

**Request for new submission under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Services Delivery”**

**(OMB Control Number: 1117-0NEW)**

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**TITLE OF INFORMATION COLLECTION:** Diversion Control Division Information Technology Modernization Effort

**PURPOSE:** In accordance with the Controlled Substance Act (CSA), every person who manufactures, distributes, dispenses, conducts research with, imports, or exports any controlled substance to obtain a registration issued by the Attorney General. 21 U.S. 822, 823, and 957. This proposed collection would allow DEA to collect information to help improve the applications developed for DEA registrants. DEA would be collecting information regarding the registrant’s business activity categories, the applications they use and the frequency which they use the applications. The registrants would be rating the usefulness and performance of various applications. They would also be able to give open ended comments and suggestions regarding their experience with the applications. The proposed survey would also ask questions about registrants’ experience with the DEA Diversion Control Division’s website and the Support Center.

**DESCRIPTION OF RESPONDENTS:**

Applications created by the Diversion Control Division’s for DEA registrants. The proposed survey would also ask questions about the Diversion Control Division’s website. They would be able to state how they use the website and then rank the ease, efficiency, speed, and use of the various interactions that they have with the website. This proposed collection would also allow registrants to have the chance to rank the usefulness, effectiveness, and efficiency of the Support Center. Again, registrants would be able to provide additional comments for the website and the support center in two separate open fields.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other: <u>(please describe)</u>         |

**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.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Alana Moore (or the POC for this survey)

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

**Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**Note: for any privacy related questions regarding your collection, please contact your component’s Senior Component Official for Privacy or the Office of Privacy and Civil Liberties.**

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X] No

If answering yes, you will also need to describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

In the provided table, list the following information in each row for the type or respondent for the collection and provide total figures at the bottom for the number of respondents, participation time, and burden.

- Category of respondent – Provide the type or category of individual who will respond to your collection from the following list:
  - o Individuals or Household
  - o Private Sector
  - o State, Local, or Tribal Governments
  - o Federal Government
- Number of Respondents – Estimate of the total number of respondents by type/category.
- Participation Time – Estimate of the total amount of time (in minutes) required for participation in a collection by type/category of respondents (e.g. fill out a survey or participate in a focus group).
- Burden – Estimate of the annual burden hours by type/category or respondents.
  - o To determine this estimate, multiply the number of respondents by the participation time and divide that figure by 60.

**Burden Table**

Category of Respondent	No. of Respondents	Participation Time	Burden
Example: Private Sector	108,000	14min	25,200
<b>Totals</b>	108,000	14min	25,200

**FEDERAL COST:** The estimated annual cost to the Federal government is \$115,982

**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?  
[ ] 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  
[ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [ x] No

**Submit all instruments, instructions, and scripts with the request.**