

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 07/22/2010

Department of Commerce  
National Oceanic and Atmospheric Administration  
FOR CERTIFYING OFFICIAL: Simon Szykman  
FOR CLEARANCE OFFICER: Diana Hynek

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 06/22/2010

ACTION REQUESTED: Extension without change of a currently approved collection  
TYPE OF REVIEW REQUESTED: Regular  
ICR REFERENCE NUMBER: 201006-0648-001  
AGENCY ICR TRACKING NUMBER:  
TITLE: NOAA Teacher-At-Sea Program  
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change  
OMB CONTROL NUMBER: 0648-0283  
The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 07/31/2013 DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	420	309	660
New	420	309	211
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	-449
Change Due to Potential Violation of the PRA	0	0	0

TERMS OF CLEARANCE: In accordance with 5 CFR 1320, the information collection is approved for 3 years.

OMB Authorizing Official: Kevin F. Neyland  
Deputy Administrator,  
Office Of Information And Regulatory Affairs

List of ICs

IC Title	Form No.	Form Name	CFR Citation
NOAA Teacher-At-Sea Program Participant Application and Health Services Questionnaire	NA, NA	NOAA's Teacher at Sea Form A: Participant's Application, NOAA Health Services Questionnaire	
NOAA Teacher At Sea Recommendations	NA, NA	Administrator's recommendation, Colleague's recommendation	
NOAA Teacher At Sea Follow-up Reports			16 CFR USC 32 1440

# PAPERWORK REDUCTION ACT SUBMISSION

**Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

1. Agency/Subagency originating request	2. OMB control number <span style="float: right;">b. <input type="checkbox"/> None</span> a. _____ - _____
3. Type of information collection ( <i>check one</i> ) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested ( <i>check one</i> ) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated
	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
7. Title	
8. Agency form number(s) ( <i>if applicable</i> )	
9. Keywords	
10. Abstract	
11. Affected public ( <i>Mark primary with "P" and all others that apply with "x"</i> ) a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond ( <i>check one</i> ) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden ( <i>in thousands of dollars</i> ) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting ( <i>check all that apply</i> ) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission)  Name: _____ Phone: _____

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator or head of MB staff for L.O.s, or of the Director of a Program or Staff Office)

Signature

Date

Signature of NOAA Clearance Officer

Signature

Date

**SUPPORTING STATEMENT  
NOAA TEACHER-AT-SEA PROGRAM  
OMB CONTROL NO. 0648-0283**

**A. JUSTIFICATION**

**1. Explain the circumstances that make the collection of information necessary.**

Consistent with the support for research and education under the National Marine Sanctuaries Act (16 U.S.C. 32 §1440) and other coastal and marine protection legislation, National Oceanic and Atmospheric Administration (NOAA) provides educators an opportunity to gain first-hand experience with field research activities through the Teacher-at-Sea Program. Through this program, educators spend up to 3 weeks at sea on a NOAA research vessel, participating in an ongoing research project with NOAA scientists. The application solicits information from interested educators, and participants in the program are selected following review of their application. The application includes two recommendation forms and a NOAA Health Services Questionnaire, the latter being a requirement of anyone going to sea. Once an educator is selected and participates on a cruise, s/he writes a report detailing the events of the cruise and their ideas for classroom activities based on what they learned while at sea. These materials are then made available to other educators so they may benefit from the experience, without actually going to sea themselves. NOAA does not collect information from this universe of respondents for any other purpose.

**2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.**

Applications are accepted annually, from October through February, for the purpose of identifying prospective participants in the Teacher-at-Sea Program. The specific items of information on the application will be used in the following manner:

**Name, Home Address, Home Phone, Name of School, School Address, Work Phone, email address, citizenship, and Age Range** are necessary self-identification information for the applicants.

**Gender** information is used to accommodate berthing requirements aboard the ship.

The questions: **What subjects and grades do you currently teach?** and **What subjects and grades are you likely to teach next year?** are used to determine the areas of discipline of the applicant. This information is useful when placing more than one teacher on a ship in order to match their areas of expertise, when evaluating their classroom activities for their appropriate subject matter and age level, and to determine that an applicant is, in fact, an educator.

The question: **What leadership roles have you held in education?** is used to evaluate the applicants. Applicants are given a higher score for holding leadership roles in their schools, participating in their own professional development, and being a role model for their students. These skills and activities directly relate to a teacher's ability to translate the experience into their classroom.

