

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.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2025–17641 Filed 9–11–25; 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; Information Collection Request Title: Nurse Faculty Loan Program Forms OMB No. 0915–0314—Revision**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, 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 ICR should be received no later than November 12, 2025.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 14NWH04, 5600 Fishers Lane, Rockville, Maryland 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 Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443–3983.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the ICR title for reference.

**Information Collection Request Title:** Nurse Faculty Loan Program Forms OMB No. 0915–0314—Revision.

**Abstract:** This clearance request seeks approval for the Nurse Faculty Loan Program (NFLP) Forms. The forms included are the NFLP—Program Specific Data Form, NFLP—Annual Performance Report (APR) Financial Data Form, and the NFLP Due Diligence Form. They are currently approved under OMB Approval No. 0915–0314, with the expiration date of August 31, 2026. For greater clarity and consistency, the only change to this information collection request is to change the title from the “Nurse Faculty Loan Program—Program Specific Data Form, Annual Performance Report Financial Data Form, and NFLP Due Diligence Form” to the “Nurse Faculty Loan Program Forms.”

**Need and Proposed Use of the Information:** Section 846A of the Public Health Service Act provides the Secretary of HHS with the authority to provide grants to accredited schools of nursing for the establishment and operation of student loan funds to increase the number of qualified nurse faculty. HRSA makes awards to accredited schools of nursing and the schools provide loans to students enrolled in advanced education nursing degree programs who are committed to becoming nurse faculty. Following graduation from the NFLP grant recipient school, NFLP borrowers may receive up to 85 percent of loan cancellation over a 4-year period in exchange for service as full-time faculty at a school of nursing. The NFLP grant recipient school collects any portion of the loan that is not cancelled and any loans that go into repayment and deposits these monies into the NFLP loan fund to make additional NFLP loans.

The NFLP—Program Specific Data Form is a required electronic attachment within the NFLP application materials. The data provided in the form is an essential component of the formula-based criteria used to determine the amount awarded to the applicant schools. The form collects application-related data from applicants such as the amount requested, number of students to be funded, tuition information, and projected unused loan fund balance. This data collection assists HRSA in streamlining the application submission process, enabling an efficient award determination process, and facilitating reporting on the use of funds and analysis of program outcomes. There are no changes to this form.

The NFLP—APR Financial Data Form is an online form that collects outcome

and financial data to capture the NFLP loan fund account activity related to financial receivables, disbursements, and borrower account data related to employment status, loan cancellation, loan repayment and collections. NFLP grant recipient schools will provide HHS with current and cumulative information on (1) NFLP loan funds received, (2) number and amount of NFLP loans made, (3) number and amount of loans cancelled, (4) number and amount of loans in repayment, (5) loan default rate percent, (6) number of NFLP graduates employed as nurse faculty, and (7) other related loan fund costs and activities. The NFLP—APR Financial Data Form is used to monitor grantee performance by collecting information related to the NFLP loan fund operations and financial activities for a specified reporting period (July 1 through June 30 of the academic year). NFLP grant recipient schools are required to complete and submit the NFLP—APR Financial Data Form annually. The data provided in the form is essential for HRSA to effectively monitor the school's use of NFLP funds in accordance with the statute and program guidelines. There are no changes to this form.

The NFLP Due Diligence Form is a required form that is completed and submitted electronically by NFLP grant recipient schools. This form indicates that due diligence has been exercised in the cancellation of any remaining loan funds for NFLP borrowers due to permanent/total disability, death, and uncollectible/bad debt write-offs. The data collected on the due diligence form will include the student borrower's unique ID number, reason for cancellation, the amount of principal loaned, the total amount of principal loan funds and corresponding interest canceled, and the outstanding amount of principal/interest that would be canceled because of death or permanent disability or written-off as uncollectible/bad debt. The NFLP Due Diligence Form is essential for monitoring performance measure outcomes and to verify and validate accuracy of information submitted on the NFLP Annual Performance Reports. There have been no changes to this form.

