

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 06/27/2007

Department of Commerce
National Oceanic and Atmospheric Administration
FOR CERTIFYING OFFICIAL: Barry West
FOR CLEARANCE OFFICER: Diana Hynek

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 03/15/2007

ACTION REQUESTED: Extension without change of a currently approved collection_
TYPE OF REVIEW REQUESTED: Regular
ICR REFERENCE NUMBER: 200702-0648-010
AGENCY ICR TRACKING NUMBER:
TITLE: NOAA Teacher-At-Sea Program
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 0648-0283

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 06/30/2010 DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	420	309	1,000
New	420	309	660
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	-340
Change due to Agency Adjustment	0	0	0
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE:

OMB Authorizing Official: John F. Morrall III
Acting Deputy Administrator,
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
NOAA Teacher-At-Sea Program Participant Application and Health Services Questionnaire	NA, NA	NOAA Teacher At Sea Program Participant Application, NOAA Health Services Questionnaire	
NOAA Teacher At Sea Recommendations	NA, NA	NOAA Teacher At Sea Colleague's Recommendation, NOAA Teacher At Sea Administrator's Recommendation	
NOAA Teacher At Sea Follow-up Reports			16 CFR USC 32 1440

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request	2. OMB control number b. <input type="checkbox"/> None a. _____ - _____
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested (<i>check one</i>) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated
	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
7. Title	
8. Agency form number(s) (<i>if applicable</i>)	
9. Keywords	
10. Abstract	
11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>) a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond (<i>check one</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission) Name: _____ Phone: _____

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator, Deputy Assistant Administrator, Line Office Chief Information Officer, head of MB staff for L.O.s, or of the Director of a Program or StaffOffice)

Signature

Date

Signature of NOAA Clearance Officer

Signature

Date

**SUPPORTING STATEMENT
NOAA TEACHER-AT-SEA PROGRAM
OMB CONTROL NO. 0648-0283**

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary.

Consistent with the support for research and education under the National Marine Sanctuaries Act (16 U.S.C. 32 §1440) and other coastal and marine protection legislation, NOAA provides educators an opportunity to gain first-hand experience with field research activities through the Teacher-at-Sea Program. Through this program, educators spend up to 3 weeks at sea on a NOAA research vessel, participating in an ongoing research project with NOAA scientists. The application solicits information from interested educators, and participants in the program are selected following review of their application. The application includes two recommendation forms and a NOAA Health Services Questionnaire, the latter being a requirement of anyone going to sea. Once an educator is selected and participates on a cruise, they write a report detailing the events of the cruise and their ideas for classroom activities based on what they learned while at sea. These materials are then made available to other educators so they may benefit from the experience, without actually going to sea themselves. NOAA does not collect information from this universe of respondents for any other purpose.

2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.

Applications are accepted annually, from October through February, for the purpose of identifying prospective participants in the Teacher-at-Sea Program. The specific items of information on the application will be used in the following manner:

Name, Home Address, Home Phone, Name of School, School Address, Work Phone, email address, citizenship, and Age Range are necessary self-identification information for the applicants.

Gender information is used to accommodate berthing requirements aboard the ship.

The questions **What subjects and grades do you currently teach?** and **What subjects and grades are you likely to teach next year?** are used to determine the areas of discipline of the applicant. This information is useful when placing more than one teacher on a ship in order to match their areas of expertise, when evaluating their classroom activities for their appropriate subject matter and age level, and to determine that an applicant is, in fact, an educator.

The question **What leadership roles have you held in education?** is used to evaluate the applicants. Applicants are given a higher score for holding leadership roles in their schools, participating in their own professional development, and being a role model for their students. These skills and activities directly relate to a teacher's ability to translate the experience into their classroom.

Question #1, **How will you use this experience to benefit your students and colleagues?** is the most important selection criteria on the application. The information details what plans the teacher has for their follow-up classroom activities, as well as their plans for conducting workshops, in-service training, and writing articles for publication. These are the "products" that NOAA can show to justify the existence of the program.

