- Demonstrated capacity to lead a health care team in a group decisionmaking process
- Demonstrated capacity to respond to consumer concerns
- Prior experience in developing guidelines for the clinical conditions in question.

Once the panel chairperson(s) have been appointed, the nominations for members of the panel will be submitted for further review and consideration to the selected chairperson(s) who will in turn recommend proposed panel members to AHCPR. Appointments of the panel members will be made by the AHCPR, after review of proposed members' qualifications and the overall composition of the panel to ensure representation of a range of experience and expertise.

Nominations should indicate whether the individual is being recommended to serve as the panel chairperson(s) or to serve as a member of the panel. Each nomination must include a copy of the individual's curriculum vitae or resume, plus a statement of the rationale for the specific nomination. To be considered, nominations must be received by January 31, 1991 at the following address:

Office of the Forum on Quality and Effectiveness in Health Care, Attention: Director, HIV Clinical Policy Program, Agency for Health Care Policy and Research, 5600 Fishers Lane, Parklawn Building, room 18A46, Rockville, MD 20857.

For Additional Information

Additional information on the guideline development process is contained in the AHCPR Program Note, Clinical Guideline Development dated August 1990. This Program Note, describing the activities underway by AHCPR for developing clinical practice guidelines, includes the process and criteria for selecting the panels. Copies may be obtained by calling the Center for Research Dissemination and Liaison, Agency for Health Care Policy and Research, at (301) 443–2904.

For further information on the process for developing guidelines for AIDS and HIV infection, contact Janet Arrowsmith-Lowe, M.D., Director, HIV Clinical Policy Program, Office of the Forum on Quality and Effectiveness in Health Care, Agency for Health Care Policy and Research, at the above address.

Dated: December 4, 1990.

J. Jarrett Clinton,

Assistant Surgeon General, Acting Administrator.

[FR Doc. 90–28849 Filed 12–7–90; 8:45 am]

BILLING CODE 4160–17–M

Food and Drug Administration

[Docket No. 75P–0248]

Vitamin K Active Substances in Animal Feeds; Notice Concerning Food Additive Status

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is publishing a notice concerning the regulatory status of certain vitamin K active substances (VKAS) in animal food. The agency earlier concluded that certain VKAS are food additives but declined to formalize their regulatory status. This notice states that such VKAS are required to be marketed under provisions of a food additive regulation.

FOR FURTHER INFORMATION CONTACT: George Graber, Center for Veterinary Medicine (HFV–220), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–4438.

SUPPLEMENTARY INFORMATION: On July 13, 1990, the District Court of the United States for the Eastern District of New York issued an order requiring FDA to publish a notice under § 570.38 (21 CFR 570.38), providing for use of vitamin K active substances (VKAS) in accordance with one of the four alternatives listed in § 570.38(c). Section 570.38 is an FDA procedural regulation which determines the food additive status of a substance that is added to animal food. Section 570.38(b) provides that, if the agency concludes that the substance in question is not generally recognized as safe (GRAS) or otherwise exempt from the definition of a food additive in section 201(s) of the Food, Drug, and Cosmetic Act (the act), the agency will publish a notice thereof in the Federal Register. Section 570.38(c) states that the notice will provide for one of four alternatives that include: (1) Issuing a food additive regulation; (2) issuing an interim food additive regulation; (3) requiring discontinuation of the marketing of the substance; or (4) implementing a combination of the foregoing.

The District Court's decision resulted from a lawsuit filed by Heterochemical Corp. following publication by FDA of a notice concerning the regulatory status of VKAS. In the notice, published April 19, 1983 (48 FR 16748), the agency stated that it had concluded that none of the VKAS about which it had knowledge were GRAS, but that two VKAS—menadione and menadione sodium bisulfite complex (MSBC)—were prior-sanctioned for use in poultry feed at 2 to 4 grams per ton (g/ton). However, the agency concluded that it would not propose the issuance of food additive or GRAS affirmation regulations at that time. The agency decision not to formalize the regulatory status of the VKAS in question was based on its conclusion that VKAS had been added to animal food for more than 30 years without apparent animal or human safety problems. The agency's decision also reflected its assessment of its regulatory priorities and enforcement resources at that time. The agency advised those persons that intended to market new VKAS in the future to consult with it first in case the substance would raise potential safety questions such that a food additive regulation would be required.

