

# NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 05/17/2016

Department of Labor

Office of Workers' Compensation Programs

FOR CERTIFYING OFFICIAL: Dawn Leaf

FOR CLEARANCE OFFICER: Michel Smyth

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received  
01/29/2016

ACTION REQUESTED: Revision of a currently approved collection

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 201601-1240-007

AGENCY ICR TRACKING NUMBER:

TITLE: Provider Enrollment Form

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 1240-0021

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: 05/31/2019

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	53,934	7,174	25,888
New	31,979	4,252	16,629
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	-21,955	-2,922	-9,259
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE:

OMB Authorizing Official: Dominic J. Mancini  
Acting Deputy Administrator,  
Office Of Information And Regulatory Affairs

List of ICs			
IC Title	Form No.	Form Name	CFR Citation
Provider Enrollment Form	OWCP-1168 Web version screen shots, OWCP-1168	Provider Enrollment For, Screen Shots, Provider Enrollment Form	20 CFR 30.701, 20 CFR 10.801, 20 CFR 725.705, 20 CFR 725.704