

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0704-0553)**

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**TITLE OF INFORMATION COLLECTION:** CDSE Training Application Survey

**PURPOSE:** The Defense Security Service (DSS) Center for Development of Security Excellence (CDSE) is required to evaluate education and training activities. The information collected is used for the purpose of assessing and improving the availability, effectiveness, and usability of training and education services and products made available to employees of the Department of Defense, employees of participants in the National Industrial Security Program (NISP), employees of other Federal Departments and State, and Local Governments, and other users. This survey is sent to students approximately 3-6 months following completion of a significant training milestone. No personally identifiable information is requested and anonymity of responses is maintained. Responses are aggregated for reports that are reviewed by CDSE instructors, course developers, and management.

**DESCRIPTION OF RESPONDENTS:** The respondents to the information collection are personnel who have registered for and completed courses or learning events provided by the DSS CDSE. These surveys are sent to the population of students who completed a subset of courses within a specific time range. Most of the respondents include Federal Government civilian employees, or employees of contractors that participate in the NISP. A small percentage of potential respondents includes employees of state and local governments, educational institutions, or employees of foreign governments. Respondents participate because the CDSE has asked for their input on applying what they learned in order to assess the effectiveness of training in contributing to mission accomplishment and meeting organizational goals.

**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: Benjamin F. Curtis

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or households	375	10 minutes	62.5
<b>Totals</b>	<b>375</b>	<b>10 minutes</b>	<b>62.5</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1566.25 (\$25.06/hr x burden hours) as according to Department of Labor’s 2018 Occupational Employment Statistics ([https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm))

**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?  
[X] 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?

All supervisors of individuals completing a class or course (eLearning) are identified as potential respondents. If a supervisor has two or more students in the same class, that supervisor is only selected once.

**Administration of the Instrument**

- 1. How will you collect the information? (Check all that apply)
  - [ X ] Web-based or other forms of Social Media
  - [ ] Telephone
  - [ ] In-person
  - [ ] Mail
  - [ ] Other, Explain, \_\_\_\_\_
- 2. Will interviewers or facilitators be used? [ ] Yes [ X ] No