

the Bureau of Clinician Recruitment and Service (BCRS), HRSA, are both committed to improving the health of the nation's underserved by uniting communities in need with caring health professionals and by supporting communities' efforts to build better systems of care. The NHSC and NURSE Corps Interest Capture Form, which will be used when exhibiting at national and regional conferences, as well as when presenting on campuses to health profession students, is an optional form that a health profession student, licensed clinician, faculty member, or clinical site administrator can fill out and submit to BCRS representatives at the recruitment event. The purpose of the form is to enable individuals and clinical sites to ask BCRS for periodic program updates and other general information regarding opportunities with the NHSC and/or the NURSE Corps

via email. Completed forms will contain information such as the names of the individuals, their email address(es), their city and state, the organization where they are employed (or the school which they attend), the year they intend to graduate (if applicable), how they heard about the NHSC/NURSE Corps, and the programs in which they are interested. Assistance in completing the form will be given by the BCRS staff person (or BCRS representative) who is present at the event.

**Need and Proposed Use of the Information:** The need and purpose of this information collection is to share resources and information regarding the NHSC and Nurse Corps programs with interested conference/event participants.

**Likely Respondents:** Conference/event participants interested in the NHSC or Nurse Corps programs.

**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.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC and NURSE Corps Interest Capture Form .....	2,400	1	2,400	.025	60
Total .....	2,400	1	2,400	.025	60

HRSA specifically 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.

Dated: November 13, 2013.

**Bahar Niakan,**

Director, Division of Policy and Information Coordination.

[FR Doc. 2013-27798 Filed 11-19-13; 8:45 am]

BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection: Public Comment Request**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

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

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

**FOR FURTHER INFORMATION CONTACT:** 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 Information Collection Clearance Officer at (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting

information, please include the information request collection title for reference.

**Information Collection Request Title:** Data System for Organ Procurement and Transplantation Network. OMB No. 0915-0184- Revision.

**Abstract:** The operation of the Organ Procurement and Transplantation Network (OPTN) necessitates certain recordkeeping and reporting requirements in order to perform the functions related to organ transplantation under contract to HHS. This is a request for a revision of the current recordkeeping and reporting requirements associated with the OPTN membership application requirements. The proposed data collection includes information pertinent to OPTN membership eligibility and designation, transplant program eligibility requirements to receive organs for transplantation, and changes in OPTN transplant member personnel. These data will be used by HRSA in monitoring the contracts for the OPTN and the Scientific Registry of Transplant Recipients (SRTR) and in carrying out other statutory responsibilities.

**Need and Proposed Use of the Information:** Information is needed to collect and review submission of application materials and determine

eligibility for membership in the OPTN, to monitor compliance of member organizations with OPTN rules and requirements, and to ensure patient safety.

*Likely Respondents:* Transplant programs, organ procurement organizations, histocompatibility laboratories, medical scientific organizations, and public organizations.

*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.

*Total Estimated Annualized Burden Hours:*

Section/activity	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
121.3(b)(2) OPTN membership and application requirements .....	20	3	60	8	480
121.3 Application for Non-Institutional Members .....	20	1	20	8	160
121.3(b)(4) Appeal for OPTN Membership .....	2	1	2	3	6
121.9(b) Designated Transplant Program Requirements ....	3	1	3	8	24
121.3 Personnel Change Application .....	360	2	720	8	5,760
121.9(d) Appeal for designation .....	2	1	2	6	12
<b>Total .....</b>	<b>407</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>6,442</b>

HRSA specifically 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.

Dated: November 12, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

[FR Doc. 2013-27802 Filed 11-19-13; 8:45 am]

**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for

review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

**DATES:** Comments on this ICR should be received within 30 days of this notice.

**ADDRESSES:** Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA\_submission@omb.eop.gov* or by fax to 202-395-5806.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443-1984.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* The National Health Service Corps Loan Repayment Program.

OMB No. 0915-0127—Revision.

*Abstract:* The National Health Service Corps (NHSC) Loan Repayment Program (LRP) was established to assure an adequate supply of trained primary care health professionals to provide services in the neediest Health Professional Shortage Areas (HPSAs) of the United States. Under this program, the Department of Health and Human Services agrees to repay the qualifying educational loans of selected primary care health professionals. In return, the health professionals agree to serve for a specified period of time in a federally designated HPSA approved by the Secretary for LRP participants. The

forms utilized by the LRP include the following: The NHSC LRP Application, the Authorization for Disclosure of Loan Information form, the Privacy Act Release Authorization form, the Verification of Disadvantaged Background form, and the Private Practice Option form. The first four of the aforementioned NHSC LRP forms collect information that is needed for selecting participants and repaying qualifying educational loans. The last referenced form, the Private Practice Option Form, is required by statute (42 U.S.C. 254n(a)) for all participants wishing to exercise that service option.

*Need and Proposed Use of the Information:* The need and purpose of this information collection is to obtain information for the NHSC LRP application. The information is used to consider an applicant for a NHSC LRP contract award. Applicants must submit an application to the NHSC to participate in the program. The application asks for personal, professional, and financial information required to determine the applicant's eligibility to participate in the NHSC LRP. In addition, applicants must enter in information regarding the loans for which repayment is being requested.

*Likely Respondents:* Licensed primary care medical, dental, and mental and behavioral health providers who are employed or seeking employment, and are interested in serving underserved populations.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain,