

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 2010-0042)**

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**TITLE OF INFORMATION COLLECTION:** OSA Training Effectiveness Survey

**PURPOSE:**

The purpose of the training effectiveness surveys are to improve the communication, structure, material, and format of training sessions in order to best meet the needs of participants. The training sessions focus on a variety of cross-agency topics for which the Office of the Science Advisor (OSA) has training responsibilities, including Human Subjects Research, Scientific Integrity, Risk Assessment, and many others. Feedback from each post-training session survey is utilized in order to better meet the training needs and preferences of participants.

**DESCRIPTION OF RESPONDENTS:**

Currently, the training effectiveness surveys are only sent to federal EPA employees. The training sessions are also open to non-federal EPA personnel that work at EPA facilities, including Student Services Contractors (SSC), Senior Environmental Employees (SEE), American Association for the Advancement of Science (AAAS) Fellows, Oak Ridge Institute for Science and Education (ORISE) Fellows, Association of Schools and Programs of Public Health (ASPPH) Fellows and Pathways Interns as well as other non-federal employees. These participants currently do not have the opportunity to provide feedback about the effectiveness of the training sessions. Since the training sessions are intended to increase the understanding and comprehension of important concepts throughout the Agency, it would be valuable to procure as much feedback as possible from participants, regardless of their association as a federal employee of the EPA.

**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.

Name : **Mary Greene, Deputy Director, Office of the Science Advisor**

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 ☒ N/A

### **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 Hours
Individuals	100	.1 hours (5 minutes)	8.33
<b>Totals</b>			<b>8</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$216.

**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?**

Our trainings are open to anyone working at an EPA facility, for whom the material is relevant. We advertise our internal training sessions widely. The vast majority of attendees are federal employees, but some student contractors and fellows also attend. This information collection will enable us to stop excluding non-federal employees from our training effectiveness surveys when they have attended the exact same sessions as the federal employees have.

### **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
3. **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”**

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

**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.**