

1. Is the proposed collection of information necessary for the NRC to properly perform its functions? Does the information have practical utility? Please explain your answer.

2. Is the estimate of the burden of the information collection accurate? Please explain your answer.

3. Is there a way to enhance the quality, utility, and clarity of the information to be collected?

4. How can the burden of the information collection on respondents be minimized, including the use of automated collection techniques or other forms of information technology?

Dated: June 12, 2024.

For the Nuclear Regulatory Commission.

David Cullison,

NRC Clearance Officer, Office of the Chief Information Officer.

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PEACE CORPS

Information Collection Request; Submission for OMB Review

AGENCY: Peace Corps.

ACTION: 30-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 30 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 July 18, 2024.

ADDRESSES: Comments should be addressed to James Olin, FOIA/Privacy Act Officer. James Olin can be contacted by phone 202-692-2507 or email at pcf@peacecorps.gov. Email comments must be made in text and not in attachments.

FOR FURTHER INFORMATION CONTACT: James Olin, Peace Corps, at pcf@peacecorps.gov or by telephone at (202) 692-2507.

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
 - (a) Estimated number of Applicants/physicians 700/700
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 75 minutes/30 minutes
 - (d) Estimated total reporting burden 875 hours/350 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection:

When an Applicant reports on the Health History Form 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
 - (a) Estimated number of Applicants/physicians 55/55
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 75 minutes/30 minutes
 - (d) Estimated total reporting burden 69 hours/28 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection:

When an Applicant reports the condition of diabetes Type 1 on the Health History Form, 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
 - (a) Estimated number of Applicants/physicians 1270/1270
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 75 minutes/30 minutes
 - (d) Estimated total reporting burden 1588 hours/635 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection:

When an Applicant reports on the Health History Form 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
 - (a) Estimated number of Applicants/professional 1221/1221
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 105 minutes/60 minutes
 - (d) Estimated total reporting burden 2137 hours/1221 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection: The Mental Health Current Evaluation Form

will be used when an Applicant reports on the Health History Form 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
 - (a) Estimated number of Applicants/professional 300/300
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 90 minutes/45 minutes
 - (d) Estimated total reporting burden 390 hours/225 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection:

When an Applicant reports on the Health History Form a functional ability limitation he or she will 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
 - (a) Estimated number of Applicants/physicians 282/282
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 105 minutes/60 minutes
 - (d) Estimated total reporting burden 494 hours/282 hours
 - (e) Estimated annual cost to respondents Indeterminate

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. 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
 - (a) Estimated number of Applicants/specialist 373/373
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 165 minutes/60 minutes
 - (d) Estimated total reporting burden

- 1026 hours/373 hours
- (e) Estimated annual cost to respondents Indeterminate

General Description of Collection: The Alcohol/Substance Abuse Current Evaluation Form is used when an Applicant reports in the Health History Form 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
 - (a) Estimated number of Applicants 148
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 105 minutes
 - (d) Estimated total reporting burden 259 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection: The Mammogram 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.

- Cervical Cancer Screening Form
 - (a) Estimated number of Applicants 3600/3600
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 40 minutes/30 minutes
 - (d) Estimated total reporting burden 2400 hours/1800 hours
 - (e) Estimated annual cost to respondents Indeterminate

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 575
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 60 minutes–165 minutes
 - (d) Estimated total reporting burden 575 hours–1581 hours
 - (e) Estimated annual cost to respondents Indeterminate

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.

- ECG Form
 - (a) Estimated number of Applicants/physicians 575/575
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 25 minutes/15 minutes
 - (d) Estimated total reporting burden 240 hours/144 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection: The 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
 - (a) Estimated number of Applicants/physicians 392/392
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 75–105 minutes/30 minutes
 - (d) Estimated total reporting burden 490–686 hours/196 hours
 - (e) Estimated annual cost to respondents Indeterminate

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 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
 - (a) Estimated number of Applicants/physicians 14/14
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 70 minutes/60 minutes
 - (d) Estimated total reporting burden 16 hours/14 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection: The Insulin Dependent Supplemental Documentation Form is used with Applicants who have reported on the Health History Form 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
 - (a) Estimated number of Applicants/physicians 3,293/3,293
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 60 minutes/15 minutes
 - (d) Estimated total reporting burden 3,293 hours/824 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection: The Prescription for Eyeglasses is used with Applicants who have reported on the Health History Form 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 5,600
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 60 minutes
 - (d) Estimated total reporting burden 5,600 hours
 - (e) Estimated annual cost to respondents Indeterminate

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.

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 June 12, 2024.

James Olin,

FOIA/Privacy Act Officer.

