

**Request for Approval under the “Fast Track Generic Clearance for the  
Collection of Routine Customer Feedback” (OMB Control Number: 0704-0553)**

**TITLE OF INFORMATION COLLECTION:** DoD Hearing Center of Excellence JHASIR  
Training Survey

**PURPOSE:** To understand how customers perceive the effectiveness of Joint Hearing Loss and Auditory System Injury Registry (JHASIR) training provided by the Hearing Center of Excellence (HCE) Information Management (IM) team.

**DESCRIPTION OF RESPONDENTS:** Army, Navy, Air Force, and VA Audiologists, Physicians and technicians that receive training.

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

☐ Customer Comment Card/Complaint Form  
☐ Usability Testing (e.g., Website or Software)  
☐ Focus Group

☒ Customer Satisfaction Survey  
☐ Small Discussion Group  
☐ 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: Elsa Granato

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, 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

**Gifts or Payments:**

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

## BURDEN HOURS

| Category of Respondent | No. of Respondents | Participation Time | Burden          |
|------------------------|--------------------|--------------------|-----------------|
| Individuals            | 1000               | 3 minutes          | 50              |
| <b>Totals</b>          | <b>1000</b>        | 3 minutes          | <b>50 hours</b> |

**PUBLIC COST:** The estimated annual cost to the public is \$362.5

**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?

Respondents will be audiologists, physicians and technicians that receive training.

### **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