

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Household screening .....	622,000	1	1/60	10,367
Household interview .....	102,000	11	25/60	42,500
Pilot work, pre-testing, and planning activities .....	6,100	1	35/60	3,558
Total .....	.....	.....	.....	56,425

Dated: March 5, 2007.

**Joan F. Karr,**

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

[FR Doc. E7-4635 Filed 3-13-07; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-07-07AP]

**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 Joan Karr, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email 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**

Preventive Medicine Residency and Fellowship Program Evaluation—New—Office of Workforce and Career Development (OWCD), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Preventive medicine is a specialized field of medical practice that works with large populations to promote good health; to prevent disease, injury and disability; and to facilitate early diagnosis and treatment of illness. It is unique because its central focus is population health. Despite the nation's growing need for preventive-medicine skills, numerous studies have demonstrated an increasing shortage of preventive medicine-trained professionals, and that shortage is projected to continue (American College of Preventive Medicine; Council on Graduate Medical Education). The specialty will benefit from attracting new residents, rewarding programs that fill positions with highly qualified candidates, and expanding the specialty into new medical leadership roles (Ducatman, *et al.*, 2005).

The mission of CDC's Preventive Medicine Residency and Fellowship (PMR/F) is to (1) train public health and preventive medicine leaders, and (2) maintain leadership in the field of preventive medicine training. CDC's PMR/F has been training physicians in the residency since 1972 and

veterinarians in the fellowship since 1983. PMR/F consists of a competency-based curriculum, a one-year practicum, and sponsorship for a Master of Public Health degree for qualified applicants before the practicum year. PMR/F provides its residents and fellows with training and experience in leadership, management, program development and evaluation, and the translation of epidemiology to public health practice.

During the past 15 years, the CDC PMR/F has adapted its educational plan and design in response to changing public health needs, feedback from trainees and stakeholders, internal reviews of the residency, changes in Accreditation Council for Graduate Medical Education (ACGME) requirements, and a formal national survey of Preventive Medicine Residency graduates conducted by CDC in 1991. The last formal evaluation of the program occurred as part of the 1991 survey.

CDC proposes a new project to evaluate the PMR/F. The goals of the evaluation are to determine: (1) How well PMR/F is fulfilling its mission to train competent public health practitioners and leaders, (2) the effectiveness of the PMR/F educational program, and (3) PMR/F's contribution to its residents and fellows, the CDC, and the larger public health community.

As part of this project, PMR/F practicum assignment mentors, alumni, and external preventive medicine subject matter experts will be asked to complete a questionnaire to provide information that addresses the evaluation's goals. Below is a description of the questionnaire's response burden. There is no cost to the respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
PMR/F Practicum Assignment Mentors .....	30	1	20/60	10
PMR/F Alumni .....	30	1	20/60	10

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
External Preventive Medicine Subject Matter Experts .....	30	1	20/60	10
Total Hours .....				30

Dated: March 5, 2007.

**Joan F. Karr,**  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. E7-4670 Filed 3-13-07; 8:45 am]  
**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-07-0007]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

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Clifton Road, MS-D74, Atlanta, GA 30333 or send an email 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**

Community Assistance Panels Nomination Form (CAPs)—(0923-0007)—Extension—Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive

Environmental Response Compensation and Liability Act (CERCLA), and its 1986 Amendments, the Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances in the environment. To facilitate this effort, ATSDR seeks the cooperation of the community being evaluated through direct communication and interaction. Direct community involvement is required to conduct a comprehensive scientific study and to effectively disseminate specific health information in a timely manner. Also, this direct interaction fosters a clear understanding of health issues that the community considers to be important and establishes credibility for the agency. The Community Assistance Panel nominations forms are completed by individuals in the community to nominate themselves or others for participation on these panels.

This request is for a 3-year extension of the current OMB approval of the Community Assistance Panel nominations form. There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

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General Public .....	150	1	10/60	25

Dated: March 5, 2007.

**Joan F. Karr,**  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. E7-4671 Filed 3-13-07; 8:45 am]  
**BILLING CODE 4163-18-P**