a prehearing brief to the Commission. Prehearing briefs must conform with the provisions of section 207.23 of the Commission's rules; the deadline for filing is October 8, 1998. Parties may also file written testimony in connection with their presentation at the hearing, as provided in section 207.24 of the Commission's rules, and posthearing briefs, which must conform with the provisions of section 207.25 of the Commission's rules. The deadline for filing posthearing briefs is October 22, 1998; witness testimony must be filed no later than three days before the hearing. In addition, any person who has not entered an appearance as a party to the investigations may submit a written statement of information pertinent to the subject of the investigations on or before October 22, 1998. On November 10, 1998, the Commission will make available to parties all information on which they have not had an opportunity to comment. Parties may submit final comments on this information on or before November 13, 1998, for the investigation concerning Chile, and January 14, 1999, for the investigations concerning China, India, and Indonesia, but such final comments must not contain new factual information and must otherwise comply with section 207.30 of the Commission's rules. The Department of Commerce extended the date for its final determinations in the investigations concerning China, India, and Indonesia to December 17, 1998. All written submissions must conform with the provisions of section 201.8 of the Commission's rules; any submissions that contain BPI must also conform with the requirements of sections 201.6, 207.3, and 207.7 of the Commission's rules. The Commission's rules do not authorize filing of submissions with the Secretary by facsimile or electronic means.

In accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the investigations must be served on all other parties to the investigations (as identified by either the public or BPI service list), and a certificate of service must be timely filed. The Secretary will not accept a document for filing without a certificate of service.

Authority: These investigations are being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to section 207.21 of the Commission's rules.

Issued: August 13, 1998.

By order of the Commission.

Donna R. Koehnke,

Secretary.

[FR Doc. 98–22304 Filed 8–18–98; 8:45 am]

BILLING CODE 7020–02–P

INTERNATIONAL TRADE COMMISSION

Notice of Appointment of Individuals to Serve as Members of Performance Review Boards

AGENCY: United States International Trade Commission.

ACTION: Appointment of Individuals to serve as members of Performance Review Board.

EFFECTIVE: August 13, 1998.

FOR FURTHER INFORMATION CONTACT: Michael J. Hillier, Director of Personnel, U.S. International Trade Commission (202) 205–2651.

SUPPLEMENTARY INFORMATION: The Chairman of the U.S. International Trade Commission has appointed the following individuals to serve on the Commission's Performance Review Board (PRB).

Chairman of PRB—Vice-Chairman Marcia E. Miller

Member—Commissioner Carol T. Crawford

Member—Commissioner Jennifer A. Hillman

Member—Commissioner Stephen Koplan

Member—Commissioner Thelma J. Askey

Member—Robert A. Rogowsky

Member—Lyn M. Schlitt

Member—Stephen A. McLaughlin

Member—Eugene A. Rosengarden

Member—Lynn Featherstone

Member—Vern Simpson

Member—Lynn I. Levine

Notice of these appointments is being published in the **Federal Register** pursuant to the requirement of 5 U.S.C. 4314(c)(4).

Hearing-impaired individuals are advised that information on this matter can be obtained by contacting our TDD terminal on (202) 205–1810.

Issued: August 13, 1998.

By order of the Chairman:

Donna R. Koehnke,

Secretary.

[FR Doc. 98–22302 Filed 8–18–98; 8:45 am]

BILLING CODE 7020–02–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

[Docket No. 97–8]

Leonard E. Reaves, III, M.D., Revocation of Registration

On January 29, 1997, the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration (DEA), issued an Order to Show Cause to Leonard E. Reaves, III, M.D., (Respondent) of Windsor, North Carolina, notifying him of an opportunity to show cause as to why DEA should not revoke his DEA Certificate of Registration, AR2127377, and deny any pending applications for renewal of such registration as a practitioner under 21 U.S.C. 823(f), for reason that his continued registration would be inconsistent with the public interest pursuant to 21 U.S.C. 824(a)(4).

