heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday, and will be posted to the docket at *http://www.regulations.gov.*

Dated: December 1, 2014.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2014–28634 Filed 12–5–14; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2014–N–2031]

Request for Nominations on the Food Advisory Committee

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is requesting that any industry organizations interested in participating in the selection of a nonvoting industry representative to serve on the Food Advisory Committee for the Center for Food Safety and Applied Nutrition (CFSAN) notify FDA in writing. FDA is also requesting nominations for a nonvoting industry representative(s) to serve on the Food Advisory Committee. A nominee may either be self-nominated or nominated by an organization to serve as a nonvoting industry representative. Nominations will be accepted for current vacancies effective with this notice.

DATES: Any industry organization interested in participating in the selection of an appropriate nonvoting member to represent industry interests must send a letter stating that interest to the FDA by *January 7, 2015* (see sections I and II of this document for further details). Concurrently, nomination materials for prospective candidates should be sent to FDA by January 7, 2015.

ADDRESSES: All statements of interest from industry organizations interested in participating in the selection process of nonvoting industry representative nomination should be sent to Karen Strambler (see **FOR FURTHER INFORMATION CONTACT**). All nominations for nonvoting industry representatives may be submitted electronically by accessing the FDA Advisory Committee Membership Nomination Portal: *https://www.accessdata.fda.gov/scripts/FACTRSPortal/FACTRS/index.cfm* or by mail to Advisory Committee Oversight and Management Staff, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 32, Rm. 5103, Silver Spring, MD 20993–0002. Information about becoming a member of an FDA advisory committee can also be obtained by visiting FDA's Web site at *http://www.fda.gov/AdvisoryCommittees/default.htm.*

FOR FURTHER INFORMATION CONTACT: Karen Strambler, Office of Policy, Regulations, and Social Science, Center for Food Safety and Applied Nutrition, 5100 Paint Branch Pkwy., Rm. 1C–016, College Park, MD 20740, 2400–402–2589, *karen.strambler@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Agency intends to add a nonvoting industry representative(s) to the following advisory committee:

I. CFSAN Advisory Committee, Food Advisory Committee

The Committee reviews and evaluates emerging food safety, nutrition and other food- or cosmetic-related health issues that FDA considers of primary importance for its food and cosmetics programs. The Committee may be charged with reviewing and evaluating available data and making recommendations on matters such as those relating to: (1) Broad scientific and technical food- or cosmetic-related issues; (2) the safety of food ingredients and new foods; (3) labeling of foods and cosmetics; (4) nutrient needs and nutritional adequacy; and (5) safe exposure limits for food contaminants. The Committee may also be asked to provide advice and make recommendations on ways of communicating to the public the potential risks associated with these issues and on approaches that might be considered for addressing the issues.

II. Selection Procedure

Any industry organization interested in participating in the selection of an appropriate nonvoting member to represent industry interests should send a letter stating that interest to the FDA contact (see **FOR FURTHER INFORMATION CONTACT**) within 30 days of publication of this document (see **DATES**). Within the subsequent 30 days, FDA will send a letter to each organization that has expressed an interest, attaching a complete list of all such organizations; and a list of all nominees along with their current résumés. The letter will also state that it is the responsibility of the interested organizations to confer with one another and to select a candidate, within 60 days after the receipt of the FDA letter, to serve as the nonvoting member to represent industry interests for the committee. The interested organizations are not bound by the list of nominees in selecting a candidate. However, if no individual is selected within 60 days, the Commissioner will select the nonvoting member to represent industry interests.

III. Application Procedure

Individuals may self-nominate and/or an organization may nominate one or more individuals to serve as a nonvoting industry representative. Contact information, a current curriculum vitae, and the name of the committee of interest should be sent to the FDA Advisory Committee Membership Nomination Portal (see **ADDRESSES**) within 30 days of publication of this document (see **DATES**). FDA will forward all nominations to the organizations expressing interest in participating in the selection process for the committee. (Persons who nominate themselves as nonvoting industry representatives will not participate in the selection process).

