

collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques of other forms of information technology.

Proposed Project: Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP)—NEW

The Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program requires that each State and Territory

develop a system for registering and verifying the licenses, credentials, and privileges of health care volunteers in advance of an emergency. HRSA proposes to develop a common set of standards and definitions that each State and Territory must use in developing these State-based volunteer registry systems. The establishment of a common set of standards and definitions will give each State the ability to quickly identify and better utilize volunteer health professionals in an emergency and provide a common

framework for sharing pre-registered volunteers between States.

HRSA will be developing the standards and definitions in collaboration with the States, the American Hospital Association, Joint Commission on Accreditation of Healthcare Organizations, American Board of Medical Specialties, National Council of State Boards of Nursing, American Medical Association, American Nurses Association, and other health professional associations.

The burden estimate for this project is as follows:

Form	Number of respondents	Average number of responses per respondent	Total responses	Hours per response	Total burden hours
Volunteer Application	135,000	1	135,000	.33	44,550
Highest Level Verification	* 54	125	6,750	.17	1,148
Lowest Level Verification	54	2,375	128,250	.05	6,413
Total	135,054	270,000	52,111

* States/territories are counted once in the total for respondents to avoid duplication.
 Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10-33 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Written comments should be received with 60 days of this notice.

Dated: June 6, 2006.
Cheryl R. Dammons,
Director, Division of Policy Review and Coordination.
 [FR Doc. E6-9200 Filed 6-12-06; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirements for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

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.

Proposed Project: Hospital Available Beds for Emergencies and Disasters (HAVBED) System: (NEW)

The HAVBED system will be a web-based hospital bed reporting/tracking system to assist the U.S. Department of Health and Human Services (HHS) only during disasters and public health emergencies. HAVBED does not duplicate the systems already in place to track hospital beds. It is designed to dynamically amalgamate data and accept manually entered data to give emergency operations managers a real-time view of specific hospital bed availability on a large geographic scale. During a disaster or public health emergency States will be asked to report hospital bed availability no more than twice daily; although the severity of the event may require less or more reporting per day.

Currently, hospital bed tracking systems are operational in some States to meet the needs of the healthcare system during routine operations. Local and State governments, emergency management agencies and the healthcare systems have developed systems that support jurisdictional emergency operations without regard to cooperation with outside systems or entities. Local systems have been developed over time to meet the changing needs at the local level. The systems have been developed locally to meet the needs of the local healthcare system. A mass casualty event would overwhelm the ability of local systems to work out their differences in the middle of a response.

During a disaster or public health emergency it may be necessary for Federal officials to work with State partners to evacuate or move patients from one area of the country to another as was the case during hurricanes Katrina and Rita in 2005. The health and safety of the hospital patient is paramount at all times during a hospital stay, but never more acute while being moved to another location. To ensure that patients receive the highest level of care during an emergency it is necessary to know where the necessary resources are in real-time.

The estimate of burden is based on hospitals reporting the data twice a day everyday for two weeks.

Submission type	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
HAVBED	100	28 *	2,800	.083	233

* Based on 2 responses per day for a period of 14 days.

If a mass casualty event occurred and hundreds of hospital patients or victims needed hospital care across the country, it is possible that hundreds of hospitals would be needed to house the wounded. In that case the burden estimate would increase proportionally to the needs of the event.

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 6, 2006.

Cheryl R. Dammons,

Director, Division of Policy Review and Coordination.

[FR Doc. E6-9210 Filed 6-12-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Preventing Motor Vehicle Crashes Among Novice Teen Drivers

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 of Child Health and Human Development (NICHD), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Preventing Motor Vehicle Crashes Among Novice Teen Drivers.

Type of Information Collection

Request: NEW. *Use of Information:* Motor vehicle crash risk is particularly elevated among novice young drivers during the first 6 months and 1000

miles of independent driving. Previously, researchers in the Prevention Research Branch of the NICHD have demonstrated the efficacy of educational/behavioral interventions for increasing parental management of teen driving and reducing exposure to high-risk driving conditions during the first 12 months after licensure. The current research seeks to test the effectiveness of providing education to facilitate parental management of teen driving when delivered at motor vehicle administration offices at the time the teen obtains a permit, at the time of license, or at both permit and license. *Frequency of Response:* Three interviews; *Affected Public:* Individuals or households; *Type of Respondents:* Teens and Parents/guardians. The annual reporting burden is as follows: *Estimated Number of Respondents:* 2000 teens and 2000 parents; *Estimated Number of Responses per Respondents:* 3; *Average Burden Hours Per Response:* 0.35; and *Estimated Total Annual Burden Hours Requested:* 4000. There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Parents/guardians	2000	3	.35	2100
Teens	2000	3	.35	2100
Total	4000	3	.35	4200

Request for Comments

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic,

mechanical, or other technological collection techniques or other forms of information technology.

For Further Information Contact: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Bruce Simons-Morton, Ed.D., 6100 Executive Blvd, Suite 7B13M, Rockville, MD 20852. (Phone: 301-496-5674). (E-mail: Mortonb@mail.nih.gov)

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: June 5, 2006.

Paul Johnson,

NICHD Project Clearance Liaison, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center on Minority Health and Health Disparities, Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Advisory Council on Minority Health and Health Disparities, June 13, 2006, 8:30 a.m. to