

competitors could use to compete with companies in the United States.

Lloyd Ellis,

Program Specialist, Office of the General Counsel.

[FR Doc. 2015-13344 Filed 6-1-15; 8:45 am]

BILLING CODE 6690-01-P

## FEDERAL DEPOSIT INSURANCE CORPORATION

### Notice to All Interested Parties of the Termination of the Receivership of 10157, First Security National Bank, Norcross, Georgia

Notice is hereby given that the Federal Deposit Insurance Corporation ("FDIC") as Receiver for First Security National Bank, Norcross, Georgia ("the Receiver") intends to terminate its receivership for said institution. The FDIC was appointed receiver of First Security National Bank on December 4, 2009. The liquidation of the receivership assets has been completed. To the extent permitted by available funds and in accordance with law, the Receiver will be making a final dividend payment to proven creditors.

Based upon the foregoing, the Receiver has determined that the continued existence of the receivership will serve no useful purpose. Consequently, notice is given that the receivership shall be terminated, to be effective no sooner than thirty days after the date of this Notice. If any person wishes to comment concerning the termination of the receivership, such comment must be made in writing and sent within thirty days of the date of this Notice to: Federal Deposit Insurance Corporation, Division of Resolutions and Receiverships, Attention: Receivership Oversight Department 32.1, 1601 Bryan Street, Dallas, TX 75201.

No comments concerning the termination of this receivership will be considered which are not sent within this time frame.

Dated: May 27, 2015.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 2015-13155 Filed 6-1-15; 8:45 am]

BILLING CODE 6714-01-P

## FEDERAL MARITIME COMMISSION

[Docket No. 15-03]

### John T. Barbour t/d/b/a Barbour Auto Group; Barbour Auto Sales; Barbour Shipping; and Barbour Shipping and Transportation Inc.—Possible Violations of the Shipping Act of 1984; Order of Investigation and Hearing

AGENCY: Federal Maritime Commission.

ACTION: Notice of Order of Investigation and Hearing.

DATES: The Order of Investigation and Hearing was served May 27, 2015.

SUPPLEMENTARY INFORMATION: On May 27, 2015, the Federal Maritime Commission instituted an Order of Investigation and Hearing entitled John T. Barbour t/d/b/a Barbour Auto Group; Barbour Auto Sales; Barbour Shipping; and Barbour Shipping and Transportation Inc.—Possible Violations of Sections 8 and 19 of the Shipping Act. Acting pursuant to Section 11 of the Shipping Act, 46 U.S.C. 41302, that investigation is instituted to determine:

(1) Whether John T. Barbour, t/d/b/a Barbour Auto Group, Barbour Auto Sales, Barbour Shipping, and Barbour Shipping and Transportation Inc. violated sections 8 and 19 of the Shipping Act, 46 U.S.C. 40501, 40901, and 40902, by acting as a NVOCC without a license, filing evidence of financial security, or keeping open for public inspection a tariff containing its rates, charges, rules and practices; (2) in the event violations of the Shipping Act are found, whether civil penalties should be assessed against Barbour, and in what amount; and (3) whether appropriate cease and desist orders should be entered.

The Order may be viewed in its entirety at <http://www.fmc.gov/15-03>.

Authority: 46 U.S.C. 41302.

Karen V. Gregory,

Secretary.

[FR Doc. 2015-13157 Filed 6-1-15; 8:45 am]

BILLING CODE 6731-AA-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-15-1500]

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request

to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

### Proposed Project

CDC Work@Health® Advance Program: Evaluation of Train-the-Trainer and Technical Assistance Programs—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is expanding and enhancing a comprehensive workplace health program called Work@Health. Through the Work@Health program, CDC developed a training curriculum for employers based on a problem-solving approach to improving employer knowledge and skills related to effective, science-based workplace health programs, and supporting the

adoption of these programs in the workplace. Topics covered in the Work@Health curriculum include principles, strategies, and tools for leadership engagement; how to make a business case for workplace health programs; how to assess the needs of organizations and individual employees; how to plan, implement, and evaluate sustainable workplace health programs; and how to partner with community organizations for additional support. The program also offers a Train-the-Trainer component to promote large-scale dissemination of the program.

