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<td>Foundation of Dermatology Financial</td>
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<td>AOA Healthy &amp; Viable Affiliate Organizations Program Report</td>
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<td>AOA Approval of 2012 By-Laws Revisions</td>
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</tbody>
</table>

EXECUTIVE DIRECTOR
Marsha A. Wise, BS
mwise@aocd.org

RESIDENT COORDINATOR/ MEMBER SUPPORT
John C. Grogan, BA
jgrogan@aocd.org

GRANTS AND CORPORATE SUPPORT COORDINATOR
Shelley Wood, MA
swood@aocd.org

Membership as of August 15, 2013
Fellow/Life Members 24
Fellow Members 437
Associate Members 46
Affiliate Members 06
Resident Members 128
Student Members 112

Total Membership 753
## 2012-2013 AOCD OFFICERS

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
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</thead>
<tbody>
<tr>
<td>President</td>
<td>David L. Grice, D.O., FAOCD</td>
<td>3155 S. Carrier Parkway, Grand Prairie, TX 75052</td>
<td>972-263-5064</td>
<td>972-263-5102</td>
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<tr>
<td>President-Elect</td>
<td>Suzanne Rozenberg D.O., FAOCD</td>
<td>11 Irving Place, Woodmere, NY 11598</td>
<td>516-295-5570</td>
<td>516-295-5575</td>
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<tr>
<td>First Vice-President</td>
<td>Rick Lin, D.O., FAOCD</td>
<td>3100 Buddy Owens Ave., Ste. 101, McAllen, TX 78504</td>
<td>956-971-0404</td>
<td>956-971-0408</td>
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<tr>
<td>Second Vice-President</td>
<td>Alpesh Desai, D.O., FAOCD</td>
<td>2120 Ashland St, Houston, TX 77008</td>
<td>713-864-2659</td>
<td>713-864-5577</td>
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<tr>
<td>Third Vice-President</td>
<td>Karthik Krishnamurthy, D.O., FAOCD</td>
<td>1400 Pelham Pkwy South / Bldg 1, Suite 4W-4D, Bronx, NY 10461</td>
<td>718-918-4274</td>
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<tr>
<td>Trustee</td>
<td>Mark A. Kuriata, D.O., FAOCD</td>
<td>300 E. Maiden Lane, St. Joseph, MI 49085</td>
<td>269-429-7546</td>
<td>269-429-0807</td>
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<tr>
<td>Trustee</td>
<td>John P. Minni, D.O., FAOCD</td>
<td>1400 SE Goldtree Dr., Ste. 107, Port St. Lucie, FL 34952</td>
<td>772-335-3550</td>
<td>772-337-4113</td>
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<tr>
<td>Trustee</td>
<td>Reagan Anderson, D.O., FAOCD</td>
<td>8580 Scarborough Drive, Suite 225, Colorado Springs, CO 80920</td>
<td>719-531-5400</td>
<td>719-531-9545</td>
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<tr>
<td>Trustee</td>
<td>Danica Alexander, DO, FAOCD</td>
<td>6250 Lantana Rd Ste. 9, Lake Worth, FL 33463</td>
<td>561-578-8100</td>
<td>561-721-1850</td>
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<tr>
<td>Trustee</td>
<td>Bryan Sands, DO, FAOCD</td>
<td>3812 Pheasant Lane, Waterloo, IA 50701</td>
<td>319-236-3444</td>
<td>319-236-0257</td>
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<tr>
<td>Trustee</td>
<td>Bradley P. Glick, D.O., FAOCD</td>
<td>2960 N State Road 7, Ste. 101, Margate, FL 33063</td>
<td>954-974-3664</td>
<td>954-974-4509</td>
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<tr>
<td>EEC Representative</td>
<td>Michael Scott, DO, FAOCD</td>
<td>509 Olive Way Ste. 817, Seattle, WA 98101</td>
<td>206-622-9215</td>
<td>206-441-2960</td>
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<tr>
<td>Finance Committee</td>
<td>Steven K. Grekin, D.O., FAOCD</td>
<td>1500 Eureka Road, Wyandotte, MI 48192</td>
<td>734-282-2500</td>
<td>734-282-2567</td>
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<tr>
<td>AOBD Representative</td>
<td>Stephen Purcell, D.O., FAOCD</td>
<td>1259 S. Cedar Crest Blvd. #100, Allentown, PA 18103</td>
<td>610-437-4134</td>
<td>610-437-2118</td>
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<tr>
<td>Trustee</td>
<td>Daniel Ladd, DO, FAOCD</td>
<td>3101 Highway 71 East Suite 203, Bastrop, TX 78602</td>
<td>888-451-0139</td>
<td>512-323-5880</td>
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<tr>
<td>Executive Director</td>
<td>Marsha A. Wise, B.S.</td>
<td>P.O. Box 7525, 2902 N. Baltimore St. Kirkville, MO 63501</td>
<td>660-665-2184</td>
<td>660-627-2623</td>
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<td></td>
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<td></td>
<td><a href="mailto:mwise@aocd.org">mwise@aocd.org</a></td>
</tr>
</tbody>
</table>

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3
COMMITTEE APPOINTMENTS 2012-2013

AAD Liaison Committee
Chair:
Michael Scott, D.O., FAOCD
Bradley Glick, D.O., FAOCD
Joan Tamburro, D.O., FAOCD
Edward Yob, D.O., FAOCD

AOA Bureau of Osteopathic Specialty Societies
Robert Schwarze, D.O., FAOCD (2010-2013)
Bradley Glick, D.O., FAOCD (2013-2016)

AOA House of Delegates Representative
David L. Grice, D.O., FAOCD
Lloyd Cleaver, D.O., FAOCD

AOA Postdoctoral Training and Residency Committee
Marc Epstein, D.O., FAOCD

Awards Committee
Chair:
Michael Scott, D.O., FAOCD
Members:
James Bernard, D.O., FACOD
Stephen Purcell, D.O., FAOCD – Ulbrich Award
Susan Kelly, D.O., FAOCD
Roger Byrd, D.O., FAOCD
Eugene Conte, D.O., FAOCD – Resident Call for Papers
Shelly Friedman, D.O., FAOCD
Daniel Hurd, D.O., FAOCD

Bylaws Committee
Chair:
James Young, D.O., FAOCD
Members:
Gene Graff, D.O., FAOCD
Jere Mammino, D.O., FAOCD
Bill Way, D.O., FAOCD

CME Committee
Chairs:
John Minni, D.O., FAOCD
Dwayne Montie, D.O., FAOCD
Members:
Danica Alexander, D.O., FAOCD
Marc Epstein, D.O., FAOCD
Suzanne Sirota Rozenberg, D.O., FAOCD AM 2013
Karthik Krishnamurthy, D.O., FACOD MY 2014
Rick Lin, D.O., FAOCD AM 2014
Editorial Committee/Public Relations
Chair: Karthik Krishnamurthy, D.O., FAOCD
Newsletter Editor: Ruth Carol
Associate Editor: Marsha A. Wise, BS, Executive Director
Members: Danica Alexander, D.O., FAOCD
         David Cleaver, D.O., FAOCD
         Susun Kim, D.O., FAOCD
         Albert Rivera, D.O., FAOCD

JAOCD Editor: Karthik Krishnamurthy, D.O., FAOCD

Education Evaluation Committee
Chair: James Bernard, D.O., FAOCD (2010-2013)
Vice Chair: Lloyd Cleaver, D.O., FAOCD (2011-2014)
Members: Marc Epstein, D.O., FAOCD (2010-2013)
         Brad Glick, D.O., FAOCD (2009-2012)
         Steve Grekin, D.O., FAOCD (2010-2013)
         David Grice, D.O., FAOCD (2013-2016)
         Cindy Hoffman, D.O., FAOCD (2010-2013)
         Steven Kessler, D.O., FAOCD (2009-2012)
         Mark Kuriata, D.O., FAOCD (2010-2013)
         Michael Scott, D.O., FAOCD (2011-2014)
         Suzanne Sirotta-Rozenberg, D.O., FAOCD (2011-2014)
         Stanley Skopit, D.O., FAOCD (2011-2014)
         Bill Way, D.O., FAOCD (2010-2013)
         Schield Wikas, D.O., FAOCD (2010-2013)

Ethics Committee
Chair: Brad Glick, D.O., FAOCD (2012-2015)
         Marc Epstein, D.O., FAOCD (2010-2013)
         James Young, D.O., FAOCD
         Charles Hughes, D.O., FAOCD

Fellow of Distinction
Chair: Stanley Skopit, D.O., FAOCD
Members: Jere Mammino, D.O., FAOCD
         Richard Miller, D.O., FAOCD
         Lynn Sikorski, D.O., FAOCD
         Bill Way, D.O., FAOCD
Finance Committee
Chair: Steve Grekin, D.O., FAOCD
Members: Reagan Anderson, D.O., FAOCD
          Michelle Foley, D.O., FAOCD
          Brad Glick, D.O., FAOCD
          Suzanne Sirota-Rozenberg, D.O., FAOCD
          Karthik Krishnamurthy, D.O., FAOCD
          Jere Mammino, D.O., FAOCD / Secretary Treasurer (Consultant)

Historical
Chairman: Shelly Friedman, D.O., FAOCD
Members: Marc Epstein, D.O., FAOCD
          David Horowitz, D.O., FAOCD
          Michael Scott, D.O., FAOCD
          David Brooks Walker, D.O., FAOCD
          James Bernard, D.O., FAOCD

Internet
Chair: Rick Lin, D.O., FAOCD
Members: Robert Finkelstein, DO, FAOCD
          Alka Madan, DO, FAOCD
          Bryan Sands, DO, FAOCD
          Aaron Bruce, DO, FAOCD
          Jere Mammino, DO, FAOCD
          James Towry, DO, FAOCD
          Yuri Kim, STUDENT
          Dylan Alston, STUDENT

In-Training Examination
Chair: Ryan Carlson, DO, FAOCD
Vice Chair: Shaheen Oshtory, DO, FAOCD
Member: Danica Alexander, D.O., FAOCD
          Brooke Bair, D.O., FAOCD
          Angela Bookout, D.O.
          Lloyd Cleaver, D.O., FAOCD
          Merrick Elias, D.O., FAOCD
          David Kasper, D.O., FAOCD
          Jonathan Keeleng, D.O., FAOCD
          Gwyna King, D.O., FAOCD
          Michelle Legacy, D.O.
          Angela Leo, D.O., FAOCD
          John Minni, D.O., FAOCD
          Dwayne Montic, D.O., FAOCD
          Peter Morrell, D.O., FAOCD
          Peter Saitta, D.O.
          Matthew Smetanick, D.O., FAOCD
          James Towry, D.O., FAOCD
Meeting Site Selection
Chair: John Minni, D.O., FAOCD
Members: Leslie Kramer, D.O., FAOCD
Reagan Anderson, D.O., FAOCD
Alpesh Desai, D.O., FAOCD
Karthik Krishnamurthy, D.O., FAOCD
Mark Kuriata, D.O., FAOCD

Membership
Brent Loftis, D.O., FAOCD

Nominating
Chair: Brad Glick, D.O., FAOCD (2012-2015)
Marc Epstein, D.O., FAOCD (2010-2013)
Suzanne Sirota-Rozenberg, D.O., FAOCD (2012-2013)
Cindy Hoffman, D.O., FAOCD
Bill Way, D.O., FACOD

