

records are available and in proper order; (B) provide for the identification of refugees who have been determined to have medical conditions affecting public health and requiring treatment; (C) assure that State or local health officials at the resettlement destination of each refugee within the United States are promptly notified of the refugee's arrival and provided with all applicable medical records; and (D) provide for such monitoring of refugees identified under subparagraph (B) as will insure that they receive appropriate and timely treatment. The Secretary, DHHS, shall develop and implement methods for monitoring and assessing the quality of medical screening and related health services provided to refugees awaiting resettlement in the United States. On

July 3, 2003, the Secretary, DHHS, delegated to the Director, CDC, the authority to re-delegate the authorities vested in the Secretary, DHHS, under section 412(b)(4) of the INA (8 U.S.C. 1522(b)(4)), as amended hereafter.

The Division of Global Migration and Quarantine (DGMQ), CDC, is responsible for monitoring the performance and quality of the required overseas medical examinations of refugees and immigrants applying for permanent residence in the United States, and notifying state and local public health officials of the arrival of all refugees and immigrants who have Class A and B health conditions, (as defined in 42 CFR 34.2) to facilitate the recommended follow-up evaluation in the U.S. Currently, the Department of

State uses medical examination forms DS 2053, 3024, 3025, and 3026, under OMB control number 1405-0113, to conduct the overseas medical evaluation of refugees and immigrants. This type of communication and data exchange with local partners has been critical in identifying medical conditions among refugees that require overseas interventions. Completing the worksheet and furnishing the requested information is essential. Accurate information will allow important public health functions and follow-up of significant health events to be performed in preventing the spread of a disease. Respondents include state and local health departments. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
State and local health agencies	50	100	5/60	417
Total	417

Dated: June 20, 2006.

Joan F. Karr,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-06-06BH]

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 and send comments to Seleda Perryman, CDC Assistant 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

Performance Measures of the Cooperative Agreement Readiness Assessment Tool (CARAT) for the CDC Division of State and Local Readiness (DSLRL)—New—Coordinating Office of Terrorism Preparedness and Emergency Response (COTPER), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CARAT is a program performance monitoring tool developed by DSLR's Outcome Monitoring and Evaluation Branch in cooperation with CDC subject matter experts and external partners. The nomenclature to differentiate

CARAT's data collection (reporting) periods is: CARAT-Annual, CARAT-Semi-annual, and CARAT-Quarterly. CARAT-Semi-annual and CARAT-Quarterly are independent subsets of CARAT-Annual reports. Specifically, the data collected will be used to monitor grantees' performance as it relates to the goals and intent of the cooperative agreement, and to determine the technical assistance that may be needed, specific to each grantee. Additionally, the data will be used to report the program's readiness status as well as prepare individual and aggregate readiness reports for: Congress, State departments, Federal agencies and officials as necessary.

Cooperative agreement recipients will report their data to the Division of State and Local Readiness in the Center for Terrorism Preparedness and Emergency Response at CDC through the State and Local Preparedness Program Management Information System (SLPPMIS). This system uses a secure web browser-based technology for data entry and data management. The data will be collected and entered by administrative/management personnel from each cooperative agreement recipient. The table below shows the estimated annual burden in hours to collect and report data. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Title	Number of respondents	Number of responses/respondent	Burden per response (in hrs.)	Total burden (hours)
DSLRS-LPMISS Application/Annual Survey	62	1	23	1426
DSLRS-LPMISS Application/Semi-annual Survey (1 per year) *	62	1	18	1116
DSLRS-LPMISS Application/Quarterly Survey (4 per year)	62	4	4	992
Total				3534

* Once per year between the annual survey.

Dated: June 20, 2006.
Joan F. Karr,
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Decision To Evaluate a Petition To Designate a Class of Employees at the Los Alamos National Laboratory, Los Alamos, NM, To Be Included in the Special Exposure Cohort

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).
ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees at the Los Alamos National Laboratory, Los Alamos, New Mexico, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

Facility: Los Alamos National Laboratory.
Location: Los Alamos, New Mexico.
Job Titles and/or Job Duties: All workers potentially exposed to radioactive lanthanum at the Technical Area 10 Bayo Canyon facility, TA-35 (Ten Site), or TA-1, buildings Sigma, H, and U.
Period of Employment: September 1, 1944 through July 18, 1963.

FOR FURTHER INFORMATION CONTACT: Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, MS C-46, Cincinnati, OH

45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to OCAS@CDC.GOV.

John Howard,
Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Decision To Evaluate a Petition To Designate a Class of Employees at the S-50 Oak Ridge Thermal Diffusion Plant, Oak Ridge, TN, To Be Included in the Special Exposure Cohort

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).
ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees at the S-50 Oak Ridge Thermal Diffusion Plant, Oak Ridge, Tennessee, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

Facility: S-50 Oak Ridge Thermal Diffusion Plant.
Location: Oak Ridge, Tennessee.
Job Titles and/or Job Duties: All workers.
Period of Employment: 1944 through 1951.

FOR FURTHER INFORMATION CONTACT: Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, MS C-46, Cincinnati, OH

45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to OCAS@CDC.GOV.

John Howard,
Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Recruitment of Sites for Assignment of Corps Personnel

AGENCY: Health Resources and Services Administration (HRSA), HHS.
ACTION: General notice.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that the listing of entities, and their Health Professional Shortage Area (HPSA) scores, that will receive priority for the assignment of National Health Service Corps (NHSC) personnel (Corps Personnel, Corps members) for the period July 1, 2006 through June 30, 2007 is posted on the NHSC Web site at <http://nhsc.bhpr.hrsa.gov/resources/fedreg-hpol/>. This list specifies which entities are eligible to receive assignment of Corps members who are participating in the NHSC Scholarship Program, the NHSC Loan Repayment Program, and Corps members who have become Corps members other than pursuant to contractual obligations under the Scholarship or Loan Repayment Programs. Please note that not all vacancies associated with sites on this list will be for Corps members, but could be for individuals serving an obligation to the NHSC through the Private Practice Option.

Eligible HPSAs and Entities

To be eligible to receive assignment of Corps personnel, entities must: (1) Have a current HPSA designation by the