

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
HIV Prevention Questionnaire: Local Education Agency Officials	18	1	7	126
HIV Prevention Questionnaire: State & Territorial Education Agency Officials	55	1	7	385
CSHP Questionnaire: State Education Agency Officials	23	1	9	207
Total	718

Dated: January 6, 2004.

Alvin Hall,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-08-04]

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. 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: An Evaluation Survey on the Use and Effectiveness of Internet SAMMEC—N—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Since 1987, the Centers for Disease Control and Prevention (CDC) has used the Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) software to estimate the disease impact of smoking for the nation, states, and large populations.

The Internet version of the SAMMEC software was released in 2002, and it contains two distinct computational programs, Adult SAMMEC and Maternal and Child Health (MCH) SAMMEC, which can be used to estimate the adverse health outcomes and disease impact of smoking on adults and infants.

More than 1230 tobacco control professionals in the State health departments and other tobacco control institutions in the country are currently using Internet SAMMEC to generate the data they need for their projects. Some of them have provided comments and sent requests for assistance. The purpose of this survey is to evaluate the use and effectiveness of the SAMMEC software and identify ways to improve the system so that it will better meet the needs of the users in tobacco control and prevention. The annualized burden for this data collection is 250 hours.

Respondents	No. of respondents	No. of responses/response	Average burden/response (in hours)
Tobacco Control Professionals/Internet SAMMEC users	1000	1	15/60

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Alvin Hall,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-16-04]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Proposed Project: NIOSH Training Grant Applications 42 CFR Part 86, OMB NO. 0920-0261—Extension—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Public law 91-596 requires CDC, National Institute of Occupational Safety and Health (NIOSH) to provide an adequate supply of professionals to carry out the purposes of the Act to assure a safe and healthful work environment. NIOSH supports educational programs through training

grant awards to academic institutions for the training of industrial hygienists, occupational physicians, occupational health nurses, safety professionals and other professionals in related disciplines, such as occupational epidemiologists. Grants are provided to regional Education and Research Centers (ERCs) which provide multidisciplinary graduate academic and research training for professionals, continuing education for practicing professionals and outreach programs. There are also Training Project Grants (TPGs) which provide single discipline academic and technical training throughout the country. 42 CFR part 86, "Grants for Education Programs in Occupational Safety and Health, Subpart B—Occupational Safety and Health Training," provides guidelines for implementing Pub. L. 91-596.

The Training Grant Application form (CDC 2.145.A) is used by NIOSH to

collect information from applicants submitting new competing applications and from existing awardees for submitting competing renewal grants. The information is used to determine the eligibility of applicants for grant review and by peer reviewers during the peer review process to evaluate the merit of the proposed training project.

The Non-Competing Application Form (CDC Form 2.145B) is used for non-competing awards to judge the annual progress of the awardee during the approved project period.

Extramural training grant awards are made annually following an extramural review process of the training grant applications including a Special

Emphasis Panel, review by an internal Training Grants Council, and an internal review of non-competing applicants. The average burden per response is based on past experience using CDC Forms 2.145A and 2.145B and consultation with grantees. The annualized burden for this data collection is 10,631 hours.

Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Training Grant Application (CDC 2.145 A):			
ERC	4	1	660
ERC (Supplemental)	13	1	159
TPG	16	1	65
Continuation Grant Application (CDC 2.145B):			
ERC	12	1	335
TPG	32	1	27

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-15-04]

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. 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: Healthcare Provider Survey: Knowledge, Attitudes and Practices about Genital Human Papillomavirus (HPV) Infection and Related Conditions—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). CDC is proposing to collect information to assess health care providers' knowledge, attitudes, and practices about genital human papillomavirus and related conditions. The survey will be conducted with a nationally representative sample of clinical specialties including physicians and mid-level health care providers.

Genital HPV infection is common among sexually active populations. An estimated 50 percent of sexually active adults have been infected with one or more genital HPV types, making this the most common sexually transmitted infection in the United States (Cates, 1999). Many health care providers may not be aware of data demonstrating the high prevalence of this sexually transmitted virus, the association of certain HPV types with various clinical manifestations including cervical and other anogenital cancers, or the type-specific natural history of HPV infection. To date, no nationally representative qualitative or quantitative surveys have measured health care providers' knowledge, attitudes, and practices about genital HPV infection.

CDC proposes to fill that gap through a survey of a national sample of clinicians who care for substantial numbers of sexually active patients at risk for acquiring HPV, infected with genital HPV, or that have at least one of two clinical manifestations of HPV infection, cervical neoplasia or anogenital warts. Respondents include primary care physicians, midlevel practitioners (nurse practitioners and physician's assistants), obstetricians/gynecologists (ob/gyn), nurse midwives, dermatologists, and urologists. There will be separate data collection instruments for primary care, obstetrics/gynecology, and dermatology/urology.

The survey will provide baseline information on practicing clinicians' knowledge, attitudes and practices concerning patients at risk for or infected with HPV. The survey findings will be used to help CDC and other organizations develop clinical training materials, decision support tools, and materials to counsel and educate patients.

Data collection will involve a mail survey of a stratified random sample of practicing clinicians and other healthcare providers. Sample stratification by specialty will allow specialty comparisons on knowledge, attitudes, and practices. The estimated annualized burden for this data collection is 2,282 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Office Managers	930	1	3/60
Primary Care:			
Physicians	1634	1	30/60
Mid-level	1000	1	30/60