

required by statute and regulation for participation in the Medicare program. The information is used to determine final payment for Medicare. Hospitals and related complexes are the main users. *Frequency*: Annually; *Affected Public*: Business or other for-profit, Not-for profit institutions, and State, Local or Tribal government; *Number of Respondents*: 7,000; *Total Annual Responses*: 7,000; *Total Annual Hours Requested*: 4,599,000.

2. *Type of Information Collection Request*: Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection*: Information Collection Requirements in HCFA Pub 14-3 Section 2120.1-2125 and Section 4115 of the Carriers Manual (HCFA-R-88); *Use*: Verification of ambulance compliance with State and Local requirements is necessary to determine whether the ambulance qualifies for reimbursement under Medicare. Carriers require ambulances providing service to Medicare beneficiaries to submit documentation showing that they have the required equipment. *Frequency*: On occasion; *Affected Public*: Business or other for-profit; *Number of Respondents*: 100; *Total Annual Hours*: 25.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's Web Site Address at <http://www.hcfa.gov/regs/prdact95.htm>, or to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Analysis and Planning Staff, Attention: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: April 7, 1997.

**Edwin J. Glatzel,**

*Director, Management Analysis and Planning Staff, Office of Financial and Human Resources.*

[FR Doc. 97-9721 Filed 4-15-97; 8:45 am]

BILLING CODE 4120-03-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[HCFA-1514]

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

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate 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.

*Type of Information Collection Request*: Extension of currently approved collection; *Title of Information Collection*: Hospital Request for Certification in the Medicare/Medicaid Programs; *Form No.*: HCFA-1514; *Use*: Section 1861 of the Social Security Act and 42 CFR part 482 requires hospitals to be certified to participate in the Medicare/Medicaid programs. As part of the certification process, providers must complete form HCFA-1514. This certification form is a facility identification and screening form used to initiate the certification process and to determine if the provider has sufficient personnel to participate in the Medicare/Medicaid programs. *Frequency*: Annually; *Affected Public*: State, Local or Tribal Government; *Number of Respondents*: 2,500; *Total Annual Responses*: 2,500; *Total Annual Hours*: 625.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's Web Site Address at <http://www.hcfa.gov/regs/prdact95.htm>, or to obtain supporting statement and any related forms, E-mail your request, including your address and phone number, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed

information collections must be mailed within 30 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address:

OMB Human Resources and Housing Branch,  
Attention: Allison Eydt, New Executive  
Office Building, Room 10235,  
Washington, DC. 20503

Dated: April 8, 1997.

**Edwin J. Glatzel,**

*Director, Management Analysis and Planning Staff, Office of Financial and Human Resources, Health Care Financing Administration.*

[FR Doc. 97-9708 Filed 4-15-97; 8:45 am]

BILLING CODE 4120-03-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Availability of Funds for the National Health Service Corps Loan Repayment Program

**AGENCY**: Health Resources and Services Administration, PHS, HHS.

**ACTION**: Extension of deadline date.

**SUMMARY**: The Health Resources and Services Administration (HRSA) published a document in the **Federal Register** of March 28, 1997, concerning availability of funds for the National Health Service Corps (NHSC) Loan Repayment Program (LRP). The deadline date needs to be extended.

In the **Federal Register** issue of Friday, March 28, 1997, in FR Doc. 97-7838, on page 14925, in the second column, correct the "Dates" caption to read:

**DATES**: The deadline for applications is August 31, 1997, or until all appropriated funds have been obligated, whichever occurs first. Due to limited funding, it is anticipated that all appropriated funds will be obligated prior to August 31, 1997. The volume of applications is historically three times greater than the number of contracts that can be awarded. Therefore, to receive consideration for funding, health professionals must submit an application and proof of a job offer at an approved NHSC LRP Service Site.

Dated: April 9, 1997.

**Claude Earl Fox,**

*Acting Administrator.*

[FR Doc. 97-9725 Filed 4-15-97; 8:45 am]

BILLING CODE 4160-15-P