Respondents	Number of respondents	Number of responses/ respondent	Average burden per response (in hours)	Total bur- den (in hours)
Telephone interview	7,500	1	5/60	625
Total				625

Dated: December 10, 2001.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control, and Prevention.

[FR Doc. 01–30950 Filed 12–14–01; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 01N-0174]

Agency Information Collection Activities; Announcement of OMB Approval; FDA Recall Regulations

AGENCY: Food and Drug Administration,

HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled "FDA Recall Regulations" has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT:

JonnaLynn P. Capezzuto, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–4659.

SUPPLEMENTARY INFORMATION: In the Federal Register of August 17, 2001 (66 FR 43263), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910–0249. The approval expires on October 31, 2004. A copy of the supporting statement for this information collection is available on the Internet at http://www.fda.gov/ ohrms/dockets.

Dated: December 7, 2001.

Margaret M. Dotzel,

Associate Commissioner for Policy.
[FR Doc. 01–30938 Filed 12–14–01; 8:45 am]
BILLING CODE 4160–01–8

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Health Professions Preparatory, Pregraduate and Indian Health Professions Scholarship Programs

AGENCY: Indian Health Service, HHS. **ACTION:** Notice of availability of funds for Health Professions Preparatory, Pregraduate, and Indian Health Professions Scholarship Programs for Fiscal Year (FY) 2002.

SUMMARY: The Indian Health Service (IHS) is publishing a Notice of Availability of Funds for Health Professions Preparatory, Pregraduate, and Indian Health Professions Scholarship Programs for Fiscal Year (FY) 2002.

The IHS announces the availability of approximately \$3,750,800 to fund scholarships for the Health Professions Preparatory and Pregraduate Scholarship Programs for FY 2002 awards. These programs are authorized by section 103 of the Indian Health Care Improvement Act (IHCIA), Pub. L. 94–437, as amended by Pub. L. 100–713, Pub. L. 102–573, and Pub. L. 104–313.

The Indian Health Scholarship (Professions), authorized by section 104 of the IHCIA, Pub. L. 94–437, as amended by Pub. L. 100–713, by Pub. L. 102–573, and by Pub. L. 104–313 has approximately \$8,215,500 available for FY 2002 awards.

Full-time and part-time scholarships will be funded for each of the three scholarship programs.

The Indian Health Professions
Preparatory Scholarship is listed as No.
93.123 in the Office of Management and
Budget Catalog of Federal Domestic
Assistance (CFDA). The Health
Professions Pregraduate Scholarship is
listed as No. 93.971, and the Indian
Health Scholarship (Professions) is
listed as No. 93.972 in the CFDA.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2010*, a PHS-led activity for setting priority areas. This program announcement is related to the priority area of Education and Community-Based Programs. Potential applicants may obtain a copy

of Health People 2010, (Full Report; Stock No. 017–001–00474–0) or Healthy People 2010 (Summary Report; Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325 (Telephone 202–783–3238).

DATES: The application deadline for both new and continuing applicants is April 1, 2002. If April 1 falls on the weekend, the application will be due on the following Monday. Applications shall be considered as meeting the deadline if they are received by the appropriate Scholarship Coordinator on the deadline date or postmarked 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 shall not be acceptable as proof of timely mailing.) Applications received after the announced closing date will be returned to the applicant and will not be considered for funding.

ADDRESSES: Application packets may be obtained by calling or writing to the addresses listed below. The application form number is IHS 856, 856–2 through 856–8, 815, 816, 818 (approved under OMB No. 0917–0006).