Question #1, **How will you use this experience to benefit your students and colleagues?** is the most important selection criteria on the application. The information details what plans the teacher has for their follow-up classroom activities, as well as their plans for conducting workshops, in-service training, and writing articles for publication. These are the "products" that NOAA can show to justify the existence of the program.

Question #2, **Describe your experience and ability to write your own classroom activities,** directly relates to an educator's ability to make use of the experience for teachers and students. The more skilled a teacher is at writing curriculum and adapting life experiences to the classroom the better they are at taking an immersive experience, like being at sea, and translating it to classroom lessons.

Question #3, **What type of project would you prefer to join? Explain the parameters that go into your decision?** encourages applicants to consider what type of research they would be most interested in pursuing and why. It also encourages them to consider where they would be most suited and most likely to become meaningfully engaged in the project.

Question #4, **Discuss your ability to adapt to the physical and personal demands of life on-board a ship,** is an attempt to encourage the applicants to consider what life is like on-board a ship. The quarters are small, space is limited, it is difficult to "get away" from other people, communications and medical facilities are limited. All these factors are important considerations to make before one embarks on a three-week cruise in the open ocean. While this information is not used in the rating process, it is important for the applicants to give due consideration to these conditions.

The **recommendations**, one from an Administrator and one from a Colleague, give good insight into an educator's teaching ability and their creativity in the classroom. This is an important evaluation criterion.

The **NOAA Health Services Questionnaire** provides the necessary information for the NOAA Medical Officer to determine whether an applicant is fit for sea duty.

The **Follow-up Report** is collected as a completion of the agreement between NOAA and the participating teacher so that NOAA can distribute the materials to non-participating teachers thereby broadening the impact of the program to benefit more teachers.

It is anticipated that the Follow-up Report will be disseminated to the public and used to support publicly disseminated information. As explained in the preceding paragraph, the information gathered has utility. NOAA will retain control over the information and safeguard it from improper access, modification, and destruction, consistent with NOAA standards for

confidentiality, privacy, and electronic information. See response to Question 10 of this Supporting Statement for more information on confidentiality and privacy. The information collection is designed to yield data that meet all applicable information quality guidelines. Prior to dissemination, the information will be subjected to quality control measures and a pre-dissemination review pursuant to [Section 515 of Public Law 106-554](#).

NOAA does not plan to disseminate the submitted Participant's Applications to the public.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.**

This application is available on the Internet and teachers are able to download the application from the [Teacher-at-Sea website](#). The Teacher-at-Sea Internet URL is widely distributed and communication is often provided through direct email contact between the Program Administrator and the applicants.

**4. Describe efforts to identify duplication.**

There are no other known collections gathering similar information. The Teacher-at-Sea Program is the only NOAA information collection directed at educators.

**5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.**

No small businesses will be responding to this collection.

**6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.**

If this information collection were not conducted the opportunity to participate in NOAA research projects would not be open to a broad audience, and very few educators would be able to participate.

**7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.**

The collection is conducted in a manner consistent with the Office of Management and Budget (OMB) guidelines.

**8. Provide information on the PRA Federal Register Notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments. Describe the efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

A Federal Register Notice published on January 5, 2010 (75 FR 338) solicited public comment on this collection. No comments were received.

The reviewers, consisting of NOAA employees and Teacher-at-Sea alumni, evaluate the application during the selection process for clarity, ease of use and utility. NOAA employees consist of members of the NOAA Education Council, NOAA Education Committee, and various employees from different NOAA Line and Staff Offices with expertise in education. The Teacher at Sea alumni consist of currently employed and former teachers who previously participated in the Teacher-at-Sea Program. Applicants provide comments on the entire application process, including the application itself, during the evaluation of the program following their cruise. Several applicants have been contacted regarding the application to determine the clarity of instructions and the amount of burden imposed.

The application is distributed widely at educators' conferences, through education publications, and at workshops, all of which provide opportunities for further public comment. No major problems have been uncovered as a result of any of these consultations.

**9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.**

There are no payments made or gifts given to respondents.

**10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.**

As stated on the form, the NOAA Health Services Questionnaire will be protected as a Privacy Act record and treated confidentially. A Privacy Act System of Records Notice is under review at the Department of Commerce.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.**

Except for the health questions, there are no questions of a sensitive nature or any matters that are commonly considered private.

