complete collection of diabetes program progress information using the Internet.

The number of hours that DPCPs users spend with the system usage has increased since compared to the initial baseline proposed in the last OMB approval three years ago. This increase in burden does not directly translate into a greater reporting burden, but facilitates better monitoring and tracking of their programs and helps create an organizational memory. Consequently, they are using the System to a great extent as an integral part of their program compared to previous years. DPCPs add updates about their work plans and other activities into the System on an ongoing basis. The hour-burden estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Based on input provided by a representative sample for DPCPs, the total annualized response burden increased from 4 to 96 hours, changing the total burden hours from 236 to 5,664. Even though there has been an increase in the burden hours the number of responses remains at one (1), because the DPCPs are only required to report annually to CDC.

MIS has improved upon the old data collection system by:

- Improving accountability.
- Shortening the information cycle.
- Eliminating non-standard reporting.
- Minimizing unnecessary duplication of data collection and entry.
- Reducing the reporting burden on small state organizations.
- Using plain, coherent, and unambiguous terminology that is understandable to respondents.
- Implementing a consistent system for progress reporting and record keeping processes.
- Identifying the retention periods for record keeping requirements.
- Utilizing modern information technology for data collection and transfer.
- Significantly reducing the amount of paper reports that diabetes prevention and control programs are required to submit.

MIS has allowed CDC to more rapidly respond to outside inquiries concerning a specific diabetes control activity occurring in the state diabetes prevention and control programs. The data collection requirement has formalized the format and the content of diabetes data reported from the DPCPs and provides an electronic means for efficient collection and transmission to the CDC headquarters.

MIS has facilitated the staff's ability at CDC to fulfill its obligations under the cooperative agreements; to monitor, evaluate, and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of the DCP program. It has also supported DDT's broader mission of reducing the burden of diabetes by enabling DDT staff to more effectively identify the strengths and weaknesses of individual DPCPs and to disseminate information related to successful public health interventions implemented by these organizations to prevent and control diabetes. Implementation of MIS has provided for efficient collection of state-level diabetes program data. The respondent's average Internet cost is $1,080 per year.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (hours)
State Program Control Officers	59	1	96	5664

Dated: January 10, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E6–442 Filed 1–17–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health Advisory Board on Radiation and Worker Health

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting:

Correction: This notice was published in the **Federal Register** on January 3, 2006, volume 71, Number 1, Page 120–121. The meeting times/dates and ''matters to be discussed'' have been changed.

Subcommittee Meeting Time and Date: 9 a.m.–2 p.m., January 24, 2006.

Committee Meeting Times and Dates: 2:30 a.m.–5 p.m., January 24, 2006. 8:30 a.m.–5 p.m., January 25, 2006. 8:30 a.m.–4:30 p.m., January 26, 2006.

Matters to be Discussed: The agenda for the Subcommittee meeting includes Task 3 review; review of Bethlehem Steel, Rocky Flats, and Y–12 site profiles; and individual dose reconstruction reviews. The agenda for the Board meeting includes Reports from the Subcommittee and Working Groups; Pacific Proving Grounds Special Exposure Cohort (SEC) Evaluation Report and Supplement; Site Profiles for Bethlehem Steel, Rocky Flats, Y–12, Hanford, Nevada Test Site, and Savannah River Site; Letter from Steel Workers; SEC Rule rewrite; Task 3 review of SC&A Contract; Conflict of Interest issues; Dose Reconstruction Reviews; an update on Science Issues which will include but not be limited to Lymphoma—Dose Reconstruction Target Organ Selection; future schedules; procedures for the Board to use in reviewing SEC petitions (including a discussion of the Y–12 SEC Petition). The evening public comment sessions are scheduled for January 24 from 5:30 p.m.–6:30 p.m. and January 25 from 7 p.m.–8:30 p.m.

For Further Information Contact: Dr. Lewis V. Wade, Executive Secretary, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513–533–6825, fax 513–533–6826.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: January 9, 2006.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E6–436 Filed 1–17–06; 8:45 am]

BILLING CODE 4163–18–P