ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Web-based Survey	ECCS Coordinators	52	1	0.75	39
Web-based Survey	State Team Members	260	1	0.3	78
Telephone Interview	ECCS Coordinators	52	1	1.5	78
Indicator Reporting System	ECCS Coordinators	52	1	1.5	78
Total		416			273

E-mail comments to *paperwork@hrsa.gov* or mail the HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 16, 2009.

Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E9–17429 Filed 7–22–09; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Submission for OMB Review; Comment Request; SMP (Formerly Senior Medicare Patrol) Program Outcome Measurement

AGENCY: Administration on Aging, HHS.

ACTION: Notice.

SUMMARY: The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by August 24, 2009.

ADDRESSES: Submit written comments on the collection of information by fax 202.395.6974 to the OMB Desk Officer for AoA, Office of Information and Regulatory Affairs, OMB.

FOR FURTHER INFORMATION CONTACT: Doris Summey, telephone (202) 357–3533; *e-mail: doris.summey@aoa.hhs.gov.*

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance.

Grantees are required by Congress to provide information for use in program monitoring and for Government Performance and Results Act (GPRA) purposes. This information collection reports the number of active volunteers, issues and inquiries received, other SMP program outreach activities, and the number of Medicare dollars recovered, among other SMP performance outcomes. This information is used as the primary method for monitoring the SMP Projects.

AoA estimates the burden of this collection of information as follows: Respondents: 54 SMP grantees at 23 hours per month (276 hours per year, per grantee). Total Estimated Burden Hours: 14,904 hours per year.

Dated: July 17, 2009.

Kathy Greenlee,

Assistant Secretary for Aging.

[FR Doc. E9–17528 Filed 7–22–09; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–08AA]

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.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of health communication messages for Infertility Prevention Campaign—New—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Elimination Programs (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of the proposed study is to develop, test, implement, and evaluate the effectiveness and satisfaction with Chlamydia health messages, products, and methods of dissemination.

Chlamydia (CT) is among the leading causes of pelvic inflammatory disease (PID), which can lead to infertility, ectopic pregnancy, and chronic pelvic pain. Most cases of CT are asymptomatic so infected girls and women are unaware of their infections. CDC estimates that in 2006, young women aged 15 to 19 years had the highest CT rate (2,862 cases per 100,000 females), followed by women aged 20 to 24 (2,797 cases per 100,000 females). These rates are likely to be underestimates, because many infected persons do not seek medical care and testing. Data at CDC suggests that CT develops into PID in up to 40% of untreated women and that 12% of women are infertile after their first experience with PID.

CDC plans to obtain public preferences that will guide the development of health communication messages/materials about CT with females in the following age groups: 15–17 years who attend school; 15–17 years who do not attend school: 18–25 years who are employed: And 18–25 years who attend school full-time. Focus groups will be conducted at local pre-determined focus group facilities, and surveys will be conducted online and in malls. Women ages 18–25 years, both employed and working full-time, will be recruited by phone through professional recruitment vendors for focus groups; and in malls and on social networking sites for surveys. Girls ages 15–17 years, who do and do not attend school full-time, will be recruited by phone through professional recruitment vendors for focus groups, after obtaining parental consent; and, in malls and through

social networking sites (without parental consent) for surveys. The Academy for Educational Development will be conducting the research. There is no cost to respondents other than their time. The total estimated annual burden hours are 481.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Parents of 15–17 yr old	Focus Group Screener for Parents of Minors	54	1	5/60
Females (15–17 yr old)	Focus Group Screener for Minors	54	1	5/60
Female (18–25 yr old)	Focus Group Screener for Adult Women	126	1	5/60
Female (15–25 yr old)	Focus Group Moderator Guide (15–25)	180	1	2
Female (15–25 yr old)	Mall Intercept Screener & Moderator Guide (15–25).	200	1	10/60
Female (15–25 yr old)	Online Screener and Survey (15–25)	500	1	8/60

Dated: July 16, 2009.

