Message from the President

As we enter the holiday season and look forward to the start of 2013, our lives are busy with family activities, holiday travel planning, shopping, and oh, our dermatology practices! When January finally emerges, things tend to slow down and we settle into those cold winter days (unless you are in south Florida). I am looking forward to a few good continuing medical education (CME) meetings in January, starting with the Orlando Dermatology Aesthetic & Clinical Conference, Jan. 18-21, and our own Midyear Meeting Jan. 23-26 in Winter Park, Colo. Please join us for an excellent CME program and some great Colorado skiing.

Our AOCD national office staff has completed the move to our new, larger office in Kirksville. Marsha, Shelley, and John are enjoying their elbow room, having doubled their square footage compared to the previous office space. If you ever find yourself in Kirksville, stop by our new office!

On Oct. 24, an announcement from the AOA revealed that along with the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine, the three groups are pursuing a single, unified accreditation system for graduate medical education programs here in the United States. These three organizations hope to have this system in place by July 2015. The AOA is seeking a universal standard for demonstrating medical competency, and hope to have all current AOA graduate medical training programs be recognized by the ACGME as “accredited by the ACGME.” Negotiations will begin in January, so no specific details were available at the time of publication. However, the AOCD will keep you informed of any news and how this might affect our residents and the AOBD as soon as it becomes available. For the latest information on these historic negotiations, go to the AOA’s website at www.osteopathic.org/acgme.

The AOCD Board of Trustees is presently working on negotiating a contract with a webmaster to improve and upgrade our website. We hope to have a new look for 2013, with better applications to be used by our executive director and staff, AOCD members, residents, and the public. The College also plans to add an AOCD Android app for mobile users. We already have an AOCD app for the iPhone, which allows anyone to access our Dermatology Disease Database or find an osteopathic dermatologist.

Enjoy this issue of DermLine, and have a Happy New Year and successful 2013!

David L. Grice, D.O. FAOCD
Greetings everyone!

The 2012 Annual Meeting is now behind us and new officers were elected at the annual Business Meeting held Oct. 8.

AOCO Office Update
The AOCO is excited to announce that the College will be moving to a larger office space. The move is expected to be completed by December 21, 2012. Our post office box, 7525, is our preferred mailing address and all correspondence should continue to be sent there. Beginning December 21, 2012 our new street address will be 2902 N. Baltimore, Kirksville, MO 63501.

A new feature recently started for our membership is the Thursday Bulletin email blast. The bulletin is intended to keep everyone up to date with reminders regarding AOCO news and events.

Honorable Mention in DermLine
Were you quoted in a recent article, appear on a news segment, or speak on a radio show? Let us know so that we can let your peers know.

Helpful Web Pages
Be sure to visit the College’s various webpages for helpful information.
- AOBD: http://www.aobd-derm.org/
- AOCO Grand Rounds: http://www.aoco-grandrounds.org/
- AOCO Document Portal: http://myweb.cableone.net/aocd/

2013 Officer Elections
Two trustee positions will be open for the 2013-2014 year. If you are interested in running for one of these open positions, please contact the AOCO office for more information. The position of Secretary/Treasurer also will be open.

Additionally, the AOCO has many committees working for the entire membership. If you would like to be a member of a committee, contact the AOCO office for more information.

2013 AOCO Dues Renewal
Dues notices were handed out in San Diego for those attending OMED 2013. If you did not attend or did not pick up a renewal notice, we will mail your notice to you.

In addition to renewing your AOCO dues, you also may designate additional funds to go to accounts earmarked for one or more of the following:
- The AOCO Educational Research Fund
- The Koprinse Award
- The American Academy of Dermatology’s Camp Discovery
- The Dermatopathology Fund (to help support Fellowship candidates enrolled at the Ackerman Academy)
- The Foundation for Osteopathic Dermatology

AOCO Meetings Update
The 2013 Midyear Meeting will be held Jan. 23-26 at the Winter Park Hotel in Winter Park, Colo. You must call the hotel direct to make room reservations.

The following is a list of upcoming AOCO meetings with their dates and locations:
- 2013 Annual AOA/AOCO Meeting: Sept. 30-Oct. 4 - Las Vegas
- 2014 AOCO Midyear Meeting: Feb. 20-23 - Dallas
- 2014 Annual AOA/AOCO Meeting: Oct. 25-29 - Seattle
- 2015 Annual AOA/AOCO Meeting: Oct. 17-21 - Orlando
- 2015 AOCO Midyear Meeting: TBA - TBA
- 2016 Annual AOA/AOCO Meeting TBA - Las Vegas
- 2017 Annual AOA/AOCO Meeting TBA - Philadelphia
- 2018 Annual AOA/AOCO Meeting TBA - San Diego

Meeting Evaluations, Surveys
Thank you to everyone for participating in the various surveys conducted throughout the year and for returning meeting evaluations. The results are tabulated and reviewed by the Board of Trustees and the Continuing Medical Education (CME) Committee. Locations for future AOCO Midyear Meetings will be chosen based on survey results.
A new survey is available for you to participate in. Please take a moment to answer a few questions to help the AOCD determine where future Midyear Meetings should be held and which topics should be offered. The survey can be found at https://www.surveymonkey.com/s/Meeting_Topic_Survey.

CME Cycle Update
AOA requirements for CME continue to evolve. As an example, many of you participated in a pre-test at our Annual Meeting. A post-test was emailed to you recently. Be sure to respond to the survey. The pre- and post-test is part of the AOAs CME Policy on Outcomes Measurement. The AOA encouraged its specialty colleges to offer one outcomes-based CME program between 2010 and 2012, but it will be required as part of the CME Cycle in 2013 through 2015.

As part of the new CME cycle that begins Jan. 1, 2013, the AOCD will offer pre-and post-tests (Level 3 A and B Measurement). Physicians will be asked to complete multiple choice questions concerning activity content before and immediately after a CME activity. The purpose is to measure the learning that occurred as a result of the activity. Participants, faculty, and CME staff will receive immediate feedback about physician learning. There are no indicators that learning is retained or there will be a change in performance. Pre-and post-tests can be used in conjunction with live meetings, printed enduring materials, and Internet-based CME activities.


Regarding the current CME cycle that ends Dec. 31, 2012, AOA members will have five months to fulfill their CME requirements. Previously, members were allowed 17 months following the close of a cycle to fulfill their CME requirements as well as maintain their AOA membership and board certification. If you have questions about the change, please contact the CME Service Center at cme@osteopathic.org.

