portion of the meeting will be closed to the public.

Name of Committee: Cellular, Tissue, and Gene Therapies Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the Agency on FDA’s regulatory issues.

Date and Time: The teleconference meeting will be held on February 10, 2012, from 2 p.m. to 5 p.m. EST.

Location: National Institutes of Health (NIH), 9000 Rockville Pike, Bldg. 29B, Conference Room A–B, Bethesda, MD 20892. The public is welcome to attend the meeting at the specified location where a speakerphone will be provided. Public participation in the meeting is limited to the use of the speakerphone in the conference room. Important information about transportation and directions to the NIH campus, parking and security procedures is available on the Internet at http://www.nih.gov/about/visitor/index.htm. (FDA has verified the Web site address, but FDA is not responsible for any subsequent changes to the Web site after this document publishes in the Federal Register.) Visitors must show two forms of identification, one of which must be a government-issued photo identification such as a Federal employee badge, driver’s license, passport, green card, etc. Detailed information about security procedures is located at http://www.nih.gov/about/visitorsecurity.htm. Due to the limited available parking, visitors are encouraged to use public transportation.

Contact Person: Gail Dapolito or Sheryl Clark, Center for Biologics Evaluation and Research (HFM–71), Food and Drug Administration, 1401 Rockville Pike, Rockville MD 20852, (301) 827–0314, or FDA Advisory Committee Information Line, 1–(800) 741–0138 (301) 443–0572 in the Washington, DC area, code 3014512389. Please call the Information Line for up-to-date information on this meeting. A notice in the Federal Register about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the Agency’s Web site and call the appropriate advisory committee hot line/phone line to learn about possible modifications before coming to the meeting.

Agenda: On February 10, 2012, the committee will meet in open session to hear updates of the intramural programs in the Cellular and Tissue Branch, Office of Celluar, Tissue and Gene Therapies, Center for Biologics Evaluation and Research, FDA. FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA’s Web site after the meeting. Background material is available at http://www.fda.gov/AdvisoryCommittees/Calendar/default.htm. Scroll down to the appropriate advisory committee link.

Procedure: On February 10, 2012, from 2 p.m. to 4:15 p.m. (EST) the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before February 3, 2012. Oral presentations from the public will be scheduled between approximately 3:15 p.m. and 4:15 p.m. Those desiring to make formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before January 26, 2012. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by January 27, 2012.

Closed Committee Deliberations: On February 10, 2012, from 4:15 p.m. to 5 p.m., the meeting will be closed to permit discussion where disclosure would constitute a clearly unwarranted invasion of personal privacy (5 U.S.C. 552b(c)(6)). The committee will discuss a report of intramural research programs and make recommendations regarding personnel staffing decisions.

Persons attending FDA’s advisory committee meetings are advised that the Agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Gail Dapolito at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at http://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: December 21, 2011.

Leslie Kux,
Acting Assistant Commissioner for Policy.
[FR Doc. 2011–31220 Filed 12–27–11; 8:45 am]
BILLING CODE 4160–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. 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 Reports Clearance Officer at (301) 443–1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the Agency; (b) the accuracy of the Agency’s estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be 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: Area Health Education Centers Project on the Mental and Behavioral Health and Substance Abuse Issues of Veterans/Service
The Area Health Education Centers (AHEC) Program consists of interdisciplinary, community-based, primary care training programs where academic and community-based leaders work to improve the distribution, diversity, supply, and quality of health care personnel. The AHEC Program grantees include schools of medicine or osteopathic medicine, an incorporated consortium of such schools, or the parent institution of such schools. In a State with no AHEC program in operation, a school of nursing is eligible to apply. AHEC grantees contract with community-based AHEC centers to implement educational activities that involve several health professions disciplines and expose students to primary care and the needs of underserved areas and health disparity populations. The training of primary care personnel is a central focus of AHEC programs, where emphasis is placed on training individuals in primary care delivery sites (in both rural and other underserved areas). The AHEC programs and centers, along with State and local partners, implement student training programs, continuing education for healthcare providers, and health careers outreach activities that are responsive to the current healthcare workforce and service needs of underserved areas and health disparity populations of a state or region.

The AHEC Program is implementing a project to provide high quality, culturally competent care to veterans/service members and their families by providing continuing education (CE) to civilian primary care, mental and behavioral health, and other healthcare providers. The purpose of these data collection instruments, including the CE Evaluation Results Form and the CE Evaluation Follow-Up Form, is to provide data to inform and support the evaluation of the project, assess the extent to which the CE provided affected a provider’s clinical or administrative practice, and provide aggregate information about the providers trained and project activities.

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1 The CE Evaluation Follow-Up Form will only be completed by a sample of the total CE participants. Thus, the 2,000 respondents will not be unique respondents, but instead a sub-set of the CE Evaluation Results Form respondents.

The annual estimate of burden is as follows:

Email comments to paperwork@hrsa.gov or mail the 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.

December 21, 2011.

Reva Harris,
Acting Director, Division of Policy and Information Coordination.

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 (Public Law 92–463), notice is hereby given of the following meeting:

Name: National Advisory Council on the National Health Service Corps (NHSC).

Dates and Times: January 19, 2012: 8:30 a.m.–4:30 p.m. January 20, 2012: 8 a.m.–12 p.m.

Place: Hilton Washington DC/Rockville Hotel & Executive Meeting Center, 1750 Rockville Pike, Rockville, MD 20852, Phone: (301) 468–1100.

Status: The meeting will be open to the public.

Agenda: The Council is convening in Rockville, Maryland, to hear updates from the Health Resources and Services Administration and the NHSC program, as well as to discuss evidence-based strategies for clinician retention, negotiated rule-making, and the current state of primary care workforce programs. A portion of the meeting will be open for public comments and questions.

FOR FURTHER INFORMATION CONTACT:
Njeri Jones, Bureau of Clinician Recruitment and Service, Health Resources and Services Administration, Parklawn Building, Room 13–64, 5600 Fishers Lane, Rockville, MD 20857; email: NJones@hrsa.gov; telephone: (301) 443–2541.

Dated: December 20, 2011.

Reva Harris,
Acting Director, Division of Policy and Information Coordination.