Program Directors
Chair: Lloyd Cleaver, D.O., FAOCD

Members:
Jason Barr, D.O., FAOCD
Michael Eyre, DO, FAOCD
Bradley Glick, D.O., FAOCD
Cindy Hoffman, D.O., FAOCD
Charles Hughes, D.O., FAOCD
Stephen Kessler, D.O., FAOCD
Annette LaCasse, D.O., FAOCD
Vernon Mackey, D.O., FACOD
Richard Miller, D.O., FAOCD
Adriana Ros, D.O., FAOCD
Robin Shecter, DO, FAOCD
Stanley Skopit, D.O., FAOCD
Suzanne Sirota-Rozenberg, D.O., FAOCD
John Young III, MD

Alpesh Desai, DO, FAOCD
Tracy Favreau, DO, FAOCD
Steven Grekin, D.O., FAOCD
David Horowitz, D.O., FAOCD
Daniel Hurd, D.O., FAOCD
Mark Kuriata, DO, FAOCD
Jenifer Lloyd, D.O., FAOCD
Peter Malouf, D.O.
Steve Purcell, D.O., FAOCD
Dawn Sammons, D.O., FAOCD
Kimball Silverton, D.O., FAOCD
Daniel Stewart, D.O., FAOCD
Schild Wikas, D.O., FAOCD

Resident Liaison
Trey Haunson, D.O.
## AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
### RESIDENCY PROGRAMS
#### 2013-2014

<table>
<thead>
<tr>
<th>Program</th>
<th>Location</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>NSUCOM/Largo Medical Center (9)</td>
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<tr>
<td>Program Director: Richard Miller, D.O.</td>
<td></td>
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<tr>
<td>8220 US Highway 19 North</td>
<td></td>
<td>727-841-8505</td>
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<tr>
<td>Port Richey, FL 34668</td>
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<tr>
<td>Alta Dermatology (3)</td>
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<tr>
<td>Program Director: Stephen Kessler, D.O.</td>
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<tr>
<td>130 S. 63rd, Bldg. 350</td>
<td></td>
<td>480-981-2888</td>
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<tr>
<td>Mesa, AZ 85206</td>
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<tr>
<td>St. Barnabas Hospital (6)</td>
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<tr>
<td>Program Director: Cindy Hoffman, D.O.</td>
<td></td>
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<tr>
<td>Third Avenue &amp; 183rd Street</td>
<td></td>
<td>718-960-9000</td>
</tr>
<tr>
<td>Bronx, NY 10457</td>
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<tr>
<td>St. John’s Episcopal Hospital, South Shore (6)</td>
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<tr>
<td>Program Director: Suzanne Rozenberg, D.O.</td>
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<tr>
<td>150 E. Sunrise Highway</td>
<td></td>
<td>718-869-7108</td>
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<td>Lindenhurst, NY 11757</td>
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<td>O’ Bleness Memorial Hospital (4)</td>
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<tr>
<td>Program Director: Dawn Sammons, D.O.</td>
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<tr>
<td>55 Hospital Drive</td>
<td></td>
<td>740-566-4621</td>
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<tr>
<td>Athens, OH 45701</td>
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<td>Tri County Dermatology (4)</td>
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<tr>
<td>Program Director: Schield M. Wikas, D.O.</td>
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<tr>
<td>Cuyahoga Falls, OH 44221</td>
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<tr>
<td>Genesys Regional Medical Center (3)</td>
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<tr>
<td>Program Director: Kimball Silverton, D.O.</td>
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<tr>
<td>8245 N. Holly Rd. Ste. 101</td>
<td></td>
<td>810-606-7500</td>
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<tr>
<td>Grand Blanc, MI 48439</td>
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<td>Larkin Community Hospital (9)</td>
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<tr>
<td>Program Director: Stanley Skopit, D.O.</td>
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<tr>
<td>7031 Southwest 62nd Avenue</td>
<td></td>
<td>305-284-7761</td>
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<tr>
<td>South Miami, FL 33143</td>
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<td>West Palm Beach Hospital (7)</td>
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<td>Program Director: Robin Shecter, D.O.</td>
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<tr>
<td>5808 Jog Road</td>
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<td>Lake Worth, FL 33467</td>
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<td>Wellington Regional Medical Center (6)</td>
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<td>Program Director: Brad Glick, D.O.</td>
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<tr>
<td>5901 Colonial Drive #106</td>
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<td>NSU-COM/BGMC (9)</td>
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<td>Program Director: Tracy Favreau, D.O.</td>
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<tr>
<td>1600 S. Andrews Avenue</td>
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<td>Fort Lauderdale, FL 33316</td>
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<td>University Hospitals Regional Hospitals (6)</td>
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<td>Program Director: Jennifer Lloyd, D.O.</td>
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<tr>
<td>8060 Market St.</td>
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<td>Youngstown, OH 44106</td>
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<td>Lehigh Valley Health Network (9)</td>
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<td>Program Director: Steve Purcell, D.O.</td>
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<td>1259 S. Cedar Crest Blvd. #100</td>
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<td>610-437-4134</td>
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<td>Allentown, PA 18103</td>
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<td>McLaren-Oakland (6)</td>
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<tr>
<td>Program Director: Annette LaCasse, D.O.</td>
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</tr>
<tr>
<td>8906 Commerce Road, Suite 5</td>
<td></td>
<td>248-363-5555</td>
</tr>
<tr>
<td>Commerce Township, MI 48382</td>
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</tbody>
</table>
Oakwood Southshore Medical Center (6)
Program Director: Steven Grekin, D.O.
13450 E. 12 Mile Road
Warren, MI 48088
586-759-5525

Northeast Regional Medical Center (7)
Program Director: Lloyd J. Cleaver, D.O.
700 W. Jefferson
Kirkville, MO 63501
660-626-2191

Advanced Desert Dermatology (3)
Program Director: Vernon T. Mackey, D.O.
9179 W. Thunderbird Rd., B-105
Peoria, AZ 85381
623-977-6700

TCOM Dermatology (3)
Program Director: Peter Malouf, D.O.
3500 Camp Bowie Blvd.
Fort Worth, TX 76107
817-735-2549

Lewis-Gale Hospital
Montgomery Regional Dermatology (6)
Program Director: Daniel Hurd, D.O.
GME Dept., MRH 3700 South Main St.
Blacksburg, VA 24060
540-953-5445

MSUCOM/Lakeland Regional Medical Center (3)
Program Director: Mark Kuriata, D.O.
1234 Napier Avenue
St. Joseph, MI 49085
800-968-0115

St. Joseph Mercy Health System (12)
Program Director: Daniel Stewart, D.O.
43900 Garfield, Ste. 106
Clinton Township, MI 48038
586-286-0112

WESTERN UNIV./PACIFIC HOSPITAL (6)
Program Director: David Horowitz, D.O.
23550 Hawthorne Blvd. Ste. 200
Torrance, CA 90505
310-540-3636

Colorado Dermatology Institute (3)
Program Director: Charles Hughes, D.O.
8580 Scarborough Dr., Ste. 225
Colorado Springs, CO 80920
719-531-5400

South Texas Osteopathic Dermatology (4)
Program Director: Alpesh Desai, D.O.
3500 Camp Bowie Boulevard, MET 330 D
Fort Worth, TX 76107
817-735-2549

OPTI-West/Aspen Dermatology (9)
Program Director: Michael Eyre, D.O.
114 East 800 North
Spanish Fork, UT 84660
801-794-1490

WAHS/Silver Falls Dermatology (6)
Program Director: John Young III, M.D.
1430 Commercial St. SE
Salem, OR 97302
866-599-3376

Affiliated Dermatology (6)
Program Director: Jason Barr, DO, FAOCD
20401 N. 73rd Street, Ste. 230
Scottsdale, AZ 85255
Phone: 480-556-0446

Palisades Medical Center (6)
Program Director: Adriana Ros, DO, FAOCD
7600 River Road
North Bergen, NJ 07047
Phone: 201-854-5000
The Foundation for Osteopathic Dermatology (FOD) is dedicated to providing grants for education and research in dermatology and related areas. The various levels of support are as follows:

- **The Ulbrich Circle**: $10,000 over a 10-year period
- **Koprinse Society**: $1,000
- **Leaders Of Osteopathic Dermatology**: $500
- **Scholars Circle**: $250
- **Residents’ Forum**: $100

The Ulbrich Circle and Koprinse Society are named after founding members A.P. Ulbrich, D.O., and Daniel Koprinse, D.O., respectively. The Founding Members of the Ulbrich Circle were acknowledged at the 2011 Annual Meeting in Orlando. They are as follows:

Ted Van Acker, D.O.  
Tracy Favreau, D.O.  
Leslie Kramer, D.O.  
Steve Purcell, D.O.

Jim Bernard, D.O.  
Bradley Glick, D.O.  
Matt Leavitt, D.O.  
Jim Towry, D.O.

Roger Byrd, D.O.  
David Grice, D.O.  
Jere Mammino, D.O.  
Bill Way, D.O.

Marc Epstein, D.O.  
Cindy Henry, D.O.  
Gregory Papadeas, D.O.  
Craig Ziering, D.O.

Other members who have contributed at various levels include

David Grice, D.O.; Lloyd Cleaver, D.O.; and Suzanne Sirota-Rozenberg, D.O.
American Osteopathic College of Dermatology
P.O. Box 7525 Kirksville, MO 63501
Office: 660-665-2184  800-449-2623  Fax: 660-627-2623
director@aocd.org

Upcoming Meetings:

2014 Midyear Meeting
   Dallas, TX
   February 20-23, 2014

2014 Annual Meeting
   Seattle, WA
   October 25-29, 2014

2015 Midyear Meeting
   Charlotte, NC
   April 23-26, 2015

2015 Annual Meeting
   Orlando, FL
   October 17-21, 2015

2016 Annual AOA/AOCD Meeting
   Las Vegas, NV
   TBA

2017 Annual AOA/AOCD Meeting
   Philadelphia, PA
   TBA

2018 Annual AOA/AOCD Meeting
   San Diego, CA
   TBA
2013 Corporate Members

**DIAMOND LEVEL**
Galderma
Medicis

**GOLD LEVEL**
Biopelle

**SILVER LEVEL**
Ranbaxy Laboratories, Inc.
Valeant Dermatology
Stiefel, a GSK Company

**BRONZE LEVEL**
Abbott Pharmaceuticals
Dermatopathology Laboratories of Central States
Ferndale Healthcare
Sanofi-Aventis
Triax Pharmaceuticals

**PEARL LEVEL**
Warner Chilcott

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**2012 Annual Meeting Sponsors**
Fallene
Ranbaxy Laboratories, Inc.
TopMD Skin Care
Tru-Skin Dermatology

**2012 Annual Meeting Grants**
Abbott Pharmaceuticals
Stiefel, a GSK Company
Valeant Dermatology
Warner Chilcott
Executive Director's Annual Review
By Marsha A Wise, Executive Director

AOCD OFFICE UPDATE
In December 2012, the AOCD moved to a larger space. In late January 2013, we welcomed a new member, Jami Johnson, to the AOCD staff in Kirksville. The staff and I continue to organize member records and governance documents for the sake of preservation of and to eliminate the need to find space to store the paper.

WEB NEWS
July 1 was the launch date for the updated AOCD.ORG! We began working on implementing a new database and website for the AOCD in March 2013. This is an exciting project which will enable our staff to provide more information to our members via the website and everyone in the AOCD National Office was actively involved with this project.

Members will need to be current on AOCD membership dues in order to have access to their own profile information. We encourage everyone to log in and review your profiles. A calendar of events has been added to the website. Please let us know if you know of a meeting which may be of interest to others. The new AOCD site contains an enormous amount of information pertaining to residency training, meetings, and other AOCD news as well as archives of both the JAOC and Dermline. Likewise, the American Osteopathic Board of Dermatology has a new site, www.aobd.org which also contains all of the information residents need for obtaining Board certification AND meeting OCC requirements AFTER Board certification. There is no reason to be uninformed with the amount of items available at the click of a mouse!

