

DATE AND TIME: Thursday, June 19, 2003 at 10 a.m.

PLACE: 999 E Street, NW., Washington, DC (Ninth Floor).

STATUS: This meeting will be open to the public.

ITEMS TO BE DISCUSSED:

Correction and Approval of Minutes.
Draft Advisory Opinion 2003-14: The Home Depot, Inc. by counsel, Brett G. Kappel.

Routine Administrative Matters.

FOR FURTHER INFORMATION CONTACT: Mr. Ron Harris, Press Officer Telephone: (202) 694-1220.

Mary W. Dove,

Secretary of the Commission.

[FR Doc. 03-15043 Filed 6-10-03; 3:10 pm]

BILLING CODE 6715-01-M

GENERAL SERVICES ADMINISTRATION

Office of Management Services; Stocking of an Optional Form

AGENCY: General Services Administration.

ACTION: Notice.

SUMMARY: Because of tighter security throughout the Federal Government, any type of identification card has now been removed from the GSA forms Web site.

Since the form is authorized for local reproduction, agencies can only request a camera copy to use for printing from: Forms Management, (202) 501-0581 or e-mail to barbm.williams@gsa.gov.

DATES: Effective June 12, 2003.

FOR FURTHER INFORMATION CONTACT: Ms. Barbara Williams, General Services Administration, (202) 501-0581.

Dated: June 4, 2003.

Barbara M. Williams,

Deputy Standard and Optional Forms Management Officer, General Services Administration.

[FR Doc. 03-14838 Filed 6-11-03; 8:45 am]

BILLING CODE 6820-34-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Applications Available To Request Waiver of the Two-Year Foreign Residence Requirement for Physicians with J-1 Visa Who Will Deliver Health Care Service

ACTION: Notice of Availability of Applications.

SUMMARY: The HHS Exchange Visitor Program announces the availability of applications to request waiver of the two-year foreign residency requirement for physicians with J-1 visas who agree to deliver health care services for three years in primary care or mental health Professional Shortage Areas (HPSAs) or medically underserved areas or populations (MUA/Ps).

FOR FURTHER INFORMATION CONTACT:

Michael Berry, Bureau of Health Professions, 5600 Fishers Lane, Rm. 8-67, Rockville, MD 20857. Telephone: 301-443-4154; Fax: 301-443-7904; MBerry@HRSA.gov.

ADDRESSES: Applications to request waivers to deliver health care services are available at <http://www.globalhealth.gov> and the Office of Global Health Affairs, 200 Independence Ave., SW., Room 639-H, Washington, DC 20201. Telephone: 202-690-6174; Fax: 202-690-7127.

SUPPLEMENTARY INFORMATION: On December 19, 2002, the Department of Health and Human Services (HHS) published in the **Federal Register** (67 FR 77692) an interim-final rule amending the regulations at 45 CFR part 50 governing the HHS Exchange Visitor Program. Under this program, HHS acts as an Interested Government Agency (IGA) to request waivers, on the Exchange Visitors' behalf, of the two-year foreign residency requirement. The amendments expanded the program to permit institutions and health care facilities to submit to HHS requests for waiver of the two-year home-country physical presence requirement for physician Exchange Visitors to deliver primary health care services in underserved areas, in addition to waivers to perform research.

In determining whether to request a waiver for an Exchange Visitor to deliver primary health care services, HHS will consider information from and coordinate with State Departments of Public Health (or the equivalent), other IGAs, HHS programs such as the National Health Service Corps, and other relevant government agencies.

HHS will process applications in the order received. Please note that HHS will not accept applications submitted by Exchange Visitors. Applications for waiver requests must be submitted by private or non-federal institutions, organizations, or agencies or by a component agency of HHS.

In brief, the criteria for a waiver recommendation by HHS acting as an IGA are as follows:

1. Eligibility to apply for HHS waiver requests is limited to primary care physicians, and general psychiatrists

who have completed their primary care or psychiatric residency training programs. Primary care physicians are defined as: physicians practicing general internal medicine, pediatrics, family practice or obstetrics/gynecology and who are willing to work in a primary care HPSA or MUA/P; and general psychiatrists willing to work in a Mental Health HPSA.

