

CDC Fellowship Programs Assessments

OMB Control No. 0920-16ARO

Supporting Statement A

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List of Attachments

Attachment 1—Authorizing Legislation

Attachment 2—List of CDC Fellowship Programs

Attachment 3—Template for Generic Information Collection (genIC) Submissions: Request for Approval Under Generic Clearance for CDC Fellowship Programs Assessments (OMB Control Number: 0920-16ARO)

Attachment 4—60-Day Federal Register Notice

Attachment 5— System of Records Notice 09-20-0161: Records of Health Professionals in Disease Prevention and Control Training Programs

CDC Fellowship Programs Assessments (0920-16ARO)

Request for a new generic information collection request

- The goal is to provide data about CDC fellowship activities, programs, and services.
- The intended use is to inform planning, implementation, and continuous quality improvement of CDC fellowship activities, programs, and services.
- Data collection methods include focus groups, interviews, surveys, and pre/post-tests, using both purposive and probabilistic samples.
- The respondent populations include CDC Fellowship applicants, current fellows, alumni, supervisors and mentors, and employers hiring graduates.
- Data will be analyzed relative to the data collection and purpose.

PART A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

This data collection is authorized by the Public Health Service Act §301, Title 42 U.S.C. §241(a): Research and Investigations Generally (Attachment 1).

The Centers for Disease Control and Prevention (CDC) is requesting Office of Management and Budget (OMB) 3-year approval of a new generic clearance for data collection associated with quality improvement of CDC fellowship programs; collectively, these programs are the foundation for development of the current, emerging, and future public health workforce. A generic clearance will facilitate assessment of CDC fellowship programs as related to public health workforce development. With a generic data collection mechanism in place, CDC can better respond to new and unique assessment needs of fellowship programs.

As the nation's health protection agency, CDC saves lives and protects people from health threats. CDC leads in public health workforce development through fellowship programs to ensure participants have foundational and contemporary public health skills (e.g., epidemiology, surveillance, informatics, management, leadership) to practice in a changing environment. A *fellowship* is defined as a training or work experience lasting at least 1 month and consisting of primarily experiential (i.e., on-the-job) learning, in which the trainee has a designated mentor or supervisor. Approximately 44 CDC fellowship programs (Attachment 2) provide experiential training and education to build a sustainable and empowered public health workforce prepared to meet emerging and future public health challenges. These programs emphasize training and learning on specialized topics while filling critical gaps in the public health workforce. CDC's Division of Scientific Education and Professional Development (DSEPD) requests this clearance because it either oversees or directly manages the largest group of fellowships for the agency.

The changing public health landscape presents opportunities for embracing new approaches; it also challenges the workforce to learn new skills for addressing evolving needs. To be effective, CDC fellowship programs must be adaptive and responsive in new contexts (e.g., emerging collaborations between public health and health care), and keep pace with technologic and scientific advancements. Timely data collection from fellowship program participants and beneficiaries (e.g., alumni, host agencies, employers) is needed to monitor program outcomes, activities, and efficiency in support of overall continuous improvement.

A generic clearance will facilitate expeditious and appropriate data collections for assessments of fast-evolving CDC fellowships. Information collections will vary, but might include training needs assessments, competencies gap analysis, program monitoring, and others. These information collections will address knowledge gaps and facilitate program improvements.

A.2. Purpose and Use of Information Collection

We expect CDC fellowships programs assessing or monitoring their workforce development activities to submit genICs under this generic information collection request (ICR). Across the

agency, fellowship programs differ in various aspects, such as length of assignments, placement sites, educational requirements, and disciplines. CDC fellowship programs encompassed by this generic will align with one of the following two categories:

- Career fellowships that are at least 1 year in duration and usually target post-graduate degree professionals establishing their public health careers.
- Short-term fellowships that range from 1–12 months and typically target those who have not completed graduate degrees to introduce public health as a career choice.

We estimate that a given fellowship program (of 44 total) might submit approximately one genIC per year. However, some genICs may cover multiple fellowships to increase efficiency and decrease burden of information collection.

Each genIC submitted will specify the data collection methods, respondent populations, and intended use of resulting information. Examples of likely elements follow.

