incorporating the definitions established in the Clean Air Act Amendments of 1990. Class I substances currently listed under the Act include CFCs, halons, carbon tetrachloride, 1,1,1-trichloroethane, methyl bromide, and hydrobromofluorocarbons. Class II substances currently consist of HCFCs.

Part I of the proposed order requires the respondent to cease and desist from representing that any product containing any Class I or Class II ozone-depleting substance ''contains no chlorofluorocarbons'' or ''contains no CFC's'' or representing, in any manner, that any such product will not deplete, destroy, or otherwise adversely affect ozone in the upper atmosphere or otherwise harm the atmosphere.

Under the Clean Air Act Amendments, the EPA has authority to add new chemicals to the Class I and Class II lists. Thus, the order's definitions of Class I and Class II ozone-depleting substances include these and any other substances that may be added to the lists. If additional substances are added to the Class I or II lists, Part I of the order becomes applicable to claims made for products containing those substances after the substances are added to the lists.

Part II of the proposed order provides that if the respondent represents in advertising or labeling that any aerosol product offers any environmental benefit, it must have a reasonable basis consisting of competent and reliable evidence, which when appropriate must be competent and reliable scientific evidence, that substantiates the claims.

The proposed order also requires the respondent to maintain materials relied upon to substantiate the claims covered by the order, to distribute copies of the order to certain company officials, to notify the Commission of any changes in corporate structure that might affect compliance with the order, and to file one or more reports detailing compliance with the order.

Benjamin I. Berman,

Acting Secretary.

[FR Doc. 95–9265 Filed 4–13–95; 8:45 am]

BILLING CODE 6750–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Agency Information Collection Under OMB Review

Title: Evaluation of the National Head Start/Public School Early Childhood Transition Demonstration Project.

OMB No.: 0980–0240.

Description: This is a series of standardized instruments and interview forms for use with children, parents, teachers, and principals participating in the national evaluation of the Head Start/Public School Early Transition demonstration program. The evaluation is designed to determine the impact of the demonstration project on the participating children, families and schools.

Respondents: Individuals or households, and State Government.

Estimate of total annual reporting and recordkeeping burden:

Respondents: 26,364.

Number of Responses per Respondent: 1.

Total Annual Responses: 26,364.

Average Burden per Response: 1.26.

Estimated Annual Burden: 33,288.

Additional Information: Copies of the request for approval may be obtained from Bob Sargis of the Office of Information Resource Management, ACF, by calling (202) 690–7275.

OMB Comment: Consideration will be given to comments and suggestions received within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20503, Attn: Ms. Wendy Taylor.

Dated: April 3, 1995.

Roberta Katson,

Acting Director, Office of Information Resource Management.

[FR Doc. 95–8783 Filed 4–13–95; 8:45 am]

BILLING CODE 4184–01–M

Food and Drug Administration

[Docket No. 95N–0095]

Drug Export; Aerrane® (Isoflurane) 100% in 250 Milliliter (mL) Amber Glass Bottles

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Ohmeda, Inc., has filed an application requesting approval for the export of the human drug AErrane® (isoflurane) 100% in 250 mL amber glass bottles to the Netherlands.

ADDRESSES: Relevant information on this application may be directed to the Dockets Management Branch (HFA–305), Food and Drug Administration, rm. 1–23, 12420 Parklawn Dr., Rockville, MD 20857, and to the contact person identified below. Any future inquiries concerning the export of human drugs under the Drug Export Amendments Act of 1986 should also be directed to the contact person.

FOR FURTHER INFORMATION CONTACT: James E. Hamilton, Center for Drug Evaluation and Research (HFD–310), Food and Drug Administration, 7520 Standish Pl., Rockville, MD 20855, 301–594–0063.

SUPPLEMENTARY INFORMATION: The drug export provisions in section 802 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 382) provide that FDA may approve applications for the export of drugs that are not currently approved in the United States. Section 802(b)(3)(B) of the act sets forth the requirements that must be met in an application for approval. Section 802(b)(3)(C) of the act requires that the agency review the application within 30 days of its filing to determine whether the requirements of section 802(b)(3)(B) have been satisfied. Section 802(b)(3)(A) of the act requires that the agency publish a notice in the Federal Register within 10 days of the filing of an application for export to facilitate public participation in its review of the application. To meet this requirement, the agency is providing notice that Ohmeda, Inc., 110 Allen Rd., P.O. Box 804, Liberty Corner, NJ 07938–0804, has filed an application requesting approval for the export of the human drug AErrane® (isoflurane) 100% in 250 mL amber glass bottles to the Netherlands. The product is used for the induction and maintenance of general anesthesia. The firm holds an approved new drug application (Forane) for this product packaged in 100 mL amber glass bottles. The application was received and filed in the Center for Drug Evaluation and Research on February 7, 1995, which shall be considered the filing date for purposes of the act.