The agency's 1983 notice responded to a petition filed by Heterochemical Corp., in which the firm asked the agency to review and clarify the legal status of several VKAS then being used as supplements in animal food. Heterochemical Corp. asked FDA to: (1) Require discontinuation of the use of menadione; (2) require discontinuation of the use of menadione sodium bisulfite; (3) declare that MSBC is GRAS for use solely in poultry feed at levels of up to 2 grams per ton; (4) require the discontinuation of use of MSBC for all other purposes; (5) and establish a reference standard for MSBC. See the Federal Register of August 18, 1976 (41 FR 35009).

FDA has concluded that it does not have in its possession enough scientific data and information to support publication of a food additive regulation for any of the VKAS in question. The agency has also concluded that publication of an interim food additive regulation for those VKAS would not be appropriate. Therefore, the agency is issuing this notice to state that the marketing of VKAS, other than menadione or MSBC for use in poultry feed at 2 to 4 g/ton is required to be done under provisions of a food additive regulation. Menadione dimethylpyrimidinol bisulfite may be marketed under the provision of 21 CFR 573.620. Persons who wish to market such substances should submit a food additive petition under the provisions in section 409 of the act. Such persons may also request GRAS affirmation under appropriate regulations.

The FDA has determined that it is not required to examine the economic impact of this notice in accordance with the Executive Order 12291 and the Regulatory Flexibility Act (Pub. L. 96–354). This notice is not a rule or regulation, but instead is a declaratory order under 5 U.S.C. 554(e) to terminate a controversy or remove uncertainty. Compare *Weinberger* v. *Hynson, Wescott & Dunning, Inc.*, 412 U.S. 609, 624–25 (1973).

The agency has carefully considered the potential environmental effects of this action. FDA has concluded that the action will not have a significant impact on the human environment, and that an environmental impact statement is not required. The agency's finding of no significant impact and the evidence supporting that finding, contained in an environmental assessment, may be seen in the Dockets Management Branch (address above) between 9 a.m. and 4 p.m., Monday through Friday.

Dated: December 3, 1990.

Ronald G. Chesemore,

Associate Commissioner for Regulatory Affairs.

[FR Doc. 90–28848 Filed 12–7–90; 8:45 am]

BILLING CODE 4160–01–M

Health Resources and Services Administration

Filing of Annual Report of Federal Advisory Committee

Notice is hereby given that pursuant to section 13 of Public Law 92–463, the Annual Report for the following Health Resources and Services Administration's Federal Advisory Committee has been filed with the Library of Congress:

Advisory Commission on Childhood Vaccines

Copies are available to the public for inspection at the Library of Congress Newspaper and Current Periodical Reading Room, Room 1026, Thomas Jefferson Building, Second Street and Independence Avenue, SE., Washington, DC, or weekdays between 9 a.m. and 4:30 p.m. at the Department of Health and Human Services, Department Law Library, HHS North Building, room G–619, 330 Independence Avenue, SW., Washington, DC, telephone (202) 245–6791. Copies may be obtained from: Ms. Rosemary Havill, Vaccine Injury Compensation Program, Bureau of Health Professions, room 702, 6001 Montrose Road, Rockville, Maryland 20852, Telephone (301) 443–6593.

Dated: December 4, 1990.

Jackie E. Baum,

Advisory Committee Management Officer, HRSA.

[FR Doc. 90–28846 Filed 12–7–90; 8:45 am]

BILLING CODE 4160–15–M

Program Announcement for Cooperative Agreements for Acquired Immunodeficiency Syndrome (AIDS) Regional Education and Training Centers Program

The Health Resources and Services Administration (HRSA), announces that during fiscal year (FY) 1991 that $16,907,000 is available to initiate and continue the development of AIDS Regional Education and Training Centers (ETCs) as authorized by section 788A of the Public Health Service Act (the Act). The continuation of multi-year projects approved in prior years is estimated to cost $1,125,000. Approximately $15,782,000 is expected to be available for 16 competitive awards averaging $986,375.

In the past, section 301 of the Act has also been used to implement the ETC training program. Applications will also be accepted under the authority of section 301 should funds become available.

