

includes information claimed as CBI, a copy of the comment that does not contain the information claimed as CBI must be submitted for inclusion in the public docket. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2.

2. *Tips for preparing your comments.* When submitting comments, remember to:

- i. Identify the document by docket ID number and other identifying information (subject heading, **Federal Register** date and page number).
- ii. Follow directions. The Agency may ask you to respond to specific questions or organize comments by referencing a Code of Federal Regulations (CFR) part or section number.
- iii. Explain why you agree or disagree; suggest alternatives and substitute language for your requested changes.
- iv. Describe any assumptions and provide any technical information and/or data that you used.
- v. If you estimate potential costs or burdens, explain how you arrived at your estimate in sufficient detail to allow for it to be reproduced.
- vi. Provide specific examples to illustrate your concerns and suggest alternatives.
- vii. Explain your views as clearly as possible, avoiding the use of profanity or personal threats.
- viii. Make sure to submit your comments by the comment period deadline identified.

## II. Registration Applications

EPA received applications as follows to register pesticide products containing active ingredients not included in any previously registered products pursuant to the provision of section 3(c)(4) of FIFRA. Notice of receipt of these applications does not imply a decision by the Agency on the applications.

*File Symbol:* 56336- LL. *Applicant:* Suterra, LLC, 213 SW Columbia Street, Bend, OR, 97702-1013. *Product name:* Checkmate VBM Technical Pheromone. *Active ingredient:* Arthropod pheromone and 5-methyl-2-(1-methylethenyl)-4-hexenyl-3-methyl-2-butanate (Common Name: Lavandulyl senecioate) at 97.66%. *Proposal classification/Use:* Manufacturing use product.

## List of Subjects

Environmental protection, Pesticides and pest.

Dated: February 5, 2009.

**Janet L. Andersen,**

*Director, Biopesticides and Pollution Prevention Division, Office of Pesticide Programs.*

[FR Doc. E9-3410 Filed 2-17-09; 8:45 a.m.]

**BILLING CODE 6560-50-S**

## FEDERAL RESERVE SYSTEM

### Sunshine Act Meeting

**AGENCY HOLDING THE MEETING:** Board of Governors of the Federal Reserve System.

**TIME AND DATE:** 11:30 a.m., Monday, February 23, 2009.

**PLACE:** Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

**STATUS:** Closed.

### MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

### FOR FURTHER INFORMATION CONTACT:

Michelle Smith, Director, or Dave Skidmore, Assistant to the Board, Office of Board Members at 202-452-2955.

**SUPPLEMENTARY INFORMATION:** You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Board of Governors of the Federal Reserve System, February 13, 2009.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E9-3514 Filed 2-13-09; 4:15 pm]

**BILLING CODE 6210-01-S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-New]

### Agency Information Collection Request. 60-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the

Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request 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. To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherrette.funncoleman@hhs.gov](mailto:Sherrette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60 days.

**Proposed Project:** Facts for Consumers about Health IT Service Providers—OMB No. 0990-NEW-OS/Office of the National Coordinator for Health Information Technology.

**Abstract:** A new health information technology, the personal health record (PHR), seeks to provide consumers with the capability to directly manage their own health information. Although PHRs can exist in different formats or media (i.e., paper or electronic), the term usually refers to an online record containing an individual's personal health information. PHRs typically include information such as health history, vaccinations, allergies, test results, and prescription information. Given the newness of the electronic PHR concept, the different ways to establish PHRs, and the sensitivity of personal health information, the Office of the National Coordinator for Health Information Technology (ONC) is taking steps to establish that useful facts about PHRs and PHR privacy policy information be made available to consumers so they can make informed decisions about selecting and using PHRs. Toward this end, ONC has a project to develop an online model for PHR providers. The model will be developed to:

- Allow presentation of important PHR facts and policies to consumers,

- Allow consumers to understand and consistently compare PHR service provider policies with others, and
- Focus on the key information that may influence decisions and choices of PHR service provider.

The project includes iterative rounds of in-depth consumer testing during April–October 2009 to assess and analyze consumer understanding and input about the model. The model will be iteratively revised to design a final

template that will allow PHR vendors to convey useful and understandable facts to consumers about their privacy, security, and information management policies. Testing will be conducted in six locations that cover the four geographic census regions and will include 90-minute, one-on-one, cognitive usability interviews with seven participants at each of six sites, for a total not to exceed 42 interviews.

In addition, each participant will have been recruited through a 15-minute screening interview. The participants will be recruited according to U.S. census statistics for race/ethnicity, age, marital status, gender, and income. Also, the sample will include participants both familiar and unfamiliar with PHRs and participants who manage chronic health issues or a disease for themselves or others.

## ESTIMATED ANNUALIZED BURDEN TABLE

| Forms<br>(If necessary) | Number of<br>respondents | Number of re-<br>sponses per<br>respondent | Average<br>burden hours<br>per response | Total burden<br>hours |
|-------------------------|--------------------------|--------------------------------------------|-----------------------------------------|-----------------------|
| Screening Form .....    | 84                       | 1                                          | 15/60                                   | 21                    |
| Interview Form .....    | 42                       | 1                                          | 90/60                                   | 63                    |
| Total .....             | .....                    | .....                                      | .....                                   | 84                    |

**Seleda Perryman,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

[FR Doc. E9–3440 Filed 2–17–09; 8:45 am]

**BILLING CODE 4150–45–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990—New; 30-day notice]

### Agency Information Collection Request; 30-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

### Agency Information Collection Request; 30-Day Public Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a

proposed collection 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call

the Reports Clearance Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202–395–6974.

*Proposed Project:* Evaluation of the National Bone Health Campaign Pilot Site Project—OMB No. 0990—NEW—Office on Women's Health (OWH).

*Abstract:* The Office on Women's Health (OWH) is requesting clearance for forms to evaluate the implementation and effectiveness of the revised BodyWorks program; an obesity prevention program targeting parents and girls that highlights behaviors known to improve bone health. Using a technical assistance model, the revised BodyWorks program will be implemented by local coalitions in three pilot sites. Clearance is also requested for forms to assess the success of this technical assistance model.

## ESTIMATED ANNUALIZED BURDEN TABLE

| Type of respondent                                                       | Form name                                             | Number of<br>respondents | Number of<br>responses per<br>respondent | Average<br>burden per<br>response<br>(in hours) | Total burden<br>(in hours) |
|--------------------------------------------------------------------------|-------------------------------------------------------|--------------------------|------------------------------------------|-------------------------------------------------|----------------------------|
| Parent/Caregiver participant in the Revised BodyWorks program.           | Parent/Caregiver Pre test Questionnaire.              | 171                      | 1                                        | 30/60                                           | 86                         |
|                                                                          | Parent/Caregiver Post test Questionnaire.             | 153                      | 1                                        | 30/60                                           | 77                         |
|                                                                          | Parent/Caregiver Session Evaluation Forms (10 forms). | 153                      | 10                                       | 3/60                                            | 77                         |
| Parent/Caregiver Revised BodyWorks program comparison group participant. | Parent/Caregiver Pre test Questionnaire.              | 63                       | 1                                        | 30/60                                           | 32                         |
|                                                                          | Parent/Caregiver Post test Questionnaire.             | 50                       | 1                                        | 30/60                                           | 25                         |
| Adolescent participant in the Revised BodyWorks program.                 | Adolescent Pretest Questionnaire ...                  | 228                      | 1                                        | 30/60                                           | 114                        |