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**FOR FURTHER INFORMATION CONTACT:**

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461-5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to "OMB Control No. 2900-0802" in any correspondence.

**SUPPLEMENTARY INFORMATION:**

**Authority:** 44 U.S.C. 3501-21.

**Title:** Shoulder and Arm Conditions Disability Benefits Questionnaire (VA Form 21-0960M-12).

**OMB Control Number:** 2900-0802.

**Type of Review:** Extension of a currently approved collection.

**Abstract:** VA Form 21-0960 series is used to gather necessary information from a claimant's treating physician regarding the results of medical examinations. VA gathers medical information related to the claimant that is necessary to adjudicate the claim for VA disability benefits. The Disability Benefit Questionnaire title will include the name of the specific disability for which it will gather information. VA Forms 21-0960M-12 is used to gather information related to the claimant's diagnosis of a shoulder or arm condition.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at 82 FR 16, on January 26, 2017, page 8568.

**Affected Public:** Individuals or Households.

**Estimated Annual Burden:** 25,000.

**Estimated Average Burden per Respondent:** 30 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 50,000.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Enterprise Records Service, Office of Quality and Compliance, Department of Veterans Affairs.*

[FR Doc. 2017-07865 Filed 4-18-17; 8:45 am]

**BILLING CODE 8320-01-P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900-0809]

**Agency Information Collection Activity Under OMB Review: Hand and Finger Conditions Disability Benefits Questionnaire**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before May 19, 2017.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to "OMB Control No. 2900-0809" in any correspondence.

**FOR FURTHER INFORMATION CONTACT:**

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**SUPPLEMENTARY INFORMATION:**

**Authority:** 44 U.S.C. 3501-21.

**Title:** Hand and Finger Conditions Disability Benefits Questionnaire (VA Form 21-0960M-7).

**OMB Control Number:** 2900-0809.

**Type of Review:** Extension of a currently approved collection.

**Abstract:** VA Form 21-0960 series is used to gather necessary information from a claimant's treating physician regarding the results of medical examinations. VA gathers medical information related to the claimant that is necessary to adjudicate the claim for VA disability benefits. The Disability Benefit Questionnaire title will include the name of the specific disability for

which it will gather information. VAF 21-0960M-7, Hand and Finger Conditions Disability Benefits Questionnaire, will gather information related to the claimant's diagnosis of a hand or finger condition.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at 82 FR 43, on March 7, 2017, page 12912.

**Affected Public:** Individuals or Households.

**Estimated Annual Burden:** 15,000.

**Estimated Average Burden per Respondent:** 30 minutes.

**Frequency of Response:** One time.

**Estimated Number of Respondents:** 30,000.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Enterprise Records Service, Office of Quality and Compliance, Department of Veterans Affairs.*

[FR Doc. 2017-07864 Filed 4-18-17; 8:45 am]

**BILLING CODE 8320-01-P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900-0779]

**Agency Information Collection Activity: Hematologic and Lymphatic Conditions, Including Leukemia Disability Benefits Questionnaire, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) Disability Benefits Questionnaire, Peripheral Nerve Conditions (Not Including Diabetic Sensory-Motor Peripheral Neuropathy) Disability Benefits Questionnaire, Persian Gulf and Afghanistan Infectious Diseases Disability Benefits Questionnaire, Tuberculosis Disability Benefits Questionnaire, Kidney Conditions (Nephrology) Disability Benefits Questionnaire, Male Reproductive Organ Conditions Disability Benefits Questionnaire, Prostate Cancer Disability Benefits Questionnaire, Eating Disorders Disability Benefits Questionnaire, Mental Disorders (Other Than PTSD and Eating Disorders) Disability Benefits Questionnaire, Review Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.