

item (1), "wide and local area network management and support" \* \* \*;

Under *Chapter PF, Information Technology Service (PF)*, after the title for the *Division of Systems and Network Management (PFC)*, delete item (2) in its entirety and insert a new item (2) as follows: "(2) Evaluates, develops, and integrates multiple host computers, data communications processors, local area networks and general office automation and administrative systems to provide a nationwide data communications network with departmentwide connectivity."

These organization changes are effective on October 1, 1996.

Dated: September 30, 1996.

Lynnda M. Regan,

Director, Program Support Center.

[FR Doc. 96-25480 Filed 10-3-96; 8:45 am]

BILLING CODE 4160-17-M

## Food and Drug Administration

### Advisory Committee Meeting; Amendment of Notice

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing an amendment to the notice of a joint meeting of the Nonprescription Drugs Advisory Committee and the Pulmonary-Allergy Drugs Advisory Committee, which is scheduled for October 10 and 11, 1996. This meeting was announced in the Federal Register of September 24, 1996 (61 FR 50031 at 50032). The amendment is being made to announce the cancellation of the entire session on October 11, 1996. There are no other changes. This amendment will be announced at the beginning of the open portion of the meeting.

**—FOR FURTHER INFORMATION CONTACT:** Kennerly K. Chapman or Leander B. Madoo, Center for Drug Evaluation and Research (HFD-21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-443-5455, or FDA Advisory Committee Information Hotline, 1-800-741-8138 (301-443-0572 in the Washington, DC area),

Nonprescription Drugs Advisory Committee, code 12541.

**SUPPLEMENTARY INFORMATION:** In the Federal Register of September 24, 1996, FDA announced that a joint meeting of the Nonprescription Drugs Advisory Committee and the Pulmonary-Allergy Drugs Advisory Committee would be held on October 10 and 11, 1996.

On page 50032, in the third column, the agenda for this meeting is amended as follows:

—*Date, time, and place.* October 10, 1996, 8:30 a.m., Holiday Inn—Bethesda, Versailles Ballroom, 8120 Wisconsin Ave., Bethesda, MD.

—*Type of meeting and contact person.* Open public hearing, October 10, 1996, 8:30 a.m. to 9:30 a.m., unless public participation does not last that long; open committee discussion, 9:30 a.m. to 5 p.m.

—*Open committee discussion.* On October 10, 1996, the committees will jointly consider new drug application (NDA) 20-463, Nasalcrom® (Cromolyn Sodium Nasal Solution, USP) for over-the-counter (OTC) treatment of seasonal allergic rhinitis sponsored by McNeil Consumer Products Co.-----

Dated: September 27, 1996.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 96-25481 Filed 10-3-96; 8:45 am]

BILLING CODE 4160-01-F

## Health Resources and Services Administration

### Program Announcement and Proposed Review Criteria and Indicators for Grants for Primary Care Training for Fiscal Year 1997

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1997 Grants for Primary Care Training funded under the authority of sections 747(a) and (b), section 748, section 750, and section 751, Title VII of the Public Health Service Act (the Act), as amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102-408, dated October 13, 1992. These grant programs include:

Grants for Predoctoral Training in Family Medicine  
Grants for Faculty Development in Family Medicine  
Grants for Establishment of Departments of Family Medicine  
Grants for Graduate Training in Family Medicine  
Grants for Residency Training in General Internal Medicine and General Pediatrics  
Grants for Faculty Development in General Internal Medicine and General Pediatrics  
Grants for Physician Assistant Training  
Grants for Podiatric Primary Care Residency Training

This program announcement is subject to reauthorization of the legislative authority and to the appropriation of funds. Applicants are advised that this program announcement is a contingency action being taken to assure that, should authority and funds become available for this purpose, they can be awarded in a timely fashion consistent with the needs of the program as well as to provide for even distribution of funds throughout the fiscal year. At this time, due to the absence of FY 1997 appropriations for Title VII programs, the amount of available funding for these specific grant programs is unknown. Listed below are the average award amounts for the primary care programs in FY 1996:

Predoctoral Training in Family Medicine .....	\$115,000
Faculty Development in Family Medicine .....	142,000
Establishment of Departments of Family Medicine .....	161,000
Graduate Training in Family Medicine .....	107,000
Residency Training in General Internal Medicine and General Pediatrics .....	201,000
Faculty Development in General Internal Medicine and General Pediatrics .....	157,000
Physician Assistant Training ....	135,000
Podiatric Primary Care Residency Training .....	90,357

Table 1 summarizes the programs, legislative authorities, and eligibility requirements covered by this announcement.