ACGME
The American Osteopathic Association (AOA), along with the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM ) 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.

After many months of negotiations, the AOA and AACOM announced during the AOA's Annual Business Meeting, held July 16-21, 2013, that to date they have been unsuccessful in reaching an agreement with ACGME on a Memorandum of Understanding (MOU) for a unified graduate medical education accreditation system. However, the AOA and AACOM remain open to continued discussions with the ACGME. Visit the AOA's website for detailed information. www.osteopathic.org

Thursday Bulletin
The Thursday Bulletin was started in the summer of 2012 and it is intended to keep everyone up to date with reminders provided regarding AOCD news and events. Please let me know if you have information you think would be helpful to our membership to include in a Thursday Bulletin. In July 2013, a Friday bi-weekly bulletin was started for Residents with copies going to the Program Directors. This Friday bulletin is filled with reminders and other information pertaining to residency training.
CME
January 1, 2013 marked the beginning of the new CME Cycle. For more information about the new CME Cycle, review the New CME Guide for Physicians available online at http://www.osteopathic.org/inside-aoa/development/continuing-medical-education/Pages/cme-guide.aspx. If you have questions, please contact the CME Service Center at cme@osteopathic.org

AOA requirements for CME continue to evolve. The AOCD began doing Pre and Post-tests. The pre and post-test is part of the AOA’s 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.

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.

AOA HOUSE OF DELEGATES
The AOA’s Annual Business Meeting was held July 16-21, 2013 in Chicago, IL. Dr. Lloyd Cleaver and Dr. David Grice represented the AOCD as Delegates. In addition, three other AOCD members attended representing their states. Dr. Richard Johnson attending for the state of Pennsylvania, Dr. Shield Wikas attending for the state of Ohio, and Dr. Cindy Hoffman attending for the state of New York. These five members represent a combined total of over 115 years of dermatologic practice.

AOCD Good Governance
The AOCD’s Policy and Procedural Manual is updated yearly and is available to our membership for review. Through this year and the past, AOCD policies have been highlighted in issues of the Dermline. The AOCD was once again to be in compliance with the AOA’s Healthy and Viable Affiliate Organization Program.

Midyear Meeting Update
We met in Winter Park Colorado for our 2013 Midyear Meeting, January 23-26, 2013. The location was small as our exhibitors started filling the hallway with their exhibits, and attendance was low.
February 20-23, 2014 our Midyear Meeting will take place at the Ritz Carlton-Dallas. Dr. Karthik Krishnamurthy will be the program chair for this meeting. Members are excited for the Dalls meeting and its location!

April 23-26, 2015, our Midyear Meeting will take place at the Ritz Carlton-Charlotte. The program chair for the 2015 meeting is TBA. Keep checking future Dermlines, as well as the Thursday Bulletins for updates. An expanded meetings coverage page will be available on our website.

It has been my pleasure working for the AOCD these past 7 ½ years, with the past 3 years working as your Interim Executive Director and Executive Director. It is my goal to continue to work to keep the AOCD transparent with governing and financial issues as well as keeping YOU, the member, informed. The AOCD is your organization! Please let the national office know what we can do to improve communications to you. I welcome your comments and suggestions

“I may not have gone where I intended to go, but I think I have ended up where I intended to be.”
COMMITTEE REPORTS  2012-2013

AAD Liaison Committee  No Report  Michael Scott, D.O., FAOCD


AOA House of Delegates Representative  No Report  David Grice, D.O., FAOCD

AOA Postdoctoral Training and Residency Committee  Marc Epstein, D.O., FAOCD
Two new residency training programs were approved in 2013. The AOCD will take part in the AOA Match.

Awards Committee  Michael Scott, D.O., FAOCD

Koprinche 2012 Annual Meeting
Alison Himes, DO
Angela McKinney, DO
Paul Aanderud, DO
Sanjosh Singh, DO

Koprinche 2013 Midyear Meeting
Stacy Rosenblum, DO
Geeta Patel, DO
Leilani Townsend, DO
Aleksandra Brown, DO

Dermatologic Surgery in the Outback Australian Paper Competition
James Young, DO (2012)

James Bernard Leadership Award
Ellecia Cook, DO

Bayer Intendis Paper
TBA

By-laws Committee  James Young, D.O., FAOCD
No Report
The AOC’s accreditation period ends in April 2014. At that time the AOA will audit one of our meetings to measure our compliance to the AOA requirements for maintaining our Category 1A CME accreditation.

We need to continue to refine our CME planning. Topic, content and curriculum come first, Plug in speakers last.

1. New roles of CME sponsor
   - Work to assess membership needs
   - More emphasis on seven core competencies
   - Performing outcomes measurements
   - Work with planning teams to assess needs
   - Design CME activities that promote skill and procedural activity
   - Include review panels who can provide useful feedback and evaluation
   - Canned lectures are a thing of the past.

2. New requirements for CME beginning January 2013
   - One CME program between 2013-2015 must be outcomes based

   Must utilize Level 5, 6 or 7 outcomes measurement. Attendees need to put in writing changes that they intend to make in their practice from information learned

   5=Performance; 6= Patient Health; 7=Community Health

   CME sponsor follows up with participants to see if attendee was able to implement changes in their practice

   Outcome measurement activity is likely to be selected for our document survey in 2013-2015.

3. Future planning of weekend workshops/seminars
4. Use of member surveys to determine mid-year meeting location, topics and workshops
5. Selection of Dallas, Texas as the 2014 mid-year site, and Charlotte, NC for the 2015 meeting site.

Editorial/Public Relations
No Report
Internet Committee  
Web Update  
Rick Lin, D.O., FAOCD

Successful launch on July 1, 2013. There are 375 Custom pages with 107 Custom fields in the member database section, with the ability to add more.

We are using Google Analytics to track traffic to the site.

July Traffic
51,981 unique visitors
57,391 Visits
82,588 page views
377 AOCD members logged in to their profile in July

There have been many favorable comments regarding the new web site, and the Thursday Bulletin.

Education Evaluating Committee  
James Bernard, D.O., FAOCD
Michael Scott, D.O, FAOCD

The EEC is averaging one conference call per month to conduct business. 6,790 combined minutes on the phone on 8 different calls for approximately $810.00. (vs. one face to face meeting in St. Louis totaling $14,500.00)

Issues discussed:
New residency programs
Trainee issues
The Match
Basic Standards
The committee is working to review and revise the Dermatology Basic Standards now. It is the plan to have these ready to submit to the AOA in time for their April 2014 COPT meeting.

28 Residency Programs
128 Residents
37 graduating in 2014
41 graduating in 2015
50 graduating in 2016

Ethics Committee  
Bradley Glick, D.O., FAOCD
No Report
Finance Committee

Steve Grekin, D.O., FAOCD

AOCD income is down compared to the budget and to prior years, but expenses are also down. Overall, AOCD is showing income in excess of expenses by $52,000. Not quite as strong as last year, but much better than a couple of years ago.

The CPA reports that “our numbers are good” and documentation is “well organized”

As of July 31, 2013 our accounts totaled $677,171.09 which includes $201,249.08 in the Schwab account. This account has been steadily rising.

We continue to monitor expenditures. The EEC has been meeting via conference call per month to conduct business. 6,790 combined minutes on the phone on 8 different calls for approximately $810.00. (vs. one face to face meeting in St. Louis in 2011 totaling $14,500.00)

In March we had an expenditure of $8995.00 to Your Membership.com in order to build the new webpage and database. Our newsletter production this year (for 2 issues so far) has totaled $11,884.32. The Fall and Winter Dermlines will be combined into one issue.

Fellow of Distinction

Stanley Skopit, D.O., FAOCD

Upon approval by the BOT Committee, the applicant is voted on by the general membership. The Fellow of Distinction Committee has submitted 4 candidates to vote on at the BOT & general membership meeting:

1) Dr. David Grice
2) Dr. Donald Tillman, Jr.
3) Dr. Tanya Ermolovich
4) Dr. Mark Kuriata

Historical

No Report

In-Training Examination

Ryan Carlson, D.O., FAOCD

We currently have 11 members who have contributed questions for the 2013 In-training Examination. All question writers are Board Certified in Dermatology. The questions created by each writer this year were saved to a secure Fileworks site. Both multiple choice type questions (for the comprehensive section) and Kodachromes were submitted. From there the final Examinations were created.

We have continued to receive great feedback from the residents. The goal is to provide a well-balanced examination which will help examinees determine their strengths and/or weaknesses.

JAOCDD

Karthik Krishnamurthy, D.O., FAOCD

The JAOCDD recently moved its production to the print house in Kirksville which also prints our Dermline.
Meeting Site Selection

1. The site selection committee was merged with the CME Committee at the 2012 midyear Board of Trustees meeting.
2. Membership survey results had Dallas, Texas as number 1 requested location. Dallas, Texas was selected for the 2014 midyear meeting. It will be held at the Ritz-Carlton, Dallas, February 20-23, 2014.
3. Members are currently being surveyed for the desired 2016 site.

Membership Committee

No Report
Membership totals can be found on page 2.

Nominating Committee

2013 - 2014 Slate of Officers
President Suzanne Rozenberg, D.O.
President-Elect Rick Lin, D.O.
First Vice-President Alpesh Desai, D.O.
Second Vice-President Karthik Krishnamurthy, D.O.

Nominees for vacant positions
Third Vice-President Daniel Ladd, D.O. (three year term)
Secretary/Treasurer Jere Mammino, D.O. (three year term)
Trustee Michael Whitworth, D.O. (three year term)
Trustee Tracy Favreau, D.O. (three year term)

Program Directors

The program directors meet every year during OMED for a faculty development session.
American Osteopathic Board of Dermatology

Stephen Purcell, D.O., FAOCD

A. Report of Examination Committee

1. Certification examination
   a. We expect 40 first time candidates for certification 2013
   b. The dermatopathology portion of the examination will consist of digital slides instead of glass microscopic slides.
      I. Candidates have been notified by email blast and will be notified by certified letter.
      II. Specific information is available on AOBD website www.AOBD.org

2. Re-certification examination
   a. The first re-certification examination will be given on Sept 30, 2013 in Las Vegas, NV
      I. Information about the re-certification examination is available on the AOBD website.
      II. Currently we have approximately 10 applicants

3. Certificate of Added Qualification examination
   a. Dermatopathology CAQ
      I. There are no applicants for dermatopathology CAQ
      II. There are no applicants for dermatopathology CAQ recertification
   b. Mohs CAQ
      I. There are 3 applicants for Mohs CAQ
      II. There are no applicants for Mohs CAQ recertification
   c. Pediatric CAQ
      I. Planning to administer this test at the Mid-Year meeting in 2014

B. Osteopathic Continuous Certification (OCC)

a. Number of candidates registered
   I. There are 247 eligible candidates. Approximately 216 have registered for OCC
   II. O-CAT www.ostcat.com is up and running for completing Practice Performance Assessment for Component 4 of OCC
      i. 3 candidates have signed up for O-CAT so far

C. AOBD Website www.aobd.org

a. Up and running
   I. Periodically reviewed and updated

D. BOS restructuring

a. BOS is recommending restructuring and bringing all boards into a central location at the AOA
b. The AOBD is working with the BOS to insure a smooth transition

E. Nomination for board members

a. Expiring terms 2014: Graff, Purcell, Tillman, Young
   I. Dr. Graff has resigned and will not seek additional term
   II. The AOBD recommends Purcell, Tillman and Young be elected to additional terms
   III. No additional nominations were made
# AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
## Balance Sheet
### As of December 31, 2012

