

**Request for Approval under the
“Generic Clearance for the Collection of Routine Customer Feedback”
(OMB#: 0925-0642, Expiration Date: 05/31/2020)**

TITLE OF INFORMATION COLLECTION: Assessment of 2018 Health Information National Trends Survey (HINTS) Data Users Conference

PURPOSE: The purpose of the survey is to acquire feedback from attendees to the 5th annual Health Information National Trends Survey (HINTS) Data Users Conference. The survey assesses different aspects of the conference for future improvement. The conference is scheduled to take place September 13-14, 2018 at NIH. <https://hints.cancer.gov/meetings-trainings/2018-users-meeting.aspx>

DESCRIPTION OF RESPONDENTS: These are people who registered to attend the conference and will include both Feds and non-Feds.

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: _____Richard Moser_____

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] 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 NA

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	150	1	5/60	13
Totals	150	150		13

Category of Respondent	Total Burden Hours	Mean Hourly Wage Rate*	Total Burden Cost
Individuals	13	\$46.19	\$600.47
Totals	13	\$46.19	\$600.47

*The Mean Hourly Wage Rate was obtained from Bureau of Labor Statistics, title “Medical Scientists, Except Epidemiologists” #19-1042, https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$3,118.69.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
Health Science Administrator	14/5	\$129,869	1%		\$1,298.69
Contractor Cost					\$820.00
Travel					\$0
Other Cost (Fellows)					\$1,000.00
Total					\$3,118.69

** <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB.aspx>

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?

Yes No

We will send the survey to all registrants via email.

Administration of the Instrument

How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

Will interviewers or facilitators be used? Yes No