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Membership as of September 15, 2014
Fellow/Life Members 24
Fellow Members 459
Associate Members 55
Affiliate Members 06
Resident Members 138
Student Members 134
*****************************************************************************
Total Membership 816
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COMMITTEE APPOINTMENTS 2013-2014

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

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

AOA House of Delegates Representative
      David L. Grice, D.O., FAOCD
      Suzanne Sirotta Rozenberg, 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
         Shari Sperling, D.O., FAOCD
         Ben Adams, D.O., FAOCD

Bylaws Committee
Chair: David Grice, D.O., FAOCD
Members: Leslie Kramer, D.O., FAOCD
         Jere Mammino, D.O., FAOCD
         Don Tillman, D.O., FAOCD

CME Committee
Chairs: John Minni, D.O., FAOCD
       Dwayne Montie, D.O., FAOCD
Members: Danica Alexander, D.O., FAOCD
         Scott Goffin, D.O., FAOCD
         Karthik Krishnamurthy, D.O., FACOD
         Rick Lin, D.O., FAOCD
         Dan Ladd, D.O., FAOCD
         MY 2014
         AM 2014
         MY 2015
Editorial Committee/Public Relations
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Newsletter Editor: TBA
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Jason Green, D.O, FAOCD
Lawrence Schiffman, D.O., FAOCD
JAOCDD Editor: Karthik Krishnamurthy, D.O., FAOCD

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Vice Chair: Lloyd Cleaver, D.O., FAOCD (2011-2014)
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Steve Grekin, D.O., FAOCD (2013-2016)
David Grice, D.O., FAOCD (2013-2016)
Cindy Hoffman, D.O., FAOCD (2013-2016)
Mark Kuriata, D.O., FAOCD (2013-2016)
Suzanne Sirota-Rozenberg, D.O., FAOCD (2011-2014)
Stanley Skopit, D.O., FAOCD (2011-2014)
Schiold Wikas, D.O., FAOCD (2013-2016)

Ethics Committee
Chair: David Grice, D.O., FAOCD (2013-2016)
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Leslie Kramer, D.O., FAOCD (2011-2014)
James Young, D.O., FAOCD
Charles Hughes, D.O., FAOCD

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Lynn Sikorski, D.O., FAOCD
Bill Way, D.O., FAOCD
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Rick Lin, D.O., FAOCD
Dan Ladd, 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
Dudley Goetz, 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
Angela Bookout, D.O., FAOCD
Francesca Kantono, D.O., FAOCD
Jonathan Keeling, D.O., FAOCD
Michelle Legacy, D.O., FAOCD
Angela Leo, D.O., FAOCD
John Minni, D.O., FAOCD
Dwayne Montie, D.O., FAOCD
Peter Saitra, D.O., FACOD
Matthew Smetanick, D.O., FAOCD
Amy Spizuoco, D.O., FAOCD
Sean Stephenson, 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
Danica Alexander, D.O., FAOCD
Tracy Favreau, D.O., FAOCD
Bryan Sands, D.O., FAOCD
Michael Whitworth, D.O., FAOCD

Membership

Nominating
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Members: Brad Glick, D.O., FAOCD (2012-2015)
Leslie Kramer, D.O., FAOCD (2011-2014)
Rick Lin, D.O., FAOCD (2013-2014)
Cindy Hoffman, D.O., FAOCD
Bill Way, D.O., FACOD

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

Members:
Reagan Anderson, D.O., FAOCD
Jonathan Crane, D.O., FAOCD
Tracy Favreau, DO, FAOCD
Steven Grekin, D.O., FAOCD
David Horowitz, D.O., FAOCD
Stephen Kessler, D.O., FAOCD
Annette LaCasse, D.O., FAOCD
Vernon Mackey, D.O., FACOD
Richard Miller, D.O., FAOCD
Steve Purcell, D.O., FAOCD
Dawn Sammons, D.O., FAOCD
Stanley Skopit, D.O., FAOCD
Suzanne Sirota-Rozenberg, D.O., FAOCD
John Young III, MD
Jason Barr, D.O., FAOCD
Alpesh Desai, DO, FAOCD
Marcus Goodman, D.O., FAOCD
Cindy Hoffman, D.O., FAOCD
Daniel Hurd, D.O., FAOCD
Mark Kuriata, DO, FAOCD
Jennifer Lloyd, D.O., FAOCD
Peter Malouf, D.O.
Warren Peterson, DO, FAOCD
Adriana Ros, D.O., FAOCD
Robin Shechter, DO, FAOCD
Daniel Stewart, D.O., FAOCD
Schield Wikas, D.O., FAOCD

Resident Liaison
Chris Cook, D.O.
AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
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2014-2015

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727-841-8505

Larkin Community Hospital (9)
Program Director: Stanley Skopit, D.O.
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305-284-7761

Alta Dermatology (3)
Program Director: Stephen Kessler, D.O.
130 S. 63rd., Bldg. 350
Mesa, AZ 85206
480-981-2888

West Palm Beach Hospital (7)
Program Director: Robin Shecter, D.O.
5808 Jog Road
Lake Worth, FL 33467
561-968-7546

St. Barnabas Hospital (6)
Program Director: Cindy Hoffman, D.O.
Third Avenue & 183rd Street
Bronx, NY 10457
718-960-9000

PCOM Mednet/North Fulton (3)
Program Director: Marcus Goodman, D.O.
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Roswell, GA 30076
770-754-0787

St. John's Episcopal Hospital, South Shore (6)
Program Director: Suzanne Rozenberg, D.O.
150 E. Sunrise Highway
Lindenhurst, NY 11757
718-869-7108

NSU-COM/BGMC (9)
Program Director: Tracy Favreau, D.O.
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Fort Lauderdale, FL 33316
954-468-5201

O'Bleness Memorial Hospital (4)
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740-566-4621

University Hospitals Regional Hospitals (6)
Program Director: Jenifer Lloyd, D.O.
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Youngstown, OH 44106
330-758-9189

Tri County Dermatology (4)
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Cuyahoga Falls, OH 44221
330-929-9009

Lehigh Valley Health Network (9)
Program Director: Steve Purcell, D.O.
1259 S. Cedar Crest Blvd. #100
Allentown, PA 18103
610-437-4134

Oakwood Southshore Medical Center (6)
Program Director: Stephen Grekin, D.O.
13450 E. 12 Mile Road
Warren, MI 48088
586-759-5525

McLaren-Oakland (6)
Program Director: Annette LaCasse, D.O.
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Commerce Township, MI 48382
248-363-5555
St. Joseph Mercy Health System (12)
Program Director: Daniel Stewart, D.O.
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Clinton Township, MI 48038
586-286-0112

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

Advanced Desert Dermatology (3)
Program Director: Vernon T. Mackey, D.O.
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Peoria, AZ 85381
623-977-6700

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

Lewis-Gale Hospital
Montgomery Regional Dermatology (6)
Program Director: Daniel Hurd, D.O.
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Blacksburg, VA 24060
540-953-5445

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

Affiliated Dermatology (6)
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20401 N. 73rd Street, Ste. 230
Scottsdale, AZ 85255
Phone: 480-556-0446

Sampson Regional Medical Center (6)
Program Director: Jonathan Crane, DO, FAOCD
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910-251-9944

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

OMNEE/Sampson Regional Medical Center (6)
Program Director: Jonathan Crane, D.O.
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Clinton, NC 28328
910-251-9944

Colorado Dermatology Institute (3)
Program Director: Reagan Anderson, D.O.
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719-531-5400

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Fort Worth, TX 76107
817-735-2549

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Spanish Fork, UT 84660
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WUHS/Silver Falls Dermatology (6)
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Palisades Medical Center (6)
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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
- Koprinice Society: $1,000
- Leaders Of Osteopathic Dermatology: $500
- Scholars Circle: $250
- Residents’ Forum: $100

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


Other members who have contributed at various levels include David Grice, D.O.; Lloyd Cleaver, D.O.; and Suzanne Sirota-Rozenberg, D.O.
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Office: 660-665-2184  800-449-2623  Fax: 660-627-2623
execdirector@aocd.org

Upcoming Meetings:

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

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

2015 Annual Meeting
TBD

2016 Spring Meeting
Ritz Carlton Battery Park
2 West Street
New York, NY
March 30- April 3, 2016

2017 Spring Meeting
Ritz Carlton Atlanta
181 Peachtree Street, Northeast
Atlanta, GA
March 29- April 2, 2017
2014 Corporate Members

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Executive Director's Annual Review 2013-2014
By Marsha A Wise, Executive Director

Another year has passed and we’ve all be very busy with various projects and issues.

WEB NEWS
We continue to expand our website and member database. 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. The 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’s site, www.aobd.org also contains all of the information residents need for obtaining Board certification AND meeting OCC requirements AFTER Board certification. From July 2, 2013 – September 9, 2014 there were 167 occasions of blast emails sent for a total of 68,969 member emails sent. 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, a vote was held during the AOA’s Annual Business Meeting, held July 14-20, 2014, and the AOA House of Delegates expressed its support for the AOA’s entry into a single accreditation system that perpetuates unique osteopathic graduate medical education programs. Resolution 800 is provided for your review. Visit the AOA’s website for detailed information. www.osteopathic.org With the passing of Resolution 800, the Osteopathic Profession will begin a journey into uncharted territory. It is our goal to get our membership informed and we encourage everyone to monitor the AOA website on the Unified Single Accreditation System.

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 requires all specialty colleges to offer one outcomes-based CME program between 2013 and 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.

Also new for the AOCD meeting in Seattle is the use of bar code readers for meeting attendance purposes. Category 1 CME Sponsors may use an electronic method of signature as long as there is evidence the physician attended the educational program. (AOA Board of Trustees Resolution 14 (A/2012) AOA Category 1 CME Sponsors shall provide a signed attendance sheet from each attendee indicating the number of credits actually attended for each sponsors CME activity.