IHS Area Office and States/Locality Served; Scholarship Coordinator/ Address:

Aberdeen Area IHS

Iowa Nebraska North Dakota South Dakota

Ms. Lila Topalian, Scholarship Coordinator, Aberdeen Area IHS, Federal Building, Room 309, 115 4th Avenue, SE, Aberdeen, SD 57401, Tele: 605–226–7553

Alaska Area Native Health Service Alaska

Ms. Rea Bavilla, Scholarship Coordinator, Alaska Area IHS, 4141 Ambassador Drive, Rm. 349, Anchorage, Alaska 99508, Tele: 907–729–1332

Albuquerque Area IHS

Colorado New Mexico

Ms. Alvina Waseta, Scholarship

Coordinator, Albuquerque Area IHS, 5300 Homestead Road, NE, Albuquerque, NM 87110, Tele: 505-248-4513

Bemidji Area IHS

Illinois Indiana Michigan Minnesota Wisconsin

> Mr. Tony Buckanaga, Scholarship Coordinator, Bemidji Area IHS, 522 Minnesota Avenue, NW, Bemidji, MN 56601, Tele: 218-759-3415

Billings Area IHS

Montana Wyoming

> Mr. Sandy Macdonald, Scholarship Coordinator, Billings Area IHS, Area Personnel Office, P.O. Box 36600, 2900 4th Avenue, North, Billings, MT 59103, Tele: 406-247-

California Area IHS

California Hawaii

> Ms. Mona Celli, Scholarship Coordinator, California Area IHS, 650 Capitol Mall, 3rd Floor, Sacramento, CA 95814, Tele: 916-930-3981

Nashville Area IHS

Alabama Arkansas Connecticut Delaware Florida Georgia Kentucky Louisiana Maine Maryland Massachusetts Mississippi New Hampshire New Jersey

New York North Carolina Ohio

Pennsylvania Rhode Island South Carolina

Tennessee Vermont Virginia

West Virginia District of Columbia

> Ms. Alvina Waseta, Scholarship Coordinator, Nashville Area IHS, 5300 Homestead Road, NE, Albuquerque, NM 87110, Tele: 505-248-4513

Navajo Area IHS

Arizona

New Mexico

Ms. Roselinda Allison, Scholarship Coordinator, Navajo Area IHS, P.O. Box 9020, Window Rock, AZ 86515, Tele: 520-871-1358

Oklahoma City Area IHS

Kansas Missouri Oklahoma

> Mr. Jim Ingram, Scholarship Coordinator, Oklahoma City Area IHS, Five Corporate Plaza, 3625 NW., 56th Street, Oklahoma City, OK 73112, Tele: 580-276-4801

Phoenix Area IHS

Arizona Nevada Utah

Lena Fasthorse, Scholarship Coordinator, Phoenix Area IHS, Two Renaissance Square, 40 North Central Avenue, Suite #600, Phoenix, AZ 85004, Tele: 602-364-5220

Portland Area IHS

Idaho Oregon Washington

Ms. Darlene Marcellay-Hyland, Scholarship Coordinator, Portland Area IHS, 1220 SW Third Avenue, Rm. 440. Portland, OR 97204-2892. Tele: 503-326-2015

Tucson Area IHS

Arizona Texas

> Ms. Malinda Paul, Scholarship Coordinator, Tucson Area IHS, 7900 South "J." Stock Rd., Tucson, AZ 85746, Tele: 520-295-2441

FOR FURTHER INFORMATION CONTACT:

Please address application inquiries to the appropriate Indian Health Service Area Scholarship Coordinator. Other programmatic inquiries may be addressed to Mr. Darrell Pratt, Team Leader, Health Professions Support, Indian Health Service, 801 Thompson Avenue, Suite 120, Rockville, Maryland, 20852; Telephone 301-443-6197. (This is not a toll free number.) For grants information, contact Mr. Al Whiteman, Grants Management Officer, Grants Management Branch, Division of Acquisition and Grants Operations, Indian Health Service, 801 Thompson Avenue, Suite 120, Rockville, Maryland, 20852; Telephone 301-443-5204. (This is not a toll-free number.)

A. General Program Purpose: These grants programs are intended to encourage American Indians and Alaska Natives to enter the health professions and to assure the availability of Indian health professionals to serve Indians.

