The information will also be used to identify the best way(s) to deliver skill-based training and technical support to employers in the area of workplace health.

OMB approval is requested for three years. The total estimated annualized burden hours are 470. Participation is voluntary and there are no costs to participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
Employers Continuing to Advanced Technical Assistance.	Accreditation Readiness Assessment.	120	2	30/60	120
	Advanced TA Survey	120	2	20/60	80
	Follow-up Accreditation Survey	120	1	10/60	20
Interested New Train-the-Trainer Participants.	Train-the Trainer Application Form	200	1	30/60	100
New Train-the-Trainer Participants in the Work@Health Program.	Train-the-Trainer Knowledge and Skills Survey.	100	2	30/60	100
Employer Graduates of Work@Health.	Employer Follow-Up Survey	200	1	15/60	50
Total					470

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2015–03266 Filed 2–17–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–0556]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Assisted Reproductive Technology (ART) Program Reporting System (OMB No. 0920–0556, expires 8/31/2015)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 2(a) of Public Law 102–493 (known as the Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA), 42 U.S.C. 263a–1(a)), requires that each assisted reproductive technology (ART) program shall annually report to the Secretary through the Centers for Disease Control and Prevention: (1) pregnancy success rates achieved by such ART program, and (2) the identity of each embryo laboratory used by such ART program and whether the laboratory is certified or has applied for such certification under the Act. Information is transmitted to CDC electronically through the Web-based National ART Surveillance System (NASS) or NASS-compatible files extracted from other record systems. CDC requests OMB approval to continue information collection for three years, with changes that will be phased in during this period.

Information collection will continue under currently approved procedures through December 31, 2015. Revised reporting requirements are planned for ART cycles initiated on or after January 1, 2016. The proposed changes reflect CDC's ongoing dialogue with subject matter experts including partner organizations and the data collection contractor. These consultations identify changes to the NASS data elements that are essential to keep pace with changes in medical practice and other opportunities for improvement. The proposed changes to the NASS data elements will ensure that reported success rates reflect standardized data definitions and provide additional insight into factors that may affect success rates. Concurrent with changes to data elements, the NASS data entry pages will be redesigned for more intuitive grouping of data items and improved skip logic that will route users to the minimum number of applicable questions. Finally, CDC will continue to collect feedback from ART clinics on NASS reporting procedures. Participation in the brief Feedback

Survey is voluntary and is not required by the FCSRCA.

During the period of this Revision, estimated annualized burden will increase due to an anticipated increase in the number of responding clinics, an anticipated increase in the average number of ART cycles reported by each clinic, and a modest increase in the estimated burden per response for reporting each ART cycle. The Revision request also includes a one-time allocation of 40 burden hours per clinic. This allocation acknowledges the time needed to deploy the updated NASS platform and train staff on revised reporting requirements.

The collection of ART cycle information allows CDC to publish an annual report to Congress as specified by the FCSRCA and to provide information needed by consumers. Overall, the proposed changes will support CDC's ability to generate timely, accurate, and relevant information about fertility clinic success rates and improve user satisfaction with the NASS interface.

OMB approval is requested for three years. The total estimated annualized burden hours are 116,425. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Average number of responses per respondent	Average burden per response (in hours)
ART Clinics	NASS	447	353	42/60
	Feedback Survey	335	1	2/60
	One-time System Deployment	149	1	40

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2015–03244 Filed 2–17–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Institute for Occupational Safety and Health: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the Board of Scientific Counselors, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through February 3, 2017.

For information, contact John A. Decker, C.I.H., R.Ph., M.S., Executive Secretary and Designated Federal Officer, Board of Scientific Counselors, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services, 1600 Clifton Road NE., Mailstop E–20, telephone 404–498–2582, fax 404–498–2526.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2015–03253 Filed 2–17–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

The meeting announced below concerns NIOSH Member Conflict Review, PA 07–318, initial review. These applications would normally be reviewed by the Safety and Occupational Health Study Section; however some of the applications were submitted by Study Section members, thus creating conflicts of interest for the Study Section members. To avoid conflicts of interest, these applications will be reviewed by a group other than the Safety and Occupational Health Study Section.

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

Time And Date: 1:00 p.m.–4:00 p.m., March 17, 2015 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters For Discussion: The meeting will include the initial review, discussion, and evaluation of applications received in response to ''NIOSH Member Conflict Review, PA 07–318.''

Contact Person For More Information: Nina Turner, Ph.D., Scientific Review Officer, 1095 Willowdale Road, Morgantown, WV 26506, Telephone: (304) 285–5976.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Catherine Ramadei,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2015–03257 Filed 2–17–15; 8:45 am]

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