The ETCs will provide multidisciplinary training for primary health care personnel in the care of people with Acquired Immunodeficiency Syndrome (AIDS) and other conditions related to infection with the Human Immunodeficiency Virus (HIV). Comments are invited on the proposed project requirements, funding preference, priorities and set-aside stated below.

Eligibility

Awards are made to accredited health professional schools and academic health science centers (see below):

1. To train the faculty of schools and graduate departments of medicine, nursing, osteopathic medicine, dentistry, public health, psychology, and allied health to teach health professions students to provide for the health care needs of individuals with HIV/AIDS;

2. With respect to improving clinical skills in the diagnosis, treatment and prevention of such syndrome, to educate and train the health professionals and clinical staff of schools of medicine, osteopathic medicine, and dentistry; and

3. To develop and disseminate curricula relating to the care and treatment of individuals with HIV/AIDS.

Accredited Health Professional Schools means schools of medicine, dentistry, osteopathic medicine, pharmacy, optometry, podiatric medicine, veterinary medicine, public health, and chiropractic, as defined in section 701(4) of the Act, schools of allied health as defined in section 701(10) of the Act, and schools of nursing as defined in section 853 of the Act, which are located in States as defined in section 701(11) of the Act and which are accredited as provided in section 701(5) of the Act. The term also includes a "graduate program in health administration" and a "graduate program in clinical psychology" as defined in section 701(4) of the Act and a program for the training of physician assistants as defined in section 701(8)(A).

Academic Health Science Center means an organization within a post-secondary educational system, which brings together major divisions or programs of health professions instruction, research in the health sciences, and health services.

These definitions are consistent with the use of the terms within other title VII programs administered by HRSA.

Proposed Project Requirements

The proposed project requirements are designed to direct Federal resources where the greatest needs exist. Each project must define a geographic region and identify the types of providers to be targeted for training within that region. Thus, the focus of FY 1991 will be on clinical education of primary care providers in high HIV/AIDS prevalence areas. Consistent with this emphasis is the requirement that a minimum of two-thirds of the Federal funds provided must be expended to provide education to primary care providers (i.e., physicians, nurses, dentists, physician assistants, nurse practitioners, and dental hygienists).

A needs assessment must be made to guide program implementation. This assessment must be based on current epidemiological data, as well as training and educational needs within the defined region. Established centers will have up to one year to conduct the needs assessment and make required adjustments. New centers will also have up to one year for start-up activities and to conduct an educational and training needs assessment. The assessment must include training needs associated with rural and other low incidence areas within the defined region.

Each ETC must provide or perform the following:

- Clinical training of primary care physicians, nurses, dentists, physician assistants, nurse practitioners, and dental hygienists;
- An updated needs-assessment of the education and training needs of the primary care providers within the proposed service area which is linked to the allocation of Federal funds;

• Training in risk assessment, prevention, early intervention, and treatment;

• Development of primary/tertiary linkages and networking;

• Outreach to minorities, including involvement of minority providers, minority professional organizations, and minority health care delivery systems;

• Linkage to PHS funded AIDS Service Demonstration projects (section 301);

• Linkage to PHS funded migrant (section 329) and community health (section 330) centers, health care for the homeless programs (section 340) State and local health agencies;

• Linkage with substance abuse programs;

• Collaboration with health professions organizations in the proposed region;

• Networking with other community agencies to concentrate on filling the gaps in training;

• Dissemination of state-of-the-art information and educational materials in concert with other PHS agencies, using mechanisms such as hotlines;

• Program assessment and data collection on program and trainees which can be used for regional and national evaluative purposes; and

• Plan for future non-Federal funding of project.

Collaboration

The ETCs must operate in collaboration with health professions schools, community hospitals, health departments, PHS funded Area Health Education Centers, AIDS Service Demonstration projects, Health Care for the Homeless programs, community and migrant helath centers, and with substance abuse programs, community-based organizations, and other organizations involved in the provision of care to people with HIV/AIDS related conditions.

ETC projects also are encouraged to collaborate with the national network of 47 AIDS Clinical Trial Units (ACTUs) and the 18 Community Programs for Clinical Research on AIDS funded by the National Institute of Allergy and Infectious Diseases of the National Institutes of Health, and with other community based clinical trials sponsored by foundations such as the Robert Wood Johnson Foundation or the american Foundation for AIDS Research. Listing of the federally-funded programs will be provided to each applicant with the ETC application kit.

