submitted in response to this notice or presented during the meeting. This request for input is for planning purposes only and is not a solicitation for applications or an obligation on the part of the U.S. Government to provide support for any ideas identified in response to the request. Please note that the U.S. Government will not pay for the preparation of any information submitted or for its use of that information.

Background Information on ICCVAM, NICEATM, and SACATM

ICCVAM is an interagency committee composed of representatives from 17 federal regulatory and research agencies that require, use, generate, or disseminate toxicological and safety testing information. ICCVAM conducts technical evaluations of new, revised, and alternative safety testing methods and integrated testing strategies with regulatory applicability. ICCVAM also promotes the scientific validation and regulatory acceptance of testing methods that more accurately assess the safety and hazards of chemicals and products and replace, reduce, or refine animal use.

The ICCVAM Authorization Act of 2000 (42 U.S.C. 285*l*–3) establishes ICCVAM as a permanent interagency committee of NIEHS and provides the authority for ICCVAM involvement in activities relevant to the development of alternative test methods. Additional information about ICCVAM can be found at *https://ntp.niehs.nih.gov/go/iccvam*.

NICEATM administers ICCVAM, provides scientific and operational support for ICCVAM-related activities, and conducts and publishes analyses and evaluations of data from new, revised, and alternative testing approaches. NICEATM and ICCVAM work collaboratively to evaluate new and improved testing approaches applicable to the needs of U.S. federal agencies. NICEATM and ICCVAM welcome the public nomination of new, revised, and alternative test methods and strategies for validation studies and technical evaluations. Additional information about NICEATM can be found at *https://ntp.niehs.nih.gov/go/niceatm*.

SACATM, established by the ICCVAM Authorization Act [Section 285*l*–3(d)], provides advice on priorities and activities related to the development, validation, scientific review, regulatory acceptance, implementation, and national and international harmonization of new, revised, and alternative toxicological test methods to ICCVAM, NICEATM, and Director of NIEHS and NTP. Additional information about SACATM, including the charter, roster, and records of past meetings, can be found at *http://ntp.niehs.nih.gov/go/167*.

Dated: August 3, 2022.

Brian R. Berridge,

Associate Director, National Toxicology Program.

[FR Doc. 2022–16954 Filed 8–5–22; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Advancing Translational Sciences; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Center for Advancing Translational Sciences Advisory Council.

This meeting is being held virtually only; there is no in-person option. The open sessions will be videocast and may be accessed by the public from the NIH Videocasting and Podcasting website (*http://videocast.nih.gov*). Individuals who need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Center for Advancing Translational Sciences Advisory Council.

Date: September 22, 2022.

Closed: 11:00 a.m. to 12:00 p.m.

Agenda: To review, evaluate, and discuss internal operations. To review and evaluate grant applications.

Place: National Center for Advancing Translational Sciences, National Institutes of Health, One Democracy Plaza, Room 987/989, 6701 Democracy Boulevard, Bethesda, MD 20892 (Virtual Meeting).

Open: 1:00 p.m. to 6:00 p.m.

Agenda: Report from the Institute Director, program updates, view and discuss Clearance of Concepts.

Place: National Center for Advancing Translational Sciences, National Institutes of Health, One Democracy Plaza, Room 987/989, 6701 Democracy Boulevard, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Anna L. Ramsey-Ewing, Ph.D., Executive Secretary, National Center for Advancing Translational Sciences, One Democracy Plaza, Room 1072, Bethesda, MD 20892, 301–435–0809, *anna.ramseyewing@nih.gov*.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice no later than 15 days after the meeting at *NCATSCouncilInput@mail.nih.gov*. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

(Catalogue of Federal Domestic Assistance Program Nos. 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.350, B—Cooperative Agreements; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2022–16890 Filed 8–5–22; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under the Office of Management and Budget (OMB) review, in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–0361.

Proposed Project: Rural Emergency Medical Services Training (EMS Training) Monitoring

SAMHSA will monitor program performance of its Rural Emergency Medical Services Training (EMS Training) grant program. The EMS Training grantees will recruit and train EMS personnel in rural areas with a particular focus on addressing mental and substance use disorders. To accomplish this, the EMS Training grantees conduct courses that qualify graduates to serve in an EMS agency, train EMS personnel as appropriate to maintain licenses and certifications and ensure EMS personnel are trained on mental and substance use disorders and

care for people with such disorders in emergency situations.

