

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

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**TITLE OF INFORMATION COLLECTION:** Workshop Survey Feedback Form:  
Fellows and Trainees Workshop: Whole Person Health Research Careers (NCCIH)

**PURPOSE:**

To gather feedback from attendees of the National Center for Complementary and Integrative Health (NCCIH)’s Fellows and Trainees Workshop to be held on September 15-16, 2022. We would like to know if the meeting achieved its intended purpose (e.g., providing information on funding priorities and opportunities, supporting the development of grant-writing and networking) and was informative for attendees. Information gathered will help structure and improve next year’s Fellows and Trainees Workshop in order for the workshop to be useful for attendees.

**DESCRIPTION OF RESPONDENTS:**

Respondents are current NCCIH grantees who will attend the Fellows and Trainees Workshop to be held on September 15-16, 2022. There are 110 invitees.

**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: _____                            |

**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: Melissa Trevino

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 [ X ] 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
Registered individuals	110	1	10/60	18
<b>Totals</b>		110		<b>18</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals or Households	18	\$31.44	\$565.92
<b>Totals</b>			\$565.92

\*Cited source per bls.gov <https://www.bls.gov/news.release/empsit.t19.htm> Used “Education and health services” hourly wage rate

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,210.65

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Health Program Specialist	13/5	\$121,065	1%		\$1,210.65
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					\$1,210.65

\* [SALARY TABLE 2022-DCB \(opm.gov\)](https://www.opm.gov/policy-data-oversight/salary/)

**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?  
[ 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?

We have a list of the 115 invitees that we will be our targeted respondents. Respondents are current NCCIH grantees who will be invited to attend NCCIH’s Fellows and Trainees Workshop to be held on September 15-16, 2022.

**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.**