**For each document (form/instrument) submitted, please provide the following information:**

**Title for this form/instrument**: Performance Improvement Measurement System for the Office for the Advancement of Telehealth

1. **What is the obligation to respond to this document**:
   1. Required to obtain or retain benefits – *when the response is elective but is required to obtain or retain a benefit.*
2. **Frequency of reporting on this document**:
3. Semi-annually
4. **What are the electronic capabilities to this document**:
5. Fillable & printable
6. **What is the document type**:
7. Form
8. **Total number of respondents expected for this document annually**:

21

1. **Number of small entity respondents for this form/instrument**:

*21*

1. **Estimated percent of respondents who can submit electronically**: 100%
2. **Affected Public** (*who are the respondents to this form/instrument*):
   1. Private Sector (specify which of the following: business or other for-profits, not-for-profit institutions, farms)
3. **Number of responses to this document per respondent per year:**

*42*

1. **Respondents’ burden time (in hours or fraction of hours) for reporting or responding to this document:**

*7*