The EMS Training grantees hold a variety of trainings. A training event is defined as a Rural EMS Training sponsored or co-sponsored event that focuses on teaching of a skill, knowledge, or experience for personal or professional development. Higher education classes must be included in this definition. Each course is considered as one training event. SAMHSA intends to use one (1) instrument for program monitoring of Rural EMS Training grantees activities as well as ongoing quality improvement, which is described below.

1. *Rural EMS Training Program Monitoring Report:* This form collects aggregated event information. This instrument asks eight (8) questions of EMS Training grant staff relating to the number of participants they recruited and have trained. It allows the grantees and SAMHSA to track the number of EMS personnel recruited, trained and number of certifications accomplished (See Attachment 1).

SAMHSA recognizes the need for emergency services in rural areas and the critical role EMS personnel serve across the country. The information collected is crucial to support SAMHSA in complying with Government Performance and Results Act (GPRA) reporting requirements and will inform future development of knowledge dissemination activities.

The chart below summarizes the annualized burden for this project.

Type of respondent	Number of respondents	Responses per respondent	Total responses	Hours per response	Total annual burden hours	Hourly wage cost	Total hour cost
Rural EMS Staff:							
Rural EMS Training Program Monitoring Report	27	2	54	.17	9.18	$19.92	$182.87
Total	27	2	54	.17	9.18	19.92	182.87

SUMMARY TABLE

Instrument	Number respondents	Responses per respondents	Burden hours
Rural EMS Training Program Monitoring Report	27	2	9.18
Total	27	2	9.18

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

Carlos Graham,

Reports Clearance Officer.

[FR Doc. 2022–16907 Filed 8–5–22; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–0361.

Project: Application for the Reviewer Contact Information Form (OMB No. 0930–0255)

Section 501(h) of the Public Health Service (PHS) Act (42 U.S.C. 290aa) directs the Assistant Secretary of SAMHSA to establish such peer review groups as are needed to carry out the requirements of Title V of the PHS Act. SAMHSA administers a large discretionary grants program under authorization of Title V, and, for many years, SAMHSA has funded grants to provide prevention and treatment services related to substance abuse and mental health. In support of its grant peer review efforts, SAMHSA desires to continue to expand the number and types of reviewers it uses on these grant review committees. To accomplish that end, SAMHSA has determined that it is important to proactively seek the inclusion of new and qualified representatives on its peer review groups. Accordingly, SAMHSA has developed an application form for use by individuals who wish to apply to serve as peer reviewers.

The application form has been developed to capture the essential information about the individual applicants. The most consistent method to accomplish this is through completion of a standard form by all interested persons which captures information about knowledge, education, and experience in a consistent manner from all interested applicants. SAMHSA will use the information provided on the form to identify appropriate peer grant reviewers. Depending on their experience and qualifications, applicants may be invited to serve as grant reviewers.

The following changes are proposed in the form:

1. Added Federally Qualified Health Centers (FQHC), Technical Training Centers (TTC) and Certified Community Behavioral Health Clinics (CCBHC) in the Affiliations Section—Office of Behavioral Health Equity (OBHE) Recommendation
2. Changed to ''Prefer not to Answer'' in the Gender section—OBHE Recommendation
3. Added High School and Certificate to Education section—OBHE Recommendation
4. Changed Alaskan Native/American Indian to American Indian/Alaskan Native and added ''Mixed Race'' in the Race section—OBHE and Tribal Office Recommendation
5. Added ''No License'' in the License section—OBHE Recommendation
6. Added ''Tribal Health System'' and ''Screening/Prevention/Emergency Preparedness'' in the Secondary Expertise section— OBHE and Tribal Office Recommendation
7. Added ''Peer Experience/Lived Experience'' in the Secondary Expertise section—OBHE Recommendation
8. Added ''Junior Reviewer'' and ''Community Reviewer'' to Grant Review Experience section—OBHE Recommendation
9. Added the SAMHSA Values Statement at the end of the form—OBHE Recommendation

The following table shows the annual response burden estimate.

Number of respondents	Responses/ respondent	Burden/ responses (hours)	Total burden hours
500	1	1.5	750