TABLE 1.—LEGISLATIVE AUTHORITY

Program CFDA number regulations	Authority PHS act	Program purpose	Eligible entity
Departments of Family Medicine, 93.984, 42 CFR, part 57, subpart R.	Section 747(b) .....	<p>Establish, maintain, or improve family medicine academic administrative units (which may be departments, divisions, or other units) to provide clinical instruction in family medicine. Funds awarded will be used to: (1) Plan and develop model educational predoctoral, faculty development and graduate medical education programs in family medicine which will meet the requirements of section 747(a), by the end of the project period of section 747(b) support; and (2) support academic and clinical activities relevant to the field of family medicine. Operational programs applying for support of established activities in predoctoral, faculty development, or graduate medical education should apply under section 747(a).</p> <p>The program may also assist schools to strengthen the administrative base and structure that is responsible for the planning, direction, organization, coordination, and evaluation of all undergraduate and graduate family medicine activities. Funds are to complement rather than duplicate programmatic activities for actual operation of family medicine training programs under section 747(a).</p>	Public, or private nonprofit, accredited schools of medicine or osteopathic medicine.
Graduate Training in Family Medicine, 93.379, 42 CFR, part 57, subpart Q.	Section 747(a) .....	Planning, developing, and operating or participating in approved graduate training programs in the field of Family Medicine. In addition, Section 747 (a) authorizes assistance in meeting the cost of supporting trainees in such programs who plan to specialize or work in the practice of Family Medicine.	Accredited schools of medicine or osteopathic medicine, public or private nonprofit hospitals, or other public or private nonprofit entities.
Predoctoral Training in Family Medicine, 93.896, 42 CFR, part 57, subpart Q.	Section 747(a) .....	Planning, developing, and operating or participating in approved predoctoral training programs in the field of family medicine. Grants may include support for the program only or support for both the program and the trainees.	Public, or private nonprofit, accredited schools of medicine or osteopathic medicine.
Faculty Development in Family Medicine, 93.895, 42 CFR, part 57, subpart Q.	Section 747(a) .....	Planning, developing, and operating programs for the training of physicians who plan to teach in family medicine training programs. These grants are intended to promote the development of faculty skills in physicians who are currently teaching or who plan teaching careers in family medicine training programs. These grants also provide financial assistance in meeting the cost of supporting physicians who are trainees in such programs.	Accredited schools of medicine or osteopathic medicine, public or private nonprofit hospitals, or other public or private nonprofit entities.
Residency Training in General Internal Medicine & General Pediatrics, 93.884, 42 CFR, part 57, subpart FF.	Section 748 .....	Planning, developing, and operating or participating in approved graduate training programs in the fields of General Internal Medicine or General Pediatrics. In addition, Section 748 authorizes assistance in meeting the cost of supporting trainees in such programs who plan to specialize or work in the practice of General Internal Medicine or General Pediatrics. Unlike residencies in internal medicine and pediatrics from which many physicians enter subspecialty training, programs supported by these grants are intended to emphasize continuity and ambulatory, preventive and psychosocial aspects of the practice of medicine. Grant funds may support the creation of new residency positions or facilitate the conversion of "traditional" programs to those in which the training emphasizes the provision of longitudinal, preventive, and comprehensive care.	Accredited schools of medicine or osteopathic medicine, public or private nonprofit hospitals, or other public or private nonprofit entities.
Faculty Development in General Internal Medicine & General Pediatrics, 93.900, 42 CFR, part 57, subpart FF.	Section 748 .....	Planning, developing and operating programs for the training of physicians who plan to teach in general internal medicine or general pediatrics training programs. These grants are intended to promote the development of faculty skills in physicians who are currently teaching or who plan teaching careers in general internal medicine or general pediatrics training programs. These grants also provide financial assistance in meeting the cost of supporting physicians who are trainees in such programs.	Accredited schools of medicine or osteopathic medicine, public or private nonprofit hospitals, or other public or private nonprofit entities.