B. Eligibility Requirements:

1. The Health Professions Preparatory Scholarship awards are made to American Indians or Alaska Natives who meet the criteria in section 4(c) of the IHCIA, as amended, who have successfully completed high school education or high school equivalency and who have been accepted for enrollment in a compensatory, preprofessional general education course or curriculum. Support is limited to 2 years for full-time students and the parttime equivalent of 2 years not to exceed 4 years for part-time students.

2. The Health Professions Pregraduate Scholarship awards are made to American Indians or Alaska Natives who meet the criteria in section 4(c) of the IHCIA, as amended, who have successfully completed high school education or high school equivalency and who have been accepted for enrollment or are enrolled in an accredited pregraduate program leading to a baccalaureate degree in premedicine or pre-dentistry. Support is limited to 4 years for full-time students and the part-time equivalent of 4 years not to exceed 8 years for part-time students.

3. The Indian Health Scholarship (Professions) may be awarded only to an individual who is a member of a federally recognized tribe as provided by section 104, 4(c), and 4(d) of the IHCIA. Membership in a Tribe recognized only by a state does not meet this statutory requirement. To receive an Indian Health Scholarship (Professions) an otherwise eligible individual must be enrolled in an appropriately accredited school and pursuing a course of study in a health profession as defined by section 4(n) of the IHCIA. Support is limited to 4 years for full-time students and the part-time equivalent of 4 years not to exceed 8 years for part-time students.

Awards for the Indian Health Scholarships (Professions) will be made in accordance with 42 CFR 36.330. Recipients shall incur a service obligation prescribed under section 338C of the Public Health Service Act (43 U.S.C. 244m) which shall be met by service:

(1) In Indian Health Service;

(2) In a program conducted under a contract or compact entered into under the Indian Self-Determination Act:

(3) In a program assisted under title V of the Indian Health Care Improvement Act (Pub. L. 94-437) and its amendments; and

(4) In private practice of his or her profession, if the practice (a) is situated in a health professional shortage area, designated in regulations promulgated

by the Secretary and (b) addresses the health care needs of a substantial number of Indians as determined by the Secretary in accordance with guidelines of the Service:

Pursuant to the Indian Health Amendments of 1992 (Pub. L. 104–313), a recipient of an Indian Health Professions Scholarship may, at the election of the recipient, meet his/her active duty service obligation prescribed under section 338c of the Public Health Service Act (42 U.S.C. 254m) by a program specified in options (1)—(4) above that:

- (i) Is located on the reservation of the Tribe in which the recipient is enrolled; or
- (ii) Serves the Tribe in which the recipient is enrolled.

In summary, all recipients of the Indian Health Scholarship (Professions) are reminded that recipients of this scholarship incur a service obligation. Moreover, this obligation shall be served at a facility determined by the Director, IHS, consistent with IHCIA, Pub. L. 94–437, as amended by Pub. L. 100–713, and Pub. L. 102–573.

C. Fund Availability. Both part-time and full-time scholarship awards will be made in accordance with regulations at 42 CFR 36.320, incorporated in the application materials, for Health Professions Preparatory Scholarship Program for Indians and 42 CFR 36.370, incorporated in the application materials, for Health Professions Pregraduate Scholarship Program for Indians. Approximately 238 awards, 100 of which are continuing, will be made under the Health Professions Preparatory and Pregraduate Scholarship Programs for Indians. The awards are for 10 months in duration and the average award to a full-time student is approximately \$18,000. In FY 2002, approximately \$1,500,000 is available for continuation awards and approximately \$2,250,000 is available for new awards.

Approximately 393 awards, 179 of which are continuing, will be made under the Indian Health Scholarship (Professions) Program. Awards will be made to both full-time and part-time students. The awards are for 12 months in duration and the average award to a full-time student is for approximately \$23,000. In FY 2002, approximately \$3,410,000 is available for continuation awards, and \$4,485,000 is available for new awards.

No more than 20% of available funds will be used for part-time scholarships this fiscal year. Students are considered part-time if they are enrolled for a minimum of 6 hours of instruction and are not considered in full-time status by

their college/university. Documentation must be received from part-time applicants that their school and course curriculum allows less than full-time status.

