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

**TITLE OF INFORMATION COLLECTION:**

Center for Laboratory Systems and Response (CLSR), Division of Laboratory Systems (DLS)

APHL-CDC Career Pathways in Public Health Laboratory Science Program Surveys

**PURPOSE:**

In partnership with the Association of Public Health Laboratories (APHL), the CDC’s Division of Laboratory Systems (DLS) is expanding the laboratory workforce pipeline through a large fellowship and internship program called “The APHL-CDC Career Pathways in Public Health Laboratory Science Program.” In addition to creating a new competency-based curriculum, DLS set a CORE health equity goal for the program on increasing diversity within the applicant and selection pools by 40% by 2025.​ CDC is committed to fostering a more diverse and well-trained public health laboratory workforce. This evaluation is composed of one voluntary and anonymous survey for each fellowship/internship track and respondent type. There are three different programs (Internship, Fellowship, and Genomic Data Internship). The same survey is used for all programs. The survey is administered both during the application process and after an applicant is matched into the program to which they’re applying. Because the surveys are voluntary and anonymous, it is impossible to determine which respondent to the applicant survey was matched into the program and therefore the survey must be asked again. The survey asks for demographic information in order to monitor and evaluate the goal of increasing diversity within the application and selection pools by 40% by 2025.

This voluntary, anonymous survey asks questions about demographic information such as age, sex assigned at birth, gender identity, sexual orientation, spoken language, disability status, and more. These demographic questions are in accordance with the OMB sex orientation and gender identification information collection standards.

Applicants to each program complete this survey as part of their application package. Applicants access this survey through a link that is posted on the APHL management system called RQ Awards. The matched fellows, interns, and genomic data interns will complete this survey as part of their first check-in with the program.

**DESCRIPTION OF RESPONDENTS**:

We calculated the total estimated time of no more than 5 minutes for the respondents in each of the following six cohorts, which include the maximum number of expected survey participants. These estimates are for the upcoming year, January to December 2024.

* All applicants to the APHL-CDC Career Pathways in Public Health Laboratory Science Fellowship Program (3000 respondents)
* All matched fellows to the APHL-CDC Career Pathways in Public Health Laboratory Science Fellowship Program (300 respondents)
* All applicants to the APHL-CDC Career Pathways in Public Health Laboratory Science Internship Program (2000 respondents)
* All matched interns to the APHL-CDC Career Pathways in Public Health Laboratory Science Internship Program (200 respondents)
* All applicants to the APHL-CDC Career Pathways in Public Health Laboratory Science Genomic Data Internship Program (250 respondents)
* All matched interns to the APHL-CDC Career Pathways in Public Health Laboratory Science Genomic Data Internship Program (50 respondents)

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

[ ] Customer Comment Card/Complaint Form [X] 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.

Name: Jordan Helms, MPH o

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] 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 Not applicable

**Gifts or Payments:**

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

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time (hours)** | **Burden (hours)** |
| Private Sector | 5800 | 5/60 | 483.3 |
| **Totals**  |  **5800** | 5/60 | **483.3** |

**FEDERAL COST:** The estimated total annual cost to the Federal government is $27,000.

**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?

The Association of Public Health Laboratories (APHL) invites potential applicants and matched participants to complete the voluntary, anonymous demographic surveys. APHL will use its membership and various subscription and distribution lists and the list of applicants to distribute the survey invitations.

**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

1. Will interviewers or facilitators be used? [ ] Yes [X] 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.**