

minorities and disadvantaged individuals to enter and graduate from health professions schools. The Disadvantaged Assistance Tracking and Outcome Report (DATOR), is used to track program participants throughout the health professions pipeline into the health care workforce. This request includes minor revisions to the previously approved data collection instrument that will address a number of data collection, data entry, as well as analytical problems encountered by the respondents.

The DATOR, to be completed annually by HCOP AND COE grantees,

includes basic data on students participants (name, social security number, gender, race/ethnicity; targeted health professions, their status in the educational pipeline from pre-professional through professional training; financial assistance received through the grants funded under sections 739 and 740 of the PHS Act in the form of stipends, fellowships or per diem; and their employment or practice setting following their entry into the health care work force).

The proposed reporting instrument is not expected to add significantly to the grantees reporting burden. This

reporting instrument complements the grantees internal automated reporting mechanisms of using name and social security number in tracking students. The reporting burden includes the total time, effort, and financial resources expended to maintain, retain and provide the information including: (1) Reviewing instructions; (2) downloading and utilizing technology for the purposes of collecting, validating, and processing the data; and (3) transmitting electronically, or otherwise disclosing the information. Estimates of annualized burden are as follows:

Type of report	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Dator	150	1	5.5	825

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: November 20, 2001.

James J. Corrigan,

Associate Administrator for Management and Program Support.

[FR Doc. 01-29513 Filed 11-27-01; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) 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 Public Health Service (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 Court of Federal Claims 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 in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, NW., Washington, DC 20005, (202) 219-9657. For information on HRSA’s role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 8A-46, Rockville, MD 20857; (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. Court of Federal Claims 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 HRSA. The 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 (the Table) set forth at section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. 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 HRSA on July 5, 2001, through September 28, 2001.

