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

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

**TITLE OF INFORMATION COLLECTION** Collaborating to Develop New Practice Randomization Trials for NCORP CCDR Webinars (NCI)

**PURPOSE:**

The National Cancer Institute (NCI) Division of Cancer Control and Population Sciences (DCCPS) will host a series of three webinars to increase familiarity with purpose of and key methodological considerations in cluster randomized trials; share experiences about conducting cluster randomized trials in NCORP CCDR (10 protocols to date); and discuss strategies for the design and conduct of future cluster randomized trials that balance scientific rigor and feasibility. We estimate a total of 1000 respondents total between the 3 webinars.

* Demystifying the Practice Randomized Trials & Their Use in NCORP CCDR – October 24, 2021 4:00 - 5:30 p.m.
* Realities of Practice Randomized Trials in NCORP CCDR – November 18, 2021 | 4:00 - 5:30 p.m.
* Making the Numbers Work: Statistical Considerations – December 7, 2021 | 4:00 - 5:30 p.m.

**DESCRIPTION OF RESPONDENTS**:

Scientists, Researchers, PIs, postdocs and academic

**TYPE OF COLLECTION:** (Check one)

[ ] 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: 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  | 1000 | 1 | 5/60 | 83 |
| **Totals** |  |  **1000** |  | **83** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Individuals | 83 | $48.45 | $4,021.35 |
| **Total** |  |  | **$4,021.35** |

\*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/2020/May/oes\_nat.htm#19-1040](https://www.bls.gov/oes/2020/May/oes_nat.htm#19-0000)

**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 Manager | 10/5 | $75,047 | 2% |  | $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>

**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
2. 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, and the NCORP listserv

**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.**