Report and the Service Provider Report, as well as a data file containing the client-level data elements. Data will be submitted annually. The RWHAP statute specifies the importance of recipient accountability and linking performance to budget. The RSR will be used to ensure recipient compliance with the law, including evaluating the effectiveness of programs, monitoring recipient and provider performance, and informing annual reports to Congress. Information collected through the RSR will be critical for HRSA, state and local grant recipients, and individual providers to assess the status of existing HIV-related service delivery systems, assess trends in service utilization, assess the impact of data reporting and identify areas of greatest need.

This new ICR is being developed to replace the existing ICR (OMB control number 0915–0323), for which HRSA has collected RSR data since 2009. These revisions will account for significant modifications to several variables within the client report and XML file, which will improve data quality and align data collection efforts with recent Policy Clarification Notices (PCN 16–02). HRSA will continue to collect and report the client-level data elements supplied by the existing ICR through 2019. In 2019, the existing ICR will expire and HRSA will collect and report on the data elements defined in the new ICR. While there will be no overlap in the data collected and reported between the existing and new ICR, HRSA is submitting this new ICR in tandem with the existing ICR to allow recipients the ability to make modifications to their RSR systems between the two reporting periods, and continue to collect and report on both the old and new variables without interruption.

Likely Respondents: RWHAP Part A, Part B, Part C, and Part D recipients and their contracted service providers.

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
Grantee Report	595	1	595	7	4,165
Provider Report	1793	1	1793	17	30,481
Client Report	1,312	1	1,312	67	87,904
Total	3,700		3,700		122,550

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Amy McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2017–25510 Filed 11–24–17; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: NURSE Corps Loan Repayment Program OMB No. 0915–0140—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than January 26, 2018.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: NURSE Corps Loan Repayment Program OMB No. 0915–0140–Revision.

Abstract: The NURSE Corps Loan Repayment Program (NURSE Corps LRP) assists in the recruitment and retention of professional Registered Nurses (RNs) by decreasing the financial barriers associated with pursuing a nursing education. RNs in this instance include advanced practice RNs (*e.g.,* nurse practitioners, certified registered nurse anesthetists, certified nurse-midwives, and clinical nurse

specialists) dedicated to working at eligible health care facilities with a critical shortage of nurses (*i.e.,* a Critical Shortage Facility) or working as nurse faculty in eligible, accredited schools of nursing. The NURSE Corps LRP provides loan repayment assistance to these nurses to repay a portion of their qualifying educational loans in exchange for full-time service at a public or private nonprofit Critical Shortage Facility (CSF) or in an eligible, accredited school of nursing.

Need and Proposed Use of the Information: The need and purpose of this information collection is to obtain information regarding NURSE Corps LRP applicants and participants to be used to consider an applicant for a NURSE Corps LRP contract award and to monitor a participant's compliance with the program's service requirements. Individuals must submit an application in order to participate in the program. The application asks for personal, professional, educational, and financial information required to determine the applicant's eligibility to participate in the NURSE Corps LRP. The Semi-Annual Employment Verification Form asks for personal and employment information about the participant to determine if a participant is in compliance with the program's service requirements. The Authorization to Release Employment Information Form is now a self-certification within the NURSE Corps LRP application process, with applicants clicking a box.

This revision to the clearance package will incorporate two new forms for participants: (1) The CSF Verification Form, which is used to verify transfers to critical shortage facilities not already recorded in the online portal; and (2) the NURSE Corps Nurse Faculty Employment Verification Form, which asks for personal and employment information to specifically determine if nurse faculty participants are eligible to transfer to another approved accredited school of nursing.

Likely Respondents: Professional RNs or advanced practice RNs who are interested in participating in the NURSE Corps LRP, and official representatives at their service sites.

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. The change in the Authorization to Release Employment Information Form has reduced the time necessary for applicants to complete the form from an estimated six minutes to around one minute for online applicants. This decreases the overall time burden by eliminating a form and not increasing the ''average'' time required to complete the NURSE Corps LRP application. Most applicants fill this form out online by checking a box, bypassing the need for the physical form.

Total Estimated Annualized Burden Hours:

The estimates of reporting burden for Applicants are as follows:

Instrument	Number of respondents	Responses/ respondents	Total responses	Hours per response	Total burden hours
NURSE Corps LRP Application *	5,500	1	5,500	2.0	11,000
Authorization to Release Employment Information Form **	5,500	1	5,500	.10	550
Total for Applicants	5,500	1	11,000	2.10	11,550

* The burden hours associated with this instrument account for both new and continuation applications. Additional (uploaded) supporting documentation is included as part of this instrument and reflected in the burden hours.

