proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202–395–5806.

Proposed Project: Safe Harbor for Federally Qualified Health Centers Arrangements-Reinstatement with change—OMB No. 09900322—Office of Inspector General.

Abstract: The Office of the Inspector General (OIG), Office of the Secretary (OS), Department of Health and Human Services (HHS) is requesting a reinstatement without change for the data collection under the anti-kickback statute, as described below. In order for an arrangement between a health center and a donor individual or entity to enjoy safe harbor protection, the arrangement (1) Must be set out in writing (§ 1001.952(w)(1)(i)(A)); (2) the written agreement must be signed by the parties (§ 1001.952(w)(1)(i)(B)); (3) the written agreement must cover, and specify the amount of, all goods, items, services, donations, or loans provided by the individual or entity to the health center (§ 1001.952(w)(1)(i)(C)); (4) the health center must document its basis for its reasonable expectation that the arrangement will benefit a medically underserved population (§ 1001.952(w)(3)); and (5) the health center, at reasonable intervals, must reevaluate the arrangement to ensure that it is expected to continue to benefit a medically underserved population, and must document the re-evaluation contemporaneously (§ 1001.952(w)(4)).

OIG may request to see documentation kept pursuant to the safe harbor in order to determine compliance with the terms of the safe harbor and the fraud and abuse laws. Compliance with the safe harbor is voluntary, and no party is ever required to comply with the safe harbor.

The safe harbor does not entail a routine and continuous affirmative collection of data form the regulated community. However, health centers that choose to avail themselves of the safe harbor must have initial documentation and a re-evaluation of the arrangement at least annually. The respondents are businesses and/or other private sector for-profit and not-for-profit institutions.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Health Center	1873	1	1	1,873

Mary Forbes,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011–12899 Filed 5–24–11; 8:45 am]

BILLING CODE 4150–26–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New; 30-day notice]

Agency Information Collection Request. 30-Day Public Comment Request

May 20, 2010.

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202–395–5806.

Proposed Project: Multi-Component Evaluation of the *BodyWorks* Program—OMB No. 0990–NEW—Office on Women's Health (OWH)

Abstract: Office on Women's Health (OWH) is requesting clearance for forms for a multi-component 3.5 year evaluation of the *BodyWorks* Program. These forms will support three evaluation tasks: (1) Conducting a onetime follow-up study of trainers and parents previously involved in BodyWorks; (2) Conducting a onetime pilot test of a post-only survey tool to be added to the BodyWorks toolkit/resources; and, (3) conducting a full evaluation of the revised BodyWorks program, including pre, post and follow-up components as well as similar tests of the Spanish BodyWorks program.

ESTIMATED ANNUALIZED BURDEN TABLES

Type of respondent	Data collection name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
BodyWorks program participants	Parent/Caregiver Follow-Up Study Questionnaire.	450	1	10/60	75
	Parent/Caregiver Follow-Up Study Focus Group.	18	1	60/60	18
	English & Spanish Participant Exit Survey—Post Only Pilot Study.	100	1	10/60	17
	English and Spanish Participant Pretests—Full Evaluation.	408	1	20/60	136
	English and Spanish Participant Posttests—Full Evaluation.	300	1	20/60	100
	English and Spanish Participant Follow-ups—Full Evaluation.	256	1	20/60	85
	English and Spanish Participant Session Feedback Forms—Full Evaluation.	300	8	5/60	200
English and Spanish BodyWorks program comparison group participant.	English and Spanish Participant Pretests—Full Evaluation.	408	1	20/60	136
	English and Spanish Participant Posttests—Full Evaluation.	300	1	20/60	100
	English and Spanish Participant Follow-ups—Full Evaluation.	256	1	20/60	85
Trainers of the BodyWorks program	Trainer Follow-Up Study Questionnaire.	1,250	1	20/60	417
	Trainer Follow-Up Study Interview ...	15	1	60/60	15
	Trainer Exit Survey Satisfaction Interview—Post only pilot study.	10	1	30/60	5
	Trainer Feedback Forms—Full Evaluation.	30	8	5/60	20
Total Project Burden Hours	.....	.....	.....	.....	1,409

Mary Forbes,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011–12900 Filed 5–24–11; 8:45 am]

BILLING CODE 4150–33–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Comparative Effectiveness Research-Continuing Education." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on February 28th, 2011 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by June 24, 2011.

ADDRESSES: *Written comments should be submitted to:* AHRQ's OMB Desk Officer by fax at (202) 395–6974 (*attention:* AHRQ's desk officer) or by e-mail at *OIRA_submission@omb.eop.gov* (*attention:* AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at *doris.letkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Comparative Effectiveness Research-Continuing Education

Previous dissemination efforts in health care research and evidence through comparative effectiveness funded by the Federal Government have largely been focused in academic settings, rather than among physicians and clinicians in health care delivery settings. This project implements and evaluates methods that extend beyond the academic setting to engage the target audiences in the health care environment where decisions are typically made.

Most clinicians are required to complete continuing medical education (CME) accepted by accrediting organizations recognized by State medical boards. Over sixty boards require anywhere from 12 CME credits to 50 CME credits per year for a clinician to retain their State licensure. (State Medical Licensure Requirements and Statistics, 2010, *http://www.ama-assn.org/amal/pub/upload/mm/40/table16.pdf.*) AHRQ currently provides CME credits on some of its comparative effectiveness research reviews; however, these CME credits are applicable to physicians only and AHRQ is not conducting any follow-up surveys with physicians on these CME activities to ascertain the impact on physician