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 Table 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 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. Court of Federal Claims at the address listed above (under the heading "For Further Information Contact"), with a copy to HRSA addressed to Director, Division of Vaccine Injury Compensation, Office of Special Programs, 5600 Fishers Lane, Room 8-A46, Rockville, MD 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. Philip Erickson on behalf of Philip J. Erickson, Roaring Spring, Pennsylvania, Court of Federal Claims Number 01-0389V
2. Rebekah Smothers on behalf of Kienan Freeman, Tallahassee, Florida, Court of Federal Claims Number 01-0390V
3. Tammy Mahaffey, Newark, Oklahoma, Court of Federal Claims Number 01-0392V
4. Michael Doherty on behalf of Drew Doherty, Boston, Massachusetts, Court of Federal Claims Number 01-0393V
5. Jacqueline Wright on behalf of Jared Wright, Boston, Massachusetts, Court of Federal Claims Number 01-0394V
6. Kristal Flagg on behalf of Lance Flagg, Boston, Massachusetts, Court of Federal Claims Number 01-0395V
7. Ellen Shatz-Feldman, Las Vegas, Nevada, Court of Federal Claims Number 01-0399V
8. Sandy Rusk on behalf of Olivia Rusk, Fishers, Indiana, Court of Federal Claims Number 01-0403V
9. Patricia Johnson on behalf of Alicia Johnson, New York, New York, Court of Federal Claims Number 01-0405V
10. Yousuf Qureshi, Boston, Massachusetts, Court of Federal Claims Number 01-0406V
11. Anita and Joseph Weakland on behalf of Joseph M. Weakland, Bangler, Pennsylvania, Court of Federal Claims Number 01-0407V
12. Jan DeGrandchamp, Frazier Park, California, Court of Federal Claims Number 01-0413V
13. Roseanne Borrero, Rockledge, Florida, Court of Federal Claims Number 01-0417V
14. Ernestine Ventura on behalf of Adam Ventura, Boston, Massachusetts, Court of Federal Claims Number 01-0420V
15. Holly Clifford on behalf of Gregory Clifford, Deceased, Boston, Massachusetts, Court of Federal Claims Number 01-0424V
16. Kristie Thacker on behalf of Gabriel Faith Thacker, Deceased, Hazlehursat, Mississippi, Court of Federal Claims Number 01-0435V
17. Lisa and Robert Devore on behalf of Ryan Austin Devore, Louisville, Kentucky, Court of Federal Claims Number 01-0436V
18. Susan J. Haggerty on behalf of Joseph C. Haggerty, Jr., Union, New Jersey, Court of Federal Claims Number 01-0438V
19. Jeffrey Greco, Brooklyn, New York, Court of Federal Claims Number 01-0450V
20. Kim and Paul Garrett on behalf of Weslie Julia Annie Garrett, Houston, Texas, Court of Federal Claims Number 01-0452V
21. Raymond Gallup on behalf of Eric Gallup, Parsippany, New Jersey, Court of Federal Claims Number 01-0453V
22. Pamela Gard on behalf of Mitchell Gard, Muncie, Indiana, Court of Federal Claims Number 01-0458V
23. Joseph Hegarty on behalf of Joseph Michael Hegarty, Deceased, Reisterstown, Maryland, Court of Federal Claims Number 01-0463V
24. Barbara Potolicchio, South Weymouth, Massachusetts, Court of Federal Claims Number 01-0464V
25. Jennifer Hernandez on behalf of Micaela Hernandez, Deceased, Mesa, Arizona, Court of Federal Claims Number 01-0466V
26. Donna and Rick Kay on behalf of Rachel Kay, Vienna, Virginia, Court of Federal Claims Number 01-0467V
27. Karen Peachee, Boston, Massachusetts, Court of Federal Claims Number 01-0475V
28. Melony Eisenhower on behalf of Michael L. Bowes, Jr., Mill Hall, Pennsylvania, Court of Federal Claims Number 01-0481V
29. Barbara Cunningham and Phillip Young on behalf of April Young, Lee's Summit, Missouri, Court of Federal Claims Number 01-0483V
30. Sarah Freedman on behalf of Chana Freedman, Monticello, New York, Court of Federal Claims Number 01-0485V
31. Jill Haga on behalf of Michaela Haga, Vienna, Virginia, Court of Federal Claims Number 01-0491V
32. Pamela Coleman on behalf of John Coleman, Jr., Little Rock, Arkansas, Court of Federal Claims Number 01-0496V
33. Tamba Harris, Vienna, Virginia, Court of Federal Claims Number 01-0499V
34. Albert Asker on behalf of Benjamin Logan Asker, Vienna, Virginia, Court of Federal Claims Number 01-0500V
35. Kelly Knoke on behalf of Alice Svetic, Vienna, Virginia, Court of Federal Claims Number 01-0501V
36. Tiffany Drost, Vienna, Virginia, Court of Federal Claims Number 01-0502V
37. Diane Paliscak on behalf of Anthony Paliscak, Vienna, Virginia, Court of Federal Claims Number 01-0503V
38. Jeanne and John Gensch on behalf of Patrick Gensch, Vienna, Virginia, Court of Federal Claims Number 01-0504V
39. Sherry Wied on behalf of David Wied, Vienna, Virginia, Court of Federal Claims Number 01-0505V
40. Dawn and Jeff Partyka on behalf of Jacob Partyka, Vienna, Virginia, Court of Federal Claims Number 01-0506V
41. Jodi Miller on behalf of Richard Kjolberg, Jr., Duluth, Minnesota, Court of Federal Claims Number 01-0512V
42. Jennifer and James Hall on behalf of Emmallen Grace Hall, Deceased, Morristown, Tennessee, Court of Federal Claims Number 01-0514V
43. Priscilla Smith on behalf of Victoria Danielle Ellrod, Wildomar, California, Court of Federal Claims Number 01-0523V
44. Christina DeLong, Reading, Pennsylvania, Court of Federal Claims Number 01-0528V
45. Ronald Gura, Boston, Massachusetts, Court of Federal Claims Number 01-0531V
46. Rodney Boone on behalf of Rodney Emerson Boone, III, Lafayette, California, Court of Federal Claims Number 01-0532V
47. Paul Shirley, Boston, Massachusetts, Court of Federal Claims Number 01-0537V
48. Teresa and Anthony Richardson on behalf of Jenyssa Richardson, New York, New York, Court of Federal Claims Number 01-0545V
49. Randy Tucker, Shoshoni, Wyoming, Court of Federal Claims Number 01-0547V
50. Diana Hall on behalf of Marcellous Hall, Boston, Massachusetts, Court of Federal Claims Number 01-0554V
51. Lisa Visco on behalf of James Visco, Boston, Massachusetts, Court of Federal Claims Number 01-0555V

52. Susan Berry, Boston, Massachusetts,
Court of Federal Claims Number
01-0556V

Dated: November 21, 2001.

Elizabeth M. Duke,
Acting Administrator.

[FR Doc. 01-29512 Filed 11-27-01; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Availability of Funds for Loan Repayment Program for Repayment of Health Professions Educational Loans

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: The Administration's budget request for fiscal year (FY) 2002 includes \$11,923,500 for the Indian Health Service (IHS) Loan Repayment Program (LRP) for health professions educational loans (undergraduate and graduate) in return for full-time clinical service in Indian health programs. It is anticipated that \$11,923,500 will be available to support approximately 298 competing awards averaging \$40,000 per award.

