

resulting from an activity carried out in connection with participation in the Challenge, and claims by the Federal Government for damage or loss to Government property resulting from such an activity; and (d) Indemnify the Federal Government against third party claims for damages arising from or related to Challenge activities.

Registration Process for Participants

The *Million Hearts™ Caregiver Video Challenge* can be registered for on <http://www.challenge.gov>. Interested persons should read the official rules and guidelines posted on the Challenge site (www.MillionHearts.challenge.gov) to create an eligible video. If a person wishes to register to enter a submission, they must click on the link to “follow” the Challenge at the top of the Challenge site.

Amount of the Prize

Three winners will be selected. The first place winner will receive \$500.00. The second and third place winners will receive \$250.00 each.

Payment of the Prize

Prizes awarded under this competition will be paid by check and may be subject to Federal income taxes. The prizes are donated by a private donor, the CDC Foundation.

Basis Upon Which Winner Will Be Selected

The videos will be judged by Million Hearts™ leadership and external partners in compliance with the requirements of the America COMPETES Act. Judges will be named after the Challenge begins. The judging panel will make decisions based on the following criteria:

(1) *How appropriate is the video to the theme?* Judges will score the entries on the extent to which each video supports the Challenge goals and follows the official rules and guidelines. Following the theme, videos should provide appropriate and accurate care and prevention information.

(2) *How is the caregiver's story told?* Submissions will be judged on the creativity, originality, and memorability of the information presented in the videos.

(3) *How enjoyable is the video to watch?* All types of videos will be accepted into the Challenge. However, judges will rate each video on its visual and sound quality and how clearly the caregiver's story is communicated.

(4) *To what extent does the video have the potential to impact others?* Submitted videos should be persuasive and motivate other caregivers and their

family members to perform heart-healthy practices. Videos should offer easy to execute, useful tips regarding the prevention and control of high blood pressure.

Additional Information

More information on the topic areas can be found on <http://millionhearts.hhs.gov/about/hsd/prevention.html>.

Regarding Copyright/Intellectual Property: Upon Submission, Contestant warrants that he or she is the sole author and owner of the contest Submission, and that the contest Submission completely originates with the Contestant, that it does not infringe upon any copyright or any other rights of any third party of which Contestant(s) is aware, and is free of malware.

Submission Rights: All videos submitted to the *Million Hearts™ Caregiver Video Contest* remain the intellectual property of the individuals who developed them. However, HHS and CDC maintain a non-exclusive, royalty-free license to use, reproduce, publish, distribute and exhibit the submission/winning video in any and all formats or manner for educational, training and other public health purposes consistent with HHS and/or CDC's mission.

Compliance With Rules and Contacting Contest Winners

Finalists and the Contest Winners must comply with all terms and conditions of these Official Rules; winning is contingent upon fulfilling all requirements herein. The initial finalists will be notified by email, telephone, or mail after the date of the judging. Awards may be subject to Federal income taxes, and the Department of Health and Human Services will comply with the Internal Revenue Service withholding and reporting requirements, where applicable.

Privacy

If Contestants choose to provide the CDC with personal information by registering or filling out the submission form through the Challenge.gov Web site, that information is used to respond to Contestants in matters regarding their submission, announcements of entrants, finalists, and winners of the Contest. Information is not collected for commercial marketing. Winners are permitted to cite that they won this contest.

General Conditions

The CDC reserves the right to cancel, suspend, and/or modify the Contest, or

any part of it, for any reason, at CDC's sole discretion.

Participation in this Contest constitutes a contestants' full and unconditional agreement to abide by the Contest's Official Rules found at www.Challenge.gov.

Authority: 15 U.S.C. 3719.

Dated: July 2, 2012.

Tanja Popovic,

Deputy Associate Director for Science,
Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Request for Nominations of Candidates To Serve on the Board of Scientific Counselors, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (BSC, NCEH/ATSDR)

The CDC is soliciting nominations for membership on the BSC, NCEH/ATSDR. The BSC, NCEH/ATSDR consists of 16 experts knowledgeable in the field of environmental public health or in related disciplines, who are selected by the Secretary of the U.S. Department of Health and Human Services (HHS). The BSC, NCEH/ATSDR provides advice and guidance to the Secretary, HHS; the Director, CDC; and the Director, NCEH/ATSDR, regarding program goals, objectives, strategies, and priorities in fulfillment of the agencies' mission to protect and promote people's health. The Board provides advice and guidance to help NCEH/ATSDR work more efficiently and effectively with its various constituents and to fulfill its mission in protecting America's health.

Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishments of the Board's objectives. Nominees will be selected from experts having experience in preventing human diseases and disabilities caused by environmental conditions. Experts in the disciplines of toxicology, epidemiology, environmental or occupational medicine, behavioral science, risk assessment, exposure assessment, and experts in public health and other related disciplines will be considered. Members may be invited to serve up to four-year terms.