By letter dated March 28, 1997, Respondent, through counsel, filed a request for a hearing, and following prehearing procedures, a hearing was held in Raleigh, North Carolina on September 10 and 11, 1997, before Administrative Law Judge Gail A. Randall. At the hearing, both parties called witnesses to testify and the Government introduced documentary evidence. After the hearing, counsel for both parties submitted proposed findings of fact, conclusions of law and argument. On March 11, 1998, Judge Randall issued her Opinion and Recommended Ruling, recommending that Respondent's DEA Certificate of Registration be revoked. Neither party filed exceptions to her decision, and on April 13, 1998, Judge Randall transmitted the record of these proceedings to the Acting Deputy Administrator.

The Acting Deputy Administrator has considered the record in its entirety, and pursuant to 21 CFR 1316.67, hereby issues his final order based upon findings of fact and conclusions of law as hereinafter set forth. The Acting Deputy Administrator adopts, with noted exceptions, the Opinion and Recommended Ruling of the Administrative Law Judge, and his adoption is in no manner diminished by any recitation of facts, issues and conclusions therein, or of any failure to mention a matter of fact or law.

The Acting Deputy Administrator finds that Respondent graduated from medical school in 1961 and became licensed to practice medicine in North Carolina. He has continuously maintained his North Carolina medical license since that time. In the 1960's, Respondent received some advanced

training in internal medicine in Florida. Initially, Respondent was issued a temporary Florida medical license, but subsequently took the state licensure examination and was issued a Florida medical license. Beyond his training, Respondent never practiced medicine in Florida, yet he retained his Florida medical license. Respondent entered into private practice in North Carolina in 1967.

In 1975, Respondent was suspended from participating in the North Carolina Medicaid Assistance Program, following a determination that he had received an overpayment of over $76,000.00 due to his over-utilization of extended office visit codes; over-utilization of x-rays; alteration of service dates to coincide with medicail eligibility, and over-utilization of in-patient hospital admissions for short-term stays.

On or about June 20, 1986, the South Carolina Board of Medical Examiners (South Carolina Board) received Respondent's application for licensure in that state. Respondent failed to disclose his suspension from the North Carolina Medicaid Program on his application. The South Carolina Board asked Respondent for a detailed written explanation of the findings that led to his suspension. During a hearing on the proposed denial of his application, Respondent stated that he had not been suspended from the North Carolina Medicaid Program. In October 1986, the South Carolina Board ordered the denial of Respondent's application for medical licensure in that state based upon his ''total lack truthful, accurate and complete answers on his written application for licensure''; his ''lack of candor when he was given the opportunity to be heard before this Board''; and his ''failure to provide, as required in this Boards's letter of September 2, 1986, a detailed explanation regarding the finding of the North Carolina Medicaid audit.'' The South Carolina Board found that the explanation that was given by Respondent was ''grossly inadequate and unacceptable * * *.''

As a result of the South Carolina Board's denial, on April 12, 1988, the Florida Board of Medicine (Florida Board) revoked Respondent's Florida medical license.

Also in 1988, Respondent's privileges were revoked at a Fayetteville, North Carolina hospital because he treated a patient in the intensive care unit in violation of an agreement that he had with the hospital.

In 1991, Respondent began practicing medicine at his own clinic in Windsor, North Carolina. After several yeas, he joined a medical center in Bertie, North Carolina, where he was still practicing as of the date of the hearing. This medical center serves a poor rural community.

In August 1991, Respondent contacted the medical director of the North Carolina Physicians Health Program, and was encouraged to seek treatment for codependency, a problem where a person is addicted to approval from others. Respondent attended a 28-day inpatient treatment facility.

On March 24, 1992, Respondent submitted an application for the renewal of his DEA Certificate of Registration in North Carolina. On the application, Respondent answered ''No'' to a question (hereinafter referred to as the liability question) which asks in relevant part whether the applicant has ''ever had a State professional license * * * revoked, suspended, denied, restricted or placed on probation.'' Respondent provided this response despite the 1986 denial of his application for licensure in South Carolina and the 1988 revocation of his Florida medical license. Also on this application, Respondent did not request registration with DEA in Schedules IIN, III, and IIIN. Consequently on April 2, 1992, Respondent's DEA Certificate of Registration was renewed in Schedules II, IV and V only.