AOCD Good Governance
The AOCD’s Policy and Procedural Manual is updated yearly and is available to our membership for review. Two of our current policies are included below for your information.

Equal Opportunity Policy
The AOCD, an affiliate of the AOA, is a growing organization dedicated to promoting the practice of dermatology on a national level. The AOCD is the organization responsible for Residencies and CME nationwide. We are committed to providing up-to-date information and instruction for our members. It is the policy of the AOCD to provide equal employment opportunities and equal membership opportunities to all individuals without regard to race, color, religion, national origin, sex, marital status, age, physical or mental disability or any other protected status.

Whistleblower Policy
This Whistleblower Policy of the AOCD encourages staff and volunteers to come forward with credible information on illegal practices or serious violations of adopted policies of the College; specifies that the College will protect the person from retaliation; and identifies where such information can be reported.

1. Encouragement of Reporting
The College encourages complaints, reports, or inquiries about illegal practices or serious violations of the College’s policies, including illegal or improper conduct by the College itself, by its leadership, staff, or by others on the College’s behalf. Appropriate subjects to raise under this policy would include financial improprieties, accounting, or audit matters, ethical violations, or other similar illegal or improper practices or policies.

2. Protection from Retaliation
The College prohibits retaliation by or on behalf of the College against staff or volunteers for making good faith complaints, reports, or inquiries under this policy or for participating in a review or investigation under this policy. This protection extends to those whose allegations are made in good faith, but prove to be mistaken. The College reserves the right to discipline persons who make bad faith, knowingly false, or vexatious complaints, reports, or inquiries or who otherwise abuse this policy.

3. Where to Report
Complaints, reports, or inquiries may be made under this policy on a confidential or anonymous basis. They should describe in detail the specific facts demonstrating the bases for the complaints, reports, or inquiries. They should be directed to the College’s executive director or president; if both of those persons are implicated in the complaint, report, or inquiry, it should be directed to the vice president/treasurer. The College will conduct a prompt, discreet, and objective review or investigation under this policy. This protection extends to those whose allegations are made in good faith, but prove to be mistaken. The College reserves the right to discipline persons who make bad faith, knowingly false, or vexatious complaints, reports, or inquiries or who otherwise abuse this policy.

ACGME Update
The AOA, along with the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM) have entered into an agreement to pursue a single, unified accreditation system for graduate medical education programs in the United States beginning in July 2015.

This move comes about after the ACGME proposed two policies (Common Program Requirements) approximately one year ago. One policy would have limited the ability for AOA-trained DOs to enter a second year of training in an ACGME program. The other policy would no longer have recognized completion of an AOA-accredited residency program for entry into an ACGME fellowship.

“Americans deserve a health care system where continuously improving the quality of care and the health of our patients is the driving force,” AOA President Ray E. Stowers, D.O., is quoted as saying. “A unified accreditation system creates an opportunity to set universal standards for demonstrating competency with a focus on positive outcomes and the ability to share information on best practices.”

A unified accreditation system will preserve access to ACGME residency and fellowship programs for DOs and formally recognize AOA training and
AOCD Gets Down to Business at Annual Meeting

AOCD President Brad Glick, D.O., opened the Business Meeting by welcoming everybody to the 2012 Annual Meeting. He noted the importance of voting in new officers and trustees, and said that a more efficient and streamlined vetting process for candidates is being developed.

Next, Jere Mammino, D.O., the Secretary/Treasurer, reported that the AOCD’s funds total $687,000 as of August 31, 2012, which is an increase from last year. “The last few years, the College’s net worth had been going down, but it appears that we are rounding a corner,” he said. Dr. Mammino attributed the increased net worth to a combination of cost-cutting measures and an increase in membership dues. Steven Grekin, D.O., Chair of the Finance Committee, noted that replacing the Education Evaluating Committee (EEC) meeting held in St. Louis with conference call meetings saved $14,000 this year. Additionally, the AOCD hired a consultant to ensure that the College is being run as efficiently as possible.

Executive Director Marsha Wise reported that the AOCD will be moving its offices as the College has outgrown its current location. She also introduced the newest staff member Shelley Wood, the Grants Coordinator who is responsible for obtaining the bags and t-shirts for this year’s Annual Meeting.

Thirty-two new candidates took the Board Examination this year, stated Stephen Purcell, D.O., AOBD President. Additionally, the AOBD administered subspecialty certification exams in dermatopathology and Mohs micrographic surgery at this meeting. The AOBD will offer the first recertification exam for Osteopathic Continuous Certification (OCC) at the 2013 Annual Meeting in Las Vegas. “Those with time-limited certification will have to take this exam in 2014,” he said. Dr. Purcell referred attendees to the AOA website for more information about the five components that comprise OCC as well as the AOBD website at www.aobd-derm.org.

Rick Lin, D.O., Program Chair for the upcoming Midyear Meeting in Winter Park, Colo., encouraged members to attend the meeting as it may be on one of the last destination meetings due to Pharma restrictions. In addition to a three-hour dermoscopy symposium, there will be a surgical symposium and presentations on topics ranging from Mohs to hair transplant.

Switching gears, Dr. Lin reported on the Internet Committee, of which he is the Chair. He noted that the Android version of the iPhone App called “Doctor Derm,” which is a disease database, is nearly complete.

During the coming months, the three organizations will work toward defining a process, format, and timetable for ACGME to accredit all osteopathic graduate medical education programs currently accredited by the AOA.

As developments and details unfold, information can be found at www.osteopathic.org/acgme.

Residents Awarded at Business Meeting

Chair of the Awards Committee, Michael Scott, D.O., announced recent winners of several awards. For the 2011 Annual Meeting, the winning residents of the Kaprince Award were Amy Basile, D.O.; Theresa Cao, D.O.; Raya Ghorsriz, D.O.; and Christopher Messana, D.O. Kaprince Award winners from the 2012 Midyear Meeting were Arathi Goldsmith, D.O., and Frank Morroco, D.O. Jonathan Cleaver, D.O., won the Dermatologic Surgery Paper Competition. Alyn Hatter, D.O., was the winner of the James Bernard Residency Leadership Award. The 2011 Intendis Call for Papers Competition winners were as follows: Luzia Yi, D.O., won first place and Kate Kleydman, D.O., won second place. Tying for third place were Lana McKinley, D.O.; Angela Bookout, D.O.; and Khongruk Wongkittiroch, D.O.

