



PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION: National Sample Survey of Registered Nurses
OMB CONTROL NUMBER: 0607-####
DIVISION/PROGRAM OFFICE: Associate Director of Demographic Programs – Survey Operations (ADDP – SO)
AGENCY CONTACT: Jason M. Fields

TYPE OF INFORMATION COLLECTION REQUEST:

- New collection
- Revision of a currently approved collection [current expiration date:]
- Extension, without change, of a currently approved collection [current expiration date:]
- Reinstatement, without change, of a previously approved collection for which approval has expired
- Reinstatement, with change, of a previously approved collection for which approval has expired
- Existing collection in use without an OMB Control Number

PURPOSE OF COLLECTION:

Sponsored by the U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration's (HRSA) National Center for Health Workforce Analysis (NCHWA), the National Sample Survey of Registered Nurses (NSSRN) is designed to obtain the necessary data to determine the characteristics and distribution of Registered Nurses (RNs) throughout the United States, as well as emerging patterns in their employment characteristics. These data will provide the means for the evaluation and assessment of the evolving demographics, educational qualifications, and career employment patterns of RNs.

DATA COLLECTION START DATE: 3/15/2018

REQUESTED OMB EXPIRATION DATE: Three years from approval date Other date: []

60-DAY FEDERAL REGISTER CITATION: **82 FR 28817-28818** **DATE PUBLISHED: 6/26/2017**

MANDATORY OR VOLUNTARY COLLECTION? Mandatory Voluntary N/A

IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?

- Yes [Specify agency/entity: **HRSA NCHWA**]
- No
- Shared Sponsorship [Specify agency/entity:]

LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:

Census Authority: 13 U.S.C. Section 8(b)

HRSA NCHWA Authority: Public Health Service Act 42 U.S.C. Section 294n(b)(2)(A) and 42 U.S.C. Section 295k(a)-(b)

SURVEY INFORMATION:

What is the source of the sampling frame for this collection? A compilation of files provided by the State Boards of Nursing and the National Council of the State Boards of Nursing (NCSBN).

What are the mode(s) for collection? Paper Internet Computer Assisted Personal Interviewing (CAPI)

Computer Assisted Telephone Interviewing (CATI) Other **Telephone Questionnaire Assistance (TQA) has the ability to collect responses over the phone when respondents call in through the Centurion Web Instrument**

PUBLIC BURDEN:

Average Estimated Time per Response: Hours **25** Minutes

ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:

Number of Respondents **65,000**

Number of Responses **65,000**

Requested Annual Burden Hours **28,600**

Current Annual OMB Inventory **0**

Difference (+, -) **28,600**

Reason for Difference in Burden Hours: Program Change Adjustment No Difference

Explanation of Difference (if applicable): **New Survey**

PRIVACY ACT (PA):

Is this collection a Privacy Act System of Records?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - <i>If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.</i>
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TITLE 13 CONFIDENTIALITY:

Is this collection of information confidential under Title 13, Section 9? Yes No

If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015¹? Yes No

Has the respondent messaging been reviewed and updated in the collection materials per the "Updates to Census Bureau Confidentiality Messaging and PRA Required Language" memo, if applicable? Yes No

¹ Please refer to the "[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](#)" Memo

PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE: In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials:								
Required PRA/PA Language	PRA	PA Statement	Invitation letter	FAQs	Collection Instrument	Instructions	Other	N/A
Reason/purpose for the information collection, including the way the information will be used.	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The legal authority(ies) that authorize the collection of information.	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Whether responses are mandatory or voluntary (citing the authority)	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The nature and extent of confidentiality to be provided (if any) citing authority	X		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
An estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden	X		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OMB control number	X		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
A statement that an agency may not conduct (and a person is not required to respond to) an information collection request unless it displays a currently valid OMB control number.	X		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Published routine use for which information is subject and citation to relevant SORN		X	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The effects on the individual for not providing the requested information		X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Comments:								
ADDITIONAL INFORMATION: Please include any special circumstances or other information that would help expedite the review of this package (ex. if the collection is at the request of a congressional inquiry).								
Clearance needed no later than 02/02/2018 in order to allow for enough time for overprinting on the paper questionnaires and initial invite letters.								