grant. An enclosure with every grant award provides instructions on completing and submitting the OPR.

Native American Program Specialists use the OPR information to perform legislatively required Federal program oversight such as evaluate project and grantee performance, identify project outcomes suitable for use in program evaluation and Government Performance and Results Act (GPRA) analysis, and to identify grantees and projects that require more detailed Federal training and/or technical assistance. OPRs are used in ANA competitive grant programs such as Social and Economic Development Strategies (SEDS), Native American Languages Preservation, Environmental Regulatory Enhancement, etc.

The Administration for Native Americans simplified the way OPR information is collected. Until June 1999, OPRs were transcribed onto a government designed form where every project objective was listed; grantees often worked to fill in space under each objective to accommodate the volume of information they believed was required. Grantees now use their letterhead and present the level of detail they deem appropriate.

*Respondents:* State, Local or Tribal Government.

ANNUAL BURDEN ESTIMATES

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|---|---|---|---|---|
| Objective Progress Report (OPR) | 300 | 2 | 1.5 | 900 |

Estimated Total Annual Burden Hours: 900.

*Additional Information:* Copies of the proposes collection may be obtained by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer.

*OMB Comment:* OMB is required to made a decision concerning the collection of information between 30 to 60 days after publication of this document in the **Federal Register.** Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, N.W., Washington, D.C. 20503, Attn: ACF Desk Officer.

Dated: January 10, 2000.

**Bob Sargis,**

*Acting Reports Clearance Officer.*

[FR Doc. 00–879 Filed 1–13–00; 8:45 am]

**BILLING CODE 4184–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

### Obstetrics and Gynecology Devices Panel of the Medical Devices Advisory Committee; Notice of Meeting

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

**ACTION:** Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

*Name of the Committee*: Obstetrics and Gynecology Devices Panel of the Medical Devices Advisory Committee.

*General Function of the Committee*: To provide advice and recommendations to the agency on FDA's regulatory issues.

*Date and Time*: The meeting will be held on January 24, 2000, from 9 a.m. to 6 p.m., and January 25, 2000, from 8 a.m. to 5 p.m.

*Location*: Holiday Inn, Walker/Whetstone Rooms, Two Montgomery Village Ave., Gaithersburg, MD.

*Contact Person*: Elisa D. Harvey, Center for Devices and Radiological Health (HFZ–470), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–594–1180, or FDA Advisory Committee Information Line, 1–800–741–8138 (or 301–443–0572 in the Washington, DC area), code 12524. Please call the Information Line for up-to-date information on this meeting.

*Agenda*: On January 24, 2000, the committee will discuss, make recommendations, and vote on a premarket approval application for a fetal pulse oximeter. On January 25, 2000, the committee will discuss a draft guidance document on adhesion barrier products intended for use in pelvic and/or abdominal surgery. The draft guidance document is available to the public on the Internet at http://www.fda.gov/cdrh/ode/resorbable.pdf and http://www.fda.gov/cdrh/ode/1356.html, or by contacting CDRH Facts-on-Demand at 1–800–899–0381 or 301–827–0111, specify number 1356 when prompted for the document shelf number.

*Procedure*: On January 24, 2000, from 9 a.m. to 6 p.m., and January 25, 2000, from 9 a.m. to 5 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by January 20, 2000. Oral presentations from the public will be scheduled between approximately 9:15 a.m. and 9:45 a.m. and 5 p.m. and 5:30 p.m. on January 24, 2000, and between approximately 9:30 a.m. and 10 a.m. on January 25, 2000. Time allotted for each presentation may be limited. Those desiring to make formal presentations should notify the contact person before January 20, 2000, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and address of proposed participants, and an indication of the approximate time requested to make their presentation.

*Closed Committee Deliberations*: On January 25, 2000, from 8 a.m. to 9 a.m., the meeting will be closed to the public. The committee will hear and review trade secret and/or confidential commercial information on pending and future applications under review. This portion of the meeting will be closed to permit discussion of this information (5 U.S.C. 552b(c)(4)).