Marilyn S. Radke,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E9–17525 Filed 7–22–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[ATSDR–253]

Availability of Draft Toxicological Profile for Perfluoroalkyls

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice of availability.

SUMMARY: This notice announces the availability of the draft toxicological profile for perfluoroalkyls, prepared by ATSDR, for review and comment.

DATES: In order to be considered, comments on this draft toxicological profile must be received on or before October 30, 2009. Comments received after the public comment period will be considered at the discretion of ATSDR on the basis of what is deemed to be in the best interest of the general public.

ADDRESSES: Requests for a printed copy of the draft toxicological profile should be sent to the attention of Ms. Olga Dawkins, Division of Toxicology and Environmental Medicine, Agency for Toxic Substances and Disease Registry, Mailstop F–32, 1600 Clifton Road, NE., Atlanta, Georgia 30333. Electronic access to the document is also available at the ATSDR Web site: *http://www.atsdr.cdc.gov/toxpro2.html.*

Requests for printed copies of the draft toxicological profile must be in writing and must specifically identify the toxicological profile that you wish to receive. ATSDR reserves the right to provide free of charge only one copy of each profile requested. In case of extended distribution delays, requestors will be notified.

Comments regarding the draft toxicological profile for perfluoroalkyls should be sent to the attention of Ms. Nickolette Roney, Division of Toxicology and Environmental Medicine, Agency for Toxic Substances and Disease Registry, Mailstop F–62, 1600 Clifton Road, NE., Atlanta, Georgia 30333. Electronic comments may be sent to *TPPublicComments@cdc.gov.* All comments sent electronically should contain the docket control number ATSDR–253 in the subject line.

Written comments and other data submitted in response to this notice and the draft toxicological profile should bear the docket control number ATSDR–253. Send one copy of all comments and three copies of all supporting documents to Ms. Roney at the above address by the end of the comment period. Because all public comments regarding ATSDR toxicological profiles are available for public inspection, no confidential information should be submitted in response to this notice.

FOR FURTHER INFORMATION CONTACT: Ms. Olga Dawkins, Division of Toxicology and Environmental Medicine, Agency for Toxic Substances and Disease Registry, Mailstop F–62, 1600 Clifton Road, NE., Atlanta, Georgia 30333; telephone number (800) 232–4636 or (770) 488–3315.

SUPPLEMENTARY INFORMATION: This draft toxicological profile for perfluoroalkyls was prepared in accordance with guidelines developed by the Agency for Toxic Substances and Disease Registry and the Environmental Protection Agency (EPA) for the preparation of toxicological profiles. The original guidelines were published in the **Federal Register** on April 17, 1987. While perfluoroalkyls are not found on the ATSDR Priority List of Hazardous Substances, ATSDR has determined that a profile for these substances was necessary because data indicate that some perfluoroalkyls are found in the blood of the United States general population and in the environment. The agency also determined that it was important to characterize the current available information regarding the health effects from exposure to perfluoroalkyls in order to support and inform public health responses and activities by ATSDR and others. This profile will be revised and republished as necessary.

Section 104(i)(3) of the Comprehensive Environmental Response, Compensation, and Liability Act [42 U.S.C. 9604(i)(3)] outlines the content of the toxicological profiles. Each profile includes an examination, a summary, and an interpretation of available toxicological information and epidemiologic evaluations. This information and these data are to be used to identify the levels of significant human exposure to a substance and the associated health effects. The profiles must also include a determination of whether adequate information on the health effects of each substance is available or in the process of development. When adequate information is not available, ATSDR, in cooperation with the National Toxicology Program (NTP), will initiate a research program to determine these health effects.

Although key studies for this substance were considered during the profile development process, this **Federal Register** notice solicits any additional studies, particularly unpublished data and ongoing studies, which will be evaluated for possible addition to the profile now or in the future.