AOA HOUSE OF DELEGATES

The AOA's Annual Business Meeting was held July 14-20, 2013 in Chicago, IL. Dr. Suzanne Sirota Rozenberg 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 120 years of dermatologic practice. On Tuesday, July 15, 2014, I attended a meeting for the Society of Osteopathic Specialty Executives (SOSE). SOSE is comprised of the Executive Directors of all AOA Specialty colleges. I was honored to have been elected to a 2 year term to the Executive Committee for SOSE.

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 Dermatite. The AOCD was once again to be in compliance with the AOA's Healthy and Viable Affiliate Organization Program.

Numerous By-Laws changes were submitted to the eligible voting membership in the summer of 2014 and the AOCD conducted a paper ballot. At the time of printing, the results of this venture were not available. The membership will be updated at the General Membership Meeting in Seattle, October 27, 2014.
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., Kirksville, 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.

Spring Meeting Update
We met in Dallas, Texas for our 2014 Midyear Meeting, February 20-23, 2014. Dr. Karthik Krishnamurthy was the program chair for this meeting.

April 23-26, 2015, our Spring Meeting will take place at the Ritz Carlton-Charlotte. The program chair for the 2015 meeting is Dr. Dan Ladd. Keep checking future Dermlines, as well as the Thursday Bulletins for updates. An expanded meetings coverage page is available on our website as well as the opportunity to register online.

Save the Dates!
The 2016 Spring Meeting will take place from March 30- April 3, 2016 at the Ritz Carlton Battery Park, New York, NY

The 2017 Spring Meeting will take place from March 29- April 2, 2017 at the Ritz Carlton Atlanta at 181 Peachtree Street, Northeast in Atlanta, GA.

It has been my pleasure working for the AOCD these past 8 ½ years, with the past 4 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.

"Let your light so shine that the world will know you are an osteopathic physician pure and simple, and that no prouder title can follow a human name."

Andrew Taylor Still, MD, DO, Founder of Osteopathic Medicine
Committee Reports

American Academy of Dermatology Liaison
Michael Scott, D.O., FAOCD (Chair)

Members of the AOCD have worked with the AAD on the AAD Ad Hoc Task Force on Doctors of Osteopathic Medicine, this past year.

Mission Statement
With the current healthcare reform initiatives, AOA and ACGME residency trained dermatologists need to work together to ensure our patients receive the best care for diseases involving the skin. To facilitate this objective, the AHTF’s mission is to explore strategies for greater inclusion of Doctors of Osteopathic Medicine (DO) dermatologists in the AAD and recommend opportunities and mechanisms to increase engagement and alignment across all of dermatology. The AHTF will also stay abreast of GME and healthcare developments to help guide the AAD and the AOCD in their development of the U.S. dermatologic workforce.

Objectives
The following are the objectives of the AHTF.
1. Eliminate misperceptions of the AOA dermatology residency training programs.
2. Remove any potential bias against accepting DO physicians into ACGME dermatology residencies/fellowships.
3. Address differences and commonalities in each of the dermatology residency training systems.
4. Improve perception of DO dermatologists in the AAD by MD dermatologists.
5. Establish AAD fellow status for AOBD certified dermatologists.
6. Facilitate close collaboration between the AAD and the AOCD on all healthcare reform issues with a focus on developing communication strategies.

Awards
Michael Scott, D.O., FAOCD (Chair)

Koprice 2013 Annual Meeting – Las Vegas, NV
Dustin Wilkes, DO
Congenital Melanocytic Nevi
3rd year at the time of presentation
St. Joseph Mercy Health System
Daniel Stewart, D.O., FAOCD

Christian Oram, DO
Thrombotic Thrombocytopenic Purpura
3rd Year at the time of presentation
Lehigh Valley Health Network
Stephen Purcell, D.O., FAOCD
Brooke Walls, DO
  Targeted Therapy in Cutaneous Oncology
  3rd year at the time of presentation
  NSUCOM/Largo Medical Center
  Richard Miller, D.O., FAOCD

Katherine Johnson, DO
  Complementary and Alternative Medicine in Dermatology
  3rd year at the time of presentation
  Botsford Hospital/McLaren-Oakland
  Annette LaCasse, D.O., FAOCD

Koprine 2014 Midyear Meeting – Dallas, TX
Christina Feser, DO
  Androgenetic Alopecia and the Role of Low Level Laser Therapy
  3rd year at the time of presentation
  Oakwood Southshore Medical Center
  Steven Grekin, D.O., FAOCD

Jesse Jensen, DO
  Current Methods of Treatment for Facial Acne Scarring
  3rd year at the time of presentation
  Botsford Hospital/McLaren-Oakland
  Annette LaCasse, D.O., FAOCD

Panagiotis Mitropoulos, DO
  Oral Ulcers: How to Deal with It “Derm-Style”
  3rd year at the time of presentation
  NSUCOM/Broward General Medical Center
  Tracy Favreau, D.O., FAOCD

James Bernard Leadership Award
  TBD

2013 Dermatologic Surgery in the Outback Australian Paper Competition
D. Ryan Skinner, DO
  Risk Factors Predicting Positive Margins at Primary Wide Local Excision of Cutaneous Malignant Melanoma
  LewisGale Hospital – Montgomery/VCOM
  Daniel Hurd, D.O., FAOCD

2014 Bayer Healthcare Writing Grant Competition
  TBD
Bylaws
David Grice, D.O., FAOCD (Chair)

The AOCD Board of Trustees (BOT) sent a list of items for the By-Laws committee to review. The committee members, Leslie Kramer, D.O., FAOCD; Jere Mammino, D.O., FAOCD; Don Tillman, D.O., FAOCD and committee chair David Grice, D.O., FAOCD, met in January 2014.

Many of the needed updates were due to a change in terminology, replacing the name of the “Midyear Meeting” to “Annual Meeting,” and the present “Annual Meeting” to “Fall Meeting.” This will allow our College to place more emphasis on the meeting in the spring, where more control of expenditures of this meeting can be negotiated and controlled by the AOCD. The OMED meetings in the fall have been quite expensive for our College and the costs and location are negotiated only by the AOA. These changes will make the fall meeting shorter and allow for the expansion of the spring meeting, including moving the in-training exam, EEC and Program Director’s Committee meetings to the spring.

Another issue that the committee approved for the By-Laws is expanding the number of committee members that can be assigned by the President to the majority of AOCD committees. This will allow more of our members to get involved with the business of our College through participation in committees. Another way to keep more members involved in the AOCD and to comply with AOA recommendations is to have term limits for existing committee Chairs, committee members and officers of our College. The By-Laws committee approved a nine year term limit with an additional one year transitional year to allow a smooth transition for an outgoing member to serve, while apprenticing their replacement.

Finally, other minor changes that were discussed and approved include the future use of electronic voting and the elimination of proxy votes during the BOT meeting.

CME Committee
John Minni, D.O., FAOCD (Chair)
Dwayne Montie, D.O., FAOCD (Vice Chair)

The AOCD scored 100% on the CME Document survey and was awarded a 3 year Category 1 CME re-accreditation with the AOA in April 2014.

We continue to fine tune the needs assessments for each meeting to maintain compliance with AOA regulations. All CME meetings must be approved PRIOR to the meeting. The following criteria relating to the needs assessment is required on submissions to the CME Division upon request for AOA Category 1-A or Category 1-B credit for approval:

a. The needs assessment must be conducted on an annual basis for each program.
b. A needs assessment must be included for each presentation.
c. The needs assessment must be timely – current for the field.
d. The needs assessment must be documented – at least one source must be evidence based.

For the 2013-2015 CME Cycle, Category 1 CME Sponsors are required that one program be measured for outcomes. The AOCD has produced an Outcomes Evaluation on each meeting in the 2013-2015 CME cycle thus far.
The CME committee recommends working more closely on program planning to ensure compliance with AOA.

Suggestions for CME meetings:
1. Daily or meeting wide themes focusing on one area.
2. Weekend Workshop Pilot – our members have expressed an interest in short weekend CME opportunities. We should try this one or two times to gauge member response and profitability. Two companies have expressed an interest and have stated they have funding for something like this. (Galderma and Dermpath Diagnostics)
3. Investigate on-line CME opportunities

Editorial/Public Relations
David Cleaver, D.O., FAOCD (Chair)

Two electronic newsletters have been produced.
June 2014, 755 members notified, 585, viewed
August 2014, 761 members notified, 561 viewed

Dr. David Cleaver is working to secure a permanent editor.

Education Evaluating
James Bernard, D.O., FAOCD (2013-2016) (Chair)
Michael Scott, D.O., FAOCD (2011-2014) (Chair)

The EEC monitors the training of over 140 residents in 28 residency programs. The committee meets on an average of at least once a month via conference call. The purpose of these meetings is to review the resident’s annual reports, inspection reports, and other documents or training issues that arise.

The EEC spent the last year reviewing the basic training standards in comparison to the standards of the ACGME programs. In March 2014, the EEC submitted changes to the Basic Standards in Dermatology to the AOA Council on Postdoctoral Training. The majority of changes were passed by the COPT. Three items were not passed and are under appeal with the AOA.

28 Residency Programs
139 Residents
42 graduating in 2015
47 graduating in 2016
50 graduating in 2017
Ethics
David Grice, D.O., FAOCD (Chair)

No report

Fellow of Distinction
Stanley Skopit, D.O., FAOCD (Chair)

Bradley Glick, D.O. has submitted his application for Fellow of Distinction.
Rick Lin, D.O. has submitted his application for Fellow of Distinction.

Historical
Shelly Friedman, D.O., FAOCD (Chair)

No report

Internet
Rick Lin, D.O., FAOCD (Chair)

March 9, 2014 - September 9, 2014 there were 1090 member log ins on the web page.
July 2, 2013 – September 9, 2014 there were 167 occasions of blast emails sent for a total of 68,969 member emails sent.

