

the CDC MARCH reinforcement strategy at the district level.

“Applications responsive to this program announcement will be funded in the categories listed above. CDC expects to fund at least one, but no more than the maximum number identified. Additional organizations may be funded based on evaluation criteria and the availability of funds.”

Dated: July 31, 2002.

Sandra R. Manning,

*Director, Procurement and Grants Office,
Centers for Disease Control and Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Workplace Violence Prevention Research, Announcement Number: OH-02-011

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Workplace Violence Prevention Research, RFA OH-02-011.

Times and Dates:

8:30 a.m.–9 a.m., August 21, 2002 (Open),

9:10 a.m.–5:30 p.m., August 21, 2002 (Closed),

8:30 a.m.–5:30 p.m., August 22, 2002

(Closed).

Place: Harbor Court Hotel, 550 Light Street, Baltimore, MD 21202 phone (1-800-824-0076 or 410-347-9700).

Status: Portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Deputy Director for Program Management, CDC, pursuant to Public Law 92-463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to RFA OH-02-011.

Contact Person for More Information: Gwendolyn Cattledege, Ph.D., Scientific Review Administrator, National Institute for Occupational Safety and Health, CDC, 1600 Clifton Road NE MS E-74, Atlanta, GA 30330, telephone (404) 498-2508.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: August 1, 2002.

John Burkhardt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Proposed Collection; Public Comment Request: Indian Health Service Medical Staff Credentials and Privileges Files

AGENCY: Indian Health Service.

ACTION: Request for Public Comment: 60-day Proposed Information Collection: Indian Health Service Medical Staff Credentials and Privileges Files.

SUMMARY: The Department of Health and Human Services, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Indian Health Service (IHS) is providing a 60-day advance opportunity for public comment on a proposed extension of current information collection activity to be submitted to the Office of Management and Budget for review.

Proposed Collection: Title: 09-17-0009, “Indian Health Service Medical Staff Credentials and Privileges Files”.

Type of Information Collection Request: Extension, without revision, of currently approved information collection, 09-17-0009, “Indian Health Service Medical Staff Credentials and Privileges Files.” *Form Number:* Instructions and information collection formats are contained in IHS Circular No. 93-2, “Credentials and Privileges Review Process for the Medical Staff.” *Need and Use of Information Collection:* The IHS operates health care facilities that provide health care services to American Indians and Alaska Natives.

To provide these services, the IHS employs (directly and under contract) several categories of health care providers including: physicians (M.D. and D.O.), dentists, psychologists, optometrists, podiatrists, audiologists; and in some states, physician assistants, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives. IHS policy specifically requires physicians and dentists to be members of the health care facility medical staff where they practice. Health care providers become medical staff members, depending on the local health care facility’s capabilities and medical staff bylaws. There are three types of IHS medical staff applicants: (1) Health care providers applying for direct employment with IHS; (2) contract health care providers who will not seek to become IHS employees; and (3) employed IHS health care providers who seek to transfer between IHS health care facilities. National health care standards developed by the Centers for Medicare and Medicaid Services, formerly the Health Care Financing Administration and by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) require health care facilities to review, evaluate and verify the credentials, training and experience of medical staff applicants prior to granting medical staff privileges. To meet these standards, IHS health care facilities require each medical staff applicant to provide information concerning their education, training, licensure, and work experience and any adverse disciplinary actions taken against them. This information is then verified with references supplied by the applicant and may include: former employers, educational institutions, licensure and certification boards, the American Medical Association, the Federation of State Medical Boards, the National Practitioner Data Bank, and the applicants themselves.

In addition to the initial granting of medical staff membership and clinical privileges, JCAHO standards require that a review of the medical staff be conducted not less than every two years. This review evaluates the current competence of the medical staff and verifies whether they are maintaining their licensure and the certification requirements of their specialty. The medical staff credentials and privileges records are maintained at the health care facility where the health care provider is a medical staff member. The establishment of these records at IHS health care facilities is not optional; such records must be established and