

License number: 12282N
Name: Philippine Islands Cargo Transport, U.S.A.
Address: 542 Sally Lee Avenue, Azusa, CA 91702-5344
Date revoked: July 3, 2002.
Reason: Failed to maintain a valid bond.

License number: 17268N.
Name: RCM International Shipping U.S.A., L.L.C.
Address: 10-C West Access Road, Kenner, LA 70062.
Date revoked: July 18, 2002.
Reason: Failed to maintain a valid bond.

License number: 15926F.
Name: Safcomar Inc.
Address: One Exchange Place, Suite 402, Jersey City, NJ 07302.
Date revoked: June 9, 2002.
Reason: Failed to maintain a valid bond.

License number: 17257N.
Name: Sea-Go International Inc.
Address: 400 Washington Street, Mt. Holly, NJ 08060.
Date revoked: June 28, 2002.
Reason: Failed to maintain a valid bond.

License number: 17505N.

Name: Trans Logistics, Inc. dba World Express
Address: 520 E. Carson Plaza Ct., Suite 205, Carson, CA 90746.
Date revoked: August 1, 2002.
Reason: Failed to maintain a valid bond.

License number: 17836N.
Name: U.S. Sea Wave Express, Inc.
Address: 2931 Plaza Del Amo, #74, Torrance, CA 90503.
Date revoked: August 4, 2002.
Reason: Failed to maintain a valid bond.

License number: 16716N.
Name: Ventana Cargo USA, Inc.
Address: 182-08 149th Avenue, Jamaica, NY 11413.
Date revoked: July 24, 2002.
Reason: Operating without a qualifying individual.

License number: 14235N.
Name: Village Traders, Ltd.
Address: 22428 Thunderbird Place, Hayward, CA 94545.
Date revoked: August 1, 2002.
Reason: Failed to maintain a valid bond.

License number: 6941N.
Name: Worldwide Freight System, Inc.

Address: 2401 Utah Avenue South, Suite 200, Seattle, WA 98275.
Date revoked: July 13, 2002.
Reason: Failed to maintain a valid bond.

Sandra L. Kusumoto,
Director, Bureau of Consumer Complaints and Licensing.
 [FR Doc. 02-21335 Filed 8-20-02; 8:45 am]
BILLING CODE 6730-01-P

FEDERAL MARITIME COMMISSION

Ocean Transportation Intermediary License Reissuances

Notice is hereby given that the following Ocean Transportation Intermediary licenses have been reissued by the Federal Maritime Commission pursuant to section 19 of the Shipping Act of 1984, as amended by the Ocean Shipping Reform Act of 1998 (46 U.S.C. app. 1718) and the regulations of the Commission pertaining to the licensing of Ocean Transportation Intermediaries, 46 CFR 515.

License No.	Name/address	Date reissued
16426N	First Express International Corp., 148-36 Guy R. Brewer Blvd., Suite 200, Jamaica, NY 11434.	May 25, 2002.
16171N	Pecton Air Freight (USA) Inc., 175-01 Rockaway Blvd., Rm. 215, Jamaica, NY 11434	May 25, 2002.
1457F	Schmidt, Pritchard & Co., Inc., 9801 West Lawrence Avenue, Schiller Park, IL 60176	May 23, 2002.

Sandra L. Kusumoto,
Director, Bureau of Consumer Complaints and Licensing.
 [FR Doc. 02-21338 Filed 8-20-02; 8:45 am]
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FEDERAL MARITIME COMMISSION

Ocean Transportation Intermediary License Applicants

Notice is hereby given that the following applicants have filed with the Federal Maritime Commission an application for license as a Non-Vessel Operating Common Carrier and Ocean Freight Forwarder—Ocean Transportation Intermediary pursuant to section 19 of the Shipping Act of 1984 as amended (46 U.S.C. app. 1718 and 46 CFR 515).

Persons knowing of any reason why the following applicants should not receive a license are requested to contact the Office of Transportation Intermediaries, Federal Maritime Commission, Washington, DC 20573.