January 1, 2014 – September 8, 2014
712,550 web sessions
637,383 users
939,663 page views
89% were new visitors
11% were returning visitors
In-Training Examination
Ryan Carlson, D.O., FAOCD (Chair)

The ITE Committee is made up of Board Certified Dermatologists. In the current year there are 15 dedicated writers. In the last 5 years this number has fluctuated between 10-17 writers. All of these are part of the "Item Writers Committee" for the In-training Examination (ITE). Each year in the early spring an email is sent to writers with specific instructions on what is being requested of them (see attachment). This year each writer has been asked to create 10 questions for the comprehensive portion of the exam. Most of these writers are also asked to create questions for the kodachrome section as well. The dermatopathology portion was created this year by 2 members who are Board Certified in Dermatology and Dermatopathology. All of these questions are then individually submitted to the secure Fileworks Site through the AOCD. The final comprehensive exam (multiple choice) is typically 100 questions. The kodachrome portion is (20-25 questions), and the Dermopathology exam is (25-50 questions). The same Table of Test Specifications that the AOBD uses is being used. Additionally the writers create different types of questions (knowledge based vs comprehension vs application).

This list of suggested sources has been sent out to program directors every year.
- Dermatology, Bolognia
- Andrews' Diseases of the Skin
- Hurwitz Clinical Pediatric Dermatology
- Fitzpatrick's Dermatology in General Medicine
- Wolverton's Comprehensive Dermatologic Drug Therapy
- Surgery of the Skin: Procedural Dermatology, Robinson
- Genodermatoses by Spitz
- Skin Pathology by Weedon
- Lever's Histopathology of the Skin
- Practical Dermatopathology by Rapini
- Journal Sources: JAAD, Archives, Dermatologic Surgery, Journal of Drugs in Dermatology, JAOCD

The objective is not to mirror the actual AOBD exam, but to serve as a learning tool for residents during their training.

Meetings Site Selection
John Minni, D.O., FAOCD (Chair)

The following dates and locations have been secured for AOCD Spring meetings.
March 30- April 3, 2016
Ritz Carlton Battery Park
2 West Street
New York, NY

March 29- April 2, 2017
Ritz Carlton Atlanta
181 Peachtree Street, Northeast
Atlanta, GA
Sites are selected based on feedback from member surveys
Membership

There were two Life Membership requests during the last year and both were approved by the committee and forwarded along to the AOCD Board for final approval. Those two members are Charlie Hughes, D.O., F.A.O.C.D and Marvin Watsky, D.O., F.A.O.C.D.

No other membership questions were presented to the committee during the last 12 months. However, on January 15, 2014 Dr. Rozenberg emailed and asked the Membership committee for ideas regarding member involvement in our college.

Nominating
David Grice, D.O., FAOCD (Chair)

2014 - 2015 Slate of Officers
President Rick Lin, D.O.
President-Elect Alpesh Desai, D.O
First Vice-President Karthik Krishnamurthy, D.O
Second Vice-President Daniel Ladd, D.O.

Nominees for vacant positions
Third Vice-President John Minni, D.O.

Trustee David Cleaver, D.O. (three year term)
Trustee Amy Spizuoco, D.O. (three year term)

Program Directors
Lloyd Cleaver, D.O., FAOCD (Chair)

Resident Liaison
Christopher Cook, D.O.

Journal of the American Osteopathic College of Dermatology (JAOCD)
Karthik Krishnamurthy, D.O., FAOCD (Chair)
# AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY

## Balance Sheet

As of December 31, 2013

### ASSETS

**Current Assets**

Checking/Savings

- ACOCD - ALLIANT BANK 103,024.41
- BANK OF KIRKSVILLE - CHECKING 40,550.47
- BANK OF KIRKSVILLE - MM 137,360.40
- EDUCATION RESEARCH - NE 37,832.71
- JAOCJOURNAL - NE 164,245.83
- JOURNAL CHECKING 21,441.19

**SCHWAB ACCOUNTS**

- 1109 - SCHWAB VALUE ADVANTAGE 27,022.50
- NICHOLA - NICHOLAS INVESTMENT FUND 66,968.59
- SCHWAB - SCHWAB ONE ASSET MGMT 17,475.12
- VANGUARD - VANGUARD GNMA FUND 92,304.50

Total SCHWAB ACCOUNTS 203,768.71

Total Checking/Savings 717,223.72

Total Current Assets 717,223.72

**Fixed Assets**

- 1000- OFFICE EQUIPMENT 19,558.46
- 1500 - EQUIPMENT 34,183.17
- 1510 - ACCUM DEPR - EQUIPMENT -48,222.10

Total Fixed Assets 5,519.53

**TOTAL ASSETS** 722,743.25

### LIABILITIES & EQUITY

**Liabilities**

**Current Liabilities**

Other Current Liabilities

- 2101 - FEDERAL & FICA PAYABLE 1,926.82
- 2105 - MISSOURI WITHHOLDING 457.00

Total Other Current Liabilities 2,383.82

Total Current Liabilities 2,383.82

Total Liabilities 2,383.82

**Equity**

- 3900 - RETAINED EARNINGS 631,015.51
- Net Income 89,333.92

Total Equity 720,349.43

**TOTAL LIABILITIES & EQUITY** 722,743.25
# AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY

**Profit & Loss**

January through December 2013

### Ordinary Income/Expense

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<th>Income</th>
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<td>4000 - MEMBERSHIP DUES MISC</td>
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**Total Income**

| Total Income                     | 640,434.72   |

### Expense

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**Total Expense**

| Total Expense                    | 554,591.34   |

### Net Ordinary Income

| Net Ordinary Income              | 85,843.38    |

### Other Income/Expense

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**Total Other Income**

| Total Other Income               | 3,490.54     |

**Net Other Income**

| Net Other Income                 | 3,490.54     |

### Net Income

<p>| Net Income                       | 89,333.92    |</p>
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<td>$1,500.00</td>
</tr>
<tr>
<td>LEO PHARMA</td>
<td>$1,500.00</td>
<td>$4,000.00</td>
<td></td>
<td></td>
<td>$10,000.00</td>
<td></td>
<td>$15,500.00</td>
</tr>
<tr>
<td>MEDICIS PHARMACEUTICALS</td>
<td>$0.00</td>
<td>$25,000.00</td>
<td></td>
<td></td>
<td></td>
<td>denied</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>MEDIMIX SPECIALTY PHARMACY</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MERZ PHARMACEUTICALS</td>
<td>$0.00</td>
<td>$20,000.00</td>
<td></td>
<td></td>
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<td>$20,000.00</td>
</tr>
<tr>
<td>MIRACA LIFE SCIENCES</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,500.00</td>
</tr>
<tr>
<td>NEUTROGENA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>ONSET DERMATOPATHOLOGY</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>$1,500.00</td>
</tr>
<tr>
<td>ONSET THERAPEUTICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>ORTHO NEUTROGENA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
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<td>PARADIGM MEDICAL</td>
<td></td>
<td></td>
<td>$5,000.00</td>
<td></td>
<td></td>
<td></td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Company</td>
<td>MY 14</td>
<td>2014</td>
<td>MY 14</td>
<td>2014</td>
<td>Am 14</td>
<td>Bayer Healthcare</td>
<td>TOTAL</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------</td>
<td>------</td>
<td>-------</td>
<td>------</td>
<td>-------</td>
<td>-----------------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td>Exhibitor</td>
<td>Corp. Dues</td>
<td>Support</td>
<td>AAD Grant</td>
<td>Scripps</td>
<td>Writing Grant</td>
<td></td>
</tr>
<tr>
<td>PERSON &amp; COVEY</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td>PHARMADERM</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td>PHOTOMEDEX</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td>PROMIUS PHARMA</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,500.00</td>
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<tr>
<td>RA MEDICAL SYSTEMS</td>
<td>$1,250.00</td>
<td></td>
<td>$20,000.00</td>
<td></td>
<td>$20,000.00</td>
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<td></td>
</tr>
<tr>
<td>RANBAXY</td>
<td>$0.00</td>
<td>$20,000.00</td>
<td></td>
<td></td>
<td></td>
<td>$40,000.00</td>
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</tr>
<tr>
<td>SANOFI-AVENTIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>STIEFEL</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>SC/MWM BOOKS</td>
<td>$600.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$600.00</td>
<td></td>
</tr>
<tr>
<td>TIEMANN-BERNSCO SURGICAL</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,500.00</td>
<td></td>
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<tr>
<td>TOPMD SKIN CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL LIFE CARE RX PHARMACY</td>
<td>$1,500.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,500.00</td>
<td></td>
</tr>
<tr>
<td>TRIAX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>TRU-SKIN DERM/SHADE PROJECT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>VALEANT PHARM (CORIA)</td>
<td></td>
<td></td>
<td></td>
<td>$10,000.00</td>
<td>$10,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTAVIS (WARNER CHILCOTT)</td>
<td>$5,000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$5,000.00</td>
<td></td>
</tr>
</tbody>
</table>
Foundation for Osteopathic Dermatology
Profit & Loss
January through December 2013

<table>
<thead>
<tr>
<th>Income</th>
<th>Jan - Dec 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>DONATION INCOME</td>
<td>12,050.00</td>
</tr>
<tr>
<td>INTEREST INCOME</td>
<td>200.21</td>
</tr>
<tr>
<td>ULBRICH FUND</td>
<td>3,000.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>15,250.21</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank and credit card fees</td>
<td>28.45</td>
</tr>
<tr>
<td>Office supplies</td>
<td>84.21</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td><strong>112.66</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>15,137.55</strong></td>
</tr>
</tbody>
</table>

Foundation for Osteopathic Dermatology
Balance Sheet
As of December 31, 2013

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Dec 31, 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td></td>
</tr>
<tr>
<td>Checking/Savings</td>
<td></td>
</tr>
<tr>
<td>Foundation for Osteopathic Derm</td>
<td>87,825.79</td>
</tr>
<tr>
<td><strong>Total Checking/Savings</strong></td>
<td>87,825.79</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>87,825.79</td>
</tr>
</tbody>
</table>

| TOTAL ASSETS                  | 87,825.79 |

| LIABILITIES & EQUITY         |           |
| Equity                        |           |
| Retained Earnings             | 72,688.24 |
| Net Income                    | 15,137.55 |
| **Total Equity**              | 87,825.79 |

| TOTAL LIABILITIES & EQUITY    | 87,825.79 |
August 25, 2014

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

Dear Marsha A. Wise, B.S.:

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.

As you know, the Committee met on July 14, 2014. 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,

[Signature]

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

c: Robert S. Juhasz, DO, AOA President
    John W. Becher, DO, AOA President-elect
    Suzanne Rozenberg, DO, President, American Osteopathic College of Dermatology
    Adrienne White-Faines, AOA Executive Director and CEO
    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
## 2014 - Healthy & Viable Affiliate Organizations Program Attestation

### Affiliate Organization: AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY

#### 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>X</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>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax number and exemption are current.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All legal documents are readily accessible to leadership and membership.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered agent and headquarters are up-to-date with the state.</td>
<td>X</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>X</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>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved bylaws changes were submitted to the state for filing.</td>
<td></td>
<td>X</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>An updated strategic plan is in place, is being implemented, and is reviewed throughout the year.</td>
<td></td>
<td>X</td>
<td></td>
<td>NA</td>
</tr>
</tbody>
</table>

#### II.A 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>X</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>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A whistleblower policy exists.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A schedule of authority exists.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An antitrust avoidance policy exists.</td>
<td>X</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>X</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>X</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>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A social media and website policy is in place.</td>
<td>X</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>X</td>
<td></td>
<td></td>
<td></td>
</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>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organization has a process in place for leadership to interface with the respective credentialing board.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a correlation between the training curriculum and the certifying examination.</td>
<td>X</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>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organization has a plan to develop new training programs.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organization has a tool kit for student chapters.</td>
<td>X</td>
<td></td>
<td></td>
<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>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An annual budget is prepared and approved by the Board.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The budget is consistent with the strategic plan.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial reports are prepared according to Generally Accepted Accounting Principles.</td>
<td>X</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>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two signers are required for checks over a set limit.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written financial reports are distributed to the Board.</td>
<td>X</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>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A compensation policy exists. This includes a process of directly reviewing highly compensated employees by the Board. | X |   |                |                        |
A CPA performs an audit, review, or compilation every year. | X |   |                |                        |
An audit committee, separate from the financial committee, reviews year-end financials/reports. | X |   |                |                        |

### Fiscal Operations - Continued
2014 - Healthy & Viable Affiliate Organizations Program Attestation

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV.</td>
<td>All new or revised contracts and legaly binding documents are reviewed by legal counsel, Board is aware of agreements.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>A comprehensive general liability insurance policy is current.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Directors and Officers, professional liability, or similar insurance policy(ies) are current.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Renters/Owner Insurance is current.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Employees are covered through fidelity bonding.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Meetings have cancellation insurance.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Insurance policies were reviewed within the past 12 months to ensure sufficient coverage.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Association management companies have the proper insurance protection for an affiliate's intellectual and physical property.</td>
<td>NA</td>
</tr>
<tr>
<td>V.</td>
<td>Staff job descriptions are on file and are current.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>All staff receive a written annual performance review.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Association management companies have current contracts that outline responsibilities.</td>
<td>NA</td>
</tr>
<tr>
<td>VI.</td>
<td>Association management contracts are reviewed during the term of the agreement and revisions are made as necessary.</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Leadership:**
- The Board and committees are structured according to Bylaws (i.e., number of members, terms, etc.)
- Elections are held according to Bylaws.
- The Board and committees receive an annual orientation regarding roles, responsibilities, and operations.
- Officer, trustee, and committee chair job descriptions are current, and are part of the orientation.
- There is a policy in place which designates the organization's official spokesperson.
- The organization fulfills meeting requirements as set forth in the bylaws.
- The Board and committees conduct self-evaluations to identify strengths/weaknesses; issues are addressed.
- 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.
- The organization sent representatives to the AOA House of Delegates.

**Enclosed Documents:**
- Proof of active state recognition for the current year
- Year-end membership report
- Statement of Financial Position & Statement of Revenue/Expense
- Current Board Roster

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

Executive Director: 
Date: 2-23-14

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

President: 
Date: 2-23-14

President-elect/Vice President: 
Date: 2-25-14

Secretary/Treasurer: 
Date: 2-25-14
### 2014 - Healthy & Viable Affiliate Organizations Program Attestation

<table>
<thead>
<tr>
<th><strong>IV. Insurance:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A comprehensive general liability insurance policy is current.</td>
<td>X</td>
</tr>
<tr>
<td>Directors and Officer's, professional liability, or similar insurance policy(ies) are current.</td>
<td>X</td>
</tr>
<tr>
<td>Renters/owner insurance is current.</td>
<td>X</td>
</tr>
<tr>
<td>Employees are covered through fidelity bonding.</td>
<td>X</td>
</tr>
<tr>
<td>Meetings have cancellation insurance.</td>
<td>X</td>
</tr>
<tr>
<td>Insurance policies were reviewed within the past 12 months to ensure sufficient coverage.</td>
<td>X</td>
</tr>
</tbody>
</table>

Association management companies have the proper insurance protection for an affiliate's intellectual and physical property. NA

<table>
<thead>
<tr>
<th><strong>V. Personnel:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff job descriptions are on file and are current.</td>
<td>X</td>
</tr>
<tr>
<td>All staff receive a written annual performance review.</td>
<td>X</td>
</tr>
<tr>
<td>Association management companies have current contracts that outline responsibilities.</td>
<td>NA</td>
</tr>
</tbody>
</table>

Association management contracts are reviewed during the term of the agreement and revisions are made as necessary. NA

<table>
<thead>
<tr>
<th><strong>VI. Leadership:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board and committees are structured according to Bylaws (i.e. number of members, terms, etc.)</td>
<td>X</td>
</tr>
<tr>
<td>Elections are held according to Bylaws.</td>
<td>X</td>
</tr>
<tr>
<td>The Board and committees receive an annual orientation regarding roles, responsibilities, and operations.</td>
<td>X</td>
</tr>
<tr>
<td>Officer, trustee, and committee chair job descriptions are current, and are part of the orientation.</td>
<td>X</td>
</tr>
<tr>
<td>There is a policy in place which designates the organization's official spokesperson.</td>
<td>X</td>
</tr>
<tr>
<td>The organization fulfills meeting requirements as set forth in the bylaws.</td>
<td>X</td>
</tr>
<tr>
<td>The Board and committees conduct self-evaluations to identify strengths/weaknesses, issues are addressed.</td>
<td>X</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>
<td>X</td>
</tr>
<tr>
<td>The organization sent representatives to the AOA House of Delegates.</td>
<td>X</td>
</tr>
</tbody>
</table>

Enclosed: X  Other:  

### 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
4. Current Board Roster

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

**Executive Director:** [Signature] Date: 2-23-14

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

**President:** [Signature] Date: 2-23-14

**President-elect/Vice-president:** [Signature] Date: 3-4-2014

**Secretary/Treasurer:** Date:
ARTICLE 1  NOMINATION, ELECTION, TENURE, AND RESPONSIBILITIES OF OFFICERS

Section 1.  Nomination

The election of officers will occur at the annual meeting. Only eligible voting members may nominate and elect candidates to serve as officers. A slate of nominees will be sent to the membership by the Board of Trustees at least thirty (30) days prior to the annual meeting. Additional nominations may come from the floor. A majority vote shall elect the nominee to the office under consideration.

Section 2.  Election

Voting will be by secret written ballots. Only eligible voting members shall vote. Proxy votes shall not be accepted. Eligible voting members will be determined immediately prior to the election by the Board of Trustees. The members of the Board of Trustees shall be responsible for the collection and tabulation of the secret written ballots. The order in which offices will be voted upon shall be in the following sequence: President-elect, First Vice President, Second Vice President, Third Vice President, Secretary-Treasurer, and Trustees.

Section 3.  Tenure and Responsibilities

The tenure and responsibilities of the officers are as follows:

A. The President shall serve a one (1) year term beginning at the annual meeting and following a term as President-elect. The President shall be an ex-officio member of all committees. He/She shall preside at all meetings of the College as its officer and execute those duties delegated to the President in these Bylaws.

B. The President-elect shall serve a one (1) year term commencing at his/her election and terminating at the next annual election of officers. In the absence of the President, the President-elect shall preside at all meetings of the College or its officers. The President-elect shall execute all duties delegated in these Bylaws to that office and in the event of the death or resignation of the President shall fill the office of President for the remainder of his/her term. The President-elect shall serve as chair of the Annual Meeting Educational Program Committee, and be a member of the CME Committee, Finance Committee, and the Nominating Committee.

C. The First Vice President shall serve a one (1) year term commencing with his/her election and terminating at the beginning of the next annual election of officers. The First Vice President shall serve as vice chair of the Annual Meeting Education Program Committee and be a member of the CME Committee.

The First Vice President shall preside at all meetings in the absence of both the President and the President-elect and shall execute all duties delegated to him/her. In the event of death or resignation of the President-elect he/she shall assume the duties of that office in addition to maintaining those of the First Vice President.
D. The Second Vice President shall serve a one (1) year term commencing with his/her election and terminating at the beginning of the next annual election of officers. The Second Vice President shall chair the Midyear Meeting Educational Program Committee and be a member of the CME Committee and shall execute all duties delegated to him/her.

E. The Third Vice President shall serve a one (1) year term commencing with his/her election and terminating at the beginning of the next annual election of officers. The Third Vice President shall serve as vice chair of the Midyear Meeting Educational Program Committee, be a member of the CME Committee and Finance Committee, and shall execute all duties delegated to him/her.

F. The Secretary-Treasurer shall serve a three year (3) term. The Secretary-Treasurer shall prepare and preserve records of all meetings of the College and its officers. The records shall include attendance and proceedings of each meeting. He/She shall receive, protect and disperse the funds of the College as directed. He/She shall be a member of the By-laws Committee and will serve as parliamentarian at the BOT meetings.

G. The Immediate Past President shall serve a one (1) year term immediately following his/her tenure as the President of the AOCD and terminating at the beginning of the next annual election of officers. He/She shall be the Chairperson of the Nominating and Ethics Committee, and shall also serve as the mentor to the Resident Liaison.

H. The chair of the Education Evaluation Committee shall be a permanent voting member of the Executive Committee.

I. There shall be six (6) Trustees and they shall hold office for three (3) year terms. Two Trustees shall be elected each year at the annual meeting. Trustees shall assist the officers in the conduct of college business to gain experience and shall be active on various committees and shall execute all duties delegated to him/her.

J. If an elected officer other than President or President-elect resigns, dies, or becomes disabled during his/her term of office, the Board of Trustees, by majority vote, may appoint a successor until the next annual election of officers.

K. Any officer elected by the membership or appointed by the Board of Trustees may be removed from office for failure to fulfill the responsibilities of their office. Removal from office shall require a two-thirds (2/3) vote of the entire Board of Trustees taken at any regularly scheduled meeting or special meeting called for that purpose.

L. Executive Council: There shall be an Executive Council consisting of the President, President-Elect, First Vice-President, Second Vice-President, Third Vice-President, Secretary-Treasurer, and Immediate Past President. The Executive Council meets as necessary to prepare issues to be presented to the full board and/or to make emergency decisions on behalf of the Board when it is not possible or practical to assemble a quorum of the full board. This council has no power other than emergency action or other powers as may be delegated to it by the full board from time to time. The Executive Council is charged to do the will of the board, not set direction for or make new policy for the board.
ARTICLE II  BOARD OF TRUSTEES AND STANDING COMMITTEES

Section 1.  Voting Members

The voting members of the Board shall consist of the President, President-elect, First Vice President, Second Vice President, Third Vice President, Secretary-Treasurer, Education Evaluation Committee Chair, Finance Committee Chair, Immediate Past President, six (6) Trustees, and an appointed representative of the American Osteopathic Board of Dermatology. In addition, the Executive Director and the Resident Liaison shall attend all meetings of the Board of Trustees as non-voting members.

Section 2.  Meetings and Duties

The Board of Trustees shall meet at the annual meeting and midyear meeting. The Board of Trustees shall also meet on call of the President for the transaction of its assigned or regular business. Written notice of the time, place, and purpose of special meetings shall be mailed and emailed to each Board of Trustees member not less than fourteen (14) days nor more than thirty (30) days prior to the proposed meeting. A telephone conference of a Board of Trustee meeting may be called by the President with notice of not less than three (3) days by email. Eight (8) members of the Board of Trustees shall constitute a quorum at any officially sanctioned meeting.

Section 3.  Administrative Staff

The Board of Trustees shall employ an Executive Director, and additional staff as needed to carry out the business functions of the College. The basic job descriptions will be set by the Board of Trustees and incorporated into the Administrative Policy Manual. The immediate supervisor of the Executive Director shall be the President.

Section 4.  Standing Committees and Representatives

The standing committees shall be: AAD Liaison, Awards, Bylaws, CME, Editorial/Public Relations, Education Evaluating, Ethics, Fellow of Distinction, Finance, Historical, Internet, In-Training Examination, Meeting Site Selection, Membership, Nominating and Program Directors. Unless indicated otherwise in the committee descriptions, all committee members shall be appointed annually by the President and ratified by a majority vote of the Board of Trustees. All standing committees shall report to the Board of Trustees.

A.  AMERICAN ACADEMY OF DERMATOLOGY LIAISON: This committee shall consist of a Chairperson and members appointed by the president. These members will serve to present the issues of the AOCD which are important to our college to the appropriate members of the American Academy of Dermatology (AAD), and to bring issues from the AAD appropriate to the AOCD back to our college president and Board of Trustees.

B.  AWARDS: This committee shall consist of a chairperson and Four (4) members appointed by the president. This committee shall review and assess various awards.
C. BYLAWS: This committee shall consist of a chairperson and members appointed by the president plus the Secretary-Treasurer. The chairman shall serve as Parliamentarian at all Business Meetings. This committee shall recommend appropriate changes to the Constitution and Bylaws which shall be presented to the Board of Trustees for review and submission to the general membership for approval.

D. CME COMMITTEE: The committee shall consist of a chairperson, the Third Vice President, the Second Vice President, the First Vice President, The President-Elect, and two members appointed by the President. The committee is charged with planning the educational events. They will follow the CME criteria set by the AOA, including needs assessments, outcome evaluation forms, long-range course curricula, and inclusion of osteopathic content. The BOT may assign other related tasks as needs arise. Program chairs shall plan and develop the didactic sessions for each meeting and be responsible for presenting the educational program. The President-elect shall serve as Program Chair and the First Vice President shall serve as vice Program Chair of the Annual Meeting. The Midyear Meeting shall be chaired by the Second Vice President with the Third Vice President as vice chair.

E. EDITORIAL/PUBLIC RELATIONS: This committee shall consist of the newsletter editor, associate editor (Executive Director) and up to four(4) additional members as appointed by the President. This committee shall oversee the content and publication of the AOCO Newsletter, (DERMLINE) as well as oversee the public relations of the College.

F. EDUCATION EVALUATING: The Committee shall consist of a minimum of seven (7) members appointed for three (3) year terms on a staggered basis, including the representative to the American Osteopathic Association Council on Postdoctoral Training, at least one (1) member of the American Osteopathic Board of Dermatology, with the remaining positions appointed from the eligible fellow membership. The chairperson shall be chosen by a majority vote of the members of the Education Evaluating Committee. The Education Evaluating Committee shall review all osteopathic postdoctoral training programs in dermatology for recommendation to the American Osteopathic Association Council on Postdoctoral Training.

G. ETHICS: The committee shall consist of the three (3) most recent past Presidents with the immediate past President as chairperson and two (2) additional members appointed by the president. This committee shall review all matters of an ethical nature regarding any member or resident/trainee referred to them.

H. FELLOW OF DISTINCTION: The committee shall consist of a Chairperson and four (4) members of Fellow of Distinction status appointed by the President. This committee shall establish the criteria for Fellow of Distinction and will submit it to the Board of Trustees for approval by three-fourths (3/4) of the voting members of the Board of Trustees. The Fellow of Distinction Committee shall evaluate candidates’ applications based upon their criteria and report their recommendations to the Board of Trustees. The Board shall forward their recommendations to the general membership for ratification at the annual business meeting.

I. FINANCE COMMITTEE: The committee shall consist of a chairperson appointed by the President, the Immediate Past President, the President Elect, the Third Vice President, and two additional members appointed by the Chair with the Executive Director, Secretary/Treasurer and CPA serving as consultants. The Finance Committee is responsible for generating the annual budget, reporting any financial issues of concern to the BOT, investigating ways to invest a percentage of
AOCD revenue, generating ways to create additional revenue, assisting in generating corporate
cfunding, overseeing the compensation policy and will have oversight on all funds received from all
sources.

J. HISTORICAL: The committee shall consist of a Chairperson and two (2) members as appointed by
the President. This committee shall oversee the archives of the College and maintain and update a
general history of the College annually.

K. INTERNET: The committee shall consist of a chairperson and additional members as appointed by
the President. This committee is responsible for the development and maintenance of the American
Osteopathic College of Dermatology website and any other internet related activity entered into by
the College.

L. IN-TRAINING EXAMINATION: The committee shall consist of a chairperson and a minimum of
three (3) members appointed by the President, with at least one member being from the American
Osteopathic Board of Dermatology. This committee shall develop, administer and evaluate mock
boards for candidates (residents/trainees).

M. MEETINGS SITE SELECTION: This committee shall consisted of a chairperson, the six (6)
trustees of the AOCD and two (2) additional members appointed by the president. These members
are charged with polling our college members for particular locations of interest, and then to
investigate these sites to determine which ones will present the very best opportunities for our college
meetings. The members of this committee will look for the correct combination of prime meeting
space and cost effectiveness which will ensure the meeting site draws the optimum attendance and the
best educational experience.

N. MEMBERSHIP: The committee shall consist of a chairperson and two (2) members appointed by
the president. Appointments are for a three (3) year term. One member shall be appointed each year
at the annual meeting. The Membership Committee shall review and submit written
recommendations of applicants for membership to be acted upon by the Board of Trustees.

O. NOMINATING: The Nominating Committee shall consist of the three (3) most recent past
presidents, the President-Elect, a representative from the American Osteopathic Board of
Dermatology and a representative from the general membership. The Chairperson shall be the most
immediate Past President. The Nominating Committee shall present a slate of officers to the Board of
Trustees at the midyear meeting. If a midyear meeting is not held, the slate of nominees shall be
presented to the Board of Trustees at least three (3) months prior to the annual meeting.

P. PROGRAM DIRECTORS: The Program Directors Committee shall consist of the Chairperson or
vice chairperson of each residency training program. This committee shall select a chairperson from
among their ranks. This chairperson will report to the Board of Trustees. This committee shall be
charged with monitoring issues of importance in the training of our resident members, overseeing the
In-training Examination, monitoring new trends and be proactive in addressing these issues, as well as
any other tasks the Board of Trustees charges them with.
Q. RESIDENT LIAISON: A delegate from the resident body shall be elected by majority vote of their peers at their annual meeting following the in-training examination. This delegate shall attend the midyear and annual meeting Board of Trustees meetings as a non-voting member to represent the residents.

R. JOURNAL of the AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY (JAOC): This 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.

Section 5. American Osteopathic Association Delegates

A. BUREAU OF OSTEOPATHIC SPECIALTY SOCIETIES: The President shall nominate three (3) fellow members to present to the American Osteopathic Association President for selection to serve as the College representative to the Bureau of Osteopathic Specialty Societies. The American Osteopathic Association President shall make the final selection of the representative who will serve a three (3) year term. A representative may serve no more than seven (7) years.

B. COUNCIL ON POSTDOCTORAL TRAINING: The Board of Trustees shall nominate three (3) fellow members to present to the American Osteopathic Association President for selection to serve as the College representative to the Council on Postdoctoral Training. The American Osteopathic Association President shall make the final selection of the representative, who will serve a three (3) year term. A representative may serve no more than three (3) consecutive three (3) year terms.

