

documents in paper format. Such filings must be submitted by: (1) First class mail addressed to the Office of the Secretary of the Commission, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, Attention: Rulemaking and Adjudications Staff; or (2) courier, express mail, or expedited delivery service to the Office of the Secretary, 11555 Rockville Pike, Rockville, Maryland 20852, Attention: Rulemaking and Adjudications Staff. Participants filing adjudicatory documents in this manner are responsible for serving the document on all other participants. Filing is considered complete by first-class mail as of the time of deposit in the mail, or by courier, express mail, or expedited delivery service upon depositing the document with the provider of the service. A presiding officer, having granted an exemption request from using E-Filing, may require a participant or party to use E-Filing if the presiding officer subsequently determines that the reason for granting the exemption from use of E-Filing no longer exists.

Documents submitted in adjudicatory proceedings will appear in the NRC's electronic hearing docket which is available to the public at <https://adams.nrc.gov/ehd>, unless excluded pursuant to an order of the Commission or the presiding officer. If you do not have an NRC-issued digital ID certificate as described above, click "cancel" when the link requests certificates and you will be automatically directed to the NRC's electronic hearing dockets where you will be able to access any publicly available documents in a particular hearing docket. Participants are requested not to include personal privacy information, such as social security numbers, home addresses, or personal phone numbers in their filings, unless an NRC regulation or other law requires submission of such information. For example, in some instances, individuals provide home addresses in order to demonstrate proximity to a facility or site. With respect to copyrighted works, except for limited excerpts that serve the purpose of the adjudicatory filings and would constitute a Fair Use application, participants are requested not to include copyrighted materials in their submission.

For further details with respect to this action, see the application for license amendment dated August 13, 2020.

Attorney for licensee: Debbie Hendell, Managing Attorney, Nuclear Florida Power & Light Company, Mail Stop: LAW/JB, 700 Universe Boulevard, Juno Beach, FL 33408.

NRC Branch Chief: Nancy L. Salgado.

Dated: August 19, 2020.

For the Nuclear Regulatory Commission.

Booma Venkataraman,

Project Manager, Plant Licensing Branch III, Division of Operating Reactor Licensing, Office of Nuclear Reactor Regulation.

[FR Doc. 2020-18585 Filed 8-24-20; 8:45 am]

BILLING CODE 7590-01-P

PEACE CORPS

Information Collection Request; Submission for OMB Review

AGENCY: Peace Corps.

ACTION: 60-Day notice and request for comments.

SUMMARY: The Peace Corps will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval. The purpose of this notice is to allow 60 days for public comment in the **Federal Register** preceding submission to OMB. We are conducting this process in accordance with the Paperwork Reduction Act of 1995.

DATES: Submit comments on or before October 26, 2020.

ADDRESSES: Comments should be addressed to Virginia Burke, FOIA/Privacy Act Officer. Virginia Burke can be contacted by email at pcf@peacecorps.gov. Email comments must be made in text and not in attachments.

FOR FURTHER INFORMATION CONTACT: Virginia Burke at the Peace Corps' address above.

SUPPLEMENTARY INFORMATION:

Title: Durable Medical Equipment (DME) (PC-2161).

OMB Control Number: 0420-0559.

Type of Request: New information collection.

Affected Public: Individuals.

Respondents Obligation to Reply: Voluntary.

Respondents: Potential and current volunteers.

Burden to the Public:

a. *Estimated number of respondents (applicants/physicians):* 77/77.

b. *Estimated average burden per response:* 15 minutes/10 minutes.

c. *Frequency of response:* One Time.

d. *Annual reporting burden:* 19 hours/13 hours.

General Description of Collection: Durable Medical Equipment (DME) is any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illness. They consist of items that are primarily and customarily used to serve a medical purpose; are not

useful to a person in the absence of illness or injury; are ordered or prescribed by a physician; are reusable; can stand repeated use, and are appropriate for use in the home. Other devices covered in this guidance include prosthetic equipment (cardiac pacemakers), hearing aids, orthotic items (artificial devices such as braces and splints), and prostheses (artificial body parts). The information collected will assist in the determination of Peace Corps eligibility. If eligible, it will assist with ongoing care during service. All applicants to the Peace Corps must have a medical clearance that will determine their ability to serve in a particular country.

