

any safety issues that may occur; (7) any other pediatric issue or pediatric labeling dispute involving FDA regulated products; (8) research involving children as subjects; and (9) any other matter involving pediatrics for which FDA has regulatory responsibility. The Committee also advises and makes recommendations to the Secretary directly or to the Secretary through the Commissioner on research involving children as subjects that is conducted or supported by the Department of Health and Human Services.

#### *F. Psychopharmacologic Drugs Advisory Committee*

Reviews and evaluates data concerning the safety and effectiveness of marketed and investigational human drug products for use in the practice of psychiatry and related fields.

#### *G. Reproductive Health Drugs Advisory Committee*

Reviews and evaluates data on the safety and effectiveness of marketed and investigational human drugs for use in the practice of obstetrics, gynecology, and related specialties.

## II. Criteria for Members

Persons nominated for membership as consumer representatives on committees or panels should meet the following criteria: (1) Demonstrate ties to consumer and community-based organizations; (2) be able to analyze technical data; (3) understand research design; (4) discuss benefits and risks; and (5) evaluate the safety and efficacy of products under review. The consumer representative should be able to represent the consumer perspective on issues and actions before the advisory committee; serve as a liaison between the committee and interested consumers, associations, coalitions, and consumer organizations; and facilitate dialogue with the advisory committees on scientific issues that affect consumers.

## III. Selection Procedures

Selection of members representing consumer interests is conducted through procedures that include the use of organizations representing the public interest and public advocacy groups. These organizations recommend nominees for the Agency's selection. Representatives from the consumer health branches of Federal, State, and local governments also may participate in the selection process. Any consumer organization interested in participating in the selection of an appropriate voting or nonvoting member to represent

consumer interests should send a letter stating that interest to FDA (see **ADDRESSES**) within 30 days of publication of this document.

Within the subsequent 30 days, FDA will compile a list of consumer organizations that will participate in the selection process and will forward to each such organization a ballot listing at least two qualified nominees selected by the Agency based on the nominations received, together with each nominee's current curriculum vitae or resume. Ballots are to be filled out and returned to FDA within 30 days. The nominee receiving the highest number of votes ordinarily will be selected to serve as the member representing consumer interests for that particular advisory committee or panel.

## IV. Nomination Procedures

Any interested person or organization may nominate one or more qualified persons to represent consumer interests on the Agency's advisory committees or panels. Self-nominations are also accepted. Nominations should include a cover letter and a current curriculum vitae or résumé for each nominee, including a current business and/or home address, telephone number, and email address if available, and a list of consumer or community-based organizations for which the candidate can demonstrate active participation.

Nominations should also specify the advisory committee(s) or panel(s) for which the nominee is recommended. In addition, nominations should include confirmation that the nominee is aware of the nomination and is willing to serve as a member of the advisory committee or panel if selected, and appears to have no conflicts of interest. FDA will ask potential candidates to provide detailed information concerning such matters as financial holdings, employment, and research grants and/or contracts to permit evaluation of possible sources of conflicts of interest. Members will be invited to serve for terms up to 4 years.

FDA will review all nominations received within the specified timeframes and prepare a ballot containing the names of qualified nominees. Names not selected will remain on a list of eligible nominees and be reviewed periodically by FDA to determine continued interest. Upon selecting qualified nominees for the ballot, FDA will provide those consumer organizations that are participating in the selection process with the opportunity to vote on the listed nominees. Only organizations vote in the selection process. Persons who nominate themselves to serve as voting or nonvoting consumer

representatives will not participate in the selection process.

Dated: March 18, 2014.

**Jill Hartzler Warner,**

*Acting Associate Commissioner for Special Medical Programs.*

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**BILLING CODE 4160-01-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](mailto: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](mailto:paperwork@hrsa.gov) or call (301) 443-1984.

#### **SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Application and Other Forms utilized by the National Health Service Corps Scholarship Program, the NHSC Students to Service Loan Repayment Program, and the Native Hawaiian Health Scholarship Program.

#### **OMB No. 0915-0146—Revision**

*Abstract:* Administered by HRSA's Bureau of Clinician Recruitment and Service (BCRS), the National Health Service Corps (NHSC) Scholarship Program (SP), NHSC Students to Service Loan Repayment Program (S2S LRP),

and the Native Hawaiian Health Scholarship Program (NHHSP), provide scholarships or loan repayment to qualified students who are pursuing primary care health professions education and training. In return, students agree to provide primary health care services in medically underserved communities located in federally designated Health Professional Shortage Areas (HPSAs) once they are fully trained and licensed health professionals. Awards are made to applicants who demonstrate the greatest potential for successful completion of their education and training as well as commitment to provide primary health care services to communities of greatest need. The program applications, forms, and supporting documentation are used to collect necessary information from applicants and participants that will facilitate in the selection of the best qualified candidates for these competitive awards, and to monitor participants' enrollment in school or in postgraduate training.

Although some program forms vary (see program-specific burden charts

below), general forms include: The Program Application, Academic and Non-Academic Letters of Recommendation, the Authorization to Release Information, and the Acceptance/Verification of Good Standing Report. Additional forms for the NHSC SP, include the Data Collection Worksheet, which is completed by the educational institutions of program participants, the Post Graduate Training Verification Form (formerly the Deferment Request Form and applicable for S2S participants), which is completed by program participants and their residency director, and the Enrollment Verification Form, which is completed by program participants and the educational institution for each academic term of the program.

