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)

# TITLE OF INFORMATION COLLECTION:

# Introduction to Career Pathways in Neuro-Oncology (NCI)

# PURPOSE: The goal of this novel event is to provide an overview of clinical and research careers in neuro-oncology and introduce cutting-edge issues in the field to young trainees, including all levels of trainees starting from undergraduates. Our aim is to bring together a multidisciplinary group of presenters from diverse personal and professional backgrounds who can share insights on pursuing a career in neuro-oncology. The webinar will highlight how young trainees can contribute to a better understanding of CNS tumor characteristics and improve patient outcomes by entering the field.

# DESCRIPTION OF RESPONDENTS:

The targeted group is students and trainees (e.g. undergraduate students, graduate students, medical students, residents, and other trainees).

# TYPE OF COLLECTION:

[ ] 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: Chunzhang Yang, Ph.D.

**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? [ ] Yes [x] 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****Respondent s** | **No. of****Responses per Respondent** | **Time per****Response (in hours)** | **Total****Burden Hours** |
| Individuals | 1,000 | 1 | 2 / 60 | 33 |
| **Totals** |  | **1,000** |  | **33** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of****Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden****Cost** |
| Individuals | 33 | $ 48.45 | $1,598.85 |
| **Total** |  |  | **$1,598.85** |

\*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](file:///%5C%5Cnciis-p401.nci.nih.gov%5CGroup04%5COMPC%5CPRA%5CProjects%5CSubmissions%5CIn%20Process%20Submissions%5C0925-0740%20-%20Sub%20Studies%20-%20Registrations%5C2155%20Sub-Study%20-%20SNO%5C%2C%20https%3A%5Cwww.bls.gov%5Coes%5C2020%5CMay%5Coes_nat.htm).

**FEDERALCOST:** The estimated annual cost to the Federal government is $ 845.50.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe****(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Tenure Track Investigator | 15/7 | $172,500 | 0.01% |  | $172.50 |
| **Contractor Cost** |  |  |  |  | $673.00 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$ 845.50** |

 \*\*The salary in the table above is cited from [https://www.opm.gov/policy-data-oversight/pay-](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/html/DCB.aspx) [leave/salaries-wages/salary-tables/21Tables/html/DCB.aspx](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/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?

[ ] 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?

We plan to include flyers in the 2021 annual meeting for the Society for Neuro- Oncology (SNO), a professional organization that is co-hosting this event.

We also plan to send flyers to program directors and/or administrative contacts for residency programs and other trainee programs, such as NIH’s Office of Intramural Training & Education. We will ask them to share the flyer with the students and trainees in their programs if they think it will be of interest to them.

**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.**