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 e-mail 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 DHHS 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 DHHS 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: March 4, 2005.

Howard A. Zucker,

Executive Secretary, Chronic Fatigue Syndrome Advisory Committee.

[FR Doc. 05–4949 Filed 3–11–05; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Chronic Fatigue Syndrome Advisory Committee

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

ACTION: Notice.

SUMMARY: As stipulated by 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 will be open to the public.

DATES: The meeting will be held on Monday, April 4, 2005, 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: Dr. Howard Zucker; 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 replace the Chronic Fatigue Syndrome Coordinating Committee. CFSAC was established 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. The agenda will be posted 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 March 28, 2005. 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 members of the public who wish to have printed material distributed to CFSAC members should submit materials to the Executive Secretary, CFSAC, whose contact information is listed above prior to close of business March 28, 2005.

Dated: March 4, 2005.

Howard A. Zucker,

Executive Secretary, Chronic Fatigue Syndrome Advisory Committee.

[FR Doc. 05–4948 Filed 3–11–05; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Acting Assistant Secretary for Health have taken final action in the following case:

Gary M. Kammer, M.D., Wake Forest University: Based on the Wake Forest University (WFU) Investigation Report, the respondent's admission, and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Gary M. Kammer, M.D., former Professor, Division of Rheumatology, Department of Internal Medicine, and Department of Microbiology and Immunology at the WFU School of Medicine, engaged in scientific misconduct by falsification and fabrication of research in grant application 2 R01 AR39501–12A1, ''T Lymphocyte Dysfunction in Lupus Erythematosus,'' submitted to the National Institute of Arthritis and Musculoskeletal Skin Diseases (NIAMS), National Institutes of Health (NIH), and in 1 R01 AI46526–01A2, ''Protein Kinase A–II in the Pathogenesis of Lupus,'' submitted to the National Institute of Allergy and Infectious Diseases (NIAID), NIH.

Specifically, PHS found that:

• The respondent fabricated Families 2 and 3 in Figure 6 and related text in application 2 R01 AR39501–12A1 (pp. 29–30), entitled (''T Lymphocyte Dysfunction in Lupus Erythematosus'') by:

a. Making up both of the pedigrees,

b. Fabricating 13 PKA–I and 13 PKA–II values for these non-existent affected and unaffected family members, and

c. Composing the false text describing these two fabricated families.

• The respondent falsified the text describing the results in Figure 20 (''Inhibition of c-fos luciferase activity in S49 T cells transiently transfected with pIRES2-RIIb-EGFP and treated with 8-Cl-cAMP'') in application 1 R01 AI46526–01A2 (p. 27), by falsely reporting N = 4, P less than 0.002, when the experiment had been performed only one time at the time that the application was submitted.

PHS also concluded that the respondent further demonstrated a lack of present responsibility as a Principal Investigator by submitting NIH grant proposals with additional unsupported experimental results:

• The pedigree and data for the family reported in grant application 2 R01 AR39501–12 and for Family 1 in grant application 2 R01 AR39501–12A1 are incorrect and the data pertaining to this family that Dr. Kammer subsequently provided to WFU after the inquiry were not the data reported in the applications. Dr. Kammer stated that he did not recall who in his laboratory gave him this pedigree. ORI noted that the actual PKA data for the ''proof-of-principle'' family, while suggesting that low PKA values may be hereditary (the presence of low PKA–I values in three generations), do not support the claims of the fabricated and mixed up pedigree and data that show that low PKA–I values were associated with Systematic Lupus Erythematosus (SLE) (application 2R01 AR39501–12).

• In application, R01 AI39501–12A1, the following unsupported statement was also included: ''In both normal and disease controls, all T cells express CD59+ and there is no significant difference in its cell surface expression on CD4+, CD45RA+, CD4+, CD45RO+, CD8+, CD45RA+, CD8+, CD45RO+ subsets (n=4 each control group; data not shown).'' No data could be produced to support the information in the grant application about these control experiments.

Dr. Kammer has entered into a Voluntary Exclusion Agreement (Agreement) in which he has voluntarily agreed for a period of three (3) years, beginning on February 15, 2005:

(1) To exclude himself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant, and

(2) To exclude himself from any contracting or subcontracting with any agency of the United States Government and from eligibility or involvement in nonprocurement programs of the United States Government referred to as ''covered transactions'' as defined in the debarment regulations at 45 CFR part 76. This voluntary exclusion precludes the respondent from receiving Federal research, research training, or other research related funds from the Federal Government for three (3) years, but shall not apply to the respondent's participation in a Federal health care program as defined in section 1128B(f) of the Social Security Act and shall not apply to Federal funds used solely for purposes of teaching or training medical students, residents, or fellows in clinical medical matters.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852; (301) 443–5330.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 05–4957 Filed 3–11–05; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Proposed Projects:

Title: Evaluation of the Early Head Start Enhanced Home Visiting Pilot Project.

OMB No.: New Collection.

Description: The Head Start Reauthorization Act of 1994 established a special initiative creating funding for services for families with infants and toddlers. In response, the Administration on Children, Youth and Families (ACYF) within the Administration for Children and Families (ACF) developed the Early Head Start program. Since its inception, Early Head Start has expanded to include more than 700 programs and 70,000 families enrolled nationwide. The program is designed to produce outcome sin four domains: (1) Child development, (2) family development, (3) staff development and (4) community development. The Head Start Bureau has given programs a mandate to support the quality of all settings where children receive care by providing high-quality services and supporting parents and child care providers in caring for their young children.

In keeping with this mandate, the Head Start Bureau recently funded 24 Early Head Start programs to participate in the Enhanced Home Visiting Pilot Project. The goal of the pilot project is to develop program models for supporting relatives and neighbors and who care for Early Head Start children in acquiring the knowledge, skills and resources they need to support children's healthy development.

The Enhanced Home Visiting Pilot Project evaluation will collect and disseminate information about the program models and service delivery strategies developed by the pilot sites, as well as the characteristics and needs of participating children, families and caregivers. The evaluation will collect and analyze information from three main sources: (1) Interviews with staff and focus groups with parents and caregivers to be conducted during two rounds of visits to pilot programs (in spring 2005 and 2006), (2) a program recordkeeping system for tracking services to be maintained by the pilot sites and (3) observational assessments of the quality of the caregiving environment and the interactions between children and caregivers to be conducted in spring 2006. All data-collection instruments have been designed to minimize the burden on respondents by minimizing the time required to respond. Participation in the study is voluntary.

The results of the research will be used by the Head Start Bureau and ACF to identify and disseminate information about promising program models and service delivery strategies and lessons learned from the experiences of the pilot programs.

Respondent: Early Head Starts directors, coordinators, specialists and home visitors; staff from other community service providers; parents of Early Head Start children; and neighbor and relative caregivers of Early Head Start children.

Annual Burden Estimates