

**Request for genIC Approval**  
**CDC/ATSDR Formative Research and Tool Development**

**0920-1154**

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**CIO: Office of Readiness and Response**

**PROJECT TITLE:** *Association of Southeast Asia Nations (ASEAN) Public Health Emergency Management (PHEM) Emerging Leaders Program (ELP) Survey*

**PURPOSE AND USE OF COLLECTION:**

The purpose of this project is to evaluate how ASEAN PHEM ELP graduates are being utilized in their countries and to understand the long-term impact of the ASEAN PHEM ELP. A standardized online survey one- year post-ELP graduation will be utilized to gather information from graduates on their roles, determine what PHEM contributions they have made in their countries, how their skillsets/knowledge have been utilized (e.g., are they instructors that are offering trainings, are they leading an aspect related to PHEM), and gather information about the way national PHEM programs are evolving.

**DESCRIPTION OF RESPONDENTS:**

ASEAN PHEM ELP graduates

**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. Information gathered will not be used to substantially inform influential policy decisions.
5. The study is not intended to produce results that can be generalized beyond its scope.

Name: \_\_\_\_\_ Shivani Dama\_\_\_\_\_

To assist review, please answer the following questions:

**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

**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	Form Name	No. of Respondents	Participation Time (minutes)	Burden in Hours
ASEAN PHEM ELP graduates	Survey	48	20	16
<b>Totals</b>				<b>16</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$5,000. This is 5% of a Public Health Analyst's time to provide very minimal assistance in the form of review and recommendations, as requested by Health Security Partners staff.

**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?

All participants of the ASEAN PHEM ELP

### 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

2. Will interviewers or facilitators be used? ☐ Yes ☒ No

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

## Instructions for completing genIC Request for Approval for CDC/ATSDR Formative Research and Tool Development

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is requested.

**PURPOSE and USE:** 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:** Briefly describe the targeted group/groups for this collection.

**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.

**Form:** Provide the title of the information collection form.

**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 in Minutes:** Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Estimate the annual cost to the Federal government for this collection.

**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.