This program announcement is subject to the appropriation of funds. This notice is being published early to coincide with the recruitment activity of the IHS, which competes with other Government and private health management organizations to employ qualified health professionals. Funds must be expended by September 30 of the fiscal year. This program is authorized by section 108 of the Indian Health Care Improvement Act (IHCA) as amended, 25 U.S.C. 1601 et seq. The IHS invites potential applicants to request an application for participation in the LRP.

DATES: Applications for the FY 2002 LRP will be accepted and evaluated monthly beginning January 18, 2002, and will continue to be accepted each month thereafter until all funds are exhausted. Subsequent monthly deadline dates are scheduled for Friday of the second full week of each month. Notice of awards will be mailed on the last working day of each month.

Applicants selected for participation in the FY 2002 program cycle will be expected to begin their service period no later than September 30, 2002.

Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date; or

2. Sent on or before the deadline date. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailing.)

Applications received after the monthly closing date will be held for consideration in the next monthly funding cycle. Applicants who do not receive funding by September 30, 2002, will be notified in writing.

Form to be Used for Application: Applications must be submitted on the form entitled "Application for the Indian Health Service Loan Repayment Program," identified with the Office of Management and Budget approval number of OMB #0917-0014 (expires 12/31/02).

ADDRESSES: Application materials may be obtained by calling or writing to the address below. In addition, completed applications should be returned to: IHS Loan Repayment Program, 12300 Twinbrook Parkway—Suite 100, Rockville, Maryland 20852, PH: 301/443-3396 [between 8:00 a.m. and 5:00 p.m. (EST) Monday through Friday, except Federal holidays].

FOR FURTHER INFORMATION CONTACT: Please address inquiries to Ms. Jacqueline K. Santiago, Chief, IHS Loan Repayment Program, Twinbrook Metro Plaza—Suite 100, 12300 Twinbrook Parkway, Rockville, Maryland 20852, PH: 301/443-3396 [between 8:00 a.m. to 5:00 p.m. (EST) Monday through Friday, except Federal holidays].

SUPPLEMENTARY INFORMATION: Section 108 of the IHCA, as amended by Public Laws 100-713 and 102-573, authorizes the IHS LRP and provides in pertinent part as follows:

The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the "Loan Repayment Program") in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.

Section 4(n) of the IHCA, as amended by the Indian Health Care Improvement Technical Corrections Act of 1996, Pub. L. 104-313, provides that:

"Health Profession" means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health

and engineering, an allied health profession, or any other health profession.

For the purposes of this program, the term "Indian health program" is defined in section 108(a)(2)(A), as follows:

* * * any health program or facility funded, in whole or in part, by the IHS for the benefit of Indians and administered:

a. directly by the Service;
b. by any Indian tribe or tribal or Indian organization pursuant to a contract under:

(1) The Indian Self-Determination Act: or

(2) Section 23 of the Act of April 30, 1908 (25 U.S.C. 47), popularly known as the Buy Indian Act; or

(3) by an urban Indian organization pursuant to Title V of this act.

Applicants may sign contractual agreements with the Secretary for 2 years. The IHS will repay all, or a portion of the applicant's health profession educational loans (undergraduate and graduate) for tuition expenses and reasonable educational, and living expenses in amounts up to \$20,000 per year for each year of contracted service. Payments will be made annually to the participant for the purpose of repaying his/her outstanding health profession educational loans. Payment of health profession education loans will be made to the participant within 120 days, from the date the contract becomes effective.

The Secretary must approve the contract before the disbursement of loan repayments can be made to the participant. Participants will be required to fulfill their contract service agreements through full-time clinical practice at an Indian health program site determined by the Secretary. Loan repayment sites are characterized by physical, cultural, and professional isolation, and have histories of frequent staff turnover. All Indian health program sites are annually prioritized within the Agency by discipline, based on need or vacancy.

All health professions will receive up to \$20,000 per year for the length of their contract. Where the amount of the LRP award may result in an increase in Federal income tax liability, the IHS will pay an additional 20 percent of the participant's total loan repayments to the Internal Revenue Service for the increased tax liability.

Pursuant to section 108(b), to be eligible to participate in the LRP, an individual must:

(1) A. Be enrolled:

(i) In a course of study or program in an accredited institution, as determined by the Secretary, within any State and