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Dated: May 16, 2011.

Howard Sklamberg,

Director, Office of Enforcement, Office of Regulatory Affairs.

[FR Doc. 2011-13198 Filed 5-26-11; 8:45 am]

BILLING CODE 4160-01-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 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: Health Education Assistance Loan (HEAL) Program: Lender's Application for Insurance Claim Form and Request for Collection Assistance Form (OMB No. 0915-0036)—Extension

The clearance request is for an extension of two forms that are currently approved by OMB. HEAL Lenders use the Lenders Application for Insurance Claim to request payment from the Federal Government for federally insured loans lost due to borrowers' death, disability, bankruptcy, or default. The Request for Collection Assistance form issued by HEAL lenders to request federal assistance with the collection of delinquent payments from HEAL borrowers.

The annual estimate of burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Lender's Application for Insurance Claim Form 510	17	25	425	0.5	213
Request for Collection Assistance Form 513	17	550	9,350	0.167	1,561
Total	34				1,774

E-mail comments to 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: May 23, 2011.

Jennifer L. Riggle,

Deputy Director, Office of Management.

[FR Doc. 2011-13206 Filed 5-26-11; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA)

publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Office at (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Reconciliation Tool for the Teaching Health Center Graduate Medical Education Program—[NEW]

The Teaching Health Center Graduate Medical Education (THCGME) program, Section 340H of the Public Health Service (PHS) Act, was established by Section 5508 of Public Law 111-148. The program supports training for

primary care residents (including residents in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics) in community-based ambulatory patient care settings. The statute provides that eligible teaching health centers receive payments for both direct and indirect costs associated with training residents in community-based ambulatory patient care centers. Direct payments are designed to compensate eligible teaching health centers for those expenses directly associated with resident training, while indirect payments are intended to compensate for the additional costs of training residents in such programs. Payments are made at the beginning of the funding cycle; however, the statute provides for a reconciliation process, through which overpayments may be recouped and underpayments may be adjusted at the end of the fiscal year. This data

collection instrument will gather information relating to the numbers of residents in THCGME training programs

in order to reconcile payments for both direct and indirect costs.

The Annual Estimate of Burden

The Annual Estimate of Burden

Instrument name	Number of respondents	Number of responses per respondent	Total responses	Hours per response	Total burden hours
THC Reconciliation Tool	51	1	51	5	255
Total	51	51	5	255

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to OIRA_submission@omb.eop.gov or by fax to 202-395-6974. Please direct all correspondence to the "Attention of the desk officer for HRSA."

Dated: May 23, 2011.

Jennifer Riggle,

Deputy Director, Office of Management.

[FR Doc. 2011-13209 Filed 5-26-11; 8:45 am]

BILLING CODE 4165-15-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 or call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on the: (a) Proposed collection of information for the proper performance of the functions of the agency; (b) 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: HIV Clinician Workforce Study (OMB No. 0915-NEW)

HRSA's HIV/AIDS Bureau (HAB) is planning to conduct a 24-month HIV clinician workforce study to provide HRSA and other state and federal agencies with national and state-level estimates of the number of primary care clinicians currently providing medical care to people living with HIV or AIDS in the United States, as well as projections of the magnitude of the expected shortage or surplus of HIV-related primary care clinicians through 2015.

The study will focus on the supply and demand of health professionals who independently manage patients with HIV/AIDS. *The study will have two main components:*

- Design and implementation of a forecasting model to estimate and project the supply of and demand for HIV clinicians at the national and regional levels; and
- Implementation of two surveys to collect the information needed to develop HIV-specific input parameters for the forecasting model, as well as to help address other research questions of the study.

HRSA is requesting OMB approval to conduct a HIV clinician survey and a HIV practice survey. The HIV clinician survey will focus on the individual provider of care and will include questions related to:

- The clinician's age, gender, medical profession, and medical specialty;
- The number of hours spent in direct patient care;
- The size and characteristics of HIV patient load;
- The primary practice characteristics and patient management strategies; and
- The plans to increase or decrease number of hours spent in direct patient care, as well as plans for retirement.

The HIV practice survey will also focus on the practice administrator and will include questions related to type and size of clinic, clinic specialty and affiliation, number and acuity of patients, number and composition of staff, type of staffing model and patient management strategies, meaningful use of electronic medical record systems, as well as appointment scheduling practices and policies. HRSA also plans to conduct web/paper surveys with computer-assisted telephone interviewing follow-up.

HRSA will use claims data, supplemented with a list of members of HIV medical societies, attendees at the 2010 HIV clinical conference, and participants in regional AIDS Education and Training Center-sponsored training sessions, to identify the frame of clinicians (physicians and non-physician clinicians) in all 50 states and the District of Columbia who provide a significant amount of medical care to patients with HIV or AIDS, based on diagnostic, procedural, and drug codes associated with the claims. By using a national probability sampling strategy, the results of the clinician survey can be used to generate national and regional estimates of HIV clinician supply.

HRSA will use quantitative and qualitative methods to document and quantify the extent of the HIV clinician workforce surplus or shortage, predict the future requirements for and supply of HIV clinicians, and identify best practice models and strategies for expanding the capacity of HIV practices and providers to meet the growing demand for care.

The ultimate goal of the study will be to develop proposed action steps that HRSA and other federal and state agencies can use to enhance the capacity of the HIV clinician workforce to achieve the access targets set forth in the 2010 White House Office of HIV/AIDS Policy's National HIV/AIDS Strategy and Implementation Plan.

The annual estimate of burden of the two surveys is as follows: