state, tribal, local, or territorial health agencies, or non-governmental organizations), focusing on public health or health/healthcare.

When PHAP originated in 2007, the program focused on increasing recruitment and enrollment; to date, there has been limited systematic assessment of the program. As a result, one current program priority is focused on documenting program outcomes to inform refinements to program processes and activities, demonstrate program impact, and inform decision making about future program direction. The purpose of this information collection request (ICR) is to gain approval to follow alumni career progression following participation in PHAP. The ICR will enable the program to demonstrate evidence of program outcomes, specifically to document how many alumni are retained as members of the public health workforce, where alumni are employed, what topical and functional public health areas alumni support (*e.g.,* chronic disease, infectious disease, assessment, communications, etc.), to what extent alumni support the capabilities of public health agencies at the federal, state, territorial, local, tribal, and non-governmental organizational levels, and to what extent PHAP has influenced alumni career paths (if at all). Information will be used to answer key program assessment questions, specifically: ''Is PHAP a quality program?'', ''Is PHAP an effective program?'', and ''What is the impact of PHAP?''

CDC will administer the PHAP Alumni Assessment at two different time points (1 year post-graduation, and 3 years post-graduation) to PHAP alumni. Assessment questions will remain consistent at each administration (*i.e.,* 1 year, or 3 years post-PHAP graduation). The language, however, will be updated for each assessment administration to reflect the appropriate time period. It is estimated that there will be no more than 480 respondents (160 respondents annually) over the course of the three year approval period. Assessments will be administered electronically; each alumnus will receive an embedded link in an email invitation that is unique to that alumnus; each alumnus will only have access to his/her link to the assessment Web site. The total estimated burden is 8 minutes per respondent per assessment. The total annualized estimated burden is 21 hours.

There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PHAP Alumni	PHAP Alumni Assessment	160	1	8/60

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2015–10183 Filed 4–30–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC–2015–0021, NIOSH 153–C]

Request for the Technical Review of 19 Draft Skin Notation Assignments and Skin Notation Profiles

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Request for information and comment.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) is conducting a public review of the draft skin notations and supporting technical documents entitled, Skin Notations Profiles, for 19 chemicals. NIOSH is requesting technical reviews of the draft Skin Notation Profiles.

DATES: Electronic or written comments must be received by June 30, 2015.

ADDRESSES: You may submit comments, identified by CDC–2015–0021 and docket number NIOSH 153–C, by any of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C–34, Cincinnati, Ohio 45226–1998.

Instructions: All information received in response to this notice must include the agency name and docket number [CDC–2015–0021; NIOSH 153–C]. All relevant comments received will be posted without change to *www.regulations.gov,* including any personal information provided. All electronic comments should be formatted as Microsoft Word. For access to the docket to read background documents or comments received, go to *www.regulations.gov.* All information received in response to this notice will also be available for public examination and copying at the NIOSH Docket Office, 1150 Tusculum Avenue, Room 155, Cincinnati, OH 45226–1998.

FOR FURTHER INFORMATION CONTACT: Naomi Hudson, NIOSH Robert A. Taft Laboratories, MS–C32, 1190 Tusculum Ave., Cincinnati, OH 45226. (513)533–8388 (not a toll free number).

SUPPLEMENTARY INFORMATION: This review follows the publication of 22 Skin Notation Profiles, Docket Number NIOSH 153–A *http://www.cdc.gov/niosh/docket/archive/docket153A.html* and the external review of an additional 25 Skin Notation Profiles, Docket Number NIOSH 153–B *http://www.cdc.gov/niosh/docket/archive/docket153B.html.* To facilitate the review of these documents, NIOSH requests that the following questions be taken into consideration for each Skin Notation Profile:

1. Does this document clearly outline the systemic health hazards associated with exposures of the skin to the chemical? If not, what specific information is missing from the document?

2. If the SYS or SYS (FATAL) notations are assigned, are the rationale and logic behind the assignment clear? If not assigned, is the logic clear why it was not (*e.g.,* insufficient data, no identified health hazard)?

3. Does this document clearly outline the direct (localized) health hazards

associated with exposures of the skin to the chemical? If not, what specific information is missing from the document?

4. If the DIR, DIR (IRR), or DIR (COR) notations are assigned, are the rationale and logic behind the assignment clear? If not assigned, is the logic clear why it was not (*e.g.,* insufficient data, no identified health hazard)?

5. Does this document clearly outline the immune-mediated responses (allergic response) health hazards associated with exposures of the skin to the chemical? If not, what specific information is missing from the document?

6. If the SEN notation is assigned, are the rationale and logic behind the assignment clear? If not assigned, is the logic clear why it was not (*e.g.,* insufficient data, no identified health hazard)?

7. If the ID (SK) or SK were assigned, are the rationale and logic outlined within the document?

8. Are the conclusions supported by the data?

9. Are the tables clear and appropriate?

10. Is the document organized appropriately? If not, what improvements are needed?

11. Are you aware of any scientific data reported in governmental publications, databases, peer-reviewed journals, or other sources that should be included within this document?

In 2009, NIOSH published Current Intelligence Bulletin (CIB) 61—A Strategy for assigning New NIOSH Skin Notations [NIOSH 2009–147; *http://www.cdc.gov/niosh/docs/2009-147/pdfs/2009-147.pdf*]. The CIB presents a strategic framework that is a form of hazard identification that has been designed to do the following:

1. Ensure that the assigned skin notations reflect the contemporary state of scientific knowledge

2. Provide transparency behind the assignment process

3. Communicate the hazards of chemical exposures of the skin

4. Meet the needs of health professionals, employers, and other interested parties in protecting workers from chemical contact with the skin.

