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

## (OMB#: 0925-0740 Exp Date: 07/2022)

**TITLE OF INFORMATION COLLECTION:** OLAW Online Seminars Series

**PURPOSE:**

**This is an application to approve 6 virtual webinars intended for the laboratory animal care and use community (total of six sessions from 9/2021-12/2022).**

The OLAW Online Seminars series is a quarterly webinar series on items of interest to the laboratory animal care and use community, specifically animal researchers, Institutional Animal Care and Use Committees (IACUCs), IACUC administrators Institutional Officials, veterinarians, and regulatory compliance staff. Topics focus on regulatory compliance, reduction of administrative burden and animal care and use best practices. These webinars are offered free of charge.

To ensure registrants comprise our targeted stakeholder audience, the following information will be collected:

* Name
* Email
* Organization (Name of Institution)
* Job title/role

All information is collected through the NIH zoom account.

**DESCRIPTION OF RESPONDENTS**:

Respondents are members of the animal welfare communities who choose to register for the webinars. These generally include animal researchers, Institutional Animal Care and Use Committees (IACUCs), IACUC administrators Institutional Officials, veterinarians, and regulatory compliance staff. These people comprise members of academic, corporate, not-for-profit, and government research institutions.

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

[ ] 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 not raise issues of concern to other federal agencies.

Name: Nicolette Petervary, VMD

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 and households) | 500 | 1 | 2/60  | 17 |
| **Totals** | **500** | **500** |  | **17** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Wage Rate\*** | **Total Burden Cost**  |
| Individuals and households | 17 | $48.94 | $832 |
|  |  |  |  |
| **Totals** |  |  | $832 |

\* Occupational Employment and Wages, May 2020 19-1042 Medical Scientists, Except Epidemiologists (Note 2021 figures to be released May 2022) <https://www.bls.gov/oes/current/oes191042.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is $1389

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Animal Welfare Program Specialist | 14/5 | $138,866 | 1% |  | $1389 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| TOTAL |  |  |  |  | $1389 |

\* the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/DCB.pdf>

**The selection of 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? [ ] Yes [X ] 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?

**Administration of the Instrument**

1. 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

1. Will interviewers, facilitators, or research coordinators be used? [ ] Yes [ X ] No