Rule section/title (47 CFR)	Hours per response	Total annual burden
q. 54.601(b)(3) & 54.619—Shared facility record-keeping	21 (avg.)	160,000
r. 54.607(b) (1)–(2)—Submission of proposed rural rate	3	150
s. 54.603(b)(1), 54.615 (c)–(d) & 54.623(d)—Description of services requested and certification	1	12,000
t. 54.619(d)—Submission of rural health care report	40	40
u. 54.701 (f)(1) & (f)(2)—Submission of annual report & CAM	40	40
v. 54.701(g)—Submission of quarterly report	10	40
w. 54.707—Submission of state commission designation	.25	850
Total annual burden hours		1,784,220

All the collections are necessary to implement the congressional mandate for universal service. The reporting and recordkeeping requirements are necessary to verify that the carriers and other respondents are eligible to receive universal service support.

The foregoing estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the burden estimates or any other aspect of the collection of information including suggestions for reducing the burden to the Federal Communications Commission, Performance Evaluation and Records Management, Paperwork Reduction Project, Washington, D.C. 20554.

Federal Communications Commission.

William F. Caton,

Acting Secretary.

[FR Doc. 97–13685 Filed 5–21–97; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL COMMUNICATIONS COMMISSION

[DA 97–1019]

In the Matter of BellSouth Cellular and GTE Wireless, and AT&T Wireless Services, Inc., Request for a Notice of Violation or Revocation of License for AirCell, Inc. (Restricted Proceeding)

May 15, 1997.

On April 22, 1997, AT&T Wireless Services, Inc. (AT&T) filed a petition for Commission action under section 5.162 of the Commission's Rules to require AirCell, Inc. (AirCell) to abide by the terms of its experimental authorization and the Commission's Part 5 Rules, and on April 7, 1997, BellSouth Cellular Corp. (BSCC), GTE Wireless Products and Services (GTE), filed a petition for a Notice of Violation or Revocation of License.

AirCell holds an FCC authorization to operate an experimental radio station (Call Sign KI2XCS, File Number 5349-EX-MR–96).

Inasmuch as this is an adjudicative licensing proceeeding, it is restricted under the Commission's *ex parte* rules. *See* 47 CFR §§ 1.1202(d), 1.1208(c). Persons who desire to present material or comments with the Commission concerning this proceeding are advised to follow the procedures set forth in the Commission's *ex parte* rules for restricted proceedings. *See* 47 CFR § 11200 *et seq.*

For further information contact Paul Marrangoni at (202) 418–2425, Office of Engineering and Technology.

Federal Communications Commission.

William F. Caton,

Acting Secretary.

[FR Doc. 97–13449 Filed 5–21–97; 8:45 am]

BILLING CODE 6712–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Meeting of the National Advisory Council for Health Care Policy, Research, and Evaluation

AGENCY: Agency for Health Care Policy and Research.

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the National Advisory Council for Health Care Policy, Research, and Evaluation.

DATES: The meeting will be held on Monday, June 2, from 9:00 a.m. to 4:00 p.m.

ADDRESSES: The meeting will be held at the Crystal City Marriott, 1999 Jefferson Davis Highway, Arlington, Virginia 22202.

FOR FURTHER INFORMATION CONTACT: Patricia Longus, Management Assistant of the Advisory Council at the Agency for Health Care Policy and Research, 2101 East Jefferson Street, Suite 603, Rockville, Maryland 20852, (301) 594–1321.

In addition, if sign language interpretation or other reasonable accommodation for a disability is needed, please contact Linda Reeves, the Assistant Administrator for Equal Opportunity, AHCPR, on (301) 594–6665 ext 1055 no later than May 27, 1997.

SUPPLEMENTARY INFORMATION:

I. Purpose

Section 921 of the Public Health Service Act (42 U.S.C. 299c) establishes the National Advisory Council for Health Care Policy, Research, and Evaluation. The Council provides advice to the Secretary and the Administrator, Agency for Health Care Policy and Research (AHCPR), on matters related to AHCPR activities to enhance the quality, appropriateness, and effectiveness of health care services and access to such services through scientific research and the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services.

