

- Prescription of pharmacological and non-pharmacological therapeutics, consistent with current standards of care;

- Provision of instruction and counseling to individuals, families, and groups in the areas of promotion and maintenance of health and disease prevention by actively involving these individuals in the decision making and planning for their own health care; and
- Collaboration with other health care providers and agencies to provide and coordinate services to individual women, children, and families.

*Nurse Practitioner* means a registered nurse who has successfully completed a Nurse Practitioner Program, as defined below, who can deliver primary and acute care services in a variety of settings, such as homes, ambulatory care facilities, long-term care facilities, and acute care facilities, using independent and interdependent decision making with direct accountability for clinical judgment. The health care services to be provided include:

- Assessment of the health status of individuals and families through health and medical history taking, physical examination, ordering, performing, supervising, and interpreting diagnostic tests and making diagnoses;

- Management of acute episodic and chronic illnesses;

- Institution and provision of continuity of primary health care to individuals and families and referral to other health care providers when appropriate;

- Prescription of treatments including pharmacological and non-pharmacological therapeutics, consistent with current standards of care;

- Provision of instruction and counseling to individuals, families, and groups in the areas of promotion and maintenance of health and disease prevention, by actively involving these individuals in the decision making and planning for their own health care; and
- Collaboration with other health care providers and agencies to provide, and where appropriate, coordinate services to individuals and families.

*Nurse Practitioner or Nurse-Midwifery Program* means a full-time educational program of study, as defined by the institution, (although students may be progressing through the program on a full-time or part-time basis), which meets the Guidelines prescribed herein. The program's objective is the education of nurses who will, upon completion of their studies in the program, be qualified to effectively provide primary care in a variety of settings, including in homes, ambulatory care facilities, long-

term care facilities, acute care, and other health care settings.

*Post-Nursing Master's Certificate Program* means a formal, post-graduate program for Registered Nurses with master's degrees that awards a certificate and academic credit that is documented on a graduate transcript from the school for completion of the program of study as a Nurse Practitioner or Nurse-Midwife.

*Preceptorship* means a clinical learning experience in which the student is assigned to a faculty member or with oversight by program faculty to a designated preceptor who is a nurse practitioner or nurse-midwife or other health professional for specific aspects of the clinical learning experience. The preceptorship provides the student with practice experiences conducive to meeting the defined goals and objectives of the particular clinical course. The preceptor is responsible for the daily teaching and assignment of individuals to be cared for, supervision, and participation in the evaluation of the nurse practitioner or nurse-midwifery student. The preceptor teaches, supervises, and evaluates the student and provides the student with an environment that permits observation, active participation, and management of primary health care. Before and during this preceptorship, the program faculty visit and assess the clinical learning sites and prepare the clinical faculty/preceptors for teaching their students.

*Primary Care* means the provision of integrated, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services. The Guidelines use "Primary Care" and "Primary Health Care" interchangeably. (Definition adapted from Barbara Starfield, *Primary Care Concept, Evaluation, and Policy*, Oxford University Press, New York, 1992 p. 4 and Institute of Medicine: Moila S. Donaldson, Karl D. Yordy, Kathleen N., and Neal A. Vanselow, Editors, Committee on the Future of Primary Care, Division of Health Care Services, *Primary Care: America's Health in a New Era, Summary*,

National Academy Press, Washington, DC, 1996, p. 23.)

Dated: February 15, 2005.

**Elizabeth M. Duke,**

*Administrator.*

[FR Doc. 05-3425 Filed 2-22-05; 8:45 am]

BILLING CODE 4165-15-P

## DEPARTMENT OF HOMELAND SECURITY

### Federal Emergency Management Agency

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, U.S. Department of Homeland Security.

**ACTION:** Notice and request for comments.

**SUMMARY:** The Federal Emergency Management Agency, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on the continuation of an information collection requirement. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)), this notice seeks comments concerning the information collection outlined in 44 CFR part 71, as it pertains to application for National Flood Insurance Program (NFIP) insurance for buildings located in Coastal Barrier Resource System (CBRS) communities.

**SUPPLEMENTARY INFORMATION:** The Coastal Barrier Resources Act (CBRA Pub. L. 97-3480) and the Coastal Barrier Improvement Act (CBRA Pub. L. 101-591) are federal laws that were enacted on October 1, 1982, and November 16, 1990, respectively. The legislation was implemented as part of a Department of the Interior (DOI) initiative to preserve the ecological integrity of areas DOI designates as coastal barriers and otherwise protected areas. The laws provide this protection by prohibiting all federal expenditures or financial assistance including flood insurance for residential or commercial development in areas identified with the system. When an application for flood insurance is submitted for buildings located in CBRS communities, documentation must be submitted as evidence of eligibility.

FEMA Regulation 44 CFR part 71 implements the CFRA. The information

collection requirement is set forth in the FEMA regulation, and the information provided by the affected public is used by FEMA to determine that a building, which is located on a designated coastal barrier and for which an application for flood insurance is being made, is neither new construction nor a substantial improvement, and is, therefore, eligible for NFIP coverage. If the information is not collected, NFIP policies would be provided for buildings, which are legally ineligible for it, thus exposing the Federal Government to an insurance liability Congress chose to limit.

#### Collection of Information

*Title:* Implementation of Coastal Barrier Resources Act.

*Type of Information Collection:* Extension of a currently approved collection.

*OMB Number:* 1660-0010.

*Abstract:* When an application for flood insurance is submitted for buildings located in CBRS communities, one of the following types of documentation must be submitted as evidence of eligibility:

- Certification from a community official stating the building is not located in a designated CBRS area.
- A legally valid building permit or certification from a community official stating that the building's start of construction date preceded the date that the community was identified in the system.
- Certification from the governmental body overseeing the area indicating that the building is used in a manner consistent with the purpose for which the area is protected.

*Affected Public:* Individuals or households; Business or other for-profit; Not-for-profit institutions; Farms; Federal Government; and State, Local or Tribal Government.

*Number of Respondents:* 60.

*Frequency of Response:* One time.

*Hours per Response:* 1.5.

*Estimated Total Cost to Respondents:* \$600 (60 respondents × \$10 per respondent). The cost to the respondent, *i.e.*, applicant for flood insurance, is the cost, if any, to obtain the required documentation from local officials. Fees charged, if any, to the applicants, are nominal, *i.e.*, the cost of photocopying the public record. Information of this type is frequently provided upon request free of charge by the community as a public service. The average cost to the respondent is estimated to be \$10, the cost to make phone calls, mail a written request, or make a trip to a local office to obtain the document, and includes any copying fees, which may be charged by the local office.

**COMMENTS:** Written comments are solicited to (a) evaluate whether the proposed data collection is necessary for the proper performance of the agency, including whether the information shall have practical utility; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) enhance the quality, utility, and clarity of the information to be collected; and (d) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submission of responses. Comments should be received within 60 days of the date of this notice.

**ADDRESSES:** Interested persons should submit written comments to Muriel B. Anderson, Section Chief, Records Management, Information Resources Management Branch, Information Technology Services Division, Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security, 500 C Street, SW., Room 316, Washington, DC 20472.

**FOR FURTHER INFORMATION CONTACT:** Contact Lynn Sawyer, Program Analyst, Risk Insurance Branch, Mitigation Division at 301-918-1452 for additional information. You may contact Ms. Anderson for copies of the proposed information collection requirement at facsimile number (202) 646-3347 or e-mail address: [FEMA-Information-Collections@dhs.gov](mailto:FEMA-Information-Collections@dhs.gov).

Dated: February 16, 2005.

**Edward W. Kernan,**  
*Branch Chief, Information Resources Management Branch, Information Technology Services Division.*

[FR Doc. 05-3406 Filed 2-22-05; 8:45 am]

BILLING CODE 9110-11-P

#### DEPARTMENT OF HOMELAND SECURITY

##### Federal Emergency Management Agency

[FEMA-1573-DR]

##### Indiana; Amendment No. 4 to Notice of a Major Disaster Declaration

**AGENCY:** Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security.

**ACTION:** Notice.

**SUMMARY:** This notice amends the notice of a major disaster for the State of Indiana (FEMA-1573-DR), dated January 21, 2005, and related determinations.

**DATES:** *Effective Date:* February 11, 2005.

#### FOR FURTHER INFORMATION CONTACT:

Magda Ruiz, Recovery Division, Federal Emergency Management Agency, Washington, DC 20472, (202) 646-2705.

**SUPPLEMENTARY INFORMATION:** Notice is hereby given that the incident period for this disaster is closed effective February 11, 2005.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund Program; 97.032, Crisis Counseling; 97.033, Disaster Legal Services Program; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance; 97.048, Individuals and Households Housing; 97.049, Individuals and Households Disaster Housing Operations; 97.050, Individuals and Households Program—Other Needs; 97.036, Public Assistance Grants; 97.039, Hazard Mitigation Grant Program.)

**Michael D. Brown,**

*Under Secretary, Emergency Preparedness and Response, Department of Homeland Security.*

[FR Doc. 05-3408 Filed 2-22-05; 8:45 am]

BILLING CODE 9110-10-P

#### DEPARTMENT OF HOMELAND SECURITY

##### Federal Emergency Management Agency

[FEMA-1573-DR]

##### Indiana; Amendment No. 3 to Notice of a Major Disaster Declaration

**AGENCY:** Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, Department of Homeland Security.

**ACTION:** Notice.

**SUMMARY:** This notice amends the notice of a major disaster declaration for the State of Indiana (FEMA-1573-DR), dated January 21, 2005, and related determinations.

**DATES:** *Effective Date:* February 14, 2005.

#### FOR FURTHER INFORMATION CONTACT:

Magda Ruiz, Recovery Division, Federal Emergency Management Agency, Washington, DC 20472, (202) 646-2705.

**SUPPLEMENTARY INFORMATION:** The notice of a major disaster declaration for the State of Indiana is hereby amended to