**12. Provide an estimate in hours of the burden of the collection of information.**

The estimates for the burden of the collection of information have been gathered by surveying applicants. The estimates are as follows:

Application Process

Number of respondents expected annually = 125

Frequency of response = once annually

Average response time per respondent = 1 hour and 15 minutes

15 minutes to read the application

30 minutes to complete the application

15 minutes to deliver and discuss the recommendation forms

15 minutes to complete the Health Services Questionnaire

**Total hours: 156.**

Recommendations (2 per applicant)

Number of respondents expected annually = 250

Frequency of response = once annually

Average response time per respondent = 15 minutes

**Total hours: 62 hours and 30 minutes (63)**

Follow-up report

Number of respondents expected annually = 45

Frequency of response = once annually

Average response time per respondent = 2 hours

1 hour to gather data and materials

1 hour to write report

**Total hours: 90.**

Totals

Number of respondents = 375

Total annual responses = 420

**Total hours = 309**

**13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in Question 12 above).**

The total annual cost burden per response resulting from the collection is:

postage = \$0.44

envelope = \$0.06

**total = \$0.50**

**Total cost (\$0.50 x 420) = \$210 (rounded up to \$211 in ROCIS)**

**14. Provide estimates of annualized cost to the Federal government.**

The estimated annual costs to the Federal government are outlined below:

Hours (780 @ \$17.69) =	\$13,798.20
Operational expenses (printing) =	\$1,500.00
<b>Total =</b>	<b>\$15,298.20</b>

**15. Explain the reasons for any program changes or adjustments.**

There are adjustments to the costs: updating postage cost, and also correcting double counting of costs: previously, the actual cost per applicant respondent (125) was applied to each response (total of 420). Adjustments resulted in a decrease of \$449.

**16. For collections whose results will be published, outline the plans for tabulation and publication.**

The results of the collection will not be published for statistical use.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.**

The NOAA Health Services Questionnaire is owned by the Office of Marine and Aviation Services and is required for all NOAA staff sailing or flying. It is also a web-based form. The OMB Control No. and expiration date for the Teacher at Sea Program are not on this form.

**18. Explain each exception to the certification statement.**

Not applicable.

**B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

This collection does not employ statistical methods.

# NOAA's Teacher at Sea Program Form A: Participant's Application

OMB Control No. 0648-0283; Expiration Date: 06/30/2010

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Home Address 1: \_\_\_\_\_

Home Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address 1: \_\_\_\_\_

School Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Sex:  Female  Male

Age:  21-29  30-39  40-49  50-59  60-69  70-79  80-89  90-99  Over 99

Have you applied previously?  No  Yes If yes, please list all years: \_\_\_\_\_

E-mail (required for notification): \_\_\_\_\_

What subjects and grades do you currently teach?

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What subjects and grades are you likely to teach next year?

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What leadership roles have you held in education?

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**On a separate piece of paper attached to this application, please address the following:**

1. NOAA's primary interest in this program is the way in which teachers will incorporate the experience into their classroom activities and help others do the same. How will you use this experience to benefit your students and colleagues? (Note: This is the most important selection criteria.)
2. Describe your experience with and ability writing your own classroom activities. Please be specific and offer examples.
3. What type of project would you prefer to join? Please explain the reasoning behind your choice.
4. Discuss your ability to adapt to the physical and personal demands of life onboard a ship.

# NOAA's Teacher at Sea Program Form A: Participant's Application

OMB Control No. 0648-0283; Expiration Date: 06/30/2010

Due to homeland security concerns, NOAA ship schedules are no longer available to the public; therefore you cannot select a cruise specifically. By filling in the following parameters, you will be matched with a cruise that best fits your interests. Since placement is based upon ships' bunk space availability, the more flexible you are, the more likely you will be placed. If you are flexible, respond to the question with "N/A." However, you must list the exact dates of your availability.

A) Please list below **ALL** the dates that you would be available to participate on a cruise. Available Dates:

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B) Nature of the research conducted that you are most interested in:

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C) Do you have a preference as to where the ship operates? Preferred Ports/Area:

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D) How long are you comfortable being away at sea? Some cruises last over a month. Preferred length of cruise:

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**Completed application packets must be postmarked by December 31, 2009.**

**SEND COMPLETED APPLICATIONS TO: NOAA's Teacher at Sea Program, 1315 East West Hwy, Division F/Room 14249, Silver Spring, MD 20910. Include Form D with Form A, and Forms B and C in their sealed envelopes.**

## Selection and Notification

Applications will be reviewed by the NOAA Teacher at Sea Selection Committee. After review, applicants will be notified via e-mail of the Committee's selections.

