limitations, to videotape, film, or otherwise record FDA's public administrative proceedings, including presentations by participants.

Meetings of advisory committees shall be conducted, insofar as is practical, in accordance with the agenda published in this **Federal Register** notice. Changes in the agenda will be announced at the beginning of the open portion of a meeting.

Any interested person who wishes to be assured of the right to make an oral presentation at the open public hearing portion of a meeting shall inform the contact person listed above, either orally or in writing, prior to the meeting. Any person attending the hearing who does not in advance of the meeting request an opportunity to speak will be allowed to make an oral presentation at the hearing's conclusion, if time permits, at the chairperson's discretion.

The agenda, the questions to be addressed by the committee, and a current list of committee members will be available at the meeting location on the day of the meeting.

Transcripts of the open portion of the meeting may be requested in writing from the Freedom of Information Office (HFI–35), Food and Drug Administration, rm. 12A–16, 5600 Fishers Lane, Rockville, MD 20857, approximately 15 working days after the meeting, at a cost of 10 cents per page. The transcript may be viewed at the Dockets Management Branch (HFA–305), Food and Drug Administration, rm. 1–23, 12420 Parklawn Dr., Rockville, MD 20857, approximately 15 working days after the meeting, between the hours of 9 a.m. and 4 p.m., Monday through Friday. Summary minutes of the open portion of the meeting may be requested in writing from the Freedom of Information Office (address above) beginning approximately 90 days after the meeting.

The Commissioner has determined for the reasons stated that those portions of the advisory committee meetings so designated in this notice shall be closed. The Federal Advisory Committee Act (FACA) (5 U.S.C. app. 2, 10(d)), permits such closed advisory committee meetings in certain circumstances. Those portions of a meeting designated as closed, however, shall be closed for the shortest possible time, consistent with the intent of the cited statutes.

The FACA, as amended, provides that a portion of a meeting may be closed where the matter for discussion involves a trade secret; commercial or financial information that is privileged or confidential; information of a personal nature, disclosure of which would be a clearly unwarranted invasion of personal privacy; investigatory files compiled for law enforcement purposes; information the premature disclosure of which would be likely to significantly frustrate implementation of a proposed agency action; and information in certain other instances not generally relevant to FDA matters.

Examples of portions of FDA advisory committee meetings that ordinarily may be closed, where necessary and in accordance with FACA criteria, include the review, discussion, and evaluation of drafts of regulations or guidelines or similar preexisting internal agency documents, but only if their premature disclosure is likely to significantly frustrate implementation of proposed agency action; review of trade secrets and confidential commercial or financial information submitted to the agency; consideration of matters involving investigatory files compiled for law enforcement purposes; and review of matters, such as personnel records or individual patient records, where disclosure would constitute a clearly unwarranted invasion of personal privacy.

Examples of portions of FDA advisory committee meetings that ordinarily shall not be closed include the review, discussion, and evaluation of general preclinical and clinical test protocols and procedures for a class of drugs or devices; consideration of labeling requirements for a class of marketed drugs or devices; review of data and information on specific investigational or marketed drugs and devices that have previously been made public; presentation of any other data or information that is not exempt from public disclosure pursuant to the FACA, as amended; and, deliberation to formulate advice and recommendations to the agency on matters that do not independently justify closing.

This notice is issued under section 10(a)(1) and (2) of the Federal Advisory Committee Act (5 U.S.C. app. 2), and FDA's regulations (21 CFR part 14) on advisory committees.

Dated: August 16, 1995.

**Linda A. Suydam,**

*Interim Deputy Commissioner for Operations.*

[FR Doc. 95–20730 Filed 8–21–95; 8:45 am]

BILLING CODE 4160–01–F

## Health Care Financing Administration

### Health Standards and Quality Bureau; Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Health Care Financing Administration (HCFA), (**Federal Register**s, Vol. 59, No. 60, pp. 14659–14662, dated Tuesday, March 29, 1994, and Vol. 59, No. 187, pp. 49406–49407, dated Wednesday, September 28, 1994) is amended to reflect changes in the organizational structure of the Health Standards and Quality Bureau (HSQB), Associate Administrator for Operations and Resource Management. The HSQB functional statement has not been changed; however, it is being republished to reflect the new administrative code.