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Dec 31, 12</th>
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<tbody>
<tr>
<td><strong>Current Assets</strong></td>
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<tr>
<td>Checking/Savings</td>
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<td>AOC - ALLIANT BANK</td>
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<td>Bank of Kirksville - Checking</td>
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<td>KOPRINCE - NE #156078</td>
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<td><strong>SCHWAB ACCOUNTS</strong></td>
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<td>1100 - Schwab Value Advantage</td>
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<td>NICHOLA - NICHOLAS INVESTMENT FUND</td>
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<td>SCHWAB - SCHWAB ONE ASSET MGMT</td>
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<td>VANGUARD - VANGUARD GNMA FUND</td>
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<td><strong>TOTAL ASSETS</strong></td>
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</tbody>
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<p>| LIABILITIES &amp; EQUITY                        |           |
| Liabilities                                 |           |
| <strong>Current Liabilities</strong>                     |           |
| Other Current Liabilities                   |           |
| 2100 - Payroll Liabilities                  | 1,376.33  |
| 2105 - MISSOURI WITHHOLDING                 | 587.00    |
| <strong>Total Other Current Liabilities</strong>         | 1,963.33  |
| <strong>Total Current Liabilities</strong>               | 1,963.33  |
| <strong>Total Liabilities</strong>                       | 1,963.33  |
| <strong>Equity</strong>                                  |           |
| 3900 - Retained Earnings                    | 565,697.99|
| Net Income                                  | 65,317.52 |
| <strong>Total Equity</strong>                            | 631,015.51|
| <strong>TOTAL LIABILITIES &amp; EQUITY</strong>              | 632,978.84|</p>
<table>
<thead>
<tr>
<th>Ordinary Income/Expense</th>
<th>Jan - Dec 12</th>
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<tbody>
<tr>
<td><strong>Income</strong></td>
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<tr>
<td>4000 · MEMBERSHIP DUES MISC</td>
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<td>4015 · JOURNAL INCOME</td>
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<td>4104 · KO PRINCE AWARD - INCOME</td>
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<td>4105 · CAMP DISCOVERY</td>
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<td>4600 · EEC INCOME</td>
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<td>4800 · MIDYEAR MEETING INCOME</td>
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<tr>
<td>4998 · OTHER INCOME</td>
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<td><strong>Total Income</strong></td>
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<table>
<thead>
<tr>
<th>Expense</th>
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<tbody>
<tr>
<td>6000 · ANNUAL MEETING EXPENSE</td>
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<tr>
<td>7000 · MIDYEAR MEETING MISC</td>
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<tr>
<td>8000 · FACILITY MISC</td>
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<td>8011 · OFFICE SUPPLIES MISC</td>
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<td>8302 · LEGAL FEES</td>
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<tr>
<td>9000 · PAYROLL</td>
<td>173,920.21</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>636,687.95</td>
</tr>
</tbody>
</table>

| Net Ordinary Income      | 52,193.43   |
| Other Income/Expense     | 13,124.09   |
| **Net Income**           | 65,317.52   |
Grants and Corporate Support
Submitted by: Shelley Wood
October 2013

Since being back from our Annual Meeting, I have been busy contacting individual corporations via email regarding possible exhibitors. Letters and mailing have been sent as well. I have gone on several different meeting websites to get their exhibitors list and made contact with new corporations. To date, I have sent out over 300 emails and over 500 corporate information packets. Some of the corporations responded with a yes, no, or they needed more information, other simply did nothing.

I have also been updating our corporate membership list for 2013. I created a new corporate membership brochure. Several corporations have sent in their memberships, others are in the process and the rest no response. Stiefel Laboratories, Allergan denied corporate membership. Medicis continues to be a huge sponsor for the AOCD.

There is concern that Valeant Pharmaceutical will adjust their support since they have acquired Medicis. Medicis is a large contributor to the college by way of sponsorships for both meetings, Corporate Membership, SCRIPPS Course, and Resident Travel for AAD. This year, Medicis has contributed $85,000.00 plus product. Valeant has contributed $20,000.00.

Meeting Summary

MY Meeting –
Medicis sponsored the Welcome Reception, Ranbaxy sponsored the Opening Day Lunch with Exhibitors, DLCS are sponsoring meeting t-shirts, Tru-Skin Dermatology/The Shade Project is sponsoring the meeting lanyards, Amgen and Bayer Healthcare have sent unrestricted grants, 3-Gen, DUSA Pharmaceuticals and Pathology Reference Lab sponsored speakers, Cole Diagnostics sponsored meeting bags and ePocrates agreed to sponsor a year subscription, this will be given away as a raffle.

Corporate Memberships –
Diamond: Galderma, Medicis, Ranbaxy
Platinum:
Gold:
Silver: AbbVie, Valeant
Bronze: Ferndale Healthcare, Merz Pharmaceuticals, LLC, Fallene, Ltd.
Pearl: DUSA Pharmaceuticals, Tru-Skin Dermatology & The Shade Project, Warner Chilcott

MY Meeting Sponsors –
3Gen, Cole Diagnostics, DUSA Pharmaceuticals, ePocrates, Pathology Reference Laboratory, and Tru-Skin Dermatology & The Shade Project.

MY Meeting Grants -
Amgen, Bayer Healthcare, and Medicis

MY Exhibitors -
Amgen, Aqua Pharmaceuticals, Cole Diagnostics, DermDx a division of Aurora Diagnostics, Dermpath Diagnostics, DLCS, DUSA Pharma, Ferndale Healthcare, Formula 3/Fungi Foam, Galderma, Janssen Biotech, Inc., Medicis, Onset Dermatologics, Tru-Skin Dermatology.
AAD Meeting –
Medicis gave $20,000.00 for this meeting.
I contacted Abbott, Janssen Biotech, Valeant, Amgen, Leo Pharma, Obaji, Cole Diagnostics, Pfizer, Dermalpath Diagnostics, Neutrogena, Propath, Allergan, and Galderma. No response from these corporations.

SCRIPPS Course –
Medicis gave $20,000.00 for this meeting.

AM Meeting –
I continue to send out information regarding corporate membership to companies via email and mail. Information packets where sent out 1/28/13, 3/12/13, 3/19/13, 3/25/13, 4/17/13, 5/3/13, 5/8/13, 6/10/13, 7/1/13, and 7/9/13.

Bayer Healthcare contributed $5000.00 toward the Bayer Healthcare Writing Grant (formerly Intendis Writing Grant),

AM Grants – (unrestricted)
AbbVie
Allergan Foundation –
Allergan (NO)
Amgen – (NO)
Bristol Meyers Squibb – (NO)
Jenssan Biotech - $5000 (Product Theater)
Medicis- $10,000 & product
Paradigm Medical - $2500 (Product Theater)
Ranbaxy - $15,000
Valeant - $5,000
Warner Chilcott - $5000

AM Sponsors –
I have contacted ePocrates, Theraplex, Fougera (still not funding at this time), DUSA (NO), Fallene (product) and Aurora. Biopelle has a new Director of Marketing, Aleen Hosdaghian. I have contacted her and she is to get back with me. She has worked with the AOCD before and said she thought we were a wonderful corporation to work with.

Delasco is sponsoring meeting bags.
Fallene, Ltd. is sending product for meeting bags.
DLCS is sponsoring t-shirts.
<table>
<thead>
<tr>
<th>Company</th>
<th>Intendis</th>
<th>MY 13</th>
<th>2013</th>
<th>MY 13</th>
<th>2013</th>
<th>2013 Scripps</th>
<th>AM 13</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Writing Awrd</td>
<td>Exhibitor</td>
<td>Corp. Dues</td>
<td>Support</td>
<td>AAD Grant</td>
<td>Support</td>
<td>Support</td>
<td></td>
</tr>
<tr>
<td>3GEN</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td>$5,000.00</td>
<td>$2,500.00</td>
<td></td>
<td></td>
<td></td>
<td>$2,500.00</td>
</tr>
<tr>
<td>ABBOTT LABS</td>
<td>$750.00</td>
<td></td>
<td></td>
<td>$15,000.00</td>
<td></td>
<td></td>
<td></td>
<td>$15,750.00</td>
</tr>
<tr>
<td>ALLERGAN</td>
<td>$1,500.00</td>
<td></td>
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<td>$1,500.00</td>
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<tr>
<td>AMGEN</td>
<td>$1,500.00</td>
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<td></td>
<td></td>
<td>$6,500.00</td>
</tr>
<tr>
<td>AURORA DIAGNOSTICS - HILBRICH LABS</td>
<td>$1,500.00</td>
<td></td>
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<td></td>
<td></td>
<td>$1,500.00</td>
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<tr>
<td>AQUA PHARMACEUTICALS</td>
<td>$1,550.00</td>
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<td>$1,550.00</td>
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<tr>
<td>BAYER HEALTHCARE</td>
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<td></td>
<td></td>
<td>$3,000.00</td>
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<tr>
<td>COLE DIAGNOSTIC</td>
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<td>$1,500.00</td>
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<tr>
<td>DERMPATH CENTRAL STATES</td>
<td>$600.00</td>
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<td>$600.00</td>
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<tr>
<td>DERMPATH DIAGNOSTICS</td>
<td>$1,500.00</td>
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<td>$1,500.00</td>
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<tr>
<td>DUSA PHARMACEUTICALS</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td>$3,500.00</td>
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<td>$5,000.00</td>
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<tr>
<td>ETHICON INC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3,000.00</td>
</tr>
<tr>
<td>FERNDALE LABORATORIES</td>
<td>$750.00</td>
<td></td>
<td></td>
<td>$10,000.00</td>
<td></td>
<td></td>
<td></td>
<td>$10,750.00</td>
</tr>
<tr>
<td>FORMULA 3/FUNGI FOAM</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,500.00</td>
</tr>
<tr>
<td>GALDERMA</td>
<td></td>
<td></td>
<td></td>
<td>$30,000.00</td>
<td></td>
<td></td>
<td></td>
<td>$30,000.00</td>
</tr>
<tr>
<td>INTENDIS (Bayer Healthcare)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$5,000.00</td>
</tr>
<tr>
<td>JANSSEN BIOTECH INC</td>
<td>$1,500.00</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$6,500.00</td>
</tr>
<tr>
<td>MEDICIS PHARMACEUTICALS</td>
<td></td>
<td></td>
<td></td>
<td>$25,000.00</td>
<td>$10,000.00</td>
<td>$20,000.00</td>
<td>$10,000.00</td>
<td>$85,000.00</td>
</tr>
<tr>
<td>MERZ PHARMACEUTICALS</td>
<td>$750.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$750.00</td>
</tr>
<tr>
<td>ONSET DERMATOPATHOLOGY</td>
<td>$1,550.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,550.00</td>
</tr>
<tr>
<td>PARADIGM MEDICAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,500.00</td>
</tr>
<tr>
<td>RANBAXY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$15,000.00</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>TRU-SKIN DERM/SHADE PROJECT</td>
<td>$1,550.00</td>
<td>$275.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,825.00</td>
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<tr>
<td>VALEANT PHARM (CORIA)</td>
<td></td>
<td></td>
<td></td>
<td>$15,000.00</td>
<td></td>
<td></td>
<td></td>
<td>$5,000.00</td>
</tr>
<tr>
<td>WARNER CHILCOTT</td>
<td></td>
<td></td>
<td></td>
<td>$5,000.00</td>
<td></td>
<td></td>
<td></td>
<td>$10,000.00</td>
</tr>
</tbody>
</table>

|                  | $ 5,000.00 | $ 19,500.00 | $ 100,275.00 | $ 39,000.00 | $ 20,000.00 | $ 20,000.00 | $ 45,500.00 | $ 249,275.00 |
August 15, 2013

The American Osteopathic College of Dermatology (AOCD) is a 501(c)(3) organization.