**Participant placements will be made approximately 1 to 2 months prior to the sailing date.**

## PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Teacher at Sea Program in order to promote oceanographic and related education. The information obtained from the application will be used to select the teachers who will be accepted for participation in the program, and an application is required for acceptance. The information submitted on this form will not be treated confidentially. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA's Teacher at Sea Program, 1315 East West Hwy, Division F, Silver Spring, MD 20910

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection displays a currently valid OMB Control Number.

# NOAA's Teacher at Sea Program Form B: Administrator's Recommendation

OMB Control No. 0648-0283; Expiration Date: 06/30/2010

\_\_\_\_\_ is applying to participate in NOAA's Teacher at Sea Program. The selected teachers will take part in a research project aboard a NOAA research vessel. If it is not attached, you may want to request a copy of the complete program description from the applicant. As a professional colleague of the applicant, please comment on the applicant's personal attributes and teaching ability (strengths, weaknesses, enthusiasms, dislikes), with particular attention to their creativity in translating personal experiences into classroom experiences. Feel free to continue on the back of this sheet or attach a separate letter.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

School or institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE, SIGNED AND DATED ACROSS THE FLAP. The applicant must include it with his/her application. Thank you.**

#### PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Teacher at Sea Program in order to promote oceanographic and related education. The information obtained from the recommendation will be used in the selection of the teachers who will be accepted for participation in the program, and an application is required for acceptance. The information submitted on this form will not be treated confidentially. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA's Teacher at Sea Program, 1315 East West Hwy, Division F, Room 14249, Silver Spring, MD 20910

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection displays a currently valid OMB Control Number.

# NOAA's Teacher at Sea Program Form C: Colleague's Recommendation

OMB Control No. 0648-0283; Expiration Date: 06/30/2010

\_\_\_\_\_ is applying to participate in NOAA's Teacher at Sea Program. The selected teachers will take part in a research project aboard a NOAA research vessel. If it is not attached, you may want to request a copy of the complete program description from the applicant. As a professional colleague of the applicant, please comment on the applicant's personal attributes and teaching ability (strengths, weaknesses, enthusiasms, dislikes), with particular attention to their creativity in translating personal experiences into classroom experiences. Feel free to continue on the back of this sheet or attach a separate letter.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

School or institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE, SIGNED AND DATED ACROSS THE FLAP. The applicant must include it with his/her application. Thank you.**

#### PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Teacher at Sea Program in order to promote oceanographic and related education. The information obtained from the recommendation will be used in the selection of the teachers who will be accepted for participation in the program, and an application is required for acceptance. The information submitted on this form will not be treated confidentially. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA's Teacher at Sea Program, 1315 East West Hwy, Division F, Room 14249, Silver Spring, MD 20910

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection displays a currently valid OMB Control Number.

## INSTRUCTIONS FOR COMPLETING THE NOAA HEALTH SERVICES QUESTIONNAIRE (NHSQ, Revised 08/08, Implementation date 01/01/09)

Please print clearly if you are not submitting this form electronically. Make sure your name appears at the top of each page. Fill out **ALL** questions completely to avoid a delay in processing.

Any questions answered “yes” on this form will require further explanation in the space provided. If additional space is needed, please use page 4 of the form. If you answered “yes” to hypertension or diabetes in the “Cardiac Screening” section, you must provide the most recent blood pressure or HbA1c reading.

In the Immunization Screening section, everyone who sails on a NOAA vessel must have a test for tuberculosis (TB) within the last 12 months. There are two tests that NOAA accepts to detect exposure to the TB germ: the PPD (or TB skin test) or the Quantiferon test (a blood test). If you have a PPD test done for TB, the results must be **recorded in millimeters only**. **PPD tests are not read as positive or negative**. The Quantiferon test is a blood test as is read as negative, positive, or indeterminate.

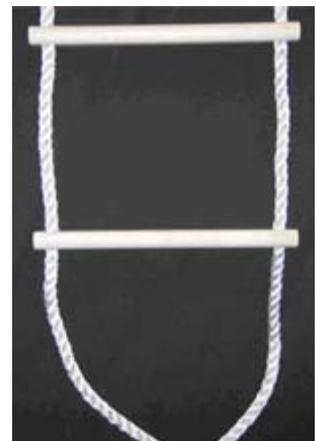
The Functional Abilities Screening section makes reference to a survival suit and a rope ladder. More detailed information can be found on these items by typing “survival suit” and “rope ladder” in to any internet search engine.

An adult survival suit is often a large bulky one-size-fits-all design meant to fit a wide range of sizes. It is made of neoprene and typically has large oversize booties and gloves built into the suit. This allows the user to quickly don it on while fully clothed and without having to remove shoes. It typically has a waterproof zipper up the front, and a face flap to seal water out around the neck and protect the wearer from ocean spray. In the event of an emergency, it should be possible to put on a survival suit and abandon ship in about one minute.



