

TABLE 1—DOCUMENTATION FOR DEMONSTRATING COMPLIANCE WITH MINIMUM REQUIREMENTS—Continued

	Minimum requirement	Documentation
Readiness for Dissemination	3. Results of these studies have been published in a peer-reviewed journal or other publication or documented in a comprehensive evaluation report. 4. Implementation materials, training and support resources, and quality assurance procedures have been developed and are ready for use by the public.	<i>Note:</i> Abstracts or URLs to partial articles are regarded as incomplete and will not be considered. Brief narrative description and list of available materials, resources, and systems to support implementation (e.g., treatment manuals, information for administrators, tested training curricula, mechanisms for ongoing supervision and consultation, protocols for gathering process and outcome data, ongoing monitoring of intervention fidelity, processes for gathering feedback).

The following types of interventions are not eligible for review and should not be submitted to NREPP:

1. Stand-alone pharmacologic treatments—The evidence base for pharmacologic treatments is reviewed and approved through the U.S. Food and Drug Administration (FDA). FDA-approved pharmacotherapy interventions (on label use) are considered for NREPP review only when combined with one or more behavioral or psychosocial treatments.

2. Stand-alone smoking prevention and/or cessation interventions—Interventions to prevent or reduce tobacco use are eligible for NREPP review only when conducted as part of a program that also addresses the prevention or treatment of alcohol or other drugs of abuse.

Selection of Interventions for Review

All submissions meeting the minimum requirements will be considered eligible for review. The priority point system described in past **Federal Register** notices will no longer be used in the prioritization of submissions. In selecting interventions for review, SAMHSA may choose to give special consideration to interventions that meet one or more of the following conditions:

- The original investigator(s) or an independent party has used the same protocol with an identical or similar target population, and/or has used a slightly modified protocol based on a slightly modified population, where results are consistent with positive findings from the original evaluation.
- Implementation materials (e.g., program manuals, training guides, measurement instruments, implementation fidelity guides) are available to the public at no cost.
- The intervention targets underserved populations (e.g., minority populations, elderly, young adults, and individuals who are incarcerated). The intervention contributes to a content

area where there are currently limited evidence-based interventions.

Interventions that are not selected for review may be resubmitted by the applicant in a future open submission period.

Instructions for Submitting an Intervention

To submit an intervention, individuals should send a written statement to NREPP expressing their interest along with documentation that demonstrates that the intervention meets the minimum requirements as described above. All submissions must be made either by a principal investigator (PI) who has conducted research on the intervention, a project director (PD) who has worked with an evaluator of the intervention, or a formally authorized delegate of the PI or PD. For information on where to submit materials, please call 1-866-436-7377. Electronic submissions are preferred, but materials may be sent to NREPP in hard copy via postal mail or fax. To be eligible for consideration, submissions must be received no later than 11:59 pm EST on February 1, 2010; those received before October 1, 2009, will be disregarded.

If an intervention is accepted, the PI will be contacted and asked to submit additional documentation to be used in the review. This additional documentation includes full-text copies of all articles and reports that provide evidence of significant outcomes ($p \leq .05$) as well as 8 copies of selected dissemination materials in the format they are provided to the public (e.g., hard copies or electronic versions of manuals, training presentations, tools, quality assurance protocols; URLs for interactive Web-based resources).

The PI is expected to serve as the main point of contact throughout the remainder of the review process, including approval of the final intervention summary that is developed

by NREPP staff once the review has been completed.

Contact Information

Individuals who have questions about the information contained in this notice may write to NREPP staff at nrepp@samhsa.hhs.gov or call 1-866-436-7377.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Recruitment of Sites for Assignment of Corps Personnel Obligated Under the National Health Service Corps Scholarship Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: General notice.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that the listing of entities, and their Health Professional Shortage Area (HPSA) scores, that will receive priority for the assignment of National Health Service Corps (NHSC) scholarship recipients (Corps Personnel, Corps members) during the period July 1, 2009, through June 30, 2010, is posted on the NHSC Web site at <http://nhscjobs.hrsa.gov/>. This list specifies which entities are eligible to receive assignment of Corps members who are participating in the NHSC Scholarship Program. A separate **Federal Register** Notice pertaining to sites eligible to receive NHSC Loan Repayment Program participants and non-obligated individuals was published on May 28, 2009 (74 FR 25568). Please note that not all vacancies associated with sites on the list described below will be for Corps members, but could be for NHSC Scholarship Program participants

serving their obligation through the Private Practice Option.

