determines whether an individual's impairment(s) meets or medically equals a listing. The AC may ask its medical support staff to help decide whether an individual's impairment(s) medically equals a listing.

POLICY INTERPRETATION

Evidentiary requirements

At the hearings level or at the AC level when the AC issues its own decision, the adjudicator is responsible for the finding of medical equivalence. The adjudicator must base his or her decision about whether the individual's impairment(s) medically equals a listing on the preponderance of the evidence in the record. To demonstrate the required support of a finding that an individual is disabled based on medical equivalence at step 3, the record must contain one of the following:

1. A prior administrative medical finding from an MC or PC from the initial or reconsideration adjudication levels supporting the medical equivalence finding, or

2. ME evidence, which may include testimony or written responses to interrogatories, obtained at the hearings level supporting the medical equivalence finding, or

3. A report from the AC's medical support staff supporting the medical equivalence finding.

When an MC or PC makes administrative medical findings at the initial or reconsideration levels, the findings are part of the Commissioner's determination; therefore, they are not evidence at that level of adjudication.¹¹ At subsequent levels of the administrative review process, the MCs' or PCs' administrative medical findings made at the initial or reconsideration levels are prior administrative medical findings, which are evidence.12 Although adjudicators at the hearings and AC levels are not required to adopt prior administrative medical findings when issuing decisions, adjudicators must consider them and articulate how they considered them in the decision.¹³

Council may also make a decision after a Federal court remands a case. See 20 CFR 404.983 and 416.1483.

¹¹ See 20 CFR 404.1513a(a)(1) and 416.913a(a)(1).

equals) the requirements of a listed impairment(s), but we would still not make a favorable determination. For example, we could find that the individual does not meet nonmedical requirements for eligibility.

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When an adjudicator at the hearings level obtains ME testimony or written responses to interrogatories about whether an individual's impairment(s) medically equals a listing, the adjudicator cannot rely on an ME's conclusory statement that an individual's impairment(s) medically equals a listed impairment(s). Whether an impairment(s) medically equals the requirements of a listed impairment is an issue reserved to the Commissioner. If the ME states that the individual's impairment(s) medically equals a listed impairment, the adjudicator must ask the ME to identify medical evidence in the record that supports the ME's statements. Adjudicators will consider ME testimony and interrogatories using our rules for considering evidence. The adjudicator will then consider whether an individual's impairment(s) medically equals a listing using one of the three methods specified in 20 CFR 404.1526 and 416.926.

Similarly, when the AC obtains a report from its medical support staff to evaluate medical equivalence, the AC retains final responsibility for determining whether an individual's impairment(s) medically equals a listed impairment. The AC will consider the medical support staff's report and all other supporting medical evidence using our rules for considering evidence. The AC will then consider whether an individual's impairment(s) medically equals a listing using one of the three methods specified in 20 CFR 404.1526 and 416.926.

If an adjudicator at the hearings or AC level believes that the evidence does not reasonably support a finding that the individual's impairment(s) medically equals a listed impairment, we do not require the adjudicator to obtain ME evidence or medical support staff input prior to making a step 3 finding that the individual's impairment(s) does not medically equal a listed impairment.

Articulation requirements

An adjudicator at the hearings or AC level must consider all evidence in making a finding that an individual's impairment(s) medically equals a listing. To make a finding of medical equivalence, the adjudicator must articulate how the record establishes medical equivalency using one of the

equivalence that an adjudicator is able to consider. In these situations, the adjudicator may find that an individual's impairment(s) medically equals a listed impairment using the second or third method, but not the first method. In these situations, the adjudicator is not required to obtain ME evidence or medical support staff input before making a finding that the claimant's impairment(s) do not medically equal a listing.

three methods specified in 20 CFR 404.1526 and 416.926. An adjudicator must provide a rationale for a finding of medical equivalence in a decision that is sufficient for a subsequent reviewer or court to understand the decision. Generally, this will entail the adjudicator identifying the specific listing section involved, articulating how the record does not meet the requirements of the listed impairment(s), and how the record, including ME or medical support staff evidence, establishes an impairment of equivalent severity.

