**FOR FURTHER INFORMATION CONTACT:** Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690–6162.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier HHS–OS–0990–0422–60D for reference.

*Information Collection Request Title:* Education and Training of Healthcare Providers as a Coordinated Public Health Response to Violence Against Women

*Abstract:* The Office on Women's Health (OWH) recently received an approval by OMB 0990–0422 which expires August 31, 2015; however OWH is now requesting a one year extension to further conduct the pilot and evaluation of an eLearning course developed as part of the ''Education and Training of Healthcare Providers as a Coordinated Public Health Response to Violence Against Women Project''. The purpose of this data collection is to gather data from healthcare providers who have volunteered to participate in the pilot and evaluation of an e-learning course designed to educate and train healthcare providers on how to respond to intimate partner violence (IPV) against women. Information obtained from this data collection will be used to identify areas of improvement and measure the effectiveness of the e-learning course in educating healthcare providers about IPV, addressing attitudinal barriers to IPV screening, and increasing IPV screening in clinical practice. This data will also help identify any problems in the navigation and functioning of the e-learning course. The results of this evaluation will assist OWH in making revisions to the course and subsequently coordinating a national launch, making the e-learning course available to healthcare providers across the U.S. All data collection forms and activities will be used within a year time frame.

*Likely Respondents:* The respondents for this pilot and evaluation are healthcare providers (physicians, nurses, and social workers) who are members of professional associations and who provide services in Nevada, Oklahoma, and South Carolina.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

| Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden hours |
|---|---|---|---|---|
| Pre-Assessment | 1600 | 1 | 25/60 | 667 |
| Post-Assessment | 1600 | 1 | 25/60 | 667 |
| Follow-up Assessment | 1600 | 1 | 25/60 | 667 |
| Total | | | | 2001 |

Office of the Secretary 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.

**Darius Taylor,**

*Information Collection Clearance Officer.*

[FR Doc. 2014–27338 Filed 11–18–14; 8:45 am]

**BILLING CODE 4150–33–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Chronic Fatigue Syndrome Advisory Committee

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

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (DHHS) is hereby giving notice that a meeting of the Chronic Fatigue Syndrome Advisory Committee (CFSAC) will take place via webinar. This webinar will be open to the public. Registration is required for those who wish to provide public testimony.

**DATES:** The CFSAC webinar will be held Wednesday, December 3, 2014, from 12:30 p.m. to 5:00 p.m. (ET) and Thursday, December 4, 2014, from 12:30 p.m. to 5:00 p.m. (ET).

**ADDRESSES:** The meeting will be conducted by webinar.

**FOR FURTHER INFORMATION CONTACT:** Barbara James, Senior Public Health Advisor, Chronic Fatigue Syndrome Advisory Committee, Department of Health and Human Services, Office on Women's Health, 200 Independence Avenue SW., Room 728F, Washington, DC 20201. Phone: 202–690–7650; Fax: 202–260–6537. *cfsac@hhs.gov.*

**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, 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 and instructions to access the webinar will be posted on the CFSAC Web site *www.hhs.gov/advcomcfs/*. The webinar will use Adobe Acrobat Connect Pro Meeting. Please test your computer prior to participation at *http://admin.adobeconnect.com/common/help/en/support/meeting_test.htm.* Oral public comment will be scheduled for this webinar. Registration and instructions for scheduling public comments and submitting public testimony are available at *www.blsmeetings.net/cfsac.*

Dated: November 14, 2014.

**Nancy C. Lee,**

*Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee, U.S. Department of Health and Human Service.*

[FR Doc. 2014–27440 Filed 11–18–14; 8:45 am]

**BILLING CODE 4150–42–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Performance Review Board Members

Title 5, U.S.C. Section 4314(c)(4) of the Civil Service Reform Act of 1978, Public Law 95–454, requires that the

appointment of Performance Review Board Members be published in the **Federal Register**.

The following persons may be named to serve on the Performance Review Boards or Panels, which oversee the evaluation of performance appraisals of Senior Executive Service members of the Department of Health and Human Services.

| Employee last name | Employee first name |
|---|---|
| Downing | Gregory |
| Foster | Robert |
| Gabriel | Edward |
| Gentile | John |
| Gibson | Ventris |
| Gill | John |
| Gracia | Nadine |
| Gunderson | Nancy |
| Haseltine | Amy |
| McCabe | William |
| McDaniel | Eileen |
| Novy | Steve |
| Potts | Oliver |
| Seshamani | Meena |
| Teti | Catherine |
| Weber | Mark |
| Ziegler-Ragland | Cheryl |

Date: November 14, 2014.

**John W. Gill,**

*Deputy Assistant Secretary for Human Resources.*

[FR Doc. 2014–27405 Filed 11–17–14; 11:15 am]

**BILLING CODE 4151–17–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30Day–15–14ARJ]**

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Clinic Context Matters Study—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The daily use of specific antiretroviral medications by persons without HIV infection, but at high risk of sexual or injection exposure to HIV, has been shown to be a safe and effective HIV prevention method. The Food and Drug Administration approved the use of Truvada® for preexposure prophylaxis PrEP) in July 2012 and CDC has issued Public Health Service clinical practice guidelines for its use.

Because approximately 50,000 new HIV infections continue to occur in the U.S. each year, with rates of HIV infection increasing most rapidly for young MSM and because severe disparities in HIV infection continue among African-American men and women, incorporation of PrEP into HIV prevention is important. However, as a prevention tool in very early stages of introduction and use, there is much we need to learn about how to implement PrEP in real-world settings.

CDC is requesting OMB approval to collect data over a 3-year period that will be used to conduct research among clinicians about their knowledge, attitudes, and practices related to a new intervention (PrEP) over the period of its initial introduction in their clinics. The knowledge gained will be used to refine measurement instruments and methods (for example, identify modifications to questions in the current surveys that are unclear to participants), develop training and educational resources and tools for use by CDC/DHAP (Division of HIV/AIDS Prevention)-funded partners, and other organizations supporting delivery of PrEP in clinical settings. The project will be conducted in clinics in each of four cities (Houston, Newark, Chicago, and Philadelphia) where PrEP has recently become available at local community health centers. Once per year for 3 years, CDC will conduct an online survey of clinicians at participating clinics to collect data on the demographics of the respondents and their knowledge, attitudes, practices, and organizational factors related to PrEP and its delivery in their clinics. Surveys will be administered through an online survey Web site.

There are no costs to respondents other than their time. The total annual burden hours are 88.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average hours per response |
|---|---|---|---|---|
| Clinician | Clinician Consent and Interview | 175 | 1 | 30/60 |