enrollments, and self-queries are submitted and query responses are received through the NPDB's secure Web site. Fees are paid via electronic funds transfer, debit card, or credit card.

The NPDB is authorized by the Health Care Quality Improvement Act of 1986 (the Act), Title IV of Public Law 99–660, as amended (42 U.S.C. 11101 *et seq.*). Further, two additional statutes expanded the scope of the NPDB—Section 1921 of the Social Security Act, as amended (42 U.S.C. 1396r–2) and Section 1128E of the Social Security Act, as amended (42 U.S.C. 1320a–7e). Information collected under the Section 1128E authority was consolidated within the NPDB pursuant to Section 6403 of the Patient Protection and Affordable Care Act, Public Law 111–148; this consolidation became effective on May 6, 2013.

42 U.S.C. 11137(b)(4), 42 U.S.C. 1396r–2(e), and 42 U.S.C. 1320a–7e(d) authorize the establishment of fees for the costs of processing requests for disclosure of such information. Final regulations at 45 CFR Part 60 set forth the criteria and procedures for information to be reported to and disclosed by the NPDB. In determining any changes in the amount of user fees, the Department uses the criteria set forth in section 60.19(b) of the regulations, as well as allowable costs pursuant to Public Law 113–76. Section 60.19(b) states: ''The amount of each fee will be determined based on the following criteria: (1) Direct and indirect personnel costs, including salaries and fringe benefits such as medical insurance and retirement, (2) Physical overhead, consulting, and other indirect costs (including materials and supplies, utilities, insurance, travel, and rent and depreciation on land, buildings, and equipment), (3) Agency management and supervisory costs, (4) Costs of enforcement, research, and establishment of regulations and guidance, (5) Use of electronic data processing equipment to collect and maintain information—the actual cost of the service, including computer search time, runs and printouts, and (6) Any other direct or indirect costs related to the provision of services.''

The Department will continue to review the user fees periodically as required by Office of Management and Budget Circular Number A–25, and will revise fees as necessary. Any future changes in user fees and their effective dates will be announced in the **Federal Register**. This change will be effective October 1, 2014.

FOR FURTHER INFORMATION CONTACT: Director, Division of Practitioner Data Banks, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, 5600 Fishers Lane, Room 8–103, Rockville, Maryland 20857; telephone number: (301) 443–2300.

Dated: April 10, 2014.

Mary Wakefield,

Administrator.

[FR Doc. 2014–08830 Filed 4–17–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Prospective Grant of Exclusive Trademark/Service Mark License for Best Bones Forever! Campaign Marks

AGENCY: Office on Women's Health, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services .

ACTION: Notice.

SUMMARY: Pursuant to 42 U.S.C. 300u, notice is given that the Office on Women's Health (OWH) is soliciting proposals from entities and organizations for the opportunity to exclusively license the trademarks and service marks which are critical to communicating the messages of the *Best Bones Forever!* public health awareness campaign.

DATES: Representatives of eligible organizations should submit expressions of interest no later than 6:00 p.m. e.s.t. on June 17, 2014.

ADDRESSES: Expressions of interest may be directed electronically to *ann.abercrombie@hhs.gov* or mailed to the Office on Women's Health, Office of the Assistant Secretary for Health, Department of Health and Human Services, 200 Independence Avenue SW., Room 719E, Washington, DC 20201. Attention Ann Abercrombie.

FOR FURTHER INFORMATION CONTACT: Questions may be directed to Ann Abercrombie, program manager for womenshealth.gov and girlshealth.gov, Office on Women's Health, 200 Independence Avenue SW., Room 719E, Washington, DC 20201. Email: *Ann.Abercrombie@hhs.gov*.

SUPPLEMENTARY INFORMATION: OWH launched the *Best Bones Forever!* campaign in 2009 with the goal of improving bone health among adolescent girls by encouraging them to increase their calcium and vitamin D consumption and physical activity. After four successful years, OWH has made the strategic decision to bring their involvement in the *Best Bones Forever!* campaign to a close. OWH is looking for one organization to continue the campaign by promoting campaign messages nationally through an exclusive license to the campaign marks. Below are preferred qualifications for the exclusive licensee:

- National reach;
- established presence as a leader in bone health in communities around the United States;
- mission related to improving bone health among the public;
- previous involvement in the *Best Bones Forever!* Campaign;
- access to subject matter experts in osteoporosis and bone health; and
- experience leading public awareness campaigns.