Conversion of Funding Mechanism From Grant to Cooperative Agreement

Effective in FY 1991 the funding mechanism for this program (competing and continuation projects) changed from grants to cooperative agreements to allow for a greater degree of Federal involvement in the conduct of the funded programs. This will permit greater Federal participation in many program areas. Substantial involvement will occur in the following areas:

• The design or direction of activities to develop a clinically-oriented training delivery model, with special emphasis for minority providers and providers who serve minority populations;

• The approval of key ETC project staff with particular emphasis on recruitment of minority faculty;

• The review of major contracts and agreements with subcontractors;

• The dissemination of state-of-the-art diagnostic and therapeutic clinical guidelines and algorithms, with a particular emphasis on early intervention strategies, which will include antiretroviral therapy, prophylaxis for opportunistic infections, and immunizations for viral and bacterial pathogens.

Review Criteria

The review criteria stated below, which were established in FY 1989 after public comment, will remain unchanged in FY 1991.

Applications will be reviewed and rated according to the applicant's ability to meet the following:

1. The potential effectiveness of the project in carrying out the purposes of the program;

2. The degree to which the project plan adequately provides for meeting the project requirements;

3. The capability of the applicant to conduct the proposed activities in a cost efficient manner;

4. The soundness of the fiscal plan for assuring effective utilization of funds; and

5. The potential of the project to continue of a self-sustaining basis after the period of support.

In addition, the following mechanisms may be applied in determining the funding of approved applications.

1. Funding preferences—funding of a specific category or group of approved applications ahead of other categories or groups of applications.

2. Funding priorities—favorable adjustment of review scores by HRSA staff when applications meet specified objective criteria.

Statutory Funding Preferences

In making awards in FY 1991, as required by section 788A, the Secretary shall give preference to projects which will:

1. Train, or result in the training of, health professionals who will provide treatment for minority individuals with acquired immunodeficiency syndrome and other individuals who are at a high risk of contracting such syndrome; and

2. Train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with HIV/AIDS.

Proposed Funding Preference for Fiscal Year 1991

The Health Resources and Services Administration proposes to give a funding preference to applications that spend the majority of Federal funds in a designated HIV/AIDS high incidence area(s). For purposes of this announcement in FY 1991, high incidence area means the 20 metropolitan statistical area(s) (MSA) with the highest cumulative number of cases or the 20 MSAs with the highest rate of AIDS as indicated in the July 1990 Centers for Disease Control HIV/AIDS Surveillance Report. A listing of the eligible MSAs will be provided to applicants with the program materials.

Where applicable, there must be remaining funds for lower incidence areas. Based on the needs assessment and, if applicable, the remaining effort and funds must be spent in lower incidence contiguous or regional localities, including rural or other areas experiencing significant increases in the incidence of HIV/AIDS. Projects must assume training responsibility for outlying areas where parctitioners are providing care for HIV infected persons.

This funding preference is designed to target resources to areas of greatest need and maximize prior Federal investments.

Proposed Funding Priorities for Fiscal Year 1991

In determining the order of funding of approved applications, the HRSA is proposing that funding priorities be given to the following:

1. Applications proposing substantial training in: Area Health Education Centers, (section 781 of the Act); Health Manpower Shortage Areas, (section 332 of the Act); Migrant Health Centers, (section 329 of the Act); Community Health Centers, (section 330 of the Act); or Health Care for the Homeless Programs, (section 340 of the Act).

Section 329 authorizes support for migrant health facilities nationwide and comprises a network of health care services for migrant and seasonal farm workers.

Section 330 authorizes support for community health care services to medically underserved populations. Section 332 establishes criteria to designate geographic areas, population groups, medical facilities, and other public facilities, in the States, as Health Manpower Shortage Areas (HMSAs). Section 340 authorizes support for community-based programs of comprehensive primary care and substance abuse services brought to the homeless population. Section 781 authorizes support for the planning, development and operation of area health education center programs. As the AIDS epidemic has expanded into underserved communities, there is an increasing need to educate and train more primary care providers (physicians, physician assistants, nurses, nurse practitioners, dentists, dental hygienists) in these centers and health manpower shortage areas to provide effective services to these communities.

