

technology has been shown to generate DNA sequences of high purity without the need of expensive equipment and associated accessories. This discovery may improve the availability of pure DNA sequences for clinical and/or synthetic biology applications.

Potential Commercial Applications:

- A high-throughput purification technique for producing small and large quantities of highly pure DNA sequences.

*Competitive Advantages:*

- Cost effective.
- High-throughput capabilities.
- Time saving.
- High purity.

*Development Stage:*

- In vitro data available.

*Inventors:*

Serge L. Beaucage.

Andrzej Grajkowski.

*Publication:* Grajkowski, A., J. Cieslak, and S.L. Beaucage, "Solid-Phase Purification of Synthetic DNA Sequences," *The Journal of Organic Chemistry*, 81 (15): pp. 6165–6175, 2016; DOI: 10.1021/acs.joc.6b01020.

*Intellectual Property:* U.S. Provisional Patent Application No. 62/356,214, filed June 29, 2016, FDA Reference No. E-2016-005.

*Licensing and Collaborative Research Opportunity:*

Parties interested in licensing this technology should contact Charlene Maddox at [Charlene.Maddox@fda.hhs.gov](mailto:Charlene.Maddox@fda.hhs.gov) or [FDAInventionlicensing@fda.hhs.gov](mailto:FDAInventionlicensing@fda.hhs.gov).

Dated: April 19, 2017.

**Anna K. Abram,**

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

[FR Doc. 2017-08596 Filed 4-27-17; 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: Health Workforce Connector, OMB No. 0906-xxxx-NEW**

**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 May 30, 2017.

**ADDRESSES:** Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto: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](mailto: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:* Health Workforce Connector OMB No. 0906-xxxx-NEW

*Abstract:* The Health Workforce Connector is being developed to expand on the current National Health Service Corps (NHSC) Jobs Center, which includes positions approved for NHSC scholarship and loan repayment obligors. The new Health Workforce Connector will provide a central platform to connect participants in both the NHSC and NURSE Corps programs with facilities that are approved for performance of their NHSC or NURSE Corps service obligation. The Health Workforce Connector will become a resource that engages any health care professional or student interested in providing primary care services in underserved communities (whether or not those individuals are obligated to the NHSC or NURSE Corps) with facilities in need of health care providers. The Health Workforce Connector will also allow users to create a profile, search for NHSC and NURSE Corps sites, find job opportunities, and will be searchable by Site Points of Contact. Like the current NHSC Jobs Center, individuals will be able to use

the Health Workforce Connector's search capability with Google Maps.

*Need and Proposed Use of the Information:* Information will be collected from users in the following two ways:

(1) *Account Creation:* Creating an account is optional, but to create an account, the user will be required to enter their first name, last name, and email address. Those are the only mandatory fields in the profile account creation process and will be used to send an automated email allowing the user to validate their login credentials. This information will also be used to validate any users who already exist within the Bureau of Health Workforce Management Information Systems Solution (BMISS) database and allow an initial import of existing data at the request of the user.

(2) *Profile Completion:* Users may fill out a profile, but this function will be completely optional and will include fields such as location, discipline, specialty, and languages spoken. The information collected, if 'published' by the user, will allow internal BMISS Site Points of Contact the ability to search on anyone who may be a potential candidate for job opportunities at the site. All information collected will be stored within existing secure BMISS databases and will be used internally for report generation on an as-needed basis.

*Likely Respondents:* Potential users will include individuals searching for a health care job opportunity or an NHSC or NURSE Corps health care facility, and health care facilities searching for potential candidates to fill open health care job opportunities at their sites.

*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 ICR are summarized in the table below.

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 |
|------------------------|-----------------------|------------------------------------|-----------------|--|--------------------|
| Account Creation ..... | 15,600                | 1                                  | 15,600          | .08                                    | 1,248              |
| Complete Profile ..... | 9,400                 | 1                                  | 9,400           | 1                                      | 9,400              |
| Total .....            | *15,600               | —                                  | 15,600          | —                                      | 10,648             |

\* The 9,400 respondents who complete their profiles are a subset of the 15,600 respondents who create accounts.

**Jason E. Bennett,**  
 Director, Division of the Executive Secretariat.  
 [FR Doc. 2017-08584 Filed 4-27-17; 8:45 am]  
 BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

[Document Identifier 0990-0421-60D]

**Agency Information Collection Activities; Proposed Collection; Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for extending the use of the approved information collection assigned OMB control number 0990-0421, which expires on July 31, 2017. Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on the ICR must be received on or before June 27, 2017.  
**ADDRESSES:** Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 795-7714.  
**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier 0990-0421-60D for reference.

*Information Collection Request Title:* ASPE Generic Clearance for the Collection of Qualitative Research and Assessment.  
*OMB No.:* 0990-0421.  
*Abstract:* The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is requesting an extension for their generic clearance for purposes of conducting qualitative research. ASPE conducts qualitative research to gain a better understanding of emerging health policy issues, develop future intramural and extramural research projects, and to ensure HHS leadership, agencies and offices have recent data and information to inform program and policy decision-making. ASPE is requesting approval for at least four types of qualitative research: (a) Interviews, (b) focus groups, (c) questionnaires, and (d) other qualitative methods. ASPE's mission is to advise the Secretary of the Department of Health and Human Services on policy development in

health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE will use this mechanism to conduct qualitative research, evaluation, or assessment, conduct analyses, and understand needs, barriers, or facilitators for HHS-related programs.

ASPE is requesting comment on the burden for qualitative research aimed at understanding emerging health and human services policy issues. The goal of developing these activities is to identify emerging issues and research gaps to ensure the successful implementation of HHS programs. The participants may include health and human services experts; national, state, and local health or human services representatives; public health, human services, or healthcare providers; and representatives of other health or human services organizations. The increase in burden from 747 in 2014 to 1,300 respondents in 2017 reflects an increase in the number of research projects conducted over the estimate in 2014.

ESTIMATED ANNUALIZED BURDEN TABLE

| Type of respondent              | Form                       | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|---------------------------------|----------------------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Health Policy Stakeholder ..... | Qualitative Research ..... | 1,300                 | 1                                  | 1                                 | 1,300              |

OS 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.

**Terry S. Clark,**  
 Asst Information Collection Clearance Officer.  
 [FR Doc. 2017-08599 Filed 4-27-17; 8:45 am]  
 BILLING CODE 4150-05-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Solicitation of Nominations for Three Organizations To Serve as Non-Voting Liaison Representatives to the Chronic Fatigue Syndrome Advisory Committee**

**AGENCY:** Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.