Expressions of interest should outline eligibility in response to the qualifications bulleted above and be no more than two pages in length.

The OWH will grant one organization an exclusive U.S. license to use the marks below, as registered, in consideration for that organization's continuation of *the Best Bones Forever!* public health awareness campaign. No sublicensing will be permitted.

Registered Marks

BEST BONES FOREVER!, USPTO Reg. No. 3,911,698;
Exskullmation Point Design (Logo), USPTO Reg. No. 3,923,702; and
BEST BONES FOREVER! (Composite Logo Mark), USPTO Reg. No. 3,948,360.

Dated: April 10, 2014.

Nancy C. Lee,

Deputy Assistant Secretary for Health—Women's Health, Director, Office on Women's Health.

[FR Doc. 2014–08831 Filed 4–17–14; 8:45 am]

BILLING CODE 4150–42–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed; 60-Day Comment Request; Evaluations of the Clinical Courses Developed by the National Institutes of Health Centers of Excellence in Pain Education

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 National Institute on Drug Abuse (NIDA), 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.

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.

To Submit Comments and for Further Information: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project contact: Dr. David Thomas, Director of the NIH Centers of Excellence in Pain Education Program, National Institute on Drug Abuse, 6001 Executive Blvd., Room 3165, Rockville, MD 20852, or call non-toll free number (301) 435–1313, or Email your request, including your address to: *dthomas1@nida.nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

DATES: *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.

Proposed Collection: Evaluations of the Clinical Courses Developed at the National Institutes of Health Centers of Excellence in Pain Education, 0925-New, National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH).

Need and Use of Information Collection: The NIH Centers on Pain Education were funded to develop clinical training courses for pain management curricula that will advance the assessment, diagnosis, and safe treatment of a wide variety of pain conditions while minimizing the abuse of opioid pain relievers. These courses have been developed and assessed for feasibility, reliability, content validity, at their respective Centers. They need to be assessed for effectiveness in teaching and learning, to make improvements to them, before they are made available for the public. Course development was conducted independently by each Center, and followed the policies and practices of the teaching institutions, and the emphases that each institution may place on training. Each Center will need information collection instruments tailored to its specific courses, therefore a generic clearance is requested. Different methods of assessment will be used.

Data collection methods to be used in these studies include multiple choice questions pre- and post-training for each learner group; Information collected from patient charts (of patients treated by learners after training); Reflective essays from students on effect of training on their knowledge; Post Test questionnaires and interviews of learners, and or instructors, to examine satisfaction with quality of content, quality of instructional methods, usability; Invited expert review, formal peer review; Questionnaires at workshops on quality of content, quality of educational methods, usability of technology; Telephone and in-person surveys; Focus groups and individual in-depth unstructured interviews. The results from the evaluations will be used to (1) improve the courses; (2) identify the best courses and platforms for teaching pain management to various care providers; and for the subsequent evaluation of the overall Program that the NIH will conduct to assess its impact.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 2200.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name (data collection activity)	Type of respondent	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total annual burden hour
In-person and electronic surveys pre-test.	Adults trained in the courses	2400	1	15/60	600
In-person and electronic surveys post-test.	Adults trained in the courses	2400	1	15/60	600
Reflective essays	Adults trained in the courses	200	1	1	200
Electronic surveys—second post-test	Adults trained in the courses	1200	1	15/60	300
Focus Groups and Individual in-depth interviews.	Adults	200	1	2	400
Telephone surveys Practitioners using the e-curricula resources.	Adults	200	1	30/60	100

Dated: April 11, 2014.

Glenda J. Conroy,

Executive Officer (OM Director), NIDA, NIH.

[FR Doc. 2014–08907 Filed 4–17–14; 8:45 am]

BILLING CODE 4140–01–P

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