

**CONTACT)** at least 7 days in advance of the conference.

The public conference helps fulfill the Department of Health and Human Services and FDA's important mission to protect the public health. The conference will engage those involved in FDA-regulated global supply chain quality and management through the following topics:

- Beyond our Borders—Maximizing the Impact of FDA's Global Interactions
- MHRA, Fimea, and Swissmedic—Driving Safety and Innovation
- Food and Drug Administration Safety and Innovation Act—Be Part of the Solution, and How do we Measure the Effectiveness of the Resulting Change
- Track and Trace in a Global Market
- How do we Gain Greater Supply Chain Visibility?
- Supplier Management Models that Work
- Implementing QbD like Other Industries—Proven Success
- How to Avoid Drug Shortages in your Company
- Pfizer Business Model: Quantitating Culture
- Outsourcing: Business Impact
- FDA, MHRA, and Fimea Inspection Trends and Expectations

The conference includes:

- Lunch with the Regulators—Facilitated, Interactive Session
- Networking by Topic
- Case Studies
- Small Group Discussions
- Innovation Session Engaging the Audience
- Keynote Dinner at the Cincinnati Art Museum with Chairman, CEO, and President of Eli Lilly and Chairman of the Board of PhRMA—John Lechleiter

The most pressing challenges of the global pharmaceutical industry require solutions which are inspired by collaboration to ensure the ongoing health and safety of our patients. These challenges include designing products with the patient in mind, building quality into the product from the onset, selecting the right suppliers, and considering total product life-cycle systems. Meeting these challenges requires vigilance, innovation, supply chain strategy, relationship management, proactive change management, and a commitment to doing our jobs right the first time.

FDA has made education of the drug and device manufacturing community a high priority to help ensure the quality of FDA-regulated drugs and devices. The conference helps to achieve

objectives set forth in section 406 of the Food and Drug Administration Modernization Act of 1997 (Public Law 105–115) (21 U.S.C. 393), which includes working closely with stakeholders and maximizing the availability and clarity of information to stakeholders and the public. The conference also is consistent with the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121) by providing outreach activities by Government Agencies to small businesses.

Dated: February 6, 2013.

**Leslie Kux,**

*Assistant Commissioner for Policy.*

[FR Doc. 2013–03018 Filed 2–8–13; 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

**ACTION:** Notice.

**SUMMARY:** 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](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Officer at (301) 443–1984.

HRSA especially 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.

*Information Collection Request Title:* Corps Community Day Event Form—NEW

*Abstract:* Corps Community Day was created in 2011 and celebrates the National Health Service Corps (NHSC) every October during National Primary Care Week. The NHSC is a program administered by the Bureau of Clinician Recruitment and Service (BCRS) within HRSA. The goals of Corps Community Day encompass the following: increase awareness of the NHSC to potential applicants and the greater primary health community; create a sense of community and connectedness among NHSC program participants, alumni, partners, and staff; and underscore the NHSC's role in bringing primary health care services to the nation's neediest communities. Current program participants, alumni, NHSC Ambassadors, sites, primary care organizations, and professional associations plan events and report the details of their events to BCRS so that they can be added to the state-by-state map of events. In order to avoid duplication of effort, eliminate confusion regarding allowable event dates, avoid data entry errors, and implement a brief post-event satisfaction survey, BCRS would like to implement a standard form that event planners will use to report to BCRS. The fillable form will be available online and will have less than 20 fields for event planners to populate to submit for inclusion on the map. There will also be approximately five fields to populate following the event to measure satisfaction. Both the pre-event and post-event data fields will be held in one form.

*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.

The annual estimate of burden is as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Corps Community Day Event Planning Form .....	300	1	300	.20	60
Corps Community Day Event Satisfaction Form .....	300	1	300	.05	15
Total .....	300	1	300	.25	75

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Reports Clearance Officer, Room 10–29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

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

Dated: February 5, 2013.

**Bahar Niakan,**

Director, Division of Policy and Information Coordination.

