

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form type	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
	Cost Assessment Tool .....	26	1	22

Dated: March 31, 2010.

**Maryam I. Daneshvar,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2010-7916 Filed 4-7-10; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-0920-0457]

#### 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 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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

Aggregate Reports for Tuberculosis Program Evaluation (OMB No. 0920-0457 exp. 5/31/2010)—Reinstatement—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC requests the reinstatement of the Aggregate Reports for Tuberculosis Program Evaluation, previously approved under OMB No. 0920-0457 after the 5/31/2010 expiration date, for 3 years. There are no revisions to the report forms, data definitions, or reporting instructions.

To ensure the elimination of tuberculosis in the United States, CDC monitors indicators for key program activities, such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected and providing therapy for

latent tuberculosis infection. In 2000, CDC implemented two program evaluation reports for annual submission: Aggregate report of follow-up for contacts of tuberculosis, and aggregate report of screening and preventive therapy for tuberculosis infection (OMB No. 0920-0457). The respondents for these reports are the 68 state and local tuberculosis control programs receiving federal cooperative agreement funding through DTBE. These reports emphasize treatment outcomes, high-priority target populations vulnerable to tuberculosis, and programmed electronic report entry, which will be transitioned to the National Tuberculosis Indicators Project (NTIP), a secure Web-based system for program evaluation data, in 2010. No other federal agency collects this type of national tuberculosis data, and the aggregate report of follow-up for contacts of tuberculosis, and aggregate report of screening and preventive therapy for tuberculosis infection are the only data source about latent tuberculosis infection for monitoring national progress toward tuberculosis elimination with these activities. CDC provides ongoing assistance in the preparation and utilization of these reports at the local and state levels of public health jurisdiction. CDC also provides respondents with technical support for the NTIP software (Electronic—100%, Use of Electronic Signatures—No). There is no cost to respondents.

## ESTIMATED ANNUALIZED BURDEN HOURS

Report name	Respondents (state and local tuberculosis control programs)	Response format	No. response per respondent	Hours per response	Total burden (in hours)
Follow-up and Treatment of Contacts to Tuberculosis Cases.	68 data clerks .....	50 Electronic .....	1	30/60	34
		18 Manual .....	1	3	204
	68 program managers .....	50 Electronic .....	1	30/60	34
		18 Manual .....	1	30/60	34
Targeted Testing and Treatment for Latent Tuberculosis Infection.	68 data clerks .....	50 Electronic .....	1	30/60	34
		18 Manual .....	1	3	204
	68 program managers .....	50 Electronic .....	1	30/60	34
		18 Manual .....	1	30/60	34

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Report name	Respondents (state and local tuberculosis control programs)	Response format	No. response per respondent	Hours per response	Total burden (in hours)
					612

Dated: March 31, 2010.

**Maryam I. Daneshvar,**

*Acting Reports Clearance Officer, Centers for  
Disease Control and Prevention.*

[FR Doc. 2010–7935 Filed 4–7–10; 8:45 am]

**BILLING CODE 4163–18–P**

## 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, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management

and Budget (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, e-mail [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Officer at (301) 443–1129.

*Comments are invited on:* (a) The proposed collection of information for the proper performance of the functions of the agency; (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: The National Health Service Corps Loan Repayment Program (OMB No. 0915–0127)— Extension

The National Health Service Corps (NHSC) Loan Repayment Program (LRP)

was established to assure an adequate supply of trained primary care health care professionals to provide services in the neediest Health Professional Shortage Areas (HPSAs) of the United States. Under this program, the Department of Health and Human Services agrees to repay the educational loans of the primary care health professionals. In return, the health professionals agree to serve for a specified period of time in a federally designated HPSA approved by the Secretary for LRP participants. The NHSC LRP forms provide information that is needed for select, award, and monitor participants. The LRP forms include the following: the NHSC LRP Application, the Employment Verification and Community Site Information form, the Loan Information and Verification form, the Authorization to Release Information form, the Applicant Checklist, and the Self-Certification form.

The annual estimate of burden is as follows:

Instrument	Number of respondents	Responses/re- spondent	Total responses	Hours per response	Total burden hours
NHSC LRP Application .....	5,175	1	5,175	0.30	1,553
Employment Verification—Community Site Information Form .....	5,175	1	5,175	0.75	3,881
Loan Information and Verification Form .....	5,175	3	15,525	0.30	4,658
Authorization To Release Information .....	5,175	1	5,175	0.10	518
Applicant Checklist .....	5,175	1	5,175	0.25	1,294
Self-Certification Form .....	5,175	1	5,175	0.10	518
Lenders .....	65	1	65	0.30	20
<b>Total .....</b>	<b>5,240</b>	<b>.....</b>	<b>41,465</b>	<b>.....</b>	<b>12,442</b>

E-mail comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 31, 2010.

**Sahira Rafiullah,**

*Director, Division of Policy and Information  
Coordination.*

[FR Doc. 2010–7934 Filed 4–7–10; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA–2009–N–0215]

#### Agency Information Collection Activities; Announcement of Office of Management and Budget Approval; Recordkeeping Requirements for Microbiological Testing and Corrective Measures for Bottled Water

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that a collection of information entitled “Recordkeeping Requirements for Microbiological Testing and Corrective Measures for Bottled Water” has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

**FOR FURTHER INFORMATION CONTACT:** Jonna Capezzuto, Office of Information Management, Food and Drug Administration, 1350 Piccard Dr., PI50 Rockville, MD 20850, 301–796–3794. [Jonnalynn.capezzuto@fda.hhs.gov](mailto:Jonnalynn.capezzuto@fda.hhs.gov).