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### Consideration of Comments

On November 2, 2005, OGE published its first round notice of the forthcoming request for paperwork clearance for the proposed modified OGE Form 201. See 70 FR 66437–66438, as corrected at 70 FR 67538 (November 7, 2005). The Office of Government Ethics did not receive any comments in response to that notice, though three agencies requested a copy of the proposed revised form.

In this second notice, public comment is again invited on the proposed modified OGE Form 201 as set forth in this notice, including specifically views on: The need for and practical utility of this proposed modified collection of information; the accuracy of OGE's burden estimate; the enhancement of quality, utility and clarity of the information collected; and the minimization of burden (including the use of information technology). The Office of Government Ethics, in consultation with OMB, will consider all comments received, which will become a matter of public record.

Approved: June 26, 2006.

**Robert I. Cusick,**

*Director, Office of Government Ethics.*

[FR Doc. E6–10345 Filed 6–30–06; 8:45 am]

BILLING CODE 6345–02–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the President's Council on Physical Fitness and Sports

**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 Department of Health and Human Services (DHHS) is hereby giving notice that the President's Council on Physical Fitness and Sports will hold a meeting. This meeting is open to the public. A description of the Council's functions is included also with this notice.

*Date and Time:* July 26, 2006, from 8:30 a.m. to 4 p.m.

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

**FOR FURTHER INFORMATION CONTACT:** Melissa Johnson, Executive Director, President's Council on Physical Fitness and Sports, Hubert H. Humphrey

Building, Room 738H, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690–5187.

**SUPPLEMENTARY INFORMATION:** The President's Council on Physical Fitness and Sports (PCPFS) was established originally by Executive Order 10673, dated July 16, 1956. PCPFS was established by President Eisenhower after published reports indicated that American boys and girls were unfit compared to the children of Western Europe. The Council has undergone two name changes and several reorganizations since its inception. Authorization to continue Council operations has been given at appropriate intervals by subsequent Executive Orders. Authority to continue Council operations was most recently directed by Executive Order 13385, dated September 29, 2005. Presently, the PCPFS serves as a program office that is located organizationally in the Office of Public Health and Science within the Office of the Secretary in the U.S. Department of Health and Human Services.

On June 6, 2002, President Bush signed Executive Order 13256 to reestablish the PCPFS. Executive Order 13256 was established to expand the focus of the Council. This directive instructed the Secretary to develop and coordinate a national program to enhance physical activity and sports participation. The Council currently operates under the stipulations of the new directive. The primary functions of the Council include to: (1) Advise the President, through the Secretary, on the progress made in carrying out the provisions of the enacted directive and recommend actions to accelerate progress; (2) advise the Secretary on ways and means to enhance opportunities for participation in physical fitness and sports, and, where possible, to promote and assist in the facilitation and/or implementation of such measures; (3) to advise the Secretary regarding opportunities to extend and improve physical activity/fitness and sports programs and services at the national, state and local levels; and (4) to monitor the need for the enhancement of programs and educational and promotional materials sponsored, overseen, or disseminated by the Council, and advise the Secretary, as necessary, concerning such needs.

The PCPFS holds at a minimum, one meeting in the calendar year to (1) assess ongoing Council activities and (2) discuss and plan future projects and programs.

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.

Dated: June 27, 2006.

**Melissa Johnson,**

*Executive Director, President's Council on Physical Fitness and Sports.*

[FR Doc. E6–10347 Filed 6–30–06; 8:45 am]

BILLING CODE 4150–35–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of Public Health and Science; Privacy Act of 1974; New System of Records

**AGENCY:** Medical Reserve Corps (MRC) Program, Office of Force Readiness and Deployment (OFRD), Office of the Surgeon General (OSG), Office of Public Health and Science (OPHS), Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notification of new system of records.

**SUMMARY:** In accordance with the requirements of the Privacy Act, the Office of Public Health and Science (OPHS) is publishing notice of a proposal to add a new system of records, 09–90–0160, "Medical Reserve Corps Unit Information, HHS/OPHS/OSG."

**DATES:** OPHS invites interested parties to submit comments on the proposed internal and routine uses on or before August 2, 2006. As of the date of publication of this Notice, OPHS has sent a Report of New System of Records to Congress and to the Office of Management and Budget (OMB). The New System of Records will be effective 40 days from the date submitted to OMB unless OPHS receives comments that would result in a contrary determination.

**ADDRESSES:** Please address comments to Privacy Act Officer, 200 Independence Ave., SW., Room 645F, Washington, DC 20201. (202) 690–7453.

Comments received will be available for inspection at this same address from 9 a.m. to 3 p.m., Monday through Friday.

**FOR FURTHER INFORMATION CONTACT:** Director, Medical Reserve Corps Program, Office of the Surgeon General, Department of Health and Human Services, 5600 Fishers Lane, Room 18C–14, Rockville, MD 20857. (301) 443–4951.

**SUPPLEMENTARY INFORMATION:** The Office of the Surgeon General is developing a new system of records, 09–90–0160, “Medical Reserve Corps Unit Information, HHS/OPHS/OSG,” that will collect and maintain information about MRC units registered with the OSG/MRC program office. Information gathered will include unit demographics, contact information (regular and emergency), volunteer numbers, activity updates and samples of best practices/lessons learned. MRC unit leaders are asked to update this information at least quarterly. In addition, information pertaining to MRC members who are able and willing to be utilized outside their local jurisdiction will be collected (this subset of the MRC will be known as the “PHS Auxiliary”).

Appropriate safeguards are in place to protect the integrity and privacy of the system. Access to records is limited to MRC program staff, and contractors, consultants or grantees who have been engaged by the Department to assist with the MRC program and who need access to the records in order to perform the activity. All computer equipment and files are stored in areas where fire and life safety codes are strictly enforced, and computer networks and web-accessible systems are password protected.

It is anticipated that disclosure may be made to U.S. Government employees, as well as to contractors, consultants or grantees, who have been engaged by the Department to assist with the MRC program. Routine uses of the collected data will allow for the successful coordination of the program, and adequate reporting to applicable agencies/organizations.

This system of records is required to comply with the implementation directives of the Act, Public Law 108–20.

The following notice is written in the present tense, rather than in the future tense, in order to avoid the unnecessary expenditure of public funds to republish the notice after the system becomes effective.

Dated: June 23, 2006.

**John O. Agwunobi,**  
*ADM, USPHS, Assistant Secretary for Health.*  
 [FR Doc. E6–10346 Filed 6–30–06; 8:45 am]  
**BILLING CODE 4150–28–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30 Day–06–0278]

**Agency Forms Undergoing Paperwork Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

National Hospital Ambulatory Medical Care Survey [OMB No. 0920–0278]—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992. The purpose of the NHAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians’ offices and hospital outpatient and emergency departments. The target universe of the NHAMCS is in-person visits made to outpatient departments (OPDs) and

emergency departments (EDs) of non-Federal, short-stay hospitals (hospitals with an average length of stay of less than 30 days) or those whose specialty is general (medical or surgical) or children’s general.

The NHAMCS was initiated to complement the National Ambulatory Medical Care Survey (NAMCS, OMB No. 0920–0234) which provides similar data concerning patient visits to physicians’ offices. The NAMCS and NHAMCS are the principal sources of data on approximately 90 percent of ambulatory care provided in the United States.

The NHAMCS provides a range of baseline data on the characteristics of the users and providers of ambulatory medical care. Data collected include patients’ demographic characteristics, reason(s) for visit, physicians’ diagnosis(es), diagnostic services, medications, and disposition. These data, together with trend data, may be used to monitor the effects of change in the health care system, for the planning of health services, improving medical education, determining health care work force needs, and assessing the health status of the population. In addition, a Cervical Cancer Screening Supplement (CCSS) will be added to collect information on cervical cancer screening practices from hospital OPD clinics. It will allow the CDC/National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to evaluate cervical cancer screening methods and the use of human papilloma virus (HPV) tests.

Users of NHAMCS data include, but are not limited to, congressional offices, Federal agencies, state and local governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 7,313.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Hospital Chief Medical Officer .....	Hospital Induction form (NHAMCS—101) .....	.....	.....	.....
	Ineligible .....	50	1	15/60
Ancillary Service Executive .....	Eligible .....	420	1	1
	Ambulatory Unit Induction form (ED) (NHAMCS—101/U).	400	1	1
Ancillary Service Executive .....	Ambulatory Unit Induction form (OPD) (NHAMCS—101/U).	250	4	1