balance these interests with those of FDA's primary mission.

The statements made herein are not intended to bind the courts, the public, or FDA, or to create or confer any rights, privileges, immunities, or benefits on or for any private person, but are intended merely for internal FDA guidance.

Dated: June 7, 1995.

William B. Schultz,

Deputy Commissioner for Policy. [FR Doc. 95–14587 Filed 6–14–95; 8:45 am] BILLING CODE 4160–01–F

Health Resources and Services Administration

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects. To request more information on the proposed project, call the HRSA Reports Clearance Officer on (301) 443– 1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Projects

1. Study of Physicians' Educational Preparation for Practice in Managed Care Settings-New-A mail survey will be conducted of primary care physicians and medical directors in managed care organizations to assess their views of the adequacy of their preparation for practice in that setting. The survey of physicians will be limited to those who graduated between 1986 and 1990. The information will be used by the Bureau of Health Professions to formulate recommendations for curriculum changes. Because this is a mail survey, automated collection techniques will not be used. Burden estimates are as follows:

	No. of respondents	No. of responses per respondent	Avg. burden/response (in hours)
Physicians	1800	1	.25
Medical directors	200	1	.25

2. Study of the Dissemination of the Maternal and Child Assistance Programs Model Application Form—New—A telephone survey will be conducted of (1) governor's offices in 59 states and territories, (2) the leadership of statelevel maternal and child assistance programs in 59 states and territories, and (3) the leadership of local maternal and child assistance programs in 10 carefully selected jurisdictions across the country. The survey will provide data on the effectiveness of the federal dissemination of the maternal and child assistance programs Model Application Form, and on the use and impact of the Model Application Form or other similar consolidated application forms on maternal and child assistance programs and clients. The data collected will inform Members of Congress, which mandated the development and dissemination of the Model Application Form, and state and federal maternal and child assistance program leaders about the effectiveness of the federal dissemination process, the extent of Model Application Form and other consolidated application form implementation, and their impact on agency operations and program clients. Because this is a targeted telephone survey with limited numbers, automated collection techniques will not be used. Burden estimates are as follows:

	No. of respond- ents	No. of responses per respondent	Avg. burden/response (in hours)
Governors office	59	1	.5
State level officials	236	1	.5
Local level officials	50	1	.5

3. Evaluation of Special Projects of National Significance: Adolescent Focussed Grantees—Under the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, Special Projects of National Significance are supported to evaluate and disseminate innovative models of care. In order to fulfill the evaluation requirements of the Act, grantees collect, on an ongoing basis, information on numbers of clients served, characteristics of those clients, services provided, and outcomes of those services. The information will be used to identify models of care with promise for national replication and dissemination. Most data are collected by care providers who complete very brief (one page or less) forms to document each client contact, and some data will be collected directly from volunteering care recipients. Burden estimates follow:

	No. of respond- ents	No. of responses per respondent	Avg. burden/response (in hours)
Care providers (nurses, case managers, counselors)	232	407	2.4 hours (2.8 minutes per form).
Care recipients	495	1	1 hour.