Non-Vessel Operating Common Carrier Ocean Transportation Intermediary Applicant:
 NSCP Cargo Corporation, 23595 Cabot Blvd., Suite 116, Hayward, CA 94545.
Officers: Guillermo E. Pena, Compliance Officer, (Qualifying Individual), Arion Alabado, Director.

Non-Vessel Operating Common Carrier and Ocean Freight Forwarder Transportation Intermediary Applicants:
 ILS-International Logistics Solutions, Inc., 1337 East Rock Wren Road, Phoenix, AZ 85048.
Officer: Larry Nass, President, (Qualifying Individual), Tons Consolidators, Inc., 4309 Rousseau Lane, Palos Verdes Peninsula, CA 90274.
Officers: Ellen, Ling Ying Chen, Secretary, (Qualifying Individual), Hong Wai Tung, President.
 Ocean Freight Forwarder—Ocean Transportation Intermediary Applicant:
 A.O.C.H. Services Corp., 24 North

Road, Stony Brook, NY 11790.
Officer: Joseph A. Costanzo, President, (Qualifying Individual).
 Dated: August 16, 2002.

Bryant L. VanBrakle,
Secretary.
 [FR Doc. 02-21337 Filed 8-20-02; 8:45 am]
BILLING CODE 6730-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Invitation To Submit Quality Measures to AHRQ's National Quality Measures Clearinghouse

AGENCY: Agency for Healthcare Research and Quality, HHS.
ACTION: Notice.

SUMMARY: In response to its legislative mandate to compile health care quality measures (see Background section below), the Agency for Healthcare Research and Quality (AHRQ) invites

organizations, and other developers of health care quality measures to submit tested (and/or valid and reliable) quality measures for inclusion in the World Wide Web-based National Quality Measures Clearinghouse (NQMC).

AHRQ is sponsoring the development of NQMC to promote widespread access to quality measures by the health care community and other interested individuals. NQMC is designed to be a database for information on specific health care quality measures and measure sets. The scheduled availability date for the NQMC Web site is December/Winter 2002.

Measure developers are asked to submit measures and measure updates that meet the NQMC inclusion criteria, along with supporting documentation, on an ongoing basis. NQMC will contain descriptive summaries of each measure catalogued in the NQMC database. Developers have the option of making their entire measure available through NQMC or may opt to provide ordering information that NQMC will include in the measure summary. NQMC users will be directed to contact the measure developer to obtain or purchase the entire measure if it is not available via the NQMC Web site. Quality measure summaries will be retrievable by many parameters including topic, target population, and setting of care. Users of NQMC will be able to search NQMC and the National Guideline Clearinghouse™ www.guideline.gov.—simultaneously.

DATES: Quality measures and measure sets will be received on an ongoing basis by ECRI at the address below. ECRI, a nonprofit health services research organization, will perform the technical work of the NQMC, under contract with AHRQ.

ADDRESSES: Organizations interested in contributing to the NQMC should submit two hard copies of each measure and documentation that the measure meets the NQMC Inclusion Criteria in typed format and electronic (if available), including name, address, phone, and e-mail address of a contact person to: Vivian H. Coates, NQMC Project Director, ECRI, 5200 Butler Pike, Plymouth Meeting, PA 19462-1298.

FOR FURTHER INFORMATION CONTACT: Forward questions to qualitymeasures@ahrq.gov.

SUPPLEMENTARY INFORMATION:

Background

AHRQ is the lead Federal agency for enhancing the quality, appropriateness, and effectiveness of healthcare services and access to such services. In carrying out its mission, AHRQ conducts and supports research that develops and

presents scientific evidence on methods for measuring quality and strategies for improving quality. Under section 912(a)(2)(C) Title IX, of the Agency for Healthcare Research and Quality Act of 1999, AHRQ is charged with compiling health care quality measures that have been developed in the public and private sector. To this end AHRQ will compile and present measures in the NQMC that have been submitted by the public and private sector, and that meet the following definitions and inclusion criteria.

