maintain contact information for NHSC Alumni, allow NHSC Alumni to better communicate with each other, and enable the Bureau to communicate with NHSC Alumni (*e.g.,* send updates, plan meetings, and provide monthly newsletters).

Basic contact information would be collected from the NHSC Alumni, such as, name, state (of residence and/or employment), contact telephone number, contact e-mail address, discipline, specialty, uniformed services rank and status (active duty or retired), and NHSC service category (Scholar, Loan Repayor, or Volunteer). The data would be easily collected and accessed through a secure Web portal and allow for the safe collection and storage of this information.

The estimated annual burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Alumni Database	5,000	1	5,000	.20	1,000

E-mail comments to *paperwork@hrsa.gov* or mail the HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 31, 2010.

Sahira Rafiullah,

Director, Division of Policy and Information Coordination.

[FR Doc. 2010–7927 Filed 4–7–10; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–10–0745]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Colorectal Cancer Screening Program (OMB No. 0920–0745 7/31/2010)—Revision—Division of Cancer Prevention and Control (DCPC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Colorectal Cancer (CRC) is the second leading cause of cancer-related deaths in the United States, following lung cancer. Based on scientific evidence which indicates that regular screening is effective in reducing CRC incidence and mortality, regular CRC screening is now recommended for average-risk persons.

In 2005, CDC established a demonstration program to screen low-income individuals 50 years of age and older who have no health insurance or inadequate health insurance for CRC. The five demonstration sites have reported information to CDC including de-identified, patient-level demographic, screening, diagnostic, treatment, outcome and cost reimbursement data (Colorectal Cancer Screening Demonstration Program, OMB No. 0920–0745, exp. 7/31/2010).

CDC requests OMB approval to continue the information collection for three years, with changes. First, the number of funded sites will increase from 5 to 26, and the term "Demonstration" will be deleted from the title. Second, there will be a reduction in the burden per respondent associated with the collection of clinical information. Reporting forms for medical complications and medically ineligible clients will be discontinued, the level of detail collected from endoscopy and pathology reports will be reduced, and the reporting form for colorectal cancer clinical data elements (CCDE) will be streamlined. As a result, the reporting burden per CCDE form will be similar regardless of primary test provided. Third, the collection of patient-level reimbursement cost data will be discontinued and will be replaced by the collection of program-level activity-based cost data using a Cost Assessment Tool (CAT). The information to be collected through the CAT will allow CDC to compare activity-based costs across multiple sites and programs, and will provide a more effective means of monitoring and improving the performance and cost-effectiveness of the CRC screening program.

Each program site will screen an estimated 375 patients per year. De-identified CCDE information concerning approximately 187 new screening records will be transmitted to CDC electronically twice per year. Information collected through the Cost Assessment Tool will be transmitted electronically to CDC once per year. Reporting is required for all sites funded through the CRC screening program.

The goals of the expanded CRC screening program are to increase population-based screening and to reduce health disparities in CRC screening, incidence and mortality. The program will continue to provide services to low-income individuals age 50 and older with inadequate or no health insurance for CRC.

The total estimated annualized burden hours are 3,010. The increase in the number of funded sites and the proposed changes will result in an overall increase in burden to respondents. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form type	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Colorectal Cancer Screening Programs	Clinical Data Elements	26	375	15/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form type	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
	Cost Assessment Tool	26	1	22

Dated: March 31, 2010.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–7916 Filed 4–7–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–0920–0457]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

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. Written comments should be received within 60 days of this notice.

Proposed Project

Aggregate Reports for Tuberculosis Program Evaluation (OMB No. 0920–0457 exp. 5/31/2010)—Reinstatement—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC requests the reinstatement of the Aggregate Reports for Tuberculosis Program Evaluation, previously approved under OMB No. 0920–0457 after the 5/31/2010 expiration date, for 3 years. There are no revisions to the report forms, data definitions, or reporting instructions.

To ensure the elimination of tuberculosis in the United States, CDC monitors indicators for key program activities, such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected and providing therapy for latent tuberculosis infection. In 2000, CDC implemented two program evaluation reports for annual submission: Aggregate report of follow-up for contacts of tuberculosis, and aggregate report of screening and preventive therapy for tuberculosis infection (OMB No. 0920–0457). The respondents for these reports are the 68 state and local tuberculosis control programs receiving federal cooperative agreement funding through DTBE. These reports emphasize treatment outcomes, high-priority target populations vulnerable to tuberculosis, and programmed electronic report entry, which will be transitioned to the National Tuberculosis Indicators Project (NTIP), a secure Web-based system for program evaluation data, in 2010. No other federal agency collects this type of national tuberculosis data, and the aggregate report of follow-up for contacts of tuberculosis, and aggregate report of screening and preventive therapy for tuberculosis infection are the only data source about latent tuberculosis infection for monitoring national progress toward tuberculosis elimination with these activities. CDC provides ongoing assistance in the preparation and utilization of these reports at the local and state levels of public health jurisdiction. CDC also provides respondents with technical support for the NTIP software (Electronic—100%, Use of Electronic Signatures—No). There is no cost to respondents.

ESTIMATED ANNUALIZED BURDEN HOURS

Report name	Respondents (state and local tuberculosis control programs)	Response format	No. response per respondent	Hours per response	Total burden (in hours)
Follow-up and Treatment of Contacts to Tuberculosis Cases.	68 data clerks	50 Electronic 18 Manual	1 1	30/60 3	34 204
	68 program managers	50 Electronic 18 Manual	1 1	30/60 30/60	34 34
Targeted Testing and Treatment for Latent Tuberculosis Infection.	68 data clerks	50 Electronic 18 Manual	1 1	30/60 3	34 204
	68 program managers	50 Electronic 18 Manual	1 1	30/60 30/60	34 34