Similarly, an adjudicator at the hearings or AC level must consider all evidence in making a finding that an individual's impairment(s) does not medically equal a listing. If an adjudicator at the hearings or AC level believes that the evidence already received in the record does not reasonably support a finding that the individual's impairment(s) medically equals a listed impairment, the adjudicator is not required to articulate specific evidence supporting his or her finding that the individual's impairment(s) does not medically equal a listed impairment. Generally, a statement that the individual's impairment(s) does not medically equal a listed impairment constitutes sufficient articulation for this finding. An adjudicator's articulation of the reason(s) why the individual is or is not disabled at a later step in the sequential evaluation process will provide rationale that is sufficient for a subsequent reviewer or court to determine the basis for the finding about medical equivalence at step 3.

EFFECTIVE DATE: This SSR is effective on March 27, 2017.

CROSS-REFERENCES: 20 CFR 404.1526 and 416.926.

[FR Doc. 2017-05959 Filed 3-24-17; 8:45 am]

BILLING CODE 4191-02-P

DEPARTMENT OF STATE

[Public Notice: 9929]

Notice of Stakeholder Consultations on Responsible Conflict Mineral Sourcing

AGENCY: Department of State. **ACTION:** Notice; solicitation of comments

SUMMARY: The United States announces that the United States remains committed to working with our partners to break the links between armed groups and the minerals trade in the Democratic Republic of Congo and other

¹² See 20 CFR 404.1513a(b)–(c) and 416.913a(b)–(c). It is possible for an MC or PC to have found that an individual's impairment(s) medically equal(s) the requirements of a listed impairment(s), but we would still not make a favorable

¹³ See 20 CFR 404.1513a(b)–(c), 404.1520c, 416.913a(b)–(c), and 416.920c. In States using the two testing modifications discussed in footnote 7, the record may not contain any MC or PC prior administrative medical finding about medical

countries in the Great Lakes Region of Africa. The United States has played a leading role encouraging responsible sourcing and supply chain management in the minerals sector in this region as part of broader U.S. efforts to support peace and security, and to ensure that the region's resource wealth helps advance broad, inclusive, and sustainable socio-economic development. The U.S. Department of State (Department), along with other agencies and departments is seeking input from stakeholders to inform recommendations of how best to support responsible sourcing of tin, tantalum, tungsten and gold.

DATES: The Department will consider requests and comments received or postmarked by April 28, 2017.

ADDRESSES: Parties may submit input or request stakeholder consultations to: ConflictMineral@state.gov. If sent by mail, written comments should be addressed to: Ms. Elizabeth Orlando, U.S. Department of State, 2201 C Street NW., Room 3843, Washington, DC 20520. All comments should include a contact person.

All comments received during this comment period will be part of the official record and may become public, no matter how initially submitted.

FOR FURTHER INFORMATION CONTACT:

Details on the SEC Final Rule on Section 1502 of the Dodd-Frank Act are available on the following Web site: https://www.sec.gov/rules/final/2012/34-67716.pdf. Information on the Department's commitment to international responsible sourcing standards is available on the following Web sites: https://www.state.gov/documents/organization/168851.pdf, http://www.oecd.org/corporate/mne/mining.htm.

Please refer to this Web site or contact Ms. Elizabeth Orlando at the address listed in the Addresses section of this notice.

SUPPLEMENTARY INFORMATION:

Determined to break the link between armed groups and minerals in the Africa Great Lakes Region, in 2010 Congress enacted Section 1502 of the Wall Street Consumer Reform and Protection Act of 2010. That law requires the Securities and Exchange Commission to promulgate regulations requiring approximately 6,000 companies listed on U.S. exchanges to annually disclose to the SEC whether any "conflict minerals" (tin, tantalum, tungsten and gold) necessary to the functionality or

production of a product are from the DRC or nine adjacent countries.

