

**Request for Approval under the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”**  
**(OMB#: 0925-0740 Exp Date: 09/30/2025)**

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**TITLE OF INFORMATION COLLECTION:** Mentor-Mentee Onboarding Workshop for NINDS Training Programs

**PURPOSE:** This information collection will collect registration information for a workshop series hosted by NINDS to onboard new graduate student and postdoctoral awardees and mentors on new NINDS training grants. The workshops will review NINDS’s expectations of NINDS-funded mentors and mentees and provide resources to help foster an effective mentor-mentee relationship during the fellowship or career development award.

NINDS is committed to promoting a diverse research workforce and to including diverse participants at this workshop. To allow staff to determine whether participants at the workshop represent diverse groups and backgrounds, the registration form gives registrants an opportunity to share demographic information, which will be aggregated for internal NINDS use and ongoing program improvement purposes only.

**DESCRIPTION OF RESPONDENTS:** NINDS-funded awardees and their mentors from the following programs: F31, DSPAN F99/K00, NINDS F32, K99/R00, MOSAIC K99/R00, NINDS ADRD K99/R00, NINDS Postdoctoral K01, and predoctoral and postdoctoral diversity supplement recipients.

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

Abstract  
 Registration Form

Application  
 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: Cara Long, Ph.D. Health Science Policy Analyst, NINDS OSPP

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	600	1	5/60	50
<b>Totals</b>		<b>600</b>		<b>50</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Registrants	50	\$43.27	\$2163.50
<b>Totals</b>			<b>\$2163.50</b>

\*Hourly wage rates for 19-1029 Biological Scientists is \$43.27 (based on <http://www.bls.gov/oes/current/oes191029.htm>).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 4,249.02.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight:</b>					
Health Program Specialist	13/3	\$113,944	3%		\$ 3,418.32
<b>Contractor Cost (optional):</b>					
Registration Site Management	-	-	-	-	\$ 830.70
Travel (optional)					
Other Cost (optional)					
<b>Total</b>					<b>\$ 4,249.02</b>

\*\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/> (2022)

**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?

[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 registration form will be sent via email to each new round of NINDS-funded awardees and their mentors from the following programs: F31, DSPAN F99/K00, NINDS F32, K99/R00, MOSAIC K99/R00, NINDS ADRD K99/R00, NINDS Postdoctoral K01, and predoctoral and postdoctoral diversity supplement recipients.

### **Administration of the Instrument**

1. 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

2. Will interviewers, facilitators, or research coordinators be used?  Yes  No

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