## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1050)

**TITLE OF INFORMATION COLLECTION:** 2023 CDC Epidemic Intelligence Service Candidate Feedback Survey

**PURPOSE:** The Epidemiology Workforce Branch in the Division of Scientific Education and Professional Development at the Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget (OMB) approval to collect feedback from candidates participating in the Epidemic Intelligence Service (EIS) interview process for the class of 2023. EIS is a highly competitive, post-graduate fellowship that provides applied epidemiological training to future public health leaders. Given the rigor of the fellowship, the EIS selection process is important for recruiting and selecting a representative class of highly qualified EISOs. The goal of the Epidemic Intelligence Service (EIS) selection process is to provide a fair and systematic process for evaluating and selecting classes of competitive EIS officers (EISOs). For the third consecutive year, all EIS interviews will be conducted virtually on September 12th, September 14th, and September 16th, 2022. All interviewed candidates will participate in a panel interview and writing assessment and will have opportunities to engage virtually with staff and current EIS officers throughout the interview day. According to the available literature, understanding candidates’ impressions of selection phases (e.g., applications and interviews) is important for evaluating the fairness and transparency of selection processes. This survey will gather feedback from candidates to assess satisfaction with the interview process and perceptions of fairness, equity, and inclusion of the EIS virtual interview process.

**DESCRIPTION OF RESPONDENTS**: The respondents are candidates who participated in the interview process for the EIS Class of 2023 and will include CDC staff, state and local health department employees, academic and university employees, and other non-CDC participants. No personally identifiable information (PII) will be collected; should any respondents provide PII, it will not be retained.

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

[ ] Customer Comment Card/Complaint Form [√ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus 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.

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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

**BURDEN HOURS**

The survey will be web-based and includes 31 questions. Respondents will take approximately 10 minutes to complete each survey through Survey Monkey. This estimate is based on piloting the survey with three CDC staff. We are seeking approval to collect feedback from approximately 186 non-federal individuals. There will be no direct costs to the respondents other than their time to respond to the survey.

| **Survey Title** | **Number of Respondents** | **Participation Time** | **Burden** |
| --- | --- | --- | --- |
| 2023 CDC Epidemic Intelligence Service Candidate Feedback Survey | 186 | 10/60 | 31 hours |
| **Totals** | 186 | 0.17 hours | 31 hours |

**FEDERAL COST:** The estimated annual cost to the Federal government is $722.20

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff or Contractor** | **Hours** | **Average Hourly Rate** | **Cost** |
| FTE (GS-11): Design survey, create web-based survey, analyze data and report results. | 15 | $32.64 | $489.60 |
| FTE (GS-13): Provide guidance on data analysis. Provide feedback on the final report. | 5 | $46.52 | $232.60 |
| **Totals** | 20 |  | $722.20 |

**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 [√ ] 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?

EIS candidates who participated in the EIS interview process during September 2022 will be invited to participate in the 2023 CDC EIS Candidate Feedback Survey. The EIS program will use existing contact information from their online applications to send an invitation email (Attachment 3, Invitation Email) with a link to the survey. Respondents will be given 1 week to respond to the survey. Respondents will have to complete the survey in one sitting as the survey tool does not allow respondents to return to edit or complete the survey. The survey does not track individual responses. A reminder email (Attachment 4, Reminder Email) will be sent twice: one mid-way through the week and the second email on the day the survey closes.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[√ ] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [ √ ] No

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

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g., Comment card for soliciting feedback on xxxx)

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

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

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

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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