

such payments before funding is offered to the LRP participant.

Should an IHS Area Office contribute to the LRP, those funds will be used for only those sites located in that Area. Those sites will retain their relative ranking from the national site-ranking list. For example, the Albuquerque Area Office identifies supplemental monies for dentists. Only the dental positions within the Albuquerque Area will be funded with the supplemental monies consistent with the national ranking and site index within that Area.

Should an IHS Service Unit contribute to the LRP, those funds will be used for only those sites located in that Service Unit. Those sites will retain their relative ranking from the national site-ranking list. For example, Whiteriver Service Unit identifies supplemental monies for nurses. The Whiteriver Service Unit consists of two facilities, namely the Whiteriver PHS Indian Hospital and the Cibecue Indian Health Center. The national ranking will be used for the Whiteriver PHS Indian Hospital (Score = 79) and the Cibecue Indian Health Center (Score = 95). With a score of 95, the Cibecue Indian Health Center would receive priority over the Whiteriver PHS Indian Hospital.

Dated: January 20, 2015.

**Yvette Roubideaux,**

*Acting Director, Indian Health Service.*

[FR Doc. 2015-01958 Filed 1-30-15; 8:45 am]

**BILLING CODE 4165-16-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Office of Technology Transfer; Notice of meetings

**ACTION:** Notice of meetings.

**SUMMARY:** Notice is hereby given that the Office of Intramural Research (OIR), National Institutes of Health (NIH), will host two webinars to enable public discussion of its proposal to reorganize the OIR Office of Technology Transfer (OTT). The proposal seeks to align authority and responsibility for the implementation and execution of patenting and licensing (P&L) functions within the NIH Institutes and Centers.

**DATES:** The first webinar will be held on February 13th from 9:30 to 10:00 a.m. The second webinar will be held on February 13th from 10:00 to 10:30 a.m. Members of the public wishing to join a webinar must register via the webinar link provided. Any interested person may also file written comments by sending an email to Deborah Kassilke,

*kassilked@mail.nih.gov* by Tuesday, February 17th, 2015. The written comment should include the commenter's name and, when applicable, professional affiliation.

**ADDRESSES:** Session 1: February 13, 2015 from 9:30 to 10:00 a.m. <https://nih.webex.com/nih/j.php?MTID=m2a6eb40ebe096afad861f0b5e941f9bc>.

Session 2: February 13, 2015 from 10:00 to 10:30 a.m. <https://nih.webex.com/nih/j.php?MTID=m8c50a9e8b5454a39b4fa24d9df412fab>.

**FOR FURTHER INFORMATION CONTACT:**

Deborah Kassilke, *kassilked@mail.nih.gov*, 301-435-2950.

**SUPPLEMENTARY INFORMATION:** The background of the proposed OTT reorganization is as follows.

The Advisory Committee to the NIH Deputy Director for Intramural Research, and the Technology Transfer Steering Committee (TTSC) recently assessed OTT to determine how it services the overall technology transfer needs of the NIH. The committees recommended that the authority and responsibility for the implementation and execution of patenting and licensing should be decentralized from OTT and distributed throughout the NIH Institutes and Centers (ICs). In September 2014, the NIH Steering Committee accepted this recommendation.

Dated: January 27, 2015.

**Lawrence Tabak,**

*Principal Deputy Director, National Institutes of Health.*

[FR Doc. 2015-01964 Filed 1-30-15; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Neurological Disorders and Stroke, Muscular Dystrophy Coordinating Committee Call for Committee Membership Nominations

**SUMMARY:** The Office of the Secretary of the Department of Health and Human Services (HHS) is seeking nominations of individuals to serve as non-federal public members on the Muscular Dystrophy Coordinating Committee.

**DATES:** Nominations are due by close of business, February 27, 2015.

**ADDRESSES:** Nominations must be sent to Glen Nuckolls, Ph.D., by email to *nuckollg@ninds.nih.gov*.

**FOR FURTHER INFORMATION CONTACT:** Glen Nuckolls, Ph.D., by email to *nuckollg@ninds.nih.gov*.

**SUPPLEMENTARY INFORMATION:** The Muscular Dystrophy Coordinating Committee (MDCC) is a federal advisory committee established in accordance with the Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2001 (MD-CARE Act; Public Law 107-84). The MD-CARE Act was reauthorized in 2008 by Public Law 110-361, and again in 2014 by Public Law 113-166. The 2014 reauthorization mandated changes to the membership of the MDCC, resulting in the addition of one public member. Nominations of non-federal public members will be accepted between January 30, 2015 and February 27, 2015.

*Who is Eligible:* Nominations of new non-federal public members interested in advancing muscular dystrophy research and reducing the burden of disease are encouraged. Self-nominations and nominations of other individuals are both permitted. Only one nomination per individual is required. Multiple nominations for the same individual will not increase likelihood of selection. Non-federal public members may be selected from the pool of submitted nominations and other sources as needed to meet statutory requirements and to form a balanced committee that represents the diversity within the muscular dystrophy community. Those eligible for nomination include leaders or representatives of major muscular dystrophy research, advocacy, and service organizations, parents or guardians of individuals with muscular dystrophy, individuals with muscular dystrophy and service providers, educators, researchers, and other individuals with professional or personal experience with muscular dystrophy. In accordance with White House Office of Management and Budget guidelines (FR Doc. 2014-19140), federally-registered lobbyists are not eligible.

*Committee Composition:* In accordance with the Committee's authorizing statute, 2/3 of members of the Coordinating Committee shall represent government agencies and 1/3 of members shall be public members "including a broad cross section of persons affected with muscular dystrophies including parents or legal guardians, affected individuals, researchers, and clinicians."

The Department 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,