2. Applications documenting the participation of underrepresented minorities, as faculty or key staff in the ETC program. There is an increasing need for minority faculty and key teaching and management staff to meet more effectively the special needs and expanded incidence of HIV/AIDS of Black Hispanic populations. ("Key staff" is faculty or any individual in an administrative or supervisory position.)

Proposed Funding Set-Aside for Fiscal Year 1991

It is proposed that up to 10 percent of appropriated funds for this program be set aside to fund rural regional education and training center projects that focus on training in early diagnosis, counseling, prevention, and treatment for primary care practitioners in rural areas. This is designed to address the need for an increased number of health providers trained to meet the expanding incidence of HIV-infected persons in rural areas. In the establishment of technical merit of approved rural regional ETCs, consideration will be given to those projects covering the largest geographic areas or number of States.

Definitions

The following definitions apply to those training sites/facilities included in the first proposed funding priority listed above:

Facilities

Community health center means an entity as defined in section 330(a) of the Public Health Service Act and in regulations at 42 CFR 57.102(c).

Health care for the homeless program, as used here, means a community-based program of comprehensive primary health care and substance abuse services brought to the homeless population under section 340 of the PHS Act. At a minimum, this program of care and services must be fully integrated and must assure that care, coordination and case management are rigorously employed. A full description of the program may be found in **Federal Register**, (55 FR 31233) (August 1, 1990).

Health manpower shortage area means an area designated under section 332 of the PHS Act.

Migrant health center means an entity as defined in section 329(a) of the Public Health Service Act and in regulations at 42 CFR 56.102(g)(1).

Other Definitions

Rural area means a Non-Metropolitan Statistical area or an area located outside a Metropolitan Statistical Area as defined by standards followed by the Office of Management and Budget.

Rural regional education and training center is an AIDS ETC project which meets the essential characteristics of an ETC, is adapted to serve the health professions education needs of rural areas and rural primary care providers, and has components which may be replicated in other rural areas.

The proposed preference, priorities and set-aside do not preclude funding of other eligible approved applications. Accordingly, entities which do not qualify for or elect to request consideration for the proposed preference, priorities, or set-aside are encouraged to submit applications.

Interested persons are invited to comment on the proposed project requirements, funding preferences, priorities, and set-aside. Normally the comment period would be 60 days but due to the need to implement any changes for the FY 1991 award cycle, this comment period has been reduced to 30 days.

All comments received on or before January 9, 1991 will be considered before the final funding mechanisms are established. No funds will be allocated or final selections made until a final notice is published stating whether the final project requirements funding preference, priorities and set-aside will be applied.

Written comments should be addressed to: Director, Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, room 4C–25, 5600 Fishers Lane, Rockville, Maryland 20857.

All comments received will be available for public inspection and copying at the Division of Medicine, Bureau of Health Professions, at the above address, weekdays (Federal holidays excepted) between the hours of 8:30 a.m. and 5 p.m.

The application deadline date is January 24, 1991. Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the dealine date; or

2. Postmarked on or before the dealine and received in time for submission to the independent review group. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks shall not be acceptable as proof of timely mailing.

Applications received after the deadline will be returned to the applicant.

Requests for technical or programmatic information should be directed to: AIDS Regional Education and Training Centers Program, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, room 4C–03, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443–6364.

The standard application form (PHS 6025–1, HRSA Competing Training Grant Application, General Instructions and Supplement) for this program has been approved by the Office of Management and Budget under the Paperwork Reduction Act. The OMB clearance number is 0915–0060. In addition, it should be emphasized that projects funded through cooperative agreements that involve collection of information from 10 or more individuals will be subject to OMB review under the Paperwork Reduction Act.

Application materials and additional information regarding business, administrative and fiscal issues related to the awarding of funds under this notice may be requested from: Grants Management Officer (D35), Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, room 8C–26, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443–6857.

Completed applications should be forwarded to the Grants Management Officer at the above address.

This program is listed at 93.145 in the Catalog of Federal Domestic Assistance

and is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100).

Dated: October 18, 1990.

Robert G. Harmon,

Administrator.

