applicants must be accredited by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthetists. The school must be located in the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

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 Information Collection Request are summarized in the table below.

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<th>Form name</th>
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<td>Table 1—NAT: Enrollment, Trainee Support, Graduate, Graduates Supported, and Projected Data</td>
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<td>Table 2A—NAT: Graduate Data—Rural, Underserved, or Public Health (7/01/XX–6/30/XX)</td>
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<td>Table 2B—NAT: Graduates Supported by Trainee Support—Rural, Underserved, or Public Health (7/01/XX–6/30/XX)</td>
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<td>Total</td>
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</table>

Dated: November 12, 2013.

Bahar Niakan,
Director, Division of Policy and Information Coordination.

[FR Doc. 2013–27808 Filed 11–19–13; 8:45 am]
BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Commission on Childhood Vaccines; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), notice is hereby given of the following meeting:

Name: Advisory Commission on Childhood Vaccines (ACCV).
Date and Time: December 5, 2013, 10:00 a.m. to 4:00 p.m. (EDT).
Place: Audio Conference Call and Adobe Connect Pro.

The ACCV will meet on Thursday, December 5, from 10:00 a.m. to 4:00 p.m. (EDT). The public can join the meeting by:

1. (Audio Portion) Calling the conference Phone Number 800–369–3104 and providing the following information:
   - Leaders Name: Dr. Vito Caserta
   - Password: ACCV

2. (Visual Portion) Connecting to the ACCV Adobe Connect Pro Meeting using the following URL: https://hrsa.connectsolutions.com/accv/ (copy and paste the link into your browser if it does not work directly, and enter as a guest). Participants should call and connect 15 minutes prior to the meeting in order for logistics to be set up. If you have never attended an Adobe Connect meeting, please test your connection using the following URL: https://hrsa.connectsolutions.com/common/help/en/support/meeting_test.htm and get a quick overview by following URL: http://www.adobe.com/go/connectpro_overview. Call (301) 443–6634 or send an email to aherzog@hrsa.gov if you are having trouble connecting to the meeting site.

Agenda: The agenda items for the December meeting will include, but are not limited to: Updates from the Division of Vaccine Injury Compensation (DVIC), Department of Justice, National Vaccine Program Office, Immunization Safety Office (Centers for Disease Control and Prevention), National Institute of Allergy and Infectious Diseases (National Institutes of Health) and Center for Biologics, and Evaluation and Research (Food and Drug Administration). A draft agenda and additional meeting materials will be posted on the ACCV Web site (http://www.hrsa.gov/vaccinecompensation/accv.htm) prior to the meeting. Agenda items are subject to change as priorities dictate.

Public Comment: Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation to: Annie Herzog, DVIC, Healthcare Systems Bureau (HSB), Health Resources and Services Administration (HRSA), Room 11C–26, 5600 Fishers Lane, Rockville, MD 20857 or email: aherzog@hrsa.gov. Requests should contain the name, address, telephone number, email address, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The allocation of time may be adjusted to accommodate the level of expressed interest. DVIC will notify each presenter by email, mail, or telephone of their assigned presentation time. Persons who do not file an advance request for a presentation, but desire to make an oral statement, may announce it at the time of the public comment period. Public participation and ability to comment will be limited to space and time as it permits.

Note that a public hearing on the proposed Rotavirus regulation will be held immediately following the meeting referenced here within. The meeting will begin promptly at 4:30 p.m. A separate notice will be published in the Federal Register to provide the details of this hearing.

FOR FURTHER INFORMATION CONTACT:
Anyone requiring information regarding the ACCV should contact Annie Herzog, DVIC, HSB, HRSA, Room 11C–26, 5600 Fishers Lane, Rockville, MD 20857; telephone (301) 443–6933 or email: aherzog@hrsa.gov.
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Migrant Health; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

Name: National Advisory Council on Migrant Health.

