

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Application and Other Forms Used by the National Health Service Corps (NHSC) Scholarship Program (SP), the NHSC Students To Service Loan Repayment Program (S2S LRP), and the Native Hawaiian Health Scholarship Program (NHHSP), OMB No. 0915-0146—Extension**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR must be received no later than May 26, 2017.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail them to the HRSA Information Collection Clearance Officer, Room 14N-29, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information request collection title for reference, in compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

*Information Collection Request Title:* Application and Other Forms Used by the National Health Service Corps (NHSC) Scholarship Program (SP), the NHSC Students to Service Loan Repayment Program (S2S LRP), and the Native Hawaiian Health Scholarship Program (NHHSP). OMB No. 0915-0146—Extension

*Abstract:* Administered by HRSA’s Bureau of Health Workforce (BHW), the NHSC SP, NHSC S2S LRP, and the NHHSP provide scholarships or loan repayment to qualified students who are pursuing primary care health professions education and training. In return, students agree to provide primary health care services in medically underserved communities located in federally designated Health Professional Shortage Areas once they are fully trained and licensed health professionals. Awards are made to applicants who demonstrate the greatest potential for successful completion of their education and training as well as commitment to provide primary health care services to communities of greatest need. The information from program applications, forms, and supporting documentation is used to select the best qualified candidates for these competitive awards and to monitor program participants’ enrollment in school, post graduate training, and compliance with program requirements.

*Although some program forms vary from program to program (see program-specific burden charts below), required forms generally include:* A program application, academic and non-academic letters of recommendation, the authorization to release information,

and the acceptance/verification of good standing report. Additional forms for the NHSC SP include the data collection worksheet, which is completed by the educational institutions of program participants; the post graduate training verification form (applicable for NHSC S2S LRP participants), which is completed by program participants and their residency director; and the enrollment verification form, which is completed by program participants and the educational institution for each academic term.

*Need and Proposed Use of the Information:* The NHSC SP, S2S LRP, and NHHSP applications, forms, and supporting documentation are used to collect necessary information from applicants that enable BHW to make selection determinations for the competitive awards and monitor compliance with program requirements.

*Likely Respondents:* Qualified students who are pursuing education and training in primary care health professions and are interested in working in Health Professional Shortage Areas.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the tables below.

**TOTAL ESTIMATED ANNUALIZED BURDEN HOURS**  
[NHSC Scholarship Program Application]

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC Scholarship Program Application .....	1,800	1	1,800	2.0	3,600
Letters of Recommendation .....	1,800	2	3,600	.50	1,800
Authorization to Release Information .....	1,800	1	1,800	.10	180
Acceptance/Verification of Good Standing Report .....	1,800	1	1,800	.25	450
Receipt of Exceptional Financial Need Scholarship .....	200	1	200	.25	50
Verification of Disadvantaged Background Status .....	300	1	300	.25	75
<b>Total .....</b>	<b>* 1,800</b>	<b>.....</b>	<b>9,500</b>	<b>.....</b>	<b>6,155</b>

\* Certain documents are submitted by a subset of respondents consistent with program requirements.

NHSC AWARDEES/SCHOOLS/POST GRADUATE TRAINING PROGRAMS/SITES

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Data Collection Worksheet .....	400	1	400	1.0	400
Post Graduate Training Verification Form .....	100	1	100	.50	50
Enrollment Verification Form .....	600	2	1,200	.50	600
Total .....	* 600	.....	1,700	.....	1,050

\* Please note that the same group of respondents may complete each form as necessary.

NHSC STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM APPLICATION

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC Students to Service Loan Repayment Program Application .....	100	1	100	2.0	200
Letters of Recommendation .....	100	2	200	.50	100
Authorization To Release Information .....	100	1	100	.10	10
Acceptance/Verification of Good Standing Report .....	100	1	100	.25	25
Verification of Disadvantaged Background Status .....	25	1	25	.25	6.25
Post Graduate Training Verification Form .....	150	1	150	.50	75
Total .....	* 150	.....	679	.....	416.25

\* Certain documents are submitted by a subset of respondents consistent with program requirements.

NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM APPLICATION

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Native Hawaiian Health Scholarship Program Application ..	250	1	250	1.0	250
Letters of Recommendation .....	250	2	500	.25	125
Authorization To Release Information .....	250	1	250	.25	62.50
Acceptance/Verification of Good Standing Report .....	30	12	360	.25	90
Total .....	* 250	.....	1,360	.....	527.50

\* Certain documents are submitted by a subset of respondents consistent with program requirements.

HRSA specifically requests comments on (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.

**Jason E. Bennett,**  
 Director, Division of the Executive Secretariat.  
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**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection: Public Comment Request; Ryan White HIV/AIDS Program Client-Level Data Reporting System, OMB No. 0915-0323—Extension**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection

Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than May 26, 2017.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

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