[FR Doc. 2024-13304 Filed 6-17-24; 8:45 am]

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SECURITIES AND EXCHANGE COMMISSION

[Release No. 34-100319; File No. SR-PEARL-2024-25]

Self-Regulatory Organizations; MIAX PEARL, LLC; Notice of Filing and Immediate Effectiveness of a Proposed Rule Change To Amend the MIAX Pearl Equities Exchange Fee Schedule To Establish Market Data Fees

June 12, 2024.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (the "Act"),¹ and Rule 19b-4 thereunder,² notice is hereby given that on May 31, 2024, MIAX PEARL, LLC ("MIAX Pearl" or "Exchange") filed with the Securities and Exchange Commission ("Commission") the proposed rule change as described in Items I, II and III, below, which Items have been prepared by the Exchange. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The Exchange is filing a proposal to amend the MIAX Pearl Equities Exchange Fee Schedule (the "Fee Schedule") to adopt fees for the Exchange's proprietary market data feeds.³

The text of the proposed rule change is available on the Exchange's website at <https://www.miaxoptions.com/rule->

filings, at MIAX Pearl's principal office, and at the Commission's Public Reference Room.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the Exchange included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. The Exchange has prepared summaries, set forth in sections A, B, and C below, of the most significant aspects of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

MIAX Pearl Equities provided its proprietary market data for free to subscribers for over three and half years since it commenced operations in September 2020.⁴ Prior to the initial proposal to adopt market data fees, the Exchange solely and entirely absorbed all costs associated with compiling and disseminating its proprietary market data. The Exchange offers two standard proprietary market data products, the Top of Market ("ToM") feed and the Depth of Market ("DoM") feed (collectively, the "market data feeds"). Each of these proprietary market data products are described in Exchange Rule 2625.

Exchange Rule 2625(a) provides that the DoM feed is a data feed that contains the displayed price and size of each order in an equity security entered in the System,⁵ as well as order execution information, order cancellations, order modifications, order identification numbers, and administrative messages. Exchange Rule 2625(b) provides that the ToM feed is a data feed that contains the price and aggregate size of displayed top of book quotations, order execution information, and administrative messages for equity securities entered into the System. Section 3 of the Fee Schedule entitled, Market Data Fees, specifically provides that fees for both the ToM and DoM feeds are waived for

the Waiver Period.⁶ As described in more detail below, the Exchange proposes to remove this waiver language and adopt fees for the ToM and DoM feeds to recoup its ongoing costs going forward.⁷

The Exchange notes that there is no requirement that any Equity Member⁸ or market participant subscribe to the ToM or DoM feeds offered by the Exchange. Instead, an Equity Member may choose to maintain subscriptions to the ToM or DoM feeds based on their own business needs and trading models.

The Exchange commenced operations in September 2020 and expressly waived fees for both the ToM and DoM data feeds since that time to incentivize market participants to subscribe and make the Exchange's market data more widely available.⁹ In the three and a half years since the Exchange launched operations, its market share has grown from 0% to approximately 2.0% for the month of March 2024.¹⁰ One of the primary objectives of the Exchange is to provide competition and to provide low cost options to the industry. Consistent with this objective, the Exchange believes that this proposal reflects a simple, competitive, reasonable, and equitable pricing structure.

The Exchange believes that exchanges, in setting fees of all types,

⁶ The term "Waiver Period" means, for each applicable fee, the period of time from the initial effective date of the MIAX Pearl Equities Fee Schedule until such time that MIAX Pearl has an effective fee filing establishing the applicable fee. MIAX Pearl Equities will issue a Regulatory Circular announcing the establishment of an applicable fee that was subject to a Waiver Period at least fifteen (15) days prior to the termination of the Waiver Period and effective date of any such applicable fee. See the Definitions section of the Fee Schedule.

⁷ The Exchange initially filed the proposed fee change on March 26, 2024 for effectiveness on April 1, 2024. See Securities Exchange Act Release No. 99907 (April 4, 2024), 89 FR 25293 (April 10, 2024) (SR-PEARL-2024-15) (the "Initial Proposal"). The Exchange withdrew SR-PEARL-2024-15 on April 30, 2024 and replaced it with SR-PEARL-2024-22. See Securities Exchange Act Release No. 100109 (May 13, 2024), 89 FR 43467 (May 17, 2024) (SR-PEARL-2024-22) (the "Second Proposal"). The Exchange notes that the Second Proposal included a reduced fee for Non-Display Usage by Trading Platforms for the ToM feed from \$2,500 per month in the Initial Proposal to \$1,000 per month. The reduced fee for Non-Display Usage by Trading Platforms was effective beginning May 1, 2024. All other proposed fees continue to remain the same from the Initial Proposal. See Fee Change Alert—MIAX Pearl Equities Exchange—May 1, 2024, available at <https://www.miaxglobal.com/alert/2024/04/30/miax-pearl-equities-exchange-may-1-2024-fee-changes>.

⁸ The term "Equity Member" is a Member authorized by the Exchange to transact business on MIAX Pearl Equities. See Exchange Rule 1901.

⁹ See *supra* note 4.

¹⁰ See the "Market Share" section of the Exchange's website, available at <https://www.miaxglobal.com/>.

¹ 15 U.S.C. 78s(b)(1).

² 17 CFR 240.19b-4.

³ All references to the "Exchange" in this filing refer to MIAX Pearl Equities. Any references to the options trading facility of MIAX PEARL, LLC will specifically be referred to as "MIAX Pearl Options."

⁴ See Securities Exchange Act Release No. 90651 (December 11, 2020), 85 FR 81971 (December 17, 2020) (SR-PEARL-2020-33).

⁵ The term "System" means the automated trading system used by the Exchange for the trading of securities. See Exchange Rule 100.