or are receiving Healthy Start funding. It is proposed that additional data be collected and reported to provide increased program information. The completion of the new and existing forms by all applicants has an estimated overall burden of 500 hours, or approximately five (5) hours per respondent. The burden estimate for this activity is based upon information provided by current and past funded Healthy Start grantees, as well as previous experience in completing the current forms.

The estimated response burden is as follows:

Application and annual report	Estimated number of respondents	Responses per respondent	Burden hours per response	Total burden hours
Community Based Organizations and Agencies	100	1	5	500

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of notice.

Dated: April 1, 2005.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 05–7018 Filed 4–7–05; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HHS Approval of Professional Organizations and States' Standards for Certification

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Solicitation of comments.

SUMMARY: The Health Resources and Services Administration's (HRSA) Healthcare Systems Bureau, Division of Healthcare Preparedness Poison Control Program, provides supplemental funding to Poison Control Centers (PCCs) across the United States, promotes universal access to PCC services, and encourages the enhancement and improvement of poison education, prevention, and treatment. To receive funding from HRSA, PCCs must meet certain certification requirements. The purpose of this solicitation of comments is to assist HRSA in establishing criteria/guidelines to approve professional organizations and State governments' certification standards for PCCs.

DATES: To be considered, written comments should be postmarked no later than June 7, 2005.

ADDRESSES: Please send all comments to HRSA's Division of Healthcare Preparedness, Healthcare Systems Bureau, Attention: Maxine Jones, Room 13–103, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Maxine Jones, HRSA, HSB, Division of Healthcare Preparedness, (301) 443–6192, fax (301) 443–4922, or e-mail *mjones@hrsa.gov*.

SUPPLEMENTARY INFORMATION:

Background

In February 2000, Congress enacted the Poison Control Center Enhancement and Awareness Act, Pub. L. No. 106–174. This Act authorized funding to establish a national toll-free number to access Poison Control Center (PCC) services, a nationwide poison prevention media campaign, and a grant program to achieve financial stability of PCCs. In addition, the Act directed the Secretary of HHS to: (1) Develop standard education programs; (2) develop standard patient management protocols for commonly encountered exposures; (3) improve and expand the poison control data collection systems; (4) improve national toxic exposure surveillance, and (5) expand the physician/medical toxicologist supervision of PCCs. This Act was amended by Public Law 108–194, the Poison Control Enhancement and Awareness Act Amendments of 2003, which directs the Secretary of HHS to improve the capacity of poison control centers to answer high volumes of calls during times of national crisis, in addition to the activities listed in the original Act.

The grant program that was established provides funding for financial stabilization, certification, and incentive grants. Financial stabilization grants assist with financial stabilization and the improvement of services in PCCs that already meet American Association of Poison Control Centers (AAPCC) certification standards. Certification grants assist uncertified centers in efforts to attain certification status in addition to promoting enhancement of services. Incentive grants are awarded to PCCs that are working collaboratively and innovatively to improve poison control systems and services.

In general, PCCs must meet the certification requirements listed in Public Law 108–194 sec. 1273(c) to receive funding from HRSA. One way PCCs can fulfill this requirement is if the PCC ''has been certified by a professional organization in the field of poison control, and the Secretary has approved the organization as having in effect standards for certification that reasonably provide for the protection of the public health with respect to poisoning.'' The second way PCCs can fulfill this requirement is if the PCC ''has been certified by a State government, and the Secretary has approved the State government as having in effect standards for certification that reasonably provide for the protection of the public health with respect to poisoning.'' (Pub. L. No. 108–194 sec. 1273(c)).

Solicitation of Comments

The HRSA is seeking public input regarding guidelines by which the Secretary shall approve professional organizations and State governments as having in effect standards for PCC certification. Respondents are asked to submit recommended guidelines for approving professional organizations and State governments' standards for certification, per Public Law 108–194 sec. 1273(c).

Written comments should be limited to no more than 10 double-spaced pages or 5 single-spaced pages and should contain the name, address, telephone, and fax numbers, and any organizational affiliation of the persons providing written comments. Respondents may be contacted by the Poison Control Program, HRSA, to answer questions regarding their submitted comments. We are particularly interested in comments which address but are not limited to the following issues:

1. Modeling the guidelines after certification requirements that are currently being used to certify PCCs;

2. Elements of approval that the guidelines should include and justification of the elements;

3. Guidelines applying to all State governments;

4. Guidelines applying to all professional organizations; and

5. Inclusion of re-certification as an element of certification.

Dated: March 31, 2005.

Elizabeth M. Duke,

Administrator.

[FR Doc. 05–7017 Filed 4–7–05; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Toxicology Program (NTP); NTP Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM); Ocular Toxicity Scientific Symposia: Mechanisms of Chemically-Induced Ocular Injury and Recovery and Minimizing Pain and Distress in Ocular Toxicity Testing

AGENCY: National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH).

ACTION: Meeting announcement.

