

**Request for Approval Under Generic Clearance for CDC Fellowship  
Programs Assessments (OMB Control Number: 0920-1163)**

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**TITLE OF INFORMATION COLLECTION:** 2024 CDC Science Ambassador Fellowship Summer Course Survey

*Instruction: This form should be completed by the primary project representative at the CIO sponsoring the genIC, after consultation with the Center, Institute, or Office (CIO) PRA contact. An FTE is required to serve as the primary investigator for all information collection requests.*

*Instruction: Please provide no more than two sentences for each item in this box.*

Goal of the study: To collect feedback from participants of the Science Ambassador Fellowship on their experiences to identify potential program improvements and measure short-term outcomes associated with program performance.

Intended use of resulting data: Data will be shared with program staff to provide feedback on implementation and suggest potential program improvements. Data will also be summarized to measure changes in short-term outcomes. Data may be shared in an abstract, presentation, or publication in the future to disseminate findings.

Methods to be used to collect data: Data will be collected through a brief, voluntary survey.

Subpopulation to be studied: Teachers and other educational leaders who participated in the Science Ambassador Fellowship summer course in July 2024.

How data will be analyzed: Findings will be summarized by calculating percentages for each response option.

**CIO or Division PRA Contact**

Name: Carter Clinebell  
Email: sei1@cdc.gov  
Phone: 404.498.6424

**Project Representative**

*Instruction: Complete the fields below with information about the project lead.*

Name: Marie Kumerow  
Title: Health Scientist (Evaluation)  
Affiliation (CIO/Division): PHIC/DWD  
Email: mwi8@cdc.gov  
Phone: (651) 500-8714

## Abbreviated Supporting Statement A

### DETERMINE IF YOUR INVESTIGATION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM

*Instruction: Before completing and submitting this form, first determine if the proposed investigation is appropriate for the Data Collection for CDC Fellowship Programs Generic ICR mechanism. Complete the checklist below. If you select “yes” to all criteria in Column A, the Data Collection for CDC Fellowship Programs Generic IR mechanism **can** be used. If you select “yes” to any criterion in Column B, the Data Collection for CDC Fellowship Programs Generic ICR mechanism **cannot** be used.*

Column A	Column B
Information gathered is intended for CDC fellowship service improvement and program management purposes. [X] Yes [ ] No	The investigation is conducted to contribute to generalizable knowledge. [ ] Yes [X] No
Data collection will be completed in 90 days or less. [X] Yes [ ] No	Data collection is expected to require greater than 90 days. [ ] Yes [X] No
No incentive (e.g., money, reimbursement of expenses, token of appreciation) will be provided to participants. [X] Yes [ ] No	An incentive (e.g., money, reimbursement of expenses, token of appreciation) will be provided to participants. [ ] Yes [X] No

Did you select “yes” to **all** criteria in Column A?

If so, the *Data Collection for CDC Fellowship Programs* Generic ICR might be appropriate for your investigation. You may proceed with this form.

Did you select “yes” to **any** criterion in Column B?

If so, the *Data Collection for CDC Fellowship Programs* Generic ICR is not appropriate for your investigation. Stop completing this form now and consult your PRA contact about alternatives.

### PURPOSE

*Instruction: Provide a brief description of the collection purpose and how it will be used. If this is part of a larger study or effort, please include this in your explanation.*

The Epidemiology and Laboratory Workforce Branch in the Division of Workforce Development at the Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget (OMB) approval to collect feedback from Science Ambassador fellows and alumni regarding the Science Ambassador Fellowship (SAF). The Science Ambassador Fellowship consists of a 5-day summer course and 1-year distance-based professional development opportunity for middle and high school STEM teachers and educational leaders interested in bringing public health into their classrooms. A survey will be used to collect feedback on their experience participating as a fellow or peer leader in the SAF summer course.

The information obtained from the survey will be used to plan future events and improve resources available on the CDC website targeting middle and high school STEM teachers.

### **DESCRIPTION OF RESPONDENTS**

*Instruction: Provide a brief description of the group(s) targeted for this information collection. These groups must have experience with the program.*

Teachers and educational leaders who participated in the Science Ambassador Fellowship summer course in July 2024 will be invited to participate in the survey. These teachers and educational leaders were selected into the Science Ambassador Fellows 2024 class or are Science Ambassador alumni from 2002–2023 who participated as peer leaders. A maximum of 26 participants will be sent the survey. No personally identifiable information (PII) will be collected; should any respondents provide PII as part of an open-ended response, it will not be retained.