The specific amendments to part F are as follows:

- Section F.10.D.7. (Organization) is amended to read as follows:

7. Health Standards and Quality Bureau (FLH)

a. Survey Training Improvement Team (FLH1)

b. Center for Information Systems (FLH2)

c. Center for Operations Management (FLH3)

d. Center for Laboratories (FLH4)

e. Center for Hospital and Community Care (FLH5)

f. Center for Long Term Care (FLH6)

g. Center for Health Education and Promotion (FLH7)

h. Center for Clinical Measurement and Improvement (FLH8)

- Section F.20.D.7. (Functions) is amended by deleting all functional statements in their entirety and replacing them with the following:

**7. Health Standards and Quality Bureau (FLH)**

- Provides leadership and overall programmatic direction for implementation and enforcement of health quality and safety standards for providers and suppliers of health care services and evaluates their impact on the utilization, quality and cost of health care services.
- Plans, develops, and establishes procedures and guidelines for administering and evaluating the nationwide Medicare and Medicaid survey and certification program.
- Monitors and validates the process for certifying that participating

providers and suppliers are in compliance with established conditions and standards.

- Responsible for implementation and operation of professional review and other medical review programs.
- Administers a comprehensive system for assessment of individual professional and medical review organizations to determine compliance with program requirements and to document the effectiveness and impact of their activities.
- Establishes specifications for information and data reporting, collection and systems requirements for the survey and certification, professional review and other medical review activities.

**a. Survey Training Improvement Team (FLH1)**

- Responsible for the national surveyor training system.
- Directs and coordinates development, measurement and improvement of an integrated surveyor training program for HCFA regional office and State agency personnel on interpretation of regulations, surveyor protocols, procedures, techniques and certification issues.
- In conjunction with the specific program groups, insures that training materials and techniques are current and comprehensive and meet the needs of the HCFA regional office and State survey agencies.
- Evaluates program-related data and develops approaches for improvements to program management and operations.
- Evaluates customer service and systems performance data and develops approaches for improvement to the training programs.
- Serves as the focal point for the operation of all training including scheduling, logistical support, enrollment, etc. Coordinates, as necessary, with State agencies, regional offices, and other HCFA organizations, provider and supplier groups and other stakeholder groups who may require the program training.
- Communicates with professional groups, providers, and consumers to obtain information for the development and implementation of training initiatives.
- Serves as focal point for administering the certification of Continuing Education Units under the auspices of the International Association for Continuing Education and Training.

**b. Center for Information Systems (FLH2)**

- Manages day-to-day operations of the Bureau's data systems, including the Peer Review Organization, End-Stage Renal Disease Network, Health Care Quality Improvement Program, On-line Survey and Certification and Reporting and Clinical Laboratory Improvement Amendment activities.
- In conjunction with other Centers, designs, operates, documents, and maintains system applications used in the administration of Bureau programs, and/or provides technical assistance in implementing and maintaining program-related ADP systems.
- Designs, develops, and produces management reports to support effective and efficient operation of Bureau program systems.
- Provides expert technical support to the Bureau's information technology infrastructure; i.e., local area network end-users, telecommunications, personal computers, etc.
- Develops and implements Bureau-wide information technology policies and procedures to support the Bureau's information technology objectives.
- Prepares specifications for programming the On-line Survey and Certification and Reporting system to include changes to interpretive guidelines, survey procedures and forms.
- Coordinates and monitors the transmission of data to and from proficiency testing organizations, accrediting programs, common working files and Medicaid State Agencies.
- Directs and monitors the Bureau's system security and LAN administration programs.
- Provides technical support in development and evaluation of ADP sections of contractor proposals; establishes procedures regarding systems operations and security.
- Maintains liaison with the Bureau of Data Management and Strategy, user groups, and workgroups within and outside of the Agency.
- Maintains liaison with internal and external customers and stakeholders to assess needs and satisfaction and to coordinate development of IRM strategies, budget, and implementation plans.
- Oversees systems support contracts.
- Participates in meetings with data standards organizations.
- Develops and/or evaluates program-related data, including approaches and recommendations for improvements to program management and operations.
- Evaluates customer service and system performance data and develops approaches for improvement.