TABLE 1.—LEGISLATIVE AUTHORITY—Continued

Program CFDA number regulations	Authority PHS act	Program purpose	Eligible entity
Podiatric Primary Care Residency Training, 93.181.	Section 751 .....	Planning and implementing projects in primary care training for podiatric physicians in approved or provisionally approved residency programs, which shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.	Schools of podiatric medicine or public or private nonprofit hospitals. "Candidate status" will be accepted as meeting the statutory requirement for "provisional approval."
Physician Assistant Training, 93.886, 42 CFR, part 57, subpart H.	Section 750 .....	Planning, developing, and operating or maintaining programs for the training of physician assistants and for training faculty to teach in such programs as defined under section 799(3) of the Public Health Service Act.	Accredited schools of medicine or osteopathic medicine or other public or private nonprofit entities. Eligible physician assistant programs are those which are either accredited by the American Medical Association's Committee on Allied Health Education and Accreditation (AMA-CAHEA) or its successor organization, the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

## Review Criteria

The review criteria have been established in 42 CFR, part 57, subparts Q, R, and FF. The following criteria are being proposed to be applied to Physician Assistant and Podiatric

programs. Weighted indicators for the review criteria were established in 60 FR 2976, dated January 12, 1995. Consistent with streamlining efforts throughout the Government, the proposed indicators for FY 1997 have

been revised to reduce the number and reflect program priorities. The review criteria will be applied to all applications received in response to this notice for funding during FY 1997. The maximum score point potential is 200.

TABLE 2.—GRANT PROPOSAL REVIEW CRITERIA

Indicator	Review factors
<b>Criterion 1: Potential Effectiveness of the Proposed Project in Carrying Out the Training Purposes of Sections 747, 748, 750, and 751 of the PHS Act. Maximum Points: 60 points</b>	
Indicator 1: Workforce Diversity: 15 Points.	Proposal includes a strategy and plan for recruiting and retaining underrepresented minority and disadvantaged faculty, students, trainees and/or residents. Proposal describes the current and projected levels of participation of these underrepresented groups in the program. Applicants are expected to reflect the diversity of the populations within their States.
Indicator 2—Generalist Faculty: 10 points.	Proposal includes clinically oriented, generalist-trained faculty (faculty trained in any of the primary care disciplines of family medicine, general internal medicine, and general pediatrics or primary care physician assistants or primary care podiatrists) who practice in community-based settings that include underserved populations.
Indicator 3—Training Emphasis: 15 points.	Proposal includes a curriculum that emphasizes areas of study pertinent to the needs of special populations in urban, rural, and underserved areas. Special population groups include people with low incomes, members of racial and ethnic minority groups, people with disabilities, and at-risk population groups to whom a broad range of health care services is made available. The curriculum should be culturally competent regarding ethnicity, gender, age, and sexual orientation and be population-based whether that population is urban, rural or underserved. The curriculum should acknowledge and demonstrate responsiveness to a wide range of local health care needs at the community and/or State level. There are clearly demonstrated relationships between teaching institutions and community-based provider organizations to assure adequate clinical experiences. Applicants should describe organizational relationships established between health profession programs, schools, teaching hospitals, and other organizations involved in the training of health care providers, formed to meet the educational needs of the providers and to address the needs of the health care delivery system through collaboration with provider organizations that are community-based, participating in managed care, and/or serving underserved areas.
Indicator 4—Curricular Innovation: 10 points.	Proposal describes the actions taken by the institution that demonstrate faculty involvement with the curricular innovations that are beyond what is traditionally part of such a curriculum. Elements of the curriculum must be at the cutting edge of educational strategies and/or content. Specific examples include, but are not limited to, the incorporation of information technology in training activities, significant interdisciplinary education, and curricular elements focusing on additional competencies for practice in evolving delivery systems (e.g., managed care plans).

