

a HPSA with the greatest shortage. For determination of priority assignments for NHSC LRP awards made using FY 2012 funding from November 1, 2011, to September 30, 2012, HPSAs of greatest shortage will be defined as follows: HPSAs (appropriate to each discipline) with scores of 14 and above are authorized for priority assignment of Corps members who are participating in the LRP. HPSAs with scores between 13 and 10 will be given second priority for the assignment of Corps personnel participating in the LRP. HPSAs with scores of 9 and below will be eligible to receive assignment of Corps personnel participating in the LRP only after assignments are made of Corps members matching to HPSAs scoring 10 or above. Placement made through the NHSC LRP in HPSAs with scores of 9 or below will be made by decreasing HPSA score, and only to the extent that funding remains available. All sites on the list are eligible sites for individuals wishing to serve in an underserved area but who are not contractually obligated under the NHSC Scholarship or Loan Repayment Programs. A listing of HPSAs and their scores is posted at <http://hpsafind.hrsa.gov/>.

In order to implement the statutory directive to place NHSC clinicians in the highest need areas and to assure appropriate distribution of NHSC resources, the number of new NHSC LRP placements (full-time or half-time) allowed at any one site during FY 2012 is limited to the following:

HPSA Score: 0–9.

Primary Medical Care

No more than 9 allopathic (MD) or osteopathic (DO) physicians; and no more than a combined total of 9 nurse practitioners (NPs), physician assistants (PAs), or certified nurse-midwives (CNMs).

Dental

No more than 9 dentists and 9 dental hygienists.

Mental Health

No more than 9 psychiatrists (MD or DO); and no more than a combined total of 9 health service psychologists (clinical or counseling psychologists), licensed clinical social workers, licensed professional counselors, marriage and family therapists, or psychiatric nurse specialists.

HPSA Score: 10–13.

Primary Medical Care

No more than 12 allopathic (MD) or osteopathic (DO) physicians; and no more than a combined total of 12 NPs, PAs, or CNMs.

Dental

No more than 12 dentists and 12 dental hygienists.

Mental Health

No more than 12 psychiatrists (MD or DO); and no more than a combined total of 12 health service psychologists (clinical or counseling psychologists), licensed clinical social workers, licensed professional counselors, marriage and family therapists, or psychiatric nurse specialists.

HPSA Score: 14–26.

Primary Medical Care

No more than 15 allopathic (MD) or osteopathic (DO) physicians; and no more than a combined total of 15 NPs, PAs, or CNMs.

Dental

No more than 15 dentists and 15 dental hygienists.

Mental Health

No more than 15 psychiatrists (MD or DO); and no more than a combined total of 15 health service psychologists (clinical or counseling psychologists), licensed clinical social workers, licensed professional counselors, marriage and family therapists, or psychiatric nurse specialists.

Application Requests, Dates, and Address

The list of HPSAs and entities that are eligible to receive priority for the placement of Corps personnel may be updated periodically. Entities that no longer meet eligibility criteria, including those sites whose NHSC 3-year approval has lapsed or whose HPSA designation is proposed for withdrawal or withdrawn, will be removed from the priority listing. New entities interested in being added to the high priority list must submit an online Site Application. The online application can be accessed at <http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/index.html>. In order to qualify for placement of an NHSC loan repayer in the FY 2012 application cycle, Site Applications must be submitted and approved on or before March 30, 2012. Clinicians applying for LRP funding must be employed, or be starting employment within 60 days of the submission of their NHSC LRP application, at an entity with a currently approved Site Application. Therefore, we strongly encourage all sites to have current NHSC-approved Site Applications and vacancies on file. Site applications submitted after March 30, 2012, or under review as of March 30, 2012 will be considered for placement on the

priority list in the following application cycle.

Entities interested in receiving application materials may do so by calling the HRSA call center at 1 (800) 221-9393. They may also get information and download application materials from: <http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/index.html>.

Additional Information

Entities wishing to provide additional data and information in support of their inclusion on the proposed list of HPSAs and entities that would receive priority in assignment of Corps members, must do so in writing no later than [30 days after FRN publish date]. This information should be submitted to: Sonya Bayone, Chief, Site Branch, Division of National Health Service Corps, Bureau of Clinician Recruitment and Service, 5600 Fishers Lane, Room 8-37, Rockville, MD 20857. This information will be considered in preparing the final list of HPSAs and entities that are receiving priority for the assignment of Corps personnel.