CDC's Work@Health activities support and complement the efforts of numerous employers, public health agencies, non-profit organizations, and other professional organizations that share an interest in increasing the number of effective, science-based workplace health programs across the United States. Some of these entities have participated directly in Work@Health to take their training and apply it more broadly in their communities. Other entities offer employers opportunities for recognition or accreditation of their workplace health programs based on many of the core concepts and principles addressed in the Work@Health training. Recognition or accreditation programs enhance standards of practice and are appealing to employers to improve their visibility and status, but typically take several years of program growth and development for employers to be in position to successfully obtain them.

The planned Advance Program will offer advanced Work@Health Accreditation Preparation Technical Assistance to those employers who have previously received a Certificate of

Completion for participating in the basic Work@Health training and technical assistance program. In addition to emphasizing the mastery of core workplace health principles and concepts introduced in the basic course, the expanded Work@Health program will offer targeted technical assistance to help employers prepare for the process of getting their worksite accredited by an external organization. The advanced technical assistance will include an organizational accreditation readiness assessment as well as assessment-driven technical assistance focused on organizational alignment, population health management, and data, outcomes, and reporting. Employers will be responsible for selecting the external recognition or accreditation program that best fits with their vision and goals.

The Advance Program also includes an updated Train-the-Trainer option so that trainers are prepared to deliver the Work@Health curriculum to employers across the country. Participants will receive technical assistance and access to an online peer learning platform.

CDC is requesting OMB approval to collect the information needed to implement and evaluate the Work@Health Advance Program. CDC plans to collect information from employers who have previously completed the Work@Health training and technical assistance to assess readiness for accreditation of their workplace health program and their need for additional technical assistance; to obtain trainees' reactions to the advanced technical assistance; and to document their experience applying for and receiving accreditation of their workplace health program. CDC also plans to collect information needed to select the individuals who will

participate in the enhanced Train-the-Trainer model; and to assess changes in trainees' knowledge and skills before and after participation in Work@Health Train-the-Trainer model. Graduates of the Work@Health program will be given the opportunity to complete an annual survey to assess their capacity to sustain their workplace health program after formal training participation has ended. All information will be collected online, with the exception of the annual employer survey which will be conducted by telephone.

CDC will use the information collected to evaluate the effectiveness of the Work@Health Program in terms of (1) increasing employer's knowledge and capacity to implement workplace health programs and to facilitate applying for accreditation for their programs, and (2) increasing the number of trainers who can provide employers with knowledge and skills in science-based workplace health programs, policies, and practices. The information will also be used to identify the best way(s) to deliver skill-based training and technical support to employers in the area of workplace health and to cultivate peer-to-peer cooperation and mentoring.

OMB approval is requested for three years. The target number of employers participating in the enhanced technical assistance program component is 360. The target number of participants for the train-the-trainer program component is 300.

Participation in Work@Health is voluntary and there are no costs to participants other than their time. The total estimated annualized burden hours are 450.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Employers .....	CDC Work@Health Accreditation Readiness Assessment Tool.	120	2	30/60
	CDC Work@Health Advanced TA Survey .....	120	2	20/60
	CDC Work@Health Follow-up Accreditation Survey.	120	1	10/60
	CDC Work@Health Advance Employer Follow-Up Survey.	120	1	15/60
Interested New Train-the-Trainer Participants	Train-the-Trainer Application Form .....	200	1	30/60
	New Train-the-Trainer Participants in the Work@Health® Program.	CDC Work@Health Train-the-Trainer Knowledge and Skills Survey.	100	2

**Leroy A. Richardson,**

*Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2015-13384 Filed 6-1-15; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Request for Nominations of Candidates To Serve on the Clinical Laboratory Improvement Advisory Committee (CLIAC) and Request for Suggested Meeting Topics for CLIAC

