

Office of Public Health and Science; Department of Health and Human Services; 200 Independence Avenue, SW., Room 716G; Washington, DC, 20201.

**FOR FURTHER INFORMATION CONTACT:** Ms. Olga Nelson; Committee Management Officer, OPHS; Department of Health and Human Services; 200 Independence Avenue, SW., Washington, DC 20201; Telephone: (202) 690-5205.

A copy of the Committee charter and list of the current membership can be obtained by contacting Ms. Nelson or by accessing the CFSAC Web site, <http://www.hhs.gov/advcomcfs>.

**SUPPLEMENTARY INFORMATION:**

1. The Committee shall advise and make recommendations to the Secretary, through the Assistant Secretary for Health, on a broad range of topics including: (1) The current state of knowledge and research about the epidemiology and risk factors relating to chronic fatigue syndrome, and identifying potential opportunities in these areas; (2) current and proposed diagnosis and treatment methods for chronic fatigue syndrome; and (3) development and implementation of programs to inform the public, health care professionals, and the biomedical, academic, and research communities about chronic fatigue syndrome advances.

**2. Nominations**

The Office of Public Health and Science is requesting nominations to fill five positions for the CFSAC. The positions are scheduled to become vacant in September 30, 2006. The Committee is composed of seven biomedical research scientists with demonstrated expertise in biomedical research and four individuals with demonstrated expertise in health care delivery, private health care services or insurer, or voluntary organizations concerned with the problems of individuals with CFS. The vacant positions include both categories. To qualify for consideration of appointment to the Committee, an individual must possess demonstrated experience and expertise in the designated fields or discipline, as well as expert knowledge of the broad issues and topics pertinent to chronic fatigue syndrome.

Individuals selected for appointment to the Committee will serve as voting members. Individuals selected for appointment to the Committee can be invited to serve terms of up to four years. Committee members receive a stipend for attending Committee meetings and conducting other business in the interest of the Committee,

including per diem and reimbursement for travel expenses incurred.

Nominations should be typewritten. The following information should be included in the package of material submitted for each individual being nominated for consideration: (1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (*i.e.*, specific attributes which qualify the nominee for service in this capacity), and a statement that the nominee is willing to serve as a member of the Committee; (2) the nominator's name, address, and daytime telephone number, and the home and/or work address, telephone number, and email address of the individual being nominated; and (3) a current copy of the nominee's curriculum vitae. The names of Federal employees should not be nominated for consideration of appointment to this Committee.

The Department makes every effort to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that a broad representation of geographic areas, females, ethnic and minority groups, and the disabled are given consideration for membership on HHS Federal advisory committees. Appointment to this Committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status. Nominations must state that the nominee is willing to serve as a member of CFSAC and appears to have no conflict of interest that would preclude membership. Potential candidates are required to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts to permit evaluation of possible sources of conflict of interest.

Dated: June 12, 2006.

**John Eckert,**

*Acting Executive Secretary, Chronic Fatigue Syndrome Advisory Committee.*

[FR Doc. E6-9859 Filed 6-21-06; 8:45 am]

**BILLING CODE 4150-42-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Meeting of the Chronic Fatigue Syndrome Advisory Committee**

**AGENCY:** Office of Public Health and Science, Office of the Secretary, DHHS.

**ACTION:** Notice.

**SUMMARY:** As stipulated in the Federal Advisory Committee Act, the U.S. Department of Health and Human Services is hereby giving notice that the Chronic Fatigue Syndrome Advisory Committee (CFSAC) will hold a meeting. The meeting is open to the public.

**DATES:** The meeting will be held on Monday, July 17, 2006, from 9 a.m. to 5 p.m.

**ADDRESSES:** Department of Health and Human Services; Room 800 Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** CDR John Eckert; Acting Executive Secretary, Chronic Fatigue Syndrome Advisory Committee, Department of Health and Human Services, 200 Independence Avenue, SW., Room 716G, Washington, DC 20201; (202) 690-7694.