- Methods:
 - Respondent surveys
 - Qualitative data collections (e.g., focus groups, interviews)
 - Qualitative analyses (e.g., descriptive and interpretative content analysis, narrative analysis, discourse analysis, framework analysis)
 - Descriptive statistics (for quantitative data)
- Respondents:
 - Potential fellowship applicants
 - Fellowship applicants
 - Current fellows
 - Fellowship graduates (alumni)
 - Supervisors and mentors
 - Employers hiring graduates
- Intended use of the resulting information:
 - Inform planning, implementation, and continuous quality improvement of fellowship activities and services
 - Improve efficiencies in the delivery of fellowship activities and services
 - Determine to what extent the fellowship activities and services achieve their goals

CDC does not expect these collections to yield generalizable data. However, results might provide insight into factors that affect the public health workforce and infrastructure, and ultimately help inform internal fellowship program decisions, management, and evaluation.

To obtain approval for a generic information collection (genIC) that meets the conditions of this generic clearance, CDC will submit abbreviated supporting statements A and B (Attachment 3), along with accompanying documentation (e.g., consent, recruitment letters, instruments, questionnaires). CDC will submit a collection for approval under this generic clearance only when it meets the following conditions:

- Information gathered is intended for CDC fellowship service improvement and program management purposes and is not generally intended for release outside the agency. However, if released, procedures outlined in Section A.16 of this document will be followed;
- Information gathered will not be used for the purpose of substantially informing influential policy decisions¹;
- Collections are voluntary;
- Collections are low-burden for respondents (based on considerations of total burden hours, total number of respondents, or burden hours per respondent) and are low-cost for both the respondents and the Federal Government;
- Collections are noncontroversial and do not raise issues of concern to other Federal agencies;
- Collections will not yield data that are expected to be generalized;
- Any collection is targeted to solicitation of opinions from respondents who have experience with the CDC fellowship program, respondents who might have experience with such program in the near future, fellowship program mentors or supervisors who interact directly with fellows, or employers that hire alumni directly out of the fellowship; and
- Personally identifiable information (PII) is collected only to the extent necessary.

If these conditions are not met, CDC will submit an ICR for OMB approval through the normal PRA process.

For each generic submitted under this control number, CDC will submit all instruments, any consent forms or recruitment letters used, an abbreviated supporting statement part A, and a supporting statement part B if statistical sampling or methods are employed. As described in Section A.9, no incentives will be offered to respondents.

DSEPD has established a manager or managing entity responsible for this generic clearance. Prior to submitting each genIC request to OMB, DSEPD will conduct an independent review of each information collection to ensure compliance with terms of this clearance.

A.3. Use of Improved Information Technology and Burden Reduction

To reduce respondent burden and improve data processing and reporting efficiency, CDC programs will employ electronic technology to collect and process data whenever possible. Data collection methods will incorporate use of current modes (e.g., computer-assisted, web-based, telephone) to minimize the burden on the intended audience while maintaining privacy, confidentiality, and sensitivity considerations. Skip patterns will be employed, when appropriate, to increase efficiency and minimize burden to the respondent.

Paper-based data collection will be implemented in cases when respondents do not have access to electronic means of communication or when accessing the online data collection is more burdensome than a paper-based method. For example, participants at in-person training events

¹ As defined in OMB and agency Information Quality Guidelines, “influential” means that “an agency can reasonably determine that dissemination of the information will have or does have a clear and substantial impact on important public policies or important private sector decisions.”

might be more likely to provide immediate feedback onsite using the paper-based method than remembering to fill out an electronic survey after the event.

Although streamlined or automated technologies will likely be used by a majority of the individual projects (genICs) in this generic ICR, the nature of certain proposed activities may require direct interaction between respondents and project staff, especially in the case of qualitative interviewing and cognitive testing, to provide open-ended feedback.

All genIC data collections will be designed to minimize respondent burden and will ask the minimum number of questions required to elicit necessary information. For each genIC, the respective project team will submit instrument tools and screenshots to be used for data collection.

