

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than April 17, 2006.

A. Federal Reserve Bank of Boston (Richard Walker, Community Affairs Officer) P.O. Box 55882, Boston, Massachusetts 02106-2204:

1. *Chicopee Bancorp, Inc.*, Chicopee, Massachusetts; to become a bank holding company by acquiring 100 percent of the voting shares of Chicopee Savings Bank, Chicopee, Massachusetts.

B. Federal Reserve Bank of

Richmond (A. Linwood Gill, III, Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. *Centra Financial Holdings, Inc.*, Morgantown, West Virginia; to acquire up to 100 percent of the voting shares of Smithfield State Bank of Smithfield, Pennsylvania, Smithfield, Pennsylvania.

C. Federal Reserve Bank of Atlanta (Andre Anderson, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30303:

1. *South Georgia Bank Holding Company*, Omega, Georgia; to merge with Community National Bancorporation, and thereby indirectly acquire voting shares of Community National Bank, both of Ashburn, Georgia.

2. *Southwest Capital Holdings, Inc.*, Fort Myers, Florida; to become a bank holding company by acquiring 100 percent of the voting shares of Southwest Capital Bank, National Association, Fort Myers, Florida.

D. Federal Reserve Bank of Minneapolis (Jacqueline G. King, Community Affairs Officer) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. *Forstrom Bancorporation Inc.*, Clara City, Minnesota; to acquire 100 percent of the voting shares of Yellow Medicine Bancshares, Inc., and thereby indirectly acquire voting shares of Yellow Medicine County Bank, both of Granite Falls, Minnesota.

E. Federal Reserve Bank of Dallas (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *FC Holdings, Inc.*, Houston, Texas; to merge with Texas National Bancshares, Inc., Tomball, Texas, and thereby indirectly acquire voting shares of Tomball Delaware Corporation, Wilmington, Delaware, and Texas National Bank, Tomball, Texas.

2. *Grupo Financiero Banorte, S.A.*, Monterrey, Nuvevo Leon, Mexico; Banco Mercantil del Norte, S.A. Institucion de Banca Multipile, Grupo Financiero Banorte, Monterrey Nuvevo Leon, Mexico; and Banorte USA Corporation,

Wilmington, Delaware; to become bank holding companies by acquiring 70 percent of the voting shares of INB Financial Corporation, McAllen, Texas, and indirectly, INB Delaware Corporation, Wilmington, Delaware, and Inter National Bank, McAllen, Texas.

Board of Governors of the Federal Reserve System, March 20, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6-4242 Filed 3-23-06; 8:45 am]

BILLING CODE 6210-01-S

FEDERAL TRADE COMMISSION

Delegation of Authority To Respond To Requests From Costa Rica's Ministry of Economy, Industry, and Commerce

AGENCY: Federal Trade Commission.

ACTION: Delegation of Authority.

SUMMARY: The Commission has delegated authority to the Associate Director for International Consumer Protection to respond to disclosure and other requests from Costa Rica's Ministry of Economy, Industry, and Commerce (MEIC) pursuant to a memorandum of understanding with the Commission.

DATES: Effective March 9, 2006.

FOR FURTHER INFORMATION CONTACT: Pablo Zylbergait, Legal Advisor for International Consumer Protection, International Division of Consumer Protection, 202 326-3260, pzylbergait@ftc.gov.

SUPPLEMENTARY INFORMATION: Notice is hereby given, pursuant to Reorganization Plan No. 4 of 1961, 26 FR 6191, that the Commission has delegated to the Associate Director for International Consumer Protection the authority to respond to disclosure and other requests from Costa Rica's MEIC pursuant to a memorandum of understanding with the Commission about consumer protection information sharing and enforcement cooperation. This delegated authority does not apply to competition-related investigations. When exercising its authority under this delegation, staff may only disclose information regarding consumer protection matters involving Costa Rica, and will require assurances of confidentiality from MEIC. Disclosures shall be made only to the extent consistent with current limitations on disclosure, including section 6(f) of the FTC Act, 15 U.S.C. 46(f), section 21 of the Act, 15 U.S.C. 57b-2, and Commission Rule 4.10(d), 16 CFR 4.10(d), and with the Commission's enforcement policies and other

important interests. Where the subject matter of the information to be shared raises significant policy concerns, staff shall consult with the Commission before disclosing such information.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. E6-4213 Filed 3-23-06; 8:45 am]

BILLING CODE 6750-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Assistant Secretary for Health have taken final action in the following case:

Hiwot A. Woreta, Duke University Medical Center: Based on the report of an inquiry into admitted fabrication of data conducted by the Duke University Medical Center (DUMC) and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Hiwot A. Woreta, former medical student, DUMC, engaged in research misconduct while supported by National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH), grant P30 DK034987.

Specifically, PHS found that Ms. Woreta engaged in research misconduct by fabricating data included in Figure 2 of her third year Medical School Thesis at DUMC. These data were also included in a poster presented during the Alpha Omega Alpha Honor Society symposium in May 2004.

Ms. Woreta has entered into a Voluntary Exclusion Agreement in which she has voluntarily agreed, for a period of three (3) years, beginning on February 24, 2006:

(1) To exclude herself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as consultant; and

(2) That any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or which uses the Respondent in any capacity on PHS supported research, or that submits a report of PHS-funded research in which the Respondent is involved, must concurrently submit a plan for supervision of the Respondent's

duties to the funding agency for approval. The supervisory plan must be designed to ensure the scientific integrity of the Respondent's research contribution. Respondent agreed to ensure that a copy of the supervisory plan is also submitted to ORI by the institution. Respondent agreed that she will not participate in any PHS-supported research until such a supervisory plan is submitted to ORI.

