

eligibility for membership in the OPTN, to monitor compliance of member organizations with OPTN rules and requirements, and to ensure patient safety.

Likely Respondents: Transplant programs, organ procurement organizations, histocompatibility laboratories, medical scientific organizations, and public organizations.

Burden Statement: Burden in this context means the time expended by

persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to

a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

Total Estimated Annualized Burden Hours:

Section/activity	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
121.3(b)(2) OPTN membership and application requirements	20	3	60	8	480
121.3 Application for Non-Institutional Members	20	1	20	8	160
121.3(b)(4) Appeal for OPTN Membership	2	1	2	3	6
121.9(b) Designated Transplant Program Requirements	3	1	3	8	24
121.3 Personnel Change Application	360	2	720	8	5,760
121.9(d) Appeal for designation	2	1	2	6	12
Total	407	6,442

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Dated: November 12, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for

review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received within 30 days of this notice.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: The National Health Service Corps Loan Repayment Program.

OMB No. 0915-0127—Revision.

Abstract: The National Health Service Corps (NHSC) Loan Repayment Program (LRP) was established to assure an adequate supply of trained primary care health professionals to provide services in the neediest Health Professional Shortage Areas (HPSAs) of the United States. Under this program, the Department of Health and Human Services agrees to repay the qualifying educational loans of selected primary care health professionals. In return, the health professionals agree to serve for a specified period of time in a federally designated HPSA approved by the Secretary for LRP participants. The

forms utilized by the LRP include the following: The NHSC LRP Application, the Authorization for Disclosure of Loan Information form, the Privacy Act Release Authorization form, the Verification of Disadvantaged Background form, and the Private Practice Option form. The first four of the aforementioned NHSC LRP forms collect information that is needed for selecting participants and repaying qualifying educational loans. The last referenced form, the Private Practice Option Form, is required by statute (42 U.S.C. 254n(a)) for all participants wishing to exercise that service option.

Need and Proposed Use of the Information: The need and purpose of this information collection is to obtain information for the NHSC LRP application. The information is used to consider an applicant for a NHSC LRP contract award. Applicants must submit an application to the NHSC to participate in the program. The application asks for personal, professional, and financial information required to determine the applicant's eligibility to participate in the NHSC LRP. In addition, applicants must enter in information regarding the loans for which repayment is being requested.

Likely Respondents: Licensed primary care medical, dental, and mental and behavioral health providers who are employed or seeking employment, and are interested in serving underserved populations.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain,

disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying

information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review

the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC LRP Application	8,200	1	8,200	1.0	8,200
Authorization for Disclosure of Loan Information Form	150	1	150	.10	15
Privacy Act Release Authorization Form	100	1	100	.10	10
Verification of Disadvantaged Background Form	600	1	600	.50	300
Private Practice Option Form	300	1	300	.10	30
Total	9,350	9,350	8,555

Dated: November 12, 2013.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this Information Collection Request must be received within 60 days of this notice.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 10-29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Nurse Faculty Loan Program, Annual Performance Report Financial Data Form

OMB No. 0915-0314—REVISION
Abstract: This clearance request is for approval of the revised Nurse Faculty Loan Program, Annual Performance Report (NFLP-APR) Financial Data Form. The form is currently approved under OMB Approval No: 0915-0314, with an expiration date of March 31, 2014. The form was previously titled as the Nurse Faculty Loan Program, Annual Operating Report (NFLP-AOR).

Need and Proposed Use of the Information: The online NFLP-APR Financial Data Form is an online form that exists in the HRSA Electronic Handbooks (EHBs) Performance Report module as part of the NFLP, Bureau of Health Professions performance report under OMB Approval No: 0915-0061, with an expiration date of June 30, 2016. The revised NFLP-APR financial data will collect less data from applicants and will no longer include nursing student demographic data that was previously included. The nursing student demographic data are currently collected under OMB approval number 0915-0061. The revised NFLP-APR form will only collect financial data to capture the NFLP loan fund account activity related to financial receivables,

disbursements, and borrower account data for employment status, loan cancellation, loan repayment, and collections. Participating schools will provide the federal government with current and cumulative information on: (1) NFLP loan funds received, (2) number and amount of NFLP loans made, (3) number and amount of loans collected, (4) number and amount of loans in repayment, (5) loan default rate percent, (6) number of NFLP graduates employed as nurse faculty, and (7) other related loan fund costs and activities.

Under Title VIII, section 846A of the Public Health Service Act, as amended by Public Law 111-148, the Secretary of the Department of Health and Human Services (HHS) enters into an agreement with a school of nursing and makes an award to the school. The award is used to establish a distinct account for the NFLP loan fund at the school. The school of nursing makes loans from the NFLP loan fund account to students enrolled full-time or, at the discretion of the Secretary, part-time in a master's or doctoral nursing education program that will prepare them to become qualified nursing faculty. Following graduation from the NFLP lending school, loan recipients may receive up to 85 percent NFLP loan cancellation over a consecutive 4 year period in exchange for service as full-time faculty at a school of nursing. The NFLP lending school collects any portion of the loan that is not cancelled and any loans that go into repayment and deposits these monies into the NFLP loan fund to make additional NFLP loans.

The school of nursing must keep records of all NFLP loan fund transactions. The NFLP-APR financial data form is used to monitor grantee performance by collection of information relating to the NFLP loan