the expansion of existing primary care residency training programs in community-based settings. The primary goals of this program are to increase the production of primary care providers who are better prepared to practice in community settings, particularly with underserved populations, and improve the geographic distribution of primary care providers.

Statute requires the Secretary to determine an appropriate THCGME program payment for indirect medical expenses (IME) as well as to update, as deemed appropriate, the per resident amount used to determine the Program's payment for direct medical expenses (DME). To inform these determinations and to increase understanding of this model of residency training, the George Washington University (GW) is conducting an evaluation of the costs associated with training residents in the Teaching Health Center (THC) model. GW has developed a standardized costing instrument to gather data from all THCGME programs. The information gathered in the standardized costing instrument includes, but is not limited to, resident and faculty full-time equivalents, salaries and benefits, residency administration costs, educational costs, residency clinical operations and administrative costs, and patient visits and clinical revenue generated by medical residents.

Need and Proposed Use of the Information: HRSA is collecting costing information related to both DME and IME in an effort to establish a THC's total cost of running a residency program, to assist the Secretary in determining an appropriate update to the per resident amount used to calculate the payment for DME and an appropriate IME payment. The described data collection activities will serve to inform these statutory requirements for the Secretary in a uniform and consistent manner.

Likely Respondents: THCGME grantees.

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 ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Teaching Health Center Costing Instrument	60	1	60	10	600
Total	60	1	60	10	600

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2015–01882 Filed 1–30–15; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[CFDA Number: 93.164]

Loan Repayment Program for Repayment of Health Professions Educational Loans Announcement Type: Initial

DATES: *Key Dates:* February 13, 2015 first award cycle deadline date; August 14, 2015 last award cycle deadline date; September 11, 2015 last award cycle deadline date for supplemental loan repayment program funds; September 30, 2015 entry on duty deadline date.

I. Funding Opportunity Description

The Indian Health Service (IHS) estimated budget request for Fiscal Year (FY) 2015 includes $16,721,135 for the IHS Loan Repayment Program (LRP) for health professional educational loans (undergraduate and graduate) in return for full-time clinical service as defined in the IHS LRP policy clarifications at *http://www.ihs.gov/loanrepayment/documents/LRP_Policy_Updates.pdf* in Indian health programs.

This program announcement is subject to the appropriation of funds. This notice is being published early to coincide with the recruitment activity of the IHS which competes with other Government and private health management organizations to employ qualified health professionals.

This program is authorized by the Indian Health Care Improvement Act (IHCIA) Section 108, codified at 25 U.S.C. 1616a.

II. Award Information

The estimated amount available is approximately $16,721,135 to support approximately 387 competing awards averaging $43,182 per award for a two year contract. One year contract extensions will receive priority consideration in any award cycle. Applicants selected for participation in the FY 2015 program cycle will be expected to begin their service period no later than September 30, 2015.

III. Eligibility Information

A. Eligible Applicants

Pursuant to 25 U.S.C. 1616(b), to be eligible to participate in the LRP, an individual must:

(1)(A) Be enrolled —

(i) In a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or

(ii) In an approved graduate training program in a health profession; or

(B) Have a degree in a health profession and a license to practice in a State; and

(2)(A) Be eligible for, or hold an appointment as a commissioned officer in the Regular Corps of the Public Health Service (PHS); or

(B) Be eligible for selection for service in the Regular Corps of the PHS; or

(C) Meet the professional standards for civil service employment in the IHS; or

(D) Be employed in an Indian health program without service obligation; and

(E) Submit to the Secretary an application for a contract to the LRP. The Secretary must approve the contract before the disbursement of loan repayments can be made to the participant. Participants will be required to fulfill their contract service agreements through full-time clinical practice at an Indian health program site determined by the

Secretary. Loan repayment sites are characterized by physical, cultural, and professional isolation, and have histories of frequent staff turnover. Indian health program sites are annually prioritized within the Agency by discipline, based on need or vacancy. The IHS LRP's ranking system gives high site scores to those sites that are most in need of specific health professions. Awards are given to the applications that match the highest priorities until funds are no longer available.

