Request for Approval under the "Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)"

(OMB#: 0925-0740 Exp Date: 7/31/2022)

TITLE OF INFORMATION COLLECTION: Leveraging Rapid Cycle Research to Advance Cancer Care Delivery (NCI)

PURPOSE:

The National Cancer Institute (NCI) Division of Cancer Control and Population Sciences (DCCPS) will host a workshop to understand barriers and identify viable solutions for increasing the appropriate use of rigorous, rapid cycle research to advance cancer care delivery. The goal of the workshop are to identify principal features that should inform design of rapid cycle research to improve cancer care delivery, identify multi-faceted barriers toward conducting rapid cycle research in cancer care delivery settings, and generate viable solutions for increasing the quality and quantity of rapid cycle research conducted in cancer care delivery settings.

DESCRIPTION OF RESPONDENTS:

Scientists, Researchers, Pls, postdocs and academic

TYPE OF COLLECTION: (Check	all that apply)	
[] Abstract	[] Application	
[X] 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 <u>not</u> raise issues of concern to other federal agencies.

Name: Crystal Reed

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	300	1	5/60	25
Totals		300		25

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	25	\$48.45	\$1,211.25
Total			\$1,211.25

^{*}Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title

FEDERAL COST: The estimated annual cost to the Federal government is \$6,389.60.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	14/5	\$138,866	1%		\$1,388.66
Communications	10/5	\$75,047	2%		\$1,500.94
Manager	10/5				\$1,500.94
Contractor Cost					\$3,500.00
Travel					\$0
Other Cost					\$0
Total					\$6,389.60

^{**}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

[&]quot;Medical Scientists" 19-1040, https://www.bls.gov/oes/2020/May/oes_nat.htm#19-0000

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	ne universe of potential
respondents and do you have a sampling plan for selecting from	n 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?

This training program is advertised through the Health Care Delivery Research Program listserv

	•	• •				
Λdm	nın	ıctra	ton.	of the	Inctru	ımant
Aun		ISLI C	ILIVII	OI LIIC	HISHU	

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.