

**Request for Approval under the Generic Clearance for the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)” (OMB#: 0925-0740, Expiration Date: 07/31/2022)**

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**TITLE OF INFORMATION COLLECTION:** NIH Psilocybin Research Speaker Series, virtual webEx Event.

**PURPOSE:** The purposes mainly are: (1) prepare event ahead of time well and smooth, e.g. aware how many people will attend ahead of time will be helpful to prepare the need for number of NCI IT support staff and proper webinar platform (2) aware the interests of diverse of communities on this topic of research which can be helpful for preparing the meeting and moderating the live event.

The objectives of the Speaker Series are: (1) Education: provide time-sensitive and evidence-based scientific information, utilizing expert speakers from academia, government, and the community. (2) Research: assess the current state of the science, identify research gaps and opportunities, regarding future research needs for investigation among diverse research communities.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information.

This event is open to NIH staff, other government agencies, (e.g. FDA), and the public, e.g. academics and research institutions, practitioner and community who may have interest in research of this topic, etc..

**TYPE OF COLLECTION:** (Check all that apply)

Abstract

Application

Registration Form

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.

Name: Dan Xi

**To assist review, please provide answers to the following question:** If you are collecting name and email, then check yes for PII.

**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

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  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	600	1	3/60	30
<b>Totals</b>		<b>600</b>		<b>30</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	30	\$46.95	\$1,408.50
<b>Total</b>			<b>\$1,408.50</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/2019/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2019/May/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3,185.72.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Manager	14/10	\$159,286	2%		\$3185.72
<b>Contractor Cost</b>					\$0
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$3,185.72</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/21Tables/html/DCB.aspx>

## **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?

We will be using a listserve or something similar to communicate.

## **Administration of the Instrument**

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

- [ X ] 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 [ x ] No

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