

- Knowledge and efficacy with basic STD clinical diagnosis, treatment, and prevention;

- Students' confidence in taking a sexual history and providing specific prevention counseling to patients; and,
- Student familiarity with the role of the public health department in control and prevention of STDs.

A total of 800 students will be surveyed: Approximately 400 at the FEP schools

and 400 (approximately 5%) from all other U.S. medical schools.

The evaluation focuses on intermediate outcomes as a means of assessing the program's utility and effectiveness. Evidence that the FEP's enhanced STD training is effective will include greater knowledge of and comfort in diagnosis, treatment and prevention of STDs among FEP students, recall of more time having

been devoted to STDs during medical training, and greater awareness of the primary care physician's public health role in STD control and prevention. The time required to complete the survey will be approximately 15–20 minutes. The only cost to survey respondents is the time involved in completing the survey.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
3rd-year medical students	800	1	20/60	267
Total				267

Dated: September 1, 2004.

Alvin Hall, M.S.,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–20512 Filed 9–9–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–04KD]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–498–1210 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Tremolite Asbestos Registry—NEW—The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Re-authorization Act (SARA), to establish and maintain a national registry of persons who have been exposed to hazardous substances in the environment and a national registry of persons with illnesses or health problems resulting from such exposure. In 1988, ATSDR created the National Exposure Registry (NER) as a result of this legislation in an effort to

provide scientific information about potential adverse health effects people develop as a result of low-level, long-term exposure to hazardous substances.

The Tremolite Asbestos Registry (TAR) is currently authorized as part of the National Exposure Registry (OMB #0923–0006, expiration 10/31/04). ATSDR is seeking a separate approval for the TAR activities. The purpose of the TAR will be to improve communication with people at risk for developing asbestos-related disease resulting from asbestos exposure in Libby, Montana, and to support research activities related to TAR registrants.

The TAR is currently composed of information about former vermiculite workers, the people that lived with them during their tenure as vermiculite workers (*i.e.*, the workers' household contacts), and people who participated in or are eligible to participate in the ATSDR medical testing program in Libby, Montana. ATSDR will take a phased approach to creating the TAR. Phase I, which is currently nearing completion, involved identifying, locating, and contacting former workers and their household members. Phase II will combine the data from Phase I and the data collected during the medical testing program to create a single database. Phase III will involve re-contacting registrants to update their information. There is no cost to registrants.

Respondents	Number of respondents	Responses per respondent	Avg. burden per response (in hrs.)	Total burden hours
Baseline TAR questionnaire	2,000	1	30/60	1,000
Follow-up questionnaire	2,500	1	25/60	1,050
Total				2,050

Dated: September 1, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04-20513 Filed 9-9-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-04-0006]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call (404) 498-1210 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

National Exposure Registry (OMB No. 0923-0006)—Extension—The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Re-authorization Act (SARA), to establish and maintain a national registry of persons who have been exposed to hazardous substances in the environment and a national registry of persons with illnesses or health problems resulting from such exposure. In 1988, ATSDR created the National Exposure Registry (NER) as a result of this legislation in an effort to

provide scientific information about potential adverse health effects people develop as a result of low-level, long-term exposure to hazardous substances.

The NER is a program which collects, maintains, and analyzes information obtained from participants (called registrants) whose exposure to selected toxic substances at specific geographic areas in the United States has been documented. Relevant health data and demographic information are also included in the NER databases. The NER databases furnish the information needed to generate appropriate and valid hypotheses for future activities such as epidemiologic studies. The NER also serves as a mechanism for longitudinal health investigations that follow registrants over time to ascertain adverse health effects and latency periods.

Participants in each subregistry are interviewed initially with a baseline questionnaire. An identical follow-up telephone questionnaire is administered to participants every three years until the criteria for terminating a specific subregistry have been met. The annual number of participants varies greatly from year to year. Two factors influencing the number of respondents per year are the number of subregistry updates that are scheduled and whether a new subregistry will be established. There is no cost to registrants.

Annualized Burden Table:

Respondents	Number of responses	Responses per respondent	Avg. burden per response (in hours)	Total burden hours
Follow-up questionnaire	1,667	1	30/60	834
Total				834

Dated: September 1, 2004.

Alvin Hall,

Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04-20514 Filed 9-9-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-040D]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of

information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

ATSDR Rapid Response Registry—New—The Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR plans to develop a registry of

individuals exposed to a terrorist or other significant emergency event potentially affecting public health within the United States and its territories. The authority to establish and maintain this registry was given to ATSDR through the following federal laws: Public Health Service Act, 42 U.S.C. 319; the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Re-authorization Act (SARA); Federal Response Plan; National Contingency Plan; and the Department of Homeland Security's Consolidated Emergency Operations Plan. ATSDR has consistently been identified as having the primary responsibility for the creation and