

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

TITLE OF INFORMATION COLLECTION:

NCCIH at 20: A Catalyst for Integrative Health Research Program Evaluation

PURPOSE:

The purpose of this voluntary, survey is to obtain feedback and suggestions from attendees at the NCCIH 20th Anniversary Symposium. Responses will be used as we plan the 25th anniversary symposium.

DESCRIPTION OF RESPONDENTS:

Respondents are scientists who attended the NCCIH 20th Anniversary Symposium.

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: Mary Beth Kester

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
Scientists	200	1	5/60	17
Totals		200		17

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Scientists	17	40.19	681.53
Totals			681.53

* Source: Scientific Research and Development Services mean wage, <https://www.bls.gov/oes/current/oes191029.htm>)

FEDERAL COST: The estimated annual cost to the Federal government is \$121.10

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Personnel from the NCCIH Office of Communications	14	121,098	0.1%		\$121.10
Contractor Cost					0
Travel					0
Other Cost					0
Total					\$121.10

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

- 1.1. 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 survey will be distributed to individuals who attend the NCCIH 20th Anniversary Symposium.

Administration of the Instrument

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

[] Web-based or other forms of Social Media

[] Telephone

[X] In-person

[] Mail

[] Other, Explain

2. Will interviewers or facilitators be used? [] Yes [X] No