

Form	Number of respondents	Responses per respondents	Total responses	Hours per response	Total burden hours
Deceased Donor Registration .....	58	228	13,224	0.7500	9918.00
Death Referral Data .....	58	12	696	10.0000	6,960.00
Death Notification Referral—Eligible .....	58	145	8410	0.5000	4205.00
Death Notification Referral—Imminent .....	58	124	7192	0.5000	3596.00
Living Donor Registration .....	311	23	7153	0.6500	4649.45
Living Donor Follow-up .....	311	78	24,258	0.5000	12,129.00
Donor Histocompatibility .....	158	94	14,852	0.1000	1,485.20
Recipient Histocompatibility .....	158	171	27,018	0.2000	5,403.60
Heart Candidate Registration .....	131	27	3,537	0.5000	1,768.50
Lung Candidate Registration .....	66	41	2706	0.5000	1353.00
Heart/Lung Candidate Registration .....	50	1	50	0.5000	25.00
Thoracic Registration .....	131	34	4454	0.7500	3340.50
Thoracic Follow-up .....	131	277	36,287	0.6500	23,586.55
Kidney Candidate Registration .....	239	154	36,806	0.5000	18,403.00
Kidney Registration .....	239	72	17,208	0.7500	12,906.00
Kidney Follow-up * .....	239	693	165,627	0.5500	91,094.85
Liver Candidate Registration .....	132	98	12,936	0.5000	6,468.00
Liver Registration .....	132	48	6,336	0.6500	4,118.4
Liver Explant Pathology .....	132	11	1,452	0.3400	493.68
Liver Follow-up .....	132	459	60,588	0.5000	30,294.00
Kidney/Pancreas Candidate Registration .....	144	11	1,584	0.5000	792.00
Kidney/Pancreas Registration .....	144	6	864	0.9000	777.60
Kidney/Pancreas Follow-up .....	144	75	10,800	0.8500	9180.00
Pancreas Candidate Registration .....	144	4	576	0.5000	288.00
Pancreas Islet Candidate Registration .....	23	5	115	0.5000	57.50
Pancreas Registration .....	144	2	288	0.7500	216.00
Pancreas Follow-up .....	144	23	3312	0.6500	2152.80
Intestine Candidate Registration .....	43	5	215	0.5000	107.50
Intestine Registration .....	43	3	129	0.9000	116.10
Intestine Follow-up .....	43	25	1075	0.8500	913.75
Post Transplant Malignancy .....	689	11	7579	0.2000	1515.80
<b>Total .....</b>	<b>905</b>		<b>478,270</b>		<b>258,314.83</b>

\*Includes an estimated 2,430 kidney transplant patients transplanted prior to the initiation of the data system.

Email comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail to the 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: November 23, 2011.

**Reva Harris,**

*Acting Director, Division of Policy and Information Coordination.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: 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, email [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: National Health Service Corps Site Survey (OMB No. 0915-0232)—[Revision]

The Health Resources and Services Administration (HRSA), Bureau of Clinician Recruitment and Service (BCRS) places National Health Service Corps (NHSC) health care professionals at sites that provide services to underserved and vulnerable populations. The NHSC Site Survey renames and revises the previously known NHSC Uniform Data System (UDS) Report. The survey is completed annually by sites that receive an NHSC provider and are not currently receiving HRSA grant support. The NHSC Site Survey provides information that is utilized for monitoring and evaluating program operations and effectiveness, in addition to accurately reporting the scope of activities.

The annual estimate of burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
NHSC Site Survey .....	1200	1	1200	27	32,400

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or by fax to (202) 395-6974. Please direct all correspondence to the “attention of the desk officer for HRSA.”

Dated: November 22, 2011.

**Reva Harris,**

*Acting Director, Division of Policy and Information Coordination.*

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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, email [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: HIV Clinician Workforce Study (OMB No. 0915-xxxx)—[New]**

HRSA’s HIV/AIDS Bureau (HAB) is planning to conduct a 24-month HIV

clinician workforce study to provide HRSA and other state and Federal agencies with national and state-level estimates of the number of primary care clinicians currently providing medical care to people living with HIV or AIDS in the United States, as well as projections of the magnitude of the expected shortage or surplus of HIV-related primary care clinicians through 2015. The study will focus on the supply and demand of health professionals who independently manage patients with HIV/AIDS. The study will have two main components:

- a. Design and implementation of a forecasting model to estimate and project the supply of and demand for HIV clinicians at the national and regional levels; and
- b. Implementation of two surveys to collect the information needed to develop HIV-specific input parameters for the forecasting model, as well as to help address other research questions of the study.

HRSA is requesting OMB approval to conduct a HIV clinician survey and a HIV practice survey. The HIV clinician survey will focus on the individual provider of care and will include questions related to:

- a. The clinician’s age, gender, medical profession, and medical specialty;
- b. The number of hours spent in direct patient care;
- c. The size and characteristics of HIV patient load;
- d. The primary practice characteristics and patient management strategies; and
- e. The plans to increase or decrease number of hours spent in direct patient care, as well as plans for retirement.

The HIV practice survey will also focus on the practice site and will include questions related to type and size of clinic, clinic specialty and affiliation, number and acuity of patients, number and composition of

staff, type of staffing model and patient management strategies, meaningful use of electronic medical record systems, as well as appointment scheduling practices and policies. HRSA plans to administer the clinician survey using both web and paper modes, with computer-assisted telephone interview follow-ups. HRSA plans to administer the practice survey using paper mode, with computer-assisted telephone interview follow-ups.

HRSA will use claims data, supplemented with a list of members of HIV medical societies, and attendees at the 2010 HIV Clinical Conference, to identify the frame of clinicians (physicians, nurse practitioners, and physician assistants) in all 50 states and the District of Columbia who provide a significant amount of medical care to patients with HIV or AIDS. By using a national probability sampling strategy, the results of the clinician survey can be used to generate national and regional estimates of HIV clinician supply.

HRSA will use quantitative and qualitative methods to document and quantify the extent of the HIV clinician workforce surplus or shortage; predict the future requirements for and supply of HIV clinicians; and, identify best practice models and strategies for expanding the capacity of HIV practices and providers to meet the growing demand for care.

The ultimate goal of the study will be to develop proposed action steps that HRSA and other Federal and state agencies can use to enhance the capacity of the HIV clinician workforce to achieve the targets set forth in the 2010 White House Office of HIV/AIDS Policy’s National HIV/AIDS Strategy and Implementation Plan.

The annual estimate of burden of the two surveys is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
HIV Clinician Survey .....	3,500	1	3,500	0.33	1,155
HIV Practice Survey .....	350	1	350	0.50	175
Total .....	3,850	.....	3,850	.....	1,330