A.4. Efforts to Identify Duplication and Use of Similar Information

In January 2016, DSEPD conducted a scan of reginfo.gov for data collection activities conducted by CDC related to assessing fellowship activities; this scan was performed to ensure that information collected under this proposed generic ICR is not duplicative or already in the possession of the Federal Government. DSEPD identified the following two generic packages that appear similar in scope:

- National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) generic clearance for Data Collection for Evaluation of Education, Communication, and Training Activities for the Division of Global Migration and Quarantine (OMB Control No. 0920-0932) and
- Office for State, Tribal, Local, and Territorial Support (OSTLTS) generic clearance for Information Collections to Advance State, Tribal, Local, and Territorial (STLT) Governmental Agency System Performance, Capacity, and Program Delivery (OMB Control No. 0920-0879).

However, this proposed generic ICR is not duplicative of these existing generic clearance mechanisms for the following reasons:

- This proposed generic clearance focuses on assessment of workforce development and training (i.e., fellowship) programs for public health professionals. In contrast, NCEZID's generic clearance focuses on evaluating health communication, education, and training activities targeting mobile populations (e.g., migrants and immigrants).
- The respondent universe for the OSTLTS generic clearance is outlined as state, tribal, local, and territorial (STLT) agencies. Although project teams under this proposed generic may collect information from representatives of these agencies, DSEPD and OSTLTS will collaborate to prevent duplication of efforts in assessing fellowship activities at STLT agencies.

To minimize duplication of data collection, information collected may be used to supplement existing federal sources of information (e.g., administrative data sources from federal organizations). Such federal administrative data sources include CDC Fellowship Management System (FMS) (OMB Control No. 0920-0765) and FedScope (<https://www.fedscope.opm.gov/>). This proposed generic ICR does not duplicate data collected in either FMS or FedScope; rather,

these existing data sources will inform further efforts covered under this generic to improve fellowship activities.

A standard ICR clearance currently exists for FMS (OMB Control No. 0920-0765), an online system managed and maintained by DSEPD. This system collects administrative data via online fellowship program applications and tracks individual progress of participants, from applicant stage to alumni level, in one integrated database. However, this data collection mechanism alone is limited. FMS was designed as an administrative tool and does not collect information pertaining to the fellowship experiences, nor is it readily adaptable for redesign to collect such information from applicants, host agency representatives, or alumni. Administrative data, such as from FMS, collected alone are not sufficient for fellowship evaluation activities

However, administrative data from FMS are particularly valuable in informing sampling for a given information collection. DSEPD will encourage fellowship programs approved to use this generic clearance to extract existing FMS data as a starting point to inform any further data collections, whenever possible.

FedScope provides statistical information on the federal civilian workforce and includes information such as workforce demographics, position characteristics (e.g., grade schedule, occupation category, supervisory status), agency, and location. Similar to FMS, a source like FedScope might be used to inform sampling for a given information collection.

This proposed generic clearance will allow CDC to improve its ability to develop, refine, and improve fellowship activities to meet changing public health needs. Currently, no other generic mechanism exists at CDC to assess fellowship activities. The results, lessons learned, and final products from these information collections may serve as resources for multiple government and nongovernmental organizations.

A.5. Impact on Small Businesses or Other Small Entities

Under this proposed generic clearance, target respondents might include persons from nonprofits, nongovernmental organizations, and small government jurisdictions affiliated with certain CDC fellowship programs. Any program submitting a genIC under this proposed generic clearance will carefully plan the data collection and demonstrate efforts to minimize the burden on small entities. Questions will be limited to the absolute minimum required for intended use of the data. Responding to the data collection will always be completely voluntary and respondents can opt out partially or completely if they consider it burdensome.

A.6. Consequences of Collecting the Information Less Frequently

The consequence of collecting the information less frequently is the inability to make timely evidence-based and data-driven decisions and changes to CDC fellowship programs.

CDC expects that respondents will respond to the data collection approximately once a year, or as necessary. The exact timing will depend on a program's ability to develop and administer data collections and the cycle of a given fellowship.

There are no legal obstacles to reducing the burden.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

- A. A 60-day Federal Register Notice was published in the *Federal Register* on June 24, 2016 (vol. 18, No. 122, pp. 41305–41306) (Attachment 4). CDC received two comments that were nonsubstantive with regard to the fellowship assessments that will be conducted in accordance with this request.

