consistency in operationally defining AAT and its implementation, and the poor to absent research methodology.

The present research study will focus on the following questions.

1. Among assistance dog providers sampled in the U.S., how many provide services to Veterans?

2. Among assistance dog providers that provide services to Veterans, what are the specific strategies used or services offered to address issues related to Veterans and, specifically, return to work?

3. From the perspective of assistance dog providers, have the services or the requests for services to assist Veterans return to work increased, decreased, or remained the same during the past 5 years.

The purpose of the study is to increase available information about services provided to Veterans by assistance dog training organizations. Thus, the approach used in this study is descriptive. The survey will be primarily administered in a web-based format, but it will also be administered by mail or telephone for organizations unable to complete the web-based survey.

The information and the Internet link to the web-based survey will be sent by email to approximately 1000 organizations. This number of organizations is estimated on the basis of a partially completed Google search that already identified hundreds of assistance animal providers. On the basis of similar surveys of small businesses or non-profit organizations, it is estimated that approximately 300 or 30% of the organizations contacted will complete the survey.

Results of this survey will lead to recommendations and guidance for assistance dog providers, healthcare professionals, researchers, and policymakers pertaining to animal-assisted interventions to help facilitate the reintegration and reemployment of Veterans. This survey is part of a larger project that will identify priorities and new opportunities for research, as well as address policy implications associated with public access rights afforded to service dogs by the Americans with Disabilities Act. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs)	Total burden (in hrs)
Representatives of service dog provider agencies.	web-based survey	300	1	30/60	150
Total	.....	.....	.....	.....	150

Kimberly S. Lane,

Deputy Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–11085 Filed 5–7–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day 0920–12IW]

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 404–639–7570 and send comments to Ron Otten, at CDC, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email 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

Fetal Alcohol Spectrum Disorders Regional Training Centers—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This program will collect program evaluation data from participants of trainings for medical and allied health students and practitioners regarding fetal alcohol spectrum disorders (FASDs) conducted by the FASD Regional Training Centers (RTCs) through a cooperative agreement with the CDC.

Prenatal exposure to alcohol is a leading preventable cause of birth defects and developmental disabilities. The term fetal alcohol spectrum disorders (FASDs) describes the full continuum of effects that can occur in an individual exposed to alcohol in utero. These effects include physical, mental, behavioral, and learning disabilities. All of these effects have lifelong implications.

Health care professionals play a crucial role in identifying women at risk for an alcohol-exposed pregnancy and in identifying effects of prenatal alcohol exposure in individuals. However, despite the data regarding alcohol consumption among women of childbearing age and the estimated prevalence of FASDs, screening for alcohol use among female patients of childbearing age and screening for FASDs are not yet common standards of care. In addition, it is known from surveys of multiple provider types that although they might be familiar with the teratology and clinical presentation of FASDs, they report feeling less prepared to identify for referral or to diagnose a child and even less prepared to manage and coordinate the treatment of children with FASDs. Similarly, among obstetrician-gynecologists, although almost all report asking their patients

about alcohol use during pregnancy, few use a proper screening tool for alcohol assessment.

There is a need for the training of medical and allied health students and practitioners in the prevention, management, and identification of FASDs, hence the recommendations that have been put forward in this area. As part of the fiscal year 2002 appropriations funding legislation, the U.S. Congress mandated that the CDC, acting through the NCBDDD Fetal Alcohol Syndrome (FAS) Prevention Team and in coordination with the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect (NTFFAS/FAE), other federally funded FAS programs, and appropriate nongovernmental organizations (NGOs), would (1) develop guidelines for the diagnosis of FAS and other negative birth outcomes resulting from prenatal exposure to alcohol; (2) incorporate these guidelines into curricula for medical and allied health students and practitioners, and seek to have them fully recognized by professional organizations and accrediting boards; and (3) disseminate curricula to and provide training for medical and allied health students and practitioners regarding these guidelines. As part of CDC's response to this mandate, a total of seven FASD RTCs have been established since 2002 to train medical and allied health students and professionals regarding the prevention, identification, and treatment of FAS and related disorders, now known collectively as FASDs. The FASD RTCs have developed and implemented ongoing FASD training programs and courses throughout their regions reaching medical and allied health professionals and students. Trainings are delivered in academic settings (medical and allied health schools) and via continuing education events for practicing medical and allied health professionals. Training delivery varies by RTC depending on the target audience and setting. Examples include grand round presentations, a five-week online course for practicing social work, nursing, and substance abuse professionals, a two-hour face-to-face training for nursing and social work students, and a train-the-trainer model with 1- to 5-day trainings for trainers who then deliver at least two trainings per year to students and professionals.

CDC requests OMB approval to collect program evaluation information from training participants over a three-year period. Training participants will be completing program evaluation forms to provide information on whether the training met the educational goals. The information will be used to improve future trainings.

It is estimated that 15,640 participants will be trained each year, for a total estimated burden of 5,316 hours (2,658 hours annually). There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Organization	Form name	Number of respondents	Number of responses per respondent	Avg. burden/ rsponse	Total burden (in hours)
Medical and allied health professionals and students.	Artic RTC	Foundations Pre	30	1	15/60	8
		Foundations Post	30	1	15/60	8
		Foundations Follow-Up	18	1	10/60	3
		FASD 201 Pre	30	1	10/60	5
		FASD 201 Post	30	1	10/60	5
		FASD 201 Follow-Up	18	1	10/60	3
		Intro to FASDs Pre	80	1	15/60	20
		Intro to FASDs Post	80	1	15/60	20
		Intro to FASDs Follow-Up.	48	1	10/60	8
		Train-the-Trainer Pre	25	1	15/60	6
		Train-the-Trainer Post	25	1	15/60	6
		Train-the-Trainer Follow-Up.	15	1	15/60	4
		Online I Pre	100	1	10/60	17
		Online I Post	100	1	10/60	17
		Online II Pre	100	1	10/60	17
		Online II Post	100	1	10/60	17
		Online III Pre	100	1	10/60	17
		Online III Post	100	1	10/60	17
		Classroom Post	150	1	6/60	15
		Special Event Post	150	1	6/60	15
Nursing Students	Frontier RTC	Pre-test	410	1	15/60	103
		Post-test	410	1	15/60	103
		Follow-up	410	1	15/60	103
Social Work Students		Pre-test	410	1	15/60	103
		Post-test	410	1	15/60	103
		Follow-up	410	1	15/60	103
Allied Health Practitioners.		Pre-test	200	1	15/60	50
		Post-test	200	1	15/60	50
		Follow-up	200	1	15/60	50
Training of Trainers Participants.		Pre-test	100	1	15/60	25
		Post-test	100	1	15/60	25
		Follow-up	100	1	15/60	25
Academic Faculty/Students Online.		Pre-test	150	1	15/60	38
		Post-test	150	1	15/60	38
		Follow-up	150	1	15/60	38

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Organization	Form name	Number of respondents	Number of responses per respondent	Avg. burden/ rsponse	Total burden (in hours)
Practitioner Online	.....	Pre-test	160	1	15/60	40
		Post-test	160	1	15/60	40
		Follow-up	160	1	15/60	40
Medical and Allied Health Care Providers and Students.	Great Lakes RTC	Foundations/ QUALTRICS online Pre.	450	1	5/60	38
		Foundations/ QUALTRICS online Post.	450	1	10/60	75
Medical Students and Providers.	.....	Foundations/ QUALTRICS online 6-Mo F/U.	310	1	5/60	26
Medical and Allied Health Care Providers and Students.	.....	SBI/QUALTRICS online Pre.	120	1	8/60	16
		SBI/QUALTRICS online Post.	120	1	13/60	26
		SBI/QUALTRICS online 6-Mo Follow-up.	108	1	8/60	14
		ID and Treatment of FASD/QUALTRICS online Pre.	270	1	8/60	36
		ID and Treatment of FASD/QUALTRICS online Post.	270	1	13/60	59
		ID and Treatment of FASD/QUALTRICS online 6-Mo Follow-up.	258	1	8/60	34
		FASD/QUALTRICS online Comprehensive Pre.	220	1	15/60	55
		FASD/QUALTRICS online Comprehensive Post.	220	1	20/60	73
		FASD/QUALTRICS online Comprehensive 6-Mo Follow-up.	204	1	15/60	51
Physicians and Medical Students.	.....	Clinical Experience A ...	25	1	5/60	2
		Clinical Experience B ...	25	1	5/60	2
Training of Trainers Participants/Regional State Training Partners/Advisory Committee Members.	.....	Key Informant Interview	16	1	15/60	4
		Key Informant Interview	15	1	20/60	5
		Key Informant Interview	10	1	15/60	3
Training of Trainer Participants.	.....	Harvard Minute Feedback.	100	1	1/60	2
Staff and Training of Trainer Graduates.	.....	Training Activity Reporting (TARF).	180	1	2/60	6
Academic Faculty/ Health Professionals/ Professionals/Health Profession Students.	Midwest RTC	Knowledge Pre	1080	1	7/60	126
		Knowledge Post	1080	1	7/60	126
		Knowledge Assessment 3 mo Follow-up.	1080	1	7/60	126
		Event Eval	1110	1	5/60	93
Health Professionals	.....	Continuing Education Event, Pre.	250	1	5/60	21
		Continuing Education Event, Post.	250	1	5/60	21
		Continuing Education Event, 3 mo Follow-up.	250	1	5/60	21
		Modified Index, Pre	75	1	10/60	13
		Modified Index, 3 mo Follow-up.	75	1	10/60	13
Academic Faculty	.....	Utilization of FAS/FASD Curriculum, Pre.	50	1	5/60	4
		Utilization of FAS/FASD Curriculum 3 mo Follow-up.	50	1	5/60	4

