

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 Expiry Date: 05/2020)**

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**TITLE OF INFORMATION COLLECTION:**

NCI Explore On Site (EXPOSE) Alumni Satisfaction Survey

**PURPOSE:**

The NCI Center for Cancer Training (CCT) wishes to collect information from NCI program stakeholders to better inform service delivery. In the spring/summer of 2017, twenty NCI intramural postdoctoral fellows participated in the NCI Explore On Site (EXPOSE) program to gain exposure to careers in the biomedical workforce beyond traditional, academic cancer research. CCT plans to survey the EXPOSE alumni to better understand the fellows’ experience and to improve the program for future cohorts.

**DESCRIPTION OF RESPONDENTS:**

Respondents will be the 20 NCI postdoctoral fellows (alumni) who participated in the EXPOSE program in the spring/summer of 2017.

**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: Erika Ginsburg

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

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  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 |
|------------------------|--------------------|---------------------------------|------------------------------|--------------------|
| Individual             | 20                 | 1                               | 5/60                         | 2                  |
| <b>Totals</b>          | <b>20</b>          | <b>20</b>                       |                              | <b>2</b>           |

| Category of Respondent | Total Burden Hours | Wage Rate*   | Total Burden Cost |
|------------------------|--------------------|--------------|-------------------|
| Individual             | 2                  | \$45.19/hour | \$90.38           |
| <b>Total</b>           |                    |              | <b>\$90.38</b>    |

\*Per Medical Scientist, SOC 19-1042 at [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,336.89.

| Staff                      | Grade/Step | Salary    | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|----------------------------|------------|-----------|-------------|------------------------|---------------------|
| <b>Federal Oversight</b>   |            |           |             |                        |                     |
| Scientific Program Analyst | 14/6       | \$133,689 | 1%          |                        | \$1,336.89          |
| <b>Contractor Cost</b>     |            |           |             |                        | \$0                 |
| Travel                     |            |           |             |                        | \$0                 |
| Other Cost                 |            |           |             |                        | \$0                 |
| <b>Total</b>               |            |           |             |                        | <b>\$1,336.89</b>   |

**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?

The customer list consists of the 20 NCI postdoctoral fellows who were selected to participate in the EXPOSE program. CCT intends to invite all 20 alumni by email to take the online customer satisfaction survey.

### **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

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