**c. Center for Operations Management (FLH3)**

- Develops, coordinates, manages, and evaluates Bureau budget, procurement, contract, personnel management, correspondence, and administrative support systems.
- Develops and implements a Bureau staff development plan to ensure that the current and future training needs of all employees is addressed. Coordinates all internal and external training and staff development initiatives.
- Directs and manages the Bureau's management and administrative operations including the administrative budget and information collection budget. Coordinates Bureau responses to GAO and OIG reports.
- Manages the Bureau's correspondence, printing, manual issuance, and regulation management processes, including managing a bureau-wide automated library and other communication systems.
- Responds to program-related public and congressional inquiries and to freedom of information and privacy act requests related to bureau programs.
- Coordinates contract development, evaluation of contract proposals, and negotiation for Bureau contracts. Acts as project officer for contracts affecting multiple bureau components.
- In partnership with central and regional office staff, coordinates and oversees systems for assessing contractor performance.
- Administers the State grants process for Medicare and Medicaid State certification and CLIA program payments. Reviews periodic State agency expenditure reports and estimates to evaluate budget execution and determine allowability of costs.
- Prepares annual operating plans for States to assure sufficient resources are available for program operations on a quarterly basis.
- Develops justifications for program operating requirements for Medicare State certification, Medicaid State certification, Peer Review Organization, End-Stage Renal Disease Networks, CLIA, and support contracts.
- Establishes and maintains systems to control program funds and ensure that the Anti-Deficiency Act is not violated.
- Manages the Bureau procurement plan.
- Coordinates with HCFA central and regional office staff, state agencies, and the contractor community concerning contract and financial management and issues.
- Evaluates budget, contract, correspondence, and administrative

data, including approaches and recommendations for improvements to their management and operations.

- Evaluates customer service and performance data and develops approaches for improvement.

**d. Center for Laboratories (FLH4)**

- Directs and coordinates development, measurement and improvement of program strategies that implement, enforce, and monitor the Clinical Laboratory Improvement Program. Scope of the program administered includes all clinical laboratories, conducting testing of human specimens for the purpose of diagnosis and/or treatment for residents of the United States.
- Prepares regulation specifications and evaluates comments.
- Serves as the HCFA liaison with the Public Health Service, Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration, professional groups, standards setting organizations, and consumer and advocate groups, in the development and administration of laboratory standards.
- Prepares and implements interpretive guidelines, survey procedures, and forms.
- Develops, implements, and monitors quality indicators for the assessment of quality of laboratory services.
- Directs and coordinates development, implementation, and improvement of the CLIA User Fee Plan, including the administration of the collection process.
- Reviews and approves applications by States for ''exemption'' and private accrediting bodies for deemed status.
- Develops and administers proficiency testing programs and monitors their performance.
- In conjunction with CDC, develops and administers the cytology proficiency testing program.
- Develops and/or evaluates program-related data, including approaches and recommendations for improvements to program management and operations.
- Evaluates customer service and system performance data and develops approaches for improvement.
- Contributes to/participates in budget development, direction, execution, and review.
- Provides support to and communicates with other HCFA and HHS components, and other governmental agencies such as the Veterans' Administration and the Department of Defense on program-related issues.
- Represents HCFA in presentations and meetings with public and professional organizations and CLIAC on matters involving laboratory standards, enforcement and performance. Provides public education as needed.
- Assists in the development of functional requirements and specifications required for the design of information systems and evaluates the effectiveness of information systems.
- Through communication with the regional offices, assists in the review of State agency performance, in these program areas, by developing appropriate assessment techniques and protocols.
- Assumes primary responsibility for assessing training needs, developing instructional material, and training State Agency and regional office staff in these program areas.
- Develops assessment techniques and protocols for the evaluation and improvement of established policy by State survey agencies, exempt States and accrediting organizations whose standards are deemed to meet Federal requirements for clinical laboratories.
- Manages mission specific contracts.