- B. In preparing this generic ICR, consultations outside CDC did not occur. Each genIC submission (Attachment 3) will document consultation with representatives from outside agencies, partners, or organizations who have been updated and consulted on the need for data collection from the audiences and for purposes described in this generic clearance package.

A.9. Explanation of Any Payment or Gift to Respondents

No incentives will be offered for information collections administered under this generic clearance.

A.10. Assurance of Confidentiality Provided to Respondents

DSEPD reviewed this submission and determined that the Privacy Act applies for those collections in which information in identifiable form (IIF) are obtained or when CDC can retrieve the data by IIF data elements. When the Privacy Act applies to proposed genIC projects under this generic clearance, the existing applicable System of Records Notice (SORN) for this information collection is SORN 09-20-0161, “Records of Health Professionals in Disease Prevention and Control Training Programs” (Attachment 5). Each project team will submit information about planned data collection mechanisms and safeguards, record systems, and any demographic information to be retained for purposes of analysis.

The proposed data collections will have little or no effect on respondent privacy. All project staff will follow procedures for keeping data secure during all stages of data collection. For example, electronic data will be stored in secured electronic files on CDC servers and will be accessible only to staff directly involved in the project. Hard copies will be stored in locked file cabinets in secured CDC office buildings. DSEPD will encourage project teams to limit the linkage of ID numbers and IIF. For example, project teams can assign each respondent a unique ID number from FMS or other databases, when available. In cases where unique ID numbers do not exist, a spreadsheet can be created to establish and link unique ID numbers to personal identifiable information (i.e., name, email address); such spreadsheet will be maintained in a separate password-protected record on CDC servers. Data files will be retained and destroyed in accordance with the CDC Records Management policy.

Before participation, respondents will be informed that CDC will treat responses (i.e., data or information) in a secure manner and will not disclose, unless otherwise compelled by law. In advance of any data collection, the following statement will be provided directly to the

participant (e.g., displayed on a survey tool, preceding a questionnaire): “The Privacy Act of 1974, 5 U.S.C. § 552a, applies to this information collection. The requested information is used toward assessment and continuous quality improvement of CDC fellowship activities and services. CDC will treat data or information in a secure manner and will not disclose unless otherwise compelled by law.”

When collection of IIF is required, the project team submitting a genIC must justify the need to use this generic clearance to collect IIF, and describe efforts to use existing information in OMB-approved mechanisms such as CDC’s FMS, managed by CSELS/DSEPD. This minimizes collection of IIF in the primary data collection mechanism for proposed projects. After such IIF is collected, the project team will recruit participants for data collection by sending invitations via electronic or paper mail.

CDC will inform prospective respondents about the data collection activity, the length of time it will require, that participation is purely voluntary, and that they can refuse to answer any questions or refuse to disclose any information if so desired. These procedures conform to ethical practices for collecting data from human participants. Before each data collection, prospective respondents will be provided information on the intent of the project and will be given an opportunity to consent to information disclosure possibilities. CDC will share information collected in aggregate only; all personal identifiers will be removed.

CDC does not anticipate that collection of additional IIF will be commonly needed in the data collections submitted under this generic. Any IIF collected will be retained for potential follow-up questions only (if specified in methods of the individual approved genIC), and will be destroyed as specified in each data collection.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB Approval

An application with description and justification for each genIC is required to be submitted for CDC Institutional Review Board in compliance with the federal policy for the protection of human subjects (45 CFR 46). This application must include descriptions of participation consent procedures and secure collection, storage, and management of participant data and information. Each genIC will include a copy of the IRB approval or exemption determination. All information provided by respondents will be treated in a secure manner and will not be disclosed unless otherwise compelled by law.

Sensitive Questions

The majority of questions asked will not be of a sensitive nature. For sensitive questions, the project team will provide justification and specific use. Sensitive questions may include items on race, ethnicity, or other demographic characteristics. Any genIC that requires collections of race and ethnicity data will ask the questions consistent with HHS policy and standard OMB classifications.

Other sensitive questions may address individual experiences with and perceptions about the fellowship programs, related expectations, or career goals. Such questions will likely be

necessary to assess program outcomes and areas for improvement. Respondents can opt to refuse answering any questions and stop participating at any time.

