

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

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**TITLE OF INFORMATION COLLECTION:**

Office of Intramural Training & Education (OITE) – Academic Internship Program (AIP) - Feedback

**PURPOSE:**

The National Institutes of Health (NIH) carries out and funds biomedical research in an effort to prevent and cure common and rare diseases. We also train the next generation of doctors, researchers, and medical support staff who will improve human health in the future, both across the country and around the world. The Academic Internship Program (AIP) is designed to bring high school, , college (including community college) students, and students pursuing a master’s degree to the NIH during the academic year to perform research.

**DESCRIPTION OF RESPONDENTS:**

Participants in the Academic Internship Program (AIP) must be at least 17 years old and enrolled and in good standing in an educational program at an institution that is within 40 miles of the NIH campus on which they will intern.

**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.

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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 [X] No

**ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	Number of Respondents	Number of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individual (NIH Trainees)	500	1	20 / 60	167
<b>Totals</b>		<b>500</b>		<b>167</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Wage Rate	Total Burden Cost
Individual (NIH Trainees)	167	\$13.34	\$2228.00
<b>Totals</b>			<b>\$2228.00</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$189.00.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
OITE Deputy Director	Title 42	\$182,000.00	0.05%	~	\$91.00
OITE AIP Director	G13-S03	\$103,435.00	0.10%	~	\$104.00
<b>Contractor Cost</b>	~	~	~	~	~
Travel	~	~	~	~	~
Other Cost	~	~	~	~	~
<b>Total</b>	~	~	~	~	<b>\$189.00</b>

The estimated hourly wage is based on the projected highest degree awarded for each participant based on the GS salary table for the Washington, DC area: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/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**

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?

The OITE will ask all trainees identified by Institute/Training offices as participating in the AIP to complete the feedback form.

**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