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Dated: January 16, 2007.

Linda S. Kahan,

Deputy Director, Center for Devices and Radiological Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA)

publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Application for the National Health Service Corps (NHSC) Scholarship Program (OMB No. 0915-0146): Extension

The National Health Service Corps (NHSC) Scholarship Program's mission is to ensure the geographic representation of physicians and other health practitioners in the United States. Under this program, health professions

students are offered scholarships in return for service in a federally designated Health Professional Shortage Area (HPSA). The Scholarship Program provides the NHSC with the health professionals it requires to carry out its mission of providing primary health care to HPSA populations in areas of greatest need. Students are supported who are well qualified to participate in the NHSC Scholarship Program and who want to assist the NHSC in its mission, both during and after their period of obligated service. Scholars are selected for these competitive awards based on the information provided in the application. Awards are made to applicants who demonstrate a high potential for providing quality primary health care services.

The estimated response burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Application	1800	1	1800	1	1800
Interview	600	1	600	.25	150
Total	1800	.....	2400	.....	1950

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Karen Matsuoka, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 19, 2007.

Caroline Lewis,

Acting Associate Administrator for Administration and Financial Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506 (c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries

of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency; including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: National Bioterrorism Hospital Preparedness Program (NBHPR) Data Collection Instrument (DCI)—NEW

The Healthcare Systems Bureau (HSB), Division of Healthcare Preparedness (DHP), is proposing a Data Collection Instrument (DCI) to gather critical information from the 62

Awardees participating in the National Bioterrorism Hospital Preparedness Program (NBHPR).

The DCI will capture information related to: Performance measures, critical benchmarks, minimal levels of readiness, program statistics, policies and procedures, surge capacity elements, surge capacity as measured by exercises, and other pertinent information for programmatic improvement and tracking performance. The data will be gathered from mid-year progress reports on annual activities, final reports on annual activities, and progress indicator reports submitted to HRSA's HSB, DHP.

Awardees will indicate the progress made toward each of the financial and programmatic objectives noted on their cooperative agreement application (CAA) on the mid-year progress report. The final report on annual activities will require Awardees to provide additional details on how objectives were achieved and how the program funds were spent. The progress indicator report will require Awardees to outline improvements made to date toward achieving the program's critical benchmarks.

Currently, there is no uniform reporting system in place to capture mid-year, final, and indicator reporting data. A uniform system for data

collection will provide the DHP with information to provide technical assistance and to track and monitor program outcomes. The DCI will provide the program with the ability to review progress and generate reports on

financial and programmatic objectives. In addition, the reporting will increase HRSA's ability to quickly and efficiently analyze data, identify trends, make timely program decisions, and provide the Department of Health and Human

Services (HHS), Congress, and other Agencies with data.

The burden estimate for Awardees to complete and submit a submission is as follows:

Submission type	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Mid-year Report	62	1	62	45	2,790
Final Report	62	1	62	45	2,790
Progress Indicator Report	62	1	62	50	3,100
Total	62	.....	186	.....	8,680

Send comments to Susan G. Queen, PhD, HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 19, 2007.

Caroline Lewis,

Acting Associate Administrator for Administration and Financial Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Phase II of a Prospective Cohort Study of Diet and Cancer in Members of the American Association of Retired Persons

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of

Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Phase II of A Prospective Cohort Study of Diet and Cancer in Members of the American Association of Retired Persons. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* The specific objectives of the current study are to: (1) Examine prospectively the relation between diet and major cancers (especially those of the breast, colorectal, prostate, and non-Hodgkin's lymphoma); (2) in a series of pilot studies, evaluate the quality and completeness of dietary data collected from automated web-based dietary assessment instruments, individually and collectively, in a large cohort, and; (3) in a calibration substudy, compare energy expenditure (measured by doubly labeled water) and protein and potassium intakes (measured by 24-hour urinary nitrogen and potassium excretion) with intakes of energy, protein, and potassium as reported on web-based, automated 24-Hour Dietary Record (24HR), an automated Diet History Questionnaire (DHQ), and an automated DHQ adjusted by automated 7-Day Food Lists (7DFLs) to assess measurement error structure in the instruments.

The proposed study will build on the existing Prospective Study of Diet and

Cancer in members of the American Association of Retired Persons by updating exposure information in the existing cohort and allowing for continued tracking and follow-up; (2) expanding the cohort by recruiting additional participants and surveying their diet and other exposures. In addition to the 566,403 persons from the original cohort, a new cohort of 2.5 million 50-59 year olds from the same states as the original AARP cohort, and 4 million 50-69 year olds from 8 new states will be contacted as part of the recruitment and data collection effort. Phase II will apply the latest technology to use web-based data collection instruments for economical and efficient assessment of dietary exposures of study participants. This uniquely designed cohort study has a capacity greater than that of any previous study for evaluating connections between dietary factors and major cancers.

Frequency of Response: The frequency of response is dependent on the instrument and the portion of the study that the respondent is participating in (pilot, main study, and/or calibration substudy), as described in the table below. *Affected Public:* Individuals. *Type of Respondents:* U.S. adults (person ages 50-85).

The annual reporting burden is as follows:

TABLE A.—ANNUALIZED BURDEN ESTIMATES FOR THE PHASE II NIH-AARP DIET AND HEALTH STUDY DATA COLLECTION

Type of response	Estimated number of respondents	Frequency of response	Average time per response	Annual hour burden
Pilot Studies:				
Personal characteristics Questionnaire (PCQ)	Completed one time; counted in main study.			
Diet History Questionnaire (DHQ)	Completed one time; counted in main study.			
24-Hour Food Recall	1,500	3	0.42	1,890
7-Day Food List	1,500	1	1.75	2,625
Other Dietary Assessment Instruments	1,500	1	0.25	75
Pilot Study Total	1,500	.....	.....	4,590