Question #2, **Describe your experience and ability to write your own classroom activities,** directly relates to an educator's ability to make use of the experience for teachers and students. The more skilled a teacher is at writing curriculum and adapting life experiences to the classroom the better they are at taking an immersive experience, like being at sea, and translating it to classroom lessons.

Question #3, **What type of project would you prefer to join? Explain the parameters that go into your decision?** encourages applicants to consider what type of research they would be most interested in pursuing and why. It also encourages them to consider where they would be most suited and most likely to become meaningfully engaged in the project.

Question #4, **Discuss your ability to adapt to the physical and personal demands of life on-board a ship,** is an attempt to encourage the applicants to consider what life is like on-board a ship. The quarters are small, space is limited, it is difficult to "get away" from other people, communications and medical facilities are limited. All these factors are important considerations to make before one embarks on a three-week cruise in the open ocean. While this information is not used in the rating process, it is important for the applicants to give due consideration to these conditions.

The **recommendations**, one from an Administrator and one from a Colleague, give good insight into an educator's teaching ability and their creativity in the classroom. This is an important evaluation criterion.

The **NOAA Health Services Questionnaire** provides the necessary information for the NOAA Medical Officer to determine whether an applicant is fit for sea duty.

The **Follow-up Report** is collected as a completion of the agreement between NOAA and the participating teacher so that NOAA can distribute the materials to non-participating teachers thereby broadening the impact of the program to benefit more teachers.

It is anticipated that the Follow-up Report will be disseminated to the public and used to support publicly disseminated information. As explained in the preceding paragraph, the information gathered has utility. NOAA will retain control over the information and safeguard it from

improper access, modification, and destruction, consistent with NOAA standards for confidentiality, privacy, and electronic information. See response #10 of this Supporting Statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines. Prior to dissemination, the information will be subjected to quality control measures and a pre-dissemination review pursuant to Section 515 of Public Law 106-554.

NOAA does not plan to disseminate the submitted Participant's Applications to the public.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.

This application is available on the Internet and teachers are able to download the application and check current ship schedules on-line. The Teacher-at-Sea Internet URL is widely distributed and communication is often facilitated through direct email contact between the Program Administrator and the applicants.

4. Describe efforts to identify duplication.

There are no other known collections gathering similar information. The Teacher-at-Sea Program is the only NOAA information collection directed at educators.

5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.

No small businesses will be responding to this collection.

6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.

If this information collection were not conducted the opportunity to participate in NOAA research projects would not be open to a broad audience, and very few educators would be able to participate.

7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.

The collection is conducted in a manner consistent with the OMB guidelines.

8. Provide a copy of the PRA Federal Register notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

A Federal Register Notice (copy attached) solicited public comment on this collection. No comments were received.

The reviewers, consisting of NOAA employees and Teacher-at-Sea alumni, evaluate the application during the selection process for clarity, ease of use and utility. NOAA employees consist of members of the NOAA Education Council, NOAA Education Committee, and various employees from different NOAA Line and Staff Offices with expertise in education. The Teacher at Sea alumni consist of currently employed and former teachers who previously participated in the Teacher-at-Sea Program. Applicants provide comments on the entire application process, including the application itself, during the evaluation of the program following their cruise. Several applicants have been contacted regarding the application to determine the clarity of instructions and the amount of burden imposed.

The application is distributed widely at educators' conferences, through education publications, and at workshops, all of which provide opportunities for further public comment. No major problems have been uncovered as a result of any of these consultations.

9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.

There are no payments made or gifts given to respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.

The NOAA Health Services Questionnaire will be protected as a Privacy Act record and treated confidentially. A Privacy Act System of Records Notice is under review by the NOAA Privacy Act Officer pending submission to DOC for approval.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

Except for the health questions, there are no questions of a sensitive nature or any matters that are commonly considered private.

