

**A. Federal Reserve Bank of New York** (Ivan Hurwitz, Bank Applications Officer) 33 Liberty Street, New York, New York 10045-0001:

1. *Morgan Stanley*, to acquire up to 9.9 percent of the voting shares of Heritage Bank, N.A. (in organization), both of New York, New York.

**B. Federal Reserve Bank of Chicago** (Burl Thornton, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *First Community Financial Partners, Inc.*, Joliet, Illinois, to acquire at least 50.1 percent of the voting shares of Burr Ridge Bank and Trust (in organization), Burr Ridge, Illinois.

2. *Golden Eagle Bancorp, Inc.*, to become a bank holding company by acquiring 100 percent of the voting shares of Golden Eagle Community Bank, both of Woodstock, Illinois.

In connection with this application, Applicant also has applied to engage in extending credit and servicing loans, pursuant to section 225.28(b)(1) of Regulation Y.

**C. Federal Reserve Bank of Dallas** (E. Ann Worthy, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *Independent Bank Group, Inc.*, to acquire by merger 100 percent of Independent Bank Group Central Texas, Inc., both of McKinney, Texas, and thereby indirectly acquire voting shares of Independent Bank, Waco, Texas.

Board of Governors of the Federal Reserve System, November 4, 2008.

**Jennifer J. Johnson,**

*Secretary of the Board.*

[FR Doc. E8-26603 Filed 11-06-08; 8:45 am]

**BILLING CODE 6210-01-S**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. E8-25509) published on page 63711 of the issue for Monday, October 27, 2008.

Under the Federal Reserve Bank of Kansas City heading, the entry for Lindoe, Inc., Ordway, Colorado, is revised to read as follows:

**A. Federal Reserve Bank of Kansas City** (Todd Offenbacher, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. *Lindoe, Inc.*, Ordway, Colorado, to acquire up to 100 percent of the voting shares of Southern Colorado National Bancorporation, Inc., and thereby indirectly acquire voting shares of Southern Colorado National Bank, both of Pueblo, Colorado.

Comments on this application must be received by November 24, 2008.

Board of Governors of the Federal Reserve System, November 4, 2008.

**Jennifer J. Johnson,**

*Secretary of the Board.*

[FR Doc. E8-26602 Filed 11-6-08; 8:45 am]

**BILLING CODE 6210-01-S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-09-09AC]

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

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

*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. Written comments should be received within 60 days of this notice.

#### Proposed Project

Occupational Injuries and Illnesses Among Emergency Medical Services (EMS) Workers: A NEISS-Work Telephone Interview Survey—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Studies have reported that EMS workers have higher rates of non-fatal

injuries and illnesses as compared to the general worker population. As EMS professionals are tasked with protecting the health of the public and treating urgent medical needs, it follows that understanding and preventing injuries and illnesses among EMS workers will have a benefit reaching beyond the workers to the general public.

As mandated in the Occupational Safety and Health Act of 1970 (Pub. L. 91-596), the mission of NIOSH is to conduct research and investigations on occupational safety and health. Related to this mission, the purpose of this project is to conduct research that will provide a detailed description of non-fatal occupational injuries and illnesses incurred by EMS workers. This project will bridge a gap of limited existing EMS worker injury and illness surveillance identified in a 2007 National Highway Traffic Safety Administration, (NHTSA) report. The project will use two related data sources. The first source is data abstracted from medical records of EMS workers treated in a nationally stratified sample of emergency departments. These data are routinely collected by the occupational supplement to the National Electronic Injury Surveillance System (NEISS-Work). The second data source, for which NIOSH is seeking OMB approval, is responses to telephone interview surveys of the injured and ill EMS workers identified within NEISS-Work.

