

program’s unique focus on organizational change. Questions will be tailored depending on the role of the interviewee, which could include the awardee project director, the manager, an external partner, and up to three workforce team members.

**Need and Proposed Use of the Information:** The information collected for this evaluation will enable a comprehensive evaluation of these important HRSA-funded programs to promote resiliency and improve mental health in the health workforce. The proposed data collection efforts are critical to understanding program outcomes and will inform leadership on program progress and inform future programming. Data collection will assist in the development of actionable strategies and methodologies to inform future programs, investment strategies, and ongoing workforce resiliency policy development. Data collection will align with parallel efforts across HRSA, providing previously un-collected or un-verified information critical to understanding factors related to the

success of current HRSA programs. All instruments have been designed to leverage and not duplicate annual performance reporting requirements and data collected by the Technical Assistance Center.

**Likely Respondents:** For the Healthcare Workforce Survey, all individuals in the target population of the Training Program and Workforce Programs will be invited to complete the survey. For the Training Program Comparison Group Survey, the following types of professionals across the four census regions will be targeted: nurses, physicians, physician assistants, behavioral health providers, nursing students, medical school students and residents, and clinical social work or psychology students. For the Awardee Interviews and Awardee Training and Services Reports Form, the Training Program, Workforce Program, and Technical Assistance Center awardees will be invited to participate. For the Awardee Survey about the Technical Assistance Center and the Fielding Tracker, the Training Program and

Workforce Program awardees will be asked to participate. For the Organizational Assessment Interviews, multiple types of staff at each Workforce Program awardee organization will be targeted.

**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
Healthcare Workforce Survey .....	29,359	1	29,359	0.25	7,340
The Training Program Comparison Group Screener .....	180,000	1	180,000	0.05	9,000
The Training Program Comparison Group Survey .....	2,600	1	2,600	0.17	442
The Training Program Awardee Cost Workbook .....	34	1	34	5.00	170
Awardee Interview Guide .....	44	1	44	1.50	66
Awardee Training and Services Report .....	44	1	44	1.00	44
Fielding Tracker .....	44	1	44	4.00	176
The Workforce Program Awardee Cost Workbook .....	10	1	10	3.50	35
The Workforce Program Organizational Assessment Interview Protocol .....	50	1	50	1.00	50
Awardee Survey about the Technical Assistance Center ...	44	1	44	1.00	44
<b>Total .....</b>	<b>212,229</b>	<b>10</b>	<b>212,229</b>	<b>17.47</b>	<b>17,367</b>

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.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2023–09599 Filed 5–4–23; 8:45 am]

**BILLING CODE 4165–15–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Solicitation of Nominations for Membership To Serve on the Advisory Committee on Interdisciplinary, Community-Based Linkages**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Request for nominations.

**SUMMARY:** HRSA is seeking nominations of qualified candidates for consideration for appointment as members of the Advisory Committee on

Interdisciplinary, Community-Based Linkages (ACICBL or Committee).

**DATES:** Nominations for membership on ACICBL must be received on or before June 30, 2023.

**ADDRESSES:** Nomination packages must be electronically submitted to the Designated Federal Official, Shane Rogers, at [BHWAdvisoryCouncil@hrsa.gov](mailto:BHWAdvisoryCouncil@hrsa.gov).

**FOR FURTHER INFORMATION CONTACT:** Shane Rogers, Designated Federal Official, Division of Medicine and Dentistry, Bureau of Health Workforce, email [SRogers@hrsa.gov](mailto:SRogers@hrsa.gov) or telephone at 301–443–5260.

**SUPPLEMENTARY INFORMATION:** The ACICBL provides advice and recommendations to the Secretary of

HHS (Secretary) concerning policy and program development, and other significant matters related to activities under the Public Health Service (PHS) Act, which includes Area Health Education Centers, Geriatrics, Mental and Behavioral Health, Social Work, Graduate Psychology, Rural Health, and Pharmacy.

