## Request for Approval under the

## “Generic Clearance for the Collection of Routine Customer Feedback”

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

**TITLE OF INFORMATION COLLECTION:** The Cognition and Medical Image Perception Think Tank Registration Form

**PURPOSE:** The Cognition and Medical Image Perception Think Tank will bring researchers working in medical image perception and adjacent fields of cognition and perception together with clinicians across a variety of cancer image specialties. We seek to identify gaps and critical unsolved problems, identify barriers to collaboration between researchers and clinicians, identify potential solutions, and pinpoint resource needs that the NCI could address.

**DESCRIPTION OF RESPONDENTS**:

Individuals who are invited and plan on attending the The Cognition and Medical Image Perception Think Tank in September 2019.

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

[ ] 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: Melissa Trevino

**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**

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category of Respondent | No. of Respondents | No. of Responses per Respondent | Time per Response  (in hours) | Total Burden  Hours |
| Individuals | 40 | 1 | 10/60 | 7 |
| **Totals** | **40** | **40** |  | **7** |

|  |  |  |  |
| --- | --- | --- | --- |
| Category of Respondent | Total Burden  Hours | Hourly Wage Rate\* | Total Burden Cost |
| Individuals – Medical Scientists | 7 | $45.64 | $319.48 |
| **Totals** |  |  | **$319.48** |

\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Medical Scientists” 19-1040, <https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000>.

**FEDERAL COST:** The estimated annual cost to the Federal government is $ 1,876.10.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe**  **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Director\*\* | 14/10 | $152,352 | 1% |  | $1,523.52 |
| Research Fellow\*\*\* |  | $41,200 | 1% |  | $412.00 |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  | $ |
|  |  |  |  |  |  |
| Travel |  |  |  |  | $ |
| Other Cost |  |  |  |  | $ |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | **$1,935.52** |

\*\*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 Fellow Salary is cited from <https://www.cancer.gov/grants-training/training/at-nci/crta/crta.pdf>, Page 22.

**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**

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?

The registration form will be made available online to be filled out by individuals who plan to participate in The Cognition and Medical Image Perception Think Tank in September 2019. We will be inviting researchers and clinicians that work within the medical imaging field.

**Administration of the Instrument**

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

Will interviewers or facilitators be used? [ ] Yes **[X] No**

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