The Meetings Site Selection Committee is working closely with the Continuing Medical Education (CME) Committee, noted John Minni, D.O., who serves as Chair of both. The Midyear Meeting in 2014 will be held Feb. 20-23 at the Ritz-Carlton in Dallas. New York, Atlanta, and Charlotte are among the suggested locations for the 2015 Midyear Meeting. However, membership survey responses will help determine future meeting sites, he said. The CME Committee is working to ensure that future CME will comply with OCC requirements, Dr. Minni added.

There, you can find answers to frequently asked questions, the AOA’s joint press release, a timeline of the issue, and other resources.

The AOCD Board of Trustees and national office staff wish everyone a happy and healthy holiday season.
After 12 years of serving as the AOCD’s Administrative Services Manager, Rick Mansfield will retire at the end of this year.

“This was probably the hardest decision I ever had to make in my life,” he said. “But because of Becky’s physical condition, I felt I needed to stay home.” Becky is, of course, Rebecca Mansfield, Rick’s wife who served as the AOCD’s Executive Director for nearly 16 years before retiring in 2011 due to health reasons.

Mansfield refers to his position as a fancy title for “gopher.” He helped run the office whether that meant assisting with accounting, working with the residents, or serving as a computer consultant or audiovisual technician, the latter of which he did both at headquarters and at AOCD meetings. An avid photographer, Mansfield also served as the “official photographer” at the meetings.

He even enjoyed working with his wife. “Not a lot of people can work with their spouses, but we get along very well,” Mansfield said. “We very seldom argue, even at home. I guess you could say we’re a perfect fit.” Their daughter, Christi Mansfield who lived nearby, also lent a helping hand when needed.

He reflected on being presented with an award for his years of service by AOCD President Brad Glick, D.O., at the Presidential Celebration during the 2012 Annual Meeting. “I figured they would mention that I was retiring, but I was surprised to get an award,” Mansfield said. “It was humbling because I don’t accept recognition well. I just do my job.”

Speaking of jobs, Mansfield will continue serving as Administrative Assistant to the Secretary of the AOBD. In that position, he handles issues that affect the Board. For example, he notifies the Board when the third-year residents are eligible to take their examinations and follows up with the AOA when they pass their board exams. Mansfield even helps set up the exams from arranging the room to ensuring that every resident has a microscope. “I will still be attending the AOCD Annual Meetings to help out with the board exam,” he noted. In addition, Mansfield will still serve in an administrative role at the office of Lloyd Cleaver, D.O. Both of these positions, however, enable him to work from home.

He is grateful for the opportunities that working at the AOCD has given him and Becky. “We’ve done a lot of things we normally wouldn’t have done and been a lot of places we never would have gone,” Mansfield said. Hot air ballooning and meeting Charlie Daniels are among the highlights as is traveling to Cancun, Whistler, and Banff. But most of all, he is grateful for the many friends that he has made over the years. “I don’t think there is a better group of people,” Mansfield said.
Dermoscopy Symposium, Interactive Repair Forum Highlight Midyear Meeting

A three-hour dermoscopy symposium and an interactive repair forum nestled among lectures about hair restoration and tropical dermatology coupled with presentations on practice management issues rounded out by an Osteopathic Continuous Certification update. And there you have the line-up for the 2013 AOCD Midyear Meeting, sure to be intriguing and educational.

Resident speakers will kick off the meeting, which will be held at the Winter Park Mountain Lodge in Colorado, Jan. 23-26, with lectures beginning Wednesday afternoon. Resident presenters are scheduled Wednesday afternoon and Saturday morning. Guest lecturers will present on Thursday and Friday and will close the meeting on Saturday.

**Resident Speakers**

Residents will present beginning Wednesday afternoon. The speakers and their topics are as follows:

- Frank Don, D.O.  
  Off-Label Uses of Xenon Chloride Excimer Laser
- Ralph Fiore II, D.O.  
  Iatrogenic Infections: A Review of the Atypical
- Jacquelyn Levin, D.O.  
  Interindividual Variation in Transdermal and Oral Drug Delivery
- Steffany Steinmetz, D.O.  
  Lamellar Ichthyosis: A Case Report and Review
- Leslie Stapp, D.O.  
  Urticaria Pigmentosa
- Ashley Walker, D.O.  
  Masquerading Malar Mystery
- Shauntell Solomon, D.O.  
  Non-Healing Ulcer of the Vertex
- Laurie Lenz, D.O.  
  Familial Koenen Tumors without a Diagnosis of Tuberous Sclerosis
- Marie Lewars, D.O.  
  Tattoo Taboo

- Chau Vu, D.O.  
  The Evolution of Follicular Unit Extraction for Hair Restoration
- Leilani Townsend, D.O.  
  Catastrophic Antiphospholipid Syndrome: A Rare Entity to Consider
- Dunnett Durando, D.O.  
  Allergic Contact Dermatitis to Dermabond Following TKA: A Case Series
- Ralph Fiore II, D.O.  
  Iatrogenic Infections: A Review of the Atypical
- Leilani Townsend, D.O.  
  Catastrophic Antiphospholipid Syndrome: A Rare Entity to Consider
- Dunnett Durando, D.O.  
  Allergic Contact Dermatitis to Dermabond Following TKA: A Case Series
- G. Kent Mangelson  
  Improved Patient Care through Lawsuit Protection and Prevention for Osteopathic Dermatologists
- Stuart S. Williams, M.D.  
  Staphylococcal Infections: A Review of the Atypical
- Martin Zaiac, M.D.  
  TBA
- Brad Glick, D.O., FAOCD  
  Isotretinoin Update: Factors Affecting Isotretinoin Relapse
- Tejas Desai D.O., FAOCD  
  Management of Common Dermatologic Surgical Complications
- Harold Rabkinovitz, M.D.  
  Margaret Oliviero, ARNP  
  Dermoscopy Course
- Terry Cronin, M.D.  
  Ed Yob, D.O., FAOCD  
  Alex Miller, M.D.  
  Interactive Repair Forum
- Craig Ziering, D.O., FAOCD  
  Robotic Hair Restoration and State of the Art Therapies for Hair Loss
- Andrew Racette, D.O., FAOCD  
  Tropical Dermatology
- Garrett Bohrnstedt, D.O.  
  A Case of Multiple Erythematous, Asymptomatic Papules

An afternoon ski break is scheduled while the Board of Trustees meet.

