

**RETENTION AND DISPOSAL:**

Records in the DMS are retained for at least 6 years after full payment of the loan, completion of service obligation, or repayment to the Secretary in the case of a default. Contact the System Manager at the following address for further information.

**SYSTEM MANAGERS(S) AND ADDRESS:**

Director, Division of Health Careers Diversity and Development, Bureau of Health Professions, Health Resources and Services Administration, Department of Health and Human Services, 5600 Fishers Lane, Room 8-42, Rockville, Maryland 20857.

**NOTIFICATION PROCEDURE:**

Requests concerning whether the system contains records about you should be made to the Systems Manager.

**REQUESTS IN PERSON:**

A subject individual who appears in person at a specific location seeking access or disclosure of records relating to him/her shall provide his/her name, current address, Social Security number and at least one piece of tangible identification such as driver's license, passport, voter registration card, or union card. Identification papers with current photographs are preferred but not required. Additional identification may be requested when there is a request for access to records which contain an apparent discrepancy between information contained in the records and that provided by the individual requesting access to the records. Where the subject individual has no identification papers, the responsible agency official shall require that the subject individual certify in writing that he/she is the individual who he/she claims to be and that he/she understands that the knowing and willful request or acquisition of a record concerning an individual under false pretenses is a criminal offense subject to a \$5,000 fine.

**REQUESTS BY TELEPHONE:**

Because positive identification of the caller cannot be established, no requests by telephone will be honored.

**REQUESTS BY MAIL:**

A written request must contain the name and address of the requester, Social Security number or other identifying numbers, and his/her signature which is either notarized to verify his/her identity or includes a written certification that the requester is a person he/she claims to be and that he/she understands that the knowing and willful request or acquisition of

records pertaining to an individual under false pretenses is a criminal offense subject to a \$5,000 fine.

**RECORD ACCESS PROCEDURES:**

Same as notification procedures. Requesters should also reasonably specify the record contents being sought. Individuals may also request an accounting of disclosures that may have been made of their records, if any.

**CONTESTING RECORD PROCEDURES:**

Any record subject may contest the accuracy of information on file at CBB by writing to the Director, Division of Health Careers Diversity and Development, Bureau of Health Professions, Health Resources and Services Administration, Department of Health and Human Services, 5600 Fishers Lane, Room 8-42, Rockville, Maryland 20857. The request should contain a reasonable description of the record, specify the information being contested, the corrective action sought, and the reasons for requesting the correction, along with supporting information to show how the record is inaccurate, incomplete, untimely or irrelevant.

**RECORD SOURCE CATEGORIES:**

1. Educational institutions participating in CBB programs
2. Financial aid officers administering CBB programs
3. Student borrowers and recipients participating in CBB programs
4. Borrowers submitted for uncollectible debt write-offs
5. Borrowers submitted for total disability write-offs

**SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:**

None.

[FR Doc. 07-5379 Filed 10-29-07; 8:45 am]

**BILLING CODE 4165-15-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Health Resources and Services Administration****Reimbursement of Travel and Subsistence Expenses Toward Living Organ Donation Proposed Eligibility Guidelines and Publication of Final Program Eligibility Guidelines**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Correction of Web site.

**SUMMARY:** The Health Resources and Services Administration published a notice in the **Federal Register** of

October 5, 2007 (FR Doc. E7-19747), on pages 57049-57052, regarding response to solicitation of comments and publication of final program eligibility guidelines.

**Correction**

In the **Federal Register** issue of October 5 (FR Doc. E7-19747), on page 57050, second column, under section V. Response to Comment that Overall Reimbursement Level Should Exceed \$6,000, Conclusion, correct the Web site to read: <http://www.livingdonorassistance.org>.

Dated: October 23, 2007.

**Dennis P. Williams,**

*Deputy Administrator.*

[FR Doc. E7-21309 Filed 10-29-07; 8:45 am]

**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Substance Abuse and Mental Health Services Administration****Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

**Proposed Project: Participant Feedback on Training Under the Cooperative Agreement for Mental Health Care Provider Education in HIV/AIDS Program (OMB No. 0930-0195)—Revision**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) intends to continue to conduct a multi-site assessment for the Mental Health Care Provider Education in HIV/AIDS Program. The education programs funded under this cooperative agreement are designed to disseminate knowledge of the psychological and neuropsychiatric sequelae of HIV/AIDS to both traditional (e.g., psychiatrists, psychologists, nurses, primary care physicians, medical students, and social workers) and non-traditional (e.g., clergy, and alternative health care workers) first-line providers of mental health services, in particular to providers in minority communities.