TABLE 2.—GRANT PROPOSAL REVIEW CRITERIA—Continued

Indicator	Review factors
Indicator 5—Generalist Outcomes: 10 points.	Proposal includes data regarding the most recent three-year average track record of a program in placing graduates in primary care training, primary care practice, or generalist faculty positions. For Family Medicine Predoctoral and Establishment of Departments programs, this requires at least 15 percent of medical school graduates to enter family medicine residencies. For graduates of Faculty Development programs, this requires 80 percent of full-time fellows post-fellowship to serve at least 50 percent time as generalist faculty. For general internal medicine, general pediatrics, and family medicine residency graduates, and physician assistant or podiatry graduates this requires at least 80 percent of graduates to enter primary care practice. Programs in existence for less than three years must provide data for all years since their establishment, their proposed strategies for achieving the levels described in the indicator, and their projected level of achievement with respect to the generalist outcomes.
.....	For general internal medicine and general pediatrics, if the applicant's primary care track has been in existence for three or more years, the applicant should report data on the primary care track alone. If the applicant's primary care track has been in existence less than three years, and the traditional program three or more years, the applicant should report combined data on the traditional and primary care tracks.
<b>Criterion 2: Administrative and Management Ability of the Applicant to Carry Out the Proposed Project in a Cost-Effective Manner Maximum Points: 80 points</b>	
Indicator 1: 80 Points .....	This section should address the project need and rationale, project objectives and methodology for each objective, budget justification, evaluation plan for each objective, anticipated problems and possible solutions in implementing the proposed project, and institutional collaboration and letters of support.
<b>Criterion 3: Economic Viability Maximum Points: 20 points</b>	
Indicator 1: 20 Points .....	This section should address institutional, State, and other non-Federal support for the project that will continue after cessation of Federal funding.
<b>Criterion 4: Project Requirements Maximum Points: 40 points</b>	
Indicator 1: 40 Points .....	All project requirements specific to the program for which grant funds are requested must be addressed in this section. Applicants for Grants for Graduate Training in Family Medicine may satisfy this requirement by including a letter of accreditation from the ACGME/RRC or a letter of approval from the AOA verifying that the residency meets all requirements. To the extent that problems are noted by the accrediting body, the application must address the problems and present a plausible plan for their correction. Applicants must address each Project Requirement if a letter of accreditation or approval is not included in application.

Interested individuals are invited to comment on the proposed review criteria for the programs Physician Assistant Training and Podiatric Primary Care Residency Training. The proposed indicators are for all the grant programs.

The comment period is 30 days. All comments received on or before (Insert date 30 days from date of publication in the Federal Register) will be considered before the final review criteria and indicators are established.

Written comments should be addressed to: Dr. Enrique Fernandez, Director, Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A-27, 5600 Fishers Lane, Rockville, MD 20857.

All comments received will be available for public inspection and copying at the Division of Medicine, at the above address, weekdays (Federal holidays excepted) between the hours of 8:30 a.m. and 5:00 p.m.

#### Other Considerations

In addition to the review criteria listed above, funding preferences may be applied in determining funding of approved applications. A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of approved applications in a discretionary program. It is not required that applicants request consideration for a funding preference. Applications which do not include a request for consideration for funding preferences will be reviewed and given full consideration for funding. The funding preferences to be applied to awards made under this Program Announcement are defined below.

#### Statutory General Preference

All of the training grant programs described in this Program Announcement are subject to the statutory general preference. As provided in section 791(a) of the PHS

Act, statutory preference will be given to any qualified applicant that:

(A) Has a High Rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or

(B) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a Significant Increase in the rate of placing graduates in such settings.

This statutory general preference will only be applied to applications that rank above the 20th percentile of applications recommended for approval by the peer review group. In Table 3, the definitions of "High Rate" and "Significant Increase in the Rate" are presented as they are applied to each program.

Additional general information regarding the implementation of the statutory general preference has been published in the Federal Register at 59 FR 15741, dated April 4, 1994.

TABLE 3.—DEFINITIONS FOR THE STATUTORY GENERAL PREFERENCES—ALL PROGRAMS

Program	Definition of "Graduate"	Definition of "High Rate"	Definition of "Significant Increase in Rate"
Family Medicine Programs:			
(1) Predoctoral Training & Family Medicine Departments.	(1) For Predoctoral Training and Family Medicine Departments programs, the term means all PGY4 graduates of the applicant institution who have completed successfully a residency in any specialty.	(1) A minimum of 20% of the graduates from academic year 1991–92 or 1992–93, whichever is greater, spend at least 50% of their time in clinical practice in the specified settings.	(1) Between academic years 1991–92 and 1992–93, the rate of placing graduates in the specified settings has increased by at least 50% and not less than 15% of 1992–93 graduates work in such settings.
(2) Faculty Development .....	(2) For Faculty Development programs, the term means all graduates of the fellowship and/or faculty development program.	(2) A minimum of 20% of the graduates from academic year 1994–95 or 1995–96, whichever is greater, spend at least 50% of their time in the specified settings.	(2) Between academic years 1994–95 and 1995–96, the rate of placing graduates in the specified settings has increased by at least 50% and not less than 15% of 1995–96 graduates work in such settings.
(3) Graduate Training .....	(3) For Graduate Training programs, the term means all graduates of the family medicine residency program.	(3) A minimum of 25% of <i>all</i> residency graduates from academic years 1993–94, 1994–95, and 1995–96 spend at least 50% of their time in clinical practice in the specified settings.	(3) Between academic years 1994–95 and 1995–96 the rate of placing graduates in the specified settings has increased by at least 50% and not less than 15% of 1995–96 graduates work in such settings.