12. Provide an estimate in hours of the burden of the collection of information.

The estimates for the burden of the collection of information have been gathered by surveying applicants. The estimates are as follows:

Application Process

Number of respondents expected annually = 125
Frequency of response = once annually
Average response time per respondent = 1 hour and 15 minutes
 15 minutes to read the application
 30 minutes to complete the application
 15 minutes to deliver and discuss the recommendation forms
 15 minutes to complete the Health Services Questionnaire

Recommendations (2 per applicant)

Number of respondents expected annually = 250
Frequency of response = once annually
Average response time per respondent = 15 minutes

Follow-up report

Number of respondents expected annually = 45
Frequency of response = once annually
Average response time per respondent = 2 hours
 1 hour to gather data and materials
 1 hour to write report

Total

Number of respondents =	375
Total annual responses =	420
Total hours =	308.75 (309)

13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in #12 above).

The total annual cost burden to the respondents resulting from the collection is:

4 postage stamps =	\$1.56
3 envelopes =	\$0.20
Total cost (\$1.76 x 375) =	\$660.00

14. Provide estimates of annualized cost to the Federal government.

The estimated annual costs to the Federal government are outlined below:

Hours (780 @ \$17.69) =	\$13,798.20
Operational expenses (printing) =	\$1,500.00
Total =	\$15,298.20

15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB 83-I.

No changes are requested

16. For collections whose results will be published, outline the plans for tabulation and publication.

The results of the collection will not be published for statistical use.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.

The expiration date for OMB approval of the information collection will be displayed.

18. Explain each exception to the certification statement identified in Item 19 of the OMB 83-I.

There are no exceptions to the certification statement.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.

NOAA's TEACHER AT SEA PROGRAM
Form A: Participant's Application

OMB Control #0648-0283
Expires 5/31/2007

Name: _____ Date of Application _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Name of School: _____

School Address: _____

Work Phone: _____ Citizenship: _____

Sex: Female Male Have you applied previously? No Yes

Age: 21-29 30-39 40-49 50-59 60-69 70-79 80-89 90-99 Over 99

E-Mail: _____

What subjects and grades do you currently teach?

What subjects and grades are you likely to teach next year?

What leadership roles have you held in education?

On a separate piece of paper attached to this application, please address the following:

1. NOAA's primary interest in this program is the way in which teachers will incorporate the experience into their classroom activities and help others do the same. How will you use this experience to benefit your students and colleagues? (Note: This is the most important selection criteria.)
2. Describe your experience with and ability writing your own classroom activities. Be specific and offer examples.
3. What type of project would you prefer to join? Explain the reasoning behind your choice.
4. Discuss your ability to adapt to the physical and personal demands of life onboard a ship.

SELECTING A CRUISE: Form A: Participant's Application (continued)

The research projects undertaken by each NOAA vessel are available on the Internet at <http://teacheratsea.noaa.gov>. Please check the Web site for cruise options. Due to homeland security, the ship schedules are no longer available to the public; therefore you cannot select a cruise specifically. By filling in the following parameters, you will be matched with a cruise that best fits your interests. Since placement is based upon ships' bunk space availability, the more flexible you are, the more likely you will be placed. If you are flexible, respond to the question with "N/A." However, you must list the exact dates of your availability.

A) Please list below **ALL** the dates that you would be available to participate on a cruise. Available Dates:

B) Nature of the research conducted that you are most interested in:

C) Do you have a preference as to where the ship operates? Preferred Ports/Area:

D) How long are you comfortable being away at sea? Some cruises last over a month. Preferred length of cruise:

Completed application packets must be **received by January 31, 2007**.

Send completed applications to: NOAA's Teacher at Sea Program, Office of Marine and Aviation Operations, 8403 Colesville Road, Suite 500, Silver Spring, MD 20910. Include Form A with the attached sheet, and Forms B and C in their sealed envelopes. Please note that you cannot be selected for the program until your medical history form has been approved by the NOAA Medical Officer.

Placements will be made approximately two months prior to the sailing date.

PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Teacher at Sea Program in order to promote oceanographic and related education. The information obtained from the application will be used to select the teachers who will be accepted for participation in the program, and an application is required for acceptance. The information submitted on this form will not be treated confidentially. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA's Teacher at Sea Program, Office of Marine and Aviation Operations, 8403 Colesville Road, Suite 500, Silver Spring, MD 20910.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection displays a currently valid OMB Control Number.

