NSTRUCTIONS:				TITLE OF INFORMATION COLLECTION DOCUMENT					OMB NO.	
									0579-	-0297
				National Veterinary Accreditation Program Application Form					DATE PREPARED	
									9/17/2020	
IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
				REPORTS			RECORDS			
SECTION OF REGS	DESCRIPTION	FORM NO's (if none, so state)	NO. OF RESPONDENTS	NO. OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES	HOURS PER RESPONSE	TOTAL HOURS	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD- KEEPER	RECORD- KEEPING HOURS
(A)	(B)	(C)	(D)	(E)	(Col. D x E) (F)	(G)	(Col. F x G) (H)	(1)	(J)	(Col. I x J) (K)
9 CFR 161	National Veterinary Accreditation Program Application Form (Business)	VS 1-36A	23,800	1	23,800	0.500	11,900			
9 CFR 161.6	Request for Appeal (Business)		1	1	1	1.000	1			
SUBTOTAL					23,801		11,901	0		0
TOTAL OF ALL PAGES					23,801		11,901	0		0
TOTAL COLLIMNS E+L= OMB 831 13h					23 801		11 901			