**SUPPLEMENTARY INFORMATION:** CFSAC was established on September 5, 2002 to advise, consult with, and make recommendations to the Secretary through the Assistant Secretary for Health, on a broad range of topics including (1) the current state of knowledge and research about the epidemiology and risk factors relating to chronic fatigue syndrome, and identifying potential opportunities in these areas; (2) current and proposed diagnosis and treatment methods for chronic fatigue syndrome; and (3) development and implementation of programs to inform the public, health care professionals, and the biomedical, academic, and research communities about chronic fatigue syndrome advances.

The agenda for this meeting is being developed and will be posed on the CFSAC Web site, <http://www.hhs.gov/advcomcfs>, when it is finalized.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the meeting. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting. Pre-registration is required for public comment by July 12, 2006. Any individual who wishes to participate in the public comment session should call the telephone number listed in the contact information to register. Public comment will be limited to five minutes per speaker. Any member of the public who wishes to have printed material distributed to CFSAC members should submit materials to the Acting Executive Secretary, CFSAC, whose contact

information is listed above prior to the close of business July 12, 2006.

Dated: June 12, 2006.

**John J. Eckert,**

*Acting Executive Secretary, Chronic Fatigue Syndrome Advisory Committee.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-06-0255]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the

use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Resources and Services for the CDC National Prevention Information Network—(OMB Control No. 0920-0255)—Extension—National Center for HIV, STD, & TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The National Center for HIV, STD, and TB Prevention (NCHSTP) proposes to continue data collection for the Resources and Services Database on CDC National Prevention Information Network.

The CDC, NCHSTP program has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of HIV infection, sexually transmitted diseases (STDs), tuberculosis (TB), and related infections, as well as for community-based HIV prevention activities, syphilis and TB elimination programs. To support NCHSTP's mission and to link Americans to prevention, education, and care services, the CDC National Prevention Information Network (NPIN) serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, STDs, and TB. NPIN is a critical component of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, STDs, and TB, and provides services for persons infected with human immunodeficiency virus (HIV).

Established in 1988, the NPIN Resources and Services Database contains entries on approximately

15,000 organizations and is the most comprehensive listing of HIV/AIDS, STD and TB resources and services available throughout the country. This database describes national, state and local organizations that provide services related to HIV/AIDS, STDs, and TB, services such as; counseling and testing, prevention, education and support. The NPIN reference staff relies on the Resources and Services Database to respond to thousands of requests each year for information or referral from community based organizations, state and local health departments, and health professionals working in HIV/AIDS, STD and TB prevention. The CDC-INFO (formerly the CDC National AIDS Hotline) staff also uses the NPIN Resources and Services Database to refer up to 500,000 callers each year to local programs for information, services, and treatment. The American public can also access the NPIN Resources and Services database through the NPIN Web site. More than 24 million hits by the public to the Web site are recorded annually.

A representative from each new organization identified will be administered the resource organization questionnaire via the telephone. Representatives may include registered nurses, social and community service managers, health educators, or social and human service assistants. As part of the verification process for organizations currently included in the Resources and Services Database, about 30 percent of the organization's representatives will receive a copy of their current database entry by electronic mail, including an introductory message and a list of instructions. The remaining 70 percent will receive a telephone call to review their database record. This request is for a 3-year renewal of clearance. There are no costs to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Telephone Script .....	Registered Nurses .....	120	1	20/60	40
	Social and Community Service Managers .....	20	1	10/60	3
	Health Educators .....	20	1	13/60	4
	Social and Human Service Assistants .....	160	1	15/60	40
	Subtotal .....	320	.....	.....	88
Telephone Verification ...	Registered Nurses .....	6,000	1	10/60	1,000
	Social and Community Service Managers .....	1,050	1	10/60	175
	Health Educators .....	1,050	1	10/60	175
	Social and Human Service Assistants .....	8,400	1	9/60	1,260