

Application no.	Drug	Applicant
AADA 60-384	Penicillin G Potassium for Injection (buffered)	Do.
AADA 60-385	Neomycin Sulfate Tablets, 500 mg (eq. 350 mg base)	Do.
AADA 60-403	Penicillin G Potassium Tablets	Do.
AADA 60-404	Streptomycin Sulfate Injection	Do.
AADA 60-601	Penicillin G Potassium for Injection	Do.
AADA 60-687	Bacitracin Ophthalmic Ointment, 500 units/gram	Do.
AADA 61-742	Sterile Cefazolin Sodium, vials	Fujisawa Pharmaceuticals Co., Ltd., 1515 Fairway, Rydal Park 181 Woodside, Rydal, PA 19046-1664.
ANDA 70-591	Ibuprofen Tablets, 200 mg	Bayer Corp. 36 Columbia Rd., Morristown, NJ 07962-1910.
ANDA 70-626	Ibuprofen Capsules, 200 mg	Do.
ANDA 71-001	Ibuprofen Tablets, 200 mg	Do.
ANDA 71-002	Ibuprofen Capsules, 200 mg	Do.
ANDA 71-508	Oxazepam Tablets, 15 mg	Warner Chilcott.
ANDA 71-767	Flurazepam Hydrochloride Capsules, 15 mg	Do.
ANDA 71-768	Flurazepam Hydrochloride Capsules, 30 mg	Do.
ANDA 72-138	Clonidine Hydrochloride Tablets, 0.1 mg	Do.
ANDA 72-139	Clonidine Hydrochloride Tablets, 0.2 mg	Do.
ANDA 72-140	Clonidine Hydrochloride Tablets, 0.3 mg	Do.
ANDA 80-419	Hydrocortisone Acetate Cream, 1%	H. R. Cenci Laboratories, Inc., P.O. Box 12524, Fresno, CA 93778-2524.
ANDA 83-632	Isoniazid Tablets, 50 mg	Halsey Drug Co., Inc., 1827 Pacific St., Brooklyn, NY 11233-3599.
ANDA 85-501	Phentermine Hydrochloride Capsules, 8 mg	Lemmon Co., 650 Cathill Rd., Sellersville, PA 18960.
ANDA 85-502	Theophylline Anhydrous Oral Suspension, 100 mg/5 milliliters (mL)	Forest Laboratories, Inc., 909 Third Ave., New York, NY 10022-4731.
ANDA 85-924	Amitriptyline Hydrochloride Tablets, 150 mg	Halsey Drug Co., Inc.
ANDA 86-240	Kenalog-H® (Triamcinolone Acetonide) Cream 0.1%	Apothecon, P.O. Box 4500, Princeton, NJ 08543-4500.
ANDA 87-941	Diphenhydramine Hydrochloride Elixir, 12.5 mg/5 mL	H. R. Cenci Laboratories, Inc.
ANDA 88-303	Theophylline Elixir, 80 mg/15 mL	Do.
ANDA 88-304	Diphenhydramine Hydrochloride Elixir, 12.5 mg/5 mL	Do.
ANDA 88-654	Theophylline Extended-release Capsules, 125 mg	Central Pharmaceuticals, Inc., 120 East Third St., P.O. Box 328, Seymour, IN 47274-0328.
ANDA 89-013	Promethazine Plain Syrup (Promethazine Hydrochloride), 6.25 mg/5 mL	H. R. Cenci Laboratories, Inc.
ANDA 89-458	Glutethimide Tablets, 250 mg	Halsey Drug Co., Inc.
ANDA 89-568	Butalbital and Acetaminophen Tablets, 50 mg/325 mg	Do.

Therefore, under section 505(e) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(e)) and under authority delegated to the Director, Center for Drug Evaluation and Research (21 CFR 5.82), approval of the applications listed in the table in this document, and all amendments and supplements thereto, is hereby withdrawn, effective October 2, 1996.

Dated: September 10, 1996.

Janet Woodcock,

Director, Center for Drug Evaluation and Research.

