

comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Officer at (301) 443-1984.

HRSA especially requests comments on: (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.

**Information Collection Request Title:  
The National Health Service Corps  
(NHSC) Site Retention Assessment  
Questionnaire (OMB No. 0915-xxxx)—  
New**

**Abstract:** The National Health Service Corps (NHSC) provides health professionals with loan repayment and scholarships in return for their service to underserved areas. The NHSC's mission is to improve access to primary care, which is supported by clinicians who remain in their sites well beyond their contracted periods of service. However, many sites are unaware of their influence and impact on clinician retention levels. The purpose of this project is to gather survey information from administrative officials at NHSC-approved sites that will guide NHSC initiatives and assist sites in improving their retention outcomes. The survey will ask site administrators to rate how difficult it is to retain clinicians, their general attitudes about the feasibility of good retention and awareness of its principles, their practices' current approaches to promoting retention, ratings on various aspects of their practices' organizational culture and

administrative style, and their sites' interest in and preferred ways of learning how to bolster retention. Survey data will be gathered anonymously and presented in aggregate, to promote administrators' participation and full disclosure.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and, to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

The annual estimate of burden is as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC Site Retention Assessment Questionnaire .....	7,000	1	7,000	0.507	3,549
Total .....	7,000	1	7,000	0.507	3,549

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Reports Clearance Officer, Room 10-29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

**Deadline:** Comments on this Information Collection Request must be received within 60 days of this notice.

Dated: November 7, 2012.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

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**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Indian Health Service**

**Request for Public Comment: 30-Day  
Proposed Information Collection:  
Indian Health Service (IHS) Sharing  
What Works—Best Practice, Promising  
Practice, and Local Effort (BPPPLE)  
Form**

**AGENCY:** Indian Health Service, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires 30 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review. This proposed information collection project was previously published in the **Federal Register** (77 FR 52748) on August 30, 2012, and allowed 60 days for public

comment. No public comment was received in response to the notice. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB.

**Proposed Collection:** Title: 0917-0034, "Indian Health Service (IHS) Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form." *Type of Information Collection Request:* Extension without revision of the currently approved information collection, 0917-0034, "IHS Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form," which was previously approved under the title "Director's 3 Initiative Best Practice, Promising Practice, and Local Efforts Form." Although the name of the form has changed, the contents of the form remain the same. **Forms:** 0917-0034, "IHS Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form." **Need and Use of Information Collection:** The IHS goal is to raise the health status of the American Indian and Alaska Native (AI/

AN) people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission and to provide the product/service to IHS, Tribal, and Urban (I/T/U) programs, the Office of Preventive and Clinical Services' program divisions (i.e., Behavioral Health, Health Promotion/Disease Prevention, Nursing, and Dental) have developed a centralized program database of best practices, promising Practices and local efforts and resources. This database was previously referred as

OSCAR, but the name will be changed to BPPPLE to reflect the revised name of the form. The purpose of this collection is to develop a database of BPPPLE and resources to be published on the IHS.gov Web site which will be a resource for program evaluation and for modeling examples of various health care projects occurring in AI/AN communities.

All information submitted is on a voluntary basis; no legal requirement exists for collection of this information. The information collected will enable the Indian Health systems to: (a)

Identify evidence based approaches to prevention programs among the I/T/Us when no system is currently in place, and (b) Allow the program managers to review BPPPLE occurring among the I/T/Us when considering program planning for their communities.

*Affected Public:* Individuals. *Type of Respondents:* I/T/U programs' staff. The table below provides: Types of data collection instruments, Number of respondents, Responses per respondent, Average burden hour per response, and Total annual burden hour(s).

#### ESTIMATED BURDEN HOURS

Data collection instrument(s)	Number of respondents	Responses per respondent	Average burden hour per response	Total annual burden hours
IHS Sharing What Works—BPPPLE Form (OMB Form No. 0917-0034) .....	100	1	20/60	33.3
Total .....	100	.....	.....	33.3

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

*Request for Comments:* Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct your comments to OMB: Send your comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

To request more information on the proposed collection, or to obtain a copy of the data collection instruments and/or instruction(s) contact: Tamara Clay, Reports Clearance Officer, 801 Thompson Avenue, TMP, Suite 450,

Rockville, MD 20852, call non-toll free (301) 443-4750, send via facsimile to (301) 443-2316, or send your email requests, comments, and return address to: *Tamara.Clay@ihs.gov*.

*Comment Due Date:* December 13, 2012. Your comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

Dated: November 6, 2012.

**Yvette Roubideaux,**  
Director, Indian Health Service.

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#### DEPARTMENT OF HOMELAND SECURITY

##### Coast Guard

[Docket No. USCG-2012-0212]

##### Navigation Safety Advisory Council

**AGENCY:** Coast Guard, DHS.

**ACTION:** Notice of Federal Advisory Committee Meeting.

**SUMMARY:** The Navigation Safety Advisory Council (NAVSAC) will meet on November 28 and 29, 2012 in Tampa, Florida, to discuss matters relating to maritime collisions, ramming, groundings, Inland and International Rules of the Road, navigation regulations and equipment, routing measures, marine information, diving safety, and aids to navigation systems. The meeting will be open to the public.

**DATES:** NAVSAC will meet Wednesday, November 28, 2012, from 8 a.m. to 5

p.m., and Thursday, November 29, 2012, from 8 a.m. to 5 p.m. Please note that the meeting may close early if the committee has completed its business. Pre-registration and written comments are due November 19, 2012.

**ADDRESSES:** The meeting will be held at the Embassy Suites Tampa Downtown, 513 South Florida Avenue, Tampa, Florida 22602. <http://embassysuites3.hilton.com/en/hotels/florida/embassy-suites-tampa-downtown-convention-center-TPAESSES/index.html>.

For information on facilities or services for individuals with disabilities or to request special assistance at the meeting, contact the individuals listed in the **FOR FURTHER INFORMATION CONTACT** section as soon as possible.

To facilitate public participation, we are inviting public comment on the issues to be considered by the committee as listed in the "Agenda" section below.

You may submit written comments no later than November 19, 2012, and must be identified by USCG-2012-0212 using one of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments (preferred method to avoid delays in processing).

- *Fax:* 202-493-2251.

- *Mail:* Docket Management Facility (M-30), U.S. Department of Transportation, West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue SE, Washington, DC 20590-0001.

- *Hand delivery:* Same as mail address above, between 9 a.m. and 5