TABLE 3A.—DEFINITIONS FOR THE STATUTORY GENERAL PREFERENCES—ALL PROGRAMS

Program	Definition of "Graduate"	Definition of "High Rate"	Definition of "Significant Increase in Rate"
General Internal Medicine and General Pediatrics Programs:			
(1) Graduate Training Programs.	(1) For Graduate Training programs, the term means all graduates of the general internal medicine or general pediatrics residency program.	(1) A minimum of 25% of <i>all</i> residency graduates from academic years 1993–94, 1994–95, and 1995–96 spend at least 50% of their time in clinical practice in the specified settings.	(1) Between academic years 1994–95 and 1995–96, the rate of placing graduates in the specified settings has increased by at least 50% and not less than 15% of the 1995–96 graduates work in such settings.
(2) Faculty Development Programs.	(2) For Faculty Development programs, the term means all graduates of the fellowship and/or faculty development program.	(2) A minimum of 20% of the graduates from academic year 1994–95 or 1995–96, whichever is greater, spend at least 50% of their time in the specified settings.	(2) Between academic years 1994–95 and 1995–96, the rate of placing graduates in the specified settings has increased by at least 50% and not less than 15% of 1995–96 graduates work in such settings.
Podiatry Training Programs .....	An individual who has completed successfully all training and residency requirements necessary for full certification in the specified health profession.	A minimum of 25% of <i>all</i> podiatric primary care residency graduates from academic years 1993–94, 1994–95, and 1995–96 spend at least 50% of their time in clinical practice in the specified settings..	Between academic years 1994–95 and 1995–96, the rate of placing graduates in the specified settings has increased by at least 50% and not less than 15% of 1995–96 graduates work in such settings.
Physician Assistant Training Programs.	An individual who has completed successfully all training requirements from an American Medical Association-approved Physician Assistant Training Program.	A minimum of 20% of the physician assistant program graduates from academic years 1994–95 or 1995–96, whichever is greater, spend at least 50% of their time in clinical practice in the specified settings.	Between academic year 1994–95 and 1995–96, the rate of placing graduates in the specified settings has increased by at least 50% and not less than 15% of 1995–96 graduates work in such settings.

#### Alternative Ways of Meeting the Statutory General Preference

A new school or program is defined as having graduated less than three classes. A new program will qualify for the general funding preference if four or more of the following criteria are met:

1. The mission statement of the program identifies a specific purpose of preparing health professionals to serve underserved populations.
2. The curriculum includes content which will help to prepare practitioners to serve underserved populations.

3. Substantial clinical training experience is required in medically underserved communities.

4. A minimum of 20 percent of the faculty spend at least 50 percent of their time providing/supervising care in medically underserved communities.

5. The entire program or a substantial portion of the program is physically located in a medically underserved community.

6. Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.

7. The program provides a placement mechanism for deploying graduates to medically underserved communities.

In FY 1997, new programs can qualify for the general preference by providing assurance that a minimum percent of their prospective graduates have signed commitments to practice in medically underserved communities after graduation. This minimum percent will be equal to the minimum percentage for "high rate."

#### Additional Statutory Funding Preference for the Establishment of Departments of Family Medicine

An additional statutory funding preference applies only to Grants for the Establishment of Departments of Family Medicine. Under section 747(b), a funding preference is provided for qualified applicants that agree to expend the award for the purpose of:

- (1) Establishing an academic administrative unit defined as a department, division, or other unit, for programs in family medicine; or
- (2) substantially expanding the programs of such a unit.