FDA regrets that it was unable to publish this notice 15 days prior to the January 25, 2000, Obstetrics and Gynecology Devices Panel of the Medical Devices Advisory Committee meeting. Because the agency believes there is some urgency to bring these issues to public discussion and qualified members of the Obstetrics and

Gynecology Devices Panel of the Medical Devices Advisory Committee were available at this time, the Commissioner of Food and Drugs concluded that it was in the public interest to hold this meeting even if there was not sufficient time for the customary 15-day public notice.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: January 10,2000

**Linda A. Suydam,**

*Senior Associate Commissioner*

[FR Doc. 00–981 Filed 1–13–00; 8:45 am]

**BILLING CODE 4160–01–F**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

### Peripheral and Central Nervous System Drugs Advisory Committee; Notice of Meeting

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

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing an amendment to the notice of a meeting of the Peripheral and Central Nervous System Drugs Advisory Committee. This meeting was announced in the **Federal Register** of December 27, 1999 (64 FR 72355). The amendment is being made to cancel the entire session on January 27, 2000. This meeting will be open to the public. There are no other changes.

**FOR FURTHER INFORMATION CONTACT:** Sandra L. Titus, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093) Rockville, MD 20857, 301–827–7001, or e-mail tituss@cder.fda.gov, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area) code 12543. Please call the Information Line for up-to-date information on this meeting.

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of December 27, 1999 (64 FR 72355), FDA announced that a meeting of the Peripheral and Central Nervous System Drugs Advisory Committee would be held on January 27 and 28, 2000. On page 72355, beginning in the first column, the *Date and Time*, *Agenda*, and *Procedure* portions of this meeting are amended to read as follows:

*Date and Time*: The meeting will be held January 28 from 8 a.m. to 5 p.m.

*Location*: Hilton, 620 Perry Ave., Gaithersburg, MD.

*Agenda*: On January 28, the committee will consider the safety and efficacy of new drug NDA 21–120, Novantrone® , (mitoxantrone, Immunex Corporation) proposed to treat secondary progressive multiple sclerosis, including progressive relapsing disease.

*Procedure*: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by January 20, 2000. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. on both days. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before January 20, 2000, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: January 7, 2000.

**Linda A. Suydam,**

*Senior Associate Commissioner.*

[FR Doc. 00–889 Filed 1–13–00; 8:45 am]

**BILLING CODE 4160–01–F**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

### Request for Public Comment: 60-Day Notice; Proposed Collection: Evaluation of Indian Health Service/ Bureau of Indian Affairs Training Practitioners Project

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, to provide a 60-day advance opportunity for public comment on proposed information collection projects, the Indian Health Service is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

**PROPOSED COLLECTION:** *Title:* ''Evaluation of Indian Health Service /Bureau of Indian Affairs Training Practitioners Project.'' *Type of Information Collection Request:* New collection. *Form Number:* None. *Need and Use of Information Collection:* The purpose of the proposed data collection is to evaluate and assess the overall effectiveness of the Indian Health Service (IHS) and Bureau of Indian Affairs (BIA) inter-agency sponsored national training project titled, ''IHS/ BIA Training Practitioners in the Assessment and Treatment of Adolescent Sexual Perpetrators,'' conducted from 1993–1996 in 18 American Indian/Alaska Native (AI/AN) communities. The training project was established to provide mental health practitioners in AI/AN communities specialized training for the provision of mental health assessment and treatment services to juvenile sex offenders. The data collected is needed to assess respondent satisfaction/dissatisfaction with the training project, the clinical success/failure of the training on the juvenile sex offenders, the impact of using traditional healing treatment services with juvenile sex offenders, and to obtain recommendations for future clinical program planning. *Affected Public:* Individuals and households, State, Local or Tribal Government. *Type of Respondents:* Health care providers, juveniles, parent/caretakers, and various community members. Please see Table 1 for a listing of data collection instruments, estimated number of respondents, number of responses per respondent, annual number of responses, average burden hour per response, and total annual burden hour.

TABLE 1

| Date collection instruments | Estimated No. of respondents | Reponses per respondent | Annual Number of respondents* | Average burden hour per response* | Total annual burden hours |
|---|---|---|---|---|---|
| Practitioner Trainee Questionnaire ..... | 159 | 1 | 159 | 0.50 (30 mins). | 79.5 |