A.12. Estimates of Annualized Burden Hours and Costs

The annualized response burden is estimated at 2,957 hours. CDC estimates that each respondent group (applicant or fellow; mentor, supervisor, or employer; and alumni) will be contacted once every 3 years for information collection. Exhibit A.12-A details how this estimate was calculated and an explanation for each respondent type follows.

- **Applicant or fellow:** The average DSEPD fellowship class size for a given program is 42 fellows per year; using this average across the 44 existing fellowship programs equates to approximately 1,848 new fellows annually. Assuming at least two applications per available opening, CDC estimates receiving at least 3,696 applications per year. In total, assuming CDC might contact this group once every 3 years, CDC estimates 1,848 respondents per year for the applicant or fellow respondent type.
- **Mentor, supervisor, or employer:** Whereas all fellows have supervisors or mentors, some fellows are placed at federal agencies and others are not; this ICR covers supervisors or mentors at nonfederal host sites (e.g., state and local health departments, nonfederal organizations) and those at nonfederal agencies or organizations that hire alumni directly out of the fellowship. Based on historical data, CDC estimates that 30% of fellows are placed in nonfederal agencies for their experiential assignment and 30% acquire nonfederal positions as recent alumni (e.g., state and local governmental positions, private sector, academia). Assuming a 1:1 ratio of distinct fellows to supervisors and 30% of assignments and employment directly out of a fellowship program at nonfederal entities, and responses provided once every 3 years, CDC estimates 370 respondents per year for the mentor, supervisor, or employer respondent type.
- **Alumni:** Given an estimate of 1,848 fellows graduating every year, 30% of alumni in nonfederal employment, and considering alumni classes of the past 20 years, CDC estimates 3,696 respondents per year for the alumni respondent type, with each alumnus responding once every 3 years.

CDC estimates the average burden per response to be one-half hour (i.e., 30 minutes); however, the actual burden may be more or less than one-half hour, depending on the specific genIC. This estimate includes time for reviewing instructions, searching existing data or information sources, gathering and maintaining the information needed, and completing and reviewing the collection of information. The actual number of respondents in each information collection will also vary depending on the purpose of each individual genIC.

Table A.12-A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Respondent (in hours)	Total Burden Hours (annual)
Applicant or fellow	Fellowship Data Collection Instrument	1,848	1	30/60	924

Mentor, supervisor, or employer	Fellowship Data Collection Instrument	370	1	30/60	185
Alumni	Fellowship Data Collection Instrument	3,696	1	30/60	1,848
Total					2,957

Table A.12-B provides estimates for the annualized burden costs to respondents and an explanation for each respondent type follows.

- **For fellowship applicants or fellows**, the estimate of annualized cost burden was developed by estimating the number of applicants who apply to all fellowships and the salaries and hourly wage rates of those applicants when they apply.
- **For mentors, supervisors, or employers**, the estimate of annualized cost burden was developed by estimating the average salary and hourly wage rate of all life, physical, and social science occupations.
- **For alumni**, the estimate of annualized cost burden was developed by estimating the number of fellowship alumni in the past 20 years and determining the average salary and hourly wage rate of all life, physical, and social science occupations.

The total anticipated annual cost to participants for collections of information for all study type is \$83,818.46.

The following sources were used to determine average salaries of all respondent groups:

- GRADUATE STUDENT INTERN Salary in United States. Austin, Texas: Indeed, Inc.; ©2006. <http://www.indeed.com/salary?q1=GRADUATE+STUDENT+INTERN&l1=US>. Accessed May 20, 2016.
- May 2015 National Occupational Employment and Wage Estimates United States. Washington, DC: US Department of Labor, Bureau of Labor Statistics (Life, Physical, and Social Science Occupations); 2016. http://www.bls.gov/oes/current/oes_nat.htm. Accessed May 20, 2016.

Table A.12-B. Estimated Annualized Burden Costs to Respondents

Type of Respondent	Form Name	Total Burden Hours (annual)	Hourly Wage Rate	Total Respondent Cost
Applicant or fellow	Fellowship Data Collection Instrument	924	\$15.38	\$14,215.38
Mentor, supervisor, or employer	Fellowship Data Collection Instrument	185	\$34.24	\$6,327.55
Alumni	Fellowship Data Collection	1,848	\$34.24	\$63,275.52

	Instrument			
Total				\$83,818.46

A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no other annual total cost burdens to respondents or record keepers.