Any person may request to inspect the AOCD's Annual Return 990 in person at the AOCD's principal office, 2902 N. Baltimore St., Kirkville, Missouri, 63501, during regular business hours. Unrelated business income tax returns filed by organizations exempt under Code section 501(c)(3) are also available.

A request for copies of such materials may also be made in writing. The AOCD may charge a reasonable fee to cover copying and mailing costs. The AOCD will provide the copies within 30 days from the date we receive the request. A fee of $1.00 for the first page and $.15 for each subsequent page, plus mailing costs (if mailed) is required. The documents will be sent 30 days from the date we receive the payment.
Foundation for Osteopathic Dermatology
Balance Sheet
As of July 31, 2013

ASSETS
Current Assets
   Checking/Savings
      Foundation for Osteopathic Derm  79,901.87
   Total Checking/Savings  79,901.87

Total Current Assets  79,901.87

TOTAL ASSETS  79,901.87

LIABILITIES & EQUITY
   Equity
      Retained Earnings  72,688.24
      Net Income  7,213.63
   Total Equity  79,901.87

TOTAL LIABILITIES & EQUITY  79,901.87

Foundation for Osteopathic Dermatology
Profit & Loss
January through July 2013

<table>
<thead>
<tr>
<th></th>
<th>Jan - Jul 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>DONATION INCOME</td>
<td>7,250.00</td>
</tr>
<tr>
<td>INTEREST INCOME</td>
<td>47.84</td>
</tr>
<tr>
<td>Total Income</td>
<td>7,297.84</td>
</tr>
<tr>
<td>Expense</td>
<td></td>
</tr>
<tr>
<td>Office supplies</td>
<td>84.21</td>
</tr>
<tr>
<td>Total Expense</td>
<td>84.21</td>
</tr>
<tr>
<td>Net Income</td>
<td>7,213.63</td>
</tr>
</tbody>
</table>
August 14, 2013

Marsha A. Wise, B.S.
American Osteopathic College of Dermatology
P.O. Box 7525
Kirksville, MO 63501

Dear Ms. Wise:

On behalf of the American Osteopathic Association (AOA) and the Committee on Basic Documents and Operations of Affiliated Organizations (Committee), thank you for submitting the American Osteopathic College of Dermatology (AOCD) information in response to the AOA's Healthy and Viable Affiliate Organizations Program.

The Committee met on July 15, 2013. During an executive session, the Committee determined it found AOCD's submission in compliance with the reporting requirements.

We appreciate AOCD's response and commend AOCD for its cooperation with the Program. Together, we can protect and enhance the integrity and image of the osteopathic community, the AOA, divisional and specialty affiliate organizations, physician leaders, members, and staff.

Sincerely,

Richard R. Thacker, DO
Chair, Committee on Basic Documents and Operations of Affiliated Organizations

c: Norman E. Vinn, DO, AOA President
Robert S. Juhasz, DO, AOA President-elect
David Grice, DO, President, American Osteopathic College of Dermatology
Adrienne White-Faines, AOA Executive Director
Joshua Prober, JD AOA General Counsel, and Secretary, Committee on Basic Documents and Operations of Affiliated Organizations
Linda Mascheri, AOA Director, Department of State, Affiliate and International Affairs
Diana Ewert, MPA, CAE, AOA Director, Division of Affiliate Affairs
## Final Recommendations - Healthy & Viable Affiliate Organizations Program Attestation

### I. Governing Documents

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
<th>Please send information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual report(s) is/are filed according to state law.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The affiliate is recognized by the state in which it is incorporated as an active entity. (Provide proof of active status.)</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax number and exemption are current.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All legal documents are readily accessible to leadership and membership.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered agent and headquarters are up-to-date with the state.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copies of governing documents are stored in a location separate from the office, but accessible to key staff and leaders.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bylaws were reviewed within the past 12 months by leadership; any changes, made in accordance with the affiliate’s bylaws, and submitted to the AOA for approval.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved bylaws changes were submitted to the state for filing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An updated strategic plan is in place, is being implemented, and is reviewed throughout the year.</td>
<td></td>
<td>✗</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### II. Operations - All Affiliates

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
<th>Please send information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy manual is current and guides the affiliate’s actions.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel manual is updated annually, reflects state and federal laws, and guides the affiliate’s actions.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A whistleblower policy exists.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A schedule of authority exists.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An antitrust avoidance policy exists.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each leader and employee has signed a conflict of interest statement within the past 12 months.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A data system back-up routine to off-site storage along with a document retention and destruction policy exists.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A disaster plan is in place to rebuild the affiliate after a catastrophe.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A social media and website policy is in place.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A minimum of three hours of AOA Accredited continuing medical education is provided annually (applies to AOA Accredited Providers Only).</td>
<td>✗</td>
<td></td>
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</tr>
</tbody>
</table>

### II.B Operations - Specialty Affiliates

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
<th>Please send information</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organizational crosswalk for inspectors is updated to reflect current standards.</td>
<td>✗</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The organization has a process in place for leadership to interface with the respective credentialing board.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a correlation between the training curriculum and the certifying examination.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Specialty Education and Evaluation Committee acts in a timely manner per AOA deadlines.</td>
<td>✗</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The organization has a plan to develop new training programs.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organization has a tool kit for student chapters.</td>
<td>✗</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### III. Fiscal Operations:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
<th>Please send information</th>
</tr>
</thead>
<tbody>
<tr>
<td>State and Federal Tax Filings have been submitted on time or within an approved extension period.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An annual budget is prepared and approved by the Board.</td>
<td>✗</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The budget is consistent with the strategic plan.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial reports are prepared according to Generally Accepted Accounting Principles.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank statements are reconciled monthly and reviewed by a second party other than check signer.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two signers are required for checks over a set limit.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written financial reports are distributed to the Board.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial policies and procedures, such as reimbursement, investment, and operating reserves are reviewed every 12 months and updated when necessary.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A compensation policy exists. This includes a process of directly reviewing highly compensated employees by the Board.</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A CPA performs an audit, review, or compilation every year.</td>
<td>✗</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>An audit committee, separate from the financial committee, reviews year-end financials/reports.</td>
<td>✗</td>
<td></td>
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</tr>
</tbody>
</table>

**Fiscal Operations - Continued**
<table>
<thead>
<tr>
<th>Final Recommendations - Healthy &amp; Viable Affiliate Organizations Program Attestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>All accounting records are readily accessible to leadership and membership.</td>
</tr>
<tr>
<td>All new or revised contracts and legally binding documents are reviewed by legal counsel. Board is aware of agreements.</td>
</tr>
<tr>
<td>Insurance:</td>
</tr>
<tr>
<td>A comprehensive general liability insurance policy is current.</td>
</tr>
<tr>
<td>Directors and Officer's, professional liability, or similar insurance policy(ies) are current.</td>
</tr>
<tr>
<td>Renters/owner insurance is current.</td>
</tr>
<tr>
<td>Employees are covered through fidelity bonding.</td>
</tr>
<tr>
<td>Meetings have cancellation insurance.</td>
</tr>
<tr>
<td>Insurance policies were reviewed within the past 12 months to ensure sufficient coverage.</td>
</tr>
<tr>
<td>Association management companies have the proper insurance protection for an affiliate's intellectual and physical property.</td>
</tr>
<tr>
<td>Personnel:</td>
</tr>
<tr>
<td>Staff job descriptions are on file and are current.</td>
</tr>
<tr>
<td>All staff receive a written annual performance review.</td>
</tr>
<tr>
<td>Association management companies have current contracts that outline responsibilities.</td>
</tr>
<tr>
<td>Association management contracts are reviewed during the term of the agreement and revisions are made as necessary.</td>
</tr>
<tr>
<td>Leadership:</td>
</tr>
<tr>
<td>The Board and committees are structured according to Bylaws (i.e. number of members, terms, etc.).</td>
</tr>
<tr>
<td>Elections are held according to Bylaws.</td>
</tr>
<tr>
<td>The Board and committees receive an annual orientation regarding roles, responsibilities, and operations.</td>
</tr>
<tr>
<td>Officer, trustee, and committee chair job descriptions are current, and are part of the orientation.</td>
</tr>
<tr>
<td>There is a policy in place which designates the organization's official spokesperson.</td>
</tr>
<tr>
<td>The organization fulfills meeting requirements as set forth in the bylaws.</td>
</tr>
<tr>
<td>The Board and committees conduct self-evaluations to identify strengths/weaknesses; issues are addressed.</td>
</tr>
<tr>
<td>Leadership receives an operating report from the executive director at least quarterly regarding the affiliate's health, viability, and progress towards short and long-term goals.</td>
</tr>
<tr>
<td>The organization sent representatives to the AOA House of Delegates.</td>
</tr>
</tbody>
</table>

Needed Documents (please submit the three listed documents with this Attestation Form)
1. Proof of active state recognition for the current year
2. Year-end membership report

By signing this report, I attest that the documentation submitted for the HVAOP is true.

Executive Director: [Signature]  Date: Jan 24, 2013

We have reviewed the attestation form and concur with the information represented.

President: [Signature]  Date:  1/24/13

President-elect/Vice-president: [Signature]  Date:  1/24/13

Secretary/Treasurer: [Signature]  Date:  1/24/13

X: Enclosed  Other: 
March 14, 2013

BY U.S. MAIL

Marsha A. Wise
Executive Director
American Osteopathic College of Dermatology
P.O. Box 7525
1501 East Illinois Street
Kirksville, MO 63501

Re: Revisions to Bylaws

Dear Ms. Wise:

The Committee on Basic Documents & Operations of Affiliated Organizations (the “Committee”) reviewed the proposed amendments to the Bylaws of the American Osteopathic College of Dermatology (“AOCD”) at the Committee’s meeting by telephone conference on February 25, 2013. Upon motion, with second and following discussion, the Committee voted to recommend that the AOA Board of Trustees approve the AOCD’s document.

The American Osteopathic Association Board of Trustees (the “Board”) met on March 6, 2013 and voted to approve the Committee’s resolution and the AOCD’s document.

The Board of Trustees and the Committee thank the AOCD for its compliance and cooperation with the approval process. Please contact me directly if you have any questions.

Very truly yours,

Joshua L. Prober, JD
Secretary, Committee on Basic Documents &
Operations of Affiliated Organizations

C: Ray E. Stowers, DO, President
Norman E. Vinn, DO, President-elect
William S. Mayo, DO, Chair, Department of Affiliate Relations
Suzanne K. Kelley, DO, MPA, Chair, Committee on Basic Documents
John B. Crosby, JD, AOA Executive Director
Linda L. Mascheri, Director, Department of State, Affiliate & International Affairs
Diana Ewert, MPA, CAE. Director. Division of Affiliate Affairs

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R. JOURNAL OF THE AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY (JAOC): The committee shall consist of the journal editor, and a minimum of (4) additional members. This committee shall oversee the content and publication of the JAOC.