**Guest Speakers**

Guest speakers are slated to begin presentations on Thursday morning. The speakers and their topics are as follows:

- Dan Ladd, D.O., FAOCD  
  Preservation of Private Practice in Dermatology
- Whitney High, M.D.  
  Bedbugs, Ticks, Spiders and Creepy Crawlers
- G. Kent Mangelson  
  Improved Patient Care through Lawsuit Protection and Prevention for Osteopathic Dermatologists

- Mark Matthews, M.D.  
  Current Topics in Dermatopathology
- Martin Zaiac, M.D.  
  TBA
- Brad Glick, D.O., FAOCD  
  Isotretinoin Update: Factors Affecting Isotretinoin Relapse
- Tejas Desai D.O., FAOCD  
  Management of Common Dermatologic Surgical Complications
- Harold Rabkinovitz, M.D.  
  Margaret Oliviero, ARNP  
  Dermoscopy Course
- Terry Cronin, M.D.  
  Ed Yob, D.O., FAOCD  
  Alex Miller, M.D.  
  Interactive Repair Forum
- Craig Ziering, D.O., FAOCD  
  Robotic Hair Restoration and State of the Art Therapies for Hair Loss
- Andrew Racette, D.O., FAOCD  
  Tropical Dermatology
- Garrett Bohrnstedt, D.O.  
  A Case of Multiple Erythematous, Asymptomatic Papules

A three-hour ski break is scheduled in the afternoon.

**Winter Park: Weekend of Snow-filled Fun**

Getting to Winter Park, Colo., for the 2013 Midyear Meeting, Jan. 23-26, may be easier than you think. In addition to shared and private shuttles from the Denver International airport, car rentals and taxis are available. The airport is located 90 miles east of Winter Park, which is the closest mountain town and ski resort to Denver and Colorado Springs. You can even take Amtrak, allowing you to watch the Continental Divide rise out of the Great Plains.

Once there, getting around town is easy with The Lift, Winter Park and Fraser’s free bus service. It runs daily from the Winter Park Resort to Winter Park and Fraser during the ski season. Be sure to stop by the Winter Park Winter Carnival while at the Midyear Meeting. The carnival is a weekend of fun events; contests starting Friday and continuing through Sunday evening. Event venues include downtown Winter Park, Winter Park Resort, and Hideaway Park. In addition, Winter Park Snowdash is slated for Jan. 26. This adventurous 5k race in downtown Winter Park has racers climbing over cargo nets, running uphill in the snow, crawling through powder pits, and darting up steep terrain. SnowDash is an obstacle course, complete with snow, cold, six-to-eight-foot obstacles, and loud music. You can help add the cheer.
On the heels of corrections to the meaningful use Stage 2 criteria being published, recommendations for Stage 3 were released.

Most of the corrections in the 10-page document, which was published by the Centers for Medicare & Medicaid Services (CMS) in the Oct. 23, 2012 Federal Register, are typographical and grammatical errors as well as technical corrections, such as renumbering tables. The stages are part of Medicare’s incentive program for electronic health records (EHRs).

Some of the corrections in the final rule implementing the requirements for Stage 2, however, appear to be more substantial in nature. For example, CMS omitted a reference to the applicable eligible professionals (EPs) or eligible hospitals that have to meet the calendar year or fiscal year submission period requirements. The final rule published in the Sept. 4, 2012 Federal Register also contained errors in describing those providers in the first year of demonstrating meaningful use for purposes of avoiding a payment adjustment. Also omitted were certain clinical quality measures that were included in Stage 1, but not finalized in Stage 2 after consideration of public comments. Additionally, certain clinical quality measurements that would be excluded from an EP’s option of reporting in Stage 1 of meaningful use were omitted.

The agency maintains that these corrections do not constitute rulemaking and therefore do not require a notice, comment period, or delay in effective date. This is not the first time that CMS has issued corrections to rules and guidance to the rules for meaningful use. This past April, the agency published technical corrections to the proposed rule implementing Stage 2 of meaningful use.

To see the corrections in their entirety, visit the Federal Register website at www.federalregister.gov.

Meanwhile, the Office of the National Coordinator for Health Information Technology released proposed recommendations for Stage 3. This stage is expected to focus on achieving improvements in quality, safety and efficiency while focusing on decision support for national high priority conditions, patient access to self-management tools, and access to comprehensive patient data, and improving population health outcomes. Along those lines, the proposed recommendations include the ability for patients to submit patient-generated information and request changes to their online records. Other proposed recommendations require EHRs to access immunization recommendations and query other entities for records.

The public comment period for the proposed recommendations will end in January, 2013, after which they will be analyzed and public meetings will be held before the final rule is issued.

The Stage 2 rule goes into effect in 2014 while the Stage 3 rule is expected to go into effect in 2016.
Dr. Deckelbaum: New Mohs Fellow

One week after Scott Deckelbaum, D.O., graduated from the Western University/Pacific Hospital Dermatology program under the direction of David Horowitz, D.O., he packed up his family and moved to Tulsa to become the latest Fellow in Mohs micrographic surgery at Tulsa Cancer Institute (formerly Dermatology Associates of Tulsa) in Oklahoma under the direction of Edward Yob, D.O.

For Dr. Deckelbaum, practicing medicine goes hand-in-hand with moving. He received his Bachelors of Science and Medical Degree from Nova Southeastern University in Fort Lauderdale, Fla., from where Dr. Deckelbaum graduated with honors as a member of the National Osteopathic Honor Society. He then completed a Family Medicine Residency in Albany, New York, where Dr. Deckelbaum was given the distinct honor of receiving the Predoctoral Teaching Award two years in a row. After graduating residency and receiving his Board Certification in Family Medicine, he completed a one-year Faculty Development Fellowship and joined the Albany Medical Center Department of Family Medicine as an Assistant Professor. As a full-time faculty member, his time was split between teaching residents and seeing patients. In family practice, Dr. Deckelbaum saw a broad range of patients, but always gravitated toward the dermatology cases, he said. “Dermatology just seemed to fit me better.”

After three years in family medicine, Dr. Deckelbaum applied for and was accepted into Dr. Horowitz’s program in Torrance, Calif. There, he developed a passion for dermatologic surgery with an emphasis on Mohs surgery. “I was lucky to have had Dr. David as a program director. He not only taught me how to be a dermatologist, but he was a great mentor who encouraged me to pursue my passion for treating skin cancers,” he said. “With more than 20,000 Mohs cases and countless other melanoma and non-melanoma patients, he has a tremendous amount of knowledge and experience from which I can learn and I am grateful for the opportunity.”