Request for Comment: Peace Corps invites comments on whether the proposed collections of information are necessary for proper performance of the functions of the Peace Corps, including whether the information will have practical use; the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the information to be collected; and, ways to minimize the burden of the collection of information on those who are to respond, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

This notice is issued in Washington, DC, on August 19, 2020.

Virginia Burke,

FOIA/Privacy Act Officer, Management.

[FR Doc. 2020-18577 Filed 8-24-20; 8:45 am]

BILLING CODE 6051-01-P

PEACE CORPS

Information Collection Request; Submission for OMB Review

AGENCY: Peace Corps.

ACTION: 60-Day notice and request for comments.

SUMMARY: The Peace Corps will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval. The purpose of this notice is to allow 60 days for public comment in the **Federal Register** preceding submission to OMB. We are conducting this process in accordance with the Paperwork Reduction Act of 1995.

DATES: Submit comments on or before October 26, 2020.

ADDRESSES: Comments should be addressed to Virginia Burke, FOIA/Privacy Act Officer. Virginia Burke can

be contacted by email at pcfpr@peacecorps.gov. Email comments must be made in text and not in attachments.

FOR FURTHER INFORMATION CONTACT:

Virginia Burke at the Peace Corps address above.

SUPPLEMENTARY INFORMATION:

Title: Individual Specific Medical Evaluation Forms (15).

OMB Control Number: 0420-0550.

Type of Request: Revision/New.

Affected Public: Individuals/Physicians.

Respondents Obligation to Reply: Voluntary.

Respondents: Potential and current volunteers.

Burden to the Public:

- Asthma Evaluation Form (PC-262-2)

(a) Estimated number of Applicants/physicians.	800/800.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	75 minutes/30 minutes.
(d) Estimated total reporting burden.	1,000 hours/400 hours.
(e) Estimated annual cost to respondents.	\$23,240/\$38,740.

General Description of Collection: When an Applicant reports on the Health History Form (PC-1789) any history of asthma, he or she will be provided an Asthma Evaluation Form for the treating physician to complete. The Asthma Evaluation Form asks for the physician to document the Applicant's condition of asthma, including any asthma symptoms, triggers, treatments, or limitations or restrictions due to the condition. This form will be used as the basis for an individualized determination as to whether the Applicant will, with reasonable accommodation, be able to perform the essential functions of a Peace Corps Volunteer and complete a tour of service without unreasonable disruption due to health problems. This form will also be used to determine the type of accommodation that may be needed, such as placement of the Applicant within reasonable proximity to a hospital in case treatment is needed for a severe asthma attack.

- Diabetes Diagnosis Form (PC-262-3)

(a) Estimated number of Applicants/physicians.	37/37.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	75 minutes/30 minutes.
(d) Estimated total reporting burden.	46 hours/19 hours.

(e) Estimated annual cost to respondents.	\$1,069/\$1,840.15.
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General Description of Collection: When an Applicant reports the condition of diabetes Type 1 on the Health History Form (PC-1789), the Applicant will be provided a Diabetes Diagnosis Form for the treating physician to complete. In certain cases, the Applicant may also be asked to have the treating physician complete a Diabetes Diagnosis Form if the Applicant reports the condition of diabetes Type 2 on the Health History Form. The Diabetes Diagnosis Form asks the physician to document the diabetes diagnosis, etiology, possible complications, and treatment. This form will be used as the basis for an individualized determination as to whether the Applicant will, with reasonable accommodation, be able to perform the essential functions of a Peace Corps Volunteer assignment and complete a tour of service without unreasonable disruption due to health problems. This form will also be used to determine the type of accommodation that may be needed, such as placement of an Applicant who requires the use of insulin in order to ensure that adequate insulin storage facilities are available at the Applicant's site.

- Transfer of Care—Request for Information Form (PC-262-13)

(a) Estimated number of Applicants/physicians.	3,100/3,100.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	75 minutes/30 minutes.
(d) Estimated total reporting burden.	3,875 hours/1,550 hours.
(e) Estimated annual cost to respondents.	\$90,055/\$150,117.5.

