

statutory penalties for noncompliance. Proper charge-out procedures will be followed for the removal of records from the area in which they are maintained. Authorized users will receive privacy and security training before record access is granted and annually thereafter. When copying records for authorized purposes, employees are instructed to ensure that any imperfect pages are not left in the reproduction room where they can be read but are destroyed or obliterated. Area Privacy Coordinators have routine access for monitoring compliance with privacy regulations.

*Technical Safeguards:* Records in the electronic system will be secured by encryption and intrusion detection systems. Access to electronic records will be controlled by user name and password.

#### RECORD ACCESS PROCEDURES:

To request access to records about you in this system of records, submit a written access request addressed to the relevant System Manager (see the Appendix and the "System Manager(s)" section of this SORN). The request must:

- Reasonably describe the records sought.
- Include (as applicable) the name of the IHS Service Unit relevant to your certification application, or the name of the Area Certification Board on which you served, and pertinent dates.
- Include (for contact purposes and identity verification purposes) your full name, current address, telephone number and/or email address, date and place of birth, signature, evidence of other names used (if seeking records retrieved by a name other than your current name), and, if needed by the agency, sufficient particulars contained in the records (such as, record number or other identifying numbers) to enable the agency to locate the records and distinguish between records on subject individuals with the same name.

In addition, to verify your identity, your signature on the request must be notarized or the request must include, above your signature, your written certification that you are the individual who you claim to be and that you understand that the knowing and willful request for or acquisition of a record pertaining to an individual under false pretenses is a criminal offense subject to a fine of up to \$5,000.

In your written request, you may request that copies of the records be sent to you or include your signed, written consent directing that the records be sent to a third party, or you may request an appointment to review the records in person (including with a person of your

choosing, if you provide written authorization for agency personnel to discuss the records in that person's presence). If you make an appointment to review the records in person, you must bring at least one piece of tangible identification, such as a driver's license or passport, to the appointment. You may also request an accounting of disclosures that have been made of records about you, if any. Requests by telephone will not be accepted.

To the extent the records are Medical Quality Assurance records protected by 25 U.S.C. 1675, the records may be disclosed only in accordance with the exceptions in 25 U.S.C. 1675(d) and (e)(2), because the Privacy Act right of access provisions are superseded by the confidentiality provisions protecting Medical Quality Assurance Records. Accordingly, Medical Quality Assurance Records will only be released pursuant to the Privacy Act when the Agency has decided to release the records in accordance with 25 U.S.C. 1675(d) or (e)(2).

#### CONTESTING RECORD PROCEDURES:

To request correction of a record about you in this system of records, submit a written request to the relevant System Manager (see the Appendix and the "System Manager(s)" section of this SORN). The request must contain the same information required for an access request and include verification of your identity in the same manner required for an access request. In addition, the request must reasonably identify the record, specify the information contested, and state the corrective action sought and the reasons for requesting the correction. The request should include supporting information to show how the record is factually inaccurate, incomplete, untimely, or irrelevant. The right to contest records is limited to information that is factually inaccurate, incomplete, untimely (obsolete), or irrelevant.

#### NOTIFICATION PROCEDURES:

To find out if the system of records contains a record about you, submit a written notification request to the relevant System Manager (see the Appendix and the "System Manager(s)" section of this SORN). The request must identify this system of records, contain the same information required for an access request, and include verification of identity in the same manner required for an access request.

#### EXEMPTIONS PROMULGATED FOR THE SYSTEM:

None.

#### HISTORY:

None.

#### Appendix:

Chief Medical Officer, Office of the Director, HQ, 5600 Fishers Lane, MS 08E37A, Rockville, MD 20857, Phone: 204-701-3890, Fax No: 301-594-6213  
 Director—Alaska Area Office, 4141 Ambassador Dr., Suite 300, Anchorage AK 99508, Phone: 907-729-3683  
 Director—Albuquerque Area Office, 4101 Indian School Rd. NE, Suite 225, Albuquerque, NM 87110-3988, Phone: 505-256-6800, Fax No. 505-256-6847  
 Director—Bemidji Area Office, Indian Health Service, U.S. Department of Health and Human Services, Bemidji Technology Park, 2225 Cooperative Ct. NW, Bemidji, MN 56601, Phone: (218) 444-0452  
 Director—Billings Area Office, 2900 4th Avenue North, Billings, MT 59101  
 Director—California Area Office, 650 Capitol Mall, Suite 7-100, Sacramento, CA 95814, Phone: 916-930-3927, Fax No: 916-930-3952  
 Director—Great Plains Area Office, 115 4th Avenue SE, Room 309, Aberdeen, SD 57401, Phone: 605-226-7581, Fax No: 605-226-7541  
 Director—Nashville Area Office, 711 Stewarts Ferry Pike, Nashville, TN 37214, Phone: 915-467-1500  
 Director—Navajo Area Office, P.O. Box 9020, Window Rock, AZ 86515, Phone: 928-871-5801, Fax No: 928-871-5872  
 Director—Oklahoma City Area Office, 701 Market Drive, Oklahoma City, OK 73114, Phone: 405-951-3820, Fax: 405-951-3780  
 Director—Phoenix Area Office, Two Renaissance Square, 40 N Central Avenue, Suite 504, Phoenix, AZ 85004, Phone: 602-364-5039  
 Director—Portland Area Indian Health Service, 1414 NW Northrup Street, Suite 800, Portland, OR 97209, Phone: 503-414-5555 Fax: 503-414-5554  
 Director—Tucson Area Office, 7900 South J Stock Road, Tucson, AZ 85746, Phone: 520-547-8140

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Request for Public Comment: 30-Day Information Collection: Application for Participation in the IHS Scholarship Program

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice and request for comments. Request for revision to a collection.