**e. Center for Hospital and Community Care (FLH5)**

- Directs and coordinates development, measurement and improvement of program strategies that implement, enforce, and monitor health quality and safety standards and other health care procedures for other than CLIA and Long Term Care providers and suppliers under Medicare and Medicaid, e.g., Hospitals, Psychiatric Hospitals, Ambulatory Surgical Centers, End-Stage Renal Disease Facilities, Home Health Agencies, etc.
- Develops and implements provider and supplier specific quality indicators and outcome measures in order to improve care provided to beneficiaries. Directs program efforts to assure the improvement of health care delivery in all settings.
- Develops and implements program strategies to improve the quality of health care delivery through the education of the beneficiary, public, providers, suppliers and other concerned parties about the standards and methods for delivery of quality health care; e.g., education about standards or care, publication of monographs, etc.
- Manages mission specific contracts.
- Develops and/or evaluates program-related data, including approaches and recommendations for improvements to program management and operations.
- Evaluates customer service and system performance data and develops approaches for improvement.
- Contributes to/participates in budget development, direction, execution, and review.
- Communicates with professional groups, consumer and advocate groups, and standards setting organizations and serves as the HCFA focal point for implementation of compliance, enforcement, health quality and safety procedures relative to these providers and suppliers.
- Prepares regulation specifications and evaluates comments.
- In partnership with the Bureau of Policy Development, reviews and analyzes existing health and safety standards to determine their initial and continued effectiveness and impact on utilization, quality, and cost of provider and supplier services.
- Prepares and implements interpretive guidelines, survey procedures, forms, and related sections of the Regional Office, State Medicaid and State Operations Manuals.
- Through communication with the regional offices, assists in the review of State agency performance, in these program areas, by developing appropriate assessment techniques and protocols.
- Assumes primary responsibility for assessing training needs, developing instructional material, and training State Agency and regional office staff in these program areas.
- Develops assessment techniques and protocols for the evaluation and improvement of established policy by State survey agencies and accrediting organizations whose standards are deemed to meet Federal requirements for the Medicare Programs.
- Serves as HCFA liaison with other government organizations, professional groups, and standards setting organizations, consumer and advocate groups and beneficiaries.
- Serves as the focal point for responding to regional office, State agency, Congressional, organizational, and individual inquiries related to the application of health and safety requirements and certification procedures for participating providers.
- Assists in the development of functional requirements and specifications required for the design of information systems and evaluates the effectiveness of information systems.

**f. Center for Long Term Care (FLH6)**

- Directs and coordinates development, measurement and improvement of program strategies that implement, enforce and monitor health quality and safety standards and other health care procedures for long-term care facilities under Medicare and

Medicaid. These facilities include skilled nursing facilities/nursing facilities (including swing beds) and intermediate care facilities for the mentally retarded.

- Develops and implements provider specific quality indicators and outcome measures in order to improve care provided to beneficiaries. Directs program efforts to assure the improvement of health care delivery in all settings.
- Coordinates the development of the Resident Assessment Instrument that includes the Minimum Data Set (MDS).
- Develops and implements program strategies to improve the quality of health care delivery through the education of the beneficiary, public, providers, suppliers and other concerned parties about the standards and methods for delivery of quality health care.
- Develops and/or evaluates program-related data, including approaches and recommendations for improvements to program management and operations.
- Evaluates customer service and system performance data and develops approaches for improvement.
- Contributes to/participates in budget development, direction, execution, and review.
- Communicates with professional groups, consumer and advocate groups, and standards setting organizations and serves as the HCFA focal point for implementation of compliance, enforcement, health quality and safety procedures relative to these facilities.
- Prepares regulation specifications and evaluates comments.
- In partnership with the Bureau of Policy Development, reviews and analyzes existing standards to determine their initial and continued effectiveness and impact on utilization, quality, and cost of provider and supplier services.
- Manages mission specific contracts.
- Leads/oversees surveyor minimum qualifications testing program.
- In partnership with the Medicaid Bureau reviews and analyses existing standards for ICFs/MR to determine their continue effectiveness and prepares regulation specifications addressing changes to those requirements.
- Leads in the development and implementation of clinical data information for improving the coordination of care between health care settings.
- Prepares and implements interpretive guidelines, survey procedures, forms, and related sections of the Regional Office, State Medicaid and State Operations Manual.
- Through communication with the regional offices and the Medicaid Bureau, assists in the review of State agency performance, in these program areas, by developing appropriate assessment techniques and protocols.
- Assumes primary responsibility for assessing training needs, developing instructional material, and training State Agency and regional office staff in these program areas.
- Develops assessment techniques and protocols for the evaluation and improvement of State survey agencies and accrediting organizations whose standards are deemed to meet Federal requirements for the Medicare Programs.
- Serves as HCFA liaison with other government organizations, professional groups, and standards setting organizations, consumer and advocate groups and beneficiaries.
- Serves as the focal point for responding to regional office, State agency, Congressional, organizational, and individual inquiries related to the application of health and safety requirements and certification procedures for participating providers.
- Develops and coordinates procedures and guidelines for implementing and evaluating inspection of care under Medicaid.
- Through communications with the regional offices, develops appropriate assessment techniques and protocols to determine the effectiveness of Medicaid State agency performance in the area of utilization control.
- Provides the documentation and analyses necessary to initiate and support actions on disallowances, sanctions, and corrective action requirements, and on adjudication of appeals of disallowances and sanctions resulting from national quality control programs that determines the effectiveness of Medicaid State agency performance in the area of utilization control.
- Assists in the development of functional requirements and specifications required for the design of information systems and evaluates the effectiveness of information systems.

