

## ESTIMATED ANNUAL REPORTING AND RECORDKEEPING BURDEN—Continued

Section and Activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Appeal for designation .....	2	1	2	6	12
Total .....	954	.....	36,524	.....	20,063

Send comments to Susan G. Queen, PhD., 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: May 11, 2007.

**Caroline Lewis,**  
*Associate Administrator for Management.*  
[FR Doc. E7-9538 Filed 5-17-07; 8:45 am]  
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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: The Organ Procurement and Transplantation Network (OMB No. 0915-0286)—Extension

The Organ Procurement and Transplantation Network (OPTN) necessitates certain record keeping and reporting requirements in order to perform the functions related to organ transplantation under contract to HHS.

OMB requires review and approval of record keeping and reporting requirements associated with the final rule governing the operation of the OPTN (42 CFR part 121) related to Secretarial review and appeals. There are record keeping and reporting requirements associated with the process for filing appeals in the case where applicants are rejected for membership or designation in the OPTN. To date, no appeals have been filed. The burden requirements for this process are minimal. The estimate of burden for this process consists of preparing a letter requesting reconsideration and compiling supporting documentation.

The estimated annual burden is as follows:

Section of final rule	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
42 CFR 121.3(c)(4) Appeal for OPTN membership .....	2	1	2	3	6
42 CFR 121.9(d) Appeal for designation .....	2	1	2	6	12
Total .....	4	.....	4	.....	18

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: May 11, 2007.

**Caroline Lewis,**  
*Associate Administrator for 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; Request for Nominations for Members

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is requesting nominations to the National Advisory Council (NAC) on the National Health Service Corps (NHSC). NAC was established by 42 U.S.C. 254j; Section 337 of the Public Health Service Act, and advises the Secretary of Health and Human Services (the Secretary) on issues related to implementation of NHSC and related programs.

**DATES:** The agency must receive nominations on or before June 18, 2007.

**ADDRESSES:** All nominations are to be submitted to the Tira Patterson, Executive Secretary, NAC on the NHSC, HRSA, Parklawn Building, Room 8A–55, 5600 Fishers Lane, Rockville, Maryland 20857.

**FOR FURTHER INFORMATION CONTACT:** Ms. Tira Patterson, Executive Secretary, NAC on the NHSC, HRSA at (301) 594-4140 or e-mail: [tpatterson@hrsa.gov](mailto:tpatterson@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** Under the authorities that established the NAC and the Federal Advisory Committee Act of October 6, 1972, 5 U.S.C. App., HRSA is requesting nominations for members of the NAC.

The NAC on the NHSC is a body of clinicians and health care administrators who possess knowledge of underserved communities and health care implementation and improvement.

This cadre of health care experts can serve as a “frontline” source of information to NHSC senior level management. NAC is committed to effectively implementing its mandate to advise the Secretary and, by designation, the Administrator, HRSA.

**The NAC:**

- Serves as a forum to identify the priorities for the NHSC and bring forward and anticipate future program issues and concerns through ongoing communication with program staff, professional organizations, communities and program participants;
- Functions as a sounding board for proposed policy changes by utilizing the varying levels of expertise represented on the Council to advise on specific program areas; and
- Develops and distributes White Papers and briefs that clearly state issues and/or concerns relating to the NHSC with specific recommendations for necessary policy revisions.

Interested persons may nominate one or more qualified persons for membership on NAC. Nominations shall state that the nominee is willing to serve as a member of NAC and appears to have no conflicts of interest that would preclude the NAC membership. Potential candidates will be asked to provide detailed information concerning consultancies, research grants, or contracts to permit evaluation of possible sources of conflicts of interest. A curriculum vitae or resume should be submitted with the nomination.

The Department of Health and Human Services has special interest in assuring that women, minority groups, and the physically disabled are adequately represented on advisory committees; and therefore, extends particular encouragement to nominations for appropriately qualified female, minority, or disabled candidates.

Dated: May 11, 2007.

**Caroline Lewis,**

*Associate Administrator for Management.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### “Low Income Levels” Used for Various Health Professions and Nursing Programs Included in Titles III, VII and VIII of the Public Health Service Act

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is updating income levels used to identify a “low income family” for the purpose of determining eligibility for programs that provide health professions and nursing training for individuals from disadvantaged backgrounds. These various programs are included in Titles III, VII and VIII of the Public Health Service (PHS) Act.

The Department periodically publishes in the **Federal Register** low-income levels used to determine eligibility for grants and cooperative agreements to institutions providing training for (1) disadvantaged individuals, (2) individuals from disadvantaged backgrounds, or (3) individuals from “low-income” families.

**SUPPLEMENTARY INFORMATION:** The various health professions and nursing grant and cooperative agreement programs that use the low income levels to determine whether an individual is from an economically disadvantaged background in making eligibility and funding determinations generally make awards to: Accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health podiatric medicine, nursing, chiropractic, public or private nonprofit schools which offer graduate programs in behavioral health and mental health practice, and other public or private nonprofit health or education entities to assist the disadvantaged to enter and graduate from health professions and nursing schools. Some programs provide for the repayment of health professions or nursing education loans for disadvantaged students.

#### Low-Income Levels

The Secretary defines a “low income family” for programs included in Titles III, VII and VIII of the Public Health Service Act as a family having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A “family” is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives. Most HRSA programs use the income of the student’s parents to compute low income status. However, a few programs, depending upon the legislative intent of the program, programmatic purpose of the low income level, as well as the age and circumstances of the average participant, will use the student’s family income, as long as he or she is not listed as a dependent upon the parents’ tax

form. Each program will announce the rationale and choice of methodology for determining low income levels in their program guidance. The Department’s poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index.

The Secretary annually adjusts the low income levels based on the Department’s poverty guidelines and makes them available to persons responsible for administering the applicable programs. The income figures below have been updated to reflect increases in the Consumer Price Index through December 31, 2006.

Size of parents’ family*	Income level**
1 .....	\$20,420
2 .....	27,380
3 .....	34,340
4 .....	41,300
5 .....	48,260
6 .....	55,220
7 .....	62,180
8 .....	69,140

\* Includes only dependents listed on Federal income tax forms. Some programs will use the student’s family rather than his or her parents’ family.

\*\* Adjusted gross income for calendar year 2006.

Dated: May 10, 2007.

**Elizabeth M. Duke,**

*Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Advisory Commission on Childhood Vaccines; Notice of Meeting

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

**Name:** Advisory Commission on Childhood Vaccines (ACCV).

**Date And Time:** June 7, 2007, 1 p.m.—5 p.m., EST.

**Place:** (Audio Conference Call).

The ACCV will meet on Thursday, June 7, from 1 p.m. to 5 p.m., (EST). The public can join the meeting via audio conference call by dialing 1-888-324-8527 on June 7 and providing the following information:

**Leader’s Name:** Dr. Geoffrey Evans.

**Password:** ACCV.

**Agenda:** The agenda items for the June meeting will include, but are not limited to: a summary of the “Vaccine