collect information on the services provided to families.

Respondents: The respondents, who will be the same in Phases 1 and 2 of the evaluation, will include enrolled parents; state MIECHV administrators; home visiting program managers, supervisors, and home visitors; and administrators of community resources. Data collection activities will take place over a three-year period.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Consent for all Phase 1 respondents	2040	1	0.2	408
Baseline survey of parents in the study	1700	1	1.0	1700
Semi-structured interviews with state MIECHV administrators	8	1	2.0	16
Surveys of program site managers	28	2	3.0	168
Surveys of program site supervisors	33	2	1.25	85
Surveys of program site home visitors	170	2	1.25	425
Surveys of community resource administrators	567	1	0.1	57
Supervisor logs	33	48	0.5	792
Home visitor logs	170	48	0.5	4080
Self-completed questionnaires by parents	255	1	0.2	51
Self-completed questionnaires by home visitors	85	3	0.2	51
Qualitative interviews and focus groups with staff at participating program sites in each state	232	1	1.0	232
Estimated Total Annual Burden Hours	.....	.....	.....	8,065

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, *Attn:* OPRE Reports Clearance Officer. *Email address: OPREinfocollection@acf.hhs.gov*. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: December 5, 2011.

Steven M. Hanmer,

Reports Clearance Officer.

[FR Doc. 2011–31597 Filed 12–9–11; 8:45 am]

BILLING CODE 4184–22–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

U.S. National Authority for the WHO Global Code of Practice on the International Recruitment of Health Personnel; Notice of Public Meeting

AGENCY: Health Resources and Services Administration, HHS; Office of Global Affairs, HHS.

ACTION: Public meeting.

SUMMARY: In order to support the United States' implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, notice is hereby given of the following meeting to update and engage interested parties in U.S. implementation efforts.

DATES: Meeting will be held on December 14, 2011, 9 a.m. to 10:30 a.m.

ADDRESSES: Meeting will be held at the Hubert H. Humphrey Building of the U.S. Department of Health and Human Services, 200 Independence Ave. SW., Washington, DC 20201, (877) 696–6775. The meeting is also being held via webinar.

FOR FURTHER INFORMATION CONTACT: For more information, please contact Margaret Glos, National Center for Health Workforce Analysis, Bureau of Health Professions, Health Resources and Services Administration, Room 9–57, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443–3579 or email the United States National Authority for implementation of the WHO Global Code of Practice at *us.who.irhp@hhs.gov*.

SUPPLEMENTARY INFORMATION:

Status: The meeting will be open to the public.

Purpose: The purpose of the WHO Global Code of Practice on International Recruitment of Health Personnel is ''to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems'' (*http://www.who.int/hrh/migration/code/practice/en/*). The United States Government has designated the Office of Global Affairs (OGA) and the Health Resources and Services Administration (HRSA) as co-National Authority to be the point of contact for implementation activities. The Global Code encourages WHO member states to cooperate with all relevant stakeholders in their implementation efforts. This meeting is thus intended to provide an update to all interested stakeholders on U.S. Global Code implementation efforts to date and to provide a forum for questions on activities related to implementation of the Global Code.

Agenda: The meeting will be held on Wednesday, December 14. It will include a discussion of U.S. Government activities related to the

WHO Global Code. Members of the public will have the opportunity to provide comments during the latter part of the session.

The meeting will be open to the public as indicated above, with attendance limited to space available. Requests to attend via webinar can be made up to two days prior to the meeting at *us.who.irhp@hhs.gov*. Participants will receive an email response containing the link to the webinar. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the contact person listed above at least 10 days prior to the meeting. Please note that foreign nationals planning to attend the session in person will require additional paperwork for security clearance and that this clearance process requires a minimum of ten days. Any foreign nationals who wish to attend in person should email *us.who.ihrp@hhs.gov* as soon as possible to receive the necessary paperwork.

Dated: December 5, 2011.

Mary K. Wakefield,

Administrator, Health Resources and Services Administration.

Dated: November 29, 2011.

Jimmy Kolker,

Principal Deputy Director, Office of Global Affairs.

[FR Doc. 2011–31775 Filed 12–9–11; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; The SSA–NIH Collaboration to Improve the Disability Determination Process: Validation of IRT–CAT Tools

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Clinical Research Center, the National Institutes of Health has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register**, September 8, 2011, Volume 76, Number 174, page 55690, and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

Potential persons who are to respond to the collection of information are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Proposed Collection: Title: The SSA–NIH Collaboration to Improve the Disability Determination Process: Validation of IRT–CAT tools. *Type of Information Collection Request:* NEW. *Need and Use of Information Collection:* The Epidemiology and Biostatistics section in RMD will be collecting information through a contractor (Boston University- Health and Disability Research Institute (BU–HDR)) and subcontractor for validation of the Computer Adaptive Tests which are being developed to assist in the SSA disability determination process. The utilization of CAT technology could potentially allow the SSA to collect more relevant and precise data about human functioning in a faster, more efficient fashion. To validate the CAT assessments that have been developed, the contractor will administer both the BU–HDR CAT and established legacy instruments in a small sample of adults who report their current employment status as ''permanently disabled''. Individuals will complete the CAT tools for the functional domains of Physical Demands and Interpersonal Interactions along with established legacy instruments. For the domain of physical function, individuals will complete the BU–HDR CAT; the PROMIS Item Bank v 1.0–Physical Functioning © PROMIS Health Organization and PROMIS Cooperative Group; and, The Short Form (36) Health Survey™ (SF–36). For the domain of interpersonal interactions, individuals will complete the BU–HDR CAT, the SF–36 and the BASIS–24© (Behavior and Symptom Identification Scale). Data collected will be used to validate the BU–HDR CAT tools. Without this information, completion of the BU–HDR CAT tools will not be possible. *Frequency of Response:* Once. *Affected Public:* Individuals who have opted in to participate in web surveys through a survey research firm. *Type of Respondents:* Adults who indicate ''permanently disabled'' as a working status. The annual reporting burden is as follows:

ESTIMATES OF HOUR BURDEN

Type of respondents	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Patients	1,000	1	0.5	500.00
Totals				500.00

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to (202) 395–6974, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Ms. Meghan Gleason, Rehabilitation Medicine Department, Clinical Research Center, NIH, Building 10, Room 1–2420, 9000 Rockville Pike, Bethesda, MD 20892, or call non-toll-free number (301) 443–9085 or Email your request, including your address to: *meghan.gleason@nih.gov.*