

Issues Reserved to the Commissioner.”)<sup>10</sup>

4. *Assessing Credibility.* In accordance with SSR 96-7p, if the existence of a medically determinable impairment that could reasonably be expected to produce the symptoms has been established, as outlined above, but an individual's statements about the intensity, persistence, or functionally limiting effects of symptoms are not substantiated by objective medical evidence, the adjudicator must consider all of the evidence in the case record, including any statements by the individual and other persons concerning the individual's symptoms. The adjudicator must then make a finding on the credibility of the individual's statements about symptoms and their functional effects. When additional information is needed to assess the credibility of the individual's statements about symptoms and their effects, the adjudicator must make every reasonable effort to obtain available information that could shed light on the credibility of the individual's statements.

Treating and other medical sources. In evaluating credibility, the adjudicator should ask the treating or other medical source(s) to provide information about the extent and duration of an individual's impairment(s), including observations and opinions about how well the individual is able to function, the effects of any treatment, including side effects, and how long the impairment(s) is expected to limit the individual's ability to function. Opinions from an individual's medical sources, especially treating sources, concerning the effects of CFS on the individual's ability to function in a sustained manner in performing work activities or in performing activities of daily living are important in enabling adjudicators to draw conclusions about the severity of the impairment(s) and the individual's RFC. In this regard, any information a medical source is able to provide contrasting the individual's impairment(s) and functional capacities since the alleged onset of CFS with the individual's status prior to the onset of

CFS will be helpful in evaluating the individual's impairment(s) and its functional consequences.

Third-party information, including evidence from medical sources who are not “acceptable medical sources” for the purpose of establishing the existence of a medically determinable impairment, but who have provided services to the individual, may be very useful in deciding the individual's credibility. Information other than an individual's allegations and reports from the individual's treating sources helps to assess an individual's ability to function on a day-to-day basis and to depict the individual's capacities over a period of time. Such evidence includes, but is not limited to:

- Information from neighbors, friends, relatives, or clergy;
- Statements from such individuals as past employers, rehabilitation counselors, or school teachers about the individual's impairment(s) and the effects of the impairment(s) on the individual's functioning in the work place, rehabilitation facility, or educational institution;
- Statements from other practitioners with knowledge of the individual, e.g., nurse-practitioners, physicians' assistants, naturopaths, therapists, social workers, and chiropractors;
- Statements from other sources with knowledge of the individual's ability to function in daily activities; and
- The individual's own record (such as a diary, journal, or notes) of his or her own impairment(s) and its impact on function over time.

The adjudicator should carefully consider this information when making findings about the credibility of the individual's allegations regarding functional limitations or restrictions. **EFFECTIVE DATE:** This Ruling is effective on April 30, 1999.

**CROSS-REFERENCES:** SSR 96-2p, “Titles II and XVI: Giving Controlling Weight to Treating Source Medical Opinions,” SSR 96-3p, “Titles II and XVI: Considering Allegations of Pain and Other Symptoms in Determining Whether a Medically Determinable Impairment is Severe,” SSR 96-4p, “Titles II and XVI: Symptoms, Medically Determinable Physical and Mental Impairments, and Exertional and Nonexertional Limitations,” SSR 96-5p, “Titles II and XVI: Medical Source Opinions on Issues Reserved to the Commissioner,” SSR 96-7p, “Titles II and XVI: Evaluation of Symptoms in Disability Claims: Assessing the Credibility of an Individual's Statements,” SSR 96-8p, “Titles II and XVI: Assessing Residual Functional Capacity in Initial Claims,” and SSR 96-9p, “Titles II and XVI: Determining Capability to Do Other Work—

Implications of a Residual Functional Capacity for Less Than a Full Range of Sedentary Work.”

[FR Doc. 99-10840 Filed 4-29-99; 8:45 am]

BILLING CODE 4190-29-P

---

## DEPARTMENT OF TRANSPORTATION

### Federal Aviation Administration

#### Notice of Meeting

The Federal Aviation Administration (FAA) Satellite Operational Implementation Team (SOIT) hosted forum on the capabilities of the Global Positioning System (GPS/Wide Area Augmentation System (WAAS) and Local Area Augmentation System (LAAS).

**AGENCY:** Federal Aviation Administration.

**ACTION:** Notice of meeting.

*Name:* FAA SOIT Forum on GPA/WAAS/LAAS Capabilities.

*Time and date:* 9:00 a.m.–5:00 p.m., May 17–18, 1999.

*Place:* The Holiday Inn Fair Oaks Hotel, 11787 Lee Jackson Memorial Highway, Fairfax, Virginia 22033.

*Status:* Open to the aviation industry with attendance limited to space available.

*Purpose:* The FAA SOIT will be hosting a public forum to discuss the FAA's GPS approvals and WAAS/LAAS operational implementation plans. This meeting will be held in conjunction with a regularly scheduled meeting of the FAA SOIT and in response to aviation industry requests to the FAA Administrator. Formal presentations by the FAA will be followed by a question and answer session. Those planning to attend are invited to submit proposed discussion topics.

*Registration:* Participants are requested to register their intent to attend this meeting by May 3, 1999. Names, affiliations, telephone and facsimile numbers should be sent to the point of contact listed below.

*Point of Contact:* Registration and submission of suggested discussion topics may be made to Mr. Steven Albers, phone (202) 267-7301, fax (202) 267-5086, or email at [steven.CTR.albers@faa.gov](mailto:steven.CTR.albers@faa.gov).

Issued in Washington, DC on March 22, 1999.

**Hank Cabler,**  
SOIT Co-Chairman.

[FR Doc. 99-10849 Filed 4-29-99; 8:45 am]

BILLING CODE 4910-13-M

<sup>10</sup> A medical source opinion that an individual is “disabled” or “unable to work,” has an impairment(s) that meets or is equivalent in severity to the requirements of a listing, has a particular residual functional capacity (RFC), that concerns whether an individual's RFC prevents him or her from doing past relevant work, or that concerns the application of vocational factors, is an opinion on an issue reserved to the Commissioner. Every such opinion must still be considered in adjudicating a disability claim; however, the adjudicator will not give any special significance to such an opinion because of its source. See SSR 96-5p, “Titles II and XVI: Medical Source Opinions on Issues Reserved to the Commissioner.”