

during the fiscal year, identifying findings and developing recommendations to enhance Title VII Interdisciplinary, Community-Based Training Grant Programs. The Annual Report is submitted to the Secretary of the U.S. Department of Health and Human Services, and ranking members of the Committee on Health, Education, Labor and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives.

The Department of Health and Human Services is requesting a total of seven (7) nominations for voting members of the ACICBL from schools that have administered or are currently administering awards from the following programs: Area Health Education Centers (AHECs)—1 nominee, Allied Health—1 nominee, Geriatric Education and Training Programs—1 nominee, Health Education and Training Centers (HETCs)—1 nominee, and Quentin N. Burdick Program for Rural Interdisciplinary Training—1 nominee. Nominations are also requested for two student, resident, and/or fellow representatives.

Interested individuals may nominate multiple qualified professionals for membership to the ACICBL to allow the Secretary to choose from a highly qualified list of potential candidates. Nominees willing to serve as members of the ACICBL should have no appearance of a conflict of interest that would preclude their participation. Potential candidates will be asked to provide detailed information concerning consultancies, research grants, or contracts to permit an evaluation of possible sources of conflicts of interest. In addition, a curriculum vitae and a statement of interest will be required of the nominee to support experience working with Title VII Interdisciplinary, Community-Based Training Grant Programs, expertise in the field, and personal desire in participating on a National Advisory Committee. Qualified candidates will be invited to serve a one-, two-, or three-year term. All nominations must be received no later than December 31, 2007.

The legislation governing this Committee requires a fair balance of health professionals who represent the general population with regard to a broad geographic distribution and an evenness of urban and rural areas, along with professionals who are women and minorities. As such, the pool of appropriately qualified nominations should reflect these requirements to the degree possible.

Dated: October 25, 2007.

Alexandra Huttinger,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. E7-21521 Filed 10-31-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Revisions to the Program Guidance for the Training in Primary Care Medicine and Dentistry Program

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: General notice.

SUMMARY: HRSA announces a revision to the program guidance for the Training in Primary Care Medicine and Dentistry Program posted on August 23, 2007 on Grants.gov, <http://www.grants.gov>. The guidance includes information for the following competitive funding opportunities:

HRSA-08-032 Academic Administrative Units; HRSA-08-035 Physician Faculty Development; HRSA-08-037 Predoctoral Training; HRSA-08-039 Physician Assistant Training; HRSA-08-042 Residency Training; and HRSA-08-044 Residency Training in General and Pediatric Dentistry. This revision only affects the Physician Faculty Development program, HRSA-08-035. A revised guidance has been posted on Grants.gov. Specifically, the additional language included in the guidance is presented below:

Primary Care Clinician Research Fellowship—This track provides fellowships that focus on development of primary care research investigators.

Duration—Fellowships will last 2 to 3 years.

Features—Applications should include a rigorous research/training track which is offered at an academic health science center. Advanced degrees (e.g., M.P.H., M.P.A.) are a desirable option. Desirable candidates include multidisciplinary physician faculty and fellows. Research areas should be consistent with the scope and content of primary care practice and education, and may include such areas as the linkage between Healthy People 2010 and health disparities, community and practice-based research, patient safety, quality improvement, professionalism, health literacy, and cultural competency.

Stipend Level—Enhanced stipend level is equivalent to National Research Service Award (NRSA) stipends, which

range from \$36,996 for individuals entering immediately following receipt of their doctoral degree to \$51,036 for individuals with 7 years or more of relevant experience and/or training. A table of stipend levels is provided in this guidance. Supplementation of the stipends is allowable and encouraged; however, the combination of stipend and supplementation may not exceed the full-time salary of comparable multidisciplinary physician faculty at the applicant's institution.

Time Requirement—Pro-rated stipends are not available. For applicants requesting full stipends, 60 percent of a Fellow's time for 24- to 36 months of fellowship must be devoted to formal research training. The remaining 40 percent of time for a 24 to 36-month fellowship must be spent in activities consistent with the roles of academic faculty (clinical practice, teaching, and/or administration).