TEACHER AT SEA

Form B: Administrator's Recommendation

Expires 5/31/2007
OMB Control #0648-0283

_____ is applying to participate in NOAA's Teacher at Sea Program. The selected teachers will take part in a research project aboard a NOAA research vessel. If it is not attached, you may want to request a copy of the complete program description from the applicant. As a professional colleague of the applicant, please comment on the applicant's personal attributes and teaching ability (strengths, weaknesses, enthusiasms, dislikes), with particular attention to their creativity in translating personal experiences into classroom experiences. Feel free to continue on the back of this sheet.

Signature: _____ Date Signed: _____
Name (print): _____ Title: _____
School or institution: _____
Address: _____
Phone: _____

Please return this form to the applicant in a sealed envelope. They must include it with their application. Thank you.

PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Teacher at Sea Program in order to promote oceanographic and related education. The information obtained from the recommendation will be used in the selection of the teachers who will be accepted for participation in the program, and an application is required for acceptance. The information submitted on this form will not be treated confidentially. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA Teacher at Sea Program, 1801 Fairview Ave. E., Seattle, WA, 98102.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection displays a currently valid OMB Control Number.

TEACHER AT SEA
Form C: Colleague's Recommendation

OMB Control #0648-0283

Expires 5/31/2007

_____ is applying to participate in NOAA's Teacher at Sea Program. The selected teachers will take part in a research project aboard a NOAA research vessel. If it is not attached, you may want to request a copy of the complete program description from the applicant. As a professional colleague of the applicant, please comment on the applicant's personal attributes and teaching ability (strengths, weaknesses, enthusiasms, dislikes), with particular attention to their creativity in translating personal experiences into classroom experiences. Feel free to continue on the back of this sheet.

Signature: _____

Date Signed: _____

Name (print): _____

Title: _____

School or institution: _____

Address: _____

Phone: _____

Please return this form to the applicant in a sealed envelope. They must include it with their application. Thank you.

PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Teacher at Sea Program in order to promote oceanographic and related education. The information obtained from the recommendation will be used in the selection of the teachers who will be accepted for participation in the program, and an application is required for acceptance. The information submitted on this form will not be treated confidentially. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA Teacher at Sea Program, 1801 Fairview Ave. E., Seattle, WA, 98102.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection displays a currently valid OMB Control Number.

NOAA Health Services Questionnaire

Name _____ E-Mail: _____
 _____ Program _____
 Last _____ First _____ Mi. _____ Position _____
 Birth Date: _____ Sex: M F Scientist Teacher-at-Sea Other
 mm/dd/yy
 Work Address _____ Phone _____ (W)
 _____ (H)
 Cruise dates: _____ SSN: _____
 Citizenship: _____ Passport No. _____
 Next of kin: _____ Next of kin relationship: _____
 Address of next of kin: _____
 Emergency Contacts (name and phone no.):
 #1 _____ #2 _____
 Medical Insurance Company: _____ Policy No. _____

HEALTH INFORMATION

General State of Health: Excellent Good Fair Poor
 Presently under the care of a physician? No Yes
 Month/Year of most recent Physical Exam? _____ (mm/yy)
 Month/Year of most recent Chest X-Ray: _____ (mm/yy) Result _____

List current medications (prescription and non-prescription):

None	1. _____	4. _____
	2. _____	5. _____
	3. _____	6. _____

List Allergies:

	Allergy	Reaction
None	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____

List ALL active health problems:

None	1. _____
	2. _____
	3. _____
	4. _____

Major Surgeries / Hospitalizations / Emergency Room visits

	Year	Reason
None	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____

List Any Dietary Restrictions: Restriction

	Restriction	Reason
None	1. _____	_____
	2. _____	_____

Name: _____

GENERAL SCREENING

As an adult, have you had or experienced?

	No	Yes		No	Yes
Cancer			Severe Depression		
Tuberculosis			Paralysis		
Asthma			Epilepsy		
Hepatitis			Impaired Mobility		
Chronic Cough			Severe Hearing Loss		
Coughed up Blood			Severe Visual Impairment		
Recent unexplained weight gain or loss of 20 or more lbs.			Periods of Unconsciousness		
Severe Motion Sickness					
Female only: Are you pregnant?			Date of last menstrual period _____		

Please explain all YES answers below or on continuation sheet:

CARDIAC SCREENING

As an adult, have you had or experienced?

