

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: 2022 BTTC and NCI-CONNECT Annual Meeting Registration Form

PURPOSE: The NCI CCR Neuro-Oncology Branch hosts an annual meeting with its investigators and advocacy partners to discuss program updates and innovative clinical trial designs and concepts. The purpose of the collection is to have people who are attending our meeting register with their name, title, institution, phone, email and photo. We plan to use the information so we know participation numbers, to contact the registrants with information about the event and any necessary updates, and to create a program for the workshop.

DESCRIPTION OF RESPONDENTS: The targeted group is neuro-oncology researchers, investigators, scientists, physicians and community advocates that are part of our BTTC and NCI-CONNECT network.

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: Dr. Mark Gilbert and Dr. Terri Armstrong

To assist review, please provide answers to the following question:

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	120	1	3/60	6
Totals		120		6

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	6	\$48.95	\$293.70
Total			\$ 293.70

*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.

FEDERAL COST: The estimated annual cost to the Federal government is \$ 3,610.46.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Senior Branch Administrator	12/9	\$110,455	.001		\$ 110.46
Contractor Cost					\$3,500.00
Travel					\$0
Other Cost					\$0
Total					\$ 3,610.46

**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? 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 have a network of BTTC and NCI-CONNECT neuro-oncology investigators and advocacy partners that are from institutions and organizations across the nation. Our meeting is invitation only to our network.

Administration of the Instrument

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

- 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 No

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