#### Additional Statutory Funding Preference for the Grants for Podiatric Primary Care Residency Training

An additional statutory funding preference applies only to Grants for Podiatric Primary Care Residency Training. Under section 751(b), a funding preference is provided for qualified applicants that provide clinical training in podiatric medicine in a variety of medically underserved communities.

#### Information Requirements Provision

All of the training grant programs discussed in this Announcement are subject to the information requirements provision. Under section 791(b) of the Act, the Secretary may make an award under certain title VII grant programs only if the applicant for the award submits to the Secretary the following required information:

1. A description of rotations or preceptorships for students, or clinical training programs for residents, that have the principal focus of providing health care to medically underserved communities.
2. The number of faculty on admissions committees who have a clinical practice in community-based ambulatory settings in medically underserved communities.
3. With respect to individuals who are from disadvantaged backgrounds or from medically underserved communities, the number of such individuals who are recruited for

academic programs of the applicant, the number of such individuals who are admitted to such programs, and the number of such individuals who graduate from such programs.

4. If applicable, the number of recent graduates who have chosen careers in primary health care.

5. The number of recent graduates whose practices are serving medically underserved communities.

6. A description of whether and to what extent the applicant is able to operate without Federal assistance under this title. Additional details concerning the implementation of this information requirement have been published in the Federal Register at 58 FR 43642, dated August 17, 1993, and will be provided in the application materials.

#### Application Submission Deadlines

The deadline date for receipt of applications for each of these grant programs is shown in Table 4 below. Applications will be considered to be "on time" if they are either:

- (1) Received on or before the established deadline date, or
- (2) Sent on or before the established deadline date and received in time for orderly processing. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

TABLE 4.—CONTACT NAMES, LENGTH OF SUPPORT, AND DEADLINE DATES

PHS Title VII section number/program title/ CFDA number	Grants management contact/phone number/E-Mail address FAX: (301) 443-6343	Programmatic contact/phone number FAX: (301) 443-1945	Length of support (years)	Application deadline
747(a), Graduate Training in Family Medicine, 93.379.	Brenda Selser 301-443-6960 bselser@hrsa.ssw.dhhs.gov	Edward Spirer 301-443-3456 espirer@hrsa.ssw.dhhs.gov	3	11/29/96
747(a), Predoctoral Training in Family Medicine, 93.896.	Brenda Selser 301-443-6960 bselser@hrsa.ssw.dhhs.gov	Betty Ball 301-443-3616 bball@hrsa.ssw.dhhs.gov	3	12/03/96
747(a), Faculty Development in Family Medicine, 93.895.	Brenda Selser 301-443-6960 bselser@hrsa.ssw.dhhs.gov	Elsie Quinones 301-443-6822 equinone@hrsa.ssw.dhhs.gov	3	12/06/96
747(b), Departments of Family Medicine, 93.984.	Brenda Selser 301-443-6960 bselser@hrsa.ssw.dhhs.gov	Shelby Biedenkap 301-443-3615 sbieden@hrsa.ssw.dhhs.gov	3	02/24/97
748, Residency Training in Gen. Int. Medicine & Pediatrics, 93.884.	Brenda Selser 301-443-6960 bselser@hrsa.ssw.dhhs.gov	Brenda Williamson 301-443-6821 bwilliam@hrsa.ssw.dhhs.gov	3	12/02/96
748, Faculty Development in Gen. Int. Medicine & Pediatrics, 93.900.	Brenda Selser 301-443-6960 bselser@hrsa.ssw.dhhs.gov	Elsie Quinones 301-443-6822 equinone@hrsa.ssw.dhhs.gov	3	12/09/96
751, Podiatric Primary Care Residency Training, 93.181.	Brenda Selser 301-443-6960 bselser@hrsa.ssw.dhhs.gov	Edward Spirer 301-443-3456 espirer@hrsa.ssw.dhhs.gov	3	01/23/97
750, Physician Assistant Training, 93.886.	Brenda Selser 301-443-6960 bselser@hrsa.ssw.dhhs.gov	Edward Spirer 301-443-3456 espirer@hrsa.ssw.dhhs.gov	3	01/27/97

#### National Health Objectives for the Year 2000

The Public Health Service urges applicants to submit work plans that

address specific objectives of Healthy People 2000. Potential applicants may obtain a copy of Healthy People 2000 (Full Report; Stock No. 017-001-00474-

0) or Healthy People 2000 (Summary Report; Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing

Office, Washington, DC 20402-9325  
(Telephone 202-783-3238).