FDA seeks to include the views of women, and men, members of all racial and ethnic groups and individuals with and without disabilities on its advisory committees and, therefore encourages nominations of appropriately qualified candidates from these groups.

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app. 2) and 21 CFR part 14, relating to advisory committees.

Dated: December 1, 2014.

Jill Hartzler Warner,

Associate Commissioner for Special Medical Programs.

[FR Doc. 2014–28652 Filed 12–5–14; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described

below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this Information Collection Request must be received no later than February 6, 2015.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 10C–03, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call the HRSA Information Collection Clearance Officer at (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners—45 CFR part 60 Regulations and Forms OMB No. 0915–0126—Revision

Abstract: This is a request for a revision of OMB approval of the information collection contained in regulations found at 45 CFR part 60 governing the National Practitioner Data Bank (NPDB) and the forms to be used in registering with, reporting information to, and requesting information from the NPDB. Administrative forms are also included to aid in monitoring compliance with federal reporting and querying requirements. Responsibility for NPDB implementation and operation resides in the Bureau of Health Workforce, Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

The intent of the NPDB is to improve the quality of health care by encouraging hospitals, state licensing boards, professional societies, and other entities providing health care services to identify and discipline those who engage in unprofessional behavior, and to restrict the ability of incompetent health care practitioners, providers, or suppliers to move from state to state without disclosure of previous damaging or incompetent performance. It also serves as a fraud and abuse clearinghouse for the reporting and disclosing of certain final adverse actions (excluding settlements in which no findings of liability have been made) taken against health care practitioners, providers, or suppliers by health plans, federal agencies, and state agencies.

The reporting forms, request for information forms (query forms), and administrative forms (used to monitor compliance) are accessed, completed, and submitted to the NPDB electronically through the NPDB Web site at *http://www.npdb.hrsa.gov/*. All reporting and querying is performed through this secure Web site.

Need and Proposed Use of the Information: The NPDB acts primarily as a flagging system; its principal purpose is to facilitate comprehensive review of practitioners' professional credentials and background. Information is collected from, and disseminated to, eligible entities (entities that are entitled to query and/or report to the NPDB as authorized in Title 45 part 60 of the Code of Federal Regulations) on the following: (1) Medical malpractice payments, (2) licensure actions taken by Boards of Medical Examiners, (3) state licensure and certification actions, (4) federal licensure and certification actions, (5) negative actions or findings taken by peer review organizations or private accreditation entities, (6) adverse actions taken against clinical privileges, (7) federal or state criminal convictions related to the delivery of a health care item or service, (8) civil judgments related to the delivery of a health care item or service, (9) exclusions from participation in federal or state health care programs, and (10) other adjudicated actions or decisions. It is intended that NPDB information should be considered with other relevant information in evaluating credentials of health care practitioners, providers, and suppliers.

Likely Respondents: Eligible entities that are entitled to query and/or report to the NPDB as authorized in regulations found at 45 CFR part 60.

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 total annual burden hours estimated for this Information Collection Request are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Regulation citation	Form name	Number of respondents	Responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
§ 60.6: Reporting errors, omissions, revisions or whether an action is on appeal.	Correction, Revision to Action, Correction of Revision to Action, Void, Notice of Appeal (manual).	20,482	1	20,482	.25	5,121
	Correction, Revision to Action, Correction of Revision to Action, Void, Notice of Appeal (automated).	17,185	1	17,185	.0003	5
§ 60.7: Reporting medical malpractice payments.	Medical Malpractice Payment (manual).	12,613	1	12,613	.75	9,460
	Medical Malpractice Payment (automated).	250	1	250	.0003	.1
§ 60.8: Reporting licensure actions taken by Boards of Medical Examiners & § 60.9: Reporting licensure and certification actions taken by States.	State Licensure (manual)	16,770	1	16,770	.75	12,578
	State Licensure (automated)	17,422	1	17,422	.0003	5
§ 60.10: Reporting Federal licensure and certification actions.	DEA/Federal Licensure	114	1	114	.75	86

