implementation and operation resides in the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services (DHHS). The NPDB began operation on September 1, 1990.

The intent of Title IV of Pub. L. 99–660 is to improve the quality of health care by encouraging hospitals, State licensing boards, professional societies, and other entities providing health care services, to identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State to State without disclosure of practitioner previous damaging or incompetent performance.

The NPDB acts primarily as a flagging system; its principal purpose is to facilitate comprehensive review of practitioners' professional credentials and background. Information on medical malpractice payments, adverse licensure actions, adverse clinical privileging actions, adverse professional society actions, and Medicare/Medicaid exclusions is collected from, and disseminated to, eligible entities. It is intended that NPDB information should be considered with other relevant information in evaluating a practitioner's credentials.

This request is for a revision of reporting and querying forms previously approved on April 30, 1999. The reporting forms and the request for information forms (query forms) must be accessed, completed, and submitted to the NPDB electronically through the NPDB Web site at *http://www.npdb-hipdb.com.* All reporting and querying is performed through this secure website. Due to overlap in requirements for the Healthcare Integrity and Protection Data Bank (HIPDB), some of the NPDB's burden has been subsumed under the HIPDB.

Estimates of burden are as follows:

Regulation citation	Number of respondents	Responses per respondent	Hours per responses (in minutes)	Total burden hours
60.6(a), Errors & Omissions	400	4.625	15	462.5
60.6(b), Revisions to Actions	100	1.5	30	75
60.7(b), Medical Malpractice Payment Report	660	28.03	45	13,875
60.8(b), Adverse Action Reports—State Boards	[1] 0	0	0	0
60.9(a)3, Adverse Action Clinical Privileges & Professional Society	1,000	1.2	45	900
Requests for Hearings by Entities	1	1	480	8
60.10(a)(1), Queries by Hospital-Practitioner Applications	6,000	240,000	5	20,000
60.10(a)(2), (Queries by Hospitals-Two Yr. Cycle	6,000	960,000	5	80,000
60.11(a)(1), Disclosure to Hospitals	[2] 0	0	0	0
60.11(a)(2), Disclosure to Practitioners (Self Query)	[3] 0	0	0	0
60.11(a)(3), Disclosure to Licensure Boards	125	15,000	5	1,250
60.11(a)(4), Queries by Non-Hospital Health Care Entities	4,000	2,200,000	5	183,333
60.11(a)(5), Queries by Plaintiffs' Attorneys	5	5	30	2.5
60.11(a)(6), Queries by Non-Hospital Health Care Entities-Peer Review	[4] 0	0	0	0
60.11(a)(7), Requests by Researchers for Aggregated Data	100	100	30	50
60.14(b), Practitioner Places a Report in Disputed Status	1,000	1,000	15	250
60.14(b), Practitioner Statement	2,325	2,325	60	2,325
60.14(b), Practitioner Requests for Secretarial Review	110	110	480	880
60.3, Entity Registration-Initial	500	500	60	500
60.3, Entity Registration-Update	1,000	1,000	5	83
60.11(a), Authorized Agent Designation-Initial	500	500	15	125
60.11(a), Authorized Agent-Update	50	50	5	4.17
60.12(c), Account Discrepancy Report	300	300	5	75
60.12(c), Electronic Funds Transfer Authorization	400	400	15	100
60.3, Entity Reactivation	100	100	60	100
Total	.....	.....	.....	304,398

[1] Included in estimate for reporting adverse licensure actions to the HIPDB in 45 CFR part 61.
[2] Included in estimates for 60.10(a)(1).
[3] Included in estimate for self queries to the HIPDB in 45 CFR part 61.
[4] Included in estimate for hospital queries under 60.11(a)(4).

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Morrall, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: July 23, 2002.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 02–19059 Filed 7–25–02; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director; Notice of Call for Applications for the Director's Council of Public Representatives

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Institutes of Health (NIH), the Federal government's primary agency for supporting and conducting medical research leading to the improvement in the nation's health, has established a national advisory council—the Director's Council of Public Representatives (COPR). The Chair of the COPR is the Director of the NIH. This notice describes the process for the selection of new members of the COPR that the NIH will use, as current members complete their terms.

DATES: The application deadline for the COPR is September 16, 2002—all applications must be postmarked on or before September 16, 2002; the notification of selection date is January 2003; the term start date is April 1, 2003; and the first COPR meeting date

for new members is April 20 and 21, 2003.

FOR FURTHER INFORMATION CONTACT: NIH Director's Council of Public Representatives (COPR), c/o Palladian Partners, Inc., 1010 Wayne Avenue, Suite 1200, Silver Spring, MD, 20910, telephone (301) 650–8600, fax (301) 650–8676, e-mail *COPR@palladianpartners.com.* If you are interested in serving as a member of the COPR, please contact Palladian Partners, Inc., to have an application mailed to you or go on-line to *http://public-council.nih.gov/COPRapplication.asp* to access the COPR application instructions. If you have questions about your application or the submission process, please feel free to contact the staff working on this project by mail, telephone, fax, or e-mail, as indicated in the above information.