This survey is for new fellows who will be starting their fellowships in July 2024. While a recent request was submitted for the SAF Exit Survey and Focus Groups, this was for the cohort of fellows who were completing their fellowship in June 2024 and previously participated in the summer course in July 2023.

*Check all that apply.*

- Potential applicants or applicants
- Current fellows (nonfederal employees)
- Alumni
- Mentors or supervisors
- Employers of alumni
- Other (describe): \_\_\_\_\_

### **TYPE OF COLLECTION**

*Instruction: Check all that apply.*

- Focus group
- Face-to-face interview
- Telephone interview
- Self-administered hard copy questionnaire
- Self-administered Internet questionnaire
- Self-administered electronic questionnaire (e.g., fillable form)
- Other (describe): \_\_\_\_\_

### **CERTIFICATION**

*Instruction: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.*

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 noncontroversial and does not raise issues of concern to other Federal agencies.
4. Information gathered will be used primarily to inform programs of efficiency and effectiveness of fellowship programs and will not be used for the purpose of substantially informing influential policy decisions.
5. 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.
6. With the exception of information needed to contact participants, personally identifiable information (PII) is collected only to the extent necessary and is not retained.
7. If this genIC requires collections of race and ethnicity data, the questions are consistent with HHS policy and standard OMB classifications.
8. A copy of the IRB approval or exemption determination with description of participation consent and secure collection, storage, and management of participant data and information is attached.
9. A currently valid OMB control number and expiration date is displayed in the upper-right corner at the beginning of the data collection instrument.
10. The following statement is displayed at the bottom of the first page of the data collection instrument or will be read to the participant prior to data collection: “Public reporting burden of this collection of information is estimated to average [number of] minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8 Atlanta, Georgia 30329; ATTN: PRA (0920-1163).”
  - a. If the Privacy Act applies, the following statement is also included: “The Privacy Act applies to this information collection. The requested information is used toward assessment and continuous quality improvement of CDC fellowship activities and services. CDC will treat data/information in a secure manner and will not disclose, unless otherwise compelled by law.”
11. A Part II Worksheet is included in this submission.

Certified by CDC Sponsoring Program Division or CIO PRA Oversight Official:

Name: Marion Carter  
Date of Certification (MM/DD/YYYY): 6/28/2024  
Email: acq0@cdc.gov  
Phone: 404.639.8035

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

**Personally Identifiable Information**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes:

- a. Is the information that will be collected included in records that are subject to the Privacy Act of 1974?  
 Yes  No
- b. Please provide justification for collecting PII: \_\_\_\_\_
- c. Please describe efforts to use existing PII to avoid duplication (e.g., information from the Fellowship Management System [OMB No. 0920-0765], FedScope):  
 \_\_\_\_\_
- d. In advance of any data collection, the following statement will be provided directly to the participant (e.g., in a written statement on a survey tool prior to beginning a questionnaire, read to participant prior to interview): “The Privacy Act applies to this information collection. The requested information is used toward assessment and continuous quality improvement of CDC fellowship activities and services. CDC will treat data/information in a secure manner and will not disclose, unless otherwise compelled by law.”

### **Sensitive Questions**

*Instruction: If sensitive questions will be asked, provide justification and specific use.*

### **BURDEN HOURS**

*Instruction: Complete Table 1 using the following column headings to calculate the burden hours for respondents.*

The 2024 SAF Summer Course Survey will be web-based and includes (at most) 28 questions. Respondents will take approximately 14 minutes to complete each survey through SurveyMonkey. We are seeking approval to collect feedback using this survey instrument from approximately 26 non-federal individuals. There will be no direct costs to the respondents other than their time to respond to the survey.

- **Category of Respondents:** *Identify who you expect the respondents to be in terms of the following categories: (1) Potential applicants/applicants, (2) Current fellows (nonfederal employees), (3) Alumni, (4) Mentors or supervisors, (5) Employers of alumni, (6) Other (please describe).*
- **Form Name:** *Include the type of data collection (e.g., “Electronic survey of fellowship applicants,” “Telephone interview of recent graduates”).*
- **No. of Respondents:** *Provide an estimate of the number of respondents.*
- **No. of Responses per Respondent:** *Provide the number of times the same respondent will be contacted for data/information collection.*
- **Average Burden per Respondent (in hours):** *Provide an estimate of the amount of time required for a respondent to participate (e.g., time required to fill out a survey or participate in a focus group).*

- **Total Burden Hours:** Provide the total burden hours by multiplying as follows:  $([No. of Respondents] \times [No. of Responses per Respondent] \times [Average Burden per Respondent])$  in each row. Then total the rows.

