2. The State Champion Award

This award is granted to three schools in each state which qualify the highest percentage of eligible students for the Presidential Physical Fitness Award. Schools receive a certificate of recognition, and each student in the school who received the Presidential Physical Fitness Award receives a State Champion emblem.

3. The National Physical Fitness Demonstration Centers

This award focuses attention on individual schools, recognized by State Departments of Education, which have outstanding programs of physical education that contribute to students' physical fitness. Each Demonstration Center receives a certificate and a pennant distributed by the State Director. Organizations (schools, youth and community groups, etc.) which participate in the PCPFS awards programs purchase the award and recognition materials directly from the administering organization.

The organization selected shall furnish the necessary personnel, materials, services and facilities to administer this PCPFS program (awards, recognitions and activities), including the purchase and/or production of all award materials; distribution of award materials; promotion; statistical evaluations of programs; quarterly and annual budget and demographic reports; and other administrative duties. These duties will be determined in a Memorandum of Agreement and an annual plan. The organization will be expected to provide input regarding new activities or initiatives to support the program, and recommend methods to improve program usage and promotion. The organization also will work with the PCPFS to consider other recognitions/programs bearing the President's Council on Physical Fitness and Sports and/or Presidential insignias.

An organization interested in administering the programs should submit pertinent information regarding its qualifications for evaluation purposes on each of the following areas: (1) Experience in administering national awards programs; (2) Discussion of specific work previously performed or currently being performed, with particular emphasis on those national projects dealing with physical fitness, sports or other physical activities of a similar nature, with schools and organizations; (3) Personnel: name, professional qualifications and specific experience of key personnel who would be available to work on these projects; (4) Facilities: availability and description of facilities required to administer the program as well as computer based telecommunication resources; (5) Financial Management: discussion of experience in developing an annual budget and collecting and managing monies from organizations or individuals; (6) Proposed plan for managing the President's Council on Physical Fitness and Sports awards programs, including such financial aspects as cost of award materials, promotion, distribution and program management. The organization will be selected by the PCPFS based on its qualifications and capability to administer a program of this nature.

Dated: November 12, 1996.

Sandra Perlmutter,

Executive Director, President's Council on Physical Fitness and Sports.

[FR Doc. 96–29287 Filed 11–14–96; 8:45 am]

BILLING CODE 4160–17–M

Centers for Disease Control and Prevention

ICD–9–CM Coordination and Maintenance Committee Meeting

The National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), announces the following meeting.

Name: ICD–9–CM Coordination and Maintenance Committee (C&M).

Times and Dates: 10 a.m.-Open, December 5, 1996; 8:30 a.m.-3:30 p.m., December 6, 1996.

Place: Auditorium, Health Care Financing Administration Building, 7500 Security Boulevard, Baltimore, Maryland 21244.

Status: Open.

Purpose: The ICD–9–CM Coordination and Maintenance Committee will be holding its final meeting of the year. This meeting is a public forum for the presentation of proposed modifications to the International Classification of Diseases, ninth-revision, clinical modification. Topics to be discussed include Crohn's disease, obstetric chapter modifications, febrile convulsions, external cause modifications, hepatitis carrier, high-risk screening mammogram, update on ICD–10 Procedure Coding System, partial ventribulectomy, thalamic stimulation for tremors, arthroplasty with cement spacers, and addenda.

Agenda items are subject to change as priorities dictate.

Notice: In the interest of security, the Department of Health and Human Services has instituted stringent procedures for entrance into the building by non-government employees. Thus, persons without a government identification card will need to show photo identification and sign-in.

Contact Persons for More Information: Substantive program information may be obtained from Amy Gruber, Health Care Financing Administration, 7500 Security Boulevard, Room C5–06–27, Baltimore, Maryland 21244, telephone 410/786–1542, or Donna Pickett, Co-chair, ICD–9–CM Coordination and Maintenance Committee, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone 301/436–7050, extension 142.

Dated: November 7, 1996.

Carolyn J. Russell,

Director, Management Analysis and Services Office Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–29290 Filed 11–14–96; 8:45 am]

BILLING CODE 4160–18–P

Food and Drug Administration

[Docket No. 96P–0212]

Determination That Ibuprofen 200-Milligram Capsule Was Not Withdrawn From Sale for Reasons of Safety or Effectiveness

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) has determined that ibuprofen (Midol®) 200-milligram (mg) capsule was not withdrawn from sale for reasons of safety or effectiveness. This determination will allow FDA to approve abbreviated new drug applications (ANDA's) for ibuprofen 200-mg capsule.

FOR FURTHER INFORMATION CONTACT: Andrea C. Masciale, Center for Drug Evaluation and Research (HFD–7), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–594–2041.

SUPPLEMENTARY INFORMATION: In 1984, Congress passed into law the Drug Price Competition and Patent Term Restoration Act of 1984 (Pub. L. 98–417) (the 1984 amendments), which authorized the approval of duplicate versions of drug products approved under an ANDA procedure. ANDA sponsors must, with certain exceptions, show that the drug for which they are seeking approval contains the same active ingredient in the same strength and dosage form as ''the listed drug,'' which is a version of the drug that was previously approved under a new drug application (NDA). Sponsors of ANDA's do not have to repeat the extensive clinical testing otherwise necessary to gain approval of an NDA. The only clinical data required in an ANDA are data to show that the drug that is the subject of the ANDA is bioequivalent to the listed drug.