



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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National Institutes of Health  
Center for Scientific Review  
Office of the Director  
6701 Rockledge Dr., Rm. 3016  
Bethesda, Maryland 20892-7776

December 19, 2011

**SUBMISSION OF INFORMATION COLLECTION**  
**UNDER GENERIC CLEARANCES**

**DATE OF REQUEST:** 12/19/2011

**SUB AGENCY (I/C):** CSR

**TITLE:** Study Section Chair Training Evaluation

**GENERIC CLEARANCE UNDER OMB#** 0925-0474 **EXP. DATE:** 10/31/2014

**ABSTRACT:**

The mission of CSR is to ensure that NIH grant applications receive fair, independent, expert and timely scientific review. Study Section Chairs play a crucial role in this peer review process since they guide the scientific discussions. To assist Study Section Chairs in being effective leaders of Scientific Review Groups (SRGs) at CSR, and to help them achieve peer review of the highest quality and fairness, CSR has expended considerable effort in providing training to Chairs. To better understand the effectiveness and quality of the Study Section Chair training, CSR proposes to conduct an evaluation of chair training under the OMB control number 0925-0474, with expiration date 10/31/2014. The survey will assess Study Section Chairs' satisfaction with the training they received. It will also allow the Chairs to indicate the areas for improvement, as well as to make candid comments and constructive suggestions on the training. The information collected from the survey will help refine and improve the quality of future Chair training sessions. Automated information technology will be used to collect and process data for this survey. Participation in the survey will be strictly voluntary and individual respondents will not be identified. CSR will not provide payment or other forms of remuneration to respondents in collecting feedback

**TOTAL ANNUAL BURDEN APPROVED:** 479 hrs

**BURDEN USED TO DATE:** 0

**BURDEN THIS REQUEST:** 83.3 hrs

**IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?**

       YES   X   NO        N/A

**OBLIGATION TO RESPOND:**

  X   VOLUNTARY

       REQUIRED TO OBTAIN OR RETAIN BENEFITS

       MANDATORY

**HOW WILL THIS SURVEY BE OFFERED?**

WEB SITE

TELEPHONE INTERVIEW

MAIL RESPONSE

IN PERSON INTERVIEW

OTHER: \_\_\_\_\_

**CONTACT INFORMATION:**

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