The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in

terms of points of view represented and the board's function. Consideration is given to a broad representation of geographic areas within the U.S., as well as gender, race, ethnicity, persons with disabilities, and several factors including: (1) The committee's mission; (2) the geographic, ethnic, social, economic, or scientific impact of the advisory committee's recommendations; (3) the types of specific perspectives required, for example, those of consumers, technical experts, the public at-large, academia, business, or other sectors; (4) the need to obtain divergent points of view on the issues before the advisory committee; and (5) the relevance of State, local, or tribal governments to the development of the advisory committee's recommendations. Nominees must be U.S. citizens.

The following information must be submitted for each candidate: Name, affiliation, address, telephone number, and current curriculum vitae. Email addresses are requested if available. Nominations should be sent, in writing, and postmarked by September 30, 2012, to: Sandra Malcom, Committee Management Specialist, NCEH/ATSDR, CDC, 4770 Buford Highway (MS-F61), Chamblee, Georgia 30341, Email address: sym6@CDC.GOV. Telephone and facsimile submissions cannot be accepted.

Candidates invited to serve will be asked to submit the "Confidential Financial Disclosure Form (OGE Form 450) for Special Government Employees Serving on Federal Advisory Committees at the Centers for Disease Control and Prevention." This form allows CDC to determine whether there is a statutory conflict between that person's public responsibilities as a Special Government Employee and private interests and activities, or the appearance of a lack of impartiality, as defined by Federal regulation. The form may be viewed and downloaded at http://www.usoge.gov/forms/oge450_pdf/oge450_accessible.pdf.

This form should not be submitted as part of a nomination.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry.

Dated: June 28, 2012.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2011-N-0860]

Glen R. Justice: Debarment Order

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is issuing an order under the Federal Food, Drug, and Cosmetic Act (the FD&C Act) debarment Glen R. Justice, M.D. from providing services in any capacity to a person that has an approved or pending drug product application for a period of 25 years. We base this order on a finding that Dr. Justice was convicted of five felony counts under Federal law for conduct involving health care fraud and that this pattern of conduct was sufficient to find that there is reason to believe he may violate requirements under the FD&C Act relating to drug products. Dr. Justice was given notice of the proposed debarment and an opportunity to request a hearing within the timeframe prescribed by regulation. Dr. Justice failed to respond. Dr. Justice's failure to respond constitutes a waiver of his right to a hearing concerning this action.

DATES: This order is effective July 9, 2012.

ADDRESSES: Submit applications for special termination of debarment to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Kenny Shade, Office of Regulatory Affairs, Food and Drug Administration, 12420 Parklawn Dr., Rockville, MD 20857, 301-796-4640.

SUPPLEMENTARY INFORMATION:

I. Background

Section 306(b)(2)(B)(ii)(I) of the FD&C Act (21 U.S.C. 335a(b)(2)(B)(ii)(I)) permits debarment of an individual if FDA finds that the individual has been convicted of a felony under Federal law for conduct which involves bribery, payment of illegal gratuities, fraud,

perjury, false statement, racketeering, blackmail, extortion, falsification or destruction of records, or interference with, obstruction of an investigation into, or prosecution of any criminal offense, and it finds, on the basis of the conviction and other information, that such individual has demonstrated a pattern of conduct sufficient to find that there is reason to believe the individual may violate requirements under the FD&C Act relating to drug products.

On July 25, 2011, the U.S. District Court for the Central District of California entered judgment against Dr. Justice for health care fraud in violation of 18 U.S.C. 1347, and aiding and abetting and causing an act to be done in violation of 18 U.S.C. 2.

The FDA's finding that debarment is appropriate is based on the felony convictions referenced herein. The factual basis for this conviction is as follows: Dr. Justice was a physician licensed by the State of California. Dr. Justice owned and operated a medical practice in the Central District of California and he enrolled as a provider with federally-funded and private health care programs.

Dr. Justice devised and executed a scheme to defraud federally-funded and private health care benefit programs. As part of the scheme, Dr. Justice knowingly and willfully submitted, and caused to be submitted, false and fraudulent claims to health care benefit programs for injectable medications, knowing that those medications were never provided to the patients and he billed patients health care benefit programs for more expensive injectable medications when less expensive medications were provided. Dr. Justice continued his conduct despite being advised by staff to desist and subsequent to the execution of a search warrant at his medical practice in 2006. As a result of Dr. Justice's fraudulent business practices, health care benefit programs suffered losses between \$400,000 and \$1,000,000.

As a result of his convictions, on March 26, 2012, FDA sent Dr. Justice a notice by certified mail proposing to debar him for 25 years from providing services in any capacity to a person that has an approved or pending drug product application. The proposal was based on the finding, under section 306(b)(2)(B)(ii)(I) of the FD&C Act, that Dr. Justice was convicted of felonies under Federal law for conduct which involved health care fraud, and that the Agency found, on the basis of the conviction and other information, that Dr. Justice had demonstrated a pattern of conduct sufficient to find that there is reason to believe he may violate