

Program; 83.548, Hazard Mitigation Grant Program.)

**Joe M. Allbaugh,**  
Director.

[FR Doc. 02-15048 Filed 6-13-02; 8:45 am]

BILLING CODE 6718-02-P

## FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA-1417-DR]

### Federated States of Micronesia; Major Disaster and Related Determinations

**AGENCY:** Federal Emergency  
Management Agency (FEMA).

**ACTION:** Notice.

**SUMMARY:** This is a notice of the Presidential declaration of a major disaster for the Federated States of Micronesia (FEMA-1417-DR), dated May 29, 2002, and related determinations.

**EFFECTIVE DATE:** May 29, 2002.

**FOR FURTHER INFORMATION CONTACT:**  
Richard A. Robuck, Readiness,  
Response and Recovery Directorate,  
Federal Emergency Management  
Agency, Washington, DC 20472, (202)  
646-2705 or [Rich.Robuck@fema.gov](mailto:Rich.Robuck@fema.gov).

**SUPPLEMENTARY INFORMATION:** Notice is hereby given that, in a letter dated May 29, 2002, the President declared a major disaster under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5206 (the Stafford Act), as follows:

I have determined that the damage in certain areas of the Federated States of Micronesia, resulting from Typhoon Mitag on February 26, 2002, through March 3, 2002, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5206 (Stafford Act). I, therefore, declare that such a major disaster exists in the Federated States of Micronesia.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes, such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Public Assistance, including direct Federal assistance in the designated areas, and Hazard Mitigation throughout the Federated States of Micronesia, and any other forms of assistance under the Stafford Act you may deem appropriate. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Public Assistance, including direct Federal assistance, and Hazard Mitigation will be limited to 75 percent of the total eligible costs. If Individual Assistance is later requested and warranted, Federal funds provided under the Individual and Family Grant program will

also be limited to 75 percent of the total eligible costs.

Further, you are authorized to make changes to this declaration to the extent allowable under the Stafford Act.

Notice is hereby given that pursuant to the authority vested in the Director of the Federal Emergency Management Agency under Executive Order 12148, I hereby appoint William L. Carwile III of the Federal Emergency Management Agency to act as the Federal Coordinating Officer for this declared disaster.

I do hereby determine the following areas of the Federated States of Micronesia to have been affected adversely by this declared major disaster:

Yap State for Public Assistance.  
Emergency feeding program for  
Eauripik, Elato, Ifalik, Lamotrek,  
Ngulu, Satawal, and Woleai within  
Yap State.

All areas within the Federated States of Micronesia are eligible to apply for assistance under the Hazard Mitigation Grant Program.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

**Joe M. Allbaugh,**  
Director.

[FR Doc. 02-15050 Filed 6-13-02; 8:45 am]

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## FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA-1412-DR]

### Missouri; Amendment No. 5 to Notice of a Major Disaster Declaration

**AGENCY:** Federal Emergency  
Management Agency (FEMA).

**ACTION:** Notice.

**SUMMARY:** This notice amends the notice of a major disaster declaration for the State of Missouri, (FEMA-1412-DR), dated May 6, 2002, and related determinations.

**EFFECTIVE DATE:** May 31, 2002.

**FOR FURTHER INFORMATION CONTACT:**  
Richard A. Robuck, Readiness,  
Response and Recovery Directorate,  
Federal Emergency Management

Agency, Washington, DC 20472, (202)  
646-2705 or [Rich.Robuck@fema.gov](mailto:Rich.Robuck@fema.gov).

**SUPPLEMENTARY INFORMATION:** The notice of a major disaster declaration for the State of Missouri is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of May 6, 2002:

Cedar, Crawford, Laclede, McDonald, Oregon, Ozark, Shannon, Ste. Genevieve, Stone, Vernon, and Wright Counties for Public Assistance (already designated for Individual Assistance).

