The ALJ found that Ms. Uzelmeier's hearing request raised defenses that either were immaterial to the charges of misconduct in science or that the ALJ had no authority to grant Ms. Uzelmeier's request for relief under Part 93.

Specifically, Ms. Uzelmeier knowingly and intentionally;

• Fabricated and falsified data in her research notebook primarily by multiple instances of using data/results generated from one experiment to represent data/results purportedly obtained from one or more entirely different experiments; and

• Fabricated and falsified data in her thesis entitled ''Characterization of the Molecular Mechanism(s) Underlying the Interaction(s) between 2,3,7,8-tetrachlorodibenzo-*p*-Dioxin Mediated and Interferon Gamma Mediated Signal Transduction,'' including falsifying and fabricating autoradiographic films, computer image files scanned from those films, numerical data reduced from those computer files, documentation of those results in her black three-ring binder, and data in associated multiple figures and projection slides.

Ms. Uzlmeier's research concerned the interaction between the environmental toxin, dioxin, and a cytokine, interferon, on cellular signaling in the immune system. The approach was to exploit dioxin, or ''TCDD'' (2,3,7,8-tetrachlorodibenzo-*p*-dioxin), as a probe that suppresses the immune system to delineate a role for the aryl hydrocarbon receptor protein (AhR), which is a cytosolic receptor that can be transported to the nucleus to also act as a nuclear transcription factor. The specific aim was to determine whether the mechanism of action of a naturally occurring regulatory factor, interferon-γ (IFN-γ), to antagonize the immunosuppressive actions of dioxin, was through reduced AhR signaling.

Ms. Uzelmeier's actions caused the withdrawal of a manuscript that had been submitted for publication, the withdrawal of her mentor's PHS grant application, and her dismissal from graduate school.

The following administrative actions have been implemented for a period of five (5) years, beginning on March 12, 2007:

(1) Ms. Uzelmeier has been debarred from any contracting or subcontracting with any agency of the United States Government and from eligibility or involvement in nonprocurement programs of the United States Government referred to as ''covered transactions'' as defined in the debarment regulations at 2 CFR 180 and 376; and

(2) Ms. Uzelmeier is prohibited from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as consultant.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 07–1616 Filed 4–3–07; 8:45 am]

BILLING CODE 4160–17–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Solicitation for Nominations for Members of the U.S. Preventive Services Task Force

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Solicits nominations for new members.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) invites nominations of individuals qualified to serve as members of the U.S. Preventive Services Task Force (the Task Force).

The Task Force, a standing, independent panel of private-sector experts in prevention and primary care, is composed of members appointed to serve for four-year terms with an option for reappointment. New members are selected each year to replace (approximately) one fourth of the Task Force members, i.e., those who are completing their appointments. Individuals nominated but not appointed in previous years, as well as those newly nominated, are considered in the annual selection process.

Task Force members meet three times a year for two days in the Washington, DC area. Member duties include reviewing and preparing comments (off site) on systematic evidence reviews prior to discussing and making recommendations on preventive services, drafting final recommendation documents, and participating in workgroups on specific topics or methods. AHRQ particularly encourages nominations of women, members of minority populations, and persons with disabilities. Interested individuals can self nominate. Organizations and individuals may nominate one or more persons qualified for membership on the Task Force.

Qualification Requirements: The mission of the Task Force is to produce evidence-based recommendations on the appropriate screening, counseling, and provision of preventive medication for asymptomatic patients seen in the primary care setting. Therefore, in order to qualify for the Task Force, an applicant or nominee MUST demonstrate the following:

1. Knowledge and experience in the critical evaluation of research published in peer reviewed literature and in the methods of evidence review;

2. Understanding and experience in the application of synthesized evidence to clinical decision-making and/or policy;

3. Expertise in disease prevention and health promotion;

4. Ability to work collaboratively with peers; and,

5. Clinical expertise in the primary health care of children and/or adults, and/or expertise in counseling and behavioral interventions for primary care patients. Some Task Force members without primary health care clinical experience may be selected based on their expertise in methodological issues such as medical decision making, clinical epidemiology, behavioral medicine, and health economics.

Strongest consideration will be given to individuals who are recognized nationally or intentionally for scientific leadership within their field of expertise. Applicants must have no substantial conflicts of interest that would impair the scientific integrity of the work of the Task Force including financial, intellectual, or other conflicts.

DATES: All nominations submitted in writing or electronically, and received by Thursday, May 31, 2007, will be considered for appointment to the Task Force.