The multi-site assessment is designed to assess the effectiveness of particular

training curricula, document the integrity of training delivery formats, and assess the effectiveness of the various training delivery formats. Analyses will assist CMHS in documenting the numbers and types of traditional and non-traditional mental health providers accessing training; the content, nature and types of training participants receive; and the extent to which trainees experience knowledge, skill and attitude gains/changes as a

result of training attendance. The multi-site data collection design uses a two-tiered data collection and analytic strategy to collect information on (1) the organization and delivery of training, and (2) the impact of training on participants' knowledge, skills and abilities.

Information about the organization and delivery of training will be collected from trainers and staff who are funded by these cooperative

agreements/contracts, hence there is no respondent burden. All training participants will be asked to complete a brief feedback form at the end of the training session. CMHS anticipates funding 10 education sites for the Mental Health Care Provider Education in HIV/AIDS Program. The annual burden estimates for this activity are shown below:

Form	Responses per respondent	Estimated number of respondents (× 10 sites)	Hours per response	Total hours
Session Report Form .....	1	60 × 10 = 600	0.080	48
Participant Feedback Form (General Education) .....	1	500 × 10 = 5000	0.167	835
Neuropsychiatric Participant Feedback Form .....	1	160 × 10 = 1600	0.167	267
Non Physician Neuropsychiatric Participant Feedback Form .....	1	240 × 10 = 2400	0.167	401
Adherence Participant Feedback Form .....	1	100 × 10 = 1000	0.167	167
Ethics Participant Feedback Form .....	1	200 × 10 = 2000	0.167	125
Total .....	.....	12,600	.....	1,843

Written comments and recommendations concerning the proposed information collection should be sent by November 29, 2007 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: October 24, 2007.

**Elaine Parry,**  
Acting Director, Office of Program Services.  
[FR Doc. 07-5376 Filed 10-29-07; 8:45 am]  
BILLING CODE 4162-20-M

**DEPARTMENT OF HOMELAND SECURITY**

**Coast Guard**

[Docket No. CGD08-07-029]

**Lower Mississippi River Waterways Safety Advisory Committee; Vacancies**

**AGENCY:** Coast Guard, DHS.  
**ACTION:** Request for applications.

**SUMMARY:** The Coast Guard seeks applications for membership on the Lower Mississippi River Waterway Safety Advisory Committee. The Lower

Mississippi River Waterway Safety Advisory Committee advises and makes recommendations to the Coast Guard on matters relating to navigation safety on the Lower Mississippi River.

**DATES:** Application forms should reach us on or before December 14, 2007.

**ADDRESSES:** You may request an application form by writing U.S. Coast Guard, Sector New Orleans, *Attn:* Waterways Management, 1615 Poydras Street, New Orleans, LA 70112-2711 or by calling 504-565-5108. Send your application in written form to the above street address. A copy of this notice and the application form are available in our online docket, CGD08-07-029, at <http://regulations.gov>.

**FOR FURTHER INFORMATION CONTACT:** LTJG Tonya Harrington, Assistant to Executive Director of Lower Mississippi River Waterway Safety Advisory Committee at 504-565-5108.

**SUPPLEMENTARY INFORMATION:** The Lower Mississippi River Waterway Safety Advisory Committee ("Committee") is a Federal advisory committee under 5 U.S.C. App. (Pub. L. 92-463). This committee provides local expertise on communication, surveillance, traffic control, anchorages, aids to navigation and other topics relating to navigational safety on the Lower Mississippi River to the Coast Guard.

The Committee meets at least four times a year in the New Orleans area. It may also meet for extraordinary

purposes. Its subcommittees and working groups may meet to consider specific problems as required.

We will consider applications for twenty four positions that expire or become vacant on May 30, 2008. To be eligible you should have expertise in navigation safety, waterways management, vessel traffic service and management, shipboard operations or facility operations. Each member serves for a term of 2 years. A few members may serve consecutive terms. All members serve at their own expense and receive no salary, reimbursement of travel expenses, or other compensation from the Federal Government.

*Vacancies to be filled are for:*

(1) Five members representing River Port Authorities between Baton Rouge, Louisiana, and the Head of Passes of the Lower Mississippi River, of which one member shall be from the Port of St. Bernard and one member from the Port of Plaquemines.

(2) Two members representing vessel owners or ship owners domiciled in the State of Louisiana.

(3) Two members representing organizations that operate harbor tugs or barge fleets in the geographical area covered by the Committee.

(4) Two members representing companies which transport cargo or passengers on the navigable waterways in the geographical area covered by the Committee.