**Table 1. Estimated Burden**

Category of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Respondent (in hours)	Total Burden Hours
SAF Participants	2024 CDC Science Ambassador Fellowship Summer Course Survey	26	1	14/60	6
<b>Totals</b>					<b>6</b>

## FEDERAL COST

There are no equipment or overhead costs. The average annualized cost to the Federal Government to collect this information is \$2,126.45. This estimate is based on the time required for one CDC FTE (GS-13) to supervise and one CDC FTE (GS-12) to design the survey, develop the web-based survey, implement the survey, analyze the data, summarize results, and develop recommendations for improving the Science Ambassador Program on the basis of survey results.

**Table 2. Estimated Cost to the Government**

Staff or Contractor	Average Hours	Average Hourly Rate	Total Cost
Health Scientist/Evaluation (Associate Service Fellow) (GS-12): Design web-based survey and focus group guide, collect data, analyze data and report results.	40	\$45.50	\$1820.00
Public Health Analyst/Evaluator (GS-13): supervision and support	5	\$61.29	\$306.45
<b>Totals</b>	<b>45</b>		<b>\$2,126.45</b>

Link to U.S. Office of Personnel Management Pay Tables: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule/>.

## PROJECT SCHEDULE

*Instruction: Provide an estimated schedule indicating start dates, allowing sufficient time for delays and unforeseen circumstances. Sample activities and time schedules are provided; please modify as needed.*

<b>Project Time Schedule</b>	
<b>Activity</b>	<b>Time Schedule</b>
Develop survey	3 months prior to data collection
Develop STARS project review	3 months prior to data collection
Develop GenIC request	At least 2 months prior to data collection
Submit genIC to ICRO (then ICRO into ROCIS)	1 months prior to data collection
Receive OMB approval for genIC	At least 1 month prior to data collection
Implement data recruitment and collection	As soon as genIC is approved or as indicated by the genIC data collection plan
Analyze data as planned	Approximately within 3 months of close of data collection
Produce technical report and lay audience fact sheets	Approximately within 6 months of close of data collection: communicate to leadership, program, or stakeholders about results and recommendations for improvement or actions
Submit findings for scientific publications, manuscript, or presentation, if applicable	6 months or more from close of data collection, if applicable

### **Abbreviated Supporting Statement B**

#### **Selection of targeted respondents**

*Instruction: 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**

*Instruction: Identify how the information will be collected.*

- How will you collect the information? (Check all that apply)
  - Electronic
  - Telephone
  - In-person
  - Hard copy
  - Other, explain: \_\_\_\_\_

2. Will trained interviewers or facilitators be used?  Yes  No  N/A

### **Methods to maximize response**

*Instruction: Provide a brief description of the procedures planned to maximize response rates.*

An email invitation will be sent to all current SAF fellows with instructions about how to participate in the survey immediately following the end of summer course. The survey will remain open for three weeks and three reminders will be sent about the survey.

### **Analysis plan**

*Instruction: Provide a brief description of the analysis plan, including quality control procedures, and estimation procedures*

The survey data will be collected through SurveyMonkey to capture the experiences shared and feedback provided by participants. As most of the response options are categorical, percentages of each response option will be calculated and summarized. Content analyses will be conducted for qualitative data collected from open response questions on the survey. Summaries of the findings will be written up for use by program staff.

### **Pilot testing**

*Instruction: Provide a brief description of pilot-test efforts.*

The survey is similar to the survey conducted last year with the previous cohort of SAF fellows. The instrument was shared with program staff to ensure it was easy to understand and adequately capturing the necessary information.

*Instruction: Describe efforts to improve or refine the instruments based on the pilot-test findings and feedback.*

No changes necessary, based on pilot-test findings and feedback.

Changes (please describe): Small changes were made to refine the wording of questions and prompts to better capture the necessary information.

### **Consultation on statistical aspects**

Were outside agencies, partners, or organizations consulted on statistical aspects of the design?

Yes

No

*If yes, list the following information of all persons consulted.*

Name: \_\_\_\_\_

Agency/organization (e.g., companies, state or local governments): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_



**Please ensure that all instruments, instructions, and scripts are submitted with this request.**

**DATE SUBMITTED TO DWD INFORMATION COLLECTION REQUEST LIAISON (ICRL)**

*Instruction: Please indicate the date (MM/DD/YYYY) the request is submitted to the ICRL.*

\_\_\_\_\_

**Email the completed form to the DWD PRA Coordinator Carter Clinebell [sei1@cdc.gov](mailto:sei1@cdc.gov)**