Any individual who owes an obligation for health professional service to the Federal Government, a State, or other entity is not eligible for the LRP unless the obligation will be completely satisfied before they begin service under this program.

25 U.S.C. 1616a authorizes the IHS LRP and provides in pertinent part as follows:

(a)(1) The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the Loan Repayment Program) in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.

25 U.S.C. 1603(10) provides that:

''Health Profession'' means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, an allied health profession, or any other health profession.

For the purposes of this program, the term ''Indian health program'' is defined in 25 U.S.C. 1616a(a)(2)(A), as follows:

(A) The term Indian health program means any health program or facility funded, in whole or in part, by the Service for the benefit of Indians and administered—

(i) Directly by the Service;

(ii) By any Indian Tribe or Tribal or Indian organization pursuant to a contract under—

(I) The Indian Self-Determination Act, or

(II) Section 23 of the Act of April 30, 1908, (25 U.S.C. 47), popularly known as the Buy Indian Act; or

(iii) By an urban Indian organization pursuant to Title V of this Act.

25 U.S.C. 1616a, authorizes the IHS to determine specific health professions for which IHS LRP contracts will be awarded. Annually, the Director, Division of Health Professions Support, sends a letter to the Director, Office of Public Health, Tribal leaders, and urban Indian health programs directors to request a list of positions for which there is a need or vacancy. The list of priority health professions that follows is based upon the needs of the IHS as well as upon the needs of American Indians and Alaska Natives.

(a) Medicine: Allopathic and Osteopathic.

(b) Nurse: Associate, B.S. and M.S. Degree.

(c) Clinical Psychology: Ph.D. and Psy.D.

(d) Counseling Psychology: Ph.D.

(e) Social Work: Licensed Clinical Social Worker or Licensed Master Social Worker; Masters level only.

(f) Chemical Dependency Counseling: Baccalaureate and Masters level.

(g) Counseling: Masters level only.

(h) Dentistry: DDS and DMD.

(i) Dental Hygiene.

(j) Dental Assistant: Certified.

(k) Pharmacy: B.S., Pharm.D.

(l) Optometry: O.D.

(m) Physician Assistant: Certified.

(n) Advanced Practice Nurses: Nurse Practitioner, Certified Nurse Midwife, Doctor of Nursing, Registered Nurse Anesthetist (Priority consideration will be given to Registered Nurse Anesthetists.).

(o) Podiatry: D.P.M.

(p) Physical Rehabilitation Services: Physical Therapy, Occupational Therapy, Speech-Language Pathology, and Audiology: M.S. and D.P.T.

(q) Diagnostic Radiology Technology: Certificate, Associate, and B.S.

(r) Medical Laboratory Scientist, Medical Technology, Medical Laboratory Technician: Associate and B.S.

(s) Public Health Nutritionist/ Registered Dietitian.

(t) Engineering (Environmental): B.S. (Engineers must provide environmental engineering services to be eligible.).

(u) Environmental Health (Sanitarian): B.S. and M.S.

(v) Health Records: R.H.I.T. and R.H.I.A.

(w) Certified Professional Coder: AAPC or AHIMA.

(x) Respiratory Therapy.

(y) Ultrasonography.

(z) Chiropractors: Licensed.

(aa) Naturopathic Medicine: Licensed.

(bb) Acupuncturists: Licensed.

B. Cost Sharing or Matching

Not applicable.

C. Other Requirements

Interested individuals are reminded that the list of eligible health and allied health professions is effective for applicants for FY 2015. These priorities will remain in effect until superseded.