A.14. Annualized Cost to the Government

The estimated average annual cost to the Federal Government for the proposed data collection activities is \$121,006.60 for an estimated 44 projects per year at \$2,750.15 per project. This cost encompasses 65 hours across two GS-13 employees and a contractor equivalent. The hourly rate was obtained from the Office of Personnel Management’s website (<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2016/general-schedule/>). The hourly rate for a GS-13, Step 1 (Atlanta area) is \$42.31 per hour.

Table A.14-A: Estimated Annualized Cost to the Government per GenIC and Total Cost

Staff or Contractor	Average Hours per Project	Average Hourly Rate	Average Cost per Data Collection	# of GenICs Annually	Total Annualized Cost
FTE: Generic ICR Coordinator (GS-13, Step 1)	5	\$42.31	\$211.55	44	\$9,308.20
FTE: Instrument Development, Implementation, Analysis, and Reporting (GS-13, Step 1)	40	\$42.31	\$1,692.40	44	\$74,465.60
Contractor: Instrument Development, Data Collection, Data Analysis, and Reporting (GS-13, Step 1 equivalent)	20	\$42.31	\$846.20	44	\$37,232.80
Total	65	-	\$2,750.15		\$121,006.60

Designated staff within DSEPD will coordinate with and support program staff submitting genICs under this proposed generic clearance. Designated DSEPD staff will closely review each genIC request based on a predefined set of criteria, which include but are not limited to

- scope of the genIC request;
- purpose and use of data collection;
- sampling methods and description of target respondents;
- study design;
- data collection instruments and methods;
- response burden;
- data analysis methods; and
- reporting, dissemination, and use of findings.

Review will ensure no duplication of information collected elsewhere, and facilitate integration with other data systems (e.g., FMS) as necessary.

A.15. Explanation for Program Changes or Adjustments

This ICR is for a new generic clearance: CDC Fellowship Programs Assessments.

A.16. Plans for Tabulation and Publication and Project Time Schedule

The intended use of results of the data collected under this generic ICR is to inform improvements, strategies development, and decision making for program planning, recruitment, training, education, and communication activities. In some cases, results may be presented at professional conferences and considered for publication in peer-reviewed journals. In cases where collection results under this generic mechanism are disseminated via publication or other forms of communication, the authors will clearly describe scope of the collection, types of respondents sampled, and lack of direct generalizability to groups outside the specified fellowship program.

Project timelines will vary as a function of specific program requirements, associated activity, and nature of the collection. Table A.16 depicts an estimated timeline for each project. Each genIC project team must include an estimated schedule of start dates for defined activities, allowing sufficient time for delays, unforeseen circumstances, and the following efforts:

- Sampling or recruitment of participants
- Each information or data collection
- Quality control of data and coding
- Validation of data (e.g., respondent follow-up)
- Analyses
- Reports, presentations, or publications
- Other actions

Table A.16: Estimated Project Timeline for GenICs

Project Time Schedule	
Activity	Time Schedule
Identify whether collection of IIF is needed	At least 6 months prior to data collection to allow time to plan and collect IIF
Design methods and data collection instruments	At least 5 months prior to data collection
IRB determination	At least 4-5 months prior to data collection
Pilot test instrument (if new)	At least 4 months prior to data collection

Develop genIC request	At least 3-4 months prior to data collection
Submit genIC to ICRO (then ICRO into ROCIS)	3 months prior to data collection
Receive OMB approval for genIC	At least 1 month prior to data collection
Implement data recruitment and collection	As soon as genIC is approved or as indicated by the genIC data collection plan
Analyze data as planned	Approximately within 3 months of close of data collection
Produce technical report and lay audience fact sheets	Approximately within 6 months of close of data collection: communicate to leadership, program, or stakeholders about results and recommendations for improvement or actions
Submit findings for scientific publications, manuscript, or presentation, if applicable	6 months or more from close of data collection, if applicable

A.17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.