FOR FURTHER INFORMATION CONTACT:

Brenda L. Williamson, MA, CTHE, Chief, Primary Care Medical Education Branch, Division of Medicine and Dentistry, Bureau of Health Professions, HRSA, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-1467.

Dated: October 25, 2007.

Elizabeth M. Duke,

Administrator.

[FR Doc. E7-21520 Filed 10-31-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; A Process Evaluation of the NIH Director's Pioneer Award (NDPA) Program

Summary: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Office of the Director, the National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: *Title:* A Process Evaluation of the NIH Director's Pioneer Award (NDPA) Program. *Type of Information Collection Request:* Extension of a currently approved collection. *Need and Use of Information Collection:* This study will assess the NDPA Program operations and the outputs of the identification, evaluation and selection process. The primary

objectives of the study are to: (1) Assess the NDPA award selection process; (2) determine if the program was implemented as planned; and (3) determine if the process was conducted in accordance with the overall mission of the NDPA program. The findings will provide valuable information concerning: (1) The characteristics of applicants and reviewers; (2) the criteria used to evaluate and select awardees;

and (3) aspects of the process that could be revised or improved.

Frequency of Response: Once. *Affected Public:* none. *Type of Respondents:* Applicants, Reviewers and Panelists, Liaisons. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. *Frequency of Response:* Once. *Affected Public:* none. *Type of Respondents:* Applicants, Reviewers and Panelists. *Estimated Number of Respondents:* 710; *Estimated Number of*

Responses per Respondent: 1. *Average Burden Hours Per Response:* .25 (15 minutes), and *Estimated Total Annual Burden Hours Requested:* 177.50 and the annualized cost to respondents is estimated at \$9,662.50. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. Table 1 and Table 2, respectively, present data concerning the burden hours and cost burdens for this data collection.

TABLE 1.—ANNUALIZED ESTIMATE OF HOUR BURDEN

Type of respondents	Number of respondents	Frequency of response	Average time for response (hr)	Total hour burden *
Applicants	600	1	.25	150
Extramural evaluators	110	1	.25	2
Total	710	1	.25	177.50

* Total Burden = N Respondents*Response Frequency*minutes to complete/60.

TABLE 2.—ANNUALIZED COST TO RESPONDENTS

Type of respondents	Number of respondents	Response frequency	Approx. hourly wage rate	Total respondent cost **
Applicants	1200	1	\$55.00	\$8,250
Extramural evaluators	220	1	55.00	1,512.50
Total	710	1	55.00	9,662.50

** Total Respondent Cost = N Respondents*Response Frequency*minutes to complete/60* hourly rate.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

For Further Information Contact: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact G. Stephane Philogene, PhD, Assistant Director for Policy and Planning, Office of Behavioral and Social Sciences Research, National Institutes of Health, 31 Center Drive, Building 31, Room B2—

B37, Bethesda, MD 20892, or call non-toll-free number 301-402-3902, or E-mail your request, including your address to: philoges@od.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: October 24, 2007.

G. Stephane Philogene,

Assistant Director for Policy and Planning, Office of Behavioral and Social Sciences Research, National Institutes of Health.
[FR Doc. E7-21474 Filed 10-31-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission of OMB Review; Comment Request; Drug Accountability Record (NCI)

Summary: In compliance with the requirement of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the

National Cancer Institute, the National Cancer Institute (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collected below. This proposed information collection was previously published in the **Federal Register** on August 13, 2007, Vol. 72, No. 55, Page 45251 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after December 1, 2007, unless it displays a valid OMB control number.

Proposed Collection: Title: Drug Accountability Record (NCI) (Form NIH 2564). *Type of Information Collection Request:* Extension, with no changes OMB No. 0925-0240. *Expiration Date:* 11/30/07. *Need and Use of Information Collection:* Food and Drug Administration (FDA) regulations require investigators to establish a record of the receipt, use and disposition of all investigational agents. The National Cancer Institute, (NCI), as