

projects have been reviewed by the IRB. Federal, State, Local or Tribal  
 Respondents: Individuals, Business or Governments.  
 other for-profit, Non-profit institutions,

## BURDEN INFORMATION

Section of rule and description	Annual number of responses	Burden (hrs) per response	Total (hrs) burden
103(a)–(c)—assurances .....	3,300	3	9,900
Written policies and procedures .....	1,800	13.89	27,000
103(b)(3)—change IRB membership .....	500	1	500
103(b)(5)—incident reporting (non-compliance cases) .....	120	80	9,600
103(b)(5)—incident reporting (other) .....	275	4	1,100
103(f)—certification .....	20,574	.083	1,708
103(b), 116, 117, 115(a) IRB actions, informed consent, recordkeeping .....	20,574	5	102,870
103(b)(4)—changes to IRB .....	41,148	1	41,148
113—termination of IRB approval .....	275	2	550

*Total Burden:* 194,376 hours.

*OMB Desk Officer:* Allison Herron Eydt.

Copies of the information collection packages listed above can be obtained by calling the OS Reports Clearance Officer on (202) 690–6207. Written comments and recommendations for the proposed information collection should be sent directly to the OMB desk officer designated above at the following address: Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, 725 17th Street NW., Washington, DC 20503.

Comments may also be sent to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Written comments should be received within 30 days of this notice.

Dated: February 11, 2002.

**Kerry Weems,**

*Acting Deputy Assistant Secretary, Budget.*  
 [FR Doc. 02–3984 Filed 2–15–02; 8:45 am]

**BILLING CODE 4150–28–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

**[Document Identifier: CMS–1537]**

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration

(HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections 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.

**Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Medicare/Medicaid Hospital Survey Report Form and Supporting Regulations in 42 CFR 482.2 through 482.57; **Form No.:** HCFA–1537 (OMB# 0938–0382); **Use:** Section 1861(e) of the Social Security Act (the Act) provides that hospitals participating in Medicare under the Act must meet specific requirements. These requirements are presented as Condition of Participation. State agencies must determine compliance with these conditions through the use of this report form.; **Frequency:** Annually; **Affected Public:** State, Local, or Tribal Government; **Number of Respondents:** 630; **Total Annual Responses:** 630; **Total Annual Hours:** 2,048.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web Site address at <http://www.hcfa.gov/reg/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and CMS

document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Information Services, Security and Standards Group, Division of CMS Enterprise Standards, Attention: Julie Brown, CMS–1537, Room N2–14–26, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: February 6, 2002.

**John P. Burke, III,**

*Reports Clearance Officer, Security and Standards Group Division of CMS Enterprise Standards.*

[FR Doc. 02–3987 Filed 2–15–02; 8:45 am]

**BILLING CODE 4120–03–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

**[Document Identifier: CMS–10059]**

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden