and/or disability, its possible return to the marketplace, and its proposed risk management plan(s).

The background material will become available no later than the day before the meeting and will be posted on FDA's Web site at *http://www.fda.gov/ohrms/dockets/ac/acmenu.htm* under the heading ''Peripheral and Central Nervous System Drugs Advisory Committee (PCNS)'' (click on the year 2006 and scroll down to PCNS meetings.)

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by February 28, 2006. Oral presentations from the public will be scheduled between approximately 1 p.m. and 2 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before February 28, 2006, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Sohail Mosaddegh at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: January 17, 2006.

Jason Brodsky,

Acting Associate Commissioner for External Relations.

[FR Doc. E6–1006 Filed 1–26–06; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Request for Generic Clearance To Conduct Voluntary Customer/Partner Surveys

SUMMARY: In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 to provide opportunity for public comment on proposed data collection projects, the National Library of Medicine (NLM), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Voluntary Customer Satisfaction Surveys.

Type of Information Collection Request: Extension. OMB Control No. 0925–0476, with an expiration date of May 31, 2006.

Need and Use of Information Collection: Executive Order 12962 directed agencies that provide significant services directly to the public to survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services. Additionally, since 1994, the NLM has been a ''Federal Reinvention Laboratory'' with a goal of improving its methods of delivering information to the public. An essential strategy in accomplishing reinvention goals is the ability to periodically receive input and feedback from customers about the design and quality of the services they receive.

The NLM provides significant services directly to the public including health providers, researchers, universities, other federal agencies, state and local governments, and to others through a range of mechanisms, including publications, technical assistance, and Web sites. These services are primarily focused on health and medical information dissemination activities. The purpose of this submission is to obtain OMB's generic approval to continue to conduct satisfaction surveys of NLM's customers. The NLM will use the information provided by individuals and institutions to identify strengths and weaknesses in current services and to make improvements where feasible. The ability to periodically surveys NLM's customers is essential to continually update and upgrade methods of providing high quality service.

Frequency of Response: Annually or biennially.

Affected Public: Individuals or households; businesses or other for profit; State or local governments; Federal agencies; non-profit institutions; small businesses or organizations.

Type of Respondents: Organizations, medical researchers, physicians and other health care providers, librarians, students, and the general public. Annual reporting burden is as follows:

Title of survey	Type of survey	Number of respondents	Estimated response time	Burden hours
ClinicalTrials.gov and Protocol Registration System	Web-based	2000	.167	334
Consumer Information Health Seeking Process	Web-based	500	.5	250
Consumer Knowledge of Health-Related Concepts	Interviews/Questionnaires (in person)	200	.5	100
Comprehension of Consumer Health Materials Online	Interviews/Scenarios (in person)	40	1	40
Patient Information Seeking and Symptom Management Decision Making	Interview/Observation (in person)	150 (15 × 10 sessions)	.5	75
	18 (3 × 6 sessions)	.....	.5	9
		.....	.....	84
Evaluation of Genetics Home Reference Survey	Web-based	950 (200 + 500 + 250)	.5 .4175 .4175	100 209 104
		.....	.....	413
PubMed	Web-based	2,000	.0835	167
Entrez	Web-based	1,500	.0835	128

Title of survey	Type of survey	Number of respondents	Estimated response time	Burden hours
NCBI Web Site	Web-based	1,500	.0835	128
NLM Service Desk Survey	Interactive Voice Response telephone	400	.0835	33
NLM Electronic Mail Customer Survey	Electronic Mail	1,000	.0835	84
Exhibition Surveys (3)	Exit Interview	1500 (500 × 3 sessions)	.167	251
AIDSinfo and HIV/AIDS Web sites	Web-based	2,000	.0835	167
TOXNET and related Web sites	Web-based	2,000	.0835	167
SIS Web site	Web-based	2,000	.0835	167
NLM outreach services	Web-based	2,000	.0835	167
Total		19,758		2,680

There are no capital costs to report. There are no operating or maintenance costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request additional information on the proposed collection of information contact Carol Vogel, National Library of Medicine, Building 38A, Room B2N12, 8600 Rockville Pike, Bethesda, MD 20894, or call 301–402–9680 (not a toll-free number). You also may e-mail your request to *vogelc@mail.nih.gov.*

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: January 20, 2006.

Todd Danielson,

Executive Officer, National Library of Medicine, National Institutes of Health.

[FR Doc. 06–772 Filed 1–26–06; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request—National Network of Tobacco Cessation Quitlines Evaluation

SUMMARY: 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 National Cancer Institute (NCI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Evaluation of the HHS National Network of Tobacco Cessation Quitlines Initiative.

Type of Information Collection Request: New.

Need and Use of Information Collection: In February 2004, the U.S. Department of Health and Human Services announced plans for a national network of tobacco cessation quitlines to provide all smokers in the United States access to the support and latest information to help them quit. To provide the highest level of assistance to smokers across the country who want to quit, NCI established a new toll-free telephone number (1–800–QUIT–NOW) on November 8, 2004. The aim of the National Network of Tobacco Cessation Quitlines (NNTCQ) initiative (the Initiative) is to strengthen service delivery; provide a mechanism for integration and implementation of state, regional, and national campaigns; and increase healthcare utilization by minority and medically underserved populations. NCI, CDC, and other state, private industry, and partner organizations (the North American Quitline Consortium) have created the infrastructure and a coordinated mechanism to offer cessation services to the American public. The Initiative seeks to enhance existing state-managed quitlines and to encourage the establishment of quitlines in states without them. It is expected that successful implementation of the Initiative will foster partnerships across state quitlines for technology transfer, sharing of effective practices, and understanding patterns of use and reach to special populations, thereby ensuring a sustained level of effectiveness over time. The goal of this evaluation is to monitor the implementation of the Initiative, assess its impact on key stakeholders, and examine its implications for public health. To that end, this study will conduct a series of in-depth key informant telephone interviews and selected site visits with state tobacco control officers, quitline administrators and counseling staff. Representatives of organizations and individuals that partner with quitlines, such as community health organizations or health care providers, will also be interviewed. In addition, interviews will be conducted with Federal agency staff involved with the development and implementation of the Initiative. The findings will provide valuable information concerning the development and implementation of the NNTQC initiative as a potential model for Federal-State partnerships, the impact on building and enhancing state quitline capacity, and implications for the state tobacco control community.

The annual reporting burden is presented in exhibit 1, below.

Frequency of Response: On occasion.

Affected Public: State agencies, businesses or other for-profit, non-profit associations. Type of Respondents: Federal and state employees, health services providers, administrators and researchers. The annual reporting burden is as follows:

Estimated Number of Respondents: 266;