

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB#: 0925-0648 Exp. Date: 05/31/2021)**

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**TITLE OF INFORMATION COLLECTION:**

2019 NLM CT.gov Train the-Trainer Workshop Feedback Survey

**PURPOSE:**

The purpose of this National Library of Medicine (NLM) survey is to obtain customer satisfaction information on the ClinicalTrials.gov “Train-the-Trainer Workshop.” The survey is designed to collect specific and general feedback of participants’ experience with the workshop, what additional questions they may have, and what additional resources would find helpful. This information will improve future Train-the-Trainer Workshops, and the informational content ClinicalTrials.gov offers to users.

**DESCRIPTION OF RESPONDENTS:**

The respondents will be public attendees of the workshop who provide ClinicalTrials.gov training and support to individuals at their respective institution/company/organization.

**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 training program in the future.

Name: Anna Fine, PharmD

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
Individuals or Households	180	1	5/60	15
<b>Totals</b>		<b>180</b>		<b>15</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals or Households	15	\$24.98	\$374.70
<b>Totals</b>			<b>\$374.70</b>

\*The General Public wage rate was obtained from [https://www.bls.gov/oes/2018/may/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2018/may/oes_nat.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$512.39

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Customer Outreach Service Specialist	GS13/2	\$102,477	0.5%		\$512.39
<b>Contractor Cost</b>					N/A
<b>Travel</b>					N/A
<b>Other Cost</b>					N/A
<b>Total</b>					<b>\$512.39</b>

\*The Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/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?  
 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?

We will provide the survey link to all of the ClinicalTrials.gov Train-the-Trainer Workshop attendees.

**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