ARTICLE II: BOARD OF TRUSTEES AND STANDING COMMITTEES

Section 4: Standing Committees and Representatives

The membership of the AOCD voted on October 8, 2012 during the Annual Membership Committee Meeting to the following addition to the

November 8, 2012

Joshua Prober, JD
American Osteopathic Association
142 E. Ontario St.
Chicago, IL 60611

David L. Gass, D.O., FAOC
President

Kathleen K. Kramer, D.O., FAOC
Secretary-Treasurer

Jere J. Manzella, D.O., FAOC
Vice President

Alper A. Damluji, D.O., FAOC
Second Vice President

Randall S. Fulmer, M.D.
Immediate Past President

Bradley Glick, D.O., FAOC

Marsha A. Wise, B.S.
Executive Director

Sincerely yours,

Marsha A. Wise, B.S.
Executive Director
January 29, 2013

The Honorable Della Au Belatti
Chair, House Health Committee
Hawaii State Capitol, Room 331
Honolulu, HI 96813

Dear Chairwoman Au Belatti:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCD) and the Hawaii Association of Osteopathic Physicians and Surgeons (HAOPS) are writing to strongly encourage you to support HB 611. This bill would prohibit tanning facilities or operators from allowing children under the age of 18 from using tanning equipment. The bill would also require warning signs to be conspicuously posted in tanning facilities to inform consumers of the health risks associated with tanning. The AOA, AOCD and HAOPS support imposing appropriate safety precautions and educational requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. The AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists. HAOPS is a professional organization that represents the nearly 275 DOs providing patient care in Hawaii.

Tanning equipment works by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.¹ In 2009, the International Agency for Research on Cancer (IARC), a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.² Just last year, a study found that indoor tanning can cause the

most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.³

Prohibiting minors from using tanning equipment is an effective means to protect them from the long-term health risks of these devices. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure.⁴ For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors.⁵ States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.⁶

The use of tanning by children is inappropriate and should be banned due to its long-term health effects. In addition, adults who choose to patronize tanning facilities deserve to be made aware of the dangers of exposure to UV radiation. **We urge you to protect Hawaii’s citizens from artificial UV exposure by supporting HB 611 in committee.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP
President, AOA

David Grice, DO, FAOCD
President, AOCD

Les Barrickman, DO
President, HAOPS

CC: Norman E. Vinn, DO, AOA President-elect
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs
John B. Crosby, JD, AOA Executive Director
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs
Amy Bolivar, Manager, Executive Projects and Communications
Marsha A. Wise, BS, Executive Director, AOCD
Marcia Batchelder, Executive Director, HAOPS

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⁶ Dore, et al., supra.
January 29, 2013

The Honorable Kathy Campbell
Chair, Health and Human Services Committee
PO Box 94604
Lincoln, NE 68509

Dear Chairwoman Campbell:

The American Osteopathic Association (AOA) and the American Osteopathic College of Dermatology (AOCD) are writing to strongly encourage you to support LB 132. This bill would prohibit tanning facilities from allowing children under the age of 18 from using tanning equipment. The bill would also require warning signs to be conspicuously posted in tanning facilities to inform consumers of the dangers of ultraviolet (UV) radiation. The AOA and AOCD support imposing appropriate safety precautions and educational requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. The AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists.

Tanning equipment works by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.1 In 2009, the International Agency for Research on Cancer (IARC), a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.2 Just last year, a study found that indoor tanning can cause the most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.3

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Prohibiting minors from using tanning equipment is an effective means to protect them from the long-term health risks of these devices. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure. For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors. States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.

The use of tanning by children is inappropriate and should be banned due to its long-term health effects. In addition, adults who choose to patronize tanning facilities deserve to be made aware of the dangers of exposure to UV radiation. We urge you to protect Nebraska’s citizens from artificial UV exposure by supporting LB 132 in committee. Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP dist.
President, AOA

David Grice, DO, FAOCD
President, AOCD

CC: Norman E. Vinn, DO, AOA President-elect
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs
John B. Crosby, JD, AOA Executive Director
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs
Amy Bolivar, Manager, Executive Projects and Communications
Marsha A. Wise, BS, Executive Director, AOCD

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6 Dore, et al., supra.
February 25, 2013

The Honorable Thomas M. Middleton
Chair, Senate Finance Committee
3 East, Miller Senate Building
Annapolis, MD 21401

Dear Chairman Middleton:

The American Osteopathic Association (AOA), the Maryland Association of Osteopathic Physicians (MAOP), and the American Osteopathic College of Dermatology (AOCD) are writing to strongly encourage you to support SB 488 in committee. This bill would prohibit tanning facilities or operators from allowing children under the age of 18 to use tanning equipment. Furthermore, the bill would impose civil fines for the failure to verify the age of an individual using the tanning facilities. The AOA, MAOP and AOCD support imposing appropriate safety precautions upon tanning device operators.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. MAOP is a professional organization that represents the nearly 1,000 DOs providing patient care in Maryland. AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists.

Tanning equipment works by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.1 In 2009, the International Agency for Research on Cancer (IARC), a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.2 Just last year, a study found that indoor tanning can cause the

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most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.³

Prohibiting minors from using tanning equipment is an effective means to protecting them from the long-term health risks of these devices. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure.⁴ For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors.⁵ States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.⁶

The use of tanning by children is inappropriate and should be banned due to its long-term health effects. We urge you to protect Maryland’s citizens from artificial UV exposure by supporting SB 488 in committee. Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP  dist.  
President, AOA

Brian Kahan, DO  
President, MAOP

David Grice, DO, FAOCD  
President, AOCD

CC:  Norman E. Vinn, DO, AOA President-elect  
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs  
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs  
John B. Crosby, JD, AOA Executive Director  
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations  
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs  
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs  
Amy Bolivar, Manager, Executive Projects and Communications  
Stephanie Wilson, Executive Director, MAOP  
Marsha A. Wise, BS, Executive Director, AOCD

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⁶ Dore, et al., supra.
February 27, 2013

The Honorable Janéa Holmquist Newbry
Chair, Senate Commerce and Labor Committee
106B Irv Newhouse Building
PO Box 40413
Olympia, WA 98504-0413

Dear Chairwoman Holmquist Newbry:

The American Osteopathic Association (AOA), the Washington Osteopathic Medical Association (WOMA) and the American Osteopathic College of Dermatology (AOCD) are writing to strongly encourage you to support SB 5521. This bill would prohibit tanning facilities from allowing children under the age of 18 to use an ultraviolet tanning device. The bill would also require tanning facilities to verify customers’ ages with a driver’s license or government issued identification card. The AOA, WOMA and AOCD support imposing appropriate safety measures upon tanning facilities.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. WOMA is a professional organization that represents the over 1,200 DOs providing patient care in Washington. AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists.

Tanning equipment works by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.¹ In 2009, the International Agency for Research on Cancer (IARC), a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.² Just last year, a study found that indoor tanning can cause the

most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.³

Prohibiting minors from using ultraviolet tanning devices is an effective means to protect them from the long-term health risks associated with indoor tanning. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure.⁴ For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors.⁵ States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.⁶

The use of tanning facilities by children is inappropriate and should be banned due to its long-term health effects. We urge you to protect Washington's children from artificial UV exposure by supporting SB 5521 in committee. Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP dist.  
President, AOA

Scott Fannin, DO  
President-elect, WOMA

David Grice, DO, FAOCD  
President, AOCDD

CC: Norman E. Vinn, DO, AOA President-elect  
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs  
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs  
Lyndsey Rasmussen, DO, President, WOMA  
John B. Crosby, JD, AOA Executive Director  
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations  
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs  
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs  
Amy Bolivar, Manager, Executive Projects and Communications  
Kathleen Itter, Executive Director, WOMA  
Marsha A. Wise, BS, Executive Director, AOCDD

⁶ Dore, et al., supra.
March 11, 2013

The Honorable Jane Nelson
Chair, Senate Committee on Health and Human Services
PO Box 12068
Capitol Station
Austin, TX 78711

Dear Chairwoman Nelson:

The American Osteopathic Association (AOA), the Texas Osteopathic Medical Association (TOMA) and the American Osteopathic College of Dermatology (AOCD) are writing to strongly encourage you to support SB 329. This bill would prohibit tanning facilities from allowing children under the age of 18 to use a tanning device. The AOA, TOMA and AOCD support imposing appropriate safety measures upon tanning facilities.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. TOMA is a professional organization that represents the over 4,000 DOs providing patient care in Texas. AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists.

Tanning devices work by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.1 In 2009, the International Agency for Research on Cancer (IARC), a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.2 Just last year, a study found that indoor tanning can cause the most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.3

Prohibiting minors from using tanning devices is an effective means to protect them from the long-term health risks associated with indoor tanning. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure.\(^4\) For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors.\(^5\) States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.\(^6\)

The use of tanning facilities by children is inappropriate and should be banned due to its long-term health effects. **We urge you to protect Texas’ children from artificial UV exposure by supporting SB 329 in committee.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP  
President, AOA  
A. Duane Selman, DO  
President, TOMA  
David Grice, DO, FAOCD  
President, AOCD

CC:  Norman E. Vinn, DO, AOA President-elect  
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs  
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs  
John B. Crosby, JD, AOA Executive Director  
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations  
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs  
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs  
Amy Bolivar, Manager, Executive Projects and Communications  
Sam Tessen, Executive Director, TOMA  
Marsha A. Wise, BS, Executive Director, AOCD

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\(^6\) Dore, et al., supra.
March 22, 2013

The Honorable Tom Apodaca  
Chair, Senate Rules and Operations Committee  
NC Senate  
16 W. Jones Street, Room 2010  
Raleigh, NC 27601

Dear Chairman Apodaca:

The American Osteopathic Association (AOA), the North Carolina Osteopathic Medical Association (NCOMA) and the American Osteopathic College of Dermatology (AOCD) are writing to encourage you to support H 18. This bill would prohibit operators of tanning facilities from permitting children under the age of 18 to use tanning equipment. The AOA, NCOMA and AOCD support imposing appropriate safety precautions and educational requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. NCOMA is a professional organization that represents over 1,100 DOs providing patient care in North Carolina. AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists.

Tanning equipment works by bombarding the skin with ultraviolet (UV) radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.1 In 2009, the International Agency for Research on Cancer (IARC), a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.2 Just last year, a study found that indoor tanning can cause the most common form of skin cancer, non-melanoma skin cancer, as well as the deadliest form of skin cancer, malignant melanoma.3

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Prohibiting minors from using tanning equipment is an effective means to protect them from the long-term health risks of these devices. Young people are at a heightened risk of developing skin cancer from indoor tanning as they subject themselves to additional years of artificial UV exposure. For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors. States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.

The use of tanning by children is inappropriate and should be banned due to its long-term health effects. **We urge you to protect North Carolina’s citizens from artificial UV exposure by supporting H 18.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP dist.  Donald C. Maharty, DO  David Grice, DO, FAOCD
President, AOA  President, NCOMA  President, AOCD

CC:  Norman E. Vinn, DO, AOA President-elect
     Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs
     Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs
     John B. Crosby, JD, AOA Executive Director
     Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations
     Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs
     Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs
     Amy Bolivar, Manager, Executive Projects and Communications
     Saundra Stanley, Executive Director, NCOMA
     Marsha A. Wise, BS, Executive Director, AOCD

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6 Dore, et al., supra.
April 16, 2013

The Honorable Lois W. Kolkhorst
Chair, House Public Health Committee
Room 4N.8, Capitol
PO Box 2910
Austin, TX 78768

Dear Chairwoman Kolkhorst:

The American Osteopathic Association (AOA), the Texas Osteopathic Medical Association (TOMA) and the American Osteopathic College of Dermatology (AOCD) are writing to strongly encourage you to support HB 598. This bill would prohibit tanning facilities from allowing children younger than 18 years of age to use tanning devices. The AOA, TOMA and AOCD support imposing appropriate safety precautions upon tanning facilities.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. TOMA is a professional organization that represents the over 4,000 DOs providing patient care in Texas. AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists.