Eligible HPSAs and Entities

To be eligible to receive assignment of Corps personnel, entities must: (1) Have a current HPSA designation by the Office of Shortage Designation, Bureau of Health Professions, HRSA; (2) not deny requested health care services, or discriminate in the provision of services to an individual because the individual is unable to pay for the services or because payment for the services would be made under Medicare, Medicaid, or the State Children's Health Insurance Program (SCHIP); (3) enter into an agreement with the State agency that administers Medicaid and SCHIP, accept assignment under Medicare, see all patients regardless of their ability to pay, and use and post a discounted fee plan; and (4) be determined by the Secretary to have (a) a need and demand for health manpower in the area; (b) appropriately and efficiently used Corps members assigned to the entity in the past; (c) general community support for the assignment of Corps members; (d) made unsuccessful efforts to recruit; (e) a reasonable prospect for sound fiscal management by the entity with respect to Corps members assigned there; and (f) demonstrated a willingness to support and facilitate mentorship, professional development, and training opportunities for Corps members. Priority in approving applications for assignment of Corps members goes to sites that (1) provide primary medical care, mental health, and/or oral health services to a primary medical care, mental health, or dental HPSA of greatest shortage, respectively; (2) are part of a system of care that provides a continuum of services, including comprehensive primary health care and appropriate referrals or arrangements for secondary and tertiary care; (3) have a documented record of sound fiscal management; and (4) will experience a negative impact on its capacity to provide primary health services if a Corps member is not assigned to the entity.

Entities that receive assignment of Corps personnel must assure that (1) the position will permit the full scope of practice and that the clinician meets the credentialing requirements of the State and site; and (2) the Corps member assigned to the entity is engaged in full-time clinical practice at the approved service location. For all health professionals except those noted below, "full-time clinical practice" means a minimum of 40 hours per week with at least 32 hours per week spent providing direct outpatient care in the approved ambulatory care setting. The remaining

hours may be spent providing care for patients of the practice in approved alternative settings such as hospitals, or performing practice-related administrative duties (not to exceed 8 hours per week). Obstetricians/gynecologists, certified nurse midwives (CNMs), and family practitioners who practice obstetrics on a regular basis are required to engage in a minimum of 21 hours per week of outpatient clinical practice. The remaining hours, making up the minimum 40-hour per week total, include delivery and other clinical hospital-based duties, as well as practice-related administrative duties (not to exceed 8 hours per week). For psychiatrists, at least 21 of the minimum 40 hours per week must be spent providing direct patient counseling during normally scheduled office hours in the ambulatory outpatient care setting. The remaining hours must be spent providing clinical services in approved alternative settings, or performing practice-related administrative activities (not to exceed 8 hours per week.) For all Corps personnel, time spent on-call does not count toward the 40 hours per week. In addition, sites receiving assignment of Corps personnel are expected to (1) report to the NHSC all absences, including those in excess of the authorized number of days (up to 35 work days or 280 hours per service year); (2) report to the NHSC any change in the status of an NHSC clinician at the site; (3) provide the time and leave records, schedules, and any related personnel documents for NHSC assignees (including documentation, if applicable, of the reason(s) for the termination of an NHSC clinician's employment at the site prior to his or her obligated service end date); and (4) submit a Uniform Data System (UDS) report. The UDS system allows the site to assess the age, sex, race/ethnicity of, and provider encounter records for, its user population. The UDS reports are site specific. Providers fulfilling NHSC commitments are assigned to a specific site or, in some cases, more than one site. The scope of activity to be reported in UDS includes all activity at the site(s) to which the Corps member is assigned.

Evaluation and Selection Process

In order for a site to be eligible for placement of NHSC personnel, it must be approved by the NHSC following the site's submission of a Multi-Year Recruitment and Retention (R&R) Assistance Application. The R&R Application approval is good for a period of 3 years from the date of approval.

In approving applications for the assignment of Corps members, the Secretary shall give priority to any such application that is made regarding the provision of primary health services to a HPSA with the greatest shortage. For the program year July 1, 2009, through June 30, 2010, HPSAs of greatest shortage for determination of priority for assignment of NHSC scholarship-obligated Corps personnel will be defined as follows: (1) Primary medical care HPSAs with scores of 17 and above are authorized for the assignment of NHSC scholarship recipients who are primary care physicians, family nurse practitioners (NPs), physician assistants (PAs), or CNMs; (2) mental health HPSAs with scores of 17 and above are authorized for the assignment of NHSC scholarship recipients who are psychiatrists; (3) dental HPSAs with scores of 17 and above are authorized for the assignment of NHSC scholarship recipients who are dentists. Given the lower number of scholars available for placement in this cycle, the NHSC has determined that a minimum HPSA score of 17 will enable it to meet its statutory obligation to identify approved service sites at least equal to, but not greater than twice, the number of NHSC scholars available to serve.

The number of new NHSC placements through the Scholarship Program allowed at any one site is limited to the following:

- (1) Primary Medical Care:
No more than 1 physician (MD or DO); and no more than 1 NP, PA, or CNM.
- (2) Dental:
No more than 1 dentist.
- (3) Mental Health:
No more than 1 psychiatrist.

Application Requests, Dates and Address

The list of HPSAs and entities that are eligible to receive priority for the placement of Corps personnel may be updated periodically. Entities that no longer meet eligibility criteria, including those sites whose NHSC 3-year approval has lapsed or whose HPSA designation is withdrawn, will be removed from the priority listing. New entities interested in being added to the high priority list must submit a Multi-Year NHSC R&R Assistance Application to: National Health Service Corps, 5600 Fishers Lane, Room 8A-30, Rockville, MD 20857, fax 301-594-2721.

