

TABLE 1.—LIST OF SAFETY AND EFFECTIVENESS SUMMARIES FOR APPROVED PMAS MADE AVAILABLE FROM JANUARY 1, 2006, THROUGH MARCH 31, 2006—Continued

PMA No./Docket No.	Applicant	Trade Name	Approval Date
P050007/2006M-0016	Abbott Vascular Devices (AVD)	STARCLOSE VASCULAR CLOSURE SYSTEM	December 21, 2005
H040005/2006M-0163	Karl Storz Endoscopy-America, Inc.	KARL STORZ RIGID TTTS FETOSCOPY INSTRUMENT SET WITH 0 AND 12 DEGREE SCOPE, KARL STORZ RIGID TTTS FETOSCOPY INSTRUMENT SET WITH 30 DEGREE SCOPE, AND KARL STORZ SEMI-RIGID TTTS FETOSCOPY INSTRUMENT SET	March 31, 2006

II. Electronic Access

Persons with access to the Internet may obtain the documents at <http://www.fda.gov/cdrh/pmapage.html>.

Dated: June 13, 2006.

Linda S. Kahan,

Deputy Director, Center for Devices and Radiological Health.

[FR Doc. E6-9898 Filed 6-21-06; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

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

AGENCY: Indian Health Service, HHS.

SUMMARY: The Indian Health Service (IHS), 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 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 IHS is providing a 60-day advance opportunity for public comment on a proposed new collection of information to be submitted to the Office of Management and Budget for review.

Proposed Collection

Title: 0917-0009, "Indian Health Service Medical Staff"

Typed of Information Collection Request: Extension, without revision, of currently approved information collection, 0917-0009, "Indian Health Service Medical Staff Credentials and Privileges Files."

Form Numbers(s): None.

Need and Use of Information Collection: This collection of information is used to evaluate individual health care providers applying for medical staff privileges at IHS health care facilities. The HHS 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, physician assistants, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives. The 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) contractors 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 Center for Medicare and Medicaid Services (formerly the Health Care Financing Administration), the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and other

accrediting organizations required 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 all medical staff applicants 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 the licensure or 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 maintained at all health care facilities in the United States that are accredited by JCAHO. Prior to the establishment of this JCAHO requirement, the degree to which medical staff applications were verified for completeness and accuracy varied greatly across America.

Affected Public: Individuals and households.

Type of Respondents: Individuals.

Burden Hours: The table below provides the estimated burden hours for this information collection:

Data collection	Est. number of respondents	Responses per respondent	Burden per response *	Total annual burden hrs.
Application to Medical Staff	600	1	1.00 (60 mins)	600.0
Reference Letter	1800	1	0.33 (20 mins)	594.0
Reappointment Request	200	1	1.00 (60 mins)	200.0
Ob-Gyn Privileges	25	1	1.00 (60 mins)	25.0
Internal Medicine	387	1	1.00 (60 mins)	387.0
Surgery Privileges	23	1	1.00 (60 mins)	23.0
Psychiatry Privileges	18	1	1.00 (60 mins)	18.0
Anesthesia Privileges	16	1	1.00 (60 mins)	16.0
Dental Privileges	128	1	0.33 (20 mins)	42.2
Optometry Privileges	21	1	0.33 (20 mins)	6.9
Psychology Privileges	23	1	0.17 (10 mins)	3.9
Audiology Privileges	6	1	0.08 (5 mins)	0.48
Podiatry Privileges	6	1	0.08 (5 mins)	0.48
Radiology Privileges	9	1	0.33 (20 mins)	2.9
Pathology Privileges	3	1	0.33 (20 mins)99
Total	3,265			1,920.85

*For ease of understanding, burden hours are provided in actual minutes.

There are no capital costs, operating costs and/or maintenance costs to respondents.

Request for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Send Comments and Requests for Further Information: For the proposed collection or requests to obtain a copy of the data collection instrument(s) and instructions to: Mrs. Christina Rouleau, IHS Reports Clearance Officer, 801

Thompson Avenue, TMP Suite 450, Rockville, MD 20852, call non-toll free (301) 443-5938, send via facsimile to (301) 443-2316, or send your e-mail requests, comments, and return address to: crouleau@hqe.ihs.gov.

Comment Due Date: Your comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: June 15, 2006.

Robert G. McSwain,

Deputy Director, Indian Health Service.

[FR Doc. 06-5574 Filed 6-21-06; 8:45 am]

BILLING CODE 4165-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S.

Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of Federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804; telephone: 301/496-7057; fax: 301/402-0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Beta-Amyloid PET Imaging Agents

Description of Technology: Available for licensing and commercial development are two novel classes of compounds useful as radioligands for *in vivo* imaging of beta-amyloid (A β) peptides and plaques in humans.