

collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: The Health Education Assistance Loan (HEAL) Program: Physician's Certification of Borrower's Total and Permanent Disability Form (OMB No. 0915-0204): Extension

The Health Education Assistance Loan (HEAL) program provided federally-insured loans to students of allopathic medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health, allied health, or chiropractic, and graduate students in health administration or clinical psychology through September 30, 1998. Eligible

lenders, such as banks, savings and loan associations, credit unions, pension funds, State agencies, HEAL schools, and insurance companies, make new refinanced HEAL loans which are insured by the Federal Government against loss due to borrower's death, disability, bankruptcy, and default. The basic purpose of the program was to assure the availability of funds for loans to eligible students who needed to borrow money to pay for their educational loans. Currently, the program monitors the federal liability, and assists in default prevention activities.

The HEAL borrower, the borrower's physician, and the holder of the loan complete the Physician's Certification form to certify that the HEAL borrower meets the total and permanent disability provisions. The Department uses this form to obtain detailed information

about disability claims which includes the following: (1) The borrower's consent to release medical records to the Department of Health and Human Services and to the holder of the borrower's HEAL loans; (2) pertinent information supplied by the certifying physician; (3) the physician's certification that the borrower is unable to engage in any substantial gainful activity because of a medically determinable impairment that is expected to continue for a long and indefinite period of time or to result in death; and, (4) information from the lender on the unpaid balance. Failure to submit the required documentation will result in disapproval of a disability claim. No changes have been made to the current form.

The estimate of burden for the Physician's Certification form is as follows:

Respondent	Number of respondents	Responses per respondent	Total responses	Hours per response (minutes)	Total burden hours
Borrower	80	1	80	5	7
Physician	80	1	80	30	40
Loan Holder	17	5	85	10	14
Total	177	.....	425	.....	61

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 24, 2007.

Caroline Lewis,

Acting Associate Administrator for Administration and Financial Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to

OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: HRSA AIDS Education and Training Centers Evaluation Activities (OMB No. 0915-0281)—Revision

The AIDS Education and Training Centers (AETC) Program, under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, supports a network of regional and cross-cutting national centers that conduct targeted, multi-disciplinary education and training programs for health care providers treating persons with HIV/AIDS. The purpose of the AETCs is to increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage individuals with HIV infection, and to help prevent high risk behaviors that lead to HIV transmission.

As part of an ongoing evaluation effort of AETC activities, information is needed on AETC training sessions, consultations, and technical assistance

activities. Each regional center collects forms on AETC training events, and centers are required to report aggregate data on their activities to HRSA and the HIV/AIDS Bureau (HAB). This data collection provides information on the number of training events, including clinical trainings and consultations, as well as technical assistance activities conducted by each regional center, the number of health care providers receiving professional training or consultation, and the time and effort expended on different levels of training and consultation activities. In addition, information is obtained on the populations served by the AETC trainees, and the increase in capacity achieved through training events. Collection of this information allows HRSA/HAB to provide information on training activities, types of education, and training provided to Ryan White CARE Act grantees, resource allocation, and capacity expansion.

Trainees are asked to complete the Participant Information Form (PIF) for each activity they complete, and trainers are asked to complete the Event Record (ER). The estimated annual response burden to the attendees of training programs is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
PIF	94,641	1	94,641	0.2	18,928.2
Total	94,641	.....	94,641	.....	18,928.2

The estimated annual burden to AETCs is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Event Record	16,417	1	16,417	0.2	3,283
Aggregate Data Set	12	2	24	32	768
Total	16,429	.....	16,441	.....	4,051

The total burden hours are 22,979.2. Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Karen Matsuoka, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 24, 2007.

Caroline Lewis,

Acting Associate Administrator for Administration and Financial Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on the National Health Service Corps; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

Name: National Advisory Council on the National Health Service Corps.

Dates and Times: March 8, 2007, 2 p.m.–5 p.m.; March 9, 2007, 8:30 a.m.–5 p.m.; and March 10, 2007, 9 a.m.–5 p.m.

Place: Embassy Suites DC Convention Center, 900 10th Street, NW., Washington, DC 20001.

Status: The meeting will be open to the public.

Agenda: The Council will be finalizing a report outlining some recommendations for the National Health Service Corps Program. Discussions will be focused on the impact of these recommendations on the program participants, communities served by these clinicians and in the administration of the program.

For Further Information Contact: Tira Patterson, Division of National Health Service Corps, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8A-55, 5600 Fishers Lane, Rockville, MD 20857; e-mail: TPatterson@hrsa.gov; telephone: 301-594-4140.

Dated: January 24, 2007.

Caroline Lewis,

Acting Associate Administrator for Administration and Financial Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[Funding Announcement Number: HHS-2007-IHS-HPDP1-0001]

Office of Clinical and Preventive Services Chronic Care Collaborative

Announcement Type: Cooperative Agreement.

Catalog of Federal Domestic Number: 93.443.

Intended Recipient: Institute for Healthcare Improvement.

Award Amount: \$600,000 for year 1; \$800,000 for years 2 and 3.

Application Deadline: February 1, 2007.

Authorities: Snyder Act, 25 U.S.C. 13, Public Health Service (PHS) Act, 42 U.S.C. 301(a).

I. Purpose

In this cooperative agreement, the Indian Health Service (IHS) will work closely with the Institute for Healthcare Improvement (IHI) on innovating and testing new designs of care delivery systems, leveraging results for thousands of patients, and creating a system-wide emphasis on improvement.

The IHI's senior leaders and faculty will work closely with the senior leadership team of the Indian health care system to design an improvement strategy to meet the following agreed upon aims:

To test adaptations and innovations in chronic conditions management in the IHS.

- To develop a strategy for spreading the lessons learned to all IHS sites as well as Tribal and urban sites.
- To create a more robust improvement infrastructure.
- To nurture the image of the IHS as an innovator in healthcare by publicizing successes.

Leadership is the critical driver for change and the IHI will work with the IHS, Tribal and Urban health programs leadership to build a culture and structure to support improved levels of performance in the delivery of health care. The IHI and the IHS will work collaboratively to build new models of care and care processes, with the intent of disseminating such learning and "best practices" throughout the Indian health care system. The IHS will have the opportunity to showcase the results of this work by publishing them on shared websites as well as in jointly authored publications.

II. Justification

The IHI is a non-profit organization that is leading improvement in health care throughout the world. IHI has unparalleled experience and expertise in working with health systems that care for underserved populations to improve the quality of care for their patients and build capacity for continuing improvement. IHI developed and employs a Breakthrough Series methodology (Learning Model Collaborative) to provide programmatic guidance and focus through coordinated training and support, communication,