Tanning devices work by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.1 In 2009, the International Agency for Research on Cancer (IARC), a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.2 Just last year, a study found that indoor tanning can cause the most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.3

Prohibiting minors from using tanning devices is an effective means to protect them from the long-term health risks associated with indoor tanning. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure. For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors. States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.

The use of tanning devices by children is inappropriate and should be banned due to its long-term health effects. We urge you to protect Texas’ children from artificial UV exposure by supporting HB 598 in committee. Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP dist.  A. Duane Selman, DO  David Grice, DO, FAOCD
President, AOA  President, TOMA  President, AOCD

CC:  Norman E. Vinn, DO, AOA President-elect  
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs  
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs  
John B. Crosby, JD, AOA Executive Director  
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations  
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs  
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs  
Amy Bolivar, Manager, Executive Projects and Communications  
Sam Tessen, Executive Director, TOMA  
Marsha A. Wise, BS, Executive Director, AOCD

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6 Dore, et al., supra.
May 1, 2013

The Honorable Lynn R. Wachtmann
Chair, House Health and Aging Committee
77 S. High St, 13th Floor
Columbus, OH 43215-6111

Dear Chairman Wachtmann:

The American Osteopathic Association (AOA), the Ohio Osteopathic Association (OOA) and the American Osteopathic College of Dermatology (AOCD) are writing to strongly encourage you to support HB 131. This bill would prohibit tanning facilities from allowing children younger than 18 years of age to use fluorescent sun lamp tanning devices without a prescription issued by a physician. The AOA, OOA and AOCD support imposing appropriate safety precautions upon tanning facilities.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. OOA is a professional organization that represents the nearly 5,000 DOs providing patient care in Ohio. AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists.

Sun lamp tanning devices work by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer. In 2009, the International Agency for Research on Cancer, a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans. Just last year, a study found that indoor tanning can cause the

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most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.³

Prohibiting minors from using tanning devices is an effective means to protect them from the long-term health risks associated with indoor tanning. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure.⁴ For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors.⁵ States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.⁶

Sun lamp tanning devices have long-term health effects and their use by children should be restricted to include only medically necessary ultraviolet treatment prescribed by a physician. **We urge you to protect Ohio’s children from artificial UV exposure by supporting HB 131 in committee.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP dist.  
President, AOA

John F. Ramey, DO  
President, OOA

David Grice, DO, FAOCD  
President, AOCD

CC:  
Norman E. Vinn, DO, AOA President-elect  
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs  
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs  
John B. Crosby, JD, AOA Executive Director  
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations  
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs  
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs  
Amy Bolivar, Manager, Executive Projects and Communications  
Jon F. Wills, Executive Director, OOA  
Marsha A. Wise, BS, Executive Director, AOCD

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⁶ Dore, et al., supra.
May 20, 2013

The Honorable Jeffrey Sanchez
House Chair, Joint Committee on Public Health
Massachusetts State House, Room 130
24 Beacon St.
Boston, MA 02133

Dear Chairman Sanchez,

The American Osteopathic Association (AOA), the Massachusetts Osteopathic Society (MOS) and the American Osteopathic College of Dermatology (AOCD) are writing to encourage you to support SB 1105. This bill would prohibit persons under the age of 18 from using a tanning device. The AOA, MOS and AOCD support imposing appropriate safety precautions upon tanning facilities.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. MOS is a divisional (state) society of the AOA that represents the interests of nearly 900 DOs licensed in Massachusetts. AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists.

Tanning devices work by bombarding the skin with UV radiation. Tanning facilities use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer. In 2009, the International Agency for Research on Cancer, a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans. Just last year, a study found that indoor tanning can cause the most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.

Prohibiting minors from using tanning devices is an effective means to protect them from the long-term health risks associated with indoor tanning. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of

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artificial UV exposure.\(^4\) For this reason, the WHO and the American Academy of Dermatology recommend banning the use of tanning devices by minors.\(^5\) States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.\(^6\)

The use of tanning devices by children is inappropriate and should be banned due to its long-term health effects. **We urge you to protect Massachusetts’ children from artificial UV exposure by supporting SB 1105 in committee.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP dist.  Pamela Grimaldi, DO  David Grice, DO, FAOCD  
President, AOA  President, MOS  President, AOCD

CC:  Norman E. Vinn, DO, AOA President-elect  
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs  
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs  
John B. Crosby, JD, AOA Executive Director  
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations  
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs  
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs  
Amy Bolivar, Manager, AOA Executive Projects and Communications  
Marsha A. Wise, BS, Executive Director, AOCD  
Sally Podolski, Executive Director, Massachusetts Osteopathic Society


\(^6\) Dore, et al., supra.
May 20, 2013

The Honorable John F. Keenan  
Senate Chair, Joint Committee on Public Health  
Massachusetts State House, Room 413B  
24 Beacon St.  
Boston, MA 02133

Dear Chairman Keenan,

The American Osteopathic Association (AOA), the Massachusetts Osteopathic Society (MOS) and the American Osteopathic College of Dermatology (AOCD) are writing to encourage you to support SB 1105. This bill would prohibit persons under the age of 18 from using a tanning device. The AOA, MOS and AOCD support imposing appropriate safety precautions upon tanning facilities.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. MOS is a divisional (state) society of the AOA that represents the interests of nearly 900 DOs licensed in Massachusetts. AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists.

Tanning devices work by bombarding the skin with UV radiation. Tanning facilities use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.¹ In 2009, the International Agency for Research on Cancer, a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.² Just last year, a study found that indoor tanning can cause the most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.³

Prohibiting minors from using tanning devices is an effective means to protect them from the long-term health risks associated with indoor tanning. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of

artificial UV exposure. For this reason, the WHO and the American Academy of Dermatology recommend banning the use of tanning devices by minors. States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.

The use of tanning devices by children is inappropriate and should be banned due to its long-term health effects. **We urge you to protect Massachusetts’ children from artificial UV exposure by supporting SB 1105 in committee.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP dist. Pamela Grimaldi, DO David Grice, DO, FAOCD
President, AOA President, MOS President, AOCD

CC: Norman E. Vinn, DO, AOA President-elect
   Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs
   Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs
   John B. Crosby, JD, AOA Executive Director
   Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations
   Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs
   Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs
   Amy Bolivar, Manager, AOA Executive Projects and Communications
   Marsha A. Wise, BS, Executive Director, AOCD
   Sally Podolski, Executive Director, Massachusetts Osteopathic Society

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6 Dore, et al., supra.
May 14, 2013

The Honorable David P. Bobzien 
Chair, Assembly Committee on Commerce and Labor 
401 S. Carson Street, Room 4114 
Carson City, NV 89701-4747

Dear Chairman Bobzien:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCD) and the Nevada Osteopathic Medical Association (NOMA) are writing to strongly encourage you to support SB 267. The bill prohibits an owner or operator of a tanning establishment allowing children under the age of 18 to use the tanning equipment. The bill imposes civil fines on those who allow children under the age of 18 to use the tanning equipment. The bill also requires an owner or operator of a tanning establishment to post warning signs in conspicuous locations. A qualified person must be present at the tanning facility during operation hours knowledgeable about the equipment and its safety features. Additionally, an individual using the tanning equipment must use protective eyewear. The AOA, AOCD and NOMA support imposing appropriate safety precautions upon tanning device operators.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. The AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists. NOMA represents the osteopathic physicians practicing in Nevada.

Tanning equipment works by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.1 In 2009, the International Agency for Research on Cancer, a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.2 Just last year, a study found that indoor tanning can cause the most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.3

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Prohibiting minors from using tanning equipment is an effective means to protect them from the long-term health risks of these devices. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure. For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors. States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.

The use of tanning by children is inappropriate and should be banned due to its long-term health effects. In addition, adults who choose to patronize tanning facilities deserve to be made aware of the dangers of exposure to UV radiation. **We urge you to protect Nevada’s citizens from artificial UV exposure by supporting SB 267 in committee.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP
President, AOA

David Grice, DO, FAOCD
President, AOCD

Charles H. McSwain, DO
President, NOMA

CC: Norman E. Vinn, DO, AOA President-elect
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs
John B. Crosby, JD, AOA Executive Director
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs
Amy Bolivar, Manager, AOA Executive Projects and Communications
Marsha A. Wise, BS, Executive Director, AOCD
Denise Selleck Davis, CAE, Executive Director, NOMA

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6 Dore, et al., supra.
May 10, 2013

The Honorable Matthew E. Baker
Chair, House Committee on Health
108 Ryan Office Building
PO Box 202068
Harrisburg, PA 17120

Dear Chairman Baker:

The American Osteopathic Association (AOA), the Pennsylvania Osteopathic Medical Association (POMA), the Pennsylvania Osteopathic Family Physicians Society (POFPS) and the American Osteopathic College of Dermatology (AOCD) are writing to strongly encourage you to support HB 1259. This bill would prohibit tanning facilities from allowing children younger than 17 years from using tanning facilities, and children older than 17 but younger than 18 would need written parental authorization. In addition, the bill also has requirements for tanning facilities to display warning signs and provide information on the dangers of tanning. The AOA, POMA, POFPS and AOCD support imposing appropriate safety precautions upon tanning facilities.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. POMA is a professional organization that represents the over 7,500 DOs providing patient care in Pennsylvania. POFPS is a professional specialty organization that represents 975 DOs providing family treatment and primary care in Pennsylvania. AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists.

Sun lamp tanning devices work by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.1 In 2009, the International Agency for Research on Cancer, a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.2 Just last year, a study found that indoor tanning can cause the

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most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.³

Prohibiting minors from using tanning devices is an effective means to protect them from the long-term health risks associated with indoor tanning. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure.⁴ For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors.⁵ States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.⁶

Sun lamp tanning devices have long-term health effects and their use by children should be restricted. **We urge you to protect Pennsylvania's children from artificial UV exposure by supporting HB 1259 in committee.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP dist.  
President, AOA

Christopher D. Olson, DO  
President, POMA

Suzanne K. Kelley, DO  
President, POFPS

David Grice, DO, FAOCD  
President, AOCD

CC:  Norman E. Vinn, DO, AOA President-elect  
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs  
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs  
John B. Crosby, JD, AOA Executive Director  
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations  
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs  
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs  
Amy Bolivar, Manager, AOA Executive Projects and Communications  
Mario E.J. Lanni, Executive Director, POMA and POFPS  
Marsha A. Wise, BS, Executive Director, AOCD


⁶ Dore, et al., supra.
June 21, 2013

The Honorable Bethany A. Hall-Long
Chair, Senate Health & Social Services Committee
411 Legislative Avenue
Dover, DE 199013

Dear Chairwoman Hall-Long:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCD) and the Delaware State Osteopathic Medical Society (DSOMS) are writing to strongly encourage you to support SB 94. This bill would prohibit tanning facilities from allowing minors to use tanning equipment. The bill would also require warning signs to be conspicuously posted in tanning facilities to inform consumers of the health risks associated with tanning. The AOA, AOCD and DSOMS support imposing appropriate safety precautions and educational requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 100,000 osteopathic physicians (DOs) and osteopathic medical students; promotes public health; encourages scientific research; serves as the primary certifying body for DOs; is the accrediting agency for osteopathic medical colleges; and has federal authority to accredit hospitals and other health care facilities. The AOCD represents over 600 physicians, dermatology residents and student members. It is dedicated to improving the standards of the practice of dermatology, stimulating the study of dermatology and promoting understanding of the nature and scope of services rendered by osteopathic dermatologists. DSOMS represents osteopathic physicians in Delaware.