The Centers for Disease Control and Prevention (CDC) is soliciting nominations for membership on CLIAC and soliciting suggestions for topics to be considered for future Committee deliberation. CLIAC provides scientific and technical advice and guidance to the Secretary, Department of Health and Human Services (HHS); the Assistant Secretary for Health, HHS; the Director, Centers for Disease Control and Prevention (CDC); the Commissioner, Food and Drug Administration (FDA); and the Administrator, Centers for Medicare & Medicaid Services (CMS). The advice and guidance pertain to general issues related to improvement in clinical laboratory quality and laboratory medicine. In addition, the Committee provides advice and guidance on specific questions related to possible revision of the CLIA standards. Examples include providing guidance on studies designed to improve safety, effectiveness, efficiency, timeliness, equity, and patient-centeredness of laboratory services; revisions to the standards under which clinical laboratories are regulated; the impact of proposed revisions to the standards on medical and laboratory practice; and the modification of the standards and provision of non-regulatory guidelines to accommodate technological advances, such as new test methods and the electronic transmission of laboratory information.

CLIAC consists of 20 members and represents a diverse membership across laboratory specialties, professional roles (laboratory management, technical specialists, physicians, nurses) and practice settings (academic, clinical, public health), and includes a consumer representative. In addition, the Committee includes three ex officio members (or designees), including the Director, CDC; the Administrator, CMS;

and the Commissioner, FDA. A nonvoting representative from the Advanced Medical Technology Association (AdvaMed) serves as the industry liaison. The Designated Federal Official (DFO) or their designee and the Executive Secretary are present at all meetings to ensure meetings are within applicable statutory, regulatory and HHS General Administration manual directives.

*Request for Candidates:* Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to accomplishing CLIAC's objectives. Nominees will be selected by the HHS Secretary or designee from authorities knowledgeable across the fields of microbiology (including bacteriology, mycobacteriology, mycology, parasitology, and virology), immunology (including histocompatibility), chemistry, hematology, pathology (including histopathology and cytology), or genetic testing (including cytogenetics); representatives from the fields of medical technology, public health, and clinical practice; and consumer representatives. Members may be invited to serve for terms of up to four years.

The U.S. Department of Health and Human Services policy stipulates that Committee membership be balanced in terms of professional training and background, points of view represented, and the committee's function. Consideration is given on the basis of geographic, ethnic and gender representation. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for CLIAC membership each fall, and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in July, or as soon as the HHS selection process is completed. Note that the need for different expertise and individuals to maintain the appropriate demographic balance varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year.

Candidates should submit the following items for nomination consideration. The deadline for receipt of materials is September 15, 2015:

- Current *curriculum vitae*, including complete contact information (name, affiliation, mailing address, telephone number, email address).
- Letter(s) of recommendation from person(s) not employed by the U.S. Department of Health and Human Services.

*Request for Suggested Meeting Topics:* Consideration of topics for meeting agendas begins approximately four months prior to each meeting. The agendas are developed by CDC in collaboration with CMS, FDA, and the CLIAC Chair. Topics within the scope of the Committee's charge are selected and questions for CLIAC deliberation are developed to align with the agenda. The agenda is published in the **Federal Register** not less than 15 days before the meeting date and is posted on the CLIAC Web site (<http://wwwn.cdc.gov/cliac/default.aspx>). Suggested meeting topics are invited at any time for consideration at future meetings.

Candidate suggestions and potential meeting topics may be submitted by:

- Email in care of the CLIAC Secretariat at [CLIAC@cdc.gov](mailto:CLIAC@cdc.gov).
- U.S. Postal Service: Attention: CLIAC Secretariat, 1600 Clifton Road, NE., Mailstop F-11, Atlanta, GA 30329.

*Contact Person for Additional Information:* Nancy Anderson, Chief, Laboratory Practice Standards Branch, Division of Laboratory Systems, Center for Surveillance, Epidemiology and Laboratory Services, Office of Public Health Scientific Services, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop F-11, Atlanta, Georgia 30329-4018; telephone (404) 498-2741; or via email at [NAnderson@cdc.gov](mailto:NAnderson@cdc.gov).

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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