Survival suit

A rope ladder is a flexible ladder made by attaching rope to both ends of wooden rungs. It hangs down over the side of the ship and is used to enter a small boat or to get back on the ship’s deck from a small boat. The rope ladder is anchored to the ship at one end but the other end hangs freely and is not attached. A free hanging rope ladder is more difficult to climb than one that is firmly moored at the bottom.



Rope ladder

Sign and date this form near the bottom of page 3. Do not write in the NOAA Health Services Use Only section. Use page 4 to provide any additional information.

## NOAA HEALTH SERVICES QUESTIONNAIRE

(NO nicknames)

Name (print): \_\_\_\_\_ Birth Year: \_\_\_\_\_  
Last First Middle

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred contact number: \_\_\_ Work \_\_\_ Cell \_\_\_ Home

Current position: \_\_\_ Scientist \_\_\_ Teacher-at-Sea \_\_\_ Volunteer Contractor  
\_\_\_ Other: (specify) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Cruise dates: \_\_\_\_\_

Forward to the following ships: \_\_\_\_\_

### Health Information

**Supply additional information on last page of this form if needed.**

At the present time, do you regularly see a doctor for any reason? \_\_\_ No \_\_\_ Yes

If yes, explain below:

Please list ALL the medications that you currently take (prescription and non-prescription):

None 1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

List any known allergy: Allergy Reaction

None 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

List ALL current health problems/conditions (even if you are not taking medication for them):

None 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

List major surgeries/hospitalizations/emergency room visits:

None 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Name: \_\_\_\_\_  
                    Last                    First                    Middle

### General Screening

As an adult, have you had or currently have any of the following:

No	Yes		No	Yes	
___	___	Cancer	___	___	Epilepsy/seizures
___	___	Tuberculosis	___	___	Impaired mobility
___	___	Asthma	___	___	Severe hearing loss
___	___	Hepatitis	___	___	Severe visual impairment
___	___	Chronic cough	___	___	Severe motion sickness
___	___	Severe depression	___	___	Fainting/loss of consciousness
___	___	Are you pregnant?	___	___	Recent unexplained weight gain/loss of $\geq$ 20 pounds
___	___	Untreated dental issues			

Explain:

### Cardiac Screening

As an adult, have you had or currently have any of the following:

No	Yes		No	Yes	
___	___	Abnormal EKG	___	___	Hypertension
___	___	Heart attack	___	___	Recent BP reading: _____
___	___	Shortness of breath	___	___	Diabetes
___	___	Chest pain			Recent HgA1C: _____

Explain:

### Immunization Screening

Please list the date(s) you obtained immunization/prophylaxis against:

1. TB (must have one of the following within the past 12 months; test cannot expire before the end of the desired cruise):
  - a. PPD: Date: \_\_\_\_\_ Results: \_\_\_\_\_ (must be noted in millimeters only)
  - b. Quantiferon: Date: \_\_\_\_\_  
Results (circle one):    Negative    Indeterminate    Positive
2. Tetanus booster: Date: \_\_\_\_\_

Name: \_\_\_\_\_  
                    Last                    First                    Middle

**Functional Abilities Screening**

Are you able to perform the following (explain all "no" answers below)?

Yes	No	
___	___	Walking on steel decks for hours
___	___	Standing on steel decks for hours
___	___	Step over 24 inch high door sill
___	___	Climbing stairs
___	___	Carry survival suit (<15 pounds) up/down stairs
___	___	Don an survival suit in 1 minute
___	___	Can hear alarms (hearing aid permitted)
___	___	Descend/ascend a rope ladder with rigid rungs a distance of 10 feet
___	___	Walking on slippery, uneven, and/or moving surfaces

Explain:

Are you aware of any other medical condition(s) that may affect your suitability for sea duty?  
\_\_\_ No \_\_\_ Yes – Explain:

**I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I acknowledge that falsification of information on this government document is punishable by fine and/or imprisonment.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For assistance contact: (1) Marine Operations Atlantic at (757)441-6320, fax (757)441-3760, or (2) Marine Operations Pacific at (206)553-8704, fax (206)553-1112.