[FR Doc. 96-25198 Filed 9-30-96; 8:45 am]

BILLING CODE 4160-01-F

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

2. Annual Administrative Reports for Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Titles I and II—Extension and Revision—The Annual Administrative

Reports (AAR) are submitted by grantees funded under Titles I and II of the Ryan White CARE Act of 1990 (as amended by the CARE Act amendments of 1996) and include aggregate information about disbursement of funds, number of clients served and services provided, demographic information about clients served, and costs of provided services. Title I grantees include local governments that meet legislative criteria for disproportionate impact of AIDS. Title II grantees include the 50 States, the District of Columbia, and a small number of territories. Grantees obtain the information for the AAR from individual service providers. Automated reporting alternatives are available to grantees and to providers at the grantee's option. This information is used to determine whether the purposes of the Act and the grants made pursuant to it are being fulfilled. The information is also used locally for planning and priority setting. Respondents include state and local governments,

individuals, non-profit institutions, businesses and other for-profit organizations, and small businesses and entities. HRSA proposes to make some changes in the data elements, to

improve their value and/or reduce the burden of data collection and reporting. To allow adequate lead time, the changes for most of the forms would be effective for data collection by service

providers beginning in January, 1998; the changes to the AIDS Drug Assistance Program (ADAP) Annual Administrative Report would be effective for reports submitted in March 1997.

The annual burden estimates are as follows:

Form name	Number of respondents	Responses per respondent	Hours per response	Total hour burden
Standard Annual Administrative Report (SAAR):				
Providers (first report)	2,480	1	15.0	37,200
Providers (second report)	500	1	0.5	250
Grantees	99	1	25.0	2,475
Form name	Number of respondents	Responses per respondent	Hours per response	Total hour burden
Report on Low-Volume Providers (MAAR in 1996-97/SAAR in 1998):				
Grantees/Consortia	16	2.3	20.0	740
AIDS Drug Assistance Program (ADAP) Annual Administrative Report:				
Grantees/Consortia	52	1.2	25.0	1,575
Health Insurance Continuation Program (HICP) Annual Administrative Report:				
Grantees/Consortia	19	2.5	15.0	720
Total	2,579	1.25	13.3	42,960

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

Dated: September 25, 1996.

J. Henry Montes,

Associate Administrator for Policy Coordination.

[FR Doc. 96-25123 Filed 10-1-96; 8:45 am]

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Final Project Requirements, Review Criteria, and Funding Preference for Regional Nursing Partnerships to Provide Continuing Education in Nursing Informatics for Faculty in Medically Underserved Communities

The Health Resources and Services Administration (HRSA) announces the final project requirements, review criteria and funding preference for the Cooperative Agreements for Regional Nursing Partnerships to Provide Continuing Education in Nursing Informatics for Faculty in Medically Underserved Communities. These cooperative agreements will be funded for one year under the Public Health Service Act, as amended by Nurse Education and Practice Improvement Amendments of 1992, Title II, Public

Law 102-408, dated October 13, 1992, Section 820 (c), Continuing Education for Nurses in Medically Underserved Communities.

Purpose

The purpose of the cooperative agreements is to support the formation of partnerships between recognized regional nursing organizations and nursing entities qualified to provide continuing education in nursing informatics for nursing faculty in schools located in, or preparing students to serve in, medically underserved communities. Nursing informatics is defined as the integration of nursing science, computer science, and information science applied to the identification, collection, analysis, and management of data for nursing education, practice, and research. Increasing the number of nurses in the workforce who are knowledgeable about nursing informatics, especially those practicing in underserved or rural communities, will enhance clinical proficiency and improve access to and quality of health care for increasing numbers in the population. For the purpose of these cooperative agreements, regional nursing organizations are those regionally based nursing organizations whose members must include schools of nursing in institutions of higher education located within the designated region, and whose

members may also include health care agencies and other health care entities.

The program announcement, published in the Federal Register at 61 FR 37072, dated July 16, 1996, proposed project requirements, review criteria and funding preference. There was a 30 day comment period. Comments on program aspects that were not specifically proposed for public comment are not addressed in this notice.

One comment was received concerning the project requirement for the nursing informatics continuing education program to be completed in a one-week, 30-36 hour session, that includes a computer lab practicum. The comment statement suggested that more suitable continuing education methodologies would include either delivering the entire course via the Internet, to be completed at each participant's own pace; or sponsoring student traineeships to attend graduate nursing informatics programs. Neither suggestion attends to the programmatic purpose of establishing partnerships between regional nursing organizations and nursing entities qualified to provide continuing education in nursing informatics for nursing faculty in schools located in, or preparing students to serve in, medically underserved communities. Therefore, the following project requirements; review criteria, and funding preference remain as proposed.