Proposed Project

Pulmonary Function Testing Course Approval Program, 29 CFR 1910.1043, OMB No. 0920–0138—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

NIOSH has the responsibility under the Cotton Dust Standard, 29 CFR 1920.1043, for approving courses to train technicians to perform pulmonary function testing in the Cotton Dust Industry. Successful completion of a NIOSH-approved course is mandatory under the Standard. To carry out its responsibility, NIOSH maintains a Pulmonary Function Testing Course Approval Program. The program consists of an application submitted by potential sponsors who seek NIOSH approval to conduct courses. The application form and added materials, including an agenda, vitae, and course materials are reviewed by NIOSH to determine if the applicant has developed a program which adheres to the criteria required in the Standard. Following approval, any subsequent changes to the course are submitted by course sponsors via letter or e-mail and reviewed by NIOSH staff to assure that the changes in faculty or course content continue to meet course requirements.

Course sponsors also voluntarily submit an annual report to inform NIOSH of their class activity level and if any faculty changes have occurred. Applications and materials to be a course sponsor and carry out training are submitted voluntarily by institutions and organizations throughout the country. This is required by NIOSH to evaluate a course to determine whether it meets the criteria in the Standard and whether technicians will be adequately trained as mandated under the Standard. One question regarding faculty changes was added to the previously approved annual report. There will be no cost to respondents except their time to participate. The estimated annualized burden is 64 hours.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses/ respondents	Average burden/ response (in hrs)
Initial Application	5	1	3.5
Annual Report	50	1	45/60
Report for Course Changes	12	1	45/60

Dated: November 29, 2004.

B. Kathy Skipper,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–26913 Filed 12–7–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[7Day–05–AN]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer at (404) 498–1210. CDC is requesting an emergency clearance for this data collection with a seven-day public comment period. CDC is requesting OMB approval of this package seven days after the end of the public comment period.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. As this is an emergency clearance, please direct comments to the CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Comments should be received within seven days of this notice.

Proposed Project: Performance Evaluation Program for Severe Acute Respiratory Syndrome Antibody (SARS Ab) Testing—New—Public Health Practice Program Office (PHPPO), Centers for Disease Control and Prevention (CDC).

Great attention has been focused on SARS which is a viral respiratory illness caused by a coronavirus, called SARS-associated coronavirus (SARS–CoV). SARS was first reported in Asia in February 2003. Over the next few months, the illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global outbreak of 2003 was contained.

The SARS virus has recently been shown to be endemic in some populations, and as the season most conducive for SARS infection approaches, the possibility for an outbreak or epidemic exists. Therefore, it is imperative that the CDC ensure all State Public Health laboratories and other laboratories designated by CDC remain proficient in performing SARS testing. For this reason, it is of critical public health importance, at this time, that the CDC develop and maintain a performance evaluation program for SARS.

CDC, through the Model Performance Evaluation Program (MPEP), intends to provide a new SARS–CoV testing performance evaluation program (SARS MPEP). This program will offer external performance evaluation for SARS Ab testing. Participation in the performance evaluation program is expected to lead to improved SARS testing performance because participants have the opportunity to identify areas for improvement. This will help ensure accurate testing as a basis for development of SARS prevention and intervention strategies.

This external quality assessment program will be made available at no cost (for receipt of sample panels) to 54 state laboratories. Participants in the

SARS MPEP will be required to submit results twice a year after testing mailed performance evaluation samples. Since SARS testing methods may change due to research and development conducted by CDC and potentially (in the future) by commercial kit manufacturers, CDC will collect the SARS Sample Result Surveys (SRS) information biannually. Further, since laboratories are not continuously testing for SARS, it is necessary to offer a performance evaluation challenge at least biannually so that the labs maintain sufficient proficiency to allow quick response to an outbreak.

CDC is requesting emergency approval to conduct the samples survey for six months while the complete information collection is being processed for clearance and approval. During this six-month period, approximately 54 states will be asked to participate on a one-time basis. There are no costs to respondents other than their time in processing the samples.

Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
SARS Testing Results Booklet	54	1	10/60	9
Total				9

Dated: December 2, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–26914 Filed 12–7–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; BrainTrain4Kids: New Delivery of the Brain Power Program

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institute on Drug Abuse (NIDA), the National Institutes of Health (NIH) will public periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

PROPOSED COLLECTION: *Title:* BrainTrain4Kids: New Delivery of the Brain Power Program.

Type of Information Collection Request: NEW.

Need and Use of Information Collection: This research will evaluate the effects of BrainTrain4Kids.com, an online program for students (Grades 2 and 3), on: (1) Students' knowledge of scientific inquiry, the human nervous system, the effects of alcohol and tobacco on the brain, and the differences between helpful and harmful drugs; (2) students' attitudes toward science in general; and (3) students' attitudes toward substance abuse. The secondary goals of the summative evaluation are to determine if changes in knowledge and attitudes are retained over a follow-up period as well as to determine if parents and second- and third-grade students will report a high degree of satisfaction with the online program. The online program is a new delivery of a National Institute on Drug Abuse science education curriculum for second- and third-grade teachers (Brain Power! The NIDA Junior Scientist Club) adapted for the Internet and for use by students at home under the guidance of their parents. if the new program is successful, the public will access to an evidence-based program via the Internet that contributes to scientific literacy and provides a basis of knowledge upon which to build future substance abuse prevention. In order to evaluate the effectiveness of the program, information will be collected from students before (pretest) and after (post-test) exposure to the website and again 3 to 6 weeks after the program has been completed (follow-up). Parents will be asked to complete usage logs at three points during their use of the BrainTrain4Kids website with their children. Prior to the evaluation study, the knowledge and attitude assessment instruments will be pilot-tested with a sample of students to determine validity and reliability. Additionally, during the development phase of the project, satisfaction surveys will be administered to students, parents, and teachers at two points during the development of the website to collect preference data and assess the level of satisfaction with the website. This is necessary to ensure target audience satisfaction with the final program. All data collection will occur online.

Frequency of Response: On occasion.

Affected Public: Second- and third-grade students, their parents, and their teachers.

Type of Respondents: Second- and third-grade students, their parents, and their teachers. The reporting burden is as follows:

Estimated Number of Respondents: 410.

Estimated Number of Responses per Respondent: one for seven key cohorts, three for one key cohort and six for one key cohort.

Average Burden Hours per Response: 0.574.

Estimated Total Annual Burden Hours Requested: 637.5.

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. The estimated annualized burden is summarized below.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total burden hours requested
Students (Assessment Instrument Development)	30	1	0.75	22.5
Students (Summative Evaluation)	100	3	0.75	225
Students (Satisfaction Survey 1)	30	1	0.5	15
Students (Satisfaction Survey 2)	30	1	0.5	15
Parents (Summative Evaluation)	100	6	0.5	300
Parents (Satisfaction Survey 1)	30	1	0.5	15
Parents (Satisfaction Survey 2)	30	1	0.5	15
Teachers (Satisfaction Survey 1)	30	1	0.5	15