## Request for Approval under the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”

## (OMB#: 0925-0740 Exp Date: 05/31/2019)

**TITLE OF INFORMATION COLLECTION:**

DCCPS Fellows Symposium Submission

**PURPOSE:**

The purpose of this data collection is to help NCI staff 1) plan for the 2019 DCCPS Fellows Symposium; 2) select the presentations done at the symposium (as either oral presentations or posters); 3) gather information about Mentor of the Year nominations. Submitted abstracts and award nominations will be reviewed by an internal NCI committee responsible for planning the activities, who will be making final decisions regarding accepted abstracts and awards.

The information collected for the purposes of participant registration will include two surveys: the initial one will ask for name, educational degree(s), DCCPS affiliation, name of mentor(s), whether they will be attending the symposium, whether they want to present at the symposium, and whether they want to submit a Mentor of the Year award. If they want to submit an abstract, the form will ask for a short abstract (~300 words) including the title and a description of the project, whether the submitting author would like to the abstract to be considered for an oral presentation, a poster, or either. If they say they want to submit a Mentor of the Year award, they will be sent a separate form that will ask for their: name and educational degree(s), DCCPS affiliation, name of DCCPS staff member being nominated, and the nomination (500 words max.).

Without collecting information on how many people are planning to attend the meeting and their affiliation, NCI staff would not be able to properly plan for the symposium. NCI staff also need to be able to collect abstracts prior to the symposium in order to make decisions regarding the research presented there, as this ensures that all research presented is relevant and of high quality. NCI staff also need nominations for Mentor of the Year so they can review and judge the best submission.

**DESCRIPTION OF RESPONDENTS**:

The respondents are current DCCPS fellows (trainees) from various disciplines.

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

[X] Abstract [] Application

[X] Registration Form [] 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.

**Name:**

Richard P. Moser, Ph.D.

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [X ] Yes [ ] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [X] Yes [ ] No

**Gifts or Payments:**

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

Amount: \_\_\_\_\_\_\_\_\_\_\_

Explanation for incentive: (include number of visits, etc.)

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Form Name** | **Category of Respondent**  | **No. of Respondents** | **No. of Responses per Respondent**  | **Time per** **Response** **(in hours)**  | **Total Burden****Hours**  |
| Registration & Abstract | Individuals -Attendees | 50 | 1 | 15/60 | 13 |
| Mentor of the Year | Individuals -Attendees | 50 | 1 | 15/60 | 13 |
| **Totals** |  | **50** | 50 |  | **26** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Wage Rate\*** | **Total Burden Cost**  |
| Individuals | 26 | $45.80 | $1,190.80 |
| **Totals** | **26** |  | $1,190.80 |

\* This cost was calculated using the mean wage rate of $45.80 per hour, which was obtained from the May 2016 Bureau of Labor Statistics website (<https://www.bls.gov/oes/current/oes_nat.htm#00-0000>), for the title “Medical Scientists,” occupation code 19-1040.

**FEDERAL COST:** The estimated annual cost to the Federal government is $3,216.44

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
|  Training Director | 15/6 | $160,822 | 2% |  | $3,216.44 |
| **Contractor Cost** |  |  |  |  | 0 |
| Travel |  |  |  |  | 0 |
| Other Cost |  |  |  |  | 0 |
| **Total** |  |  |  |  | **$3,216.44** |

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/html/DCB.aspx>

**The selection of 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? [X ] 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?

There is a finite list of all DCCPS fellows and this list will be used to send requests for information through email.

**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

[ ] Survey form

[ ] Chart Abstraction

[ ] Other, Explain

1. Will interviewers, facilitators, or research coordinators be used? [ X ] Yes [ ] No

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