	No	Yes		No	Yes	(and value if known)
Abnormal ECG			Hypertension			recent reading _____
Sedentary Life Style			Diabetes			HgA _{1c} _____
Family History of Heart Attack before age 45			High Cholesterol			recent reading _____
Heart Attack			Tobacco Use			packs/day _____
Shortness of Breath			Prolonged Chest Pain			
			Fainting spells/Syncope			

Please explain all YES answers below or on continuation sheet:

Name: _____

IMMUNIZATION SCREENING

Please list the date(s) you obtained immunizations/prophylaxis against the following diseases:

PPD (TB test) - must be within last 12 months:	Date _____	Result _____		
	Date	Type	Date unknown	None
Tetanus ¹	_____	_____	_____	_____
Hepatitis A Series: Dose 1	_____	_____	_____	_____
Dose 2	_____	_____	_____	_____
Hepatitis B Series: Dose 1	_____	_____	_____	_____
Dose 2	_____	_____	_____	_____
Dose 3	_____	_____	_____	_____
Cholera	_____	_____	_____	_____
Diphtheria ¹	_____	_____	_____	_____
Influenza (most recent)	_____	_____	_____	_____
Immunoglobulin (IG)	_____	_____	_____	_____
Malaria	_____	_____	_____	_____
Measles, Mumps, Rubella (MMR)	_____	_____	_____	_____
Polio	_____	_____	_____	_____
Typhoid Fever	_____	_____	_____	_____
Yellow Fever	_____	_____	_____	_____

Other: Please provide complete information on Continuation Sheet

¹May be given as part of TD vaccination

Are you aware of any other medical condition(s) that may affect your suitability for sea duty? No Yes

If yes, please explain on the continuation page

If you have any questions, please contact the appropriate Health Services Office:

Marine Operations Atlantic (757) 441-6320

Marine Operations Pacific (206) 553-8704

Continuation page attached?

No Yes

The information provided is complete to the best of my knowledge.

Signature

Date (mm/dd/yy)

Forward to the following ships: 1. _____ 2. _____

3. _____

MEDICALLY CLEARED FOR SEA DUTY BY HISTORY YES NO NEED MORE INFO

MOA/ MOP Regional Director of Health Services

Date (mm/dd/yy)

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NOAA Health Services Questionnaire Continuation Page

Name: _____

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§ 1440. Research, monitoring, and education

How Current is This?

(a) In general

The Secretary shall conduct, support, or coordinate research, monitoring, evaluation, and education programs consistent with subsections (b) and (c) of this section and the purposes and policies of this chapter.

(b) Research and monitoring**(1) In general**

The Secretary may—

(A) support, promote, and coordinate research on, and long-term monitoring of, sanctuary resources and natural processes that occur in national marine sanctuaries, including exploration, mapping, and environmental and socioeconomic assessment;

(B) develop and test methods to enhance degraded habitats or restore damaged, injured, or lost sanctuary resources; and

(C) support, promote, and coordinate research on, and the conservation, curation, and public display of, the cultural, archeological, and historical resources of national marine sanctuaries.

(2) Availability of results

The results of research and monitoring conducted, supported, or permitted by the Secretary under this subsection shall be made available to the public.

(c) Education**(1) In general**

The Secretary may support, promote, and coordinate efforts to enhance public awareness, understanding, and appreciation of national marine sanctuaries and the System. Efforts supported, promoted, or coordinated under this subsection must emphasize the conservation goals and sustainable public uses of national marine sanctuaries and the System.

(2) Educational activities

Activities under this subsection may include education of the

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general public, teachers, students, national marine sanctuary users, and ocean and coastal resource managers.

(d) Interpretive facilities

(1) In general

The Secretary may develop interpretive facilities near any national marine sanctuary.