Tanning equipment works by bombarding the skin with UV radiation. Tanning salons use lamps that emit UV-A and UV-B radiation, both of which damage the skin and can cause skin cancer.1 In 2009, the International Agency for Research on Cancer (IARC), a working group of the World Health Organization (WHO), classified UV-emitting tanning devices as a carcinogen, an agent known to cause cancer in humans.2 Just last year, a study found that indoor tanning can cause the most common form of skin cancer, non-melanoma skin cancer, in addition to the deadliest form of skin cancer, malignant melanoma.3

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Prohibiting minors from using tanning equipment is an effective means to protect them from the long-term health risks of these devices. Young people are at a heightened risk of developing skin cancer from indoor tanning, as they subject themselves to additional years of artificial UV exposure. For this reason, the WHO and the American Academy of Dermatology (AAD) recommend banning the use of tanning devices by minors. States that have restricted access to indoor tanning for minors have seen stable or decreased rates of skin cancer, while states without these policies have seen an increase in the same.

The use of tanning by children is inappropriate and should be banned due to its long-term health effects. In addition, adults who choose to patronize tanning facilities deserve to be made aware of the dangers of exposure to UV radiation. We urge you to protect Delaware’s citizens from artificial UV exposure by supporting SB 94 in committee. Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, AOA Director of State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Ray E. Stowers, DO, FACOFP
President, AOA

David Grice, DO, FAOCD
President, AOCD

Nicholas O. Biasotto, DO, MS
President, DSOMS

CC: Norman E. Vinn, DO, AOA President-elect
Mark A. Baker, DO, Chair, AOA Department of Governmental Affairs
Joseph A. Giaimo, DO, Chair, AOA Bureau of State Government Affairs
John B. Crosby, JD, AOA Executive Director
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations
Linda Mascheri, Director, AOA Department of State, Affiliate and International Affairs
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs
Amy Bolivar, Manager, AOA Executive Projects and Communications
Marsha A. Wise, BS, Executive Director, AOCD
Edward R. Sobel, DO, Executive Director, DSOMS

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6 Dore, et al., supra.
March 25, 2013

Ms. Marsha A. Wise
American Osteopathic College of Dermatology
P.O. Box 7525
Kirkville, MO 63501

Dear Ms. Wise:

Thank you for American Osteopathic College of Dermatology's generous $1,090.00 gift to AAD Camp Discovery! Your support will extend the reach of dermatology and serves as an example of philanthropic leadership.

As you may already know, our humanitarian initiatives promote healthy skin and healthy lives in communities around the world. You help ensure that the positive impact of AAD programs is felt by the children playing beneath a shade structure, the adult going to a free skin cancer screening, or the young patient attending summer camp. AAD Camp Discovery continues to change the lives of children with chronic skin conditions. Over 335 children received a life-altering summer camp experience last year. Thanks to the support of people like you, that number can grow this summer. Camp Discovery volunteers and donors ensure that the lives of even more children will be touched by this wonderful program. Together, we are changing lives!

Once again, I truly appreciate the generosity of American Osteopathic College of Dermatology. Thank you for making a difference.

Regards,

C. William Hanke, MD, FAAD
Chair, Development Committee

The American Academy of Dermatology is a 501(c)(3) not-for-profit organization under the Internal Revenue Code. All donations are therefore tax-deductible in accordance with IRS regulations and will be acknowledged as such. No goods or services have been provided in exchange for your contribution.

In recognition of your support, your name may be listed at the Development and the AAD website (www.AADdevelopment.org), in the Leaders in Giving Annual Report, and in various other publications. If you would like your name to appear differently than American Osteopathic College of Dermatology, or if you wish to remain anonymous, please contact AADdevelopment@aad.org.
AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
CONSTITUTION

ARTICLE I NAME
This organization shall be known as the American Osteopathic College of Dermatology (hereinafter also referred to as the College).

ARTICLE II OBJECTIVES
The objectives of this organization are:
1. To maintain the highest possible standards in the practice of dermatology
2. To stimulate study and to extend knowledge in the field of dermatology
3. To promote a more general understanding of the nature and scope of the services rendered by osteopathic dermatologists to the other divisions of medical practice, hospitals, clinics, and the public
4. To contribute to the best interests of the osteopathic profession by functioning as an affiliated organization of the American Osteopathic Association

ARTICLE III MEMBERSHIP
Section 1. Class of Members
Membership in this organization shall consist of the following classifications: fellow, associate, resident, affiliate, fellow of distinction, honorary, life, corporate, and student.

Section 2. Eligibility, Rights, and Obligations
The eligibility requirements for and the rights and obligations of the members of each classification shall be as follows:

A. FELLOW: Any osteopathic physician who has been certified by the American Osteopathic Association through the American Osteopathic Board of Dermatology, or certified through the American Board of Medical Specialists by the American Board of Dermatology shall be eligible for fellow membership. Fellow members shall have full membership rights which include specifically, the right to vote, to hold office, to be assessed dues, and to accept appointment to committees and councils. He/She must be a member in good standing of the American Osteopathic Association. Failure to maintain membership in the American Osteopathic Association or the Canadian Osteopathic Association will be due cause to lose membership and listing in the annual directory of the American Osteopathic College of Dermatology.

B. ASSOCIATE: Any osteopathic physician who has successfully completed an American Osteopathic Association approved postdoctoral training program in dermatology shall be eligible for associate membership. Associates shall have all the rights and obligations of fellow members except they shall not be eligible to hold elected office.

C. RESIDENT: Osteopathic physicians participating in an American Osteopathic Association approved residency training program shall be eligible for resident membership and shall meet the following requirements:
   1. Be a graduate of an American Osteopathic Association accredited college of osteopathic medicine.
   2. Have satisfactorily completed an American Osteopathic Association approved internship.
   3. Have satisfactorily entered an American Osteopathic Association approved postdoctoral training program in dermatology.
   4. Have a license to practice within the state from which he/she applies, or be in the military service.
   5. Be a member in good standing of the American Osteopathic Association and the American Osteopathic College of Dermatology

Resident members shall have all the rights of fellow and associate members except that they shall not be eligible to vote or hold elective office.
D. AFFILIATE: Any physician who has completed a dermatology residency approved by the Accreditation Council for Graduate Medical Education (ACGME) of the American Medical Association or has completed a dermatopathology training program approved by the American Osteopathic Association Council on Postdoctoral Training or the ACGME or who is certified in Dermatopathology by the American Osteopathic Board of Dermatology or American Board of Dermatology or the equivalent pathology boards recognized by the American Osteopathic Association Council on Postdoctoral Training or ACGME shall be eligible for affiliate membership. Affiliates shall have all rights and obligations of fellow members except they shall not be eligible to hold elective office or vote.

E. FELLOW OF DISTINCTION: The honorary title of Fellow of Distinction of the American Osteopathic College of Dermatology (FOD) may be conferred on fellow members who have made outstanding contributions through teaching, authorship, research or professional leadership to the stated purposes of the College. Applicant must have submitted a completed application to the Fellow of Distinction Committee, which will then make a recommendation to the Board of Trustees. Upon review by the Board of Trustees, the committee recommendation will be submitted to the general membership at the next annual meeting. Fellow of Distinction status will be conferred upon approval by three fourths (3/4) of the voting members at the annual business meeting.

F. HONORARY: Honorary membership may be granted to any person upon unanimous vote of the Board of Trustees of the American Osteopathic College of Dermatology. An honorary member shall not have the right to vote, hold elected office, or be assessed dues. In general, they shall not have any membership rights other than attendance and participation in membership and educational programs.

G. LIFE: Any member in good standing who has been a member for twenty (20) years and has reached the age of sixty-five (65) or who has fully retired from practice because of disability shall be eligible for life membership. Life members shall continue to have their previous category rights. Life members are exempt from dues and assessments, but are obligated to observe all Bylaws and administrative regulations of the College. Reinstatement to previous membership category may be achieved by unanimous vote of the Board of Trustees of the College. Members interested in becoming life members must apply to the Membership Committee for status change which upon approval by the Board of Trustees, will be granted.

H. CORPORATE: Corporate membership shall be granted to those corporations/companies which have a desire to be involved with the college through the promotion of dermatology. Corporate membership may be conferred by the Board of Trustees upon the recommendation of the Corporate Membership Committee. Corporate members shall not be eligible to vote or hold elected office.

I. STUDENT: Any osteopathic medical student who is in good standing with the American Osteopathic Association and interested in pursuing a career in the field of dermatology shall be eligible to become a student member. This membership status may be maintained for a maximum of three years after a student graduates. Student members shall have all rights and obligations of fellow members except they shall not be eligible to hold elective office or vote.

J. ACTIVE MILITARY: Any osteopathic physician who is on active military duty and who has been certified by the American Osteopathic Association through the American Osteopathic Board of Dermatology, or certified through the American Board of Medical Specialists by the American Board of Dermatology, OR who has successfully completed an American Osteopathic Association approved postdoctoral Dermatology training program, but not yet certified, shall be eligible for active military membership and are eligible for a reduced membership dues rate. Active military members who are Board certified shall have full membership rights which include specifically, the right to vote, to hold office, to be assessed dues, and to accept appointment to committees and councils. Active military members who are not Board certified shall have full membership rights except they shall not be eligible to hold office. He/She must be a member in good standing of the American Osteopathic Association or the Canadian Osteopathic Association. Failure to maintain membership in the American Osteopathic Association or the Canadian Osteopathic Association will be due cause to lose membership and listing in the annual directory of the American Osteopathic College of Dermatology.
Section 3. Specialty College Membership
Membership in the AOCDD shall be available to osteopathic physicians who have had allopathic postdoctoral training, who are members in good standing of the American Osteopathic Association, and are otherwise qualified for such membership.

ARTICLE IV OFFICERS
The officers of the College shall be President, President-elect, First Vice President, Second Vice President, Third Vice President, Secretary-Treasurer, Past President and six (6) Trustees as provided in the Bylaws. Only fellow members in good standing may serve as officers.

ARTICLE V AMENDMENTS

Section 1. Proposals Approved by Board of Trustees
A. Amendments to the Bylaws shall be submitted to the Board of Trustees and if approved by a majority vote may be adopted by a two-thirds (2/3) vote of eligible voting members at the next annual meeting. The proposed amendment shall have been sent to all voting members not more than ninety (90) days or less than thirty (30) days prior to the next annual College meeting.

B. Amendments to the Constitution may be submitted to the Board of Trustees and if unanimously approved may be adopted by a three-fourths (3/4) vote of eligible voting members at the next annual meeting. The proposed amendment shall have been sent to all voting members not more than ninety (90) days or less than thirty (30) days prior to the next annual College meeting.

Section 2. Other Proposals
A. Amendments to the Bylaws not approved by the Board of Trustees may be adopted by a two-thirds (2/3) vote of the eligible voting members at the next annual college meeting under the following conditions: 1) at least six (6) voting members must support the amendment; 2) the proposed amendment shall have been presented to the Secretary-Treasurer at the preceding annual meeting; and 3) a written notice of the proposed amendment shall be sent to all voting members not more than ninety (90) days or less than thirty (30) days prior to the next annual College meeting.

B. Amendments to the Constitution not approved by the Board of Trustees may be adopted by a three-fourths (3/4) vote of the eligible voting members at the next annual College meeting under the following conditions: 1) at least twelve (12) eligible voting members must support the amendments; 2) the proposed amendment shall have been presented to the Secretary-Treasurer at the preceding annual meeting; and 3) a written notice of the proposed amendment shall be sent to all eligible voting members not more than ninety (90) days or less than thirty (30) days prior to the next annual College meeting.

Section 3. AOA Approval
Amendments to the Constitution and Bylaws shall not become effective until approved by the Board of Trustees of the American Osteopathic Association.

Revised/Approved/AOCDD October 2012
AOA Approved March 2013