

The Prevention Training Centers (PTCs) and CBA providers are funded by CDC/Division of STD Prevention (DSTDP) and Division of HIV/AIDS Prevention (DHAP) over the five-year period to provide capacity-building services that includes information, training, and technical assistance. CBA services are requested and provided to support health departments, community-based organizations, and healthcare organizations in the implementation, monitoring and evaluation of evidence-based HIV prevention interventions and programs; building organizational infrastructure; and community mobilization to decrease stigma and increase HIV testing in high risk communities. Under this project, there will be no duplication of information collection, because it builds on existing, OMB approved data collection activities.

The PTCs and CBA providers offer classroom and experiential training, web-based training, clinical consultation, and capacity building assistance to maintain and enhance the capacity of healthcare professionals to control and prevent STDs and HIV.

The CBA service recipients are healthcare professionals such as, physicians, nurses, and health educators, etc., who work at community-based organizations (CBOs), health departments, and healthcare organizations, most of whom are funded

directly or indirectly by the CDC, involved in HIV prevention service delivery.

CDC is requesting to use two web-based assessments that will be administered to recipients of CBA services: (1) Training Follow-Up Instrument and (2) Technical Assistance (TA) Satisfaction Instrument. The first quantitative assessment will be disseminated 90 days after a training event to agency staff who participated in a training activity. It takes approximately 15 minutes to complete. The purpose of this web-based assessment is to determine the training participants' satisfaction with the trainers, training materials, and the course pace, benefits from the training, and CBA needs, how relevant the training was to their work, and whether they were able to utilize the information gained from the training. The second quantitative assessment will be disseminated 45 days after a technical assistance event to agency staff who participated in a technical assistance and will take about 15 minutes. The second assessment will measure participants' satisfaction with the technical assistance they received, intended or actual use of enhanced capacity, barriers and facilitators to use, and benefits of the technical assistance.

The purpose of the contractor administered CBA Key Informant Interview is to collect qualitative

information to assess the impact of CBA services on organizational capacity (e.g., application of knowledge and skills, potential organization changes as a result of CBA services) and to solicit information about how the CBA program can be improved. These interviews will be conducted via telephone for up to 15 minutes with a subset of up to 40 recipients of CBA services.

The respondents represent an average of the number of health professionals who receive training and technical assistance from the CBA and PTC grantees. The data collection is necessary (a) to assess CBA consumers' (community-based organizations, health departments, and healthcare organizations) satisfaction with and short-term outcomes from the overall CBA program as well as specific elements of the CBA program; (b) to improve CBA services and enhance the Capacity Building Branch's national capacity building strategy over time; (c) to assess the performance of the grantees in delivering training and technical assistance and to standardize the registration processes across the two CBA programs (i.e., the PTC program and the CBA program) and multiple grantees funded by each program.

There are no costs to respondents other than their time. The estimated annualized burden hours are 8,643 hours.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Healthcare Professionals .....	Health Professional Application for Training (HPAT) .....	7,400	2	5/60
Healthcare Professionals .....	Training Follow-up Instrument .....	3,700	2	15/60
Healthcare Professionals .....	Training Telephone Script .....	3,700	2	15/60
Healthcare Professionals .....	Technical Assistance (TA) Satisfaction Instrument .....	3,700	2	15/60
Healthcare Professionals .....	Technical Assistance Telephone Script .....	3,700	2	15/60
Healthcare Professionals .....	CBA Key Informant Interview Script .....	40	1	15/60

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 Prevention.*

[FR Doc. 2015-20477 Filed 8-18-15; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[30Day-15-0696]**

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for

the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of

the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

National HIV Prevention Program Monitoring and Evaluation (NHM&E) (OMB 0920-0696, Expiration 03/31/2016)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC is requesting a three-year approval for revision to the previously approved project.

The purpose of this revision is to continue collecting standardized HIV prevention program evaluation data from health departments and

community-based organizations (CBOs) who receive federal funds for HIV prevention activities. Grantees have the option of key-entering or uploading data to a CDC-provided web-based software application (EvaluationWeb®).

This revision includes changes to the data variables to adjust to the different monitoring and evaluation needs of new funding announcements without a change in burden. CDC is adjusting the variables by deleting some of the client-level variables related to determining risk factors during the HIV Testing process and replacing these variables with aggregate testing variables that have previously been reported by grantees as part of their progress reports. This will streamline and simplify data submission for the grantees.

The other significant change is to add budget allocation data variables for CBOs but offset that addition with reductions in client-level variables and conversion of some variables to aggregate-level reporting. There are other minor changes in variables and values to adjust to new technologies and interventions and to improve reporting related to linkage to care and retention in care for HIV positive persons. However, the number of variables deleted approximately equals the number of variables added, so the net result is no change in the grantee reporting burden.

The evaluation and reporting process is necessary to ensure that CDC receives standardized, accurate, thorough evaluation data from both health department and CBO grantees. For these reasons, CDC developed standardized NHM&E variables through extensive consultation with representatives from

health departments, CBOs, and national partners (e.g., The National Alliance of State and Territorial AIDS Directors, Urban Coalition of HIV/AIDS Prevention Services, and National Minority AIDS Council).

CDC requires CBOs and health departments who receive federal funds for HIV prevention to report non-identifying, client-level and aggregate-level, standardized evaluation data to: (1) Accurately determine the extent to which HIV prevention efforts are carried out, what types of agencies are providing services, what resources are allocated to those services, to whom services are being provided, and how these efforts have contributed to a reduction in HIV transmission; (2) improve ease of reporting to better meet these data needs; and (3) be accountable to stakeholders by informing them of HIV prevention activities and use of funds in HIV prevention nationwide.

CDC HIV prevention program grantees will collect, enter or upload, and report agency-identifying information, budget data, intervention information, and client demographics and behavioral risk characteristics. Data collection will include searching existing data sources, gathering and maintaining data, document compilation, grantee training, review of data, and data entry or upload into the web-based system.

There are no additional costs to respondents other than their time. As noted above, the number of added variables is approximately equal to the number of deleted variables, so there is no change in burden hours from the previously approved information collection. The total estimated annual burden hours are 206,226.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Health jurisdiction .....	Health Department Reporting .....	69	2	1377
Community-based organization .....	Community-based organization Reporting .....	200	2	40.5

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[FR Doc. 2015-20478 Filed 8-18-15; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

[Docket No. FDA-2015-N-2781]

**Obstetrics and Gynecology Device Panel of the Medical Device Advisory Committee; Correction**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice; correction.

**SUMMARY:** The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of June 9, 2014 (79 FR 32964). Due to some recent confusion with the 2014 docket, this 2014 notice and all materials associated with it are being moved to a new docket. This document announces the new docket number.

**FOR FURTHER INFORMATION CONTACT:** Lisa Granger, Office of Policy, Planning,