PAPERWORK REDUCTION ACT SUBMISSION

your agency's Paperwork Clearance Officer. Send two copies Supporting Statement, and any additional documentation to: (Management and Budget, Docket Library, Room 10102, 725 1	ditional forms or assistance in completing this form contact	
	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	
U.S. Nuclear Regulatory Commission	Va. 3150 - 0171 b. None	
3. Type of information collection (check one)	4. Type of review requested (check one)	
a. New collection	J a. Regular c. Delegated	
b. Revision of a currently approved collection	b. Emergency - Approval requested by (date):	
✓ c. Extension of a currently approved collection	5. Will this information collection have a significant economic impact on a a. Yes	
 Reinstatement, without change, of a previously approved collection for which approval has expired 	substantial number of small entities? b. No	
e. Reinstatement, with change, of a previously approved collection for which approval has expired	6. Requested a. Three years from approval date	
f. Existing collection in use without an OMB control number	$\sqrt[6]{}$ expiration date $\sqrt[7]{}$ b. Other (Specify): 10/31/2002	
7. Title		
10 CFR 35, Quality Management Program and Misadministrations		
8. Agency form number(s) (if applicable)		
Not applicable		
9. Keywords		
Byproduct material, Reporting and recordkeeping require	monte	
10. Abstract		
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The Quality Management Rule requires licensees to provide byproduct misadministrations and requires the physician	to provide written directives to nationts treated with	
byproduct misadininistrations and requires the physician byproduct material.	to provide written uncentres to patients treated with	
Syproduce material		
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11. Affected public (Mark primary with "P" and all others that apply with "X")	12. Obligation to respond (Mark primary with "P" and all others that apply with "X")	
a. Individuals or households d. Farms	a. Voluntary	
a. Individuals or householdsd. FarmsPb. Business or other for-profitXe. Federal Government	a. Voluntary b. Required to obtain or retain benefits	
a. Individuals or households d. Farms P b. Business or other for-profit X K c. Not-for-profit institutions X f. State, Local or Tribal Government	a. Voluntary b. Required to obtain or retain benefits c. Mandatory	
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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 uses 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 periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b) (3):
 - Why the information is being collected; (i)
 - (ii) Use of information;
 - Burden estimate; (iii)
 - Nature of response (voluntary, required for a benefit, or mandatory); (iv)
 - Nature of extent of confidentiality; and (v)
 - (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 the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (i) It makes appropriate use of information technology.

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

Signature of Authorized Agency Official	Date
Signature of Senior Official or designee,	Date
Brenda Jo, Shelton, MRC Clearance Officer, Office of the Chief Information Officer	9/17/01
	10/95

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