hours x \$47.58 = \$317.36)

The USPTO estimates that it takes a GS-12 step 1, 400 minutes (6.67 hours) to gather and process information from the usability testing member. The hourly rate for a GS-12 step 1 is currently \$36.60 according to the U.S. Office of Personnel Management wage chart including locality pay for the Washington, D.C. area. When 30% is added to account for a fully loaded hourly rate (benefits and overhead), the rate per hour for a GS-12, step 1 is obtain \$47.58. (\$36.60 + 30% = \$47.58)

**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**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
[ ] Yes [X] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

All participants are volunteers who have provided their contact information in order to gain approval to participate in the program. All volunteers who have participated will be asked to respond to the survey.

**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

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**