**g. Center for Health Education and Promotion (FLH7)**

- Undertakes communications and quality improvement activities to support the Medicare Peer Review and End-Stage Renal Disease programs, and HCFA's Consumer Information Strategy.
- Coordinates development and measurement of Health Care Quality Improvement Program (HCQIP) communication strategies and implementation approaches to promote behavior changes which result in improved health care quality.
- Serves as the HCQIP communications focal point with internal and external customers and stakeholders including beneficiary and provider groups, regional offices, Peer Review Organizations, ESRD Networks, and other contractors and State entities.
- Coordinates development of quality improvement communications and information dissemination guidelines and mechanisms and implementing instructions for HCQIP contractors.
- Plans, develops; and issues operating policy, specifications, procedural requirements, and other materials to implement, maintain, and oversee the HCQIP communication process.
- Manages mission specific contracts.
- Coordinates HCFA Consumer Information Strategy.
- Develops, implements and interprets data driven performance measurement and quality improvement efforts to assess/improve quality of care provided to Medicare beneficiaries. Areas of concentration include prevention, consumer choice, and beneficiary education about health care options and healthy behavior.
- Coordinates and promotes participation of public and private sector individuals, and groups within HCFA in the development of performance measures and quality improvement strategies of mutual benefit and interest.
- Coordinates the preparation of manuals and other policy issuances required to meet the PRO and ESRD-related instructional and informational needs of providers, contractors, State agencies, regional offices, Peer Review Organizations, ESRD Network organizations, managed care organizations, Social Security Administration and other audiences directly involved in the administration of HCFA quality improvement/ management programs.
- In partnership with central and regional office staff, coordinates and oversees systems for assessing contractor performance.
- Maintains an ongoing review system, including clearance of instructions, to ensure clarity and consistency. Identifies instructional needs and initiates development of instructions by HCFA components.
- Maintains liaison with the regional offices, and other internal and external HCQIP customers and stakeholders to assess needs and satisfaction and to coordinate development of HCQIP program policy, regulations, legislative

proposals and communication strategy and implementation.

• Develops, implements, and interprets program policy and guidance pertaining to the implementation of the HCQIP and other Peer Review Organizations and End-Stage Renal Disease program statutory and regulatory responsibilities.

• Monitors legislative, regulatory and operational developments related to the HCQIP, and coordinates development of related regulations and legislative proposals.

• Develops and/or evaluates program-related data, including approaches and recommendations for improvements to program management and operations.

• Evaluates local project related data and develops communication strategies and tools for improvements to program management and operations (e.g., benchmarking and best practices.

• Evaluates customer service and system performance data and develops approaches for improvement.

• Assists in the development of functional requirements and specifications required for the design of information systems and evaluates the effectiveness of information systems.

**h. Center for Clinical Measurement and Improvement (FLH8)**

• Undertakes quality monitoring and improvement activities, studies and projects to support the Medicare Peer Review and End-Stage Renal Disease programs.

• Coordinates the development and measurement of improvement strategies and implementation approaches for the Health Care Quality Improvement Program (HCQIP) including the development, assessment, compilation, preparation, and dissemination of information on the quality and efficiency of care.

• Coordinates development of quality improvement project guidelines and mechanisms and implementing instructions for HCQIP contractors. Areas of concentration for the project process include identifying opportunities for improvement, developing project plans, and evaluating the effectiveness, efficiency, and appropriateness of projects.

• In partnership with central and regional office staff, coordinates and oversees systems for assessing contractor performance.

• Develops, implements, interprets, and oversees data driven performance measurement and quality improvement efforts to assess/improve quality of care provided to Medicare beneficiaries in all populations. Areas of concentration include clinically-oriented projects in the areas of managed care, acute care, ambulatory care, and ESRD.

• Collaborates with customers and stakeholders, public and private sector individuals, and groups in the development of performance measures and quality improvement strategies of mutual benefit and interest.

• Manages the Clinical Data Abstraction Centers and other mission-specific contracts.