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**NOAA HEALTH SERVICES USE ONLY**

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Medically cleared for sea duty by history? \_\_\_ Yes \_\_\_ No \_\_\_ Need more info

\_\_\_\_\_  
NOAA Health Services Medical Officer

\_\_\_\_\_  
Date

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Name: \_\_\_\_\_  
                    Last                    First                    Middle

**NOAA HEALTH SERVICES QUESTIONNAIRE  
CONTINUATION PAGE**

Use this space for further documentation related to questions on the previous pages.

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[Laws in effect as of January 24, 2002]  
[Document not affected by Public Laws enacted between  
January 24, 2002 and December 19, 2002]  
[CITE: 16USC1440]

TITLE 16--CONSERVATION

CHAPTER 32--MARINE SANCTUARIES

Sec. 1440. Research, monitoring, and education

(a) In general

The Secretary shall conduct, support, or coordinate research, monitoring, evaluation, and education programs consistent with subsections (b) and (c) of this section and the purposes and policies of this chapter.

(b) Research and monitoring

(1) In general

The Secretary may--

(A) support, promote, and coordinate research on, and long-term monitoring of, sanctuary resources and natural processes that occur in national marine sanctuaries, including exploration, mapping, and environmental and socioeconomic assessment;

(B) develop and test methods to enhance degraded habitats or restore damaged, injured, or lost sanctuary resources; and

(C) support, promote, and coordinate research on, and the conservation, curation, and public display of, the cultural, archeological, and historical resources of national marine sanctuaries.

(2) Availability of results

The results of research and monitoring conducted, supported, or permitted by the Secretary under this subsection shall be made available to the public.

(c) Education

(1) In general

The Secretary may support, promote, and coordinate efforts to enhance public awareness, understanding, and appreciation of national marine sanctuaries and the System. Efforts supported, promoted, or coordinated under this subsection must emphasize the conservation goals and sustainable public uses of national marine sanctuaries and the System.

(2) Educational activities

Activities under this subsection may include education of the general public, teachers, students, national marine sanctuary users, and ocean and coastal resource managers.

(d) Interpretive facilities

(1) In general

The Secretary may develop interpretive facilities near any national marine sanctuary.

(2) Facility requirement

Any facility developed under this subsection must emphasize the conservation goals and sustainable public uses of national marine sanctuaries by providing the public with information about the conservation, recreational, ecological, historical, cultural, archeological, scientific, educational, or esthetic qualities of the national marine sanctuary.

(e) Consultation and coordination

In conducting, supporting, and coordinating research, monitoring, evaluation, and education programs under subsection (a) of this section and developing interpretive facilities under subsection (d) of this section, the Secretary may consult or coordinate with Federal, interstate, or regional agencies, States or local governments.

(Pub. L. 92-532, title III, Sec. 309, as added Pub. L. 100-627, title II, Sec. 203(3), Nov. 7, 1988, 102 Stat. 3214; amended Pub. L. 102-587, title II, Sec. 2108, Nov. 4, 1992, 106 Stat. 5045; Pub. L. 106-513, Sec. 10, Nov. 13, 2000, 114 Stat. 2388.)

Prior Provisions

A prior section 309 of Pub. L. 92-532 was renumbered section 308 and is classified to section 1439 of this title.

Amendments

2000--Pub. L. 106-513 amended section catchline and text generally. Prior to amendment, text read as follows:

``(a) In general.--The Secretary shall conduct research, monitoring, evaluation, and education programs as are necessary and reasonable to carry out the purposes and policies of this chapter.

``(b) Promotion and Coordination of Sanctuary Use.--The Secretary shall take such action as is necessary and reasonable to promote and coordinate the use of national marine sanctuaries for research, monitoring, and education purposes. Such action may include consulting with Federal agencies, States, local governments, regional agencies, interstate agencies, or other persons to promote use of one or more sanctuaries for research, monitoring, and education, including coordination with the National Estuarine Research Reserve System.''

1992--Pub. L. 102-587 amended section generally. Prior to amendment, section read as follows: ``The Secretary shall take such action as is necessary to promote and coordinate the use of national marine sanctuaries for research purposes, including--

``(1) requiring that the National Oceanic and Atmospheric Administration, in conducting or supporting marine research, give priority to research involving national marine sanctuaries; and

``(2) consulting with other Federal and State agencies to promote use by such agencies of one or more sanctuaries for marine research.''

in accordance with the terms and conditions set forth therein, and

Whereas, I have approved of the terms of such Settlement Agreement;

*It is therefore ordered:*

First, that Wen shall be assessed a civil penalty in the amount of \$1,364,000, the payment of which shall be suspended for a period of one (1) year from the date of entry of this Order, and thereafter shall be waived, provided that during the suspension, Wen has committed no violation of the Act, or any regulation, order or license issued thereunder.

