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

TITLE OF INFORMATION COLLECTION: *[PHIC] 2025 EEP Supervisor 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. The completed form should be routed from the PRA contact to DWD Information Collection Request Liaison Carter Clinebell, sei1@cdc.gov.

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

Goal of the study: The purposes will be to assess host site supervisors' perceptions of participants' contributions, how participants add value to their teams and agencies, program satisfaction, and opportunities for program improvement

Intended use of resulting data: Results will be used to document evidence of value and benefit from the host site perspective; will be used for program evaluation, program improvement, and marketing/promotional purposes, including recruitment of potential host sites.

Methods to be used to collect data: Data will be collected through a web-based survey.

Subpopulation to be studied: Respondents will consist of workforce development program host site supervisors who will be employees of Federal, State, Tribal, Local or Territorial Agencies or Non-Governmental Organizations with a focus on public health.

How data will be analyzed: Descriptive and inferential statistics (where appropriate) will be used to analyze quantitative data. Qualitative analysis will be conducted on open-ended responses.

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: Caitlin McColloch
Title: Health Scientist (Evaluation)
Affiliation (CIO/Division): PHIC/DWD
Email: oqo4@cdc.gov
Phone: 469-406-6397

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 Centers for Disease Control and Prevention's (CDC) Epidemiology Elective Program (EEP) is a 6–8-week elective rotation for medical and veterinary students. Students learn applied epidemiology through training, project assignments, and mentorship from public health experts. Students are placed with CDC, other federal agencies, and state, tribal, local, and territorial health departments. EEP supervisors work closely with EEP students in their host sites throughout the rotation, providing mentorship, direction on projects, and feedback that is critical for students' on-the-job learning. Supervisors are an important data source for providing feedback on the program, including how host sites have benefited from the student's service and how students' work has contributed to public health action. The purpose of this survey is to learn

how EEP students contribute and add value to their host sites, receive supervisor feedback of EEP, and identify opportunities for program improvement.

Data collected will be used to answer the following questions, specifically:
(1) To what extent do host sites benefit from the service provided by EEP students?*
(2) How has EEP students' work been used for public health action?*
(3) How can we improve the EEP experience for host sites and supervisors?

CDC is requesting OMB approval to collect data from the supervisors employed at STLT host sites to track EEP student contributions to host sites and public health and general. EEP staff will also use these results for program improvements.

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.
Check all that apply.

[ ] Potential applicants or applicants
[ ] Current fellows (nonfederal employees)
[ ] Alumni
[X] 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
[X] 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 D-74 Atlanta, Georgia 30333; 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):1/23/2025
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? [X] Yes [ ] No
2. If Yes:
    a. Is the information that will be collected included in records that are subject to the Privacy Act of 1974?
    [X] Yes [ ] No

b. Please provide justification for collecting PII: __In a handful of cases each year, the EEP Program uses information provided by the supervisors to create a grade for the student's performance in EEP, only if requested by a student or their school. For this reason, the survey asks the supervisor to name the student(s) they supervised. That identifying information will only be used in this instance.
c. _____
d. Please describe efforts to use existing PII to avoid duplication (e.g., information from the Fellowship Management System [OMB No. 0920-0765], FedScope):
_____
e. 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.

- **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] x [No. of Responses per Respondent] x [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
Non-federal supervisors of 2025 EEP students	2025 EEP Supervisor Evaluation of Student and Program Survey	13	1	25/60	5.42
Totals		**13**	**1**	**25/60**	**5.42**

FEDERAL COST

Table 2. Estimated Cost to the Government

Staff or Contractor	Average Hours	Average Hourly Rate	Total Cost
GS-13 Health Scientist: *Coordinate survey design, creation, and approval; analyze LLS data and report results*	40	56.96	$2,278.40
Total	**40**	**56.96**	**$2,278.40**

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.

Project Time Schedule	
Activity	**Time Schedule**
Design methods and data collection instruments	Dec. 2024 – Jan. 2025
Human subjects determination	Sept. 2024
Pilot test instrument	Jan. 2025
Develop genIC request	Jan. 2025

Submit genIC to ICRO (then ICRO into ROCIS)	Jan. 2025
Receive OMB approval for genIC	Feb. 2025
Implement data 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 and summary report	Approximately within 6 months of close of data collection: communicate to leadership about results and recommendations for improvement or actions

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.

1. How will you collect the information? (Check all that apply)
   [X] Electronic
   [ ] Telephone
   [ ] In-person
   [ ] Hard copy
   [ ] Other, explain: _____

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

Methods to maximize response
Instruction: Provide a brief description of the procedures planned to maximize response rates.
Advance notification via the email invitation to the data collection instruments will be utilized to maximize response rates. The email invitation introductions will contain the purpose of the information collections and directions for completing the web-based surveys. The introduction will emphasize the importance of input. The web-based format is expected to increase the response rate because it will ease administration of the assessment. Additionally, reminder emails will be utilized to maximize response rates.

As the respondent pool will consist of host site supervisors who have already provided their contact information with career fellowship programs, it is expected that the respondent pool will be open to responding to the data collection instrument when it is distributed.

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 Survey Monkey. Descriptive and inferential statistics (where appropriate) will be used to analyze quantitative data. Qualitative analysis will be conducted on open-ended responses. All identifying information will be kept secure, stored in a password protected file, and will only be accessible by the individual programs' evaluation teams. Data will only be reported in aggregate and no identifying information will be shared. In a handful of cases each year, the supervisor evaluation of the student is used by the EEP program to generate a grade or evaluation of the student upon request. EEP will only use identifying information (i.e., student name) if needed to provide performance feedback for the student upon the student or their school's request. Actual survey data will not be shared and will only be analyzed/interpreted for this purpose. Data collected will be downloaded into Microsoft Excel or a comparable tool for analysis.

Pilot testing

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

The surveys were piloted with two public health professionals in January 2025 to assess the clarity of the questions and response categories and estimated time required to complete the data collection. To generate the estimated time burden, we used the maximum estimated time for completion based on the pilot testers as well as the estimated time generated by SurveyMonkey. Pilot testers compared the online version of the survey (in SurveyMonkey) to a Word version of the survey.

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.

[X] Changes (please describe): Alterations were made to questions, prompts, and question response options in order to better capture the necessary information for this specific program.

Consultation on statistical aspects

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

[ ] Yes

[X] 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 DSEPD 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 Information Collection Request Liaison, *Carter Clinebell at sei1@cdc.gov*.