Entities interested in receiving application materials may do so by calling the HRSA call center at 1-800-221-9393. They may also get information and download application

materials at: <http://nhsc.hrsa.gov/communities/apply.htm>.

A listing of HPSAs and their scores is posted at <http://hpsafind.hrsa.gov/>.

Additional Information

Entities wishing to provide additional data and information in support of their inclusion on the proposed list of HPSAs and entities that would receive priority in assignment of scholarship-obligated Corps members must do so in writing no later than July 23, 2009. This information should be submitted to: Mark Pincus, Director, Division of Site and Clinician Recruitment, Bureau of Clinician Recruitment and Service, 5600 Fishers Lane, Room 8A-55, Rockville, MD 20857. This information will be considered in preparing the final list of HPSAs and entities that are receiving priority for the assignment of scholarship-obligated Corps personnel.

Paperwork Reduction Act: The R&R Assistance Application has been approved by the Office of Management and Budget under the Paperwork Reduction Act. The OMB clearance number is 0915-0230 and expires September 30, 2011.

The program is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100).

Dated: June 17, 2009.

Mary K. Wakefield,
Administrator.

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BILLING CODE 4165-15-P

DEPARTMENT OF HOMELAND SECURITY

Transportation Security Administration

Extension of Agency Information Collection Activity Under OMB Review: TSA Claims Management Program

AGENCY: Transportation Security Administration, DHS.

ACTION: 30-day Notice.

SUMMARY: This notice announces that the Transportation Security Administration (TSA) has forwarded the Information Collection Request (ICR), OMB control number 1652-0039, abstracted below to the Office of Management and Budget (OMB) for renewal in compliance with the Paperwork Reduction Act. The ICR describes the nature of the information collection and its expected burden. TSA published a **Federal Register** notice, with a 60-day comment period soliciting comments, of the following collection of

information on April 1, 2009, at 74 FR 14808. The collection involves the submission of information from claimants in order to thoroughly examine and resolve tort claims against the agency.

DATES: Send your comments by July 23, 2009. A comment to OMB is most effective if OMB receives it within 30 days of publication.

ADDRESSES: Comments may be mailed or delivered to Ginger LeMay, PRA Officer, Office of Information Technology, TSA-11, Transportation Security Administration, 601 South 12th Street, Arlington, VA 20596-6011. Interested persons are invited to submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to Desk Officer, Department of Homeland Security/TSA, and sent via electronic mail to oira_submission@omb.eop.gov or faxed to (202) 395-6974.

FOR FURTHER INFORMATION CONTACT: Ginger LeMay, Office of Information Technology, TSA-11, Transportation Security Administration, 601 South 12th Street, Arlington, VA 20598-6011; telephone (571) 227-3616 or e-mail ginger.lemay@dhs.gov.

SUPPLEMENTARY INFORMATION: Comments Invited

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The ICR documentation is available at <http://www.reginfo.gov>. Therefore, in preparation for OMB review and approval of the following information collection, TSA is soliciting comments to—

- (1) Evaluate whether the proposed information requirement is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- (2) Evaluate the accuracy of the agency's estimate of the burden;
- (3) Enhance the quality, utility, and clarity of the information to be collected; and
- (4) Minimize the burden of the collection of information on those who are to respond, including using appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Information Collection Requirement

Title: TSA Claims Management System.

Type of Request: Renewal of one currently approved Information Collection Request (ICR).

OMB Control Number: 1652-0039.

Form(s): Supplemental Information Form, Payment Form.

Affected Public: Members of the traveling public who believe they have experienced property loss or damage, a personal injury, or other damages due to the negligence or wrongful act or omission of a TSA employee and decide to seek compensation by filing a Federal tort claim against TSA.

Abstract: Submission of a claim is entirely voluntary and initiated by individuals. The claimants (or respondents) to this collection are typically the traveling public. Currently, claimants file a tort claim by submitting to TSA a Standard Form 95 (SF-95), which has been approved under OMB control number 1105-0008. Because TSA requires further clarifying information to thoroughly examine their claim, claimants are asked to complete a Supplemental Information page added to the SF-95. The Supplemental Information page requests claimants to provide additional claim information including: (1) E-mail address, (2) Airport name, (3) Location of incident within the airport, (4) Complete travel itinerary, (5) Whether baggage was delayed by airline, (6) Why they believe TSA was negligent, (7) Whether they used a third-party baggage service, (8) Whether they were traveling under military orders, and (9) Whether they submitted claims with the airlines or insurance.

If TSA determines payment is warranted, TSA will then send the claimant a separate form requesting: (1) Claimant signature, (2) banking information (bank routing number and account number), and (3) Social Security number (required by the U.S. Treasury for all Government payments to the public pursuant to 31 U.S.C. 3325).

Claims instructions and forms are available through the TSA Web site at <http://www.tsa.gov>. Claimants must download these forms and mail or fax them to TSA. TSA will use all data collected from claimants to examine and analyze tort claims against the agency to determine alleged TSA liability and to reimburse claimants when the claims are approved. In some cases, TSA may use the information to identify victims of theft or to aid any criminal investigations into property theft.

Number of Respondents: 22,800.