of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: *https://www.govinfo.gov/content/pkg/FR-2015-09-18/pdf/2015-23389.pdf.*

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to *https://www.regulations.gov* and insert the docket number, found in brackets in the heading of this document, into the ''Search'' box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240–402–7500.

You may submit comments on any guidance at any time (see 21 CFR 10.115(g)(5)).

An electronic copy of the guidance document is available for download from the internet. See the **SUPPLEMENTARY INFORMATION** section for information on electronic access to the guidance. Submit written requests for a single hard copy of the guidance document entitled ''Surveying, Leveling, and Alignment Laser Products'' to the Office of Policy, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 5431, Silver Spring, MD 20993–0002. Send one self-addressed adhesive label to assist that office in processing your request.

FOR FURTHER INFORMATION CONTACT: Dina Jerebitski, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 3574, Silver Spring, MD 20993–0002, 301–796–2411.

SUPPLEMENTARY INFORMATION:

I. Background

This guidance is intended for manufacturers of laser products and outlines FDA's approach regarding the applicability of FDA's performance standard regulations to surveying, leveling, and alignment (SLA) laser products.

A notice of availability of the draft guidance appeared in the **Federal Register** of May 5, 2014 (79 FR 25597). FDA considered comments received and revised the guidance as appropriate in response to the comments, including requests for clarification regarding which laser products are considered SLA laser products and including additional questions and answers regarding SLA laser class limits.

This guidance is being issued consistent with FDA's good guidance practices regulation (21 CFR 10.115). The guidance represents the current thinking of FDA on surveying, leveling, and alignment laser products. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations.

II. Electronic Access

Persons interested in obtaining a copy of the guidance may do so by downloading an electronic copy from the internet. A search capability for all Center for Devices and Radiological Health guidance documents is available at *https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/guidance-documents-medical-devices-and-radiation-emitting-products.* This guidance document is also available at *https://www.regulations.gov* or *https://www.fda.gov/regulatory-information/search-fda-guidance-documents.* Persons unable to download an electronic copy of ''Surveying, Leveling, and Alignment Laser Products'' may send an email request to *CDRH-Guidance@fda.hhs.gov* to receive an electronic copy of the document. Please use the document number 1764 and complete title to identify the guidance you are requesting.

III. Paperwork Reduction Act of 1995

While this guidance contains no new collection of information, it does refer to previously approved FDA collections of information. Therefore, clearance by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3521) is not required for this guidance. The previously approved collections of information are subject to review by OMB under the PRA. The collections of information in the following FDA regulations, guidance, and forms have been approved by OMB as listed in the following table:

21 CFR part, guidance, or FDA form	Topic	OMB control No.
1002 through 1050	Reporting and Recordkeeping for Electronic Products—General Requirements.	0910–0025

Dated: January 26, 2023.

Lauren K. Roth,

Associate Commissioner for Policy.

[FR Doc. 2023–01964 Filed 1–30–23; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

[OMB No. 0915–0285—Revision]

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Health Center Program

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than March 2, 2023.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at *paperwork@hrsa.gov* or call 301–594–4394.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Health Center Program Forms OMB No. 0915–0285—Revision.

Abstract: The Health Center Program, administered by HRSA, is authorized under Section 330 of the Public Health Service Act (42 U.S.C. 254b). Health centers are community-based and

patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients regardless of their ability to pay. Nearly 1,400 health centers operate approximately 14,000 service delivery sites that provide primary health care to more than 30 million people in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. HRSA uses forms for new and existing health centers and other entities to apply for various grant and non-grant opportunities, renew grant and non-grant designations, report progress, and change their scopes of project.

A 60-day notice published in the **Federal Register** on October 17, 2022, vol. 87, No. 199; pp. 62861. There were no public comments.

Need and Proposed Use of the Information: Health Center Program-specific forms are necessary for award processes and oversight of the Health Center Program and other relevant programs. These forms provide HRSA staff and objective review committee panels with information essential for application evaluation, funding recommendation and approval, designation, and monitoring. These forms also provide HRSA staff with information essential for evaluating compliance with Health Center Program statutory and regulatory requirements.

HRSA intends to make several changes to its forms:

- HRSA will modify the following forms to streamline and clarify data currently being collected: 1A, 1B, 1C, 2, 4, 6A, 8, Checklist for Adding a New Service, Checklist for Adding a New Service Delivery Site, Checklist for Adding a New Target Population, Checklist for Deleting Existing Service, Checklist for Deleting Existing Service Delivery Site, Expanded Services Patient Impact, Health Center Controlled Networks Progress Report, Operational Plan, Project Narrative Update, Project Overview Form, Project Work Plan, and the Summary Page—Service Area Competition.
- HRSA will add forms necessary for funding applications and program monitoring: Applicant Qualification Criteria Form, Financial Performance Indicators, Funding Request Summary Form, Fiscal Year (FY) 2022 Accelerating Cancer Screening Progress Report, Native Hawaiian Health Care Improvement Act (NHHCIA) Non-Competing Continuation (NCC) Clinical and Financial Performance Measures, NHHCIA NCC Income Analysis Form, NHHCIA NCC Project Work Plan Progress Report, NHHCIA NCC Project Work Plan Update, Patient Impact Form, Project Cover Page, Progress Report—Non-Capital Investments, School-Based Health Center Location Form, Quality Improvement Fund (QIF) Evaluative Measures Report, QIF Project Plan Form and QIF Progress Report.
- HRSA will remove forms to further streamline information collected by HRSA and reduce burden: Clinical Performance Measures, Diabetes Action Plan, Expanded Services, Financial Performance Measures, FY 2018 Expanding Access to Quality Substance Use Disorder—Mental Health Integrated Behavioral Health Services Progress Reporting, Health Center Program Supplemental Information, HRSA Electronic Handbooks Action Plan and the Program Specific Form Instructions.