**Likely Respondents:** NFLP grant recipient schools and applicants to the NFLP program.

**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

| Form name  | Number of respondents | Number of responses per respondent | Total responses | Average burden per response (in hours) | Total burden hours |
|--|-----------------------|------------------------------------|-----------------|--|--------------------|
| Nurse Faculty Loan Program—Program Specific Data Form .....                    | 90                    | 1                                  | 90              | 8                                      | 720                |
| Nurse Faculty Loan Program—Annual Performance Report Financial Data Form ..... | 207                   | 1                                  | 207             | 6                                      | 1,242              |
| Nurse Faculty Loan Program—Due Diligence Form .....                            | 20                    | 1                                  | 20              | 1                                      | 20                 |
| <b>Total Burden</b> .....  | <b>207</b>            | .....                              | <b>317</b>      | .....                                  | <b>1,982</b>       |

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**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2025–17584 Filed 9–11–25; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Center For Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings 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:* Population Sciences and Epidemiology Integrated Review Group; Cancer and Hematologic Disorders Study Section.

*Date:* October 7–8, 2025.

*Time:* 9:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Address:* National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

*Meeting Format:* Virtual Meeting.

*Contact Person:* Steven M. Frenk, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3141, Bethesda, MD 20892, (301) 480–8665, [frenksm@mail.nih.gov](mailto:frenksm@mail.nih.gov).

*Name of Committee:* Brain Disorders and Clinical Neuroscience Integrated Review Group; Pathophysiological Basis of Mental Disorders and Addictions Study Section.

*Date:* October 9–10, 2025.

*Time:* 9:30 a.m. to 7:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Address:* National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

*Meeting Format:* Virtual Meeting.

*Contact Person:* Dorela Doris Shuboni-Mulligan, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (301) 480–1823, [dorela.shuboni-mulligan@nih.gov](mailto:dorela.shuboni-mulligan@nih.gov).

*Name of Committee:* Biobehavioral and Behavioral Processes Integrated Review Group; Human Complex Mental Function Study Section.

*Date:* October 9–10, 2025.

*Time:* 10:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Address:* National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

*Meeting Format:* Virtual Meeting.

*Contact Person:* Joanna Szczepanik, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 1000D, Bethesda, MD 20892, (301) 827–2242, [szczepaj@csr.nih.gov](mailto:szczepaj@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; Special Topics: Bioanalytical, Molecular, Cellular Sciences and Technologies.

*Date:* October 14, 2025.

*Time:* 9:15 a.m. to 8:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Address:* National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

*Meeting Format:* Virtual Meeting.

*Contact Person:* Raj K. Krishnaraju, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6190, MSC 7804, Bethesda, MD 20892, (301) 435–1047, [krishna@csr.nih.gov](mailto:krishna@csr.nih.gov).

*Name of Committee:* Brain Disorders and Clinical Neuroscience Integrated Review Group; Brain Injury and Neurovascular Pathologies Study Section.

*Date:* October 14–15, 2025.

*Time:* 10:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Address:* National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

*Meeting Format:* Virtual Meeting.

*Contact Person:* Alexander Yakovlev, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5206, MSC 7846, Bethesda, MD 20892, 301–435–1254, [yakovleva@csr.nih.gov](mailto:yakovleva@csr.nih.gov).

*Name of Committee:* Musculoskeletal, Oral and Skin Sciences Integrated Review Group; Skeletal Biology Structure and Regeneration Study Section.

*Date:* October 16–17, 2025.

*Time:* 9:00 a.m. to 7:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Address:* National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

*Meeting Format:* Virtual Meeting.

*Contact Person:* Yanming Bi, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4214, MSC 7814, Bethesda, MD 20892, (301) 451–0996, [ybi@csr.nih.gov](mailto:ybi@csr.nih.gov).

*Name of Committee:* Interdisciplinary Molecular Sciences and Training Integrated Review Group; Advancing Therapeutics—B Study Section.

*Date:* October 16–17, 2025.

*Time:* 9:30 a.m. to 6:30 p.m.