

Drugs@FDA Web site at <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>.

Dated: November 9, 2015.

Leslie Kux,

Associate Commissioner for Policy.

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BILLING CODE 4164-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Nurse Education and Practice; Notice for Request for Nominations

SUMMARY: The Health Resources and Services Administration (HRSA) is requesting nominations to fill vacancies on the National Advisory Council on Nurse Education and Practice (NACNEP). The NACNEP is in accordance with the provisions of 42 United States Code (U.S.C.) 297t; Section 851 of the Public Health Service Act, as amended. The Council is governed by provisions of Public Law 92-463, which sets forth standards for the formation and use of advisory committees.

DATES: The agency will receive nominations on a continuous basis.

ADDRESSES: All nominations should be submitted to Regina Wilson, Advisory Council Operations, Bureau of Health Workforce, HRSA, 11w45c, 5600 Fishers Lane, Rockville, Maryland 20857. Mail delivery should be addressed to Regina Wilson, Advisory Council Operations, Bureau of Health Workforce, HRSA, at the above address, or via email to: RWilson@hrsa.gov.

FOR FURTHER INFORMATION CONTACT: Erin Fowler, Designated Federal Official, NACNEP, by phone at 301-443-7308 or by email at efowler@hrsa.gov. A copy of the current committee membership, charter and reports can be obtained by accessing the NACNEP Web site.

SUPPLEMENTARY INFORMATION: Under the authorities that established the NACNEP and the Federal Advisory Committee Act, HRSA is requesting nominations for new committee members. The NACNEP provides advice and recommendations to the Secretary and Congress in preparation of general regulations and concerning policy matters arising in the administration of Title VIII, including the range of issues relating to the nurse workforce, education, and practice improvement. Annually, the NACNEP prepares and submits to the Secretary, the Committee

on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the council, including findings and recommendations made by the NACNEP concerning the activities under Title VIII.

Specifically, HRSA is requesting nominations for voting members of the NACNEP representing leading authorities in the various fields of nursing, higher and secondary education, and associate degree schools of nursing; and from representatives of advanced education nursing groups (such as nurse practitioners, nurse midwives, and nurse anesthetists); from hospitals and other institutions and organizations which provide nursing services; from practicing professional nurses; from the general public; and full-time students enrolled in schools of nursing. The majority of NACNEP members shall be nurses.

The Department of Health and Human Services (HHS) will consider nominations of all qualified individuals with the areas of subject matter expertise noted above. Individuals may nominate themselves or other individuals, and professional associations and organizations may nominate one or more qualified persons for membership. Nominations shall state that the nominee is willing to serve as a member of the NACNEP and appears to have no conflict of interest that would preclude the NACNEP membership. Potential candidates will be asked to provide detailed information concerning financial interests, consultancies, research grants, and/or contracts that might be affected by recommendations of the NACNEP to permit evaluation of possible sources of conflicts of interest.

A nomination package should include the following information for each nominee: (1) A letter of nomination stating the name, affiliation, and contact information for the nominee, the basis for the nomination (*i.e.*, what specific attributes, perspectives, and/or skills does the individual possess that would benefit the workings of NACNEP), and the nominee's field(s) of expertise; (2) a biographical sketch of the nominee and a copy of his/her curriculum vitae; and (3) the name, address, daytime telephone number, and email address at which the nominator can be contacted. Nominations will be considered as vacancies occur on the NACNEP. Nominations should be updated and resubmitted every 3 years to continue to be considered for committee vacancies.

HHS strives to ensure that the membership of HHS Federal advisory

committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that the views of women, all ethnic and racial groups, and people with disabilities are represented on HHS Federal advisory committees. The Department also encourages geographic diversity in the composition of the committee. The Department encourages nominations of qualified candidates from all groups and locations. Appointment to the NACNEP shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015-29195 Filed 11-16-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Migrant Health Request for Nominations for Voting Members

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is requesting nominations to fill vacancies on the National Advisory Council on Migrant (NACMH). The NACMH is authorized under 42 U.S.C. 218, section 217 of the Public Health Service (PHS) Act, as amended and governed by provisions of Public Law 92-463, as amended, (5 U.S.C. Appendix 2).

DATES: The agency will receive nominations on a continuous basis.

ADDRESSES: All nominations should be addressed to the Designated Federal Official, NACMH, Strategic Initiatives and Planning Division, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, Suite 17C-05, 5600 Fishers Lane, Rockville, Maryland 20857 or via email to: JRodrigue@hrsa.gov and GCate@hrsa.gov.

FOR FURTHER INFORMATION CONTACT: CDR Jacqueline Rodrigue, MSW, Designated Federal Official, NACMH, at (301) 443-1127 or email JRodrigue@hrsa.gov.