When Respondent next applied to renew his DEA Certificate of Registration on April 15, 1995, he answered ''Yes'' to the liability question, and explained, ''In 1990 or 1991, I made application to the Board of Medical Examiners of the State of South Carolina for a medical license. Because of the way I presented a dispute with NC Medicaid, the license was denied to me. By electronic mail, an earned license in Florida was revoked as I did not know how to appeal. A license to practice in NC [is] in effect and has never been revoked, suspended, et al. I have never had a DEA license revoked, suspended et al.'' On this application, Respondent requested registration in Schedules II, III, IV and V, but not IIN and IIIN.

In light of Respondent's affirmative answer to the liability question on his 1995 renewal application, DEA initiated an investigation of Respondent. A review of Respondent's prior renewal applications revealed that in 1988 and 1989, Respondent applied for registration in Schedules II, IIN, III, IIIN and IV, but not V. This review also revealed the negative answer to the liability question on the 1992 renewal application, as well as the fact that Respondent only applied for registration in Schedules II, IV and V.

On August 2, 1995, a DEA investigator contacted three local pharmacies and discovered that Respondent had been prescribing controlled substances in schedules that were outside the authority granted to him by his DEA Certificate of Registration. The DEA investigator then contacted Respondent and advised him that he was issuing prescriptions for controlled substances that were in schedules for which he was not registered. The investigator testified that Respondent ''expressed confusion to me about the drug schedules * * * he didn't seem to understand the difference in, for instance * * * a Schedule III narcotic versus * * * a Schedule II nonnarcotic * * *.''

As a result of this conversation with the investigator, Respondent asked local pharmacists to assist him in ensuring that he only issued prescriptions for controlled substances that he was authorized to handle. However, there is no evidence in the record to indicate that Respondent took any affirmative steps on his own, such as attending a continuing medical education course in the proper handling of controlled substances, to learn the difference between the schedules and what drugs fall within each schedule.

Subsequently, in October 1995, the investigator obtained printouts from the three local pharmacies of Respondent's controlled substance prescribing between January 1, 1994 and October 19, 1995. The printouts revealed that the pharmacies filled over 450 Schedule III prescriptions, including refills, issued by Respondent. In addition, one pharmacy's records revealed that Respondent issued a prescription for a Schedule IIN controlled substance and one for a Schedule IIIN controlled substance after being advised on August 2, 1995, that he was only authorized to handle controlled substances in Schedules II, IV and V.

In October 1995, the DEA investigator contacted Respondent again and advised him of the discovery of the two unauthorized prescriptions and reminded Respondent that he was only authorized to handle controlled substances in Schedules II, IV and V. At the hearing, the investigator testified that following this second conversation, he had not found any unauthorized controlled substance prescriptions issued by Respondent.

At the hearing in this matter, Respondent and the medical director of the North Carolina Physicians Health Program testified that Respondent's codependency problem resulted in difficulty with authority, as well as difficulty in accepting responsibility for his actions. The medical director

testified that Respondent had undergone some treatment for his codependency problem and was better about taking responsibility for his actions. However, he felt that Respondent would benefit from further treatment, but he did not believe that Respondent was still seeking treatment at the time of the hearing. Respondent testified that he ''got the appropriate treatment'' and is ''doing fine now.'' He indicated that he was currently seeing a local psychiatrist, ''[a]nd I feel good about myself and my practice and my emotional well-being.''

At the hearing, Respondent did acknowledge that he falsely answered the liability question on his 1992 renewal application. When asked why he gave a false answer, Respondent replied, ''[p]erhaps the emotional pain of trying to put down, yes. That was an error, and that was false. And I'm sorry about that. I made mistakes. Something made me do that. I don't know. That was not correct.''

However, it appears that Respondent still has difficulty accepting responsibility for his actions. With respect to the Medicaid suspension, Respondent testified that he did not think there had been an alteration of service dates. Regarding his failure to request registration in all schedules on his DEA renewal applications, Respondent testified that filling out a renewal application is ''one of those things that physicians just really hate to do * * *. And they do it in a haphazard way. And they give it to their secretary and say, copy this the way it was last year * * *. He doesn't really spend any time on it.'' Finally, as to his prescribing outside his authorization, Respondent blamed DEA for not sending him documentation regarding what controlled substances he was not authorized to handle.