C. PROGRAM AND TRAINEE REVIEW COMMITTEE: The President shall nominate three (3) fellow members to present to the American Osteopathic Association President for selection to serve as the College delegate to the Program and Trainee Review Committee of the Council on Postdoctoral Training. The American Osteopathic Association President shall make the final selection of the representative. The delegate’s term will be determined by the PTRC.

D. HOUSE OF DELEGATES: The President will appoint a delegate and alternate to attend the American Osteopathic Association Annual House of Delegates Meeting. The Board of Trustees will ratify this appointment. The names of the delegate and alternate will be submitted by the Executive Director to the American Osteopathic Association at least thirty (30) prior to the meeting.

ARTICLE III THE AMERICAN OSTEOPATHIC BOARD OF DERMATOLOGY

Section 1. Membership

Nominations for membership to the American Osteopathic Board of Dermatology are mandated by the Bureau of Osteopathic Specialists to come from the Board itself directly to the Board of Trustees. The AOBD will be responsible for determining those candidate(s) who are skilled in writing test items or who have that training within one year of selection to the AOBD. If there is disagreement on a candidate between the AOBD and the AOCD Board of Trustees, the President of the AOCD and the chair of the AOBD will dialogue and are responsible for resolution of the conflict (as provided for in the Handbook of the Bureau of Osteopathic Specialists, page 31).
Section 2. Qualifications

Nominees must be certified in dermatology by the American Osteopathic Association through the American Osteopathic Board of Dermatology.

ARTICLE IV MEETINGS

Section 1. Annual Meeting

There shall be an annual meeting of the College for educational purposes and the transaction of business. The annual business meeting shall be held at the annual meeting of the College and in conjunction with the annual convention of the American Osteopathic Association.

Section 2. Midyear Meeting

There shall be a midyear meeting of the College for educational purposes and the transaction of business.

Section 3. Notification

Notification of the time and place of regular meetings of the College shall be sent to each member at least thirty (30) days in advance of such meeting.

Section 4. Special Meetings

Special meetings may be called by the Board of Trustees and announced by the secretary. Special meetings may also be called by twenty percent (20%) of the eligible voting members. Notification of special meetings shall be sent to the eligible voting members at least ten (10) days prior to such meeting.

Section 5. Quorum

For the transaction of business at any general membership meeting of the College, twenty (20) eligible voting members shall constitute a quorum.

ARTICLE V FISCAL

Section 1. Fiscal Year

The fiscal year shall be January 1 to December 31.
Section 2. Dues

A. Membership dues shall be paid on a timely basis by January 1 of each year.

B. No application for membership shall be considered unless accompanied by the dues for the current year.

C. Dues and assessments shall be established by the Board of Trustees. All changes in dues structures shall be presented to the general membership for vote. All changes will require a simple majority vote. Special assessments may be made by the Board of Trustees upon a three-quarters (3/4) vote of the membership of the Board of Trustees.

ARTICLE VI MEMBERSHIP

Section 1. Application

Individuals interested in membership as fellow, associate, affiliate, resident, student or life member must submit a membership application and annual dues to the Membership Committee who will make a recommendation to the Board of Trustees. The applicant is considered an applicant until final approval of appropriate status is conferred by the Board of Trustees.

Section 2. Suspension

A member whose dues remain unpaid for three (3) months following the beginning of the membership renewal period shall be suspended from membership and the member's name shall be dropped from the rolls. The suspended member may be reinstated if payment of the dues is received within six months. Suspended members shall be ineligible to vote, hold office or serve on committees.

Section 3. Reinstatement

Suspended members may be reinstated by the Board of Trustees, at its discretion, upon payment of all delinquent dues and assessments, or presentation of sufficient evidence to support a waiver of the obligation to pay such dues and assessments.

Section 4. Affiliated Specialty Colleges

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 VII ADMINISTRATIVE POLICY MANUAL

The day-to-day business of the College shall be outlined in the American Osteopathic College of Dermatology Administrative Policy Manual. This manual shall be kept current and be available to any member upon their request. Policies affecting the day-to-day business are devised, modified, and deleted by a simple majority vote of the Board of Trustees at any Board of meeting.
ARTICLE VIII       PARLIAMENTARY PROCEDURE

Robert's Rules of Order, Newly Revised, shall govern the College in its conduct of business in all circumstances to which they are applicable and are not inconsistent with the Constitution and Bylaws.

ARTICLE IX ETHICS

The College subscribes to, abides by and adopts by reference the Code of Ethics of the American Osteopathic Association as revised from time to time and requires adherence thereto by its members.

The American Osteopathic Association has formulated this code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's responsibilities to others involved in health care, to patients and to society. This Code of Ethics is adopted by the American Osteopathic College of Dermatology.

Revised/Approved/AOCD October 2013
Approved AOA March 2014
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 Specialties 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 AOCID 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/AOCD October 2013
AOA Approved March 2014
April 10, 2014

Marsha Wise  
Executive Director  
American Osteopathic College of Dermatology  
PO Box 7525  
Kirksville, MO 63501

Dear Ms Wise:

At its March 29, 2014 meeting, the Council on CME reviewed the document survey information submitted by American Osteopathic College of Dermatology.

On behalf of Council on CME, I am pleased to inform you that your institution has passed the document survey review with 100 points.

In accordance with the AOA Accreditation Requirements for CME, Category 1 CME Sponsors, CME sponsors with 95 points or more will be awarded accreditation for a 3-year period. Therefore, the Council on CME AWARDS American Osteopathic College of Dermatology Three-years accreditation as a Category 1 CME Sponsor.

Congratulations on the achievement of your institution. If you have any questions regarding the CME process please do not hesitate to contact me at (800) 621-1773, ext. 8053.

Sincerely,

Kathy Moreno  
Accreditation Administrator, CME

Enclosure (Certificate)  
/km
AMERICAN OSTEOPATHIC ASSOCIATION

American Osteopathic College of Dermatology

Three-year Category I CME Sponsor Accreditation

April 2014

[Signature]

Chief, Council on Continuing Medical Education
January 17, 2014

The Honorable Elizabeth McCann
Chair, House Health, Insurance and Environment Committee
200 East Colfax
Denver, CO 80203

Dear Chairwoman McCann:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCD) and the Colorado Society of Osteopathic Medicine (CSOM) are writing to strongly encourage you to support HB 1054. This bill would prohibit the use of artificial tanning devices by minors under the age of 18 unless the use is prescribed by a physician. The AOA, AOCD and CSOM support imposing appropriate safety precautions and educational requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 104,000 osteopathic physicians 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 schools, 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. CSOM is a professional organization that represents nearly 1,400 osteopathic physicians in Colorado.

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, 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 In 2012, 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 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 Colorado’s citizens from artificial UV exposure by supporting HB 1054 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,

[Signature]

**Norman E. Vinn, DO, MBA, FACOFP**
President, AOA

**Suzanne Rozenberg, DO**
President, AOCDF

**Christopher J. Unrein, DO**
President, CSOM

CC: Robert S. Juhasz, DO, FACO, FACP, AOA President-elect
William S. Mayo, DO, Chair, AOA Department of Governmental Affairs
Thomas L. Ely, DO, FACOP, Chair, AOA Bureau of State Government Affairs
Adrienne White-Faines, MPA, AOA Executive Director and CEO
Catherine A. Galligan, RN, MM, CPA, AOA Chief Operating Officer
Linda Mascheri, Associate Executive Director, AOA Department of State, Affiliate & International Affairs
Nicholas Schilligo, MS, Director, AOA Division of State Government Affairs
Marsha A. Wise, BS, Executive Director, AOCDF
Diana Ewert, CAE, Executive Director, CSOM


\(^6\) Dore, et al., supra.
January 24, 2014

The Honorable Joseph M. Souki  
Speaker, Hawaii House of Representatives  
Hawaii State Capitol  
Room 431  
Honolulu, HI 96813

Dear Speaker Souki:

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 make it unlawful for any tanning facility owner, lessee or operator to allow anyone under the age of 18 to use tanning equipment. Tanning facilities would also be required to post signs that include 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 104,000 osteopathic physicians 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 schools, 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 nearly 300 osteopathic physicians in Hawaii.

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. 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. In 2012, 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.

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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 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 equipment 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.** 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,

Norman E. Vinn, DO, MBA, FACOFP  
President, AOA  

Suzanne Rozenberg, DO  
President, AOCD  

Spencer Lau, DO  
Interim President, HAOPS

CC:  
Robert S. Juhasz, DO, FACOI, FACP, AOA President-elect  
William S. Mayo, DO, Chair, AOA Department of Governmental Affairs  
Thomas L. Ely, DO, FACOFP, Chair, AOA Bureau of State Government Affairs  
Adrienne White-Faines, MPA, AOA Executive Director and CEO  
Catherine A. Galligan, RN, MM, CPA, AOA Chief Operating Officer  
Linda Mascheri, Associate Executive Director, AOA State, Affiliate & International Affairs  
Nicholas Schilligo, MS, Director, AOA Division of State Government Affairs  
Marsha A. Wise, BS, Executive Director, AOCD  
Marcia Batchelder, Executive Director, HAOPS

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3 Dore, et al., supra.
January 27, 2014

The Honorable David Crum  
Chair, Kansas House Health and Human Services Committee  
300 Southwest 10th Street, Room 512-N  
Topeka, KS 66612-1588

Dear Chairman Crum:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCD) and the Kansas Association of Osteopathic Medicine (KAOM) are writing to strongly encourage you to support HB 2435. This bill would prohibit tanning facilities from providing access to a tanning device for any person under the age of 18. Violators of this provision could also be charged a fine not in excess of $250. The AOA, AOCD and KAOM support imposing appropriate safety precautions and educational requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 104,000 osteopathic physicians 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 schools, 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. KAOM is a professional organization that represents nearly 1,000 osteopathic physicians in Kansas.

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. 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. In 2012, 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.1

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 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 equipment 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 Kansas’s citizens from artificial UV exposure by supporting HB 2435 in committee. Should you need any additional information, please feel free to contact Bob Williams, MS, KAOM Executive Director, at kansasdo@aol.com or (785) 234-5563.