**SUMMARY:** In compliance the Paperwork Reduction Act of 1995, the Indian Health Service (IHS) invites the general public to comment on the information collection titled, "Application for

Participation in the IHS Scholarship Program,” Office of Management and Budget (OMB) Control No. 0917–0006. IHS is requesting OMB to approve an extension for this collection, which expires on October 31, 2023.

**DATES:** *Comment Due Date:* November 30, 2023. Your comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

**ADDRESSES:** Send your comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

**FOR FURTHER INFORMATION CONTACT:** To request additional information, please contact Evonne Bennett, Information Collection Clearance Officer by email at:

*Evonne.Bennett@ihs.gov* or telephone at 240–472–1996.

**SUPPLEMENTARY INFORMATION:** This previously approved information collection project was last published in the **Federal Register** (88 FR 59929), on August 30, 2023 and allowed 60 days for public comment. The purpose of this notice is to allow 30 days for public comment. A copy of the supporting statement is available at *www.regulations.gov* (see Docket ID IHS–2023–0001).

*Information Collection: Title:* “Application for Participation in the IHS Scholarship Program,” OMB Control No. 0917–0006. *Type of Information Collection Request:* Extension of the currently approved information collection “Application for Participation in the IHS Scholarship Program,” OMB Control No. 0917–0006. *Form Number(s):* IHS–856–07 through 856–16, IHS–856–21 through 856–22, IHS–817, and IHS–818 are retained for use by the IHS Scholarship Program (IHSSP) as part of this current

Information Collection Request. Reporting forms are found on the IHS website at *www.ihs.gov/scholarship*. *Need and Use of Information Collection:* The IHS Scholarship Branch needs this information for program administration and uses the information to: solicit, process, and award IHS Pre-graduate, Preparatory, and/or Health Professions Scholarship recipients; monitor the academic performance of recipients; and to place recipients at payback sites. The IHSSP application is electronically available on the internet at the IHS website at: *http://www.ihs.gov/scholarship/applynow/*. *Affected Public:* Individuals, not-for-profit institutions and State, local or Tribal Governments. *Type of Respondents:* Students pursuing health care professions.

*The table below provides:* Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hours.

Forms	Data collection instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response *	Annual burden hours
1	Scholarship Online Application .....	850	1	850	1.00 (60 min) .....	850
	Verification of Acceptance or Decline of Award (IHS–856–7) .....	300	1	300	0.13 ( 8 min) .....	40
2	Scholarship Program Agreement (IHS–817) .....	60	1	60	0.16 (10 min) .....	10
3	Health Professions Contract (IHS–818) .....	225	1	225	0.16 (10min) .....	38
4	Recipient's Initial Program Progress Report (IHS–856–8) ..	800	1	800	0.13 (8 min) .....	107
5	Notification of Academic Problem (IHS–856–9) .....	20	1	20	0.13 (8 min) .....	3
6	Change of Status (IHS–856–10) .....	50	1	50	.045 (25 min) .....	21
7	Notification of Deferment Intent (IHS–856–11) .....	60	1	60	0.13 (8 min) .....	8
8	Preferred Placement (IHS–856–12) .....	150	1	150	0.50 (30 min) .....	75
9	Notification of Impending Graduation (IHS–856–13) .....	170	1	170	0.17 (10 min) .....	28
10	Deferment Approval Request (IHS–856–14) .....	60	1	60	0.13 (8 min) .....	8
11	Placement Update (IHS–856–15) .....	170	1	170	0.18 (11 min) .....	31
12	Annual Status Report (IHS–856–16) .....	200	1	200	0.25 (15 min) .....	50
13	Summer School Request (IHS–856–21) .....	100	1	100	0.10 (6 min) .....	10
14	Change of Name or Address (IHS–856–22) .....	20	1	20	0.13 (8 min) .....	3
Total	.....	.....	.....	3,235	225 .....	1,281

\* For ease of understanding, burden hours per response are also provided in minutes.

There are no direct costs to respondents other than their time to voluntarily complete the forms and submit them for consideration. The estimated cost for the federal government is \$145,223.00 (contractor) to work on the program with IHS program staff.

There are no capital costs, operating costs and/or maintenance costs to respondents.

*Requests for Comments:* Your written comments and/or suggestions are invited on one or more of the following points:

(a) whether the information collection activity is necessary to carry out an agency function;

(b) whether the agency processes the information collected in a useful and timely fashion;

(c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information);

(d) whether the methodology and assumptions used to determine the estimates are logical;

(e) ways to enhance the quality, utility, and clarity of the information being collected; and

(f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other

technological collection techniques or other forms of information technology.

**Roselyn Tso,**

*Director, Indian Health Service.*

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**BILLING CODE 4166–14–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.