ADDRESSES: Please mail your application to NIH Director's Council of Public Representatives (COPR), c/o Palladin Partners, Inc., 1010 Wayne Avenue, Suite 1200, Silver Spring, MD, 20910, telephone (301) 650–8660, fax (301) 650–8676, e-mail *COPR@palladianpartners.com.*

SUPPLEMENTARY INFORMATION: The Director of the NIH created the COPR in 1999 as an important forum for information exchange between the public and the NIH at the highest level. The COPR consists of up to 21 individuals who are selected from among the way diverse communities that benefit from, and have an interest in, NIH research, programs, and activities. The COPR is an important avenue for representatives of the public to advise the NIH Director on the viewpoints, input, and feedback of the broader public regarding emerging health and science priorities identified by the NIH Director and/or the COPR. COPR members also serve as NIH ambassadors by taking information from the NIH back to the broader public. COPR terms are typically three years.

The minimum eligibility criteria are that the applicant must:

• Have some interest in the work of the NIH (such as being a patient or family member of a patient; a care giver; or a volunteer in the health or science arena; a scientist or student of science; a health communicator, educator or professional in the medical field, but certainly not limited to these examples).

• Be in a position (formally or informally) to communicate regularly with the broader public or segments of the public about the activities of the COPR and the NIH.

• Commit to participating fully in activities of the COPR, including COPR meeting discussions and conference calls, outreach activities, and subcommittee and/or/working group activities that will take time in addition to COPR meeting attendance twice a year.

In addition, COPR members—while participating in COPR activities—will have to agree to subordinate disease-specific or program-specific interests to broader, crosscutting matters of importance to the NIH in addition to being responsive to special charges from the NIH Director in priority issue areas. COPR members must also agree to represent as broad a ''public viewpoint'' as possible and to at least keep the spirit of this goal at the forefront during all COPR discussions and activities.

Please contact Palladian Partners, Inc., to have an application mailed to you or go on-line to *http://public-council.nih.gov/COPRapplication.asp* to access to COPR application instructions. The NIH Director's COPR staff is located in the Office of Communications and Public Liaison, Office of the Director, National Institutes of Health. *Application packages postmarked after September 16, 2002 will be considered in the next year's application cycle, which will end in September 2003.*

After applications are screened for completeness, they will be reviewed and scored by external reviewers who are familiar with the responsibilities of the COPR. The NIH Director will make the final selection of candidates with the goal of creating a Council that reflects the breadth and diversity of the public's interest in the NIH, and will take into consideration many varied factors, including age, gender, culture, and geography. We expect that candidates will be selected in January 2003.

Thank you for your interest in the COPR. We look forward to receiving your application packet.

Dated: July 18, 2002.

John Burklow,

Acting Associate Director for Communications, NIH.

[FR Doc. 02–18943 Filed 7–25–02; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Loan Repayment Program for Health Disparities Research

ACTION: Notice.

SUMMARY: The National Institutes of Health (NIH) and the National Center on Minority Health and Health Disparities (NCMHD) invite applications for the extramural Loan Repayment Program for Health Disparities Research (HDR–LRP or Program) for fiscal year 2002. Pursuant to the authority granted by section 103 of Public Law 106–525, the Minority Health and Health Disparities Research and Education Act of 2000, that added section 485G of the Public Health Service (PHS) Act (42 U.S.C. 287c–33), the Director of NCMHD, has established a loan repayment program that offers the repayment of educational loan debt to qualified health professionals who agree to conduct research on minority health or other health disparities for a minimum of 2 years.

DATES: Interested persons may request information about the HDR–LRP beginning on July 26, 2002, and August 23, 2002 at 5 p.m. (eastern time) is the closing date and time for the application process.

ADDRESSES: Information regarding the requirements and application procedures for the HDR–LRP may be obtained by calling or writing: National Center on Minority Health and Health Disparities, 6707 Democracy Blvd., Suite 800, MSC 5465, Bethesda, MD 20892–5465, Attention: Kenya McRae, non-toll-free number: (301) 402–1366, e-mail: mcraek@od.nih.gov, Web site: *http://www.ncmhd.nih.gov*; or the Office of Loan Repayment Program, National Institutes of Health, toll-free-number: (866) 849–4047, e-mail: *lrp@nih.gov,* Web site: *http://www.lrp.nih.gov.*

SUPPLEMENTARY INFORMATION:

Definitions

(1) ''Debt threshold'' is the minimum amount of qualified educational loan debt an applicant must have in order to be eligible for Program benefits. An applicant must have qualified educational loan debt equal to at least 20% of the applicant's institutional base salary or compensation at the time of execution of the LRP contract.

(2) ''Health disparities population'' as determined by the Director of NCMHD, after consultation with the Director of the Agency for Healthcare Research and Quality, is defined as a population where there is significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population. For purposes of this announcement, the following populations are determined to be health disparities populations: Blacks/African