SUMMARY: The Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM) and the NICEATM announce two upcoming scientific symposia entitled, ''Mechanisms of Chemically-Induced Ocular Injury and Recovery'' and ''Minimizing Pain and Distress in Ocular Toxicity Testing.''

DATES: The first symposium, ''Mechanisms of Chemically-Induced Ocular Injury and Recovery,'' will be held on May 11 and 12, 2005. The second symposium, ''Minimizing Pain and Distress in Ocular Toxicity Testing,'' will be held on May 13, 2005. In order to facilitate planning for this meeting, persons wishing to attend the symposia are asked to register via the ICCVAM/NICEATM Web site (*http://iccvam.niehs.nih.gov*) by May 2, 2005.

ADDRESSES: Both symposia will be held at the National Institutes of Health, Natcher Conference Center, 45 Center Drive, Bethesda, MD, 20892. An updated agenda and other information will be available on the NICEATM/ICCVAM Web site (*http://iccvam.niehs.nih.gov*) and can also be obtained from NICEATM (*see* **FOR FURTHER INFORMATION CONTACT** below).

FOR FURTHER INFORMATION CONTACT: All correspondence should be submitted to the Director of NICEATM (Dr. William S. Stokes, NICEATM, NIEHS, P.O. Box 12233, MD EC–17, Research Triangle Park, NC, 27709, (phone) 919–541–2384, (fax) 919–541–0947, (e-mail) *niceatm@niehs.nih.gov*. Courier address: NICEATM, 79 T.W. Alexander Drive, Building 4401, Room 3128, Research Triangle Park, NC 27709.

SUPPLEMENTARY INFORMATION:

Background

The symposium, ''Mechanisms of Chemically-Induced Ocular Injury and Recovery,'' will review the state-of-the-science and understanding of the pathophysiology and mechanisms of chemically-induced ocular injury and recovery (reversibility vs. irreversibility). The symposium will seek to identify research needed to address current knowledge gaps and that will advance the development and validation of test systems for regulatory testing that provide for protection of human health while reducing, refining (less pain and distress), and/or replacing the use of animals.

The symposium, ''Minimizing Pain and Distress in Ocular Toxicity Testing,'' will review current understanding of the sources and mechanisms of pain and distress in ocular toxicity testing; identify current best practices for preventing, recognizing, and alleviating ocular pain and distress; and identify additional research, development, and validation studies necessary to support scientifically valid ocular testing procedures that avoid pain and distress.

Preliminary Agenda

Mechanisms of Chemically-Induced Ocular Injury and Recovery, May 11 and 12, 2005, National Institutes of Health, Natcher Conference Center, Room E1/E2, 45 Center Drive, Bethesda, MD 20892 (A photo ID is required to access the NIH campus).

Day 1 Wednesday, May 11, 2005

8:30 a.m.

- Welcome and Introduction of Symposium Objectives
- Session 1—Overview of Recent Initiatives
- Session 2—Current Ocular Injury and Toxicity Assessments
- Session 3—Mechanisms and Biomarkers of Ocular Injury and Recovery
- Discussion

5 p.m.

Adjourn Day 1

Day 2 Thursday, May 12, 2005

8:30 a.m.

- Session 4—In Vitro Models of Ocular Injury and Recovery
- Discussion
- Session 5—In Vivo Quantitative Objective Endpoints to Support Development and Validation of Predictive In Vitro Models
- Discussion
- Summary of Symposium Discussions

5 p.m.

Adjourn Meeting

Minimizing Pain and Distress in Ocular Toxicity Testing, May 13, 2005, National Institutes of Health, Natcher Conference Center, Balcony B, 45 Center Drive, Bethesda, MD 20892 (A photo ID is required to access the NIH campus).

8:30 a.m.

- Welcome and Introduction of Symposium Objectives
- Session 1—Recognition and Sources of Pain in Ocular Injuries and Safety Testing
- Discussion: Clinical Signs, Lesions and Other Biomarkers of Pain and Distress in Animals
- Session 2—Alleviation and Avoidance of Ocular Injury and Pain
- Discussion
- Session 3—Biomarkers that Can Serve as Earlier Humane Endpoints for Ocular Studies
- Discussion
- Closing Remarks

5 p.m.

Adjourn Meeting

Attendance and Registration

The symposia will be held on May 11–13, 2005, from 8:30 a.m. until adjournment and are open to the public with attendance limited only by the space available. Individuals who plan to attend are strongly encouraged to register with NICEATM via the NICEATM/ICCVAM Web site (*http://iccvam.niehs.nih.gov*) by May 2, 2005. A map of the NIH campus, including visitor parking, is available at *http://www.nih.gov/about/visitor/index.htm#directions.* Please note that a photo ID is required to access the NIH campus. Persons needing special assistance, such as sign language interpretation or other reasonable accommodation in order to attend, are asked to notify NICEATM at least 7 business days in advance of the meeting (*see* **FOR FURTHER INFORMATION CONTACT** above).