D. *Criteria for Evaluation*. Applications will be evaluated against the following criteria:

- 1. Needs of the IHS. Applicants are considered for scholarship awards based on their desired career goals and how these goals relate to current Indian health manpower needs. Applications for each health career category are reviewed and ranked separately.
- 2. Academic Performance. Applicants are rated according to their academic performance as evidenced by transcripts and faculty evaluations. In cases where a particular applicant's school has a policy not to rank students academically, faculty members are asked to provide a personal judgment of the applicant's achievement. Health Professions applicants with a cumulative GPA below 2.0 are not eligible to apply.
- 3. Faculty/Employer Recommendations. Applicants are rated according to evaluations by faculty members and current and/or former employers regarding the applicant's potential in the chosen health related professions.
- 4. Stated Reasons for Asking for the Scholarship and Stated Career Goals. Applicants must provide a brief written explanation of reasons for asking for the scholarship and of career goals. The applicant's narrative will be judged on how well it is written and content.
- 5. Applicants who are closest to graduation or completion are awarded first. For example, senior and junior applicants under the Health Professions Pregraduate Scholarship receive funding before freshmen and sophomores.
- E. Priority Categories: Regulations at 42 CFR 36.304 provide that the IHS shall, from time to time, publish a list of health professions eligible for consideration for the award of Indian Health Professions Preparatory and Pregraduate Scholarships and Indian Health Scholarships (Professions). Section 104(b)(1) of the IHCIA, as amended by the Indian Health Care Amendment of 1988, Pub. L. 100-713, authorizes the IHS to determine specific health professions for which Indian Health Scholarships will be awarded. The list of priority health professions that follow, by scholarship program, and based upon the needs of the IHS as well as upon the needs of the American Indians and Alaska Natives for additional service by specific health profession.

- 1. Health Professions Preparatory Scholarship Scholarships (Below is the list of disciplines to be supported and priority is based on academic level.)
- A. Pre-Dietetics.
- B. Pre-Engineering.
- C. Pre-Medical Technology.
- D. Pre-Nursing.
- E. Pre-Pharmacy.
- F. Pre-Physical Therapy.
- G. Pre-Social Work (Jr and Sr undergraduate years).
- 2. Health Professions Pregraduate Scholarships. (Below is the list of disciplines to be supported and priority is based on academic level: Senior, Junior, Sophomore, Freshman).
- A. Pre-Dentistry.
- B. Pre-Medicine.
- 3. Indian Health Scholarships (Professions). (Below is a list of disciplines to be supported and priority is based on academic level, unless specified: Graduate, Senior, Junior, Sophomore, Freshman.
- A. Associate Degree Nurse.
- B. Chemical Dependency Counseling.
- C. Civil Engineering: B.Š.
- D. Clinical Psychology: Ph.D. only
- E. Coding Specialist: Certificate
- F. Counseling Psychology: Ph.D. only
- G. Dental Hygiene: B.S.
- H. Dentistry: B.S, and M.S.
- I. Dietitian: B.S.
- I. Environmental Engineering: B.S.
- K. Health Care Administration: B.S. and M.S.
- L. Health Education: Masters level only.
- M. Health Records: R.H.I.T and R.H.I.A.
- N. Injury Prevention Specialist
- O. Medical Social Work: Masters level only.
- P. Medical Technology: B.S.
- Q. Medicine: Allopathic and Osteopathic.
- R. Nurse: B.S.*
- S. Nurse: M.S.*
- T. Nurse: R.N.A.
- * (Priority consideration will be given to Registered Nurses employed by the Indian Health Service; in a program assisted under a contract entered into under the Indian Self-Determination Act; or in a program assisted under Title V of the Indian Health Care Improvement Act.)
- U. Optometry.
- V. Para-Optometric.
- W. Pharmacy: B.S., Pharm D.
- X. Physician Assistant.
- Y. Physical Therapy.
- Z. Podiatry: D.P.M.
- AA. Public Health: M.P.H. only (Applicants must be enrolled or accepted in a school of public health in specialty areas such as Dietetics and Community Development in health).

