

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Applicants and Awards Recipients	DMP Template	1033	1	60/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-20-0215]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Application Form and Related Forms for the Operation of the National Death Index (NDI) to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on October 9, 2019 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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*. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Application Form and Related Forms for the Operation of the National Death Index (NDI) (OMB Control No. 0920-0215, Exp. 12/31/2019)—Reinstatement with Change—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States.

The National Death Index (NDI) is a database containing identifying death record information submitted annually

to NCHS by all the jurisdiction (states and territories) vital statistics offices, beginning with deaths in 1979. Searches against the NDI file provide the jurisdictions and dates of death, and the death certificate numbers of deceased study subjects.

Using the NDI Plus service, researchers have the option of also receiving cause of death information for deceased subjects, thus reducing the need to request copies of death certificates from the jurisdictions. The NDI Plus option currently provides the International Classification of Disease (ICD) codes for the underlying and multiple causes of death for the years 1979-2018. Health researchers must complete administrative forms in order to apply for NDI services, and submit records of study subjects for computer matching against the NDI file.

CDC requests OMB approval to continue the use of the three administrative forms (the application form, repeat request form, and transmittal form) utilized in the operation of the National Death Index (NDI) program, along with worksheets used to calculate related fees. These forms are submitted by NDI users when applying for use of the NDI and when actually using the service. In addition, this request includes the introduction of electronic versions that will ultimately replace the three paper documents, one of which will include a minor reduction in the number of data collection items.

OMB approval is requested for three years. Participation is voluntary and there is no cost to respondents except for their time. Total estimated annualized burden will increase 330 hours, due primarily to the expected increase in use of the NDI application, repeat request and transmittal forms. The revised total estimated annualized burden hours are 787.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Researcher	Application Form—Paper	10	1	3
Researcher	Application Form—electronic	120	1	2.5

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Researcher	Repeat Request Form—Paper/Electronic	140	1	18/60
Researcher	Transmittal Form—Paper/Electronic	300	3	18/60
Researcher	Early Transmittal Form—Paper/Electronic	100	3	18/60
Researcher	Fee Worksheet	216	1	15/60
Researcher	Early Release Fee Worksheet	44	1	2/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-20-0765]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Fellowship Management System to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on August 23, 2019 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

- (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 agency 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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Fellowship Management System (OMB Control No. 0920-0765, Exp. 01/31/2021)—Revision—Center for Surveillance, Epidemiology and Laboratory Services (CSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC requests OMB approval to revise a currently approved information collection (Fellowship Management System, OMB Control No. 0920-0765, Exp. 1/31/2021). The Fellowship Management System (FMS) is managed by the Division of Scientific Education and Professional Development (DSEPD) in the Center for Surveillance, Epidemiology, and Laboratory Services (CSELS). DSEPD’s mission is to improve health outcomes by supporting the development of a competent, sustainable, and empowered public health workforce. Professionals in public health, epidemiology, medicine, economics, information science, veterinary medicine, nursing, public policy, and other related professionals seek opportunities through CDC fellowships to broaden their knowledge and skills. CDC fellows are assigned to state, tribal, local, and territorial public health agencies; federal government

agencies, including CDC and Department of Health and Human Services’ (HHS) operational divisions, such as Centers for Medicare & Medicaid Services; and to nongovernmental organizations, including academic institutions, tribal organizations, and private, public health organizations.

The FMS is a robust, flexible, web-based data management system that allows CDC to electronically collect and process fellowship applications, host site assignment proposals, and fellowship alumni information from nonfederal persons. FMS also supports and monitors ongoing fellowship activities and compliance with fellowship requirements. Eight CDC programs currently use FMS to manage fellowship opportunities: (1) The Epidemic Intelligence Service (EIS), (2) the Epidemiology Elective Program (EEP), (3) the CDC Steven M. Teutsch Prevention Effectiveness (PE) Fellowship, (4) the Public Health Associate Program (PHAP), (5) the Public Health Informatics Fellowship Program (PHIFP), (6) the Science Ambassador Fellowship (SAF), (7) the Preventive Medicine Residency and Fellowship (PMR/F), and (8) the Population Health Training in Place Program (PH-TIPP).

CDC plans to implement the following changes to the FMS:

I. Information collection will be migrated to a modernized, state-of-the-art electronic platform that will be easier to update, improve data security, reduce respondent burden, and reduce maintenance and operating costs. The updated platform will also facilitate data analysis for program improvement and evaluation.

II. A new FMS module will support the collection of standardized information about applicants’ performance, skills, expertise, and work experience. Standardized references have been shown to provide more accurate and useful information for participant selection than non-standardized approaches. References for fellowship applicants may be submitted by former professors, supervisors,