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Regulation citation	Form name	Number of respondents	Responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
§ 60.11: Reporting negative actions or findings taken by peer review organizations or private accreditation entities.	Peer Review Organization	10	1	10	.75	8
	Accreditation	12	1	12	.75	9
§ 60.12: Reporting adverse actions taken against clinical privileges.	Title IV Clinical Privileges Actions	671	1	671	.75	503
	Professional Society	50	1	50	.75	38
§ 60.13: Reporting Federal or State criminal convictions related to the delivery of a health care item or service.	Criminal Conviction (Guilty Plea or Trial) (manual).	1,308	1	1,308	.75	981
	Criminal Conviction (Guilty Plea or Trial) (automated).	937	1	937	.0003	.3
	Deferred Conviction or Pre-Trial Diversion.	50	1	50	.75	38
	Nolo Contendere (No Contest) Plea	80	1	80	.75	60
	Injunction	10	1	10	.75	8
§ 60.14: Reporting civil judgments related to the delivery of a health care item or service.	Civil Judgment	14	1	14	.75	11
§ 60.15: Reporting exclusions from participation in Federal or State health care programs.	Exclusion/Debarment (manual)	1,185	1	1,185	.75	889
	Exclusion/Debarment (automated)	5,094	1	5,094	.0003	2
§ 60.16: Reporting other adjudicated actions or decisions.	Government Administrative	2,233	1	2,233	.75	1,675
	Health Plan Action	524	1	524	.75	393
§ 60.18 Requesting Information from the NPDB.	One Time Query for an Individual (manual).	1,980,825	1	1,980,825	.08	158,466
	One Time Query for an Individual (automated).	2,163,208	1	2,163,208	.0003	649
	One Time Query for an Organization (manual).	39,920	1	39,920	.08	3,194
	One Time Query for an Organization (automated).	2,266	1	2,266	.0003	1
	Self-Query on an Individual	77,318	1	77,318	.42	30,201
	Self-Query on an Organization	427	1	427	.42	167
	Continuous Query (manual)	508,203	1	508,203	.08	40,656
	Continuous Query (automated)	121,718	1	121,718	.0003	37
§ 60.21: How to dispute the accuracy of NPDB information.	Subject Statement and Dispute	3,501	1	3,501	.75	2,626
	Request for Dispute Resolution	94	1	94	8	752
Administrative	Non-Hospital Entity Registration (Initial).	524	1	524	1	524
	Non-Hospital Entity Registration (Renewal & Update).	6,383	1	6,383	.25	1,596
	Hospital Registration (Initial)	37	1	37	1	37
	Hospital Registration (Renewal & Update).	3,198	1	3,198	.25	800
	Licensing Board Data Request	140	1	140	10.5	1,470
	Reporting Entity Discrepancy Letter	389	1	389	4	1556
	Licensing Board Attestation	354	1	354	1	354
	Corrective Action Plan	10	1	10	.08	1
	Reconciling Missing Actions	2,176	1	2,176	.08	174
	Agent Registration (Initial)	30	1	30	1	30
	Agent Registration (Renewal & Update).	194	1	194	.08	16
	Electronic Transfer of Funds (EFT) Authorization.	566	1	566	.08	45
	Authorized Agent Designation	788	1	788	.25	197
	Account Discrepancy	41	1	41	.25	10
Total		5,009,324		5,009,324		275,429

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.

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2014–28650 Filed 12–5–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Expert Panel Meeting on Identifying Research Needs for Assessing Safe Use of High Intakes of Folic Acid; Notice of Public Meeting and Registration Information

SUMMARY: The National Toxicology Program (NTP) and the Office of Dietary Supplements (ODS) announce a public expert panel meeting on May 11–12,