Interested persons may submit relevant information on the application to the Dockets Management Branch (address above) in two copies (except that individuals may submit single copies) and identified with the docket number found in brackets in the heading of this document. These submissions may be seen in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

The agency encourages any person who submits relevant information on the application to do so by April 24, 1995, and to provide an additional copy of the submission directly to the contact person identified above, to facilitate

consideration of the information during the 30-day review period.

This notice is issued under the Federal Food, Drug, and Cosmetic Act (sec. 802 (21 U.S.C. 382)) and under authority delegated to the Commissioner of Food and Drugs (21 CFR 5.10) and redelegated to the Center for Drug Evaluation and Research (21 CFR 5.44).

Dated: April 4, 1995.

Betty L. Jones,

Acting Deputy Director, Office of Compliance, Center for Drug Evaluation and Research.

[FR Doc. 95–9283 Filed 4–13–95; 8:45 am]

BILLING CODE 4160–01–F

Health Resources and Services Administration

Final Minimum Percentages for ''High Rate'' and ''Significant Increase in the Rate'' for Implementation of the General Statutory Funding Preference for Grants for Podiatric Primary Care Residency Training Programs

The Health Resources and Services Administration (HRSA) announces the final minimum percentages for ''high rate'' and ''significant increase in the rate'' for fiscal year (FY) 1995 Grants for Podiatric Primary Care Residency Training Programs under the authority of section 751, title VII of the Public Health Service Act, as amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102–408, dated October 13, 1992.

Purpose

Section 751 authorizes the award of grants for the purpose of planning and implementing projects in primary care training for podiatric physicians in approved or provisionally approved residency programs which shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.

Eligibility

Eligible entities for this program are schools of podiatric medicine and public and nonprofit private hospitals. As noted above, the authorizing legislation limits eligibility to residency programs that are approved or provisionally approved. The Council on Podiatric Medical Education (CPME), the recognized accrediting body for podiatric medicine, uses the term ''candidate status'' in lieu of ''provisional approval.'' For the purposes of this program ''candidate status'' will be accepted as meeting the statutory requirement for ''provisional approval.''

General Statutory Funding Preference

As provided in section 791(a) of the PHS Act, preference will be given to qualified applicants that:

(1) have a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or

(2) have achieved, during the 2-year period preceding the fiscal year for which an award is sought, a significant increase in the rate of placing graduates in such settings.

This preference will only be applied to applications that rank above the 20th percentile of proposals recommended for approval by the peer review group.

The minimum percentages for ''high rate'' and ''significant increase in the rate'' for the implementation of the general statutory funding preference were proposed for public comment in the Federal Register on December 13, 1994 at 59 FR 64208. No comments were received during the 30-day comment period. Therefore, the minimum percentages for ''high rate'' and ''significant increase in the rate'' for the implementation of the general statutory funding preference will be retained as proposed.

Final Minimum Percentages for ''High Rate'' and ''Significant Increase in the Rate'' for the Implementation of the General Statutory Funding Preference

''High rate'' is defined as a minimum of 25 percent of the combined Podiatric Primary Care Residency graduates in academic years 1991–92, 1992–93 and 1993–94, who spend at least 50 percent of their worktime in clinical practice in medically underserved communities.

''Significant increase in the rate'' means that, between academic years 1992–93 and 1993–94, the rate of placing graduates in medically underserved communities has increased by at least 50 percent and that not less than 15 percent of graduates from the most recent year are working in medically underserved communities.

Additional Information

Requests for technical or programmatic information should be directed to: Ms. Martha Evans, Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A–20, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–3614, FAX (301) 443–8890.

This program, Grants for Podiatric Primary Care Residency Training Programs, is listed at 93.181 in the *Catalog of Federal Domestic Assistance.* It is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100). This program is not subject to the Public Health System Reporting Requirements.

Dated: April 7, 1995.

Ciro V. Sumaya,

Administrator.

[FR Doc. 95–9284 Filed 4–13–95; 8:45 am]

BILLING CODE 4160–15–P

Final Minimum Percentages for ''High Rate'' and ''Significant Increase in the Rate'' for Implementation of the General Statutory Funding Preference for Grants for Residency Training in Preventive Medicine for Fiscal Year 1995

The Health Resources and Services Administration (HRSA) announces the final minimum percentages for ''high rate'' and ''significant increase in the rate'' for implementation of the general statutory funding preference for fiscal year (FY) 1995 Grants for Residency Training in Preventive Medicine under the authority of section 763, title VII of the Public Health Service Act, as amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102–408, dated October 13, 1992.

Purpose

Section 763 of the Public Health Service Act authorizes the Secretary to make grants to meet the costs of projects—

(1) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine and dental public health; and

(2) to provide financial assistance to residency trainees enrolled in such programs.

This program is limited to residency training programs in preventive medicine.

Eligibility

To be eligible for a Grant for Residency Training in Preventive Medicine, the applicant must be an accredited public or private nonprofit school of allopathic or osteopathic medicine or a school of public health located in a State. Also, an applicant must demonstrate that it has, or will have by the end of 1 year of grant support, full-time faculty with training and experience in the fields of preventive medicine and support from other faculty members trained in public health and other relevant specialties and