Likely Respondents: Health Center Program award recipients (those funded under section 330 of the Public Health Service Act) and Health Center Program look-alikes, state and national technical assistance organizations, and other organizations seeking funding.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and use technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Applicant Qualification Criteria Form	500	1	500	1.00	500
Capital Semi Annual Progress Report	1,317	2	2,634	1.00	2,634
Checklist for Adding a New Service	450	1	450	2.00	900
Checklist for Adding a New Service Delivery Site	1,480	1	1,480	2.00	2,960
Checklist for Adding a New Target Population	100	1	100	2.00	200
Checklist for Deleting Existing Service	500	1	500	2.00	1,000
Checklist for Deleting Existing Service Delivery Site	750	1	750	2.00	1,500
Environmental Information and Documentation	750	1	750	.50	375
Equipment List	1,375	1	1,375	.50	688
Expanded Services Patient Impact	996	1	996	1.00	996
Federal Object Class Categories Form	735	1	735	.25	184
Financial Performance Indicators	20	1	20	1.00	20
Form 12: Organization Contacts	1,058	1	1,058	1.00	1,058
Form 1A: General Information Worksheet	1,058	1	1,058	1.00	1,058
Form 1B: Funding Request Summary	1,000	1	1,000	.75	750
Form 1C: Documents on File	1,058	1	1,058	.50	529
Form 2: Staffing Profile	1,058	1	1,058	1.00	1,058
Form 3: Income Analysis	1,058	1	1,058	1.00	1,058
Form 3A: Look-Alike Budget Information	50	1	50	1.00	50
Form 4: Community Characteristics	1,058	1	1,058	1.00	1,058
Form 5A: Services Provided	1,058	1	1,058	1.00	1,058
Form 5B: Service Sites	1,058	1	1,058	1.00	1,058
Form 5C: Other Activities/Locations	1,058	1	1,058	1.00	1,058
Form 6A: Current Board Member Characteristics	1,058	1	1,058	1.00	1,058

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Form 6B: Request for Waiver of Board Member Requirements	1,058	1	1,058	1.00	1,058
Form 8: Health Center Agreements	1,058	1	1,058	1.00	1,058
Funding Request Summary Form (School-Based Health Center)	500	1	500	.50	250
Funding Sources	735	1	735	.50	368
FY 2020 Ending the HIV Epidemic Primary Care HIV Prevention PCHP Progress Reporting	182	1	182	1.00	182
FY 2022 Accelerating Cancer Screening Progress Report	10	1	10	1.50	15
Health Center Controlled Networks Progress Report	90	1	90	1.00	90
Health Center Program Progress Report	735	1	735	1.00	735
HRSA Loan Guarantee Program Application	20	1	20	1.00	20
NHHCIA NCC Clinical Performance Measures	6	1	6	1.50	9
NHHCIA NCC Financial Performance Measures	6	1	6	.50	3
NHHCIA NCC Income Analysis Form	6	1	6	.15	1
NHHCIA NCC Project Work Plan Progress Report	6	1	6	.15	1
NHHCIA NCC Project Work Plan Update	6	1	6	.15	1
Operational Plan	500	1	500	3.00	1,500
Other Requirements for Sites	600	1	600	.50	300
Participating Health Centers List	90	1	90	1.00	90
Patient Impact Form	500	1	500	1.00	500
Patient Target and Calculations	1,058	1	1,058	1.00	1,058
Progress Report—Non-Capital Investments	1,400	4	5,600	1.50	8,400
Project Cover Page	735	1	735	1.00	735
Project Narrative Update	883	1	883	4.00	3,532
Project Overview Form	500	1	500	1.00	500
Project Plan	182	3	546	1.50	819
Project Qualification Criteria	735	1	735	1.00	735
Project Work Plan	135	1	135	4.00	540
Proposal Cover Page	735	1	735	1.00	735
QIF Evaluative Measures Report	12	1	12	1.50	18
QIF Progress Report	12	1	12	1.50	18
QIF Project Plan Form	100	1	100	1.00	100
Summary Page (New Access Point)	500	1	500	1.00	500
Summary Page (Service Area Competition)	450	1	450	.50	225
	32,798	.....	39,279	.....	46,529

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2023–01918 Filed 1–30–23; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

[OMB No. 0915–0345 Revision]

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; HRSA AIDS Drug Assistance Program Data Report

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR must be received no later than March 2, 2023.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call 301–594–4394.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: HRSA AIDS Drug Assistance Program