



**REQUEST FOR APPROVAL UNDER THE  
"GENERIC CLEARANCE FOR THE COLLECTION OF QUALITATIVE FEEDBACK  
ON AGENCY SERVICE DELIVERY"  
(OMB CONTROL NUMBER: 3150-0217)**

TITLE OF INFORMATION COLLECTION:

NON-NRC COURSE FEEDBACK FORM

PURPOSE:

Assess satisfaction of non-agency personnel attending agency provided training with the quality of that training.

DESCRIPTION OF RESPONDENTS:

Agreement State inspector/licenser/regulator(s), Master-Material Licensees for other federal agencies, and international inspector/licenser/regulator(s) attending agency training in order to prepare for, maintain, or improve the performance of their duties in support of agency objectives.

TYPE OF COLLECTION: (Check one)

CUSTOMER COMMENT CARD/COMPLAINT FORM:	<input type="checkbox"/>	CUSTOMER SATISFACTION SURVEY:	<input checked="" type="checkbox"/>
USABILITY TESTING (e.g., WEBSITE OR SOFTWARE):	<input type="checkbox"/>	SMALL DISCUSSION GROUP:	<input type="checkbox"/>
FOCUS GROUP:	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>		

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 concerns 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.

SIGNATURE OF PROGRAM OFFICE REPRESENTATIVE:

SIGNATURE OF NRC CLEARANCE OFFICER:

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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**REQUEST FOR APPROVAL UNDER THE  
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(OMB CONTROL NUMBER: 3150-0217) (Continued)**

**INSTRUCTIONS FOR COMPLETING NRC FORM 671**

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

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

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**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
- (4) Federal Government. Only one type of respondent can be selected per row.

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

**Participation Time:** Provide an estimate of the amount of time (in minutes) 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.