

health workforce development with emphasis on recruitment and career enhancement of CDC assignees; (9) promotes a continuum of public health research for translation and application of the basic research achievements of the Human prevention program development; and (11) provides genomics and disease prevention expertise to CIO projects, as appropriate and requested by CIOs.

Dated: March 8, 2004.

William H. Gimson,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 04-6728 Filed 3-24-04; 8:45 am]

BILLING CODE 4160-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Order to Withhold Income for Child Support and Notice of an Order to Withhold Income for Child Support.

OMB No.: 0970-0154.

Description: Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, section 324 requires the Federal Office of Child Support Enforcement (OCSE) to develop a

standardized form to collect child support payments from an obligor's employer.

The form, which promotes standardization, is used for IV-D and non-IV-D cases that require income withholding. We are revising the form to make it more universal for tribal governments and other uses. This two-page form provides a detailed legal description of established child support orders, support amounts, and remittance information that an employer needs to withhold payments from an obligor who owes child support.

Respondents: States and territories.

Annual Burden Estimates:

Instrument	Number of respondents	Average number of responses per respondent	Average burden hours per response	Total burden hours
Order to Withhold Income for Child Support and Notice to Withhold Income for Child Support	54	216,100	.084	980,230
<i>Estimated Total Annual Burden Hours:</i>				980,230

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: grjohnson@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Attn: Desk Officer for ACF; e-mail address: katherine_t._astrich@omb.eop.gov.

Dated: March 18, 2004.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 04-6670 Filed 3-24-04; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2004N-0077]

Agency Information Collection Activities; Announcement of Office of Management and Budget Approval; Animal Drug User Fee Cover Sheet

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled "Animal Drug User Fee Cover Sheet," has been approved by the Office of Management and Budget (OMB) under the emergency processing provisions of the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT:

Denver Presley, Office of Management Programs (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1472.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of February 26, 2004 (69 FR 8980), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the

information collection and has assigned OMB control number 0910-0539. The approval expires on September 30, 2004. A copy of the supporting statement for this information collection is available on the Internet at <http://www.fda.gov/ohrms/dockets>.

Dated: March 18, 2004.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 04-6632 Filed 3-24-04; 8:45 am]

BILLING CODE 4160-01-S

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 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: Impact of Accreditation on BPHC-Supported Health Centers—NEW

The Bureau of Primary Health Care (BPHC) will conduct an evaluation of the impact of JCAHO accreditation on BPHC-supported health centers. This study will assess the impact in health centers that are accredited by the Joint Commission and those that are not,

including migrant health centers, school-based health centers, health centers for the homeless and public housing health centers. This study aims to address a key purpose of the BPHC/JCAHO Accreditation initiative: How effective is accreditation in providing a structure for health centers to integrate ongoing quality improvement into their daily operations. The assessment will be conducted by administering a mailed questionnaire to all health centers that were funded by HRSA/BPHC as of September 30, 2002.

ESTIMATED BURDEN HOURS

Survey	Number of respondents	Responses per respondents	Total responses	Hours per responses	Total burden hours
Assessment of Quality Structure in Health Centers	843	1	843	.45	380

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 18, 2004.

Tina M. Cheatham,
Director, Division of Policy Review and Coordination.

[FR Doc. 04-6635 Filed 3-24-04; 8:45 am]

BILLING CODE 4165-15-P

8982, in the third column, lines 8 and 9 under the section "Application Requests, Dates and Addresses" are corrected to read: "or delivered no later than September 30, 2004 to: Division of Commissioned."

Dated: March 17, 2004.

Tina M. Cheatham,
Director, Division of Policy Review and Coordination.

[FR Doc. 04-6633 Filed 3-24-04; 8:45 am]

BILLING CODE 4165-15-P

Information Request: Revision. (OMB No. 0925-0334). *Need and Use of Information Collection:* This study will quantify associations between conventional and hypothetical risk factors and coronary heart disease (CHD) and stroke in people age 65 years and older. The primary objectives include quantifying associations of risk factors with subclinical disease; characterize the natural history of CHD and stroke; and identify factors associated with clinical course. The findings will provide important information on cardiovascular disease in an older U.S. population and lead to early treatment of risk factors associated with disease and identification of factors which may be important in disease prevention. *Frequency of response:* twice a year (participants) or once per cardiovascular disease event (proxies and physicians); *Affected public:* Individuals. *Types of Respondents:* Individuals recruited for CHS and their selected proxies and physicians. The annual reporting burden is as follows: *Estimated Number of Respondents:* 3,330; *Estimated Number of Responses per respondent:* 3.76; and *Estimated Total Annual Burden Hours Requested:* 1,029. *The annualized cost to respondents is estimated at:* \$55,633.

There are no capital, operating, or maintenance costs to report.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Recruitment of Clinicians To Become Commissioned Officers; Recruitment of Sites for Assignment of Commissioned Officers; Correction

AGENCY: Health Resources and Services Administration, HHS.

ACTION: General notice; correction.

SUMMARY: The Health Resources and Services Administration published a document in the **Federal Register** of February 26, 2004, containing an incorrect deadline for clinicians to submit applications.

In FR Doc. 04-4204, in the **Federal Register** of February 26, 2004, on page

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; The Cardiovascular Health Study (CHS)

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 Heart, Lung, and Blood Institute (NHLBI), 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: The Cardiovascular Health Study. *Type of*

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent*	Average burden hours per response	Estimated total annual burden hours requested
Participants	2,196	5.8	0.25	992
Physicians	343	1.0	0.10	11