group practice; group practice employer identification number; names and DEA registration numbers of group practitioners; purpose of notification new, immediate, or renewal; certification of qualifying criteria for treatment and management of opiate dependent patients; certification of capacity to refer patients for appropriate counseling and other appropriate ancillary services; certification of maximum patient load, certification to use only those drug products that meet the criteria in the law. The form also notifies practitioners of Privacy Act considerations, and permits practitioners to expressly consent to disclose limited information to the *SAMHSA Buprenorphine Physician Locator.*

Since July 2002, SAMHSA has received over 25,000 notifications and has certified almost 27,000 physicians. Fifty-one percent of the notifications were submitted by mail or by facsimile, with approximately forty-one percent submitted through the Web based online system. Approximately 60 percent of the certified physicians have consented to disclosure on the *SAMHSA Buprenorphine Physician Locator.*

Respondents may submit the form electronically, through a dedicated Web page that SAMHSA will establish for the purpose, as well as via U.S. mail.

There are no changes to the forms and burden hours.

The following table summarizes the estimated annual burden for the use of this form.

Purpose of submission	Number of respondents	Responses per respondent	Burden per response (hr.)	Total Burden (hrs.)
Initial Application for Waiver	1,500	1	.083	125
Notification to Prescribe Immediately	50	1	.083	4
Notice to Treat up to 100 patients	500	1	.040	20
Total	2,050			149

Written comments and recommendations concerning the proposed information collection should be sent by May 14, 2012, to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: *OIRA_Submission@omb.eop.gov.* Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202–395–7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,

Statistician.

[FR Doc. 2012–8797 Filed 4–11–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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: Minority AIDS Initiative (MAI) Rapid HIV Testing Clinical Information Form (OMB No. 0930–0295)—Revision

This request is for a three-year generic clearance to continue rapid HIV testing data collection among 63 TCE–HIV Grantees and their clients and the additional 11 MAI–HIV Grantees and their clients. The primary purpose of the MAI Rapid HIV Testing Clinical Information Form is to use a standardized data collection instrument to fully capture essential clinical information to enhance preventive services for those who test HIV-negative and refer to quality treatment/medical care those who test HIV-positive.

The aim of the project is to implement and increase rapid HIV testing among racial and ethnic minorities and collect rapid HIV testing data using the MAI Rapid HIV Testing Clinical Information Form. To meet this requirement, all Grantees must offer their clients rapid HIV preliminary antibody testing during outreach, pretreatment, or program enrollment. In addition, rapid HIV testing may be made available to the sexual and/or injection partners of clients. Grantees must provide onsite rapid HIV testing in accordance with their respective State and local requirements. If a client requests an off-site rapid HIV test, the Grantee must provide a referral to a rapid HIV testing site certified by the local health department.

Grantees are currently using the MAI Rapid HIV Testing Clinical Information Form in the field to systematically collect information from clients on demographics, previous rapid HIV test results, substance use and sexual risk behaviors, current rapid HIV test results, types of services received, and confirmatory HIV test result. Once a client is offered a rapid HIV test, the Grantee staff completes the MAI Rapid HIV Testing Clinical Information Form with the client present and then enters the data into a secure Web site that allows for real-time data submission.

The estimated annualized burden is summarized below.

Respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total burden hours
MAI Rapid HIV Testing Clinical Information Form (FY 2008 and FY 2009—63 Grantees)	10,000	1	0.133	1,330
RHT form for 11 HIV program FY 2011 grantees (public health departments)	20,000	1	0.133	2,660
MAI Rapid HIV Testing Clinical Information Form (Re-test)	6,000	1	0.133	798
Total	30,000			4,788

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 8–1099, One Choke Cherry Road, Rockville, MD 20857 or email a copy to *summer.king@samhsa.hhs.gov*. Written comments must be received before 60 days after the date of the publication in the **Federal Register**.

Summer King,

Statistician.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities; Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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: 2013 National Survey on Drug Use and Health—(OMB No. 0930–0110)—Revision

The National Survey on Drug Use and Health (NSDUH) is a survey of the civilian, non-institutionalized population of the United States 12 years old and older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

Data from clinical interviews completed in 2008 were combined with the main interview short scale data to develop a predictive model that was applied to the full main sample to estimate SMI. Follow-up clinical interviews continued to be conducted with NSDUH respondents from 2009 to 2012. Data from these interviews were analyzed annually to update the calibration of the screening measure. To maximize trend validity, this model has been applied to 2009–2011 data. With the completion of 1500 clinical interviews in 2012, SAMHSA will have accumulated a large enough sample (4,500) to update and improve the models. Therefore, the MHSS clinical interviewing will be discontinued in 2013.

For the 2013 NSDUH, a few questionnaire changes are proposed. The instrument has been updated to include new questions on military service, medical marijuana, physician substance use screening, and respondent characteristics.

As with all NSDUH/NHSDA surveys conducted since 1999, the sample size of the survey for 2013 will be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia. The total annual burden estimate is shown below:

ESTIMATED BURDEN FOR 2013 NSDUH

Instrument	Number of respondents	Responses per respondent	Hours per response	Total burden hours	Hourly wage rate	Annualized costs
Household Screening	145,474	1	0.083	12,074	$14.45	$174,469
Interview	67,500	1	1.000	67,500	14.45	975,375
Screening Verification	5,400	1	0.067	362	14.45	5,231
Interview Verification	10,125	1	0.067	678	14.45	9,797
Total	145,474			80,614		1,164,872