• Manages the Medicare Quality Indicator System.

• Maintains liaison with the regional offices, and other internal and external HCQIP customers and stakeholders to assess needs and satisfaction and to coordinate development of HCQIP program policy, regulations, legislative proposals and quality measurement and improvement plans.

• Assists in the development of functional requirements and specifications required for the design of information systems and evaluates the effectiveness of information systems.

• Develops and implements quality monitoring and improvement studies/projects. Serves as content experts within the Bureau and partners with other Bureaus and regional office components to ensure full completion of all aspects of these studies/projects, including evaluation, follow-up, communication, marketing and intervention strategies.

• Develops, implements, and interprets program policy and guidance pertaining to the implementation of the HCQIP.

• Develops and/or evaluates program-related data, including approaches and recommendations for improvements to program management and operations.

• Evaluates customer service and system performance data and develops approaches for improvement.

Dated: July 31, 1995.

**Bruce C. Vladeck,**

*Administrator, Health Care Financing Administration.*

[FR Doc. 95–20692 Filed 8–21–95; 8:45 am]

BILLING CODE 4120–01–P

## National Institutes of Health

## Division of Research Grants; Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following Division of Research Grants Special Emphasis Panel (SEP) meetings:

*Purpose/Agenda:* To review individual grant applications.

*Name of SEP:* Behavioral and Neurosciences.
*Date:* October 6, 1995.
*Time:* 9:00 a.m.
*Place:* Holiday Inn, Chevy Chase, MD.
*Contact Person:* Dr. Jane Hu, Scientific Review Administrator, 6701 Rockledge Drive, Room 5168, Bethesda MD 20892, (301) 435–1245.

*Name of SEP:* Behavioral and Neurosciences.
*Date:* October 25–27, 1995.
*Time:* 8:00 a.m.
*Place:* One Washington Circle, Washington, DC.
*Contact Person:* Dr. David Simpson, Scientific Review Administrator, 6701 Rockledge Drive, Room 5192, Bethesda MD 20892, (301) 435–1278.

*Name of SEP:* Microbiological and Immunological Sciences.
*Date:* August 22, 1995.
*Time:* 1:00 p.m.
*Place:* NIH, Rockledge II, Room 4182, Telephone Conference.
*Contact Person:* Mr. William Branche, Scientific Review Administrator, 6701 Rockledge Drive, Room 4182, Bethesda MD 20892, (301) 435–1148.

*Name of SEP:* Microbiological and Immunological Sciences.
*Date:* August 29, 1995.
*Time:* 11:00 a.m.
*Place:* NIH, Rockledge II, Room 4182, Telephone Conference.
*Contact Person:* Mr. William Branche, Scientific Review Administrator, 6701 Rockledge Drive, Room 4182, Bethesda MD 20892, (301) 435–1148.

*Name of SEP:* Microbiological and Immunological Sciences.
*Date:* November 3, 1995.
*Time:* 8:00 a.m.
*Place:* Holiday Inn, Bethesda, MD.
*Contact Person:* Dr. Jean Hickman, Scientific Review Administrator, 6701 Rockledge Drive, Room 4178, Bethesda MD 20892, (301) 435–1146.

*Name of SEP:* Multidisciplinary Sciences.
*Date:* October 20, 1995.
*Time:* 1:00 p.m.
*Place:* Doubletree Hotel, Rockville, MD.
*Contact Person:* Dr. Nadarajen A. Vydelingum, Scientific Review Administrator, 6701 Rockledge Drive, Room 5210, Bethesda, MD 20892, (301) 435–1176.

*Name of SEP:* Multidisciplinary Sciences.
*Date:* November 6–7, 1995.
*Time:* 8:00 a.m.
*Place:* Doubletree Hotel, Rockville, MD.
*Contact Person:* Dr. Nadarajen A. Vydelingum, Scientific Review Administrator, 6701 Rockledge Drive, Room 5210, Bethesda MD 20892, (301) 435–1176.

*Name of SEP:* Multidisciplinary Sciences.
*Date:* October 23–24, 1995.
*Time:* 8:00 a.m.
*Place:* Doubletree Hotel, Rockville, MD.
*Contact Person:* Dr. Bill Bunnag, Scientific Review Administrator, 6701 Rockledge Drive, Room 5212, Bethesda MD 20892, (301) 435–1177.

*Name of SEP:* Multidisciplinary Sciences.
*Date:* October 25–26, 1995.