



To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ X ] Yes [ ] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ X ] Yes [ ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] 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	150	1	10/60	25
<b>Totals</b>		<b>150</b>		<b>25</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	25	\$45.80	\$1,145.00
<b>Total</b>			<b>\$1,145.00</b>

\*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](https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$5,564.35

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
<b>Federal Oversight</b>					
Program Director	14/5	\$137,491	1%		\$1,374.91
<b>Contractor Cost</b>					\$4,189.44
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$5,564.35</b>

\*\*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**

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?

This training program is advertised through the Healthcare Delivery Research Program listserv.

**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

Survey Form

Chart Abstraction

Other, Explain

Will interviewers, facilitators, or research coordinators be used?  Yes  No

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