General Description of Collection: When an Applicant reports on the Health History Form (PC-1789) a medical condition of significant severity (other than one covered by another form), he or she may be provided the Transfer of Care—Request for Information Form for the treating physician to complete. The Transfer of Care—Request for Information Form may also be provided to an Applicant whose responses on the Health History Form indicate that the Applicant may have an unstable medical condition that requires ongoing treatment. The Transfer of Care—Request for Information Form asks the physician to document the diagnosis, current treatment, physical limitations and the likelihood of significant progression of

the condition over the next three years. This form will be used as the basis for an individualized determination as to whether the Applicant will, with reasonable accommodation, be able to perform the essential functions of a Peace Corps Volunteer assignment and complete a tour of service without unreasonable disruption due to health problems. This form will also be used to determine the type of accommodation (e.g., avoidance of high altitudes or proximity to a hospital) that may be needed to manage the Applicant's medical condition.

- Mental Health Current Evaluation and Treatment Summary Form (PC-262-14)

(a) Estimated number of Applicants/professional.	2,500/2,500.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	105 minutes/60 minutes.
(d) Estimated total reporting burden.	4,375 hours/2,500 hours.
(e) Estimated annual cost to respondents.	\$101,675/\$24,212.5.

General Description of Collection: The Mental Health Current Evaluation and Treatment Form will be used when an Applicant reports on the Health History Form (PC-1789) a history of certain serious mental health conditions, such as bipolar disorder, schizophrenia, mental health hospitalization, attempted suicide or cutting, or treatments or medications related to these conditions. In these cases, an Applicant will be provided a Mental Health Current Evaluation and Treatment Summary Form for a licensed mental health counselor, psychiatrist or psychologist to complete. The Mental Health Current Evaluation and Treatment Summary Form asks the counselor, psychiatrist or psychologist to document the dates and frequency of therapy sessions, clinical diagnoses, symptoms, course of treatment, psychotropic medications, mental health history, level of functioning, prognosis, risk of exacerbation or recurrence while overseas, recommendations for follow up and any concerns that would prevent the Applicant from completing 27 months of service without unreasonable disruption. A current mental health evaluation might be needed if information on the condition is outdated or previous reports on the condition do not provide enough information to adequately assess the current status of the condition. This form will be used as the basis for an individualized determination as to

whether the Applicant will, with reasonable accommodation, be able to perform the essential functions of a Peace Corps Volunteer and complete a tour of service without unreasonable disruption due to health problems. This form will also be used to determine the type of accommodation that may be needed, such as placement of the Applicant in a country with appropriate mental health support.

- Functional Abilities Evaluation Form (PC-262-15)

(a) Estimated number of Applicants/professional.	90/90.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	90 minutes/45 minutes.
(d) Estimated total reporting burden.	135/67.5 hours.
(e) Estimated annual cost to respondents.	\$3,137.40/\$6,537.37.

General Description of Collection:

When an Applicant reports on the Health History Form (PC-1789) a functional ability limitation, he or she will then be provided this form to determine the type of accommodation and/or placement program support (e.g., proximity to program site, support support devices) that may be needed to manage the Applicant's medical condition. This form will be used as the basis for an individualized determination as to whether the Applicant will, with reasonable accommodation, be able to perform the essential functions of a Peace Corps Volunteer assignment and complete a tour of service without unreasonable disruption due to health problems.

- Eating Disorder Treatment Summary Form (PC-262-8)

(a) Estimated number of Applicants/physicians.	110/110.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	105 minutes/60 minutes.
(d) Estimated total reporting burden.	193 hours/110 hours.
(e) Estimated annual cost to respondents.	\$4,485.32/\$10,653.5.

General Description of Collection: The Eating Disorder Treatment Summary will be used when an Applicant reports a past or current eating disorder diagnosis in the Health History Form (PC-1789). In these cases the Applicant is provided an Eating Disorder Treatment Summary Form for a mental health specialist, preferably with eating

disorder training, to complete. The Eating Disorder Treatment Summary Form asks the mental health specialist to document the dates and frequency of therapy sessions, clinical diagnoses, presenting problems and precipitating factors, symptoms, Applicant's weight over the past three years, relevant family history, course of treatment, psychotropic medications, mental health history inclusive of eating disorder behaviors, level of functioning, prognosis, risk of recurrence in a stressful overseas environment, recommendations for follow up, and any concerns that would prevent the Applicant from completing 27 months of service without unreasonable disruption due to the diagnosis. This form will be used as the basis for an individualized determination as to whether the Applicant will, with reasonable accommodation, be able to perform the essential functions of a Peace Corps Volunteer assignment and complete a tour of service without unreasonable disruption due to health problems. This form will also be used to determine the type of accommodation that may be needed, such as placement of the Applicant in a country with appropriate mental health support.