There was testimony at the hearing by Respondent, the Chief of Staff at the hospital where Respondent has privileges, and two physician assistants who work with Respondent that Respondent is precise in his writing of medical records, in his caring for patients, and in his prescribing of controlled substances. There has never been any indication that Respondent has a substance abuse problem.

Pursuant to 21 U.S.C. 823(f) and 824(a)(4), The Deputy Administrator may revoke a DEA Certificate of Registration and deny any pending applications, if he determines that the continued registration would be inconsistent with the public interest. Section 823(f) requires that the following factors be considered:

(1) The recommendation of the appropriate State licensing board or professional disciplinary authority.

(2) The applicant's experience in dispensing, or conducting research with respect to controlled substances.

(3) The applicant's conviction record under Federal or State laws relating to the manufacture, distribution, or dispensing of controlled substances.

(4) Compliance with applicable State, Federal, or local laws relating to controlled substances.

(5) Such other conduct which may threaten the public health or safety.

These factors are to be considered in the disjunctive; the Deputy Administrator may rely on any one or a combination of factors and may give each factor the weight he deems appropriate in determining whether a registration should be revoked or an application for registration be denied. See *Henry J. Schwarz, Jr., M.D.*, Docket No. 88–42, 54 FR 16,422 (1989).

Regarding factor one, it is undisputed that the South Carolina Board denied Respondent's application for medical licensure in that state in 1986, and that his Florida medical license was revoked in 1988. However, it is also undisputed that North Carolina has not taken any action against Respondent's North Carolina medical license.

Factors two and four, Respondent's experience in dispensing controlled substances and his compliance with applicable laws related to the handling of controlled substances, clearly are relevant in determining the public interest in this case. Pursuant to 21 U.S.C. 822(b), ''[p]ersons registered by the Attorney General under this subchapter to * * * dispense controlled substances * * * are authorized to possess * * * or dispense such substances * * * to the extent authorized by their registration and in conformity with the other provisions of this subchapter.'' In 1992, Respondent applied for renewal of his DEA registration in Schedules II, IV and V. Thereafter, between 1994 and 1995, Respondent issued over 450 Schedule III and IIIN prescriptions. The Acting Deputy Administrator finds that the Respondent issued these prescriptions without being authorized by his registration to do so.

The Acting Deputy Administrator further finds that even after being advised of the extent of his authorization, Respondent issued two prescriptions for substances that he was not registered to handle. Judge Randall found that only one of the prescriptions was outside of Respondent's authorization. This prescription was for testosterone, a Schedule III controlled substance, and Respondent was not authorized to handle any Schedule III controlled substance. Judge Randall found however, that the other prescription for Dexedrine, a Schedule IIN controlled substance did not exceed Respondent's authority, stating that there is ''no scheduling distinction between Schedule II and Schedule IIN substances * * *. Consequently, a registrant authorized to handle Schedule II substances would seem to be authorized to handle both narcotic and non-nartotic Schedule II substances, as both are designated as 'Schedule II' in the Controlled Substances Act and the regulations.''

The Acting Deputy Administrator disagrees with Judge Randall's conclusion. While it is true that Schedule II substances, whether narcotic or non-narcotic substances, are all considered Schedule II substances for recordkeeping and penalty purposes under the Controlled Substances Act, DEA has historically differentiated between narcotic and non-narcotic substances for registration purposes.[1] Not all registrants wish to be registered to handle narcotic substances, and are therefore given the opportunity to apply only those substances that they wish to handle. In addition, there are occasions where a practitioner is not authorized by the state in which he/she practices to handle narcotic substances, and as a result cannot be issued a DEA registration to handle those substances. Therefore, the Acting Deputy Administrator finds that it is appropriate, as well as prudent, to differentiate between narcotic and non-narcotic substances for registration purposes. Registrants are on notice as to which substances fall within these categories. The term ''narcotic drug'' is defined in the Controlled Substances Abuse Act and it is clear in looking at the regulations which substances meet this definition. See 21 U.S.C. 802(17); 21 CFR 1308.12(b) and (c) and 1308.13(e).

