instruments, call the HRSA Reports Clearance Officer on (301) 443-1129. 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.

Proposed Project: Impact of Accreditation on BPHC-Supported **Health Centers—NEW**

The Bureau of Primary Health Care (BPHC) will conduct an evaluation of the impact of ICAHO accreditation on BPHC-supported health centers. This study will assess the impact in health centers that are accredited by the Joint Commission and those that are not.

including migrant health centers, school-based health centers, health centers for the homeless and public housing health centers. This study aims to address a key purpose of the BPHC/ JCAHO Accreditation initiative: How effective is accreditation in providing a structure for health centers to integrate ongoing quality improvement into their daily operations. The assessment will be conducted by administering a mailed questionnaire to all health centers that were funded by HRSA/BPHC as of

ESTIMATED BURDEN HOURS

Survey	Number of re- spondents	Responses per respond- ents	Total re- sponses	Hours per re- sponses	Total burden hours
Assessment of Quality Structure in Health Centers	843	1	843	.45	380

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 18, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 04-6635 Filed 3-24-04; 8:45 am] BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND **HUMAN SERVICES**

Health Resources and Services Administration

Recruitment of Clinicians To Become Commissioned Officers: Recruitment of Sites for Assignment of **Commissioned Officers: Correction**

AGENCY: Health Resources and Services Administration, HHS.

ACTION: General notice; correction.

SUMMARY: The Health Resources and Services Administration published a document in the Federal Register of February 26, 2004, containing an incorrect deadline for clinicians to submit applications.

In FR Doc. 04–4204, in the **Federal** Register of February 26, 2004, on page

8982, in the third column, lines 8 and 9 under the section "Application Requests, Dates and Addresses" are corrected to read: "or delivered no later than September 30, 2004 to: Division of Commissioned.'

Dated: March 17, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 04-6633 Filed 3-24-04; 8:45 am] BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; The Cardiovascular Health Study (CHS)

SUMMARY: 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 National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: The Cardiovascular Health Study. Type of September 30, 2002.

Information Request: Revision. (OMB No. 0925-0334). Need and Use of Information Collection: This study will quantify associations between conventional and hypothetical risk factors and coronary heart disease (CHD) and stroke in people age 65 years and older. The primary objectives include quantifying associations of risk factors with subclinical disease; characterize the natural history of CHD and stroke; and identify factors associated with clinical course. The findings will provide important information on cardiovascular disease in an older U.S. population and lead to early treatment of risk factors associated with disease and identification of factors which may be important in disease prevention. Frequency of response: twice a year (participants) or once per cardiovascular disease event (proxies and physicians); Affected public: Individuals. Types of Respondents: Individuals recruited for CHS and their selected proxies and physicians. The annual reporting burden is as follows: Estimated Number of Respondents: 3,330; Estimated Number of Responses per respondent: 3.76; and Estimated Total Annual Burden Hours Requested: 1,029. The annualized cost to respondents is *estimated at:* \$55,633.

There are no capital, operating, or maintenance costs to report.

Type of respondents	Estimated number of respondents	Estimated number of re- sponses per respondent *	Average bur- den hours per response	Estimated total annual burden hours re- quested
ParticipantsPhysicians	2,196 343	5.8 1.0	0.25 0.10	992