- Substance-Related and Addictive Disorders Current Evaluation Form (PC-262-6)

(a) Estimated number of Applicants/specialist.	90/90.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	165 minutes/60 minutes.
(d) Estimated total reporting burden.	248 hours/90 hours.
(e) Estimated annual cost to respondents.	\$5,763.52/\$8,716.5.

General Description of Collection: The Substance-Related and Addictive Disorders Current Evaluation Form is used when an Applicant reports in the Health History Form (PC-1789) a history of substance abuse (i.e., alcohol or drug related problems such as blackouts, daily or heavy drinking patterns or the misuse of illegal or prescription drugs) and that this substance abuse affects the Applicant's daily living or that the Applicant has ongoing symptoms of substance abuse. In these cases, the Applicant is provided an Substance-Related and Addictive Disorders Current Evaluation Form for a substance abuse specialist to complete. The Substance-Related and Addictive Disorders Current Evaluation Form asks the substance abuse specialist to document the history of alcohol/

substance abuse, dates and frequency of any therapy sessions, which alcohol/substance abuse assessment tools were administered, mental health diagnoses, psychotropic medications, self harm behavior, current clinical assessment of alcohol/substance use, clinical observations, risk of recurrence in a stressful overseas environment, recommendations for follow up, and any concerns that would prevent the Applicant from completing a tour of service without unreasonable disruption due to the diagnosis. This form will be used as the basis for an individualized determination as to whether the Applicant will, with reasonable accommodation, be able to perform the essential functions of a Peace Corps Volunteer and complete a tour of service without unreasonable disruption due to health problems. This form will also be used to determine the type of accommodation that may be needed, such as placement of the Applicant in a country with appropriate sobriety support or counseling support.

- Mammogram Waiver Form (PC-355-2)

(a) Estimated number of Applicants/physicians.	190.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	105 minutes.
(d) Estimated total reporting burden.	333.
(e) Estimated annual cost to respondents.	\$7,738.92.

General Description of Collection:

The Mammogram Waiver Form is used for all Applicants who have female breasts and will be 50 years of age or older during service who wish to waive routine mammogram screening during service. If an Applicant waives routine mammogram screening during service, the Applicant's physician is asked to complete this form in order to make a general assessment of the Applicant's statistical breast cancer risk and discussed the results with the Applicant including the potential adverse health consequence of foregoing screening mammography. It is anticipated that this part of the form will be completed when the Applicant goes to a physician for the required physical examination.

- Cervical Cancer Screening Form (PC-262-11)

(a) Estimated number of Applicants.	4,600/4,600.
(b) Frequency of response.	one time.

(c) Estimated average burden per response.	40 minutes/30 minutes.
(d) Estimated total reporting burden.	3,067 hours/2,300 hours.
(e) Estimated annual cost to respondents.	\$71,277.08/ \$22,275.5.

General Description of Collection: The Cervical Cancer Screening Form is used with all Applicants with a cervix. Prior to medical clearance, female Applicants are required to submit a current cervical cancer screening examination and Pap cytology report based the American Society for Colposcopy and Cervical Pathology (ASCCP) screening time-line for their age and Pap history. This form assists the Peace Corps in determining whether an Applicant with mildly abnormal Pap history will need to be placed in a country with appropriate support.

- Colon Cancer Screening Form

(a) Estimated number of Applicants.	450.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	60–165 minutes.
(d) Estimated total reporting burden.	450–1,238 hours.
(e) Estimated annual cost to respondents.	\$10,458.

General Description of Collection: The Colon Cancer Screening Form is used with all Applicants who are 50 years of age or older to provide the Peace Corps with the results of the Applicant's latest colon cancer screening. Any testing deemed appropriate by the American Cancer Society is accepted. The Peace Corps uses the information in the Colon Cancer Screening Form to determine if the Applicant currently has colon cancer. Additional instructions are included pertaining to abnormal test results. It is anticipated that this part of the form will be completed when the Applicant goes to a physician for the required physical examination.

- Electrocardiogram (ECG/EKG) Form (PC–262–7)

(a) Estimated number of Applicants/physicians.	476/467.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	25 minutes/15 minutes.
(d) Estimated total reporting burden.	198 hours/119 hours.
(e) Estimated annual cost to respondents.	\$4,601.52/ \$11,525.15.

