

**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:**

- a. 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:**

- a. Semi-annually

**3. What are the electronic capabilities to this document:**

- a. Fillable & printable

**4. What is the document type:**

- a. Form

**5. Total number of respondents expected for this document annually:**

21

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

21

**7. Estimated percent of respondents who can submit electronically:** 100%

**8. Affected Public (*who are the respondents to this form/instrument*):**

- a. Private Sector (specify which of the following: business or other for-profits, not-for-profit institutions, farms)

**9. Number of responses to this document per respondent per year:**

42

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

7