

CENTERS FOR MEDICARE & MEDICAID SERVICES  
Office of Strategic Operations and Regulatory Affairs (OSORA)  
**PAPERWORK REDUCTION ACT (PRA)**  
**RECORD OF INFORMATION COLLECTION CLEARANCES**

**Sections I through IV must be completed by the Center/Office before OSORA/PRA can process your PRA package.**

**SECTION I – GENERAL PACKAGE INFO**

Center/Office: <b>OEDA/DIDG</b>	Type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Non-substantive Change*
Center/Office POC (inc. phone #): <b>Rebecca Dorman, 410-786-2095</b>	<input type="checkbox"/> Revision <input type="checkbox"/> Discontinuation and Justification <input type="checkbox"/> Extension <input type="checkbox"/> Emergency <input type="checkbox"/> Reinstatement with change <input type="checkbox"/> Reinstatement without change (no changes needed to package) <i>*Will not extend an expiration date.</i>
Alternate POC (inc. phone #): <b>James Krometis, 410-786-0340</b>	OMB Expiration Date (does not apply to New packages):
Group Director: <b>James Krometis</b>	Deadline for OMB Approval: <b>April 30, 2025</b>
CMS ID #:	OMB Control #:
Collection Title: <b>Data Use Agreement (DUA) Forms for Limited Data Set and Research Identifiable Files</b>	
<ol style="list-style-type: none"> <li>1. Attachment A – Limited Data Set (LDS) DUA Request Application</li> <li>2. Research Identifiable (RIF) Extension</li> <li>3. LDS DUA Signature Addendum</li> <li>4. RIF DUA Signature Addendum</li> <li>5. Contractor DUA Signature Addendum</li> <li>6. NDTR DUA Signature Addendum</li> <li>7. QE DUA Signature Addendum</li> </ol>	

**SECTION II – JUSTIFICATION (FOR DISCONTINUATION ONLY)**

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**SECTION III - SPECIAL HANDLING**

1. Is this PRA package related to any rulemaking (proposed, interim final, or final)?  Y  N  
If so, please identify the regulation file code and title:
2. The normal PRA process can take 5-6 months from start to finish. If you are requesting OMB approval sooner than 6 months, please explain why? What are the consequences of not obtaining approval by your requested deadline?
3. Does the package include any web-based collection instruments?  Y  N
4. Does the package revise any existing collection instruments or instructions?  Y  N
5. Is the package associated with a State Medicaid Director (SMD) or State Health Official (SHO) letter?  Y  N
6. Does the package reduce burden regarding any PRA-related requirements that are currently approved under an existing OMB control number?  Y  N

**SECTION IV – CLEARANCES**

Sec. 508 Compliance Officer Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

Director (Deputy Director) Signature: \_\_\_\_\_

Printed: \_\_\_\_\_ \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Center/Office Director (or Deputy) Signature is required for all “New,” “Revision,” “Reinstatement,” “Emergency,” and “Discontinuation” collections.**

**A Group Director (or Deputy) may sign for collections seeking an “Extension” or “Nonsubstantive Change.”**

**SECTION V- TO BE COMPLETED BY OSORA**

60-day & Emergency FR notices  
(Signature/Date)

30-day FR notices  
(Initials/Date)

RDG PRA Analyst: \_\_\_\_\_

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RDG PRA Technical Advisor: \_\_\_\_\_

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RDG Director/Deputy Director: \_\_\_\_\_

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