IV. Application and Submission Information

A. Content and Form of Application Submission

Each applicant will be responsible for submitting a complete application. Go to *http://www.ihs.gov/loanrepayment* for more information on how to apply electronically. The application will be considered complete if the following documents are included:

- Employment Verification—Documentation of your employment with an Indian health program as applicable:
  - Commissioned Corps orders, Tribal employment documentation or offer letter, or Notification of Personnel Action (SF–50)—For current Federal employees.
- License to Practice—A photocopy of your current, non-temporary, full and unrestricted license to practice (issued by any state, Washington, DC or Puerto Rico).
- Loan Documentation—A copy of all current statements related to the loans submitted as part of the LRP application.
- If applicable, if you are a member of a Federally recognized Tribe or Alaska Native (recognized by the Secretary of the Interior), provide a certification of Tribal enrollment by the Secretary of the Interior, acting through the Bureau of Indian Affairs (BIA) (Certification: Form BIA—4432 Category A—Members of Federally-Recognized Indian Tribes, Bands or Communities or Category D—Alaska Native).

B. Submission Dates and Address

Applications for the FY 2015 LRP will be accepted and evaluated monthly beginning February 13, 2015 and will continue to be accepted each month thereafter until all funds are exhausted for FY 2015. Subsequent monthly deadline dates are scheduled for Friday of the second full week of each month until August 14, 2015.

Applications shall be considered as meeting the deadline if they are either:

(1) Received on or before the deadline date; or

(2) The documentation is received after the deadline date, but has a legible postmark dated on or before the deadline date. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailing).

Applications submitted after the monthly closing date will be held for consideration in the next monthly

funding cycle. Applicants who do not receive funding by September 30, 2015, will be notified in writing.

Application documents should be sent to: IHS Loan Repayment Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852.

C. Intergovernmental Review

This program is not subject to review under Executive Order 12372.

D. Funding Restrictions

Not applicable.

E. Other Submission Requirements

New applicants are responsible for using the online application. Applicants requesting a contract extension must do so in writing by January 1, 2015 to ensure the highest possibility of being funded a contract extension.

V. Application Review Information

A. Criteria

The IHS has identified the positions in each Indian health program for which there is a need or vacancy and ranked those positions in order of priority by developing discipline-specific prioritized lists of sites. Ranking criteria for these sites may include the following:

(1) Historically critical shortages caused by frequent staff turnover;

(2) Current unmatched vacancies in a health profession discipline;

(3) Projected vacancies in a health profession discipline;

(4) Ensuring that the staffing needs of Indian health programs administered by an Indian Tribe or Tribal health organization or urban Indian organization receive consideration on an equal basis with programs that are administered directly by the Service; and

(5) Giving priority to vacancies in Indian health programs that have a need for health professionals to provide health care services as a result of individuals having breached LRP contracts entered into under this section.

Consistent with this priority ranking, in determining applications to be approved and contracts to accept, the IHS will give priority to applications made by American Indians and Alaska Natives and to individuals recruited through the efforts of Indian Tribes or Tribal or Indian organizations.

B. Review and Selection Process

Loan repayment awards will be made only to those individuals serving at facilities which have a site score of 70 or above during the first quarter of FY 2015, if funding is available.

One or all of the following factors may be applicable to an applicant, and the applicant who has the most of these factors, all other criteria being equal, will be selected.

(1) An applicant's length of current employment in the IHS, Tribal, or urban program.

(2) Availability for service earlier than other applicants (first come, first served).

(3) Date the individual's application was received.

C. Anticipated Announcement and Award Dates

Not applicable.

VI. Award Administration Information

A. Award Notices

Notice of awards will be mailed on the last working day of each month. Once the applicant is approved for participation in the LRP, the applicant will receive confirmation of his/her loan repayment award and the duty site at which he/she will serve his/her loan repayment obligation.

B. Administrative and National Policy Requirements

Applicants may sign contractual agreements with the Secretary for two years. The IHS may repay all, or a portion, of the applicant's health profession educational loans (undergraduate and graduate) for tuition expenses and reasonable educational and living expenses in amounts up to $20,000 per year for each year of contracted service. Payments will be made annually to the participant for the purpose of repaying his/her outstanding health profession educational loans. Payment of health profession education loans will be made to the participant within 120 days, from the date the contract becomes effective. The effective date of the contract is calculated from the date it is signed by the Secretary or his/her delegate, or the IHS, Tribal, urban, or Buy Indian health center entry-on-duty date, whichever is more recent.

