

the increasing demand for these professionals.

Because of this central role NIOSH plays in the education and training of OS&H workers and because of the continually changing nature of the workplace, over the last 38 years NIOSH has sponsored 3 OS&H workforce assessments. These were conducted in 1977 and 1985 by NIOSH; and, in 2000 the Institute of Medicine conducted a workforce assessment at NIOSH's request. NIOSH is planning to perform another assessment to examine the current and anticipated future professional OS&H workforce. The assessment will attempt to collect information from two groups—employers of OS&H professionals and providers of training programs for OS&H professionals.

The information collected from employers will concern the current supply and future demand for OS&H professionals; and the desired professional competencies (*i.e.*, knowledge, skills, and abilities) required for the coming decade.

To ensure that the overall proposed methodology for collecting information from employers is successful in collecting the information required, we will conduct a phase I study with a small group of employers. Should any needed methodological changes be

identified, NIOSH will submit a request for modification to OMB. If no substantive methodological changes are required, the phase II study will proceed and the phase I data will be included in the phase II study data set. It is expected that approximately 744 employers will have to be screened in Phase I and 6,681 in Phase II to yield approximately 400 employer responses (40 in the employer phase I, 360 in the employer phase II study).

The initial step in the study of employers will be to sample the total number of establishments needed for screening. The phase I portion of employers then will be conducted using approximately 744 of the establishments sampled and the following methodology:

- A telephone screening to identify employers of OS&H professionals will be conducted. During the screening to identify employers of OS&H professionals we will also obtain contact information for the most appropriate respondent(s).
- A letter will be mailed to all eligible phase I establishments describing the study, inviting them to participate, and providing web access information.
- Data collection then will be primarily by web questionnaire. After two weeks, all non-respondents will receive a special delivery service

envelope containing another copy of the invitation letter. Two weeks later, telephone contact with non-respondents will begin. Up to 7 attempts to contact each potential respondent by telephone will be made. (When contact is made, respondents will be encouraged to complete the questionnaire on the web or by telephone at that time.)

Assuming no methodological changes result from the phase I study, the phase II employer study then will begin with telephone screening of an additional 6,681 establishments. The data collection methodology will be identical to that described for the phase I study of employers.

The study of educational providers will be a census of the approximately 400 educational providers identified and listed as part of this effort. There will be no sampling or screening activities. The information collected will be similar to that collected from employers. Beginning with the invitation letter, the data collection methodology for educational providers will be identical to that of the phase II study of the employers. We expect 180 educational providers to respond to either the Web or telephone questionnaire.

There is no cost to any respondents other than their time. The total estimated annual burden hours are 898.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Average number of responses per respondent	Average burden per response in hours
Employer .....	Employer Screening .....	7425	1	5/60
Employer .....	Employer Questionnaire (Web or Telephone) .....	400	1	32/60
Provider .....	Provider Questionnaire (Web or Telephone) .....	180	1	22/60

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Reports Clearance Officer, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under

OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

**Project: Registration for Behavioral Health Web Site and Resources—NEW**

SAMHSA is authorized under section 501(d)(16) of the Public Health Service Act (42 U.S.C. 290aa(d)(16)) to develop and distribute materials for the prevention, treatment, and recovery from substance abuse and mental health disorders. To improve the way the public locates and obtains these materials, SAMHSA is integrating the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC) into one online

resource for behavioral health information. A part of building this new product Web site is SAMHSA's development of a voluntary registration process that will allow customers to create accounts that will save their order histories and shipping addresses. During the Web site registration process, SAMHSA will also ask customers for optional demographic information that will include organization affiliation, SAMHSA grantee identification information, and reasons for interest in behavioral health information. SAMHSA will use this information to conduct customer analyses that will inform materials development, assist in forecasting inventory needs, and identify ways that SAMHSA can improve its customer service. SAMHSA will request the same optional

demographic information and state of residency when customers subscribe to its email update service, for the purpose of assessing information needs and better targeting email messages to appropriate audiences.

SAMHSA is employing a Web-based form for information collection to avoid duplication and unnecessary burden on customers who register both for an account on the product Web site and for e-mail updates. The Web technology allows SAMHSA to integrate the email update subscription process into the Web site account registration process. Customers who register for an account on the new product Web site will be given the option of being enrolled

automatically to receive SAMHSA email updates. Any optional questions answered by the customer during the Web site registration process will automatically be mapped to the profile generated for the e-mail update system, thereby reducing the collection of duplicate information.

SAMHSA will collect all customer information submitted for Web site registration and email update subscriptions electronically via a series of Web forms on the samhsa.gov domain. Customers can submit the Web forms at their leisure, or call SAMHSA's toll-free Call Center and an information specialist will submit the forms on their behalf. The electronic collection of

information will reduce the burden on the respondent and streamline the data-capturing process. SAMHSA will place Web site registration information into a Knowledge Management database and will place email subscription information into a database maintained by a third-party vendor that serves multiple Federal agencies and the White House. Customers can change, add, or delete their information from either system at any time.

The respondents will be behavioral health professionals, researchers, parents, caregivers, and the general public.

SAMHSA estimates the burden of this information collection as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN

	Number of respondents	Annual frequency per response	Total annual responses	Hours per response	Total hours
Web Site Registration .....	41,200	1	41,200	.033 (2 min.) .....	1,360
Email Update Subscription .....	24,000	1	24,000	.017 (1 min.) .....	480
Total .....	65,200	.....	65,200	.....	1,840

Written comments and recommendations concerning the proposed information collection should be sent by September 3, 2010 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-5806.

Dated: July 27, 2010.

**Elaine Parry,**

Director, Office of Program Services.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

**Proposed Project: Scholarships for Disadvantaged Students (SDS) Program (OMB No. 0915-0149)—Extension**

The Scholarships for Disadvantaged Students (SDS) Program has as its

purpose, the provision of funds to eligible schools to provide scholarships to full-time, financially needy students from disadvantaged backgrounds enrolled in health professions and nursing programs.

To qualify for participation in the SDS program, a school must be carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups (Section 737(d)(1)(B) of the Public Health Service (PHS) Act). A school must meet the eligibility criteria to demonstrate that the program has achieved success based on the number and/or percentage of disadvantaged students who graduate from the school. In awarding SDS funds to eligible schools, funding priorities must be given to schools based on the proportion of graduating students going into primary care, the proportion of underrepresented minority students, and the proportion of graduates working in medically underserved communities (Section 737(c) of the PHS Act).

The annual estimate of burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Application .....	600	1	600	13	7,800