Sincerely,

[Signature]
Norman E. Vinn, DO, MBA, FACOFP
President, AOA

[Signature]
Suzanne Rozenberg, DO
President, AOCD

[Signature]
Donna St. Clair, DO
President, KAOM

CC: Robert S. Juhasz, DO, FACOI, FACP, AOA President-elect
William S. Mayo, DO, Chair, AOA Department of Governmental Affairs
Thomas L. Ely, DO, FACOFP, Chair, AOA Bureau of State Government Affairs
Adrienne White-Faines, MPA, AOA Executive Director and CEO
Catherine A. Galligan, RN, MM, CPA, AOA Chief Operating Officer
Linda Mascheri, Associate Executive Director, AOA State, Affiliate & International Affairs
Nicholas Schilligo, MS, Director, AOA Division of State Government Affairs
Marsha A. Wise, BS, Executive Director, AOCD
Bob Williams, MS, Executive Director, KAOM

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6 Dore, et al., supra.
February 4, 2014

The Honorable Peter A. Hammen
Chair, Health and Government Operations Committee
House Office Building, Room 241
6 Bladen Street
Annapolis, MD 21401

Dear Chairman Hammen:

The American Osteopathic Association (AOA) and the Maryland Association of Osteopathic Physicians (MAOP) are writing to strongly encourage you to oppose HB 402. This bill would establish the State Board of Naturopathic Medicine to license naturopaths and allow naturopaths to perform musculoskeletal mobilizations, order and interpret diagnostic imaging studies, and order and perform physical and laboratory examinations, amongst a host of other practices. The AOA and MAOP believe that these practices would exceed the education and training of naturopaths; and that the unsupervised performance of these procedures could put Maryland patients at risk.

The AOA proudly represents its professional family of more than 104,000 osteopathic physicians 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 schools, and has federal authority to accredit hospitals and other health care facilities. MAOP is a professional organization that represents nearly 1,000 DOs providing patient care in Maryland.

The AOA supports the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. We believe that expanding authority to provide services to patients should be directly related to education, training and competency examination. The proposed scope of practice expansion for naturopaths in this legislation fails to provide the additional and necessary education and training needed to provide direct unsupervised patients care.

Osteopathic physicians complete four years of osteopathic medical school, which includes two years of didactic study and two years of clinical rotations. Clinical rotations in the third and fourth years are done in community hospitals, major medical centers and doctors’ offices. This is followed by three to seven years of postgraduate medical education, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions. Physicians have both extensive medical education and comprehensive training that prepare them to understand medical treatment of disease, complex case management and safe prescribing practices. In addition, osteopathic physicians have strenuous continuing education requirements and the AOA board
certified physicians participate in Osteopathic Continuous Certification. This process ensures that board certified DOs maintain currency and demonstrate competency in their specialty area. It includes lifelong learning and continuous education, cognitive assessment and practice performance and assessment.

In comparison, the naturopathic educational curriculum varies by school. There are six naturopathic schools accredited by the Council on Naturopathic Medical Education (CNME) in the United States. The CNME does not require extra training in the musculoskeletal system.¹ It was only in 2005 that the CNME implemented an approval process for naturopathy residency programs. While opportunities are now available for graduates of naturopathic schools to complete a one or two year residency, this training is still optional. In addition, standard requirements for naturopathy residency curriculum, rotations or experiences do not exist. In terms of program content, the CNME does not provide specific requirements, instead stating that the resident receive 35 hours a year of didactic instruction, and participate in “scholarly activities that promote a spirit of inquiry, scholarship, and critical thinking such as discussions, rounds, study clubs, presentations, conferences, and local, regional or national professional associations and scientific societies.”²

Furthermore, the traditional focus of education and training for naturopaths has been holistic and nontoxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. Allowing naturopaths to expand their scope of practice into without additional training and certification requirements may put Maryland patients’ health and safety at risk and runs counter to the state’s obligation of protecting the public.

To protect the public’s health and safety, health professionals’ scope of practice must be based on their level of training, education, experience and examination. We urge you to protect the safety of Maryland patients by opposing HB 402. Should you need any additional information, please feel free to contact Nick Schilligo, MS, Director of State Government Affairs at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Norman E. Vinn, DO, MBA, FACOFP
President, AOA

Brian Kahan, DO
President, MAOP

CC: Robert S. Juhasz, DO, FACOI, FACP, President-elect
    William S. Mayo, DO, Chair, Department of Governmental Affairs
    Thomas L. Ely, DO, FACOFP, Chair, Bureau of State Government Affairs
    Adrienne White-Faines, MPA, Executive Director and CEO
    Catherine A. Galligan, RN, MM, CPA, Chief Operating Officer
    Linda Mascheri, Associate Executive Director, State, Affiliate & International Affairs
    Nicholas Schilligo, MS, Director, Division of State Government Affairs
    Stephanie Wilson, Executive Director, MAOP

¹ CNME, Accreditation Standards, Adopted June 2009.
February 4, 2014

The Honorable Peter A. Hammen
Chair, Maryland House Health and Government Operations Committee
House Office Building, Room 241
6 Bladen Street
Annapolis, MD 21401

Dear Chairman Hammen:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCD) and the Maryland Association of Osteopathic Physicians (MAOP) are writing to strongly encourage you to support HB 310. This bill would further strengthen existing protections against minors accessing tanning facilities by removing an exception that allows parents or guardians to authorize the usage of such facilities. The AOA, AOCD and MAOP support imposing appropriate safety precautions and educational requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 104,000 osteopathic physicians 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 schools, 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. MAOP is a professional organization that represents nearly 1,000 osteopathic physicians in Maryland.

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. 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. In 2012, 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 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 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 fact that minors in particular are at a greater risk means that the exception allowing for parental consent to the usage of tanning facilities should be removed.

The use of tanning equipment 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 HB 310 in committee.** Should you need any additional information, please feel free to contact Nick Schilligo, MS, Director of State Government Affairs at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Norman E. Vinn, DO, MBA, FACOFP
President, AOA

Suzanne Rozenberg, DO
President, AOCD

Brian Kahan, DO
President, MAOP

CC: Robert S. Juhasz, DO, FACOI, FACP, President-elect
William S. Mayo, DO, Chair, Department of Governmental Affairs
Thomas L. Ely, DO, FACOFP, Chair, Bureau of State Government Affairs
Adrienne White-Faines, MPA, Executive Director and CEO
Catherine A. Galligan, RN, MM, CPA, Chief Operating Officer
Linda Mascheri, Associate Executive Director, State, Affiliate & International Affairs
Nicholas Schilligo, MS, Director, Division of State Government Affairs
Marsha A. Wise, BS, Executive Director, AOCD
Stephanie Wilson, Executive Director, MAOP

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6 Dore, et al., supra.
February 6, 2014

The Honorable Josh Green
Chair, Hawaii Senate Health Committee
Hawaii State Capitol
Room 215
Honolulu, HI 96813

Dear Chairman Green:

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 SB 2221. This bill would make it unlawful for any tanning facility owner, lessee or operator to allow anyone under the age of 18 to use tanning equipment. Tanning facilities would also be required to post signs that include 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 104,000 osteopathic physicians 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 schools, 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 nearly 300 osteopathic physicians in Hawaii.

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. 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. In 2012, 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 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 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 equipment 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 SB 2221.** 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,

\[Signature\]

Norman E. Vinn, DO, MBA, FACOFP  
President, AOA

Suzanne Rozenberg, DO  
President, AOCO

Spencer Lau, DO  
Interim President, HAOPS

CC:  
Robert S. Juhasz, DO, FACOI, FACP, AOA President-elect  
William S. Mayo, DO, Chair, AOA Department of Governmental Affairs  
Thornas L. Ely, DO, FACOFP, Chair, AOA Bureau of State Government Affairs  
Adrienne White-Faines, MPA, AOA Executive Director and CEO  
Catherine A. Galligan, RN, MM, CPA, AOA Chief Operating Officer  
Linda Mascheri, Associate Executive Director, AOA State, Affiliate & International Affairs  
Nicholas Schilligo, MS, Director, AOA Division of State Government Affairs  
Marsha A. Wise, BS, Executive Director, AOCO  
Marcia Batchelder, Executive Director, HAOPS

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\(^6\) Dure, et al., supra.
February 19, 2014

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

Dear Chairman Middleton:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCDD) and the Maryland Association of Osteopathic Physicians (MAOP) are writing to strongly encourage you to support SB 410. This bill would further strengthen existing protections against minors accessing tanning facilities by removing an exception that allows parents or guardians to authorize the usage of such facilities. The AOA, AOCDD and MAOP support imposing appropriate safety precautions and educational requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 104,000 osteopathic physicians 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 schools, and has federal authority to accredit hospitals and other health care facilities. The AOCDD 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. MAOP is a professional organization that represents nearly 1,000 osteopathic physicians in Maryland.

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, 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 In 2012, 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 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 fact that minors in particular are at a greater risk means that the exception allowing for parental consent to the usage of tanning facilities should be removed.

The use of tanning equipment 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 410 in committee.** Should you need any additional information, please feel free to contact Nick Schilligo, MS, Director of State Government Affairs at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

Norman E. Vinn, DO, MBA, FACOFP  
President

Suzanne Rozenberg, DO  
President, AOCD

Brian Kahan, DO  
President, MAOP

CC: Robert S. Juhasz, DO, FACOI, FACP, AOA President-elect  
William S. Mayo, DO, Chair, AOA Department of Governmental Affairs  
Thomas L. Ely, DO, FACOFP, Chair, AOA Bureau of State Government Affairs  
Adrienne White-Faines, MPA, AOA Executive Director and CEO  
Catherine A. Galligan, RN, MM, CPA, AOA Chief Operating Officer  
Linda Mascheri, Associate Executive Director, AOA State, Affiliate & International Affairs  
Nicholas Schilligo, MS, Director, AOA Division of State Government Affairs  
Marsha A. Wise, BS, Executive Director, AOCD  
Stephanie Wilson, Executive Director, MAOP

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March 24, 2014

The Honorable Aaron Bean
Chair, Florida Senate Committee on Health Policy
302 Senate Office Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Chairman Bean:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCD) and the Florida Osteopathic Medical Association (FOMA) are writing to strongly encourage you to support SB 572. This bill, cited as the “Preventing Youth Cancer Act”, would prohibit the use of artificial tanning devices by minors under the age of 18. Senate Bill 572 would also impose criminal penalties for violations of the prescribed licensing and safety requirements. The AOA, AOCD and FOMA support imposing appropriate safety precautions and requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 104,000 osteopathic physicians 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 schools, 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. FOMA is a professional organization that represents nearly 6,000 osteopathic physicians in Florida.

