

Management (see **ADDRESSES**). It is only necessary to send one set of comments. Identify comments with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday, and will be posted to the docket at <http://www.regulations.gov>.

IV. Electronic Access

Persons with access to the Internet may obtain the draft guidance at either <http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/default.htm> or <http://www.regulations.gov>.

Dated: June 10, 2013.

Leslie Kux,

Assistant Commissioner for Policy.

[FR Doc. 2013-14097 Filed 6-14-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[OMB Control Number 0917-0006]

Request for Public Comment: 60-Day Proposed Information Collection: Application for Participation in the IHS Scholarship Program

AGENCY: Indian Health Service.

ACTION: Notice.

SUMMARY: In compliance with Section 3506 (c)(2)(A) of the Paperwork Reduction Act of 1995 which requires 60-days advance opportunity for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

Proposed Collection: Title: 0917-0006, "Application for Participation in the IHS Scholarship Program." *Type of Information Collection Request:* Three year extension of the currently approved information collection, 0917-0006, "Application for Participation in the IHS Scholarship Program." *Form Number(s):* IHS-856-3, IHS-856-5 through 856-19, IHS-856-21 through 856-24, IHS-817, and IHS-818 are retained for use by the IHS Scholarship Program (IHSSP) as part of this current Information Collection Request. Reporting forms are found on the IHS Web site at www.ihs.gov/scholarship. *Form Numbers:* IHS-856, IHS-856-2, IHS-856-4, IHS-856-20, IHS-815, and IHS-816 have been deleted from the previous Information Collection Request in an effort to comply with the Paperwork Reduction Act (44 U.S.C. 3501 et seq.).

Need and Use of Information Collection: The IHS Scholarship Branch

needs this information for program administration and uses the information to: solicit, process, and award IHS Pre-graduate, Preparatory, and/or Health Professions Scholarship recipients; monitor the academic performance of recipients; and to place recipients at payback sites. The IHS Scholarship Program streamlined the application process by converting the IHS-856 to an electronic tool and reduced the number of required supplemental application and reporting forms to minimize the time needed by applicants and recipients to complete the application process and provide required information after receiving a scholarship from the IHSSP. The IHSSP application is electronically available on the internet at the IHS Web site at: http://www.ihs.gov/scholarship/apply_now.cfm.

Affected Public: Individuals, not-for-profit institutions and State, local or Tribal Governments.

Type of Respondents: Students pursuing health care professions.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hours.

Data collection instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response*	Annual burden hours
Faculty/Employer Evaluation (IHS-856-3)	1500	2	3000	0.42 (25 min)	1250
Delinquent Federal Debt (IHS-856-5)	1500	1	1500	0.13 (8 min)	200
Course Curriculum Verification (IHS-856-6) ..	1500	1	1500	0.70 (42 min)	1050
Verification of Acceptance or Decline of Award (IHS-856-7).	500	1	500	0.13 (8 min)	67
Recipient's Initial Program Progress Report (IHS-856-8).	1200	1	1200	0.13 (8 min)	160
Notification of Academic Problem (IHS-856-9).	50	1	50	0.13 (8 min)	7
Change of Status (IHS-856-10)	50	1	50	.045 (25 min)	21
Request for Approval of Deferment (IHS-856-11).	20	1	20	0.13 (8 min)	3
Preferred Placement (IHS-856-12)	150	1	150	0.50 (30 min)	75
Notice of Impending Graduation (IHS-856-13).	170	1	170	0.17 (10 min)	28
Notification of Deferment Program (IHS-856-14).	20	1	20	0.13 (8 min)	3
Placement Update (IHS-856-15)	170	1	170	0.18 (11 min)	31
Annual Status Report (IHS-856-16)	200	1	200	0.25 (15 min)	50
Extern Site Preference Request (IHS-856-17).	300	1	300	0.13 (8 min)	40
Request for Extern Travel Reimbursement (IHS-856-18).	150	1	150	0.10 (6 min)	15
Lost Stipend Payment (IHS-856-19)	50	1	50	0.13 (8 min)	7
Summer School Request (IHS-856-21)	100	1	100	0.10 (6 min)	10
Change of Name or Address (IHS-856-22) ...	20	1	20	0.13 (8 min)	3
Request for Credit Validation (IHS-856-23) ...	30	1	30	0.10 (6 min)	3
Faculty/Advisor Evaluation (IHS-856-24)	1500	2	3000	0.42 (25 min)	1250
Scholarship Program Agreement (IHS-817) ...	175	1	175	0.16 (10 min)	29

Data collection instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response*	Annual burden hours
Health Professions Contract (IHS-818)	225	1	225	0.16 (10min)	38
Total	12580	4340

*For ease of understanding, burden hours are also provided in actual minutes.