Nominated individuals will be selected for the Task Force on the basis of their qualifications (in particular, those that address the required qualifications, outlined above) and the current expertise needs of the Task Force. It is anticipated that 4 individuals will be invited to serve on the Task Force beginning in January, 2008. AHRQ will retain and consider for future vacancies the nominations of those not selected during this cycle.

ADDRESSES: Submit your responses either in writing or electronically to: Gloria Washington, ATTN: USPSTF Nominations, Center for Primary Care, Prevention, and Clinical Partnerships, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville,

Maryland 20850, *Gloria.Washington@ahrq.hhs.gov*.

Nomination Submissions

Nominations may be submitted in writing or electronically, but must include (1) the applicant's current curriculum vitae and contact information, (2) a letter explaining how this individual meets the qualification requirements and how he/she would contribute to the Task Force. The letter should also attest to the nominee's willingness to serve as a member of the Task Force.

AHRQ will later ask persons under serious consideration for membership to provide detailed information that will permit evaluation of possible significant conflicts of interest. Such information will concern matters such as financial holdings, consultancies, and research grants or contracts.

Nomination Selection

Nominations for the Task Force will be selected on the basis of qualifications as outlined above (see Qualification Requirements) and the current expertise needs of the Task Force.

Arrangement for Public Inspection

Nominations and applications are kept on file at the Center for Primary Care, Prevention and Clinical Partnerships, and are available for review during business hours. AHRQ does not reply to individual responses, but considers all nominations in selecting members. Information regarded as private and personal, such as a nominee's social security number, home and internet addresses, home telephone and fax numbers, or names of family members will not be disclosed to the public. This is in accord with agency confidentiality policies and Department regulations (45 CFR 5.67).

FOR FURTHER INFORMATION CONTACT: Gloria Washington at *Gloria.Washington@ahrq.hhs.gov*.

SUPPLEMENTARY INFORMATION:

Background

Under Title IX of the Public Health Service Act, AHRQ is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. AHRQ accomplishes these goals through scientific research and promotion of improvements in clinical practice, including prevention of diseases and other health conditions, and improvements in the organization, financing, and delivery of health care services (42 U.S.C. 299–299c–7 as amended by the Healthcare Research and Quality Act of 1999, codified in scattered sections of 42 U.S.C.

The Task Force is an independent expert panel, first established in 1984 under the auspices of the U.S. Public Health Service. Currently, the USPSTF, under AHRQ's authorizing legislation (see in particular, 42 U.S.C. 299b–4(a), is convened at the call of the Director of AHRQ. The Task Force is charged with rigorously evaluating the effectiveness, cost-effectiveness and appropriateness of clinical preventive services and formulating or updating recommendations for primary care clinicians regarding the appropriate provision of preventive services. The USPSTF transitioned to a standing Task Force in 2001. Current Task Force recommendations and associated evidence reviews are available on the Internet (*http://www.preventiveservices.ahrq.gov*).

Dated: March 27, 2007.

Carolyn M. Clancy,

Director.

[FR Doc. 07–1639 Filed 4–3–07; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–07–06BD]

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 404–639–5960 and send comments to Joan Karr, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

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. Written comments should be received within 60 days of this notice.

Proposed Project

Economic Analysis of the National Breast and Cervical Cancer Early Detection Program—New National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC administers the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) that provides critical breast and cervical cancer screening services to underserved women in the United States, the District of Columbia, 4 U.S. territories, and 13 American Indian/Alaska Native organizations. The program provides breast and cervical cancer screening for eligible women who participate in the program as well as diagnostic procedures for women who have abnormal findings. For the past decade, the NBCCEDP has provided over 5 million breast and cervical cancer screening and diagnostic exams to almost 2.1 million low-income women. Women diagnosed with cancer through the program are eligible for Medicaid coverage through the Breast and Cervical Cancer Prevention and Treatment Act passed by Congress in 2000.

The NBCCEDP is the largest organized cancer screening program in the United States but to date there has been no systematic analysis of the economic costs incurred by the program. CDC is proposing to collect one year (period covering 07/01/2005–06/30/2006) of cost data from all the 68 NBCCEDP grantees to assess the cost and cost-effectiveness of the program. The information required to perform an activity-based cost analysis includes: staff and consultant salaries, screening costs, contracts and material costs, provider payments, in-kind contributions, administrative costs, allocation of funds and staff time devoted to specific program activities. CDC has developed and tested a draft questionnaire with 9 NBCCEDP grantees to assess the ability of the grantees to provide the cost data elements requested, identify the cost information required, and to complete the questionnaire within the allocated timeframe. The grantees were able to