ACICBL is responsible for preparing and submitting an annual report to the Secretary and Congress describing the activities of the Committee, including findings and recommendations made by the Committee. ACICBL meets at least three times per year. A copy of the current committee membership, charter, and reports can be obtained by accessing the ACICBL website at: <https://www.hrsa.gov/advisory-committees/interdisciplinary-community-linkages/index.html>.

**Nominations:** HRSA is requesting nominations for voting members to serve as Special Government Employees. The Secretary appoints ACICBL members with the expertise needed to fulfill the duties of the Committee. The membership requirements are set forth in section 757 of the PHS Act (42 U.S.C. 294f). Members are health professionals from schools of medicine or osteopathic medicine, schools of dentistry, schools of pharmacy, schools of public health, physician assistant education programs, and schools of allied health. Interested applicants may self-nominate or be nominated by another individual or organization.

Individuals selected for appointment to the Committee will be invited to serve for 3 years. Members of ACICBL, as Special Government Employees, receive compensation for performance of their duties on the Committee and reimbursement for per diem and travel expenses incurred for attending ACICBL meetings.

The following information must be included in the package of materials submitted for each individual nominated for consideration: (1) A letter of nomination from an employer, a colleague, or a professional organization; (2) a current copy of the nominee's curriculum vitae; (3) a statement of interest from the nominee; and (4) a one-paragraph biographical sketch of the nominee. Nomination packages may be submitted directly by the individual being nominated or by the person/organization nominating the candidate.

HHS endeavors to ensure that the membership of ACICBL is fairly balanced in terms of points of view represented and among the health professions. ACICBL also seeks a broad

representation of geographic areas, including balance between urban and rural members, gender, and minority groups, including individuals with disabilities. At least 75 percent of the members of the Committee are health professionals. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and or cultural, religious, or socioeconomic status.

Individuals who are selected to be considered for appointment will be required to provide detailed information regarding their financial holdings, consultancies, and research grants or contracts. Disclosure of this information is required for HRSA ethics officials to determine whether there is a potential conflict of interest between the Special Government Employee's public duties as a member of ACICBL and their private interests, including an appearance of a loss of impartiality as defined by federal laws and regulations, and to identify any required remedial action needed to address the potential conflict.

**Authority:** ACICBL is required by section 757 (42 U.S.C. 294f) of the PHS Act. Except where otherwise indicated, the Committee is governed by provisions of the Federal Advisory Committee Act of (FACA) of 1972 (5 U.S.C. 10), as amended, which sets forth standards for the formation and use of advisory committees.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2023-09595 Filed 5-4-23; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Tribal Self-Governance Negotiation Cooperative Agreement Program

##### *Correction*

In notice document 2023-09097, appearing on pages 26569-26577, in the issue of Monday, May 1, 2023, make the following correction:

On page 26569, in the third column, in the first and second lines after **Key Dates**, "*Application Deadline Date: May 1, 2023.*" should read, "*Application Deadline Date: June 30, 2023.*".

[FR Doc. C1-2023-09097 Filed 5-4-23; 8:45 am]

**BILLING CODE 0099-10-D**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Cancer Institute; Notice of Charter Renewal

In accordance with title 41 of the U.S. Code of Federal Regulations, section 102-3.65(a), notice is hereby given that the Charter for the Frederick National Laboratory Advisory Committee to the National Cancer Institute, was renewed for an additional two-year period on March 30, 2023.

It is determined that the Frederick National Laboratory Advisory Committee to the National Cancer Institute, is in the public interest in connection with the performance of duties imposed on the National Institutes of Health by law, and that these duties can best be performed through the advice and counsel of this group.

Inquiries may be directed to Claire Harris, Director, Office of Federal Advisory Committee Policy, Office of the Director, National Institutes of Health, 6701 Democracy Boulevard, Suite 1000, Bethesda, Maryland 20892 (Mail code 4875), Telephone (301) 496-2123, or [harriscl@mail.nih.gov](mailto:harriscl@mail.nih.gov).

Dated: May 1, 2023.

**Melanie J. Pantoja,**

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

[FR Doc. 2023-09565 Filed 5-4-23; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Center for Complementary & Integrative Health; 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:* National Center for Complementary and Integrative Health