There are no direct costs to respondents other than their time to voluntarily complete the forms and submit them for consideration. The estimated cost in time to respondents, as a group, is \$45,396 [4340 burden hours X \$10.46 per hour (2013 GS-3 hourly base pay rate)]. This total dollar amount is based upon the number of burden hours per data collection instrument, rounded to the nearest dollar. *Request for Comments:* Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Send Comments and Requests for Further Information: Send your written comments and requests for more information on the proposed collection or requests to obtain a copy of the data collection instrument(s) and instructions to: Dr. Dawn Kelly, Chief, Scholarship Program, 801 Thompson Avenue, TMP Suite 450A, Rockville, MD 20852, call non-toll free (301) 443-6622, send via facsimile to (301) 443-6048, or send your email requests, comments, and return address to: Dawn.Kelly@ihs.gov.

Comment Due Date: Comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

Dated: June 10, 2013.

Yvette Roubideaux,

Acting Director, Indian Health Service.

[FR Doc. 2013-14291 Filed 6-14-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service Medical Staff Credentials and Privileges Files

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995 which requires 30 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is submitting to the Office of Management and Budget (OMB) a request for a revision of an approved collection of information titled, "Indian Health Service Medical Staff Credentials and Privileges Files," OMB Control Number 0917-0009, which expires June 31, 2013. This proposed information collection project was previously published in the **Federal Register** (78 FR 19721) on April 2, 2013, and allowed 60 days for public comment, as required by 3506(c)(2)(A). The IHS received one comment concerning the "Optometric Privileges Request Form" in regards to the defining of physicians and optometrists separately. The IHS responded that it will not include the "Optometric Privileges Request Form" for consideration in this request—pending a review of ways to enhance the quality, utility and clarity of this particular form. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB.

Proposed Collection: Title: 0917-0009, "Indian Health Service Medical Staff Credentials and Privileges Files." *Type of Information Collection Request:* Revision of an approved information collection, 0917-0009, "Indian Health Service Medical Staff Credentials and Privileges Files." *Form Numbers:* 0917-0009. *Need and Use of Information Collection:* This collection of information is used to evaluate individual health care providers applying for medical staff privileges at IHS health care facilities. The IHS operates health care facilities that

provide health care services to American Indians and Alaska Natives. To provide these services, the IHS employs (directly and under contract) several categories of health care providers including: Physicians (M.D. and D.O.), dentists, psychologists, optometrists, podiatrists, audiologists, physician assistants, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives. IHS policy specifically requires physicians and dentists to be members of the health care facility medical staff where they practice. Health care providers become medical staff members, depending on the local health care facility's capabilities and medical staff bylaws. There are three types of IHS medical staff applicants: (1) Health care providers applying for direct employment with IHS; (2) contractors who will not seek to become IHS employees; and (3) employed IHS health care providers who seek to transfer between IHS health care facilities.

National health care standards developed by the Centers for Medicare and Medicaid Services, the Joint Commission, and other accrediting organizations require health care facilities to review, evaluate and verify the credentials, training and experience of medical staff applicants prior to granting medical staff privileges. In order to meet these standards, IHS health care facilities require all medical staff applicants to provide information concerning their education, training, licensure, and work experience and any adverse disciplinary actions taken against them. This information is then verified with references supplied by the applicant and may include: Former employers, educational institutions, licensure and certification boards, the American Medical Association, the Federation of State Medical Boards, the National Practitioner Data Bank, and the applicants themselves.

In addition to the initial granting of medical staff membership and clinical privileges, the Joint Commission standards require that a review of the medical staff be conducted not less than every two years. This review evaluates the current competence of the medical staff and verifies whether they are maintaining the licensure or