Dekalb, Lincoln, Maries, Marion, Miller, Osage, Phelps, Pike, Pulaski, Ralls, and Ray Counties for Public Assistance.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

**Joe M. Allbaugh,**  
Director.

[FR Doc. 02-15047 Filed 6-13-02; 8:45 am]

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## FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA-1410-DR]

### West Virginia; Amendment No. 4 to Notice of a Major Disaster Declaration

**AGENCY:** Federal Emergency  
Management Agency (FEMA).

**ACTION:** Notice.

**SUMMARY:** This notice amends the notice of a major disaster declaration for the State of West Virginia, (FEMA-1410-DR), dated May 5, 2002, and related determinations.

**EFFECTIVE DATE:** June 6, 2002.

**FOR FURTHER INFORMATION CONTACT:** Rich Robuck, Readiness, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646-2705 or [Rich.Robuck@fema.gov](mailto:Rich.Robuck@fema.gov).

**SUPPLEMENTARY INFORMATION:** The notice of a major disaster declaration for the State of West Virginia is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of May 5, 2002:

Kanawha and Raleigh Counties for Individual Assistance.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

**Joe M. Allbaugh,**  
*Director.*  
[FR Doc. 02–15046 Filed 6–13–02; 8:45 am]  
**BILLING CODE 6718–02–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**  
**[30DAY–36–02]**  
**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written

comments should be received within 30 days of this notice.

*Proposed Project:* National Ambulatory Medical Care Survey (OMB No. 0920–0234)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The National Ambulatory Medical Care Survey (NAMCS) was conducted annually from 1973 to 1981, again in 1985, and resumed as an annual survey in 1989. It is directed by the Division of Health Care Statistics, National Center for Health Statistics, CDC. The purpose of NAMCS is to meet the needs and demands for information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians’ offices and hospital outpatient and emergency departments. The NAMCS target population consists of all office visits within the United States made by ambulatory patients to non-Federal office-based physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are engaged in direct patient care. Since more than 80 percent of all direct ambulatory medical care visits occur in physicians’ offices, the NAMCS provides data on the majority of ambulatory medical care services. To complement these data, in 1992 NCHS initiated the National Hospital Ambulatory Medical Care Survey (NHAMCS, OMB No. 0920–0278) to provide data concerning patient visits to hospital outpatient and emergency departments. The NAMCS, together with the NHAMCS constitute the

ambulatory component of the National Health Care Survey (NHCS), and will provide coverage of more than 90 percent of ambulatory medical care.

The NAMCS provides a range of baseline data on the characteristics of the users and providers of ambulatory medical care. Data collected include the patients’ demographic characteristics and reason(s) for visit, and the physicians’ diagnosis(es) and diagnostic services, medications and disposition. These data, together with trend data, may be used to monitor the effects of change in the health care system, provide new insights into ambulatory medical care, and stimulate further research on the use, organization, and delivery of ambulatory care.

Users of NAMCS data include, but are not limited to, congressional and other federal government agencies such as NIH and FDA, state and local governments, medical schools, schools of public health, colleges and universities, private businesses, nonprofit foundations and corporations, professional associations, as well as individual practitioners, researchers, administrators and health planners. Uses vary from the inclusion of a few selected statistics in a large research effort, to an in-depth analysis of the entire NAMCS data set covering several years.

To calculate the burden hours the number of respondents for NAMCS is based on a sample of 3,150 physicians with a 50 percent participation rate (this includes physicians who are out-of-scope as well as those who refuse). The total annual burden for this data collection is 6,074 hours.

Form	Number of respondents	Number of responses per respondent	Average burden per response
Induction:			
—Eligible .....	2,362	1	25/60
—Ineligible .....	788	1	5/60
Patient Record .....	2,362	30	4/60
Non-response studies .....	300	1	60/60

Dated: June 6, 2002.

**Julie Fishman,**  
*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*  
[FR Doc. 02–15013 Filed 6–13–02; 8:45 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Centers for Disease Control and Prevention**  
**[30DAY–34–02]**  
**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and

Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

*Proposed Project:* The Development and Testing of a Tool to Assess the Public’s Perception about People with