

Please complete this document one time for EACH form/instrument (one time per line item in your burden table). **Highlight your response.**

1. Title for this form/instrument: **Exhibit 4 (FTE Resident Assessment)**
2. What is the obligation to respond to this document (**select one only**):
  - a. Voluntary – *when the response is entirely discretionary and has no direct effect on any benefit or privilege.*
  - b. **Required to obtain or retain benefits – *when the response is elective but is required to obtain or retain a benefit.***
  - c. Mandatory – *when the respondent must reply or face civil or criminal sanctions.*
3. Frequency of reporting on this document (this should reflect the number in the burden table under the “Responses per Respondent” column):
  - a. Hourly
  - b. Daily
  - c. Weekly
  - d. Monthly
  - e. **Yearly**
  - f. Every Decade
  - g. Quarterly
  - h. Semi-annually
  - i. Biennially (every other year)
  - j. Once
  - k. Occasionally
4. What are the electronic capabilities to this document (**select one only**):
  - a. Paper only
  - b. **Printable only**
  - c. Fillable & printable
  - d. Fillable & can submit electronically (fileable)
5. What is the document type (**select one only**):
  - a. Form & instruction
  - b. Form
  - c. Instruction
  - d. **Other**
6. Number of small entity respondents for this form/instrument:

*A small entity may be (1) a small business which is deemed to be one that is independently owned and operated and that is not dominant in its field of operation; (2) a small organization that is any not-for-profit enterprise that is independently owned and operated and is not dominant in its field; (3) a small government jurisdiction which is a government of a city, county, town, township, school district, or special district with a population of less than 50,000. **None***
7. Estimated percent of respondents who can submit electronically: **30 auditors and 60 hospitals**
8. Affected Public (*who are the respondents to this form/instrument*) **Select ONE only**:
  - a. Individuals or households
  - b. State, Local, or Tribal Governments

- c. Federal Government
- d. Private Sector (If Private Sector, please specify: business or other for-profits, not-for-profit institutions, farms)

Business and for-profit and not-for-profit hospitals