

| Form        | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|-------------|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| NAT .....   | 100                   | 1                        | 100             | 1                  | 100                |
| Total ..... | 600                   | .....                    | 600             | .....              | 600                |

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Kraemer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: November 22, 2006.

**Caroline Lewis,**

*Acting, Associate Administrator for Administration and Financial Management.*  
[FR Doc. E6-20531 Filed 12-4-06; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Advisory Council on Nurse Education and Practice; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

*Name:* National Advisory Council on Nurse Education and Practice (NACNEP).

*Dates and Times:* December 11, 2006, 9 a.m.-5 p.m. December 12, 2006, 7:30 a.m.-3 p.m.

*Place:* The Madison Hotel, 1177 15th Street, NW., Washington, DC 20005.

*Status:* The meeting will be open to the public.

*Agenda:* Agency and Bureau administrative updates will be provided. The purpose of the meeting will be to discuss the role of nursing in developing surge capacity, with a series of panel discussions relating to the nursing workforce, integration of health information technology, providing care to special populations, and integrating surge capacity into the nursing curriculum. Representatives from the Department of Health and Human Services, Department of Homeland Security, Centers for Disease Control and Prevention, Department of Veteran's Affairs, American Hospital Association, INOVA Health Systems, and American Red Cross will be presenting. During this meeting, Council workgroups will deliberate on content presented and formulate recommendations to the Secretary of Health and Human Services and the Congress on role of nursing in developing surge capacity. This meeting will form the

basis for NACNEP's mandated Seventh Annual Report.

*For Further Information Contact:* Anyone interested in obtaining a roster of members, minutes of the meeting, or other relevant information should write or contact Dr. Joan Weiss, Executive Secretary, National Advisory Council on Nurse Education and Practice, Parklawn Building, Room 9-35, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443-5688.

Dated: November 29, 2006.

**Caroline Lewis,**

*Acting Associate Administrator for Administration and Financial Management.*  
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Response to Solicitation of Comments on Professional Organizations and State Governments Requirements for Poison Control Center Certification

A notice was published in the **Federal Register** by the Health Resources and Services Administration (HRSA) on April 8, 2005 (Volume 70, No. 67 pp. 18036-18037), soliciting public comment regarding the guidelines by which the Secretary shall approve professional organizations and State governments as having in effect standards for Poison Control Center (PCC) certification. Respondents were asked to submit recommended guidelines for approving professional organizations and State governments' standards per Public Law 108-194 section 1273 (c). Written comments were to be post marked no later than June 5, 2005 for consideration.

*The HRSA was seeking comment on 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 or re-certification as an element of certification.

Fifty-two (52) comments were received. Fifty-one (51) comments were submitted by poison control centers (PCCs), 15 of which came from the same center. All of the poison centers are members of the American Association of Poison Control Centers (AAPCC) and certified by this association. One (1) comment was also submitted from a professional organization whose membership includes staff from poison control centers. Following is a summary of the comments received and the HRSA's recommendations.

While the HRSA did not receive any specific comments on the issues requested in the **Federal Register** Notice cited above, 50 comments indicated a strong advisement for the HRSA to continue to accept the present certification process instituted by the AAPCC as the single certifying body for poison control centers. These respondents concurred that the current certification structure is "fair, cost-efficient and already subscribed to by nearly all of poison centers in the United States." Additional responses concluded that resources used to develop, implement and maintain a new certification process would be duplicative and costly. Comments also suggested that the current certification process is used as a mechanism to maintain quality poison prevention education and treatment services.

The legislation does not call for the HRSA to change the certification process, but does require the Secretary to approve standards for certification. Therefore, the HRSA was seeking public comment on what guidelines the HRSA should use for approving professional organizations and State governments' standards for certification.

Of these 50 comments, an additional response indicated that if a State certification system were to be developed it should meet or exceed the certification criteria established by the AAPCC. There was one commenter in support of a State certification process. This commenter indicated that many States currently determine the healthcare standards of their residents and have the ability to employ certification standards for PCCs. In this response, it was also communicated that a State certification process should be developed and modeled after the