15 minutes per week (71 FR 59653 at 59667; October 11, 2006).

The annual recordkeeping burden for mandatory reports and their associated notifications is thus estimated to be 300 hours (1,200 × 0.25 hours).

We do not expect that records will always be kept in relation to voluntary reporting, nor is any such recordkeeping required by section 417 of the act. Therefore, FDA estimates that records will be kept for 600 of the 1,200 voluntary reports we expect to receive annually. The recordkeeping burden associated with voluntary reports is thus estimated to be 150 hours annually (600 × 0.25 hours).

The estimated total annual recordkeeping burden is shown in table 2 of this document.

TABLE 2.—ESTIMATED ANNUAL RECORDKEEPING BURDEN[1]

Activity	No. of Recordkeepers	Annual Frequency per Recordkeeping	Total Annual Records[2]	Hours per Record	Total Hours
Maintenance of reportable food records under section 417(g) of the act—Mandatory reports	1,200	1	1,200	0.25	300
Maintenance of reportable food records under section 417(g) of the act—Voluntary reports	600	1	600	0.25	150
Total					450

[1] There are no capital or operating and maintenance costs associated with this collection of information.
[2] For purposes of estimating number of records and hours per record, a ''record'' means all records kept for an individual reportable food by the responsible party or a voluntary reporter.

The draft guidance also refers to previously approved collections of information found in FDA regulations. The collections of information in question 28 of the guidance have been approved under OMB control no. 0910–0249.

Dated: June 9, 2009.

Jeffrey Shuren,

Associate Commissioner for Policy and Planning.

[FR Doc. E9–14048 Filed 6–15–09; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; NIH Intramural Research Training Program Applications

SUMMARY: 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 Office of the Director, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: NIH Intramural Research Training Program Applications.

Type of Information Collection Request: Revision/OMB No. 0925–0299; 8/31/2009.

Need and Use of Information Collection: The proposed information collection activity is for the purpose of collecting applicant data for Training Fellowships in the NIH Intramural Research Program. This information must be submitted in order to receive due consideration for a fellowship and will be used to determine the eligibility and quality of potential awardees.

Frequency of Response: On occasion.

Affected Public: Individuals seeking intramural training opportunities and references for these individuals.

Type of Respondents: Postdoctoral, predoctoral, postbaccalaureate, technical, clinical, and student IRTA applicants.

There are no capital costs, operating costs, and/or maintenance costs to report.

Type of respondent	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Postdoctoral	3,424	2.00	1.00	6,848
Predoctoral	1,458	1.00	1.00	1,458
Postbaccalaureate	4,750	1.00	1.00	4,750
Technical	233	1.00	1.00	233
Clinical	400	1.00	1.00	400
Student	14,334	1.00	1.00	14,334
All categories (Race/Gender/Ethnicity survey)	4,307	1.00	0.25	1,077
References for all categories	38,725	1.00	1.00	38,725
Total	67,631	1.125	0.90625	67,825

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and the clarity of information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Steven Alves, Website Programs Specialist, Office of Intramural Training and Education, OD, NIH, Building 2, Room 2E06, 2 Center Drive MSC 0240, Bethesda, MD 20892–0240, or call non-toll-free number 301–402–1294, or e-mail your request, including your address to: *alvess@mail.nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: June 9, 2009.

Sharon Milgram,

Director, Office of Intramural Training & Education, National Institutes of Health.

[FR Doc. E9–14156 Filed 6–15–09; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ''CAHPS Field Test of Proposed Health Information Technology Questions and Methodology.'' In accordance with the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on March 31, 2009 and allowed 60 days for public comment. One comment was received. The purpose of this notice is to allow an additional 30 days for public comment. This notice differs from the 60-day notice in the following ways: (1) The number of respondents has been increased from 4,800 to 7,200; (2) the burden hours are increased from 1,600 to 2,400; (3) an incentive experiment has been added; and (4) an experiment testing the use of a 4-point vs. 6-point response scale has been added.

DATES: Comments on this notice must be received by July 16, 2009.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ's Desk Officer) or by e-mail at *OIRA_submission@omb.eop.gov* (attention: AHRQ's Desk Officer). Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at *doris.lefkowitz@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

''CAHPS Field Test of Proposed Health Information Technology Questions and Methodology''

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is a multi-year initiative of the Agency for Healthcare Research and Quality. AHRQ first launched the program in October 1995 in response to concerns about the lack of good information about the quality of health plans from the enrollees' perspective. Numerous public and private organizations collected information on enrollee and patient satisfaction, but the surveys varied from sponsor to sponsor and often changed from year to year. The CAHPS® program was designed to:

- Make it possible to compare survey results across sponsors and over time; and
- Generate tools and resources that sponsors can use to produce understandable and usable comparative information for consumers.

Over time, the program has expanded beyond its original focus on health plans to address a range of health care services and meet the various needs of health care consumers, purchasers, health plans, providers, and policymakers. Based on the literature review and an assessment of currently available survey instruments, AHRQ identified the need to develop a new health information technology module of the CAHPS® survey. The intent of the planned module is to examine in greater detail than previously patients' perspective on health information technology use by their health care professionals. The intent of the new module is to provide information to clinicians, group practices, health plans, and other interested parties regarding the impact of the use of health information technology on patients' experiences with care. The set of questions about health information technology will be tested as a part of CAHPS® Clinician & Group Survey, Adult Primary Care Questionnaire.

This study, funded through cooperative agreements with RAND and Harvard, is being conducted pursuant to AHRQ's statutory authority to conduct research and evaluations on health care and systems for the delivery of such care, including activities with respect to (1) the quality, effectiveness, efficiency, appropriateness and value of health care services and (2) health care technologies, facilities and equipment. See 42 U.S.C. 299a(a)(1) and (5).

This study is a one-time field test to be conducted in calendar year 2009. The field test to be conducted under this request will be done for the following purposes:

a. *Analysis of revised item wording*—Assess candidate wordings for survey items.

b. *Mode Analysis*—Evaluate the equivalence of items administered by mail, telephone, and Internet; compare the characteristics and responses of respondents who complete the survey by different modes of administration.

c. *Case mix adjustment analysis*—Evaluate variables that need to be considered for case mix adjustment of scores.

d. *Psychometric Analysis*—Provide information for the revision and shortening of questionnaires based on the assessment of the reliability and validity of survey items and composites.

e. *Test a 4-point vs. a 6-point response scale*—The CAHPS Clinician & Group Survey will test both a 4-point response scale (Never, Sometimes, Usually, Always) and a 6-point response scale