[FR Doc. 2013–02998 Filed 2–8–13; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Advisory Council on the National Health Service Corps; Request for Nominations

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

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is requesting nominations to fill five (5) vacancies on the National Advisory Council (NAC) on the National Health Service Corps (NHSC). The NAC on NHSC was established in 1978.

**DATES:** The agency must receive nominations on or before March 13, 2013.

**ADDRESSES:** All nominations should be sent electronically to Njeri Jones at [NJones@hrsa.gov](mailto:NJones@hrsa.gov) or mailed to 5600 Fishers Lane, Room 13–64, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** Kim Huffman, Executive Secretary, National Advisory Council on the National Health Service Corps, at (301) 443–3863 or email [KHuffman@hrsa.gov](mailto:KHuffman@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** The National Advisory Council on the National Health Service Corps (hereafter referred to as NAC) was established under 42 U.S.C. 254j (Section 337 of the Public Health Service Act), as amended by Section 10501 of the Affordable Care Act. The NAC is governed by provisions

of Public Law 92–463 (5 U.S.C. App.2), also known as the Federal Advisory Committee Act, which sets forth standards for the formation and use of advisory committees.

The NAC is a group of health care providers and health care site administrators who are experts in the issues that communities with a shortage of primary care professionals face in meeting their health care needs. The NAC is a frontline source of information to the NHSC senior management. The NAC is committed to effectively implementing its mandate to advise the Secretary of the Department of Health and Human Services (HHS) and, by designation, the Administrator of the Health Resources and Services Administration (HRSA).

The NAC consists of 15 members who are Special Government Employees. Responsibilities of the Council include: (1) Serving as a forum to identify the priorities for the NHSC and to bring forward and anticipate future program issues and concerns through ongoing communication with program staff, professional organizations, communities, and program participants; (2) Functioning 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, (3) Developing and distributing white papers and briefs that clearly state issues and/or concerns relating to the NHSC with specific recommendations for necessary policy revisions.

Specifically, HRSA is requesting nominations for individuals with a background in primary care, dental health, and mental health representing one or more of the following areas of expertise: working with underserved populations, health care policy, recruitment and retention, site administration, customer service, marketing, organizational partnerships, research, and clinical practice. We are looking for nominees that either currently or have previously filled a role as site administrators, physicians, dentists, mid-level professionals (i.e., nurses, physician assistants), mental or behavioral health professionals, or NHSC scholars or loan repayors.

Nominees will be invited to serve a 3-year term beginning after September 30, 2013.

HHS will consider nominations of all qualified individuals with a view to ensuring that the NAC includes the areas of subject matter expertise noted above and reflects the diverse primary care health care workforce and health delivery sites. Individuals may nominate themselves or other individuals, and professional associations and organizations may nominate one or more qualified persons for membership on the Council. Nominations shall state that the nominee is willing to serve as a member of the NAC and appears to have no conflict of interest that would preclude the membership. Potential candidates will be contacted by NHSC and asked to provide detailed information concerning financial interests, consultancies, research grants, and/or contracts that might be affected by recommendations of the Committee, to permit evaluation of possible sources of conflicts of interest.

A nomination package should include the following information for each nominee: (1) A letter of nomination (no more than 2) stating the name, affiliation, and contact information for the nominee, the basis for the nomination (i.e., what specific attributes, perspectives, and/or skills does the individual possess that would benefit the workings of NAC), and the nominee's field(s) of expertise; (2) a biography of the nominee and a copy of his/her curriculum vitae; and (3) the name, address, daytime telephone number, and email address at which the nominator can be contacted. HRSA will accept self-nominations. **Note:** If you submitted a nomination on someone's behalf or a self-nomination in spring of 2012 and would like to be considered again, please send a complete packet of the information requested above.

HHS has special interest in assuring that women, minority groups, veterans, and individuals with disabilities are adequately represented on advisory committees; and therefore, extends particular encouragement to nominations for appropriately qualified