In addition to the loan payment, participants are provided tax assistance payments in an amount not less than 20 percent and not more than 39 percent of the participant's total amount of loan repayments made for the taxable year involved. The loan repayments and the tax assistance payments are taxable income and will be reported to the Internal Revenue Service (IRS). The tax assistance payment will be paid to the IRS directly on the participant's behalf. LRP award recipients should be aware that the IRS may place them in a higher tax bracket than they would otherwise have been prior to their award.

C. Contract Extensions

Any individual who enters this program and satisfactorily completes his or her obligated period of service may apply to extend his/her contract on a year-by-year basis, as determined by the IHS. Participants extending their contracts may receive up to the maximum amount of $20,000 per year plus an additional 20 percent for Federal withholding.

VII. Agency Contact

Please address inquiries to Ms. Jacqueline K. Santiago, Chief, IHS Loan Repayment Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, Telephone: 301/443–3396 [between 8:00 a.m. and 5:00 p.m. (EST) Monday through Friday, except Federal holidays].

VIII. Other Information

IHS Area Offices and Service Units that are financially able are authorized to provide additional funding to make awards to applicants in the LRP, but not to exceed $35,000 a year plus tax assistance. All additional funding must be made in accordance with the priority system outlined below. Health professions given priority for selection above the $20,000 threshold are those identified as meeting the criteria in 25 U.S.C. 1616a(g)(2)(A) which provides that the Secretary shall consider the extent to which each such determination:

(i) Affects the ability of the Secretary to maximize the number of contracts that can be provided under the LRP from the amounts appropriated for such contracts;

(ii) Provides an incentive to serve in Indian health programs with the greatest shortages of health professionals; and

(iii) Provides an incentive with respect to the health professional involved remaining in an Indian health program with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the LRP.

Contracts may be awarded to those who are available for service no later than September 30, 2015 and must be in compliance with any limits in the appropriation and 25 U.S.C. 1616a not to exceed the amount authorized in the IHS appropriation (up to $36,000,000 for FY 2015). In order to ensure compliance with the statutes, Area Offices or Service Units providing additional funding under this section are responsible for notifying the LRP of

such payments before funding is offered to the LRP participant.

Should an IHS Area Office contribute to the LRP, those funds will be used for only those sites located in that Area. Those sites will retain their relative ranking from the national site-ranking list. For example, the Albuquerque Area Office identifies supplemental monies for dentists. Only the dental positions within the Albuquerque Area will be funded with the supplemental monies consistent with the national ranking and site index within that Area.

Should an IHS Service Unit contribute to the LRP, those funds will be used for only those sites located in that Service Unit. Those sites will retain their relative ranking from the national site-ranking list. For example, Whiteriver Service Unit identifies supplemental monies for nurses. The Whiteriver Service Unit consists of two facilities, namely the Whiteriver PHS Indian Hospital and the Cibecue Indian Health Center. The national ranking will be used for the Whiteriver PHS Indian Hospital (Score = 79) and the Cibecue Indian Health Center (Score = 95). With a score of 95, the Cibecue Indian Health Center would receive priority over the Whiteriver PHS Indian Hospital.

Dated: January 20, 2015.

Yvette Roubideaux,

Acting Director, Indian Health Service.

[FR Doc. 2015–01958 Filed 1–30–15; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of Technology Transfer; Notice of meetings

ACTION: Notice of meetings.

SUMMARY: Notice is hereby given that the Office of Intramural Research (OIR), National Institutes of Health (NIH), will host two webinars to enable public discussion of its proposal to reorganize the OIR Office of Technology Transfer (OTT). The proposal seeks to align authority and responsibility for the implementation and execution of patenting and licensing (P&L) functions within the NIH Institutes and Centers.