[FR Doc. 90-28845 Filed 12-7-90; 8:45 am]

BILLING CODE 4160-15-M

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The Public Health Service (PHS) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by section 2112(b)(2) of the PHS Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Claims Court is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program generally, contact the Clerk, United States Claims Court, 717 Madison Place, NW., Washington, DC 20005, (202) 633-7257. For information on the Public Health Service's role in the Program, contact the Administrator, Vaccine Injury Compensation Program, 6001 Montrose Road, room #702, Rockville, MD 20852, (301) 443-6593.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq*, provides that those seeking compensation are to file a petition with the U.S. Claims Court and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated his responsibility under the Program to PHS. The Claims Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table set forth at section 2114 of the PHS Act. This Table lists for each covered childhood vaccine the conditions which will lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested after the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that the Secretary publish in the **Federal Register** a notice of each petition filed. Set forth below is a list of petitions received by PHS from July 17, 1990, through August 27, 1990. Section 2112(b)(2) also provides that the special master "shall afford all interested persons an opportunity to submit relevant, written information" relating to the following:

1. The existence of evidence "that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition," and

2. Any allegation in a petition that the petitioner either:

(a) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Vaccine Injury Table (see section 2114 of the PHS Act) but which was caused by" one of the vaccines referred to in the table, or

(b) "Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine" referred to in the Table.

This notice will also serve as the special master's invitation to all interested persons to submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Claims Court at the address listed above (under the heading "For Further Information Contact"), with a copy to PHS addressed to Director, Bureau of Health Professions, 5600 Fishers Lane, room 8-05, Rockville, Maryland 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission.

Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

List of Petitions

1. Kenneth and Meda Braker on behalf of Dawn Braker, Kirtland AFB, Arizona, Claims Court Number 90-0654/655 V
2. Randi Jo Flynn, Leonardwood, Michigan, Claims Court Number 90-0657 V
3. James and Kay Brink on behalf of Amy Brink, Ft. Huachuca, Arizona, Claims Court Number 90-0659 V
4. Frankie Cronkhite, Presque Isle, Maine, Claims Court Number 90-0660 V
5. Larry and Pat Collins on behalf of Mindy Dawn Collins, Nashville, Tennessee, Claims Court Number 90-0661 V
6. Douglas and Muriel Burt on behalf of Matthew Burt, Sarasota, Florida, Claims Court Number 90-0662 V
7. Colleen Krauch, New Lenox, Illinois, Claims Court Number 90-0666 V
8. Richard Wonish on behalf of Charmaine Wonish, St. Louis, Missouri, Claims Court Number 90-0667 V
9. Isabelle Dube on behalf of Martha Dube, Ft. Myers, Florida, Claims Court Number 90-0668 V
10. Jaleel and Liesa Malik on behalf of Sarah Malik, Tampa, Florida, Claims Court Number 90-0669 V
11. Jess and Jayne Ashcraft on behalf of Joy Ann Grimes, Deceased, Hugo, Colorado, Claims Court Number 90-0670 V
12. Stephen and Jackie Conafay on behalf of Stephen G. Conafay, Washingotn, DC, Claims Court Number 90-0673 V
13. Francis and Diane Froelich, Jr. on behalf of Natalie Froelich, Dallas, Texas, Claims Court Number 90-0676 V
14. Judith Klinglesmith on behalf of Jean Annette Tompkins, Louisville, Kentucky, Claims Court Number 90-0677 V
15. Terry Lugenbeel on behalf of Amy Lugenbeel, Deceased, Colorado Springs, Colorado, Claims Court Number 90-0678 V
16. Barbara Clarke on behalf of Heather Clarke, Chicago, Illinois, Claims Court Number 90-0679 V
17. Holly Adkins on behalf of Lisa Adkins, Wheatridge, Colorado, Claims Court Number 90-0685 V
18. Ann Arrington on behalf of Christina Arrington, Tampa, Florida, Claims Court Number 90-0686 V
19. Cynthia Lawton on behalf of Delshawn Lawton, Deceased, Virginia Beach, Virginia, Claims Court Number 90-0687 V
20. Michael and Linda Eagley on behalf of LaShell Eagley, Erie, Pennsylvania, Claims Court Number 90-0688 V
21. Barbara Eberle on behalf of Brad Scott Eberle, McPherson, Kansas, Claims Court Number 90-0689 V