Consequently, the Acting Deputy Administrator finds that Repondent issued a prescription for testosterone, and one for Dexedrine, without being authorized by his registration to do so. The Acting Deputy Administrator recognizes that after being advised of the extent of his authorization to handle controlled substances, Respondent substantially complied with the law. However, the fact that he issued two unauthorized prescriptions indicates that Respondent is still not aware of what schedule certain drugs fall within,

[1] The same applies for Schedule III controlled substances.

and that he is not diligent in verifying a substance's schedule.

Like Judge Randall, the Acting Deputy Administrator finds it commendable that Respondent sought the assistance of local pharmacists to ensure that he did not inadvertently issue prescriptions outside of his DEA granted authorization. However, as Judge Randall notes, ''the record lacks evidence that the Respondent took any actions to enhance his own knowledge about scheduled substances, so that he could be responsible for his prescribing conduct.'' The responsibility for the proper prescribing of controlled substances is on the practitioner and he should not rely on others to ensure his compliance.

Under 21 U.S.C. 843(a)(4)(A), it is ''unlawful for any person knowingly or intentionally—to furnish false or fraudulent material information in, or omit any material information from, any application, report, record, or other document required to be made, kept, or filed under this subchapter or subchapter II of this chapter.'' Answers to the renewal application's liability question are material, since DEA relies upon such answers to determine whether an investigation is needed prior to granting the application. *See Ezzat E. Majd Pour, M.D.*, 55 FR 47,547 (1990).

Here, it is undisputed that Respondent materially falsified his 1992 renewal application by answering ''No'' to the question which asks in relevant part whether the applicant has ''ever had a State professional license * * * revoked, suspended, denied, restricted or placed on probation,'' despite the fact that his application for a South Carolina medical license was denied in 1986 and his Florida medical license was revoked in 1988. What makes this falsification all the more troubling is that a major reason for the denial of his application for a medical licenses in South Carolina was that he failed to disclose his prior suspension from the North Carolina Medicaid Program. If anything, Respondent should have been especially diligent in truthfully answering the questions on the DEA application, since his failure to disclose information on his South Carolina application resulted in his loss of licensure in two states.

The Acting Deputy Administrator agrees with Judge Randall that ''[a]lthough the Respondent acted to correct this error in his 1995 application, the reasons he provided for the adverse state actions are disconcerting.'' Respondent indicated that he lost his Florida medical license because he ''did not know how to appeal.'' As Judge Randall notes, ''[t]his half-hearted attempt at disclosing adverse information raises concerns about the Respondent's continuing problem with taking responsibility for his own actions, a trait vital in a person authorized to handle controlled substances.''

Regarding factor three, it is undisputed that Respondent has not been convicted of any offense relating to the manufacture, distribution or dispensing of controlled substances.

In considering factor five, other conduct threatening to the public safety, the Acting Deputy Administrator is concerned by Respondent's lack of familiarity with the schedules of drugs. While Respondent contends that his problems stem from his codependency, the Medical Director of the North Carolina Physicians Health Program testified that Respondent's lack of knowledge regarding the scheduling of drugs was not a symptom of his codependency. There is no evidence in the record that Respondent has made any attempt to educate himself regarding the scheduling of drugs. In addition, Respondent's lack of familiarity with the concept of controlled substances is further evidenced by his response to a question at the hearing about whether he had ever written an article regarding the handling of controlled substances. Respondent indicated that he had written one such article and ''it had to do with alcoholism, concepts of alcoholism.''

The Acting Deputy Administrator is also troubled by Respondent's lack of attention to detail. Respondent indicates that his failure to request registration in all schedules on his 1992 application was merely an ''oversight.'' However, the Acting Deputy Administrator finds this explanation hard to believe, since Respondent had to skip over boxes in filling out the application. In addition, Respondent has exhibited a pattern of not requesting registration in all schedules on his renewal applications. In 1988 and 1989, Respondent sought registration in schedules II, IIN, III, IIIN, and IV, but not V. In 1992, he failed to request registration in Schedules IIN, III and IIIN, and in 1995, he checked the boxes for registration in Schedules II, III, IV and V, but not IIN or IIIN. The Acting Deputy Administrator concludes that at the very least Respondent has a problem with attention to detail.