Dermatology Associates of Tulsa Joins Tulsa Cancer Institute

Dermatology Associates of Tulsa in Oklahoma has recently merged with Tulsa Cancer Institute (TCI).

“The merger brings a new dynamic to providing care for cancer patients, especially those with more complicated cancers such as melanomas and other serious cutaneous malignancies,” said Edward Yob, D.O., who established Dermatology Associates of Tulsa and is now a partner in TCI.

Started in 1972 by a single physician specializing in hematology and medical oncology, TCI grew to 20 physicians specializing in gynecological oncology, hematology, medical oncology, radiation oncology, and now dermatology. The addition of dermatologists to TCI’s multidisciplinary team will enhance coordinated care for its patients, Dr. Yob said. In addition to treating melanomas and cutaneous malignancies, dermatologists will be able to assist medical and radiation oncologists in treating patients with dermatologic side effects resulting from various cancer therapies, he noted. The dermatology practice will focus on screening and education, diagnosis and treatment, and consultation in the management of skin cancer. Dr. Yob is in the process of recruiting more dermatologists.

A new 85,000-square-foot facility is slated for completion in May, as well. Working alongside TCI physicians are nearly 250 support staff members ranging from advanced practice nurses to radiation therapists and pharmacists. Among the existing state-of-the-art clinical services, total body photography for patients with atypical moles will be added. While TCI’s existing four offices in Tulsa will move to the new facility, its three offices outside of the city will remain in their respective locations. TCI serves the greater Tulsa metropolitan area, Northeastern Oklahoma, and beyond.
Medicis is dedicated to helping patients attain a healthy and youthful appearance and self-image.


Medicis, The Dermatology Company is proud to support the American Osteopathic College of Dermatology and their educational initiatives.
OCC to Start January 1, 2013

January 1, 2013 is the official start date of Osteopathic Continuous Certification (OCC). The OCC process will serve as a way in which board-certified DOs can maintain currency and demonstrate competency in their specialty area.

The only change to the current osteopathic recertification process is the addition of a Practice Performance Assessment. All other components are already part of the current osteopathic recertification process.

Dermatologists who hold a time-limited certificate, that is, they were certified in 2004 and after, will be required to participate in the five components of the OCC process in order to maintain osteopathic board certification. They will be required to recertify beginning in 2014. Physicians who must sit for their recertification exam in 2014 may want to consider sitting for it in 2013 to give themselves an additional opportunity to pass the exam, noted AOBD Chair Stephen Purcell, D.O.

Component 1, an unrestricted licensure, requires that physicians who are board-certified by the AOA hold a valid, unrestricted license to practice medicine in one of the 50 states. In addition, these physicians are required to adhere to the AOA’s Code of Ethics.

Component 2, lifelong learning/continuing medical education, requires that all recertifying physicians fulfill a minimum of 120 hours of continuing medical education (CME) credit during each three-year CME cycle. Of these 120+ CME credit hours, a minimum of 50 credit hours must be in the specialty area of certification. The AOBD will designate the self-assessment activities.

Component 3, cognitive assessment, requires the provision of one (or more) psychometrically valid and prototered examinations that assess a physician’s specialty medical knowledge as well as core competencies in the provision of health care. The AOBD will administer the first recertification exam at the 2013 Annual Meeting in Las Vegas.

Component 4, practice performance assessment and improvement, requires that physicians engage in continuous quality improvement through comparison of personal practice performance measured against national standards for one’s medical specialty.

Component 5 requires continuous AOA membership. Membership in the AOA offers online technology, practice management assistance, national advocacy for DOs and the profession, access to professional publications, and CME opportunities.

For updates about OCC, visit the AOA website at www.osteopathic.org. For more information about the recertification exam, visit the AOBD website at www.aobd-derm.org.

Physicians Adopt EHRs

Last year, 55 percent of physicians adopted an electronic health record (EHR) system, according to a recent study published by the Centers for Disease Control and Prevention’s National Center for Health Statistics.

Of those, 29 percent were solo practitioners. However, the proportion of adopters increased as the size of the practice increased. Specifically, 60 percent of physicians in two-physician practices adopted EHRs compared with 62 percent of those in 3-to-10 physician practices, and 85 percent of physicians in practices with 11 or more physicians.

Only half of doctors in physician-owned practices were adopters, whereas 100% of those in health maintenance organizations, 74 percent in community health centers, and 70 percent in academic centers had adopted EHRs.

Nearly as many specialists (55%) as primary care physicians (58%) adopted EHRs. Among physicians under the age of 50, 64% adopted EHRs.

Approximately three-quarters of physicians (77%) who have adopted an EHR system say that their system meets federal meaningful use criteria. In comparison, eight percent of respondents have a system that does not meet such criteria; 15 percent are uncertain whether their system meets the criteria.

The benefits of an EHR system cited by respondents focused on patient-related outcomes and physician workflow. Nearly three-quarters of adopters (74%) reported that using an EHR resulted in enhanced patient care within the past 30 days. Additionally, 41 percent ordered more on-formulary medications and 29% ordered fewer tests due to the availability of laboratory results. Regarding workflow, the majority of adopters (74%) reported having accessed a patient’s chart remotely. While half were alerted to critical lab values, 41 percent were alerted to a potential medication error and 28 percent identified needed lab tests.

While the majority of physician adopters were satisfied with their systems, just how satisfied varied. Specifically, 47 percent were somewhat satisfied and 38 percent were very satisfied. In contrast, 10 percent were somewhat dissatisfied and five percent were very dissatisfied.

Nearly half of physicians currently without an EHR system plan to purchase one. Specifically, 27 percent are in the process of selecting an EHR or intend to purchase one within the next year while 21 percent have just purchased a system.
Spring Deadlines for Resident Opportunities

March and May are the deadlines for a research award and paper writing competition for residents.

Applications for the A.P. Ulbrich Research Award in Dermatology must be received by March 30, 2013 to be eligible for consideration of the award during the following academic year (July 1-June 30).

Applications will be entertained from osteopathic physicians in postdoctoral training programs and research fellowships in dermatology. Each grant supports one individual. Not more than two consecutive or non-consecutive grants may be awarded to the same individual. All resident research must be conducted under the guidance of a research advisor, that is, a sponsor.

Once received, applications will be reviewed by the Research Committee, which will forward its recommendations to the AOCD. Applicants are notified of the Committee’s action by certified letter.

