

Scholarship grants and monitor the academic performance of awardees, to place awardees at payback sites. The IHS Scholarship Program plans to streamline the application to reduce the time needed by applicants to complete and provide the information. The IHS Scholarship Program plans to use

information technology to make the application electronically available on the internet have been delayed. *Affected Public:* Individuals, non-for-profit institutes and State, local or Tribal Government. *Type of Respondents:* Students pursuing health care professions.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hour(s).

Data collection instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response	Annual burden hours
Scholarship Application (IHS-856)	1500	1	1500	1.00 (60 min)	1500
Checklist (856-2)	1500	1	1500	0.13 (8 min)	195
Course Verification (856-3)	1500	1	1500	0.70 (42 min)	1050
Faculty/Employer Application (856-4)	1500	2	3000	0.83 (50 min)	2490
Justification (856-5)	1500	1	1500	0.75 (45 min)	1125
Federal Debt (856-6)	1500	1	1500	0.13 (8 min)	195
Job Experience only (856-7)	25	1	25	0.83 (50 min)	21
Accept/Decline (856-8)	650	1	650	0.13 (8 min)	84
Receipt of Application (815)	1500	1	1500	0.03 (2 min)	45
Address Change Notice (816)	25	1	25	0.02 (1 min)	25
Scholarship Program Agreement (817)	850	1	850	0.05 (3 min)	43
Stipend Checks (D-02)	100	1	100	0.13 (8 min)	13
Enrollment (F-02)	1300	1	1300	0.13 (8 min)	169
Academic Problem/Change (F-04)	50	1	50	0.13 (8 min)	6
Request Assistance (G-02)	217	1	217	0.13 (8 min)	28
Summer School (G-04)	193	1	193	0.10 (6 min)	19
Health Professions Contract (818)	850	1	850	0.05 (3 min)	33
Placement (H-07)	250	1	250	0.18 (11 min)	45
Graduation (H-08)	250	1	250	0.17 (10 min)	43
Site Preference (J-04)	150	1	150	0.13 (8 min)	20
Travel Reimb (J-05)	150	1	150	0.10 (6 min)	15
Status Report (K-03)	250	1	250	0.25 (15 min)	63
Preferred Assignment (K-04)	200	1	200	0.75 (45 min)	150
Request of Deferment (L-03)	20	1	20	0.13 (8 min)	3
Total	15,830				7,380

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

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 agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates 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 Comments to OMB: Send your written 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 instrument(s) and/or instruction(s) contact: Mrs. Chris Rouleau, IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852-1601; call non-toll free (301) 443-5938; send via facsimile to (301) 443-2316; or send your e-mail requests, comments, and return address to: *Christina.Rouleau@ihs.gov*.

Comment Due Date: Comments regarding this information collection are best assured of having full effect if received within 30 day of the date of this publication.

Dated: October 29, 2007.

Robert G. McSwain,

Acting Director, Indian Health Service.

[FR Doc. 07-5520 Filed 11-5-07; 8:45 am]

BILLING CODE 4165-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; The Framingham Study

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 Heart, Lung, and Blood Institute (NHLBI), 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.

Proposed Collection: Title: The Framingham Study. *Type of Information Request:* Revision (OMB No. 0925-0216). *Need and Use of Information Collection:* The Framingham Study will conduct examinations and morbidity and mortality follow-up in original, offspring, and third generation participants for the purpose of studying the determinants of cardiovascular disease. *Frequency of response:* The

participants will be contacted annually. *Affected public:* Individuals or households; businesses or other for profit; small businesses or organizations. *Types of Respondents:*

Adult men and women; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows: *Estimated Number of*

Respondents: 6,000 and *Estimated Total Annual Burden Hours Requested:* 9,900.

There are no capital, operating, or maintenance costs to report.

Type of respondents	Estimated number of respondents	Average burden hours per respondent	Estimated total annual burden hours requested
Participants	3,600	2.5	9,000
Physician, hospital, nursing home staff	1,200	0.67	804
Participant's next of kin	1,200	.08	96
Total	6,000		9,900

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information will have practical utility; (2) The accuracy of the agency's estimate of burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of 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.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of data collection plans and instruments, contact Dr. Paul Sorlie, Division of Prevention and Population Sciences, NHLBI, NIH, II Rockledge Center, 6701 Rockledge Drive, MSC # 7936, Bethesda, MD, 20892-7936, or call non-toll-free number (301) 435-0456, or e-mail your request, including your address to: sorliep@nhlbi.nih.gov.

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

Dated: October 22, 2007.

Mike Lauer,

Director, Division of Prevention and Population Sciences, NHLBI, National Institutes of Health.

Suzanne Freeman,

OMB Clearance Officer, NHLBI, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; NIH-American Association for Retired Persons (AARP) Short Follow-Up Questionnaire 2008

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 Cancer Institute (NCI), 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.

Proposed Collection: Title: NIH-American Association for Retired Persons (AARP) Short Follow-Up Questionnaire 2008. *Type of Information Collection Request:* New.

Need and Use of Information Collection:

The purpose of this short 2-page questionnaire is to obtain information on 18 different medical conditions, several medical procedures, and lifestyle characteristics from 513,225 participants of the NIH-AARP Diet and Health Study. The questionnaire will support the ongoing examination between cancer and nutritional exposures. This questionnaire adheres to The Public Health Service Act, section 412 (42 U.S.C. 285a-1) and section 413 (42 U.S.C. 285a-2), which authorizes the Division of Cancer Epidemiology and Genetics of the National Cancer Institute (NCI) to establish and support programs for the detection, diagnosis, prevention and treatment of cancer; and to collect, identify, analyze and disseminate information on cancer research, diagnosis, prevention and treatment.

Frequency of Response: Once. *Affected Public:* Individuals. *Type of Respondents:* U.S. adults (persons aged 50-85). The annual reporting burden is as follows: *Estimated Number of Respondents:* 513,225; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .0668; and *Estimated Total Annual Burden Hours Requested:* 34,283. The annualized cost to respondents is estimated at: \$302,158. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Type of respondents	Number of respondents	Frequency of response	Average burden hours per response	Annual hour burden	Hourly wage rate	Cost to respond
Senior Adults	513,225	1	1.0668	34,283	\$17.68	\$302,158

¹ (4 minutes).

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on 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) Ways to enhance the quality, utility, and clarity of the