

holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 10, 2008.

**A. Federal Reserve Bank of Philadelphia** (Michael E. Collins, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105–1521:

1. *Nova Financial Holdings, Inc.*, Berwyn, Pennsylvania, to acquire 100 percent of the voting shares of Pennsylvania Business Bank, Philadelphia, Pennsylvania.

Board of Governors of the Federal Reserve System, June 10, 2008.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E8–13333 Filed 6–12–08; 8:45 am]

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## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. E8–12885 published on page 32709 of the issue for Tuesday, June 10, 2008.

Under the Federal Reserve Bank of Kansas City heading, the entry for Pinnacle Bancorp, Inc., Central City, Nebraska, is revised to read as follows:

**A. Federal Reserve Bank of Kansas City** (Todd Offenbacher, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198–0001:

1. *Pinnacle Bancorp, Inc.*, Central City, Nebraska, to acquire 100 percent of the voting shares of First Azle Bancshares, Inc., Azle, Texas, and thereby indirectly acquire voting shares of Wood Financial Group, Inc., Dover, Delaware, and First Bank, Azle, Texas.

Comments on this application must be received by July 3, 2008.

Board of Governors of the Federal Reserve System, June 10, 2008.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E8–13334 Filed 6–12–08 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day–08–08BF]

#### 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 Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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

Evaluation Models to Assess Patient Perspectives on Opt-out HIV testing in Clinical Settings—New—National

Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

In 2006, CDC published the *Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings* which recommends routine, opt-out HIV testing to persons 13–64 years of age in health care settings. The goal of this project is to develop evaluation models for health care providers in a variety of settings to independently assess the effect that expanded HIV screening activities have on patient attitudes toward and acceptance of HIV testing.

The evaluation models will be packaged into a toolkit containing educational materials, administrative tools and a model questionnaire to measure patients' perceptions of their ability to decline testing, the sufficiency and effectiveness of methods used to impart information prior to testing, and satisfaction with the testing process.

As part of the development of a model questionnaire for inclusion in the toolkit, three health care settings (a hospital emergency department, a private primary care practice and a public primary care practice) will be selected to pilot test the questionnaire. In each health care site, 150 patients will be asked to voluntarily complete a brief computer assisted self interview regarding their experience with the HIV testing process during their health care visit.

Collection of data will include information on patient demographics and current behaviors that may facilitate HIV transmission; perceptions regarding pressure to take the test; confidentiality and privacy during testing; and patient satisfaction and acceptance of opt-out HIV testing. For persons who refused HIV testing during their visit, information about refusal will be collected.

Results from the three pilot sites will be assessed to understand issues of feasibility of the model questionnaire and validity of the included items and scales. The findings from the three site evaluations will be used to improve the model questionnaire and protocols included in the evaluation models toolkit.

CDC plans to complete data collection in 3 health care settings in one year. CDC estimates that 188 patients will be asked to participate at each site during the one year of data collection and that 80% will accept, resulting in approximately 450 new survey respondents across all sites. The average

duration of the survey is estimated to be 20 minutes.

Participation is voluntary. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of data collection	Number of respondents	Average number of responses per respondent	Average burden per response (hours)	Total burden (hours)
Clinic Patient Survey .....	450	1	20/60	150

Dated: June 9, 2008.  
**Maryam I. Daneshvar,**  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. E8-13317 Filed 6-12-08; 8:45 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Board of Scientific Counselors, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry: Notice of Charter Renewal**

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Board of Scientific Counselors, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry, Department of Health and Human Services, has been renewed for a 2-year period through May 21, 2010.

For information, contact Mark Bashor, Ph.D., Executive Secretary, Board of Scientific Counselors, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry, Department of Health and Human Services, 4770 Buford Highway, Mailstop F61, Chamblee, Georgia 30341, telephone 770/488-0574 or fax 770/488-3377.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: June 6, 2008.  
**Elaine L. Baker,**  
*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*  
 [FR Doc. E8-13318 Filed 6-12-08; 8:45 am]  
**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-906, CMS-1696, and CMS-10167]

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (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.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* The Fiscal Soundness Reporting Requirements; *Use:* CMS is assigned responsibility for overseeing all Medicare Advantage Organizations (MAO) on-going financial performance. CMS needs the requested collection of information to establish that each MAO maintains a fiscally sound organization. *Form Number:* CMS-906 (OMB# 0938-0469); *Frequency:* Yearly; *Affected Public:* Business or other for-profits and not-for-profit institutions; *Number of Respondents:* 700; *Total Annual*

*Responses:* 700; *Total Annual Hours:* 233.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Appointment of Representative; *Use:* This form will be completed by beneficiaries, providers and suppliers who wish to appoint representatives to assist them with obtaining initial determinations and filing appeals. The appointment of representative form must be signed by the party making the appointment and the individual agreeing to accept the appointment. *Form Number:* CMS-1696 (OMB# 0938-0950); *Frequency:* Occasionally; *Affected Public:* Individuals or households and business or other for-profits; *Number of Respondents:* 268,268; *Total Annual Responses:* 268,268; *Total Annual Hours:* 67,067.

3. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Competitive Acquisition Program for Medicare Part B Drugs: CAP Physician Election Agreement; *Use:* The Competitive Acquisition Program (CAP) is required by Section 303(d) of the Medicare Modernization Act (MMA), which amended Title XVIII of the Social Security Act (the Act) by adding a new section 1847(B), which establishes a competitive acquisition program for the payment for Part B covered drugs and biologicals furnished on or after January 1, 2006. Physicians are given a choice between buying and billing these drugs under the average sales price (ASP) system, or obtaining these drugs from vendors selected in a competitive bidding process. Section 108 of the Medicare Improvements and Extension Act under Division B, Title I of the Tax Relief Health Care Act of 2006 amended Section 1847(b)(a)(3) of the Act and requires that CAP implement a post payment review process.

The CAP Physician Election Agreement is used annually by physicians to elect to participate in the CAP or to make changes to the previous