For more information about the award or to download an application, visit the AOCD website at http://www.aocd.org/qualify/ulbrich_award.html.

Two months later—May 31, 2013—is the deadline for submitting a paper for the Bayer Healthcare Writing Grant Competition (formerly the Intendis Resident Paper Competition).

Papers will be judged for originality, degree of scientific contribution, and thoughtfulness of presentation.

Residents must be in an approved AOA/AOCD dermatology training program to enter the competition. They must submit eight copies of the paper, which must be typed and suitable for publication. The title page and all other pages should exclude the resident’s name and/or other authors. The title page should include only the title of the paper. All other information can be placed on the face sheet submitted with copies of the paper. Papers should be sent to the office of Eugene Conte, D.O., 8940 Kingsridge Drive, Suite 104, Centerville, Ohio 45458.

This paper must have been written and submitted while the resident was still in training.

Winners of both the award and paper competition will be announced at the 2013 Annual Meeting.

New Resident Liaison Named

Congratulations to Trey Haunson, D.O., the new resident liaison. Dr. Haunson is a second-year resident in the VCOM/LewisGale Hospital-Montgomery program under the directorship of Daniel Hurd, D.O.

JAOCD Call For Papers

We are now accepting manuscripts for publication in the upcoming issue of the JAOCD. ‘Information for Authors’ is available on our website at www.aocd.org/jaocd. Any questions may be addressed to the editor at journalaocd@gmail.com. Member and resident member contributions are welcome. Keep in mind, the key to having a successful journal to represent our College is in the hands of each and every member and resident member of our College. Let’s make it great!

-Karthik Krishnamurthy, D.O., FAOCD, Editor
AOCD Thanks Corporate Members, Meeting Supporters

The AOCD would like to thank our corporate members and meeting supporters of the 2012 AOCD Annual Meeting. Without their monetary support, the College would be unable to bring its members quality educational venues. Please make sure to thank your representatives from the following companies:

- Galderma, Medicis (Diamond Level)
- Biopelle, Inc., Ranbaxy Laboratories, Inc. (Gold Level)
- Coria; Stiefel, a GSK Company; Valeant Dermatology (Silver Level)
- Abbott Pharmaceuticals, Dermatopathology Labs - Central States (DLCS), Ferndale Healthcare, Sanofi-Aventis, Triax Pharmaceuticals (Bronze Level)
- Warner Chilcott (Pearl Level)

The following companies provided meeting grants and support:
- Abbott Pharmaceuticals; Advanced Dermatology; Allergan, Inc.; Bayer Healthcare; Cole Diagnostics; DermPath Diagnostics; DLCS; DUSA Pharmaceuticals; Encite, Inc., Ethicon, Inc.; Fallene Ltd.; Ferndale Healthcare; Galderma; Hill Dermaceuticals; Janssen Biotech; Merz Pharmaceuticals; Miraca Life Sciences; Onset Dermatologics; Ortho Dermatologics; Promius Pharma; Ranbaxy Laboratories; Stiefel, a GSK Company; TopMD Skin Care; Triax Pharmaceuticals; Tru-Skin Dermatology; Valeant Dermatology; and Warner Chilcott.

The College also would like to thank Fallene, Ltd. for its support for the 2012 Annual Meeting by sponsoring the tote bags, Tru-Skin Dermatology/The Shade Project for sponsoring the t-shirts, and Valeant Dermatology for sponsoring the registration portfolios. The AOCD would like to thank Terri You and Keith Waltrip from Abbott; Sean Stephenson, D.O., from DLCS; Alex Contreras from Galderma; and Brandon Hockenstad from Medicis for attending the first of many Presidential Celebrations, which was a huge success. The College extends a special thank you to Steve Heicklen from Ranbaxy Laboratories, Inc. for sponsoring the Presidential Celebration.

Looking forward, the 2013 AOCD Midyear Meeting is just around the corner. I have been busy working on obtaining exhibitors, corporate support, and grants; updating the Corporate Membership Brochure; and putting feelers out for our next Annual Meeting.

Tru-Skin Dermatology Brings Shade to Austin

Like many dermatologists, Daniel J. Ladd, Jr., D.O., saw the ever-increasing incidence of skin cancer in his younger patients. That is when he and his wife, Lurleen, decided to establish The Shade Project, an Austin, Texas-based non-profit organization dedicated to the prevention of skin cancer through education, outreach, and the building of shade structures where children play.

After one year of outreach and education efforts, The Shade Project dedicated its first shade structure at Lamar Middle School. The dedication took place during Skin Cancer Awareness Month on Don’t Fry Day, May 25, 2012. “You can have wonderful play areas, but if they get too hot to play on, then they can’t be enjoyed thoroughly,” said Dr. Ladd, who serves as the Shade Project’s Medical Director. This structure now serves as a welcome point for students to socialize, a location for outdoor learning, and a venue for the community-at-large.

In addition, the Shade Project was recently awarded $16,500 grant from the Austin Parks Foundation to erect another shade structure over the Rosewood Park splash pad, which caters to Austin’s youngest children.

“We want to educate children and parents to take proper precautions when out in the sun, and we want them to have the opportunity to enjoy being active outdoors,” said Lurleen Ladd, The Shade Project’s Executive Director who was successfully treated for squamous cell carcinoma in 2011. “It is our hope to expand The Shade Project into other cities and inspire others to do their part in the battle against skin cancer.”

Dr. Ladd, the Founder and Medical Director of Tru-Skin Dermatology, also hosts the Dr. Dan Show, a weekly local radio program. Lurleen is the Co-Founder and Executive Director of the radio program that is dedicated to educating their community about healthy living, with a special emphasis on skin cancer prevention.

Finding innovative ways to prevent and treat skin cancer is what Tru-Skin Dermatology is all about. This year, Tru-Skin Dermatology became the nation’s first dermatology franchise offering a proven business model that strengthens and supports the private practice of dermatology. By creating a network of dermatologists who receive key business and operations support, Tru-Skin Dermatology enables physicians to maintain a primary focus on patient care. While each Tru-Skin office provides a full range of medical and cosmetic services, the core value of skin health and skin cancer prevention is reflected at every level.

“Each patient contact, whether medical or cosmetic, is an opportunity to educate patients about skin health and their risk for developing skin cancer,” Dr. Ladd advises.

For more information about Tru-Skin Dermatology and how to donate to The Shade Project, visit www.tru-skin.com.