*Need and Proposed Use of the Information:* The NHSC SP, S2S LRP, and NHHSP applications, forms, and supporting documentation are used to collect necessary information from applicants that will enable BCRS to make determinations about the competitive awards.

*Likely Respondents:* Qualified students who are pursuing primary care health professions education and training, and are interested in working with underserved populations.

*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 ICR are summarized in the table below.

*Total Estimated Annualized Burden—Hours*

NHSC SCHOLARSHIP PROGRAM

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC Scholarship Program Application .....	1800	1	1800	2.00	3600
Letters of Recommendation .....	1800	2	3600	.50	1800
Authorization to Release Information .....	1800	1	1800	.10	180
Acceptance/Verification of Good Standing Report .....	1800	1	1800	.25	450
Receipt of Exceptional Financial Need Scholarship .....	200	1	200	.25	50
Verification of Disadvantaged Background Status .....	300	1	300	.25	75
<b>Total .....</b>			<b>9500</b>		<b>6155</b>

The annual estimate of burden for participants/schools/residency programs is as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Data Collection Worksheet .....	400	1	400	1.00	400
Post Graduate Training Verification Form .....	200	1	200	.50	100
Enrollment Verification Form .....	600	2	1200	.50	600
<b>Total .....</b>			<b>1800</b>		<b>1100</b>

NHSC STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC Students to Service Program Application .....	100	1	100	2.00	200
Letters of Recommendation .....	100	2	200	.50	100
Authorization to Release Information .....	100	1	100	.10	10

## NHSC STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Acceptance/Verification of Good Standing Report .....	100	1	100	.25	25
Receipt of Exceptional Financial Need Scholarship .....	4	1	4	.25	1
Verification of Disadvantaged Background Status .....	25	1	25	.25	6.25
Post Graduate Training Verification Form .....	150	1	150	.50	75
Total .....			679		417.25

## NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM

Form name*	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Native Hawaiian Health Scholarship Program Application (includes Forms A–E: Applicant Resume Instructions and Guidelines; NHHSP Questionnaire and Narrative Statement; Conflicting Federal Service Memo; Debarment, Suspension, Disqualification and Related Matters Certification; and Delinquent Federal Debt) .....	250	1	250	1.00	250
Letters of Recommendation (includes Forms H and I: Academic Faculty/Advisor Evaluation of Applicant and Employer Evaluation of Applicant) .....	250	2	500	.25	125
Authorization to Release Information (Form F) .....	250	1	250	.25	62.50
Acceptance/Verification of Good Standing Report (includes Form G: Course Curriculum Worksheet) .....	30	12	360	.25	90
Total .....			1360		527.50

\* Please note that the forms listed above account for supporting documentation which may be uploaded as part of the application or associated with the supplemental forms.

Dated: March 18, 2014.

**Jackie Painter,**

*Deputy Director, Division of Policy and Information Coordination.*

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## DEPARTMENT OF HOMELAND SECURITY

### Office of the Secretary

[Docket No. DHS–2014–0011]

### Privacy Act of 1974; Department of Homeland Security, Federal Emergency Management Agency—009 Hazard Mitigation, Disaster Public Assistance, and Disaster Loan Programs System of Records

**AGENCY:** Privacy Office, Department of Homeland Security.

**ACTION:** Notice of Privacy Act System of Records.

**SUMMARY:** In accordance with the Privacy Act of 1974, the Department of Homeland Security/Federal Emergency Management Agency proposes to consolidate a current system of records titled, “Department of Homeland Security/Federal Emergency

Management Agency—005 Temporary and Permanent Relocation and Personal and Real Property Acquisition and Relocation Files System of Records” (73 FR 77750, December 19, 2008) into the existing system of records titled, “Department of Homeland Security/Federal Emergency Management Agency—009 Hazard Mitigation Assistance Grant Programs System of Records” (77 FR 17783, July 23, 2012). The Department of Homeland Security/Federal Emergency Management Agency also proposes to update this system of records to include all disaster-related grant and loan programs including public assistance program, and rename the system of records as “Department of Homeland Security/Federal Emergency Management Agency—009 Hazard Mitigation, Disaster Public Assistance, and Disaster Loan Programs System of Records” to reflect the changes. The consolidated and updated system of records allows the Department of Homeland Security/Federal Emergency Management Agency to collect and maintain records from points of contact from states, tribes, local governments, and other entities applying for all grant money programs through the Federal Emergency Management Agency’s

public assistance grants program, disaster loan program, and the Hazard Mitigation Assistance grant programs. This system of records also allows information collection from individuals who may receive public assistance through these grants. This system of records notice includes personally identifiable information collected from individual property owners and/or occupants whose properties are identified in applications for public assistance, hazard mitigation assistance, and other disaster-related assistance or who have been identified by the Federal Emergency Management Agency as candidates for such assistance. The Federal Emergency Management Agency tracks the progress of the grants to the survivors, to ensure proper delivery of service, prevent duplication of benefits, and recoup any improper payment of public assistance funds. As a result of the review records have been updated within the: (1) System name; (2) system location; (3) categories of individuals; (4) categories of records; (5) authority for maintenance; (6) purpose; (7) routine uses; (8) retrievability; and (9) retention and disposal. Additionally, this notice includes non-substantive changes to simplify the formatting and text of the