Second, that for a period of 15 years from the date of issuance of the Order, Ning Wen, No. 07511-089, Federal Prison Camp-H Dorm, P.O. Box 1000, Duluth, MN 55814, with an address at 1218 Dewey St., #14, Manitowoc, WI 54220, and when acting on behalf of Wen, his representatives, assigns, or agents ("Denied Person") may not participate, directly or indirectly, in any way in any transaction involving any commodity, software or technology (hereinafter collectively referred to as "item") exported or to be exported from the United States that is subject to the Regulations, or in any other activity subject to the Regulations, including, but not limited to:

A. Applying for, obtaining, or using any license, License Exception, or export control document;

B. Carrying on negotiations concerning, or ordering, buying, receiving, using, selling, delivering, storing, disposing of, forwarding, transporting, financing, or otherwise servicing in any way, any transaction involving any item exported or to be exported from the United States that is subject to the Regulations, or in any other activity subject to the Regulations; or

C. Benefitting in any way from any transaction involving any item exported or to be exported from the United States that is subject to the Regulations, or in any other activity subject to the Regulations.

Third, that no person may, directly or indirectly, do any of the actions described below with respect to an item that is subject to the Regulations and that has been, will be, or is intended to be exported or reexported from the United States:

A. Export or reexport to or on behalf of the Denied Person any item subject to the Regulations;

B. Take any action that facilitates the acquisition or attempted acquisition by the Denied Person of the ownership, possession, or control of any item subject to the Regulations that has been or will be exported from the United

States, including financing or other support activities related to a transaction whereby the Denied Person acquires or attempts to acquire such ownership, possession or control;

C. Take any action to acquire from or to facilitate the acquisition or attempted acquisition from the Denied Person of any item subject to the Regulations that has been exported from the United States;

D. Obtain from the Denied Person in the United States any item subject to the Regulations with knowledge or reason to know that the item will be, or is intended to be, exported from the United States; or

E. Engage in any transaction to service any item subject to the Regulations that has been or will be exported from the United States and which is owned, possessed or controlled by the Denied Person, or service any item, of whatever origin, that is owned, possessed or controlled by the Denied Person if such service involves the use of any item subject to the Regulations that has been or will be exported from the United States. For purposes of this paragraph, servicing means installation, maintenance, repair, modification or testing.

Fourth, that, after notice and opportunity for comment as provided in Section 766.23 of the Regulations, any person, firm, corporation, or business organization related to Wen by affiliation, ownership, control, or position of responsibility in the conduct of trade or related services may also be made subject to the provisions of the Order.

Fifth, that the charging letter, the Settlement Agreement, this Order, and the record of this case as defined by Section 766.20 of the Regulations shall be made available to the public.

Sixth, that the Administrative Law Judge shall be notified that this case is withdrawn from adjudication.

Seventh, that this Order shall be served on the Denied Person and on BIS, and shall be published in the **Federal Register**.

This Order, which constitutes the final agency action in this matter, is effective immediately.

Entered this 29th day of December 2009.

**Kevin Delli-Colli,**

*Deputy Assistant Secretary of Commerce for Export Enforcement.*

[FR Doc. E9-31367 Filed 1-4-10; 8:45 am]

**BILLING CODE 3510-DT-P**

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

#### Proposed Information Collection; Comment Request; NOAA Teacher at Sea Program

**AGENCY:** National Oceanic and Atmospheric Administration (NOAA), Commerce.

**ACTION:** Notice.

**SUMMARY:** The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995.

**DATES:** Written comments must be submitted on or before March 8, 2010.

**ADDRESSES:** Direct all written comments to Diana Hynek, Departmental Paperwork Clearance Officer, Department of Commerce, Room 6625, 14th and Constitution Avenue, NW., Washington, DC 20230 (or via the Internet at [dHynek@doc.gov](mailto:dHynek@doc.gov)).

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the information collection instrument and instructions should be directed to Jennifer Hammond, (301) 713-0353, or [Jennifer.Hammond@noaa.gov](mailto:Jennifer.Hammond@noaa.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Abstract

NOAA provides educators an opportunity to gain first-hand experience with field research activities through the Teacher at Sea Program. Through this program, educators spend up to 3 weeks at sea on a NOAA research vessel, participating in an ongoing research project with NOAA scientists. The application solicits information from interested educators: basic personal information, teaching experience and ideas for applying program experience in their classrooms, plus two recommendations and a NOAA Health Services Questionnaire required of anyone going to sea. Once educators are selected and participate on a cruise, they write a report detailing the events of the cruise and ideas for classroom activities based on what they learned while at sea. These materials are then made available to other educators so they may benefit from the experience, without actually going to sea themselves. NOAA does not collect information from this universe of respondents for any other purpose.

