

copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Comments and petitions may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Dated: May 17, 2006.

Jane A. Axelrad,

Associate Director for Policy, Center for Drug Evaluation and Research.

[FR Doc. E6-9214 Filed 6-12-06; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for opportunity 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 OMB under the Paperwork Reduction Act of 1995. To request more information on this project or to obtain a copy of the data collection

plans and instruments, call the HRSA Reports Clearance Officer at (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: Advanced Education Nursing Traineeship and Nurse Anesthetist Traineeship Forms

The Health Resources and Services Administration (HRSA) developed the Advanced Education Nursing Traineeship (AENT) and Nurse Anesthetist Traineeship (NAT) Forms for the Guidance Application for the Traineeship Programs. The AENT/NAT Traineeship forms are used annually by new applicants that are applying for AENT and NAT funding. The AENT and NAT programs provide training grants to educational institutions to increase the numbers of advanced education nurses. Award amounts are based on enrollment, traineeship support, graduate data and two funding

preferences to institutions which meet the criteria for the preference.

The AENT/NAT Traineeship forms include information on program participants such as the number of enrollees, number of graduates and the types of programs they are enrolling into and/or graduating from. These forms will be available electronically through Grants.gov. AENT and NAT applicants will have a single access point to submit their grant applications and AENT/NAT Traineeship forms.

The system will be designed so that the data from the prior year's submission will be pre-populated. This will significantly reduce the burden to AENT and NAT applicants. They will need only edit those sections that have changed. The electronic system will conduct automated checks on data validity, data consistency and application completeness. This facilitates application review and eliminates much of the previously required data cleansing. Finally, data from this system will be used in the award determination and validation process. Additionally, the data will be used to ensure programmatic compliance, report to Congress and policymakers on the program accomplishments, formulate, and justify future budgets for these activities submitted to the Office of Management and Budget and Congress.

The estimated average annual burden per year is as follows:

Type of respondent	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours
AENT	350	1	1	350
NAT	80	1	1	80
Total	430	430

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 notice.

Dated: June 6, 2006.

Cheryl R. Dammons,

Director, Division of Policy Review and Coordination.

[FR Doc. E6-9199 Filed 6-12-06; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c) (2) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) will publish 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 a copy of the data collection plans, call the Health Resources and Services Administration 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 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]
BILLING CODE 4165-15-P

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.