The Council is composed of public members appointed by the Secretary.

These members are: Richard E. Behrman, M.D., J.D.; Helen Darling, M.A.; Nancy Wilson Dickey, M.D.; Jose Julio Escarce, M.D., Ph.D.; Ada Sue Hinshaw, Ph.D., R.N.; Sharon C. Kiely, M.D.; Jeffrey P. Koplan, M.D., M.P.H.; Robert M. Krughoff, J.D.; W. David Leak, M.D.; Harold S. Luft, Ph.D.; Woodrow A. Myers, Jr., M.D., M.B.A.; Martin Paris, M.D., M.P.H.; E. Walter J. McNerney, M.H.A.; Edward P. Perrin, Ph.D.; Stephen M. Shortell, Ph.D.; and W. Leigh Thompson, M.D., Ph.D.

There also are Federal ex-officio members. These members are: Administrator, Substance Abuse and Mental Health Services Administration; Director, National Institutes of Health; Director, Centers for Disease Control and Prevention; Administrator, Health Care Financing Administration; Commissioner, Food and Drug Administration; Assistant Secretary of Defense (Health Affairs); and Chief Medical Director, Department of Veterans Affairs.

II. Agenda

On Monday, June 2, 1997, the meeting will begin at 9:00 a.m. with the call to order by the Council Chairman. The Administrator, AHCPR, will update the status of current Agency programs and initiatives. The Council will then discuss the Agency's role in quality, what steps are necessary for building and maintaining a vital health services research community, and how the Agency can best address emerging issues.

The meeting will adjourn at 4:00 p.m. Agenda items are subject to change as priorities dictate.

Dated: May 15, 1997.

John M. Eisenberg,

Administrator.

[FR Doc. 97–13451 Filed 5–21–97; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–10–97]

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 Office on (404) 639–7090. 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

1. AIDS Prevention and Surveillance Project Reports, (0920–0208)—Extension—CDC funds cooperative agreements for 65 HIV Prevention Projects (50 states, 6 cities, 7 territories, Washington, D.C., and Puerto Rico). The cooperative agreements support counseling, testing, referral, and partner notification programs conducted by official public health agencies of states, territories, and localities (project areas). HIV counseling and testing in STD clinics, Women's Health Centers, Drug Treatment Centers, and other health agencies has been described as a primary prevention strategy of the national HIV Prevention Program. These project areas have increased HIV counseling and testing activities to specifically reach more minorities and women of child bearing age.

CDC is responsible for monitoring and evaluating HIV prevention activities conducted under the cooperative agreement. Counseling and testing programs are a major component of the HIV Prevention Program. Without data to measure the impact of counseling and testing programs, priorities cannot be assessed and redirected to prevent further spread of the virus in the general population. CDC needs information from all project areas on the number of at-risk persons tested and the number positive for HIV. The HIV Counseling and Testing Report Form provides a simple yet complete means to collect this information. We are requesting a three year extension for this study. The total annual burden hours are 219.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Manual Form Project Areas	22	4	2	176
Scan Form Project Areas	43	4	0.25	43

2. Employee Vital Status Letter (0920–0035)—Extension—The employee vital status letter is an update of a letter originally approved by OMB in 1977 and last approved in 1994. The vital status letter is used for a type of study known as ''retrospective mortality.'' The retrospective mortality study involves the identification of a study population of present and former workers who were exposed to a toxic substance in the workplace that is suspected of causing a long term adverse health effect to the exposed workers. The adverse health effects may be identified by observing the cause specific mortality in the study population and comparing that to the expected mortality. The study populations are identified through employment records of past and present workers in given industries where the suspected toxins are found. In order to identify these deaths, it is necessary to determine the vital status (i.e., whether the individual is alive or deceased) of all members of the study population as of a given cut-off date and then obtain the medical certification of cause of death on all deceased members.

This letter is sent to study cohort members as a last resort. If the vital status of an individual cannot be determined from a number of available data sources (such as the National Death Index and the Social Security Administration), the letter is sent to determine if the respondent is deceased or alive—if deceased, the data and place of death is requested from next of kin. The total annual burden hours are 42.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Workers	252	1	.166	42