(2) Facility requirement

Any facility developed under this subsection must emphasize the conservation goals and sustainable public uses of national marine sanctuaries by providing the public with information about the conservation, recreational, ecological, historical, cultural, archeological, scientific, educational, or esthetic qualities of the national marine sanctuary.

(e) Consultation and coordination

In conducting, supporting, and coordinating research, monitoring, evaluation, and education programs under subsection (a) of this section and developing interpretive facilities under subsection (d) of this section, the Secretary may consult or coordinate with Federal, interstate, or regional agencies, States or local governments.

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These administrative reviews and notice are in accordance with section 751(a)(1) of the Act.

Dated: October 31, 2006.

David M. Spooner,
Assistant Secretary for Import Administration.

[FR Doc. E6-18886 Filed 11-7-06; 8:45 am]

BILLING CODE 3510-DS-S

DEPARTMENT OF COMMERCE

International Trade Administration

Exporters' Textile Advisory Committee (ETAC); Notice of Open Meeting

A meeting of the Exporters' Textile Advisory Committee will be held on December 7, 2006 from 1:00 pm–4:00 pm at the Trade Information Center, Ronald Reagan Building and International Trade Center, 1300 Pennsylvania Avenue, NW, Washington, DC, 20004, Training Room C.

The ETAC is a national advisory committee that advises Department of Commerce officials on the identification of export barriers, and on market expansion activities. With the elimination of textile quotas under the WTO agreement on textiles and clothing, the Administration is committed to encouraging U.S. textile and apparel firms to export and remain competitive in the global market.

The meeting will be open to the public with a limited number of seats available. For further information or copies of the minutes, contact Rachel Alarid at (202) 482-5154. Date: November 2, 2006.

Philip J. Martello,

Acting Deputy Assistant Secretary for Textiles and Apparel.

[FR Doc. E6-18879 Filed 11-7-06; 8:45 am]

BILLING CODE 3510-DS-S

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Proposed Information Collection; Comment Request; NOAA's Teacher at Sea Program

AGENCY: National Oceanic and Atmospheric Administration (NOAA).

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the

Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before January 8, 2007.

ADDRESSES: Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at dHynek@doc.gov).

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument and instructions should be directed to Elizabeth McMahon, (301) 713-7611, or elizabeth.mcmahon@noaa.gov.

SUPPLEMENTARY INFORMATION:

I. Abstract

NOAA provides educators an opportunity to gain first-hand experience with field research activities through the Teacher at Sea Program. Through this program, educators spend up to 3 weeks at sea on a NOAA research vessel, participating in an on-going research project with NOAA scientists. The application solicits information from interested educators: Basic personal information, teaching experience and ideas for applying program experience in their classrooms, plus two recommendations and a NOAA Health Services Questionnaire required of anyone going to sea. Once educators are selected and participate on a cruise, they write a report detailing the events of the cruise and ideas for classroom activities based on what they learned while at sea. These materials are then made available to other educators so they may benefit from the experience, without actually going to sea themselves. NOAA does not collect information from this universe of respondents for any other purpose.

II. Method of Collection

On-line forms can be filled-in on-line, printed, and mailed. Persons with full Adobe Acrobat software can save the on-line form and submit it electronically.

III. Data

OMB Number: 0648-0283.

Form Number: None.

Type of Review: Regular submission.

Affected Public: Individuals or households.

Estimated Number of Respondents: 375.

Estimated Time Per Response: 45 minutes to read an complete application; 15 minutes to complete a Health Services Questionnaire; 15

minutes to deliver and discuss recommendation forms to persons from whom recommendations are being requested; 15 minutes to complete a recommendation form; and 2 hours for a follow-up report.

Estimated Total Annual Burden Hours: 309.

Estimated Total Annual Cost to Public: \$660.

IV. Request for Comments

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 (including hours and cost) 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.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: November 2, 2006.

Gwellnar Banks,

Management Analyst, Office of the Chief Information Officer.

[FR Doc. E6-18865 Filed 11-7-06; 8:45 am]

BILLING CODE 3510-12-P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Proposed Information Collection; Comment Request; Southeast Region Office Socioeconomic Survey of Gulf Shrimp Fishermen

AGENCY: National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995.