FOR FURTHER INFORMATION CONTACT:

Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453-8800.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 06-2843 Filed 3-23-06; 8:45 am]

BILLING CODE 4150-31-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health; Changes to the NIOSH-IREP Lung Cancer Risk Model Under the Energy Employees Occupational Illness Compensation Program Act of 2000

Authority: 42 CFR 81.12, 67 FR 22311-22312.

AGENCY: Centers for Disease Control and Prevention, HHS.

ACTION: Notice for public comment; change to a scientific element underlying the determination of probability of causation under the Energy Employees Occupational Illness Compensation Program Act of 2000.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) has changed a guideline for determining the probability of causation under the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA) for energy employees with cancers of the lung, trachea, or bronchus. The change affects only the NIOSH-Interactive RadioEpidemiological Program (IREP) cancer risk model termed "Lung (162)." The new guideline, which became effective on February 28, 2006, with the introduction of NIOSH-IREP Version 5.5, requires the use of both a National Institutes of Health (NIH)-IREP lung model implemented by NIH in 2003 and the original NIOSH-IREP lung model implemented by NIOSH in 2002. NIOSH-IREP Version 5.5 calculates separately the probability of causation

produced under each model for each cancer of the lung, trachea, or bronchus. The result from the model that produces the higher probability of causation at the upper 99th percentile credibility limit is reported as the probability of causation result of record for the claim. NIOSH-IREP Version 5.5 also incorporates a bias correction factor for random errors in dosimetry for those energy workers who had not smoked cigarettes ("never smokers") and who were exposed to radon. This correction was previously applied to smokers, but had been inadvertently omitted for never smokers. These changes may result in the Department of Labor (DOL) calculating higher probability of causation determinations for select cases of cancer of the lung, trachea, or bronchus among previously decided and current EEOICPA cancer claims. The changes cannot result in any lower probability of causation determinations. Although this change to the NIOSH-IREP lung cancer risk model took effect February 28, 2006, NIOSH will fully consider all comments received regarding this change and may reconsider this change or consider further revisions to the lung cancer risk model based on public comment.

DATES: NIOSH must receive public comments on this change on or before May 23, 2006.

ADDRESSES: Comments may be submitted by mail or e-mail. Mail comments concerning this change to Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, Mailstop C-46, Cincinnati, OH 45226. Submit electronic comments, titled "NIOSH-IREP Lung Cancer Model", to OCAS@CDC.GOV.

FOR FURTHER INFORMATION CONTACT: Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, Mailstop C-46, Cincinnati, OH 45226, Telephone: (513) 533-6800 (This is not a toll-free number).

SUPPLEMENTARY INFORMATION:

I. Solicitation of Public Comments

NIOSH invites public comments on this change to the NIOSH-IREP lung cancer risk model. NIOSH will fully consider comments received regarding this change and, based on such comments, may reconsider this change or consider further revisions to the lung cancer risk model, as appropriate. Additional details regarding this change to NIOSH-IREP, including PDF copies of all relevant documents provided to

the Advisory Board on Radiation and Worker Health, can be accessed via the NIOSH/OCAS "Probability of Causation—NIOSH-IREP" Web page at <http://www.cdc.gov/niosh/ocas/ocasirep.html>.

II. Summary of Changes to the Guidelines for Determining Probability of Causation for Cancers of the Lung, Trachea, or Bronchus as Effected in the February 28, 2006, Implementation of NIOSH-IREP Version 5.5

Under HHS regulations at 42 CFR part 81, NIOSH developed and maintains NIOSH-IREP. This computerized set of cancer risk models is used by DOL to calculate the statistical probability that the cancer or cancers of an energy employee covered under EEOICPA were at least as likely as not caused by exposure to ionizing radiation incurred by the employee while in the performance of duty for U.S. nuclear weapons programs.

HHS regulations also provide for NIOSH to add, modify, or replace cancer risk models as necessary on the basis of new evidence and/or improved scientific understanding. Accordingly, on February 28, 2006, NIOSH modified its cancer risk model "Lung (162)" to incorporate new evidence concerning the radiogenicity of lung cancer and its relationship with cigarette smoking and to make a minor technical correction concerning radon exposure.

NIOSH evaluated new interpretations of the interaction between cigarette smoking and ionizing radiation and the effects of age at exposure and age at diagnosis with respect to the development of cancers of the lung, trachea, or bronchus. In conjunction with this evaluation, NIOSH also reviewed a new lung cancer risk model implemented in 2003 by the National Cancer Institute for use in a separate version of IREP known as "NIH-IREP" and compared it to the model in NIOSH-IREP.

The NIH lung cancer risk model relies less on a multiplicative interaction than does the NIOSH model to account for the interaction between cigarette smoking and ionizing radiation in the development of lung cancer. The NIH model also adjusts risk for age at exposure and age at diagnosis, whereas the NIOSH model does not take into account these age-dependent factors. In terms of probability of causation, the NIH model is generally more favorable to smokers for some exposure profiles than the NIOSH model, whereas the NIOSH model is generally more favorable to nonsmokers for some exposure profiles. Other probability of causation calculation differences