Note: The regulations restrict eligibility to primary care physicians, and general psychiatrists who have completed their primary care or psychiatric residency training programs no more than 12 months before the date of commencement of employment under the contract described below. 45 CFR 50.5(b). For applications submitted prior to October 1, 2003, HHS will ease this 12-month eligibility condition to enable physicians who completed their training programs in June 2002 to be eligible to apply for a waiver. Without this modification, physicians who completed their training programs in June 2002 would be unable to begin employment by the required date, July 2003, and thus would be ineligible to seek waivers. Accordingly, for applications received prior to October 1, 2003, the physician seeking a waiver must have completed a primary care or general psychiatric residency no earlier than June 1, 2002.

2. The petitioning health care facility must establish that it has recruited actively and in good faith for U.S. physicians in the recent past, but has been unable to recruit a qualified U.S. physician.

3. The head of a petitioning health care facility must execute a statement to confirm that the facility is located in a specific, designated HPSA or MUA/P, and that it provides medical care to Medicaid and Medicare eligible patients and the uninsured indigent.

4. The Exchange Visitor must execute a statement that he or she does not have pending, and will not submit, other IGA waiver requests while HHS processes the waiver request.

5. The employment contract must require the Exchange Visitor to practice a specific primary care discipline or general psychiatry for a minimum of three years, 40 hours per week in a specified HPSA or MUA/P. It may not include a non-compete clause that limits the Exchange Visitor's ability to continue to practice in any HHS-designated primary care or mental health HPSA or MUA/P after the period of obligation. The contract must be terminable only for cause and not terminable by mutual agreement until completion of the three-year commitment, except that the contract may be assigned to another eligible employer, subject to approval by HHS

and consistent with all applicable INS and Department of Labor requirements.

Dated: June 5, 2003.

William R. Steiger,

Director, Office of Global Health Affairs.

[FR Doc. 03-14882 Filed 6-11-03; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-75]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498-1210.

Comments are invited on: (a) Whether the proposed collection of information

is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Dale Verell, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Questionnaire Design Research Laboratory (QDRL) 2004-2007, (OMB No. 0920-0222)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The QDRL conducts questionnaire pre-testing and evaluation activities for CDC surveys (such as the NCHS National Health Interview Survey) and other federally sponsored surveys. The most common questionnaire evaluation method is the cognitive interview. In a cognitive interview, a questionnaire design specialist interviews a volunteer participant. The interviewer administers

the draft survey questions as written, but also probes the participant in depth about interpretations of questions, recall processes used to answer them, and adequacy of response categories to express answers, while noting points of confusion and errors in responding. Interviews are generally conducted in small rounds of about 12 interviews; ideally, the questionnaire is re-worked between rounds and revisions are tested iteratively until interviews yield relatively few new insights. When possible, cognitive interviews are conducted in the survey's intended mode of administration. For example, when testing telephone survey questionnaires, participants often respond to the questions via a telephone in a laboratory room. This method forces the participant to answer without face-to-face interaction, but still allows QDRL staff to observe response difficulties, and to conduct a face-to-face debriefing. In general, cognitive interviewing provides useful data on questionnaire performance at minimal cost and respondent burden (note that respondents receive remuneration for their travel and effort). Similar methodology has been adopted by other federal agencies, as well as by academic and commercial survey organizations. There are no costs to respondents.

Respondents	Number of respondents	Number responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Test Volunteers	500	1	72/60	600
Total				600

Dated: June 6, 2003.

Thomas A. Bartenfeld,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 03-14845 Filed 6-11-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-68]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on

proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498-1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques

or other forms of information technology. Send comments to Dale Verell, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Implementation of a Computer-Assisted Telephone Interview (CATI) System for the Pregnancy Risk Assessment Monitoring System (PRAMS).—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

The Pregnancy Risk Assessment System (PRAMS) is part of the CDC initiative to reduce infant mortality and low birthweight and promote safe motherhood. PRAMS is a state-specific, population-based risk factor surveillance system of women who have recently delivered a live-born infant.