

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN <sup>1</sup>

Form FDA No.	Number of respondents	Number of responses per respondent	Total annual responses	Average burden per response	Total hours
3728 .....	20	2	40	.08 (5 minutes) .....	3.2

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

Respondents to this collection of information are new generic animal drug applicants. Based on Agency data for the past 3 years, FDA estimates there are approximately 40 submissions annually and a total of 3.2 burden hours. The burden for this information collection has not changed since the last OMB approval.

Dated: June 12, 2017.

**Anna K. Abram,**

*Deputy Commissioner for Policy, Planning, Legislation, and Analysis.*

[FR Doc. 2017-12432 Filed 6-14-17; 8:45 am]

**BILLING CODE 4164-01-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; Information Collection Request Title: Application and Other Forms Utilized by the National Health Service Corps (NHSC) Scholarship Program (SP), the NHSC Students To Service Loan Repayment Program (S2S LRP), and the Native Hawaiian Health Scholarship Program (NHHSP), OMB No. 0915-0146—Revision**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, 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 no later than July 17, 2017.

**ADDRESSES:** Submit your comments, including the ICR Title, to the desk officer for HRSA, either by email to

*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* or call (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information request collection title for reference, in compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

*Information Collection Request Title:* Application and Other Forms Utilized by the National Health Service Corps (NHSC) Scholarship Program (SP), the NHSC Students to Service Loan Repayment Program (S2S LRP), and the Native Hawaiian Health Scholarship Program (NHHSP), OMB No. 0915-0146—Revision

*Abstract:* Administered by HRSA’s Bureau of Health Workforce (BHW), the NHSC SP, NHSC S2S LRP, and the 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 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 information from program applications, forms, and supporting documentation is used to select the best qualified candidates for these competitive awards, and to monitor program participants’ enrollment in school, postgraduate training, and compliance with program requirements. The revisions to this information collection request include the removal of two forms for the NHSC S2S LRP application section.

Although some program forms vary from program to program (see program-specific burden charts below), required

forms generally include: A 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 (also applicable for NHSC S2S LRP 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.

*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 BHW to make selection determinations for the competitive awards, and to monitor compliance with program requirements.

*Likely Respondents:* Qualified students who are pursuing education and training in primary care health professions education and training, and are interested in working in health professional shortage areas.

*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 revision contributes to a reduction of burden of approximately 100 hours. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden—Hours

NHSC SCHOLARSHIP PROGRAM APPLICATION

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 .....	1,800	1	1,800	2.0	3,600
Letters of Recommendation .....	1,800	2	3,600	.50	1,800
Authorization to Release Information .....	1,800	1	1,800	.10	180
Acceptance/Verification of Good Standing Report .....	1,800	1	1,800	.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>* 1,800</b>	<b>.....</b>	<b>9,500</b>	<b>.....</b>	<b>6,155</b>

\* Certain documents are submitted by a subset of respondents consistent with program requirements.

NHSC AWARDEES/SCHOOLS/POST GRADUATE TRAINING PROGRAMS/SITES

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	1.0	400
Post Graduate Training Verification Form .....	100	1	100	.50	50
Enrollment Verification Form .....	600	2	1,200	.50	600
<b>Total .....</b>	<b>* 600</b>	<b>.....</b>	<b>1,700</b>	<b>.....</b>	<b>1,050</b>

\* Please note that the same group of respondents may complete each form as necessary.

NHSC STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM APPLICATION

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 Loan Repayment Program Application .....	100	1	100	2.0	200
Letters of Recommendation .....	100	2	200	.50	100
Authorization to Release Information .....	100	1	100	.10	10
Acceptance/Verification of Good Standing Report .....	100	1	100	.25	25
Verification of Disadvantaged Background Status .....	25	1	25	.25	6.25
<b>Total .....</b>	<b>* 150</b>	<b>.....</b>	<b>525</b>	<b>.....</b>	<b>341.25</b>

\* Certain documents are submitted by a subset of respondents consistent with program requirements.

NATIVE HAWAIIAN HEALTH SCHOLARSHIP PROGRAM APPLICATION

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 ..	250	1	250	1.0	250
Letters of Recommendation .....	250	2	500	.25	125
Authorization to Release Information .....	250	1	250	.25	62.50
Acceptance/Verification of Good Standing Report .....	30	12	360	.25	90
<b>Total .....</b>	<b>* 250</b>	<b>.....</b>	<b>1,360</b>	<b>.....</b>	<b>527.50</b>

\* Certain documents are submitted by a subset of respondents consistent with program requirements.

**Jason E. Bennett,**

*Director, Division of the Executive Secretariat.*

[FR Doc. 2017-12382 Filed 6-14-17; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Cancer Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the joint meeting of the National Cancer Advisory Board and NCI Board of Scientific Advisors, June 19, 2017, 5:30 p.m. to June 21, 2017, 5:00 p.m., National Institutes of Health, Building 31, 31 Center Drive, C Wing, 6th Floor, Conference Room 10, Bethesda, MD, 20892 which was published in the **Federal Register** on May 24, 2017, 82 FR 23816.

The meeting notice is being amended to change the start time of the joint meeting of the National Cancer Advisory Board and NCI Board of Scientific Advisors meeting on June 21, 2017 to 9:00 a.m. Additionally, the BSA Ad Hoc Subcommittee on HIV and AIDS Malignancy meeting on June 21, 2017 will now be held in Conference Room 7 at National Institutes of Health, Building 31, 31 Center Drive, Bethesda, MD 20892 and will adjourn at 7:00 p.m.

Dated: June 12, 2017.

**Melanie J. Pantoja,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2017-12386 Filed 6-14-17; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

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

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), 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:* Center for Scientific Review Special Emphasis Panel; PAR Panel: Mammalian Models for Translational Research.

*Date:* June 27, 2017.

*Time:* 1:00 p.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Sharon K. Gubanich, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6195D, MSC 7804, Bethesda, MD 20892, (301) 408-9512, [gubanics@csr.nih.gov](mailto:gubanics@csr.nih.gov).

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

*Name of Committee:* AIDS and Related Research Integrated Review Group; Behavioral and Social Science Approaches to Preventing HIV/AIDS Study Section.

*Date:* July 6-7, 2017.

*Time:* 8:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Ritz Carlton Hotel, 1150 22nd Street NW., Washington, DC 20037.

*Contact Person:* Jose H. Guerrier, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5222, MSC 7852, Bethesda, MD 20892, 301-435-1137, [guerriej@csr.nih.gov](mailto:guerriej@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; PAR Panel: Physical Activity and Weight Control Interventions Among Cancer Survivors: Effects on Biomarkers of Prognosis and Survival.

*Date:* July 7, 2017.

*Time:* 12:00 p.m. to 2:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).

*Contact Person:* Denise Wiesch, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3138, MSC 7770, Bethesda, MD 20892, (301) 437-3478, [wieschd@csr.nih.gov](mailto:wieschd@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; Member Conflict: Addictions, Depression, Bipolar Disorder, and Schizophrenia.

*Date:* July 10, 2017.

*Time:* 8:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Kristin Kramer, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5205, MSC 7846, Bethesda, MD 20892, (301) 437-0911, [kramerkm@csr.nih.gov](mailto:kramerkm@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel;

Fellowships: Risk, Prevention, and Health Behavior.

*Date:* July 10-11, 2017.

*Time:* 8:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Embassy Suites at the Chevy Chase Pavilion, 4300 Military Road NW., Washington, DC 20015.

*Contact Person:* Martha M. Faraday, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3110, MSC 7808, Bethesda, MD 20892, (301) 435-3575, [faradaym@csr.nih.gov](mailto:faradaym@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; Member Conflict: Neurocognition, Attention, and Motor Function in Aging.

*Date:* July 10, 2017.

*Time:* 3:00 p.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Telephone Conference Call).

*Contact Person:* Samantha Smith, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3170, Bethesda, MD 20892, 301-827-5491, [samanthasmith@csr.nih.gov](mailto:samanthasmith@csr.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: June 9, 2017.

**Anna Snouffer,**

*Deputy Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 2017-12364 Filed 6-14-17; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute on Aging; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following 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.