mentors, and others. These individuals represent a new category of respondents for the FMS.

III. A new FMS module will support activity tracking of fellows' work experience, and field supervisors will have the ability to contribute to fellows' learning assessments within FMS. The new features will enhance the ability of program staff to monitor fellows' learning outcomes, ensure that fellows achieve expected competencies, and supplement program evaluation efforts.

IV. CDC will increase the estimated number of applicants using FMS as a result of increased overall demand for fellowship opportunities and the addition of three programs: the CDC E-learning Institute (ELI), the Laboratory Leadership Service (LLS), and Future Leaders in Infectious and Global Health Threats (FLIGHT). However, burden per response and total applicant burden will decrease due to more efficient system navigation.

V. CDC will increase the estimated the number of host sites that submit fellowship assignment proposals. The updated FMS platform will provide nonfederal host sites the ability to select the applicants within FMS, thus enhancing the utility of the system.

VI. The FMS Alumni Directory will be enhanced with new surveys and questions. The enhanced data collection will better describe the career progression and leadership roles that fellows assume post-fellowship, and provide insights into how graduates apply the skills they acquired during their fellowships. CDC is increasing the estimated number of respondents, burden per response, and total burden for the FMS Alumni Directory.

There are no changes to the information collection for the subset of fellowship applicants who are invited to participate in the annual Interview Day. The proposed changes will contribute significant enhancements and provide CDC with an efficient, effective, and secure electronic mechanism for submissions, reviews, selections, and matching processes for fellowship information.

The last approval for this ICR was for 4,656 burden hours and the request for this revision is 4,881 annualized burden hours, a net increase of 225 annualized burden hours. OMB approval is requested for three years. OMB approval is requested no later than April 1, 2020, to enable use of the enhanced FMS for the 2020 cycle of EIS fellowships. Participation in FMS information collection is voluntary and there is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Fellowship Applicants	FMS Application Module	2,216	1	1
Reference Letter Writers	FMS Application Module	4,412	1	15/60
Subset of FMS Fellowship Applicants	FMS Application Module	200	1	30/60
Fellowship Alumni	FMS Alumni Directory	1,732	1	25/60
Public Health Agency or Organization Staff	FMS Activity Tracking Module	350	2	25/60
Public Health Agency or Organization Staff	FMS Host Site Module	448	1	1

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–20–1166]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Poison Center Collaborations for Public Health Emergencies to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on August 23, 2019 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Poison Center Collaborations for Public Health Emergencies (OMB Control No. 0920–1166, Exp. 2/29/2020)—Extension—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is requesting a three-year Paperwork Reduction Act (PRA)

clearance for an extension of the generic clearance information collection request (Generic ICR) titled ''Poison Center Collaborations for Public Health Emergencies'' (OMB Control No. 0920–1166, expiration date 02/29/2020).

CDC's key partner, the American Association of Poison Control Centers (AAPCC), is a national network of 55 poison centers working to prevent and treat poison exposures. The goal for this Generic ICR is to continue to provide a timely mechanism to allow poison centers, in collaboration with CDC, to obtain critical exposure and health information during public health emergencies. This information is not captured during initial poison center calls about triage and treatment of potential poison exposures. Additional data collections are needed quickly to further characterize exposures, risk factors, and illnesses.

When a public health emergency of interest to CDC and AAPCC occurs, the CDC and AAPCC hold a meeting to mutually decide whether the incident needs further investigation. For a public health emergency to be selected for call-back, adverse health effects must have occurred, and a response is needed to prevent further morbidity and mortality. The event must meet the criteria below:

(1) The event is a public health emergency causing adverse health effects.

(2) Timely data are urgently needed to inform rapid public health action to prevent or reduce injury, disease, or death.

(3) The event is characterized by a natural or man-made disaster, contaminated food or water, a new or existing consumer product, or an emerging public health threat.

(4) The event has resulted in calls to a poison center, and the poison center agrees to conduct the call-back data collection.

(5) The event is domestic.

(6) Data collection will be completed in 60 days or less.

Trained poison center staff will conduct the call-back telephone survey, after administering consent. Respondents will include individuals who call poison centers about exposures related to the select public health emergencies. These respondents include adults, 18 years and older; adolescents, 15 to less than 18 years; and parents or guardians on behalf of their children less than 15 years of age.

The total estimate of 300 annual respondents is based on poison center experience which assumes two incidents per year with approximately 150 respondents per event. The average burden per respondent is approximately 40 minutes for the call-back questionnaire. We anticipate a total annualized burden of 200 hours. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adult Poison Center Callers	Call-back Questionnaire for Self	210	1	40/60
Adolescent Poison Center Callers	Call-back Questionnaire for Self	30	1	40/60
Parent or Guardian Poison Center Callers	Call-back Questionnaire for Proxy	60	1	40/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–20–19BHM]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Understanding the Needs of Ovarian Cancer Survivors to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on July 5, 2019 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Understanding the Needs of Ovarian Cancer Survivors—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Ovarian cancer is the ninth most common cancer and the fifth leading cause of cancer death among women in the United States. Over 20,000 women are diagnosed with ovarian cancer each year. Due to the lack of a recommended screening test, ovarian cancer is often