As part of its mandate to use existing technologies to promote health care quality improvement, NQMC will use the World Wide Web to effectively and efficiently reach a broad audience within the health care community. This Web-based repository of quality measures is intended to facilitate quick identification and access to quality measures by practitioners and health related organizations [e.g., third party payers, peer review groups, professional societies submitting measures]. The measures will in turn be used to make assessments that may ultimately inform health care decisions.

Quality Measure Definition

The NQMC defines a quality measure as a mechanism to assign a quantifier to quality of care by comparison to a criterion.

Criteria

A measure must meet all of the following criteria to be included in the NQMC. If the measures do not meet one or more of these inclusion criteria, the submission forms will be returned to the submitter with a request for further documentation or development in the identified area. The submitter may revise and resubmit measures.

1. The quality measure must address some aspect(s) of quality of care delivered to defined patients by a defined individual, group of individuals or organizations and must relate to at least one of the following domains: (a) Process of care (a health care service provided to or on behalf of a patient); (b) Outcome of care (a health state of a patient resulting from health care); (c) Access to care (the patient's attainment of timely and appropriate health care); and, (d) Patient experience of care (a report by a patient concerning observations of and participation in health care).

2. The submitter must provide English-language documentation that includes at least each of the three following items: (i) The rationale for the measure (The rationale is a brief statement describing the patients and

the specific aspect of health care to which the measure applies. The rationale may also include the evidence basis for the measure, and an explanation of how to interpret results, if that information is provided.); (ii) A description of the denominator and numerator of the measure (including specific variables for inclusion or exclusion of cases from either the denominator or numerator). Note—a continuous variable statement (e.g., "time to thrombolysis") may be an acceptable alternative and measures whose metric is other than a rate or percentage will be considered on an individual basis; and, (iii) The data source(s) for the measure.

3. The submitter should provide documentation of supporting evidence appropriate for the measure domain: (1) For process measures, evidence that the measured clinical process has led to improved health outcomes; (2) For outcome measures, evidence that the outcome measure has been used to detect the impact of one or more clinical interventions; (3) For access measures, evidence that an association exists between the result of the access measure and the outcomes of or satisfaction with care; and (4) For patient experience measures, evidence that an association exists between the measure of patient experience of health care and the values and preferences of patients/consumers.

The documentation must consist of at least one of the following types of evidence: (1) One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal; (2) A systematic review of the clinical literature; (3) A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence; (4) A formal consensus procedure involving expert clinicians and clinical researchers.

Additionally, for patient experience measures, evidence should include focus groups involving patients and/or cognitive testing of the measures by patients. For access measures, the consensus panel should also include other relevant stakeholders.

4. At least one of the following criteria must be satisfied with specific information attached in each case: (1) The measure has been cited in one or more reports in a National Library of Medicine (NLM) indexed, peer-reviewed journal, applying or evaluating the measure's properties; (2) The submitter provides documented peer-reviewed evidence evaluating the reliability (the degree to which the measure is free from random error) and validity (the degree to which the measure is associated with what it

purports to measure) of the measure; or (3) The measure has been developed, adopted, adapted, or endorsed by an organization that promotes rigorous development and use of clinical performance measures. Such an organization may be at the international, National, regional, State or local levels (e.g., a multi-state consortium, a State Medicaid agency, or a health organization or delivery system). **Note**—Adapted measures are those measures developed by one organization, and then subsequently adopted and modified in some way by another organization.

5. The measure must be in current use or currently in pilot testing and must be the most recent version if the measure has been revised. A measure is in current use if at least one health care organization has used the measure to evaluate or report on quality of care within the previous three years.

Dated: August 15, 2002.

Carolyn M. Clancy,

Acting Director.

[FR Doc. 02-21326 Filed 8-20-02; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02039]

Expansion of HIV/AIDS/STD Prevention and Support in the Royal Government of Cambodia; Notice of Award of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the award of fiscal year (FY) 2002 funds for a Cooperative Agreement with the Ministry of Health (MOH), Royal Government of Cambodia (Cambodia), for the improvement and expansion of HIV/AIDS/STD prevention and support activities in Cambodia.