Dates and Times: December 10, 2013, 8:00 a.m. to 5:00 p.m. December 11, 2013, 8:00 a.m. to 5:00 p.m.


Status: The meeting will be open to the public.

Purpose: The purpose of the meeting is to discuss services and issues related to the health of migrant and seasonal agricultural workers and their families, and to formulate recommendations for the Secretary of Health and Human Services.

Agenda: The agenda includes an overview of the Council’s general business activities. The Council will also hear presentations from experts on agricultural worker issues, including the status of agricultural worker health at the local and national levels.

In addition, the council will be holding a public hearing at which migrant agricultural workers will have the opportunity to testify before the Council regarding matters that affect the health of migrant agricultural workers. The hearing is scheduled for Tuesday, December 10, from 1:30 p.m. to 4:30 p.m. at the Jackson Federal Building.

Agenda items are subject to change as priorities indicate.

For Further Information Contact: Gladys Cate, Office of National Assistance and Special Populations, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Room 6–57, Maryland 20857; telephone (301) 594–0367.

Dated: November 13, 2013.

Bahar Niakan,
Director, Division of Policy and Information Coordination.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 209 and 37 CFR part 404 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

FOR FURTHER INFORMATION CONTACT: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301–496–7057; fax: 301–402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Surgical Tool for Ocular Tissue Transplantation

Description of Technology: The invention pertains to a device for delivering in a precise and controlled way a piece of tissue or sheet of cells into the eye such that manipulation of and damage to the tissue, cells, and eye are minimized. The device features a handle with actuating means, a stationary needle extending from the handle to the distal tip, and a pair of grasping arms at the distal tip configured for holding tissue or a sheet of cells. An outer tip needle is slidably disposed along a length the stationary needle. When the outer tip needle is disposed over the pair of grasping arms, the arms are collapsed. When the outer tip needle is withdrawn away from the grasping arms, the arms are expanded. The outer tip needle, when disposed over the grasping arms, also allows for protection of the tissue or sheet of cells during surgical manipulation.

Potential Commercial Applications:

• Ocular transplantation
• Ocular surgery

Competitive Advantages: Can perform transplantation of micron-sized tissue or cell grafts.

Development Stage: Prototype
Inventor: Arvydas Maminishkis (NEI)


Licensing Contact: Michael Shmilovich; 301–435–5019; shmilovm@mail.nih.gov.

High-Affinity Dopamine D3 Receptor Antagonists and Partial Agonists

Description of Technology: Investigators at the National Institute on Drug Abuse (NIDA) have synthesized a novel class of dopamine D3 receptor ligands using click chemistry. These novel compounds contain a triazole instead of an amide group between the primary and secondary pharmacophore. Although the amide linker has been shown to be essential for high affinity and selectivity in certain D3 receptor ligands, NIDA investigators have determined that the triazole linker maintains desired D3 receptor-binding functionality, and may improve bioavailability because of its resistance to metabolic amidases.

Potential Commercial Applications:

• Therapeutic agent for substance abuse (such as alcohol, nicotine, cocaine, methamphetamine, opioids)
• Therapeutic agent for cognitive disorders (such as schizophrenia, Parkinson’s disease, dyskinesia, depression)
• Therapeutic agent for restless legs syndrome

Competitive Advantages:

• Higher affinity for the dopamine D3 receptor
• Improved bioavailability

Development Stage: Early-stage.

Inventors: Amy H. Newman, Ashwini Banala, Thomas M. Keck (all of NIDA).


Related Technologies:

• HHS Reference No. E–251–2002—US Provisional Application No. 60/ 410,715

Licensing Contact: Charlene Sydnor, Ph.D.; 301–435–4689; sydnorc@mail.nih.gov.

Collaborative Research Opportunity: The National Institute on Drug Abuse is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize D3 receptor selective antagonists/agonists. For collaboration opportunities, please contact Michelle Kim Leff, MD, MBA at mleff@mail.nih.gov.