#### Academic and Community Partnerships

As part of its cross-cutting program priorities, HRSA will be targeting its efforts to strengthening linkages between U.S. Public Health Service education programs and programs which provide comprehensive primary care services to the underserved.

#### Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

#### Paperwork Reduction Act

The standard application form PHS 6025-1, HRSA Competing Training Grant Application, General Instructions and supplement for these grant programs have been approved by the Office of Management and Budget under the Paperwork Reduction Act. The OMB Clearance Number is 0915-0060.

#### Application Availability

Application materials are available on the World Wide Web at address: "http://www.hrsa.dhhs.gov/bhpr/grants.html". In Fiscal Year 1997, the Bureau of Health Professions (BHP) will use Adobe Acrobat to publish the grants documents on the Web page. In order to download, view and print these grants documents, you will need a copy of Adobe Acrobat Reader. This can be obtained without charge from the Internet by going to the Adobe Web page ("http://www.adobe.com") and downloading the version of the Adobe Acrobat Reader which is appropriate for your operating system, i.e., Windows, Unix, Macintosh, etc. A set of more detailed instructions on how to download and use the Adobe Acrobat Reader can be found on the BHP Grants Web page under "Notes on this WWW Page."

If additional programmatic information is needed, please contact the Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A-20, 5600 Fishers Lane, Rockville, Maryland 20857. Questions regarding grants policy and business management issues should be directed to the Grants Management Branch in Room 8C-26 at the above address. Please refer to Table 4 for

specific BHP contact names and phone numbers.

For applicants who are unable to access application materials electronically, a hard copy will be provided by contacting the HRSA Grants Application Center. The Center may be contacted by: Telephone Number: 1-888-300-HRSA, FAX Number: 301-309-0579, Email Address: HRSA.GAC@ix.netcom.com. Completed applications should be returned to: Grants Management Officer (CFDA#), HRSA Grants Application Center, 40 West Gude Drive, Suite 100, Rockville, Maryland 20850.

Grant programs for primary care training are not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100). Also, these grant programs are not subject to the Public Health System Reporting Requirements.

Dated: September 30, 1996.  
Ciro V. Sumaya,  
*Administrator.*  
[FR Doc. 96-25429 Filed 10-3-96; 8:45 am]  
BILLING CODE 4160-15-P

#### Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of October 1996:

*Name:* National Advisory Council on Migrant Health

*Date & Time:* Starts: Thursday, October 31, 1996 at 9:00 a.m.; Ends: Saturday, November 2, 1996 at 6:00 p.m.

*Place:* Best Western Innsuites Hotel, 1450 Castle Dome Avenue, Yuma, Arizona, 520/783-8341.

The meeting is open to the public.

*Agenda:* The agenda includes a overview of Council general business activities and priorities; the discussion of current and development of future NACMH Recommendations. A Public Hearing for Section 329 grantees and other organizations is scheduled for Friday, Nov. 1, 2:00 p.m.-5:00 p.m., and a Farmworker Public Hearing is scheduled for Saturday, Nov. 2, 9:00 a.m.-5:00 p.m. at the above hotel. The Council is soliciting oral and written comments for testimony; specific to migrant/seasonal farmworker health and migrant health program issues.

Anyone requiring information regarding the subject Council should contact Susan Hagler, Migrant Health Program, Staff Support to the National Advisory Council on Migrant Health, Bureau of Primary Care, Health Resources and Services Administration, 4350 East West Highway, Room 7-A51, Bethesda, Maryland 20814, Telephone (301) 594-4302.

Agenda Items are subject to change as priorities dictate.

Dated: September 30, 1996.  
Jackie E. Baum,  
*Advisory Committee Management Officer,*  
*HRSA.*  
[FR Doc. 96-25479 Filed 10-3-96; 8:45 am]  
BILLING CODE 4160-15-P

#### National Vaccine Injury Compensation Program; List of Petitions Received

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

**FOR FURTHER INFORMATION CONTACT:** For information about requirements for filing petitions, and the Program generally, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005, (202) 219-9657. For information on the Health Resources and Services Administration's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 8A35, Rockville, MD 20857, (301) 443-6593.

**SUPPLEMENTARY INFORMATION:** The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated her responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury