

## 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 |
|----------------------------------------------|-----------------------|------------------------------------|-----------------|----------------------------------------|--------------------|
| OPTN BOD Application * .....                 | 304                   | 1                                  | 304             | 1.50                                   | 456.00             |
| OPTN Committee Application * .....           | 838                   | 1                                  | 838             | 1.25                                   | 1,047.50           |
| OPTN BOD and Committee Annual COI Form ..... | 505                   | 1                                  | 505             | 0.17                                   | 85.85              |
| OPTN BOD Tri-Annual COI Form .....           | 74                    | 3                                  | 222             | 0.08                                   | 17.76              |
| OPTN BOD Ad hoc COI Form ** .....            | 74                    | 24                                 | 1,776           | 0.08                                   | 142.08             |
| OPTN Attestation Form .....                  | 505                   | 1                                  | 505             | 0.08                                   | 40.40              |
| OPTN Code of Conduct Form .....              | 505                   | 1                                  | 505             | 0.08                                   | 40.40              |
| OPTN Confidentiality Agreement .....         | 505                   | 1                                  | 505             | 0.08                                   | 40.40              |
| <b>Total</b> .....                           |                       |                                    | <b>5,160</b>    |                                        | <b>1,870.39</b>    |

\* Estimated responses per year, every 2 to 3 years.

\*\* Board members submit ad hoc conflict-of-interest forms prior to each monthly meeting, and before any ad hoc Board Meeting or Executive Board meeting with specific institution-based discussion.

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.

Amy P. McNulty,

Deputy Director, Executive Secretariat.

[FR Doc. 2026-16054 Filed 8-5-26; 8:45 am]

BILLING CODE 4165-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Dental & Craniofacial Research; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Dental and Craniofacial Research Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and 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 open session will be videocast and can be accessed from the NIH Videocasting website (<https://videocast.nih.gov/watch/c3123b11-02ce-11f1-9f14-124f0a52e769>). Registration is not required to access the videocast.

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 Advisory Dental and Craniofacial Research Council.

*Date:* September 9, 2026.

*Open:* 9:30 a.m. to 12:30 p.m.

*Agenda:* For the discussion of programs; opening remarks; report of the Director, NIDCR; and other business of the Council.

*Address:* National Institute of Dental Craniofacial Research, 31 Center Drive, Bethesda, MD 20892. Virtual Meeting.

*Closed:* 12:30 p.m. to 4:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Address:* National Institute of Dental Craniofacial Research, 31 Center Drive, Bethesda, MD 20892. Virtual Meeting

*Contact Person:* Latarsha J. Carithers, Ph.D., Acting Director, Division of Extramural Activities, National Institutes of Dental and Craniofacial Research, National Institutes of Health, 31 Center Drive, Room 2C39L, Bethesda, MD 20892, (301) 480-4151, [latarsha.carithers@nih.gov](mailto:latarsha.carithers@nih.gov).

Information is also available on the Institute's/Center's home page: <http://www.nidcr.nih.gov/about>, where an agenda and any additional information for the meeting will be posted when available.

Dated: August 4, 2026.

Rosalind M. Niamke,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026-16059 Filed 8-5-26; 8:45 am]

BILLING CODE 4167-05-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

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

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, 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.

*Name of Committee:* Center for Scientific Review, Special Emphasis Panel; Career Development Grants.

*Date:* August 21, 2026.

*Time:* 1:00 p.m. to 3:00 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:* Kristin Goltry, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 7198, Bethesda, MD 20892, (301) 435-0297, [goltrykl@mail.nih.gov](mailto:goltrykl@mail.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: August 3, 2026.

**Sterlyn H. Gibson,**

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

[FR Doc. 2026–15945 Filed 8–5–26; 8:45 am]

**BILLING CODE 4167–05–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### **Proposed Collection; 60-Day Comment Request: The Impact of Clinical Research Training and Medical Education at the Clinical Center on Physician Careers in Academia and Clinical Research (Clinical Center)**

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Clinical Center, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received by October 5, 2026.

**FOR FURTHER INFORMATION CONTACT:** To obtain a copy of the data collection plans and instruments, contact: Tom Burklow, MD, Office of Clinical Research Training and Medical Education, NIH Clinical Center, National Institutes of Health, 10 Center Drive, Room 1N262, Bethesda, MD 20892–1158, or call non-toll-free number 301–435–8015, or Email your request, including your address to: [tom.burklow@nih.gov](mailto:tom.burklow@nih.gov). *Formal requests for additional plans and instruments must be requested in writing.*

**SUPPLEMENTARY INFORMATION:** Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires: written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Proposed Collection Title:*  
Application Process for Clinical

Research Training and Medical Education at the NIH Clinical Center and Its Impact on Course and Training Program Enrollment and Effectiveness, 0925–0698, REVISION, Exp., date October 31, 2026, National Institutes of Health Clinical Center (CC), National Institutes of Health (NIH).

#### *Need and Use of Information*

**Collection:** The primary objective of the application process is to allow the Office of Clinical Research Training and Medical Education (OCRTME) at the NIH Clinical Center to evaluate applicants' qualifications to determine applicants' eligibility for training programs managed by the Office. Applicants must provide the required information requested in the respective applications to be considered a candidate for participation. Information submitted by candidates for training programs is reviewed initially by OCRTME administrative staff to establish eligibility for participation. Eligible candidates are then referred to the designated training program director/administrator or training program selection committee for review and decisions regarding acceptance for participation. Upon acceptance, OCRTME will collect required eligibility documents for respective training programs. A secondary objective of the application process is to track enrollment in training programs over time.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours 400.

### ESTIMATED ANNUALIZED BURDEN HOURS

| Form name                              | Type of respondents               | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total annual burden hours |
|----------------------------------------|-----------------------------------|-----------------------|------------------------------------|----------------------------------------|---------------------------|
| Clinical Electives Program .....       | Pre Doctoral Students .....       | 300                   | 1                                  | 20/60                                  | 100                       |
| Graduate Medical Education .....       | Physicians .....                  | 100                   | 1                                  | 20/60                                  | 33                        |
| Medical Research Scholars Program .... | Pre Doctoral Students .....       | 200                   | 1                                  | 20/60                                  | 67                        |
| Resident Electives Program .....       | Physicians .....                  | 100                   | 1                                  | 20/60                                  | 33                        |
| Bioethics Fellowship Program .....     | Pre Doctoral, Post-Doctoral ..... | 200                   | 1                                  | 20/60                                  | 67                        |
| OCRTME Onboarding Application .....    | Pre Doctoral Students .....       | 300                   | 1                                  | 20/60                                  | 100                       |
| Total .....                            | .....                             | 1,200                 | .....                              | .....                                  | 400                       |

Dated: July 31, 2026.

**Frederick D. Vorck Jr.,**

*Project Clearance Liaison, NIH Clinical Center, National Institutes of Health.*

[FR Doc. 2026–16071 Filed 8–5–26; 8:45 am]

**BILLING CODE 4167–05–P**