DATES: The first webinar will be held on February 13th from 9:30 to 10:00 a.m. The second webinar will be held on February 13th from 10:00 to 10:30 a.m. Members of the public wishing to join a webinar must register via the webinar link provided. Any interested person may also file written comments by sending an email to Deborah Kassilke, *kassilked@mail.nih.gov* by Tuesday, February 17th, 2015. The written comment should include the commenter's name and, when applicable, professional affiliation.

ADDRESSES: Session 1: February 13, 2015 from 9:30 to 10:00 a.m. *https://nih.webex.com/nih/j.php?MTID=m2a6eb40ebe096afad861f0b5e941f9bc.*

Session 2: February 13, 2015 from 10:00 to 10:30 a.m. *https://nih.webex.com/nih/j.php?MTID=m8c50a9e8b5454a39b4fa24d9df412fab.*

FOR FURTHER INFORMATION CONTACT: Deborah Kassilke, *kassilked@mail.nih.gov,* 301–435–2950.

SUPPLEMENTARY INFORMATION: The background of the proposed OTT reorganization is as follows.

The Advisory Committee to the NIH Deputy Director for Intramural Research, and the Technology Transfer Steering Committee (TTSC) recently assessed OTT to determine how it services the overall technology transfer needs of the NIH. The committees recommended that the authority and responsibility for the implementation and execution of patenting and licensing should be decentralized from OTT and distributed throughout the NIH Institutes and Centers (ICs). In September 2014, the NIH Steering Committee accepted this recommendation.

Dated: January 27, 2015.

Lawrence Tabak,

Principal Deputy Director, National Institutes of Health.

[FR Doc. 2015–01964 Filed 1–30–15; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Neurological Disorders and Stroke, Muscular Dystrophy Coordinating Committee Call for Committee Membership Nominations

SUMMARY: The Office of the Secretary of the Department of Health and Human Services (HHS) is seeking nominations of individuals to serve as non-federal public members on the Muscular Dystrophy Coordinating Committee.

DATES: Nominations are due by close of business, February 27, 2015.

ADDRESSES: Nominations must be sent to Glen Nuckolls, Ph.D., by email to *nuckollg@ninds.nih.gov.*

FOR FURTHER INFORMATION CONTACT: Glen Nuckolls, Ph.D., by email to *nuckollg@ninds.nih.gov.*

SUPPLEMENTARY INFORMATION: The Muscular Dystrophy Coordinating Committee (MDCC) is a federal advisory committee established in accordance with the Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2001 (MD–CARE Act; Public Law 107–84. The MD–CARE Act was reauthorized in 2008 by Public Law 110–361, and again in 2014 by Public Law 113–166. The 2014 reauthorization mandated changes to the membership of the MDCC, resulting in the addition of one public member. Nominations of non-federal public members will be accepted between January 30, 2015 and February 27, 2015.

Who is Eligible: Nominations of new non-federal public members interested in advancing muscular dystrophy research and reducing the burden of disease are encouraged. Self-nominations and nominations of other individuals are both permitted. Only one nomination per individual is required. Multiple nominations for the same individual will not increase likelihood of selection. Non-federal public members may be selected from the pool of submitted nominations and other sources as needed to meet statutory requirements and to form a balanced committee that represents the diversity within the muscular dystrophy community. Those eligible for nomination include leaders or representatives of major muscular dystrophy research, advocacy, and service organizations, parents or guardians of individuals with muscular dystrophy, individuals with muscular dystrophy and service providers, educators, researchers, and other individuals with professional or personal experience with muscular dystrophy. In accordance with White House Office of Management and Budget guidelines (FR Doc. 2014–19140), federally-registered lobbyists are not eligible.

Committee Composition: In accordance with the Committee's authorizing statute, ⅔ of members of the Coordinating Committee shall represent government agencies and ⅓ of members shall be public members ''including a broad cross section of persons affected with muscular dystrophies including parents or legal guardians, affected individuals, researchers, and clinicians.''

The Department strives to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that the views of women, all ethnic and racial groups,