This strategy involves the assignment of multiple skin notations for distinguishing systemic (SYS), direct (DIR), and sensitizing (SEN) effects caused by exposure of skin (SK) to chemicals. Chemicals that are highly or extremely toxic and may be potentially lethal or life-threatening following exposures of the skin are designated with the systemic subnotation (FATAL). Potential irritants and corrosive chemicals are indicated by the direct effects subnotations (IRR) and (COR), respectively. Thus with the new strategy, chemicals labeled as SK: SYS are recognized to contribute to systemic toxicity through dermal absorption. Chemicals assigned the notation SK: SYS (FATAL) have been identified as highly or extremely toxic and have the potential to be lethal or life-threatening following acute contact with the skin. Substances identified to cause direct effects (*i.e.,* damage or destruction) to the skin limited to or near the point of contact are labeled SK: DIR, and those resulting in skin irritation and corrosion at the point of contact are labeled as SK: DIR (IRR) and SK: DIR (COR), respectively. The SK: SEN notation is used for substances identified as causing or contributing to allergic contact dermatitis (ACD) or other immune-mediated responses, such as airway hyper reactivity (asthma). Candidate chemicals may be assigned more than one skin notation when they are identified to cause multiple effects resulting from skin exposure. For example, if a chemical is identified as corrosive and also contributes to systemic toxicity, it will be labeled as SK: SYS–DIR (COR). When scientific data for a chemical indicate that skin exposure does not produce systemic, direct, or sensitizing effects, the compound will be assigned the notation (~~SK~~). The ID$^{(SK)}$ notation is assigned to indicate that insufficient data on the health hazards associated with skin exposure to a substance exist at the time of the review to determine whether the chemical has the potential to act as a systemic, direct, or sensitizing agent. The ND notation indicates that a chemical has not been evaluated by the strategy outlined in this CIB and that the health hazards associated with skin exposure are unknown.

Historically, skin notations have been published in the NIOSH Pocket Guide to Chemical Hazards [NIOSH 2005–149, *http://www.cdc.gov/niosh/npg/*]. This practice will continue with the NIOSH skin notation assignments for each evaluated chemical being integrated as they become available. A support document called a Skin Notation Profile has been developed for each evaluated chemical. NIOSH submitted the first group of Skin Notation Profiles for external review in 2010 [75 FR 22148] and published the finalized reports in 2011 *[http://www.cdc.gov/niosh/topics/skin/skin-notation_profiles.html]*. The Skin Notation Profile for a chemical is intended to provide information supplemental to the skin notation, including a summary of all relevant data used to aid in determining the hazards associated with skin exposures.

NIOSH seeks comments on the draft skin notation assignments and Skin Notation Profiles for 19 chemicals. The draft Skin Notation Profiles were developed to provide the scientific rationale behind the hazard-specific skin notation (SK) assignments for the following chemicals:

Substance(s)	
Trichloroethylene	(CAS #79–01–06)
Acrylic acid	(CAS #79–10–7)
Tetraethyl lead	(CAS #78–00–2)
Tetramethyl lead	(CAS #75–74–1)
2-Hydropropyl acrylate	(CAS #999–61–1)
Dimethyl sulfate	(CAS #77–78–1)
Arsenic	(CAS #7440–38–2)
Pentachlorophenol	(CAS #87–86–5)
Dichlorvos	(CAS #62–73–7)
Heptachlor	(CAS #76–44–8)
Disulfoton	(CAS #298–04–4)
Atrazine	(CAS #1912–24–9)
Morpholine	(CAS #110–91–8)
EPN	(CAS #2104–64–5)
Sodium fluoroacetate	(CAS #62–74–8)
Chlorinated camphene	(CAS #8001–35–2)
Dioxathion	(CAS#78–34–2)
Catechol	(CAS #120–80–9)

Substance(s)	
1-Bromopropane	(CAS #106–94–5)

Each Skin Notation Profile provides a detailed summary of the health hazards of skin contact and rationale for the proposed SK assignment with the chemical(s) of interest.

Dated: April 22, 2015.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2015–10289 Filed 4–30–15; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10261, CMS–10185 and CMS–2540–10]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by *June 30, 2015*:

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to *http://www.regulations.gov*. Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number _____, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995*.

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*.

3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS–10261 Part C Medicare Advantage Reporting Requirements and Supporting Regulations

CMS–10185 Medicare Part D Reporting Requirements and Supporting Regulations

CMS–2540 Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report Form

Under the PRA (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Part C Medicare Advantage Reporting Requirements and Supporting Regulations; *Use:* There are a number of information users of Part C reporting data, including our central and regional office staff that use this information to monitor health plans and to hold them accountable for their performance, researchers, and other government agencies such as the Government Accounting Office. Health plans can use this information to measure and benchmark their performance. *Form Number:* CMS–10261 (OMB Control Number 0938–1054); *Frequency:* Yearly and semi-annually; *Affected Public:* Private sector (business or other for-profits); *Number of Respondents:* 561; *Total Annual Responses:* 3,508; *Total Annual Hours:* 201,503. (For policy questions regarding this collection contact Terry Lied at 410–786–8973).

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Part D Reporting Requirements and Supporting Regulations; *Use:* To ensure quality provision of the Medicare Prescription Drug Benefit to beneficiaries, the collected information will serve as an integral resource for oversight, monitoring, compliance, and auditing activities. Sponsors should retain documentation and data records related to their data submissions. Data will be validated, analyzed, and utilized for trend reporting. For CY 2016 reporting, the following sections will be reported