send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Cycle 7 of the National Survey of Family Growth (NSFG–7)—OMB No. 0920–0314—Reinstatement with change—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Survey of Family Growth (NSFG) has been conducted periodically since 1973 by the CDC's National Center for Health Statistics. The first five cycles were based on in-person interviews with national samples of women 15–44 years of age. Cycle 6, in 2002, was based on interviews with a national sample of 12,571 persons—4,928 men and 7,643 women ages 15–44. Interviews provided national estimates of behavior related to birth and pregnancy rates; marriage, divorce, and adoption; behavior related to the risk of Human Immunodeficiency Virus (HIV) and other sexually transmitted diseases; attitudes toward marriage, childbearing, and parenthood; and men's and women's roles in raising children.

While the content of Cycle 7 will be similar to that of Cycle 6, the interviewing will be conducted over a 4-year period rather than being completed in one year, as in previous cycles. This continuous interviewing design is intended to reduce costs, increase efficiency, and contribute to continuous improvement in the collection, processing, and dissemination of the data. Sample size is expected to increase from 12,571 in Cycle 6 to 17,400 total in the 4 years of data collection in Cycle 7. For this cycle, the ''Pretest'' will be conducted initially in the first 8 weeks of interviewing and, if no problems are found, those weeks will become part of the Main Study. If operational problems are found in that period, they will be corrected, and the ''Main Study'' will begin at that point. The burden table represents the survey collection averaged over the first three years of data collection.

Users of the NSFG include: the National Institutes of Health's National Institute of Child Health and Human Development and the Office of Population Affairs; CDC's NCHS, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion(NCCDPHP); Divisions of HIV/AIDS Prevention, National Center for HIV, STD, & TB Prevention (NCHSTP); and the Department's Office of the Assistant Secretary for Planning and Evaluation, and Administration for Children and Families. There is no cost to respondents other than their time to participate.

ESTIMATED AVERAGE ANNUALIZED HOUR BURDEN

Survey and type of respondents	Number of respondents	Responses per respondent	Avg. burden per response (in hours)	Total burden hours.
Pretest				
Screener	403	1	5/60	34
Males	109	1	1	109
Females	133	1	1.33	177
Main Study				
Screener	7,250	1	5/60	604
Males	1,957	1	1	1,957
Females	2,393	1	1.33	3,183
Total				6,064

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–18056 Filed 9–12–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Financial Status Reporting Form for the Program of State Council on Developmental Disabilities.

OMB No.: 098—0212.

Description: For the program of the State Council on Developmental Disabilities, funds are awarded to State agencies contingent on fiscal requirements in Subtitle B of the Developmental Disabilities Assistance and Bill of Rights Act. The SF–269, ordinarily mandated in the revised OMB Circular A–102, provides no accounting breakouts necessary for proper stewardship. Consequently, the proposed streamlined form will substitute for the SF–269 and will allow compliance monitoring and proactive compliance maintenance and technical assistance.

Respondents: State Councils and Designated State Agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Financial Status Reporting Form for program of State Council on Developmental Disabilities	55	1	8	440

Estimated Total Annual Burden Hours: 440.

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: *grjohnson@acf.hhs.gov*. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: September 7, 2005.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 05–18045 Filed 9–12–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2005N–0354]

Consumer-Directed Promotion of Regulated Medical Products; Public Hearing

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public hearing; request for comments.

SUMMARY: The Food and Drug Administration (FDA) is announcing a public hearing on direct-to-consumer (DTC) promotion of regulated medical products, including prescription drugs for humans and animals, vaccines, blood products, and medical devices. FDA is particularly interested in hearing the views of individuals and groups most affected by DTC promotion, including consumers, patients, caregivers, health professionals (physicians, physicians' assistants, dentists, nurses, pharmacists, veterinarians, and veterinarian technicians) managed care organizations, and insurers, as well as the regulated industry. FDA is seeking input on a number of specific questions, but is interested in any other pertinent information participants in the hearing would like to share.

Dates and Times: The public hearing will be held on November 1 and 2, 2005, from 9 a.m. to 5 p.m. Submit written or electronic notices of participation by close of business on October 11, 2005. Written and electronic comments will be accepted until February 28, 2006.

Location: The public hearing will be held at the National Transportation Safety Board Boardroom and Conference Center, 429 L'Enfant Plaza, SW., Washington, DC 20594, 202–314–6421; Metro: L'Enfant Plaza station on the green, yellow, blue, and orange lines; see: *http://ntsb.gov/events/newlocation.htm*. (FDA has verified the Web site address, but FDA is not responsible for any changes to the Web site after this document publishes in the **Federal Register**.)

Addresses: Written or electronic notices of participation should be submitted to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852, or on the Internet at *http://www.accessdata.fda.gov/scripts/oc/dockets/meetings/meetingdocket.cfm*. Comments about the meeting or comments after the meeting should be submitted to *http://www.fda.gov/dockets/ecomments*. Written or electronic comments can be submitted to *http://www.fda.gov/oc/dockets/ecomments*. A consolidated list of all documents and other information related to the public hearing, such as the **Federal Register** notice, the agenda, public comments, and transcripts will be posted with their links, as the documents are made available, on the Center for Drug Evaluation and Research (CDER) Web site at *http://www.fda.gov/cder/ddmac*.

For further information contact: Rose Cunningham, Center for Drug Evaluation and Research (HFD–006), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20852, 301–443–5595, e-mail: *cunninghmar@cder.fda.gov*.

For registration to attend and/or to participate in the meeting: Seating at the hearing is limited. People interested in attending the meeting should register at *http://www.accessdata.fda.gov/scripts/oc/dockets/meetings/meetingdocket.cfm*. Registration is free and will be accepted on a first-come, first-served basis.

The procedures governing the hearing are found in part 15 (21 CFR part 15). Anyone wishing to make an oral presentation during the hearing must state this intention on the registration form (see *Addresses*). To participate, submit your name, title, business affiliation, address, telephone and fax numbers, and e-mail address.

A written statement also should be submitted at the time of registration for each discussion question to be addressed, with the names and addresses of all individuals who plan to participate, and the approximate time requested for the presentation. The agency requests that interested persons and groups having similar interests consolidate their comments and present them through a single representative. Individuals who have registered to make an oral presentation will be notified of the scheduled time for their presentation prior to the hearing. Depending on the number of presentations, FDA may need to limit the time allotted for each presentation. FDA has identified questions and subject matter of special interest in section III of this document, but presentations do not have to be limited to those questions. Presenters should