

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 06/30/2024)

TITLE OF INFORMATION COLLECTION: Feedback Form and Polling Questions for the National Institute of Nursing Research’s (NINR) 2021 Artificial Intelligence Virtual Boot Camp

PURPOSE: This information collection will gather feedback from the people who attend this virtual NINR training event on research methodologies, focused on artificial intelligence and nursing research. Feedback will be used to inform planning of future NINR training events. Polling questions will also be shown during the virtual event to facilitate attendee participation and engagement.

DESCRIPTION OF RESPONDENTS: Individuals – nurse/clinician-scientists, computer scientists, and others who attend the methodologies boot camp.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input 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 checked="" type="checkbox"/> Other: <u>Polling Questions</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: Pamela Tamez

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
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

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

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	700	2	5/60	117
Totals		1400		117

COST TO RESPONDENT

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Nursing Teachers/Researchers	117	\$40	\$4680
Totals			\$4680

*Salary in table above based on: <https://www.bls.gov/oes/current/oes251072.htm>

FEDERAL COST: The estimated annual cost to the Federal government is \$4360

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Analyst	12-1	\$87,198	5%		\$4360
Contractor Cost					
Travel					
Other Cost					
Total					\$4360

*the Salary in 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?

[] 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?

Potential respondents will have registered for this event and have access to the virtual platform for answering polling questions. We will use this list of registrants to ask them to complete the evaluation questions.

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

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