

**Proposed Project: Faculty Loan Repayment Program (FLRP)**

*Application (OMB No. 0915-0150)—Revision*

Under the Health Resources and Services Administration Faculty Loan

Repayment Program, disadvantaged graduates from certain health professions may enter into a contract under which HRSA will make payments on eligible educational loans in exchange for a minimum of two years of service as a full-time or part-time faculty

member of an accredited health professions school. Applicants must complete an application and provide current loan balances on all eligible educational loans.

The estimated burden hours for the form is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per responses	Total burden hours
Applicants .....	94	1	94	1	94

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

Dated: December 12, 2002.

**Jane Harrison,**

*Director, Division of Policy Review and Coordination.*

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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: Uncompensated Services Assurance Report (OMB No. 0915-0077)—Revision**

Under the Hill-Burton Act, the Government provides grants and loans for construction or renovation of health care facilities. As a condition of receiving this construction assistance, facilities are required to provide services to persons unable to pay. A condition of receiving this assistance requires facilities to provide assurances periodically that the required level of uncompensated care is being provided, and that certain notification and record keeping procedures are being followed. These requirements are referred to as the uncompensated services assurance.

**Estimate of Information Collection Burden**

Type of requirement and regulatory citation	Number of Responses	Responses per respondent	Total responses	Hours per response	Total hour burden
<b>Disclosure Burden (42 CFR)</b>					
Published Notices (124.504(c)) .....	206	1	206	0.17	35
Individual Notices (124.504(c)) .....	206	1	206	35.5	7,313
Determinations of Eligibility (124.507) .....	206	396	81,576	0.37	30,183
Subtotal Disclosure Burden .....					37,531

Type of requirement and regulatory citation	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
<b>Reporting</b>					
Uncompensated Services Report—HRSA-710 Form (124.509(a)) .....	10	1	10	11.0	110
Application for Compliance Alternatives:					
Public Facilities (124.513) .....	4	1	4	6.0	24
Small Obligation Facilities (124.514(c)) .....	0				
Charitable Facilities (124.516(c)) .....	2	1	2	6.0	12
Annual Certification for Compliance Alternatives:					
Public Facilities (124.509(b)) .....	144	1	144	0.5	72
Charitable Facilities (124.509(b)) .....	28	1	28	0.5	14
Small Obligation Facilities (124.509(c)) .....	1	1	1	0.5	1
Complaint Information (124.511(a)):					
Individuals .....	10	1	10	0.25	3
Facilities .....	10	1	10	0.5	5
Subtotal Reporting Burden .....					241

Recordkeeping	Number of Recordkeepers	Hours per year	Total hour burden
Non-alternative Facilities (124.510(a)) .....	206	50	10,300
Subtotal Recordkeeping Burden .....	.....	.....	10,300

The total burden for this project is estimated to be 48,072 hours.

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

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 02-31929 Filed 12-18-02; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Indian Health Service Contract Health Service Report**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Request for Public Comment: 60-day Proposed Collection: Indian Health Service Contract Health Service Report.

**SUMMARY:** The Indian Health Service (IHS) as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the IHS is providing a 60-day advance opportunity for public comment on a proposed extension of current information collection activity to be submitted to the Office of Management and Budget (OMB) for review.

**Proposed Collection**

*Title:* 09-17-0002, "IHS Contract Health Service Report".

*Type of Information Collection Request:* Extension of a currently approved collection.

*Form Number:* IHS-843-1A, "Purchase-Delivery Order for Health Services."

*Need and Use of Information Collection:* The Contract Health Service health care providers complete form IHS-843-1A to certify that they have performed the health services authorized by the IHS. The information is used to manage, administer, and plan for the provision of health services to eligible American Indian patients, process payments to providers, obtain program data, provide program statistics, and, serves as a legal document for health care services rendered.

*Affected Public:* Businesses or other for-profit, individuals, not-for-profit institutions and State, local or Tribal government.

*Type of Respondents:* Health care providers.

The table below provides the type(s) of data collection instruments, estimated number of respondents, number of responses per respondent, average burden hour per response, and total annual burden hour.

Data collection instrument	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden hr per response*	Total annual burden hours
IHS-843-1A .....	7,399	42	310,758	3 minutes .....	15,538
IDS** .....	16,356	1	16,356	3 minutes .....	818

\* For ease of understanding, the burden is provided in actual minutes.

\*\* Inpatient Discharge Summary (IDS)

There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

**Request for Comments**

Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested (information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and

clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

At the end of the comment period, the comments and recommendations received will be analyzed to determine the extent to which the collection should be modified prior to submission to OMB for review and approval. Comments submitted in response to this notice also will be summarized or included in the IHS's requests to OMB for renewal of this collection. All comments will become a matter of public record.

**ADDRESSES:** Mail, fax or E-mail all written comments to Mr. Lance Hodahkwen, Sr., M.P.H., IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852-1601, fax (301) 443-2316, or E-mail to: [lhodahkw@hqe.ihs.gov](mailto:lhodahkw@hqe.ihs.gov).]

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information on the proposed project or for copies of the data collection instruments and instructions should be directed to Carol Littlefield, (301) 443-2694, or through the Internet ([clittlef@hqe.ihs.gov](mailto:clittlef@hqe.ihs.gov)). Indian Health Service, Rey