

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 0920-0953)**

TITLE OF INFORMATION COLLECTION:

The World Trade Center Health Program Training for Providers Course Evaluation

PURPOSE:

The World Trade Center Health Program has developed a set of 5 online trainings for providers across the country to learn about the details of the World Trade Center Health program as well as clinical information for screening and treating exposed patients.

The CDC TRAIN website (<https://cdc.train.org>) will host the online trainings. CDC TRAIN provides access to over 1300 courses developed by the Centers for Disease Control and Prevention (CDC) programs, grantees, and other funded partners. Courses offered by CDC course providers have been approved and verified by CDC.

For each CDC training hosted on this site, users may choose to participate in a voluntary 30 question customer satisfaction survey. This survey has already received PRA clearance. We are requesting approval for an additional nine activity specific questions to evaluate content from the World Trade Center Health Program. These questions are numbered 31-39 on the accompanying survey.

The additional questions added to this survey are aimed at better understanding the impact our trainings have on external providers. Our aim with this research is to:

- Determine if providers will change their practice after learning about the World Trade Center Health Program;
- Assess if providers will refer patients with exposure to the World Trade Center Health Program;
- Determine where the providers are located; and
- Evaluate if providers have patients that are certified in the WTCHP.

Feedback received through the survey will help us improve our training program. Survey results will not be published. Responses are intended only for internal review.

DESCRIPTION OF RESPONDENTS:

Respondents will be medical providers who have taken a World Trade Center Health Program online training. We will ask all training participants take part in completing this optional survey.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group

- Customer Satisfaction Survey
- Small Discussion Group
- 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.

Name: Laurie Breyer, Member Services Manager

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	No. of Responses per Respondent	Participation Time	Burden
Number of providers we anticipate will take the survey	16,000	1	5 minutes	1,333 hours
Totals	16,000	1	5 minutes	1,333 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$2,000. There will be no printing or distribution and the system to collect the results have been automated.

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 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?

Participants will be asked to complete the form after taking the training online. Participation in the survey is strictly voluntary. Surveys will be self administered and will be completed entirely online. Participation CDC Train has a list of eligible providers that will be eligible to take the trainings and the surveys.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used? Yes No

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

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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