The purpose of this cooperative agreement is to improve and expand laboratory capacity and coordination of HIV prevention activities with the MOH and among non-governmental organizations (NGOs) in Cambodia. This will be accomplished through cooperation between CDC Cambodia, the MOH, National Center for HIV/AIDS Dermatology and STDs (NCHADS), National Clinic for Dermatology and STIs, as well as the MOH National Institute of Public Health (NIPH) to:

(1) Expand the national reference laboratory capacity for HIV and STD at the National Institute of Public Health.

(2) Develop national referral laboratory capacity at NCHADS.

(3) Pilot a program to integrate the various technical strategies of the Global AIDS Program at either the operational health district or the provincial health district level.

These collaborative activities could profoundly impact the scope and intensity of the implementation of the National AIDS Policy, which calls for multi-sectoral action on many fronts. Successful implementation and expansion of laboratory capacity building could substantially increase the MOH's ability to provide high quality reference and referral laboratory service and strengthen ties between NGOs and government HIV/AIDS-related programs. Successful implementation of a pilot integration project through cooperative efforts of MOH, NGOs, and CDC could eventually lead to significant improvements in coordination of HIV/AIDS prevention and care activities country-wide.

B. Eligible Applicants

The MOH is the only appropriate and qualified organization to fulfill the requirements set forth for Cambodia in this announcement because:

1. The MOH is uniquely positioned, in terms of legal authority, experience and credibility among Cambodian citizens to provide health sector HIV/AIDS/STD Prevention Activities.

2. The purpose of the announcement is to build upon an existing framework of health information and activities for which the MOH has the responsibility for implementing.

3. The MOH has been mandated by the National AIDS Authority (NAA) to coordinate and implement health sector activities necessary for the control of the HIV/AIDS epidemic in Cambodia.

4. The MOH already has established mechanisms to access health information enabling it to immediately become engaged in the activities listed in this announcement.

C. Funds

Approximately \$810,000 is being awarded in FY2002. The award will begin on or about August 1, 2002 and will be made for a 12-month budget period within a five-year project period.

D. Where to Obtain Additional Information

To obtain business management technical assistance, contact: Angelia D. Hill, Lead Grants Management Specialist, International & Territories

Acquisition & Assistance Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, MS E-09, Atlanta, GA 30341-4146. Telephone number: (770) 488-2785. FAX: (770) 488-2866. E-mail address: aph8@cdc.gov.

For program technical assistance, contact: Jack N. Spencer, Global AIDS Program (GAP), Cambodia Country Team, National Center for HIV/STD/and TB Prevention, Centers for Disease Control & Prevention, Cambodia-CDC AIDS Project Team, AmEmbassy Phnom Penh, Phnom Penh, Cambodia. Telephone: 011-855 23 217640. E-mail: jns1@cdc.gov.

Dated: August 14, 2002.

Sandra R. Manning,

CGFM, Director, Procurement & Grants Office, Centers for Disease Control & Prevention.

[FR Doc. 02-21251 Filed 8-20-02; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Potential Health Effects Involving Use of Perchloroethylene; Notice of Meeting

National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Potential Health Effects Involving Use of Perchloroethylene (PCE) in Dry-cleaning and Other Industries: Scientific Presentations and Information-gathering Meeting.

Time and Date: 9 a.m.-5 p.m., September 25, 2002.

Place: Alice Hamilton Building, Conference Room C, NIOSH, CDC, 5555 Ridge Avenue, Cincinnati, Ohio 45213.

Status: Forum will include scientists and representatives from various government agencies and independent groups, and is open to the public, limited only by the space available. The meeting room accommodates 80 people. Due to limited space, notification of intent to attend the meeting must be made with Judy Curless no later than September 13, 2002. Ms. Curless can be reached by telephone at 513/533-8314 or by e-mail jcc4@cdc.gov. Requests to attend will be accommodated on a first come basis.

Purpose: To discuss current research with PCE and identify partners for exchange of information and data on occupational exposure to PCE and potential health effects. A panel of invited participants will present data. Presentations and discussion will focus on health effects related to occupational exposures to PCE as well as data from studies of carcinogenicity and other effects in