Tru-Skin Dermatology is the newest Pearl Level Corporate Sponsor beginning in 2013 and a supporter of the Annual and Midyear Meetings.

By Shelley Wood, Grants Coordinator

AOCD Spotlight

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Meet the New NSU-COM

The OPTI may still be Nova Southeastern University, College of Osteopathic Medicine (NSU-COM) and the program director a familiar face, but the NSU-COM/Larkin Community Hospital is a new residency training program.

Under the directorship of Stanley Skopit, D.O., the South Miami-based program opened its doors this past July welcoming three residents. In addition, two residents transferred from the Duncanville, Texas residency program that closed this past June. The program has been approved for a total of nine positions.

“Having had a strong working relationship with a prestigious and diverse dermatology faculty at the University of Miami, Cedars Hospital under the directorship of Francisco Kerdel, M.D., and Miami Children’s Hospital under the directorship of Ana Duarte, M.D., these individuals were anxious to participate with me in our new program,” said Dr. Skopit, who brings more than two decades of experience and expertise to the new program. He first served as a program director from 1989 to 1993 in a preceptorship model with NSU at various south Florida hospitals prior to the establishment of the AOAD’s residency training programs. From 1993 until 2010, Dr. Skopit served as a program director for the NSU-COM/Broward General Medical Center in Fort Lauderdale.

Disciplines Vary

As part of the program, residents are exposed to a variety of disciplines. They have rotations in general dermatology at various clinics including those at the University of Miami, Cedars Hospital. They receive training in pediatric dermatology at Miami Children’s Hospital, radiation/ oncology at Mount Sinai Medical Center in Miami Beach, dermatopathology at Global Laboratories, dermoscopy at the Skin and Cancer Associates, and Mohs micrographic surgery and cosmetic surgery at the Greater Miami Skin and Laser Center. Residents also learn about cosmetic surgery and treating skin of color at Hollywood Dermatology and Cosmetic Surgery Specialists, and bullous diseases at the Bullous Disease Clinic at NSU-COM. Typically, each resident spends one- to two-week blocks in the different dermatological disciplines in addition to rotating in Dr. Skopit’s private clinic setting.

They also have four one-week elective weeks to experience a discipline in dermatology of their choosing. Residents can opt to spend more time rotating in a discipline that they already worked in, do a rotation with world renowned specialists outside of the state (with approval), or do a rotation in a very specialized discipline, such as hair transplants, he explained. All residents meet on Wednesdays for academics and dermatopathology.

“The unique features of our program are the exposure to a wide array of dermatological disciplines and a broad patient base with hands on experience every day under direct supervision,” Dr. Skopit said.

Other Teaching Opportunities Exist

The residents run the Larkin Community Hospital resident-driven Dermatology Clinic with the program’s Assistant Director, Lawrence Schiffman, D.O., who is introducing to them a new concept in teledermatology. Dr. Schiffman has established a teledermatology program with the cruise ship industry in south Florida in which he consults on dermatological cases with the ship’s doctor. “This provides the residents with an opportunity to learn another modality that they may find useful in their future practice,” Dr. Skopit explained.

“Additionally, the residents are now being exposed to electronic medical records as well coding and billing so that they are well prepared to run their own businesses upon graduation,” he said.

The residents attend weekly academic sessions in dermatopathology and monthly journal club meetings. They attend grand rounds and tumor board on a regular basis. In addition, the residents host journal clubs and joint meetings with other residency programs in the South Florida area on a quarterly basis.

Conferences/Meetings Abound

The residents have a plethora of conferences to attend. Among them are the AOAD’s Annual and Midyear meetings, the American Academy of Dermatology’s (AAD) annual and summer meetings, the Orlando Aesthetic Conference, and the South Beach Symposium. Then there are the Florida dermatology and dermatological surgery meetings from which to choose.

The residents are involved with poster presentations of original research and case reviews at NSU-COM not to mention presenting posters at the AAD and fulfilling their AOAD requirements. They are writing papers for publication and presenting lectures to students, interns, and residents of other specialties both at Larkin Hospital, which was just named a statutory teaching hospital, and NSU-COM.

Not one to rest on his laurels, Dr. Skopit is always looking for ways to enhance his residency program in order for the residents to stay competitive. As an example, he is looking to add a Mohs Fellowship. It is currently awaiting final approval by the AOA, but he expects the fellowship to begin in July 2013. It’s important for osteopathic dermatology graduates to have the opportunity to receive Mohs Fellowship training, he explained.

The NSU-COM residents are as follows:

Chief Resident Steffany Steinmetz, D.O.;
second-year resident Jordan Fabrikant, D.O.;
Bertha Baum, D.O.; Jessica Bernstein, D.O.; and
Ashvin Garlapati, D.O.
I would like to take this opportunity to announce that Trey Haunson, D.O., will be taking over as the new Resident Liaison for the academic year 2012-2013. Please welcome Dr. Haunson into this position. You may contact him at the AOCD liaison email address (aocdrresident.connection@gmail.com) for any residency concerns or issues.

As I end my year serving as the Resident Liaison, I would like to thank Dr. Brad Glick, Marsha Wise, John Grogan, and Ruth Carol for their help throughout the year. I also would like to thank my fellow residents for the opportunity to serve them in this capacity.

But before I end my stint as Resident Liaison, I would like to update you on the following issues:

- I would like to take this opportunity to thank Drs. Glick, Amy Basile, and Edward Yob, for their dedication and effort in contacting the Women's Dermatologic Society (WDS) to help resolve the issue of Osteopathic membership status in the society. Thank you for all your hard work and help getting Osteopathic physicians back to full active membership status. Although there will be a formal vote at the annual WDS meeting in the spring, the current and immediate past presidents have already contacted Dr. Glick about this resolution.
- As I mentioned after the in-service examination at the AOCD Annual Meeting, the AOBD has acknowledged the residents request to move the official board exam to a set date, earlier than the AOA Annual Meeting. However, at this time there are financial restraints to moving the exam. I have passed on information to Drs. Haunson and Glick and I am hopeful that the Board of Trustees will continue to look into this request.
- I want to remind everyone that the basic standards, which have been reprinted and updated to reflect the new requirements of the College, were enclosed in the packet that the AOCD distributed to all residents before the in-training exam. I encourage everyone to read through the document as it defines not only graduation requirements, but the basic requirements for each resident. Included in the basic requirements is the evaluation process of the residents and faculty as well as moonlighting rules and regulations. This packet includes a lot of information that has a major impact on you as a resident, so I urge you to take the time to read through it.