Further, Respondent's less than candid responses to governmental agencies is of concern to the Acting Deputy Administrator. Not only did he fail to disclose certain information on his 1992 DEA renewal appliction, but the South Carolina Board specifically found that Respondent's ''total lack of truthful, accurate and complete answers on his written application for licensure'' provided the basis for denial of the application.

Finally, the Acting Deputy Administrator is concerned by Respondent's failure to accept responsibility for his actions. Respondent attributes his actions to his codependency problem for which he has received treatment. However, the Medical Director of the North Carolina Physicians Health Program testified that Respondent ''still had some work to do'' in recovering from his codependency problem. Even Respondent acknowledged that he was ''still in a state of recovery.'' Yet, there is no evidence of Respondent's continuing treatment for his codependency problem.

In determining whether revocation is warranted in this case, Judge Randall stated that ''[a]lthough * * * this is a close case, especially in light of the time that has elapsed since the 1992 falsification of the Respondent's DEA application, the adverse state actions in the 1980's, and the instances of mishandling of controlled substances in 1994 and 1995, * * * the totality of the circumstances does justify revoking the Respondent's Certificate of Registration.'' Judge Randall reached this conclusion in light of Respondent's less than truthful dealings with governmental agencies; his lack of ongoing treatment and efforts to continue his recovery from his codependency problems; his continued lack of knowledge about the scheduling of controlled substances; and his failure to take affirmative action to increase his knowledge regarding controlled substances.

Judge Randall noted that ''the record contains ample evidence that the Respondent's prescribing practices are otherwise appropriate, that his treatment of his patients is well within the community standard, and that he is serving an important interest in his rural community.'' However, Judge Randall concluded ''that until the Respondent (1) submits a complete application to the DEA for a Certificate of Registration that accurately discloses his professional licensing history and requests authority to handle the scheduled substances he needs to effectively treat his patient population, (2) includes with that application evidence of his completion of continued medical education containing instruction on scheduled drugs, and (3) provides the DEA with information concerning his ongoing treatment for his codependency problem and a medical problem and a medical prognosis as to

the impact of his condition upon his ability to accept the responsibilities inherent in a DEA registrant, it is in the public interest to revoke his DEA Certificate of Registration.''

The Acting Deputy Administrator agrees with Judge Randall that this is a close case. Respondent's lack of attention to detail, knowledge regarding the scheduling of controlled substances, and evidence of ongoing treatment for his codependency problems all justify revocation of his DEA Certificate of Registration as inconsistent with the public interest. However, the Acting Deputy Administrator also recognizes that Respondent practices in a poor rural community, that he is conservative in his prescribing of controlled substances and that he correctly answered the liability question on his 1995 renewal application. As a result, the Acting Deputy Administrator concludes that the public interest would be served by giving Respondent an opportunity to become educated regarding controlled substances and to receive continued treatment for his codependency problems while still being permitted to handle controlled substances.

Therefore, the Acting Deputy Administrator will stay the revocation for six months, during which time Respondent must present evidence to the Acting Deputy Administrator of his completion of a training course regarding controlled substances, and of his ongoing treatment for his codependency problems. In addition, Respondent must request modification, if necessary, of his 1995 renewal application to accurately reflect what schedules he wishes to be registered in to effectively treat his patient population. If Respondent does not submit this information within six months of the effective date of this order, a subsequent order will be issued lifting the stay and Respondent's DEA Certificate of Registration will be revoked. If Respondent does submit the information in a timely manner, the Acting Deputy Administrator will issue a subsequent order indicating that the conditions have been met, that the DEA Certificate of Registration is reinstated and renewed without limitations, and that Respondent shall acknowledge the revocation in response to the liability question on any future applications.