SUPPLEMENTARY INFORMATION: As authorized under section 330(g) of the Public Health Service Act, as amended, 42 U.S.C. 254b, the Secretary

established the NACMH. The NACMH is governed by the Federal Advisory Committee Act (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

The NACMH consults with and makes recommendations to the Secretary and the HRSA Administrator, concerning the organization, operation, selection, and funding of migrant health centers and other entities under grants and contracts under section 330 of the PHS Act.

The NACMH shall consist of fifteen members, including the Chair and Vice Chair. The Secretary selects all members of the NACMH. Twelve members are from governing boards of migrant health centers and other entities assisted under section 330 of the PHS Act. Of these twelve members, at least nine shall be chosen from among those members of such centers or grantees and who are familiar with the delivery of health care to migratory and seasonal agricultural workers. The remaining three members are individuals who are qualified by training and experience in the medical sciences or in the administration of health programs. Members shall be appointed for terms of 4 years. New members filling a vacancy that occurred prior to expiration of a term may serve only for the remainder of such term. Members may serve after the expiration of their terms until their successors have taken office, but no longer than 120 days.

Compensation: Members who are not full-time federal employees shall be paid at the rate of \$200 per day including travel time, plus per diem and travel expenses in accordance with Standard Government Travel Regulations.

Specifically, HRSA is requesting nominations for:

- **Board Member/Patient:** A nominee must be a member or member-elect of a governing board of an organization receiving funding under section 330(g) of the PHS Act or of other entity assisted under section 330 of the PHS Act. A board member nominee must also be a patient of the entity that he/she represents. Additionally, a board member nominee must be familiar with the delivery of primary health care to migratory agricultural workers and seasonal agricultural workers and their families.

- **Administrator/Provider Representative:** A nominee must be qualified by training and experience in the medical sciences or in the administration of health programs.

The Department of Health and Human Services (HHS) will consider nominations of all qualified individuals.

A complete nomination package should include the following information for each nominee:

(1) A NACMH Nomination form; (2) three reference letters; and (3) a biographical sketch of the nominee and a copy of his/her curriculum vitae. The nomination package must also state that the nominee is willing to serve as a member of the NACMH and appears to have no conflict of interest that would preclude membership. An ethics review is conducted for each selected nominee.

HHS strives to ensure that the membership of HHS federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that the views of women, all ethnic and racial groups, and people with disabilities are represented on HHS federal advisory committees. The Department also encourages geographic diversity in the composition of the committee. The Department encourages nominations of qualified candidates from all groups and locations. Appointment to the NACMH shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015-29196 Filed 11-16-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[OMB Control Number 0917-0034]

Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service (IHS) Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments. Request for extension of approval.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, Public Law (Pub. L.) 104-13 [44 United States Code (U.S.C.) § 3507(a)(1)(D)], the Indian Health Service (IHS) invites the general public to take this opportunity to comment on the information collection titled, "Indian Health Service

(IHS) Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form," Office of Management and Budget (OMB) Control Number 0917-0034.

This previously approved information collection project was last published in the **Federal Register** (80 FR 61215) on October 9, 2015, and allowed 60 days for public comment. No public comment was received in response to the notice. This notice announces our intent to submit this collection, which expires January 31, 2016, to OMB for approval of an extension, and to solicit comments on specific aspects for the proposed information collection. A copy of the supporting statement is available at www.regulations.gov (see Docket ID IHS-2015-0008).

Proposed Collection: Title: 0917-0034, Indian Health Service (IHS) Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. **Type of Information Collection Request:** Extension, without revision, of the currently approved information collection, 0917-0034, IHS Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. There are no program changes or adjustments in burden hours. **Form(s):** 0917-0034, IHS Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. **Need and Use of Information Collection:** The IHS goal is to raise the health status of the American Indian and Alaska Native (AI/AN) people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission and encourage the creation and utilization of performance driven products/services by IHS, Tribal, and urban Indian health (I/T/U) programs, the Office of Preventive and Clinical Services' program divisions (*i.e.*, Behavioral Health, Health Promotion/Disease Prevention, Nursing, and Dental) have developed a centralized program database of best practices, promising practices and local efforts (BPPPLE) and resources. The purpose of this collection is to further the development of a database of BPPPLE, resources, and policies which are available to the public on the IHS.gov Web site. This database will be a resource for program evaluation and for modeling examples of various health care projects occurring in AI/AN communities.

All information submitted is on a voluntary basis; no legal requirement exists for collection of this information. The information collected will enable the Indian health systems to: (a) Identify evidence based approaches to