Again, it has been my pleasure to serve the needs of the residents and I wish all my fellow residents the best of luck for the rest of this academic year.
Hello everyone,

It was great to see all of you at the Annual Meeting. I hope you enjoyed the lectures and found the meeting to be a rewarding experience. Many people put in a lot of time and hard work to make this meeting great. Many thanks to Drs. David Grice and Brad Glick, as well as Marsha Wise, for the many hours they spent preparing for the meeting and seeing it through to the end. A special thanks to Dr. Michael Morgan and our exam proctors for all the help they provided for the In-Training Examination.

With the New Year less than one month away, it’s not too early to begin thinking about renewing your annual dues. These can be paid online through your member account at www.aocd.org/membership.

Please remember to keep your contact information current. Your username is the email address you have given the AOCD and your default password is “Aocd” followed by your AOA number. The next screen will allow you to change your username and password, if you wish. If you have any problems logging in, please contact us and we will help you.

In-Training Exam

Your scores from the 2012 In-Training Examination should have arrived by now. The results were sent to your program director also.

Koprince Winners Announced for 2012 Annual Meeting

Congratulations to the following residents who were selected as Koprince Award recipients for their lectures presented at the 2012 Annual Meeting in San Diego:

- Paul Aanderud, D.O., Oakwood Southshore Medical Center
- Alison Himes, D.O., O’Bleness Memorial Hospital
- Angela McKinney, D.O., Botsford Hospital/McLaren-Oakland
- Sanjosh Singh, D.O., St. John’s Episcopal Hospital
- Morgan and our exam proctors for all the help they provided for the In-Training Examination.

Resident Lectures

Resident lectures at the 2013 Midyear Meeting will be held Wednesday, Jan. 23 and Saturday, Jan. 26. The resident lectures are scheduled from 1 p.m. to 5:20 p.m. on Wednesday and from 7 a.m. to 9 a.m. on Saturday. The lectures will cover a broad range of topics.

I hope everyone has a happy and safe holiday season with family and friends. See you soon in Winter Park!

Grand Rounds Online

Each residency program is, once again, asked to provide a case for the Grand Rounds website. The 2013 schedule is as follows:

- Jan. 5  Drs. Horowitz and Kessler
- Feb. 5  Drs. Cleaver and Del Rosso
- March 5 Drs. Lloyd and Purcell
- April 5 Drs. Hibler and Silverton
- May 5  Drs. Grekin and LaCasse
- June 5  Drs. Glick and Shecter
- July 5  Drs. Hoffman and Watsky
- Aug. 5  Drs. Harla and Miller
- Sept. 5 Drs. Mackey and Stewart
- Oct. 5  Drs. Aguilera, Desai, Skopit
- Nov. 5  Drs. Kuriata, Peterson, and Wikas
- Dec. 5  Drs. Hughes, Hurd, and Young

The chief resident from each program is responsible for making sure that a case is submitted. He or she must notify the AOCD when it is submitted. Please contact me for the sign-on information to submit a case. In 2014, the schedule will start over from the beginning for each program.

Be sure to check out the Dermatology Grand Rounds on our website at: http://www.aocd-grandrounds.org.

DO Day on Capitol Hill Set for March

With health care issues from reform to regulation playing a major role in today’s political arena, there’s no better time than now to talk to members of Congress about osteopathic medicine.

DO Day on Capitol Hill, which is scheduled March 14, 2013, is the prime opportunity to educate members of Congress and their staff face-to-face about osteopathic medicine and communicate positions of the osteopathic community regarding important health policy issues where such legislation is crafted.

Participation in this event demonstrates that the DO community is dedicated to protecting and preserving the cornerstones of osteopathic medicine, according to George Thomas, D.O., Chair of the AOA’s Bureau on Federal Health Programs. “The more people we can get to participate in this event, the more Capitol Hill will understand osteopathic medicine and welcome our positions on important health policy issues,” he is quoted as saying.

Prior to the event, participants will receive briefing materials on the key issues to be discussed. Once in Washington, osteopathic advocates will begin the day by participating in a morning legislative briefing to discuss how best to communicate with members of Congress and review the issues that will be discussed as well as any presentations to be given by guest speakers. Next, participants will be directed toward Capitol Hill where they will meet with Congressional representatives throughout the afternoon. Staff at the AOA will make these appointments by matching participants’ addresses against the AOA’s Congressional database and then requesting appointments with the appropriate elected officials. Afterward, participants will report the results in a debriefing room.

To learn more about this event, contact Leann Fox, the AOA’s Director of Washington Advocacy and Communications, at (800) 962-9008 or govt-issues@osteopathic.org. Additionally, the eBriefing Center on the AOA website will provide information for before, during, and after the visit, as well as update participants on what to expect and how the day will work.
UPCOMING MEETINGS

The American Society for Mohs Surgery will host its annual Clinical Symposium *Dermatologic Surgery: Focus on Skin Cancer* on May 23-26, 2013 at the Omni Amelia Island Plantation Resort in northeast Florida. Experts in the field will provide updates on a wide range of dermatologic and Mohs surgery topics. Separate interactive panel members will discuss appropriate repair strategies for a variety of surgical wounds and innovative approaches to melanoma treatment. Both Mohs and non-Mohs cases will be featured in the microscope laboratory. Mohs nursing staff, technicians, and other Mohs support personnel will increase their knowledge of skin cancer treatment and develop a greater appreciation for their unique roles in supporting high quality dermatologic care. AMA PRA Category 1 credit is available. For more information, contact Novella Rodgers, Executive Director, at (800) 616-2767, (714) 379-6262, or execdir@mohssurgery.org or visit the society’s website at www.mohssurgery.org.

**AOCD ANNUAL MEETINGS**

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**AOCD MIDYEAR MEETINGS**

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<td>Jan. 23-26, 2013</td>
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HELP WANTED

Dermatology Position Available in Chicago

NIMA Skin Institute, a premiere Chicago dermatology practice, seeks a BE/BC dermatologist for its rapidly growing practice. The office is located in the heart of Chicago’s Lincoln Park neighborhood and has an excellent mix of general dermatology along with surgical, cosmetic, and laser procedures. We are seeking a dermatologist who is committed to exceptional patient care, best practices, and collaboration. This position offers a flexible schedule with competitive salary and benefits. Please contact Nilam Amin, D.O., via email at nimaskininstitute1@gmail.com or phone at (312) 266-6462.