**II. Method of Collection**

Forms can be completed on line and submitted electronically, and/or printed and mailed.

**III. Data**

*OMB Control Number:* 0648-0283.

*Form Number:* None.

*Type of Review:* Regular submission.

*Affected Public:* Individuals or households.

*Estimated Number of Respondents:* 375.

*Estimated Time per Response:* 45 minutes to read a complete application, 15 minutes to complete a Health Services Questionnaire, 15 minutes to deliver and discuss recommendation forms to persons from whom recommendations are being requested, 15 minutes for those persons to complete a recommendation form, and 2 hours for a follow-up report.

*Estimated Total Annual Burden Hours:* 309.

*Estimated Total Annual Cost to Public:* \$660.

**IV. Request for Comments**

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 (including hours and cost) 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.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: December 30, 2009.

**Gwellnar Banks,**

*Management Analyst, Office of the Chief Information Officer.*

[FR Doc. E9-31338 Filed 1-4-10; 8:45 am]

**BILLING CODE 3510-22-P**

**DEPARTMENT OF COMMERCE**

**International Trade Administration**

**Antidumping or Countervailing Duty Order, Finding, or Suspended Investigation; Advance Notification of Sunset Reviews**

**AGENCY:** Import Administration, International Trade Administration, Department of Commerce.

**Background**

Every five years, pursuant to section 751(c) of the Tariff Act of 1930, as amended ("the Act"), the Department of Commerce ("the Department") and the International Trade Commission automatically initiate and conduct a review to determine whether revocation of a countervailing or antidumping duty order or termination of an investigation suspended under section 704 or 734 of the Act would be likely to lead to continuation or recurrence of dumping or a countervailable subsidy (as the case may be) and of material injury.

**Upcoming Sunset Reviews for February 2010**

The following Sunset Review is scheduled for initiation in February 2010 and will appear in that month's notice of Initiation of Five-Year Sunset Reviews.

Antidumping duty proceedings	Department contact
Tissue Paper Products from the People's Republic of China (A-570-894) .....	Brandon Farlander (202) 482-0182.

**Countervailing Duty Proceedings**

No Sunset Review of countervailing duty orders is scheduled for initiation in February 2010.

**Suspended Investigations**

No Sunset Review of suspended investigations is scheduled for initiation in February 2010.

The Department's procedures for the conduct of Sunset Reviews are set forth in 19 CFR 351.218. Guidance on methodological or analytical issues relevant to the Department's conduct of Sunset Reviews is set forth in the Departments Policy Bulletin 98.3—Policies Regarding the Conduct of Five-year ("Sunset") Reviews of Antidumping and Countervailing Duty Orders; Policy Bulletin, 63 FR 18871 (April 16, 1998). The notice of Initiation of Five-Year ("Sunset") Reviews provides further information regarding what is required of all parties to participate in Sunset Reviews.

Pursuant to 19 CFR 351.103(c), the Department will maintain and make

available a service list for these proceedings. To facilitate the timely preparation of the service list(s), it is requested that those seeking recognition as interested parties to a proceeding contact the Department in writing within 10 days of the publication of the Notice of Initiation.

Please note that if the Department receives a Notice of Intent to Participate from a member of the domestic industry within 15 days of the date of initiation, the review will continue. Thereafter, any interested party wishing to participate in the Sunset Review must provide substantive comments in response to the notice of initiation no later than 30 days after the date of initiation.

This notice is not required by statute but is published as a service to the international trading community.

Dated: December 17, 2009.

**John M. Andersen,**

*Acting Deputy Assistant Secretary for Antidumping and Countervailing Duty Operations.*

[FR Doc. E9-31185 Filed 1-4-10; 8:45 am]

**BILLING CODE 3510-DS-M**

**DEPARTMENT OF COMMERCE**

**International Trade Administration**

[A-570-890]

**Wooden Bedroom Furniture From the People's Republic of China: Rescission of Antidumping Duty New Shipper Review**

**AGENCY:** Import Administration, International Trade Administration, Department of Commerce.

**DATES:** *Effective Date:* January 5, 2010.

**SUMMARY:** In response to a request from Rise Furniture Co., Ltd. ("Rise"), the Department of Commerce ("Department") initiated a new shipper