Andrew Weinschenk,

Director, Office of Threat Finance Countermeasures, Department of State. [FR Doc. 2017–05972 Filed 3–24–17; 8:45 am]

BILLING CODE 4710-AE-P

DEPARTMENT OF STATE

[Public Notice 9927]

Advisory Committee on Historical Diplomatic Documentation—Notice of Closed and Open Meeting for 2017

SUMMARY: The Advisory Committee on Historical Diplomatic Documentation will meet on May 15, 2017, in open session to discuss unclassified matters concerning declassification and transfer of Department of State records to the National Archives and Records Administration and the status of the *Foreign Relations* series.

The Committee will meet in open session from 9:30 a.m. until 10:30 a.m. in SA-4D Conference Room,
Department of State, 2300 E Street NW.,
Washington DC, 20372 (Potomac Navy
Hill Annex). RSVP should be sent not later than May 8, 2017. Requests for reasonable accommodation should be made by May 1, 2017. Requests made after that date will be considered, but might not be possible to fulfill.

Closed Session. The Committee's session in the afternoon of Monday, May 15, 2017 will be closed in accordance with Section 10(d) of the Federal Advisory Committee Act (Public Law 92–463). The agenda calls for review of classified documentation concerning the Foreign Relations series and other declassification issues. These are matters properly classified and not subject to public disclosure under 5 U.S.C. 552b(c)(1) and the public interest requires that such activities be withheld from disclosure.

RSVP Instructions. Prior notification and a valid government-issued photo ID (such as driver's license, passport, U.S. Government or military ID) are required for entrance into the Department of State building. Members of the public planning to attend the open meetings should RSVP, by the dates indicated above, to Julie Fort, Office of the Historian (202-955-0214). When responding, please provide date of birth, valid government-issued photo identification number and type (such as driver's license number/state, passport number/country, or U.S. Government ID number/agency or military ID number/ branch), and relevant telephone numbers. If you cannot provide one of

the specified forms of ID, please consult with Julie Fort for acceptable alternative forms of picture identification.

Personal data is requested pursuant to Public Law 99–399 (Omnibus Diplomatic Security and Antiterrorism Act of 1986), as amended; Public Law 107–56 (USA PATRIOT Act); and Executive Order 13356. The purpose of the collection is to validate the identity of individuals who enter Department facilities. The data will be entered into the Visitor Access Control System (VACS–D) database. Please see the Security Records System of Records Notice (State-36) at https://foia.state.gov/_docs/SORN/State-36.pdf, for additional information.

Questions concerning the meeting should be directed to Dr. Stephen P. Randolph, Executive Secretary, Advisory Committee on Historical Diplomatic Documentation, Department of State, Office of the Historian, Washington, DC 20372, telephone (202) 955–0214, (email history@state.gov).

Note that requests for reasonable accommodation received after the date indicated in this notice will be considered, but might not be possible to fulfill.

Stephen P. Randolph,

Executive Secretary, Advisory Committee on Historical, Diplomatic Documentation.
[FR Doc. 2017–05906 Filed 3–24–17; 8:45 am]

BILLING CODE 4710-11-P

DEPARTMENT OF STATE

[Public Notice: 9780]

60-Day Notice of Proposed Information Collection: Medical History and Examination for Foreign Service

ACTION: Notice of request for public comment.

summary: The Department of State is seeking Office of Management and Budget (OMB) approval for the information collection described below. In accordance with the Paperwork Reduction Act of 1995, we are requesting comments on this collection from all interested individuals and organizations. The purpose of this notice is to allow 60 days for public comment preceding submission of the collection to OMB.

DATES: The Department will accept comments from the public up to May 26, 2017.

ADDRESSES: You may submit comments by any of the following methods:

• Web: Persons with access to the Internet may comment on this notice by going to www.Regulations.gov. You can