The proposed telephone interview surveys will supplement NEISS-Work data with an extensive description of EMS worker injuries and illnesses, including worker characteristics, injury types, injury circumstances, injury outcomes, and use of personal protective equipment. Previous reports describing occupational injuries and illnesses to EMS workers provide limited details on specific regions or sub-segments of the population and many are outdated. As compared to these earlier studies, the scope of the telephone interview data will be broader as it includes sampled cases nationwide and has no limitations in regards to type of employment (i.e., volunteer versus career). Results from the telephone interviews will be weighted and reported as national estimates.

The sample size for the telephone interview survey is estimated to be approximately 175 EMS workers annually for the proposed four year duration of the study. This estimate is based on the number of EMS workers identified in previous years of NEISS-Work data and a 50% response rate that is comparable to the rate of previously conducted National Electronic Injury

Surveillance System telephone interview studies. Each telephone interview will take approximately 20 minutes to complete, resulting in an annualized burden estimate of 58 hours. Using the routine NEISS-Work data, an analysis of all identified EMS workers will be performed to determine if there are any differences between the telephone interview responder and non-responder groups.

This project is a collaborative effort between the Division of Safety Research in the NIOSH and the Office of Emergency Medical Services in the National Highway Traffic Safety Administration. Both agencies have a strong interest in improving surveillance of EMS worker injuries and illnesses to provide the information necessary for effectively targeting and implementing prevention efforts and, consequently, reducing occupational

injuries and illnesses among EMS workers. The Consumer Product Safety Commission (CPSC) will also contribute to this project as they are responsible for coordinating the collection of all NEISS-Work data and for overseeing the collection of all telephone interview data.

There is no cost to respondents other than their time.

*Estimated Annualized Burden Hours*

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
EMS workers .....	175	1	20/60	58

Dated: November 3, 2008.

**Maryam I. Daneshvar,**

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

[FR Doc. E8-26644 Filed 11-6-08; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[30 Day-08-07BF]**

**Agency Forms Undergoing Paperwork Reduction Act Review**

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) 639-5960 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**

Formative Research on Lung Cancer Screening—New—Division of Cancer

Prevention and Control (DCPC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The value of screening for lung cancer is a topic of scientific debate with important medical and economic consequences. Although chest x-rays (CXR) have been widely used for lung cancer screening, studies have shown that CXR with or without sputum cytology does not reduce mortality from lung cancer. Studies are currently underway to provide more information about the effectiveness of other types of screening tests, such as computed tomography (CT) scans and spiral CT scans.

CDC proposes to conduct formative research to gather information from adult health care consumers and primary care physicians about experiences and practices related to lung cancer screening. Information will be collected over a two-year period. Of particular interest are long-term heavy smokers aged 40–70 who are considered high-risk for lung cancer. Information to be collected concerns their knowledge, attitudes, and behaviors related to preventive lung cancer screening and testing. Eight in-person focus groups involving an average of nine health care

consumers will be conducted in each year of the study. In addition, in-depth follow-up interviews will be conducted by telephone with a limited subset of health care consumers who report experience with screening tests such as spiral computed tomography (CT).

Information will also be collected through focus groups composed of primary care physicians. Potential respondents will indicate their interest in participating by completing and returning a mailed screening form. Focus groups involving physicians will be conducted by telephone and will also collect information about knowledge, attitudes, and behaviors related to preventive cancer screening and testing. Four focus groups involving physicians will be conducted in each year of the study with an average of six respondents participating in each focus group. Two alternates will be recruited for each physician focus group in order to assure the participation of the targeted number of physician respondents.

The results of this formative research project will be used to inform future research and educational efforts and to develop lung cancer screening and testing interventions.

There are no costs to respondents except their time. The total estimated annualized burden hours are 193.

*Estimated Annualized Burden Hours*

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health Care Consumers .....	Health Care Consumer Screener Form .....	192	1	2/60
	Moderator's Guide for Health Care Consumer Focus Groups.	72	1	2
	Guide for In-Depth Interviews with Health Care Consumers.	8	1	1
	Physician Response Form .....	64	1	5/60