

ANNUAL BURDEN ESTIMATES

| Instrument     | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|----------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Standard ..... | 2,590                 | 16                                 | 41.80                             | 1,732,192          |

*Estimated Total Annual Burden Hours: 1,732,192.*

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-7285, Email: [OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV), Attn: Desk Officer for the Administration for Children and Families.

**Robert Sargis,**  
*Reports Clearance Officer.*  
 [FR Doc. 2013-02115 Filed 1-31-13; 8:45 am]  
**BILLING CODE 4184-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Statement of Organization, Functions and Delegations of Authority**

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; 67 FR 46519, as last amended Wednesday, September 30, 2009; 74 FR 50227). This Order of Succession supersedes the Order of Succession for the Administrator, HRSA, published at 74 FR 50227, September 30, 2009.

This notice deletes the Senior Advisor to the Administrator from HRSA's hierarchy affecting the order of succession. This notice reflects the new Order of Succession for HRSA.

**Section R-30, Order of Succession**

During the absence or disability of the Administrator, or in the event of a vacancy in the office, the officials designated below shall act as Administrator in the order in which they are listed:

1. Deputy Administrator;
2. Chief Operating Officer;
3. Associate Administrator, Bureau of Primary Health Care;
4. Associate Administrator, Bureau of Health Professions;
5. Associate Administrator, HIV/AIDS Bureau;
6. Associate Administrator, Maternal and Child Health Bureau;
7. Associate Administrator, Bureau of Clinician Recruitment and Service;
8. Associate Administrator, Healthcare Systems Bureau;
9. Associate Administrator, Office of Regional Operations; and
10. HRSA Regional Division Directors in the order in which they have received their permanent appointment as such.

*Exceptions*

(a) No official listed in this section who is serving in acting or temporary capacity shall, by virtue of so serving, act as Administrator pursuant to this section.

(b) Notwithstanding the provisions of this section, during a planned period of absence, the Administrator retains the discretion to specify a different order of succession.

**Section R-40, Delegations of Authority**

All delegations of authority and re-delegations of authority made to HRSA officials that were in effect immediately prior to this action, and that are consistent with this action, shall continue in effect pending further re-delegation, provided they are consistent with this action.

This document is effective upon date of signature.

Dated: January 24, 2013.  
**Mary K. Wakefield,**  
*Administrator.*  
 [FR Doc. 2013-02124 Filed 1-31-13; 8:45 am]  
**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service Contract Health Services Report**

**AGENCY:** Indian Health Service, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995 which requires 30 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review. This proposed information collection project was previously published in the **Federal Register** (77 FR 69865) on November 21, 2012, and allowed 60 days for public comment, as required by 3506(c)(2)(A). No public comment was received in response to the notice. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB.

*Proposed Collection: Title:* 0917-0002, "IHS Contract Health Service Report." *Type of Information Collection Request:* Extension, without change, of a currently approved information collection, 0917-0002, "IHS Contract Health Service Report." While there were minor text changes (i.e., updating of statute/regulatory citations), there were no significant changes to the form. *Form:* IHS 843-1A. "Order for Health Services." *Need and Use of Information Collection:* The IHS Contract Health Service (CHS) Program, located in the Office of Resource Access and Partnerships, needs this information to certify that the health care services requested and authorized by the IHS have been performed by the CHS provider(s) to have providers validate services provided; to process payments

for health care services performed by such providers; and to serve as a legal document for health and medical care authorized by IHS and rendered by health care providers under contract with the IHS. *Affected Public:* Patients,

health and medical care providers or Tribal Governments. *Type of Respondents:* Health and medical care providers.

*Burden Hours:* The table below provides: Types of data collection

instruments, Estimated number of respondents, Number of responses per respondent, Average burden hour per response, and Total annual burden hours.

| Data collection instrument(s) | Estimated number of respondents | Responses per respondent | Average burden hour per response* | Total annual burden hours |
|-------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------|
| IHS 843-1A .....              | 7,977                           | 52                       | 3/60                              | 20,740                    |
| Total .....                   | .....                           | .....                    | .....                             | 20,740                    |

\*For ease of understanding, burden hours are also provided in actual minutes.

The total estimated burden for this collection is 20,740 hours.

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

*Request for Comments:* Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the IHS processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (this is the amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct your comments to OMB: Send your comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

To request more information on the proposed collection, or to obtain a copy of the data collection instruments and/or instruction(s) contact: Tamara Clay, Reports Clearance Officer, 801 Thompson Avenue, TMP, Suite 450, Rockville, MD 20852, call non-toll free (301) 443-4750, send via facsimile to (301) 443-2316, or send your email requests, comments, and return address to: [Tamara.Clay@ihs.gov](mailto:Tamara.Clay@ihs.gov).

**DATES: Comment Due Date:** March 4, 2013. Your comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

Dated: January 23, 2013.

**Yvette Roubideaux,**

*Director, Indian Health Service.*

[FR Doc. 2013-02140 Filed 1-31-13; 8:45 am]

**BILLING CODE 4165-16-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; Comment Request (60-Day FRN); The Clinical Trials Reporting Program (CTRP) Database (NCI)**

**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 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.

Written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) The quality, utility, and clarity of the information to be collected; and (4) 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. To submit comments in writing, request more information on the proposed project, or to obtain a copy of the data collection plans and instruments, contact: Jose Galvez, Office of the Director, National Cancer Institute, 2115 East Jefferson Street, Rockville, MD 20852 or call non-toll-free number 301-443-6141 or Email your request, including your address to: [jose.galvez@nih.gov](mailto:jose.galvez@nih.gov).

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

*Proposed Collection:* The Clinical Trials Reporting Program (CTRP) Database, 0925-0600, Expiration Date 3/31/2013—EXTENSION, National Cancer Institute (NCI), National Institutes of Health (NIH).

*Need and Use of Information Collection:* The Clinical Trials Reporting Program (CTRP) is an electronic resource that serves as a single, definitive source of information about all NCI-supported clinical research. This resource allows the NCI to consolidate reporting, aggregate information and reduce redundant submissions. Information is submitted by clinical research administrators as designees of clinical investigators who conduct NCI-supported clinical research. The designees can electronically access the CTRP Web site to complete the initial trial registration. Subsequent to registration, four amendments and four study subject accrual updates occur per trial annually.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The estimated annualized burden hours are 38,500.