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Organization	Form name	Number of respondents	Number of responses per respondent	Avg. burden/ rsponse	Total burden (in hours)
Medical and allied health students and residents.	Southeast RTC	FASD Pre	500	1	10/60	83
		FASD Post	500	1	15/60	125
		FASD 3 Mo Follow-up ..	300	1	10/60	50
Total	.....	.....	15,640			2,658

Dated: April 30, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–11082 Filed 5–7–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 77 FR 14525—14527, dated March 12, 2012) is amended to reflect the reorganization of the Office for State, Tribal, Local, and Territorial Support, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title and functional statements for the Office for State, Tribal, Local and Territorial Support (CQ) and insert the following:

Office for State, Tribal, Local and Territorial Support (CQ). The mission of the Office for State, Tribal, Local, and Territorial Support (OSTLTS) is to advance U.S. public health agency and system performance, capacity, agility, and resilience. To carry out its mission, OSTLTS: (1) Establishes and maintains productive relationships, partnerships, and alliances with strategic organizational elements of the public health system; (2) increases coordination among federal and state, tribal, local, and territorial (STLT) health agencies to develop more highly functioning organizations and enable evidence-based policy and decision making; (3) provides CDC-wide guidance and strategic direction on activities related to STLT health agencies; (4) provides leadership in the development and implementation of evidence-based approaches for agency and system management, evolution, and transformation; (5) identifies and evaluates gaps in the structure and operation of public health agencies and systems; (6) forecasts emerging opportunities and challenges to governmental public health agencies/ systems and collaborates to prioritize, develop and pre-position essential resources for optimal agency and systems response; (7) provides guidance and leadership in the development and provision of training and cross-learning opportunities to and with STLT health partners; (8) provides guidance and support for the recruitment, development, and management of CDC field staff for STLT agencies; (9) develops and coordinates cross-agency guidance to improve grants administration and management; (10) coordinates the assessment and development of solutions to improve technical assistance and service delivery; and (11) enhances public health policy, law, and practice through shared leadership, communication, collaboration, and coordination with STLT agencies.

Office of the Director (CQA). (1) Manages, directs, and coordinates the strategy, operations, and activities of OSTLTS; (2) coordinates cross-cutting CDC activities related to STLT components of the public health system; (3) works with Federal and STLT agencies, CDC programs, partners, and other stakeholders to develop more highly functioning organizations and to enable evidence-based policy and decision making; (4) provides leadership in the development and implementation of evidence-based approaches for system management, evolution, and transformation; (5) facilitates STLT agency access to and interaction with CDC information and expertise; (6) provides guidance, strategic direction, and oversight for the investment of OSTLTS resources and assets; (7) establishes and maintains productive relationships, partnerships, and alliances with strategic organizational components of the public health system; (8) serves as a principal CDC liaison to other federal agencies and organizations concerning STLT agencies and governments; (9) communicates OSTLTS activities and issues to internal and external stakeholders; (10) tracks and analyzes recent and proposed legislation and policies for their impact on STLT programs/activities and OSTLTS' mission and programs; (11) develops, supports, and assesses cross-agency research and science relevant to OSTLTS mission-critical activities and program direction; (12) provides guidance on policy, performance, legislative issues, and long term strategies for program development and implementation; (13) responds to or coordinates responses to executive, congressional, departmental, CDC/CIO and other external requests for information; (14) responds to or coordinates the response to issues management tasks and clearance activities for OSTLTS; (15) leads or participates in cross-cutting strategic planning, performance management, and policy activities; (16) maintains effective reciprocal communications with STLT agencies; (17) develops and implements strategies to enhance STLT—CDC communications; (18) provides leadership in using efficient and transparent processes to communicate decision-making activities; (19) oversees and maintains cooperative agreements with national public health organization partners; (20) identifies and supports critical cross-CDC relationships and coordination as it relates to the partnership cooperative agreements; (21) provides leadership in evaluating and improving the performance of partnership cooperative agreements; and (22) coordinates tribal consultations and polices.

Public Health Law Office (CQA2). (1) Provides support and consultation for, and access to, public health law expertise at state, local, territorial, and tribal public health levels; (2) reviews,