Paperwork Reduction Act: The Site Application has been approved by the Office of Management and Budget under the Paperwork Reduction Act. The OMB clearance number is 0915-0230 and expires January 31, 2014.

The program is not subject to the provisions of Executive order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100).

Dated: January 20, 2012.

Mary K. Wakefield,
Administrator.

[FR Doc. 2012-1844 Filed 1-26-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Solar Cell: A Mobile UV Manager for Smart Phones (NCI)

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), 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.

Proposed Collection: Title: Solar Cell: A Mobile UV Manager for Smart Phones

(NCI). *Type of Information Collection Request: New. Need and Use of Information Collection:* The overall goal of the study is to design a smart phone application, *Solar Cell*, which uses smart phone technology to aid users in protecting their skin from damaging ultraviolet radiation (UV) in sunlight, a primary cause of skin cancer. The purpose of this part of the study is to produce, deploy, and evaluate the effectiveness of a state-of-the-art

software application for smart phones (*i.e.*, mobile application), “*Solar Cell*.” This software application supports decision-making related to sun protection and exposure by Americans to reduce the risk of developing skin cancer attributable to chronic and severe UV exposure and developing other cancers attributable to vitamin D deficiency. The *Solar Cell* mobile smart phone application combines personal and behavior data with geo-spatial data

(*i.e.*, UV Index forecast, time, and location) and delivers actionable sun protection advice to reduce risk of skin cancer. *Frequency of Response:* Once. *Affected Public:* Individuals. *Type of Respondents:* Adults (18 and over) from the U.S. population who own Android smart phones. The annual reporting burden is estimated at 308 hours (see Table below). There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

A.12-1—ESTIMATES OF ANNUAL BURDEN HOURS

Type of respondents	Instrument	Number of respondents	Frequency of response	Average time per response (Minutes/Hour)	Annual burden hours
Adults	Screener (Appendix G)	1,875	1	2/60 (0.03)	63
	Pre-test (Appendix A)	245	1	20/60 (0.33)	82
	Post-test (Appendix B)	245	1	40/60 (0.66)	163
Totals	2,365	308

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate 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) Evaluate 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) Enhance the quality, utility, and clarity of the information to be collected; and (4) 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.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Patricia Weber, DrPH, Program Director, NCI/NIH, SBIR Development Center, 6116 Executive Blvd. Suite 402, Rockville, MD 20852 or call non-toll-free number (301) 594-8106 or email your request, including your address to: weberpa@mail.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: January 23, 2012.
Vivian Horovitch-Kelley,
NCI Project Clearance Liaison, National Institutes of Health.
 [FR Doc. 2012-1838 Filed 1-26-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of 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 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 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: National Institute of Diabetes and Digestive and Kidney Diseases Initial Review Group; Kidney, Urologic and Hematologic Diseases D Subcommittee.

Date: March 6-8, 2012.
Open: March 6, 2012, 4 p.m. to 4:30 p.m.
Agenda: To review procedures and discuss policy.

Place: The Fairmont San Francisco, 950 Mason St., San Francisco, CA 94108.

Closed: March 6, 2012, 4:30 p.m. to 8 p.m.
Agenda: To review and evaluate grant applications.

Place: The Fairmont San Francisco, 950 Mason St., San Francisco, CA 94108.

Closed: March 7, 2012, 8:30 a.m. to 5 p.m.
Agenda: To review and evaluate grant applications.

Place: The Fairmont San Francisco, 950 Mason St., San Francisco, CA 94108.

Closed: March 8, 2012, 8:30 a.m. to 12 p.m.
Agenda: To review and evaluate grant applications.

Place: The Fairmont San Francisco, 950 Mason St., San Francisco, CA 94108.

Contact Person: Barbara A. Woynarowska, Ph.D., Scientific Review Administrator, Review Branch, DEA, NIDDK, National Institutes of Health, Room 754, 6707 Democracy Boulevard, Bethesda, MD 20892-5452, (301) 402-7172, woynarowskab@nidddk.nih.gov.

Name of Committee: National Institute of Diabetes and Digestive and Kidney Diseases Initial Review Group; Digestive Diseases and Nutrition C Subcommittee.

Date: March 14-16, 2012.
Open: March 14, 2012, 6 p.m. to 6:30 p.m.
Agenda: To review procedures and discuss policy.

Place: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.