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| **Paperwork Reduction Act (PRA)****Executive Summary Form** |
| **Title of Collection:** | **National Sample Survey of Registered Nurses** |
| [**OMB Control Number**](#CurrentOMBInventory)**:** | **0607-####** |
| **[Division/Program Office](#DivProg" \o "Enter the name of the Division and Program Area initiating the information collection request.  ):** | **Associate Director of Demographic Programs – Survey Operations (ADDP – SO)** |
| **[Agency Contact](#AgencyContact" \o "Enter the full name and title of the Agency Contact. This is the person who can best answer questions regarding the content of the information collection request):** | **Jason M. Fields** |
| [**Type of Information Collection Request**](#TypeofICR)**:** |
|[x]  New collection |
|[ ]  [Revision of a currently approved collection](#Revision" \o "The PRA Executive Summary Form is not required for non-substantive change (NSC) requests.) | [current expiration date: Enter date] |
|[ ]  Extension, without change, of a currently approved collection | [current expiration date: Enter 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:](#DataCollectionStartDate" \o "Enter the date that the collection is scheduled to begin)** | 3/15/2018 |
| **Requested OMB Expiration Date:** | [x]  Three years from approval date | [ ]  Other date: [d a te]  |
| [**60-Day Federal Register Citation**](#SixtDayFRNCitationDate)**:** | **82 FR 28817-28818** | **Date Published: 6/26/2017** |
| **[Mandatory or Voluntary Collection?](#MandatoryVoluntary" \o "If N/A, please enter explanation in field below)** | [ ]  Mandatory | [x]  Voluntary | [ ]  N/A |
|   |
| **[Is This a Reimbursable Collection Conducted by Census on Behalf of Another Agency/Entity?](#IsThisAReimbursable" \o "If applicable, enter the name of the other agency/entity.)** |
| [x]  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?](#Whatarethemodes" \o "Select which mode(s) of collection apply. If Other is selected, please specify mode for collection) [x]  Paper [x]  Internet [ ]  Computer Assisted Personal Interviewing (CAPI) |
| [ ]  Computer Assisted Telephone Interviewing (CATI) [x]  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](#PublicBurden): Hours **25** Minutes |
| **Annual Reporting and Recordkeeping Hour Burden:** |
| [Number of Respondents](#NumofRespondents" \o "Provide the annual number of respondents and/or recordkeepers.) | **65,000** |
| [Number of Responses](#NumofResponses" \o "Provide the number of responses provided annually.) | **65,000** |
| [Requested Annual Burden Hours](#RequestedBurdenHours" \o "Provide the total annual recordkeeping and reporting hour burden.)  | **28,600** |
| [Current Annual OMB Inventory](#CurrentOMBInventory" \o "Enter the burden hours currently approved by OMB for this collection of information. Enter zero (0) for new collections and for collections whose OMB approval has expired.) | **0** |
| [Difference (+, -)](#Difference" \o "Enter the difference between the current OMB inventory and the requested annual burden hours.) | **28,600** |
| [Reason for Difference in Burden Hours:](#ReasonforDiff" \o "If applicable, select the reason for the difference in burden hours. ) [x]  [Program Change](#ProgramChange" \o "\"Program Change\" is the result of deliberate Federal government action. Includes all new collections and revisions to existing collections (ex. addition/deletion of questions))  [ ]  [Adjustment](#Adjustment" \o "\"Adjustment\" is a change that is not the result of a deliberate Federal government action, including changes resulting from new estimates or actions not controllable by the Federal government. ) [ ]  No Difference  |
| Explanation of Difference (if applicable): **New Survey** |
| **Privacy Act (PA):** |
| [Is this collection a Privacy Act System of Records?](#PrivacyActSORN" \o "\“Privacy Act System of records\” means a group of more than one record containing information about individuals where a record is retrieved by name or other personal identifier, such as social security number (SSN) or date of birth (DOB).) | [ ]  No[x]  Yes - [*If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.*](#PrivacyActRequirements) |
| **Title 13 Confidentiality:**  |
| Is this collection of information confidential under Title 13, Section 9? | [x]  Yes [ ]  No |
| [If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015[[1]](#footnote-1)?](#ConfidentialityPledge) | [x]  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?](#ConfidentialityPledge" \o "Refer to the \"Updates to Census Bureau Confidentiality Messaging and PRA Prequired Language\" issued 1/27/17 by PCO for more information. Provide an explanation (in the space provided) if the answer to this question is No.) | [x]  Yes [ ]  No  |

| **[Placement of Required Paperwork Reduction Act and Privacy Act Language:](#PRAandPrivacyActPlacement" \o "The required PRA/Privacy Act Language must be clearly presented to respondents in the invitation letter, FAQs and/or the collection instrument. )** In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials: |
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| **Required PRA/PA Language** | [**PRA**](#PrivacyAct) | **[PA](#PrivacyAct" \o "Items that are checked in this column are required by the Privacy Act.)****[Statement](#PrivacyAct" \o "Items that are checked in this column are required by the Privacy Act.)** | **Invitation letter** | **FAQs** | **Collection Instrument** | **Instructions** | **[Other](#Other" \o "For 'other', please specify location in space provided.)** | **N/A** |
| Reason/purpose for the information collection, including the way the information will be used. | **X** | **X** |[x] [x] [x] [ ]    |[ ]
| The legal authority(ies) that authorize the collection of information. | **X** | **X** |[x] [x] [x] [ ]    |[ ]
| Whether responses are mandatory or voluntary (citing the authority) | **X** | **X** |[x] [x] [x] [ ]    |[ ]
| The nature and extent of confidentiality to be provided (if any) citing authority | **X** |  |[x] [x] [x] [ ]    |[ ]
| 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** |  |[x] [x] [x] [ ]    |[ ]
| OMB control number | **X** |  |[x] [x] [x] [ ]    |[ ]
| 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** |  |[x] [x] [ ] [ ]    |[ ]
| Published routine use for which information is subject and citation to relevant SORN |  | **X** |[ ] [ ] [x] [ ]    |[ ]
| The effects on the individual for not providing the requested information |  | **X** |[x] [x] [x] [ ]    |[ ]
| [Comments](#Comments" \o "Provide comments if any items are N/A or require additional explanation.):  |
| **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.** |

1. Please refer to the “[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](https://collab.ecm.census.gov/div/pco/PDSIntranet/Documents/FINAL%20-%20Updates%20to%20Wording%20of%20Legally%20Required%20Statements_1-27-2017.pdf)” Memo [↑](#footnote-ref-1)