Accordingly, the Acting Deputy Administrator of the Drug Enforcement Administration, pursuant to the authority vested in him by 21 U.S.C. 823 and 824 and 28 CFR 0.100(b) and 0.104, hereby orders that DEA Certificate of Registration AR2127377, issued to Leonard E. Reaves, III, M.D., be, and it hereby is, revoked, and any pending applications for renewal of such registration, be, and they hereby are, denied. It is further ordered that this order will be stayed for a period of six months from its effective date. If during the six month period, Respondent fails to provide the Acting Deputy Administrator with evidence of the completion of a course regarding controlled substances or of his ongoing treatment for his codependency problems, the stay will be removed and Respondent's DEA Certificate of Registration will be revoked and any pending application for renewal will be denied. This order is effective September 18, 1998.

Dated: August 13, 1998.

Donnie R. Marshall,

Acting Deputy Administrator.

[FR Doc. 98–22223 Filed 8–18–98; 8:45 am]

BILLING CODE 4410–09–M

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Emergency Review; Comment Request; Extension

AGENCY: Office of the Secretary, Labor.

ACTION: Extension of Comment period.

SUMMARY: On August 11, 1998, the Department of Labor published a **Federal Register** Notice (63 FR 42878) informing the public that the Department was utilizing emergency review procedures for review and clearance of the Business-to-Business Mentoring Initiative on Child/Dependent Care information collection request (ICR). This notice erroneously stated that the Office of Management and Budget approval has been requested by August 8, 1998. The Department had intended to request clearance by August 18, 1998. In order to allow the public, additional time to comment on this information collection, the Department has requested that OMB approval be granted by August 25, 1998.

DATES: Written comments on the Business-to-Business Mentoring Initiative on Child/Development Care ICR should be submitted by August 25, 1998.

ADDRESSES: Comments and questions about the Mentoring Program should be forwarded to the Office of Information and Regulatory Affairs, Attn.: OMB Desk Officer for the Women's Bureau, Office of Management and Budget, Room 10235, Washington, D.C. 20503. (202) 395–7316.

FOR FURTHER INFORMATION CONTACT: Todd R. Owen, Departmental Clearance Officer, U.S. Department of Labor, Room N–1301, 200 Constitution Avenue, N.W. Washington, D.C. 20210. (202) 219–5095 x 143. Copies of this information collection request with applicable supporting documentation, will be provided upon request.

SUPPLEMENTARY INFORMATION: The Department of Labor's Women' Bureau (WB), through its 10 regional offices, will provide technical assistance to businesses and other employers and facilitate a Mentoring initiative by linking employers who are willing to mentor others on cutting edge child care programs with employers that wish to receive Mentoring services. Utilizing the WB Internet web site as a matching mechanism, employers willing to mentor can be located by those who need these services. A report of the program's activities will be prepared approximately one year from program implementation.

Todd R. Owen,

Departmental Clearance Officer.

[FR Doc. 98–22310 Filed 8–18–98; 8:45 am]

BILLING CODE 4510–23–M

National Archives and Records Administration

Information Security Oversight Office

National Industrial Security Program Policy Advisory Committee: Notice of Meeting

In accordance with the Federal Advisory Committee Act (5 U.S.C. App. 2) and implementing regulation 41 CFR 101.7, announcement is made for the following committee meeting:

Name of Committee: National Industrial Security Program Policy Advisory Committee (NISPPAC).

Date of Meeting: September 17, 1998.

Time of Meeting: 1 p.m. to 3 p.m.

Place of Meeting: The Center for Community Cooperation 2900 Live Oak Street, Dallas, Texas 75204.

Purpose: To discuss National Industrial Security Program policy matters.

This meeting will be open to the public. However, due to space limitations and access procedures, the names and telephone numbers of non-NISPPAC members planning to attend should be submitted to the Information Security Oversight Office (ISOO) no later than September 11, 1998.

FOR FURTHER INFORMATION CONTACT: Steven Garfinkel, Director, Information Security Oversight Office, National Archives Building, 700 Pennsylvania Avenue, NW, Room 100, Washington, DC 20408, telephone 202–219–5250.