General Description of Collection: The Electrocardiogram (ECG/EKG) Form is

used with all Applicants who are 50 years of age or older to provide the Peace Corps with the results of an electrocardiogram. The Peace Corps uses the information in the electrocardiogram to assess whether the Applicant has any cardiac abnormalities that might affect the Applicant's service. Additional instructions are included pertaining to abnormal test results. The electrocardiogram is performed as part of the Applicant's physical examination.

- Reactive Tuberculin Test Evaluation Form (PC–262–12)

(a) Estimated number of Applicants/physicians.	109/109.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	75–105 minutes/30 minutes.
(d) Estimated total reporting burden.	136–191 hours/55 hours.
(e) Estimated annual cost to respondents.	\$3,160.64–\$4,438.84/ \$5,326.75.

General Description of Collection: The Reactive Tuberculin Test Evaluation Form is used when an Applicant reports a history of treatment for active tuberculosis or a history of a positive tuberculosis (TB) test on their Health History Form (PC–1789) or if a positive TB test result is noted as a component of the Applicant's physical examination findings. In these cases, the Applicant is provided a Reactive Tuberculin Test Evaluation Form for the treating physician to complete. The treating physician is asked to document the type and date of a current TB test, TB test history, diagnostic tests if indicated, treatment history, risk assessment for developing active TB, current TB symptoms, and recommendations for further evaluation and treatment. In the case of a positive result on the TB test, a chest x-ray may be required, along with treatment for latent TB.

- Insulin Dependent Supplemental Documentation Form (PC–262–10)

(a) Estimated number of Applicants/physicians.	9/9.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	70 minutes/60 minutes.
(d) Estimated total reporting burden.	11 hours/9 hours.
(e) Estimated annual cost to respondents.	\$255.64/\$871.65.

General Description of Collection: The Insulin Dependent Supplemental Documentation Form is used with Applicants who have reported on the

Health History Form (PC–1789) that they have insulin dependent diabetes. In these cases, the Applicant is provided an Insulin Dependent Supplemental Documentation Form for the treating physician to complete. The Insulin Dependent Supplemental Documentation Form asks the treating physician to document that he or she has discussed with the Applicant medication (insulin) management, including whether an insulin pump is required, as well as the care and maintenance of all required diabetes related monitors and equipment. This form assists the Peace Corps in determining whether the Applicant will be in need of insulin storage while in service and, if so, will assist the Peace Corps in determining an appropriate placement for the Applicant.

- Prescription for Eyeglasses Form (PC–OMS–116)

(a) Estimated number of Applicants/physicians.	3,750/3,750.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	60 minutes/15 minutes.
(d) Estimated total reporting burden.	3,750 hours/938 hours.
(e) Estimated annual cost to respondents.	\$8,7150/\$90,845.30.

General Description of Collection: The Prescription for Eyeglasses Form is used with Applicants who have reported on the Health History Form (PC–1789) that they use corrective lenses or otherwise have uncorrected vision that is worse than 20/40. In these cases, Applicants are provided a Prescription for Eyeglasses Form for their prescriber to indicate eyeglasses frame measurements, lens instructions, type of lens, gross vision and any special instructions. This form is used in order to enable the Peace Corps to obtain replacement eyeglasses for a Volunteer during service.

- Required Peace Corps Immunizations Form

(a) Estimated number of Applicants/physicians.	5,100.
(b) Frequency of response.	one time.
(c) Estimated average burden per response.	60 minutes.
(d) Estimated total reporting burden.	5,100 hours.
(e) Estimated annual cost to respondents.	\$11,8524.

General Description of Collection: The Required Peace Corps Immunizations

Form is used to inform Applicants of the specific vaccines and/or documented proof of immunity required for medical clearance for the specific country of service. The form advises the Applicant that all other Center for Disease Control (CDC) recommended vaccinations will be administered after arrival in-country. This form assists the Peace Corps with establishing a baseline of the Applicants immunization history and prepare for any additional vaccines recommended for country of service. It is anticipated that this part of the form will be completed when the Applicant goes to a physician for the required physical examination.

Request for Comment: The Peace Corps invites comments on whether the proposed collections of information are necessary for proper performance of the functions of the Peace Corps, including whether the information will have practical use; the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the information to be collected; and, ways to minimize the burden of the collection of information on those who are to respond, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

This notice is issued in Washington, DC, on August 19, 2020.

