

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0923-0047)**

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**TITLE OF INFORMATION COLLECTION:** National Environmental Public Health Internship Program Survey

**PURPOSE:** The purpose of this data collection request is to collect feedback on the National Environmental Public Health Internship Program. The Environmental Health Services Branch within the National Center for Environmental Health has provided funding through a contract to the National Environmental Health Association (NEHA) in support of a summer internship program for college students interested in pursuing a career in environmental health. The internship program supports participants as they complete a 10-week internship with state, tribal, or local public health departments. The proposed information collection consists of a survey designed to: 1) collect information about students' experiences in the internship program; 2) identify ways in which the internship program can be improved based on intern satisfaction; and 3) understand the program's potential impact on the students' future careers. Results of the proposed information collection will be used to improve the administration of the internship program. Respondents will participate in a 10-minute survey about their satisfaction and experiences with the internship program. Participation will be completely voluntary.

**DESCRIPTION OF RESPONDENTS:** The online survey questionnaire (Attachment B and C) will be offered to all 31 environmental health college students who participated in the National Environmental Public Health Internship Program in 2015 and 2016.

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

<input type="checkbox"/> Customer Comment Card/Complaint Form	<input type="checkbox"/> Customer Satisfaction Survey
<input type="checkbox"/> Usability Testing (e.g., Website or Software)	<input type="checkbox"/> Small Discussion Group
<input type="checkbox"/> Focus Group	<input checked="" type="checkbox"/> Other: <u>Online Survey Questionnaire</u>

### **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: \_\_\_\_\_

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 [X] 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**

We expect a 100% response rate for the online survey (total of 31 respondents).

Category of Respondent	No. of Respondents	Participation Time	Burden
Student Interns	31	10/60	5 hours
<b>Totals</b>			5 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is approximately \$1260.

This cost reflects \$240 for approximately 5 hours of salary (Commissioned Officer, O-5) for one staff person to consult on design, implementation, and drafting an internal report of results. In addition, the cost for the NEHA internship program coordinator to create and distribute the survey and assist with analysis of results (est. 26 hours of salary) is approximately \$1,020. Therefore, the total estimated annual cost to the Federal government is \$1260 (\$240 + \$1,020).

The annual cost associated with respondent burden hours is approximately \$62 (determined using an intern stipend of \$500/week or \$12.50/hour).

**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 respondent universe will consist of the 31 students that have participated in the National Environmental Public Health Internship Program in 2015 and 2016. A list of their email addresses already exists and will be used to disseminate the survey. All potential respondents will be sent a recruitment email (Attachment A) with a link to the online survey for intern participants. No personally identifiable information will be collected.

## **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media

NCEH and NEHA will use SurveyMonkey® to collect the online survey responses. The use of SurveyMonkey® has been reviewed and approved to be compliant with HHS IT security standards. An IT security plan is in place for this application.

- Telephone
- In-person
- Mail
- Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

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

The following attachments are included:

- Attachment A - Email Invite for the NEPHIP Survey
- Attachment B - NEPHIP Survey (text)
- Attachment C - NEPHIP Survey (online)

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

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**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.**