- BB. Public Health Nutrition: Masters level only.
- CC. Radiologic Technology: Certificate, Associate, and B.S.
- DD. Respiratory Therapy: Associate.

EE. X-Ray/Ultrasonography.

Interested individuals are reminded that the list of eligible health and allied health professions is effective for applicants for the 2002–2003 academic year. These priorities will remain in effect until superseded. Applicants for health and allied health professions not on the above priority list will be considered pending the availability of funds and dependent upon the availability of qualified applicants in the priority areas.

Dated: December 7, 2001.

Michael H. Trujillo,

Assistant Surgeon General, Director, Indian Health Service.

[FR Doc. 01–30939 Filed 12–14–01; 8:45 am] BILLING CODE 4160–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

National Survey on Drug Use and Health: Clinical Validation Study of the Substance Dependence and Abuse Measures—(New)—The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH), formerly the National Household Survey on Drug Abuse, is a survey of the civilian, noninstitutionalized population of the United States 12 years old and older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, the Office of National Drug Control Policy, other Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

From 2001–2003, the NSDUH plans a two-phase Clinical Validation Study of Substance Dependence and Abuse Measures. Specific aims are to achieve the best overarching format, and the best wording and ordering for the assessment questions. The goal is quicker administration time, improved validity, and reduced respondent burden.

Half of all subject will be between 12 and 17, and half 18 years of age or older; subjects will be recruited from the Research Triangle and the Triad areas of North Carolina. In Phase 1, subjects, recruited through fliers and newspaper ads, will be asked (1) demographic information and (2) questions from two self-administered sections of the NSDUH questionnaire: questions about the quantity and frequency of use of drugs and alcohol, and questions about symptoms of substance dependence and abuse. A semi-structured clinical

interview will then be administered to these same subjects by a trained clinician to determine the presence or absence of substance dependence and abuse. The clinical instruments used to assess subjects will be the substance abuse modules from the Structured Clinical Interview for DSM–IV (SCID) (for adults) and the Kiddie Schedule for Affective Disorders and Schizophrenia (K–SADS) (for those between 12 and 17 years of age). The correspondence of the diagnosis of substance dependence and abuse between the clinical and survey interview will then be compared.

Information from Phase 1 will then be used to assess if a lack of correspondence exists between the clinical and survey measures. If there is a lack of sufficient correspondence, we will then examine reasons for any lack of correspondence, and make decisions about how to modify the NSDUH questions on substance dependence and abuse to achieve better correspondence. This information will then be used to develop a revised NSDUH substance dependence and abuse module.

În Phase 2, a second clinical validation study will be conducted using the same procedures as Phase 1. This will allow a determination of the correspondence (kappa) between the revised diagnosis obtained from the NSDUH substance dependence and abuse module and the diagnosis from the structured clinical interviews. Final revisions to the survey instrument will be made based on findings from Phase 2. All decisions about final revisions to the module will balance the need for correspondence across different groups. The following table summarizes the total burden associated with this twoyear project.

	Number of re- spondents	Responses per respond- ent	Hours per re- sponse	Total burden hours
Phase I:				
Screener only	150	1	.08	12
Screener and Interview	345	1	1.5	518
Phase II:				
Screener only	300	1	.08	24
Screener and Interview	595	1	1.5	892
Total	1,390			1,446
Annual Average	695			723

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Lauren Wittenberg, Human Resources and Housing Branch, Office of Management and Budget, New

Executive Office Building, Room 10235, Washington, DC 20503.

Dated: December 11, 2001.

Richard Kopanda,

Executive Officer, Substance Abuse and Mental Health Administration.

[FR Doc. 01–30967 Filed 12–14–01; 8:45 am]

BILLING CODE 4162-20-P