

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

TITLE OF INFORMATION COLLECTION: DCEG Fellows Survey 2020

PURPOSE:

To solicit information from our fellows on the current state of our Division of Cancer Epidemiology and Genetics (DCEG) Fellowship program at the National Cancer Institute (NCI). The survey covers the broad categories of demographics, mentorship, fellowship experiences, wellness and personal comfort, the Inclusivity Minute Project, and fellow activities. Data collection is voluntary, statistical rigor is not required, the survey is of low burden, and public dissemination of the results is not intended. The results of the survey will be disseminated to the leadership of the division, as well as the fellows who took part in the survey, to make known the state of the program. Also, the results of this survey will be used to assess the strengths and weaknesses of the current Fellowship program and serve to focus the efforts of the DCEG Office of Education to develop/enhance current fellow support systems.

DESCRIPTION OF RESPONDENTS:

All current DCEG training fellows including, cancer prevention fellows, research fellows, visiting fellows, and CRTA fellows.

TYPE OF COLLECTION: (Check one)

☐ Customer Comment Card/Complaint Form	☒ Customer Satisfaction Survey
☐ Usability Testing (e.g., Website or Software)	☐ Small Discussion Group
☐ Focus Group	☐ 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: Diane Wigfield

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

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	110	1	20/60	37
Totals		110		37

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	37	\$45.80	\$1,694.60
Totals			\$1,694.60

*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title "Medical Scientists" 19-1040, https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is **\$1438.34**.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Fellowship Program Coordinator	11/5	\$81,634	1%		\$816.34
Contractor Cost					\$622.00
Travel					\$0
Other Cost					\$0
Total					\$1438.34

**The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/DCB.pdf>

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

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 be sending out the electronic survey to all fellows on the NCI DCEG Fellows Listserv. This listserv (approximately n=110) includes current DCEG fellows of multiple professional designations (e.g. post-baccalaureate, postdoctoral, and masters level) and multiple hiring mechanisms (e.g. CRTA, Visiting Fellows, etc.). The survey will be sent to all listserv members and

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

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