Virginia Burke,

FOIA/Privacy Act Specialist, Management.
[FR Doc. 2020-18575 Filed 8-24-20; 8:45 am]

BILLING CODE 6051-01-P

PEACE CORPS

Information Collection Request; Submission for OMB Review

AGENCY: Peace Corps.

ACTION: 60-Day notice and request for comments.

SUMMARY: The Peace Corps will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval. The purpose of this notice is to allow 60 days for public comment in the **Federal Register** preceding submission to OMB. We are conducting this process in accordance with the Paperwork Reduction Act of 1995.

DATES: Submit comments on or before October 26, 2020.

ADDRESSES: Comments should be addressed to Virginia Burke, FOIA/Privacy Act Officer. Virginia Burke can be contacted by email at *pcfr@*

peacecorps.gov. Email comments must be made in text and not in attachments.

FOR FURTHER INFORMATION CONTACT: Virginia Burke at the Peace Corps address above.

SUPPLEMENTARY INFORMATION:

Title: Report of Dental Examination (PC-1790).

OMB Control Number: 0420-0546.

Type of Request: Revision.

Affected Public: Individuals/Physicians.

Respondents Obligation to Reply: Voluntary.

Respondents: Potential and current volunteers.

Burden to the Public:

a. *Estimated number of respondents (applicants/dentists):* 7,000/7,000.

b. *Estimated average burden per response (applicants/dentists):* 90 minutes/45 minutes.

c. *Frequency of response:* One time.

d. *Annual reporting burden (applicants/dentists):* 10,500/5,250.

General Description of Collection: The Peace Corps Office of Medical Services is responsible for the collection of Applicant dental information, using the Report of Dental Exam "Dental Exam" form. The Dental Exam form is completed by the Applicant's examining dentist. The results of the examinations are used to ensure that Applicants for Volunteer service will, with reasonable accommodation, be able to serve in the Peace Corps without jeopardizing their health.

Request for Comment: Peace Corps invites comments on whether the proposed collections of information are necessary for proper performance of the functions of the Peace Corps, including whether the information will have practical use; the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the information to be collected; and, ways to minimize the burden of the collection of information on those who are to respond, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

This notice is issued in Washington, DC, on August 19, 2020.

Virginia Burke,

FOIA/Privacy Act Officer, Management.

[FR Doc. 2020-18576 Filed 8-24-20; 8:45 am]

BILLING CODE 6051-01-P

PEACE CORPS

Information Collection Request; Submission for OMB Review

AGENCY: Peace Corps.

ACTION: 60-Day notice and request for comments.

SUMMARY: The Peace Corps will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval. The purpose of this notice is to allow 60 days for public comment in the **Federal Register** preceding submission to OMB. We are conducting this process in accordance with the Paperwork Reduction Act of 1995.

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ADDRESSES: Comments should be addressed to Virginia Burke, FOIA/Privacy Act Officer. Virginia Burke can be contacted by email at *pcfr@peacecorps.gov*. Email comments must be made in text and not in attachments.

FOR FURTHER INFORMATION CONTACT: Virginia Burke at the Peace Corps address above.

SUPPLEMENTARY INFORMATION:

Title: Health History Form (PC-1789).

OMB Control Number: 0420-0510.

Type of Request: Revision.

Affected Public: Individuals.

Respondents Obligation to Reply: Voluntary.

Respondents: Potential and current Volunteers.

Burden to the Public:

a. *Estimated number of respondents (applicants/physicians):* 13,350.

b. *Estimated average burden per response:* 45 minutes.

c. *Frequency of response:* One Time.

d. *Annual reporting burden:* 10,013.

General Description of Collection: The information collected is required for consideration for Peace Corps Volunteer service. The information in the Health History Form, will be used by the Peace Corps Office of Medical Services to determine whether an Applicant will, with reasonable accommodation, be able to perform the essential functions of a Peace Corps Volunteer and complete a tour of service without undue disruption due to health problems and, if so, to establish the level of medical and programmatic support, if any, that may be required to reasonably accommodate the Applicant.

Request for Comment: Peace Corps invites comments on whether the proposed collections of information are necessary for proper performance of the functions of the Peace Corps, including whether the information will have practical use; the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the information to be collected; and, ways to minimize