

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 Expiration Date: 3/31/2023)

TITLE OF INFORMATION COLLECTION:

Survey to Assess NCI’s Center for Cancer Training (CCT) Trainee Experience

PURPOSE:

In order to better understand and enhance the trainee experience at NCI, CCT is interested in learning more about the trainee audience. The goal of this survey is to ask NCI trainees about their communications, the training culture and community, and collaboration opportunities to understand their preferences and needs. This information will help CCT ensure that they are providing necessary resources for trainees as well as inform the agenda for a future discussion or workshop with trainees to dig deeper into some of these questions.

DESCRIPTION OF RESPONDENTS:

NCI Trainees

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: Nina Goodman

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

Amount: _____

Explanation for incentive: (include number of visits, etc.)

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- Trainees	800	1	5/60	67
Totals		800		67

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals - Trainees	67	\$42.69	\$2,860.23
Total			\$2,860.23

*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation, title "Medical Scientists" 19-1042, https://www.bls.gov/oes/current/oes_nat.htm#19-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$7,981.05

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Public Health Advisor	14/8	\$149,621	5%		\$7,481.05.10
Contractor Cost					\$500.00
Travel					\$0
Other Cost					\$0
Total					\$7,981.05

**The salary in the table above is cited from: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/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

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?

Potential respondents will current NCI trainees (including Graduate Students, Pre-Baccalaureate Post-Baccalaureate, Postdoctoral, Visiting, Research, and Clinical Fellow). The NCI CCT maintains a list of current fellows.

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
[X] Survey Form (web-based survey sent via email)
[] Chart Abstraction
[] Other, Explain
2. Will interviewers, facilitators, or research coordinators be used? [] Yes [x] No

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