** The same respondents are completing these instruments.

The estimates of reporting for Participants are as follows:

Instrument	Number of respondents	Responses/ respondents	Total responses	Hours per response	Total burden hours
Participant Semi-Annual Employment Verification Form	2,300	2	4,600	.5	2,300
NURSE Corps CSF Verification Form	550	1	550	.10	55
NURSE Corps Nurse Faculty Employment Verification Form	250	1	250	.20	50
Total for Participants	3,100	4	5,400	.8	2,405
Total for Applicants and Participants	8,600		16,400		*13,955

* The 13,955 figure is a combination of burden hours for applicants and participants. This revision adds two forms (the CSF Verification Form and NURSE Corps Nurse Faculty Employment Verification Form). Participants, not applicants, only use these forms. The 13,955 total burden hours represents the net decrease in applicant burden, and the net increase in participant burden.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Amy McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2017–25507 Filed 11–24–17; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Chronic Fatigue Syndrome Advisory Committee

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (HHS) is hereby giving notice that a meeting of the Chronic Fatigue Syndrome Advisory Committee (CFSAC) will take place and will be open to the public.

DATES: The CFSAC in person meeting will be held on Wednesday, December 13, 2017, from 9:00 a.m. until 3:30 p.m. and Thursday, December 14, 2017, from 9:00 a.m. until 5:00 p.m. (EST).

ADDRESSES: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, Room 800, 200 Independence Avenue SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Commander Gustavo Ceinos, MPH, Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee, Department of Health and Human Services, 200 Independence Avenue SW., Room 728F6, Washington, DC 20201. Please direct all inquiries to *cfsac@hhs.gov* or 202–690–7650.

SUPPLEMENTARY INFORMATION: The CFSAC is authorized under 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended. The purpose of the CFSAC is to provide advice and recommendations to the Secretary of Health and Human Services, through the Assistant Secretary for Health (ASH), on issues related to myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). The issues can include factors affecting access and care for persons with ME/CFS; the science and definition of ME/CFS; and broader public health, clinical, research, and educational issues related to ME/CFS.

The agenda for this meeting, call-in information and location will be posted on the CFSAC Web site *http://www.hhs.gov/ash/advisory-committees/cfsac/meetings/index.html.*

Request to speak to the committee: Each day of the meeting an hour has been scheduled for public comments via telephone or in person. Individuals will have three minutes to present their comments. Priority will be given to individuals who have not provided public comment within the previous twelve months. We are unable to place international calls for public comments. To request a time slot for public comments, please send an email to *cfsac@hhs.gov* by close of business on Monday, November 27, 2017. The email should contain the speaker's name and the phone number that will be used for public comments.

An email from the CFSAC Support Team will be sent back to you confirming receipt of your request. If the email confirmation is not received within two working days, please call 202–690–7650.

Request to provide written comments: Individuals who would like to provide only written testimony to the Committee members and do not wish to speak, should indicate so in their email when submitting their written testimony. It is preferred, but not required, that the submitted testimony be prepared in digital format and typed using a 12-pitch font. Written comments must not exceed 5 single-space pages, and it is preferred, but not required that the document be prepared in the MS Word format. Please note that PDF files, handwritten notes, charts, and photographs cannot be accepted. Materials submitted should not include sensitive personal information, such as social security number, birthdates, driver's license number, passport number, financial account number, or credit or debit card number. If you wish to remain anonymous please specify this in your email, otherwise your name will be included at the top of your written comments.

The Committee welcomes input on any topic related to ME/CFS.

Dated: November 17, 2017.

Gustavo Ceinos,

CDR, USPHS, Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee.

[FR Doc. 2017–25550 Filed 11–24–17; 8:45 am]

BILLING CODE 4150–42–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case:

Mahandranauth Chetram, Ph.D., Georgetown University and Emory School of Medicine: Based on the report of an investigation conducted by Georgetown University (GU), Respondent's admission at Emory School of Medicine (ESOM), and additional analysis conducted by ORI in its oversight review, ORI found that Dr. Mahandranauth Chetram, former postdoctoral fellow, Department of Oncology, GU, and former postdoctoral fellow, Department of Pediatrics, ESOM, engaged in research misconduct in research supported by National Cancer Institute (NCI), National Institutes of Health (NIH), grants R01 CA113447, R01 CA092306, and T32 CA09686 while at GU, and National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH, grant R01 DK059380 while at ESOM.

ORI found that Respondent engaged in research misconduct at GU by falsifying Western blot images and polymerase chain reaction (PCR) data included in an unfunded grant application, R01 CA193344–01A1, and in a manuscript submitted to *Cancer Cell* (''The DNA Repair Protein, NTHL1 Functions as an Oncoprotein by Activating the Canoncial Wnt Pathway.'' Submitted to *Cancer Cell;* hereafter referred to as the ''*Cancer Cell* manuscript''). Subsequently, after Respondent was aware of the research misconduct findings from GU, Respondent engaged in research misconduct at ESOM and falsified RT–PCR data on Excel spreadsheets in the research record and in a figure generated from the false data included in a manuscript submitted to and withdrawn from *Scientific Reports* (''Immipramine Blue Sensitively and Selectively Targets FLT3–ITD Positive Acute Myeloid Leukemia Cells.'' *Scientific Reports* 7(1):4447, 2017 June