

record marriages occurring in each county of New Mexico will use this form. The data are routinely available in each reporting office as a by-product of

ongoing activities. This form is designed to collect counts of monthly occurrences of births, deaths, infant deaths, marriages, and divorces immediately

following the month of occurrence. There are no costs to respondents other than their time.

#### ESTIMATED AVERAGE ANNUAL BURDEN

Respondents to the form: National Vital Statistics Report (CDC 64.146)	Number of respondents	Number of responses/re-spondent	Average burden/re-sponse (in hrs)	Total burden hours
State and Territory registration officials .....	58	12	12/60	139
New Mexico County marriage registrars .....	33	12	6/60	40
Total .....	.....	.....	.....	179

The Annual Marriage and Divorce Occurrence Report form (CDC 64.147) collects final annual counts of marriages and divorces by month for the United States and for each State. The statistical counts requested on this form differ from provisional estimates obtained on the National Vital Statistics Report form in that they represent complete and final counts of marriages, divorces, and

annulments occurring during the months of the prior year. These final counts are usually available from State or county officials about eight months after the end of the data year. The data are widely used by government, academic, private research, and commercial organizations in tracking changes in trends of family formation and dissolution.

Respondents for the Annual Marriage and Divorce Occurrence Report form are registration officials in each State, the District of Columbia, New York City, Guam, Puerto Rico, Virgin Islands, Northern Marianas, and American Samoa. The data are routinely available in each reporting office as a by-product of ongoing activities.

#### ESTIMATED AVERAGE ANNUAL BURDEN

Respondents to the form: annual marriage and divorce occurrence report (CDC 64.147)	Number of respondents	Number of responses/re-spondent	Average burden/re-sponse (in hrs)	Total burden (in hrs)
State/Territory/City registration officials .....	58	1	30/60	29
Total .....	.....	.....	.....	29

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**Joan F. Karr,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-05-0026]

### Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 371-5983 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of

Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

Report of Verified Case of Tuberculosis (RVCT) (OMB Control No. 0920-0026)—Extension—Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention (NCHSTP).

**Background and Brief Description:** CDC is requesting OMB approval for another 3-year extension of the Report of Verified Case of Tuberculosis (RVCT) data collection.

CDC maintains the national TB surveillance system to support CDC's goal of eliminating tuberculosis (TB) in the United States. Previous modifications to the data collection have improved the ability of CDC to monitor important aspects of TB epidemiology in the United States, including drug resistance, TB risk factors, including HIV coinfection, and treatment. The system also enables CDC to monitor the recovery of the nation from the resurgence and identify that

current TB epidemiology supports the renewed national goal of elimination. To measure progress in achieving this goal, as well as continue to monitor TB trends and potential TB outbreaks, identify high risk populations for TB, and gauge program performance, CDC is requesting approval to extend the use of the RVCT.

Data are collected by 60 Reporting Areas (50 states, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean) using the RVCT. There are no changes to the forms previously approved in 2002. An RVCT is completed for each reported TB case and contains demographic, clinical, and laboratory information.

A comprehensive software package, the Tuberculosis Information Management System (TIMS) is currently used for RVCT data entry and electronic transmission of reports to CDC. TIMS provides reports, query functions, and export functions to assist in analysis of the data. However, electronic transmission of TB case reports to CDC is in a transition phase with the development of the web-based National

Electronic Disease Surveillance System (NEDSS) and Public Health Information Network (PHIN). Following the transition, many respondents will implement a PHIN compatible information system to collect and report TB surveillance data via the PHIN Messaging System. The remaining respondents will employ the NEDSS base system. These respondents will be able to use either the associated TB Program Area Module or their own TB surveillance application to collect and report RVCT data to CDC.

CDC publishes an annual report summarizing national TB statistics and also periodically conducts special analyses for publication in peer-reviewed scientific journals to further describe and interpret national TB data. These data assist public health officials and policy makers in program planning, evaluation, and resource allocation. Reporting Areas also review and analyze their RVCT data to monitor local TB trends, evaluate program success, and assist in focusing resources to eliminate TB.

No other Federal agency collects this type of national TB data. In addition to providing technical assistance on the use of RVCT, CDC also provides Reporting Areas with technical support for the TIMS software. In this request, CDC is requesting approval for 7,560 burden hours, a decrease of 780 hours. There are no costs to respondents except for their time. This decrease is due to a decrease in the total number of tuberculosis cases.

#### ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Local, state, territorial health departments .....	60	252	30/60

Dated: September 19, 2005.

**Joan Karr,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Health Resources and Services Administration

##### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A)) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13, the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

##### Proposed Project: The Health Professions Student Loan (HPSL) and Nursing Student Loan (NSL) Programs: Forms (OMB No. 0915-0044): Extension

The HPSL Program Provides long-term, low-interest loans to students attending schools of medicine, osteopathic medicine, dentistry,

veterinary medicine, optometry, podiatric medicine, and pharmacy. The NSL Program provides long-term, low-interest loans to students who attend eligible schools of nursing in programs leading to a diploma in nursing, and an associate degree, a baccalaureate degree, or a graduate degree in nursing. Participating HPSL and NSL schools are responsible for determining eligibility of applicants, making loans, and collecting monies owed by borrowers on their outstanding loans. The deferment form (HRSA form 519) provides the schools with documentation of a borrower's eligibility for deferment. The Annual Operating Report (AOR-HRSA form 501) provides the Federal Government with information from participating and non-participating schools (schools that are no longer granting loans but are required to report and maintain program records, student records, and repayment records until all student loans are repaid in full and all monies due the Federal Government are returned) relating to HPSL and NSL program operations and financial activities.

The estimate of burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per responses	Total burden hours
Deferment HRSA-519 .....	3,000	1	3,000	10 min .....	500
AOR-HRSA-501 .....	977	1	977	4 hrs .....	3,908
Total Burden .....	3,977	.....	3,977	.....	4,408