January 22, 2010, concerning request for comments on specifications for Questionnaire Design Research Laboratory (QDRL) 2010–2012. The document contained incorrect burden table.

FOR FURTHER INFORMATION CONTACT: Maryam Daneshvar, 404–639–4604; E-mail: *Maryam.Daneshvar@cdc.hhs.gov.*

Correction

In the **Federal Register** of January 22, 2010, in FR Doc, 2010–1166, on page 3737, correct the "Annualized Burden Table" caption to read:

ESTIMATED ANNUALIZED BURDEN TABLE

Projects	Number of participants	Number of responses per participant	Average hours per response
QDRL Interviews:			
1) NCHS Surveys	120	1	1.25
2) Other questionnaire testing	120	1	1.25
3) Research on the effects of alternative questionnaire design	500	1	18/60
4) General Methodological Research	60	1	1.25
Focus Groups (5 groups of 10)	50	1	1.5

Dated: January 22, 2010.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–1717 Filed 1–27–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–0017]

Agency Forms Undergoing Paperwork Reduction Act Review; Proposed Data Collections Submitted for Public Comment and Recommendations; Correction

AGENCY: Centers for Disease Control and Prevention.

ACTION: Notice; correction.

SUMMARY: The Centers for Disease Control and Prevention published a document in the **Federal Register** of January 22, 2010, concerning request for comments on application for training. The document contained an incorrect status.

FOR FURTHER INFORMATION CONTACT: Maryam Daneshvar, 404–639–4604; E-mail: *Maryam.Daneshvar@cdc.hhs.gov.*

Correction

In the **Federal Register** of January 22, 2010, in FR Doc 2010–1165, on page 3736, in the proposed project, correct the "Status" caption to read:

Application for Training (OMB No. 0920–0017 Exp. 3/31/2010)—REVISION—

Dated: January 22, 2010.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–1715 Filed 1–27–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–10–09AU]

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 404–639–5960 or send comments to Maryam Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

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. Written comments should be received within 60 days of this notice.

Proposed Project

Minority HIV/AIDS Research Initiative (MARI) Project—Preventing HIV Risk Behaviors among Hispanic Adolescents—New—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Elimination Programs (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is planning to interview Hispanic adolescents and their parents at two high schools in Miami-Dade County to facilitate the development of targeted and culturally-appropriate HIV prevention materials for Hispanic youth in Miami-Dade County. The purpose of the proposed study is to assess the efficacy of Streamlined Familias Unidas, a 5-session version of a longer efficacious, parent-centered prevention intervention developed specifically for Hispanic families. 240 Hispanic adolescents and their primary caregivers (480 total participants) from two Miami-Dade County public high schools will be recruited and randomized into two groups: (1) The streamlined 5-session Familias Unidas intervention group, and (2) a group that receives routine information about HIV from the high schools. Four times over 2 years, both groups will respond to computerized questionnaires that explore family function, sexual behaviors, etc. These assessment questionnaires will be computer-based (ACASI). The assessments are for the purpose of developing and improving HIV prevention materials and interventions that are culturally appropriate to the Hispanic population in Miami-Dade

County. Family functioning, substance use, sexual behaviors, behavior problems, and community values will inform HIV intervention programs in the community.

This study will address some of the goals of CDC's "CDC HIV Prevention Strategic Plan: Extended Through 2010". CDC plans to meet specific goals by increasing the number of behavior prevention interventions proven effective for Hispanic adolescents, and, increasing the number of Hispanic adolescents who consistently engage in behaviors that reduce risk for acquiring HIV. Additionally, the study data will provide important information that will aid in developing and improving HIV prevention interventions for Hispanic adolescents and their families.

Questionnaires will take from approximately 45 min. (caregivers) to 60 minutes (adolescents) to complete.

There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Type of respondents and questionnaire	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Hispanic Adolescent				
.				
Screening	400	1	3/60	20
ACASI—Baseline	240	1	1	240
ACASI—4-month follow-up	228	1	1	228
ACASI—12-month follow-up	217	1	1	217
Primary Caregiver of Hispanic Adolescent				
Screening	400	1	3/60	20
ACASI—Baseline	240	1	45/60	180
ACASI—4-month follow-up	228	1	45/60	171
ACASI—12-month follow-up	217	1	45/60	163
TOTAL				1239

Dated: January 22, 2010.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–1719 Filed 1–27–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–09BR]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC), Agency for Toxic Substances and Disease Registry (ATSDR) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to ATSDR Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Registration of Individuals with Amyotrophic Lateral Sclerosis (ALS) in the National ALS Registry—New—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

On October 10, 2008, President Bush signed S. 1382: ALS Registry Act which amended the Public Health Service Act to provide for the establishment of an Amyotrophic Lateral Sclerosis (ALS) Registry. The activities described are part of the effort to create the National ALS Registry. The purpose of the registry is to: (1) Better describe the incidence and prevalence of ALS in the United States; (2) examine appropriate factors, such as environmental and occupational, that might be associated with the disease; (3) better outline key demographic factors (such as age, race or ethnicity, gender, and family history of individuals who are diagnosed with the disease) associated with the disease; and (4) better examine the connection between ALS and other motor neuron disorders that can be confused with ALS, misdiagnosed as ALS, and in some cases progress to ALS. The registry will collect personal health information that may provide a basis for further scientific studies of potential risks for developing ALS.

During a workshop held by The Agency for Toxic Substances and Disease Registry (ATSDR) in March 2006 to discuss surveillance of selected autoimmune and neurological diseases, it was decided to develop a proposal to build on work that had already been done and coordinate existing datasets to create a larger database, rather than to start from scratch with medical records review and physician reporting. Four pilot projects were funded to evaluate the accuracy and reliability of existing data from the Center for Medicare and Medicaid Services (CMS) and various datasets from the Veterans Administration. Preliminary results indicate that additional ways to identify cases of ALS will be necessary to increase completeness of the registry. Therefore, ATSDR developed a Web site where individuals will also have the opportunity to provide additional information on such things as occupation, military service, and family history of ALS, which is not available in existing records.

The registration portion of the data collection will be limited to information that can be used to identify an individual to assure that there are not duplicate records for an individual. Avoiding duplication of registrants due to obtaining records from multiple sources is imperative to get accurate estimates of incidence and prevalence, as well as accurate information on demographic characteristics of the cases of ALS.