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. 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. In 2012, 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 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.\textsuperscript{4} For this reason, the WHO and the American Academy of Dermatology recommend banning the use of tanning devices by minors.\textsuperscript{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.\textsuperscript{6}

The use of tanning by children is inappropriate and should be banned due to its negative 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. \textbf{We urge you to protect Florida's citizens from artificial UV exposure by supporting SB 572 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,

\begin{flushright}
Norman E. Vinn, DO, MBA, FACOFP  
President, AOA  
\hfill  
Suzanne Rozenberg, DO  
President, AOCD  
\hfill  
Jorge D. Luna, DO, FACOFP  
President, FOMA
\end{flushright}

CC: Robert S. Juhasz, DO, FACOI, FACP, AOA President-elect  
William S. Mayo, DO, Chair, AOA Department of Governmental Affairs  
Thomas L. Ely, DO, FACOFP, Chair, AOA Bureau of State Government Affairs  
Adrienne White-Faines, MPA, AOA Executive Director and CEO  
Catherine A. Galligan, RN, MM, CPA, AOA Chief Operating Officer  
Linda Mascheri, Associate Executive Director, AOA State, Affiliate & International Affairs  
Nicholas Schilligo, MS, Director, AOA Division of State Government Affairs  
Marsha A. Wise, BS, Executive Director, AOCD  
Stephen R. Winn, Executive Director, FOMA


\textsuperscript{5} Adam Riker, Nicolas Zea, and Tan Trinh, \textit{The Epidemiology, Prevention, and Detection of Melanoma}. The Ochsner Journal, 10:56-65 (2010).

\textsuperscript{6} Dore, et al., supra.
March 31, 2014

The Honorable David R. Heitmeier
Chair, Louisiana Senate Health and Welfare Committee
PO Box 94183
Baton Rouge, LA 70804

Dear Chairman Heitmeier:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCID) and the Louisiana Osteopathic Medical Association (LOMA) are writing to strongly encourage you to support HB 746. This bill would prohibit the use of artificial tanning devices by minors under the age of 18. The bill would also prohibit tanning facilities from claiming or distributing materials that claim use of a tanning device is safe or free from risk. The AOA, AOCID and LOMA support imposing appropriate safety precautions and educational requirements upon tanning device operators.

The AOA proudly represents its professional family of more than 104,000 osteopathic physicians 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 schools, and has federal authority to accredit hospitals and other health care facilities. The AOCID 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. LOMA is a professional organization that represents 200 osteopathic physicians in Louisiana.

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, 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 In 2012, 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 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 equipment 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 Louisiana's citizens from artificial UV exposure by supporting HB 746 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,

[Signature]

Norman E. Vinn, DO, MBA, FACOFP
President, AOA

[Signature]

Suzanne Rozenberg, DO
President, AOCD

[Signature]

Christopher Surek, DO
President, LOMA

CC: Robert S. Juhasz, DO, FACOI, FACP, AOA President-elect
William S. Mayo, DO, Chair, AOA Department of Governmental Affairs
Thomas L. Ely, DO, FACOFP, Chair, AOA Bureau of State Government Affairs
Adrienne White-Faines, MPA, AOA Executive Director and CEO
Catherine A. Galligan, RN, MM, CPA, AOA Chief Operating Officer
Linda Mascheri, Associate Executive Director, AOA State, Affiliate & International Affairs
Nicholas Schilligo, MS, Director, AOA Division of State Government Affairs
Marsha A. Wise, BS, Executive Director, AOCD
Ed Williams, PhD, Executive Director, LOMA

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6 Dore, et al., supra.
May 20, 2014

The Honorable Michael A. Barbieri
Chairman, Delaware House Health & Human Development Committee
411 Legislative Avenue
Dover, DE 19901

Dear Chairman Barbieri:

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 in committee. This bill would prohibit minors from using tanning facilities. Tanning facilities would also be required to post warning signs that include 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 104,000 osteopathic physicians 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 schools, 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 is a professional organization that represents over 300 osteopathic physicians in Delaware.

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. 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. In 2012, 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 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 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 equipment 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. 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,

Norman E. Vinn, DO, MBA, FACOFP  
President, AOA

Suzanne Rozenberg, DO  
President, AOAD

Stephen J. Kushner, DO  
President, DSOMS

CC: Robert S. Juhasz, DO, FACOI, FACP, AOA President-elect  
William S. Mayo, DO, Chair, AOA Department of Governmental Affairs  
Thomas L. Ely, DO, FACOPP, Chair, AOA Bureau of State Government Affairs  
Adrienne White-Faines, MPA, AOA Executive Director and CEO  
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Linda Mascheri, Associate Executive Director, AOA State, Affiliate & International Affairs  
Nicholas Schilligo, MS, Director, AOA Division of State Government Affairs  
Marsha A. Wise, BS, Executive Director, AOCMD  
Edward R. Sobel, DO, Executive Director, DSOMS

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6 Dore, et al., supra.
June 26, 2014

Mitchell H. Adcock, CPA, CIA, CFE, CPM
Deputy State Health Officer, Chief Administrative Officer
Mississippi State Department of Health
570 East Woodrow Wilson
P.O. Box 1700
Jackson, MS 39215-1700

Dear Mr. Adcock:

The American Osteopathic Association (AOA), the American Osteopathic College of Dermatology (AOCD) and the Mississippi Osteopathic Medical Association (MOMA) are writing to encourage you to amend the proposed Regulations for Tanning Facilities by the Office of Health Protection Division of Radiological Health. The proposed regulations would require a minor 14 years of age or older using an artificial tanning device at a tanning facility to provide a parent or legal guardian’s written consent. Additionally, the proposed regulations would require the minor’s parent or legal guardian to be physically present at the tanning facility the entire time the minor uses the tanning device. The AOA, AOCD and MOMA support imposing appropriate safety precautions and educational requirements upon tanning device operator, but believe that the proposed regulation does not go far enough in protecting the health of minors in Mississippi.

The AOA proudly represents its professional family of more than 104,000 osteopathic physicians 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 schools, 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. MOMA is a professional organization that represents nearly 450 osteopathic physicians practicing in Mississippi.

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. 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. In 2012, 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.

While the AOA, AOCD, and MOMA appreciate the efforts of the Office of Health Protection Division of Radiological Health in regulating access to tanning facilities by minors, we believe additional steps should be taken to protect minors. Instead of allowing for parental consent, minors should be prohibited from using tanning devices in tanning facilities with no consent exceptions. The health risks that tanning devices pose to minors is too great to allow any potential regulatory loopholes.

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 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 equipment by children is inappropriate and should be prohibited due to its long-term health effects. We urge you to protect Mississippi’s citizens from artificial UV exposure by amending the proposed regulations by the Office of Health Protection Division of Radiological Health for tanning to restrict all minors from accessing facilities. 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,

Norman E. Vinn, DO, MBA, FACOFP
President, AOA

Suzanne Rozenberg, DO
President, AOCD

W. Ashley Hood, DO
President, MOMA

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5 Adam Riker, Nicolas Zea, and Tan Trinh, \textit{The Epidemiology, Prevention, and Detection of Melanoma}, The Ochsner Journal, 10:56-65 (2010).

6 Dore, et al., supra.
CC: Robert S. Juhasz, DO, FACOI, FACP, AOA President-elect
    William S. Mayo, DO, Chair, AOA Department of Governmental Affairs
    Thomas L. Ely, DO, FACOFP, Chair, AOA Bureau of State Government Affairs
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    Linda Mascheri, Associate Executive Director, AOA State, Affiliate & International Affairs
    Nicholas Schilligo, MS, Director, AOA Division of State Government Affairs
    Marsha A. Wise, BS, Executive Director, AOCD
    Ed Williams, PhD, Executive Director, MOMA
WHEREAS, the American Osteopathic Association (AOA) Board of Trustees and American Association of Colleges of Osteopathic Medicine (AACOM) Board of Deans have voted at their respective Board meetings to approve a Memorandum of Understanding (MOU) with the Accreditation Council for Graduate Medical Education (ACGME) that outlines the process, format and timeline for transition to a single, unified graduate medical education accreditation system; and

WHEREAS, the transformation of healthcare is placing demands on all sectors of the healthcare delivery system, including graduate medical education, to operate more efficiently and effectively and demonstrate the quality of their services; and

WHEREAS, the opportunity to partner with the ACGME and AACOM in developing a single accreditation system provides the AOA and AACOM with a platform to promote the quality and importance of osteopathic medicine as a key driver of the healthcare delivery system in the United States; and

WHEREAS, the decision to enter into the agreement was reached after two years of extensive and ongoing evaluation of the internal and external environments, and examination of the risks and benefits of creating the new system; and

WHEREAS, the AOA Board of Trustees is satisfied that, through the MOU and accompanying letter of clarification, the AOA’s core negotiating principles have been appropriately addressed; and

WHEREAS, there are currently more than 1,000 postdoctoral training programs accredited by the AOA in the United States, 162 of which are dually accredited by the AOA and ACGME; and

WHEREAS, osteopathic graduate medical education (OGME) and ACGME training share six core competencies, which must be integrated into the curriculum (patient care, medical knowledge, practice based learning and improvement, systems based practice, professionalism, and interpersonal skills and communication); and

WHEREAS, OGME and AOA-accreditation is distinct from ACGME in that it incorporates an additional competency in osteopathic principles and practice, which is interwoven within the other six competencies; and

WHEREAS, the AOA is committed to maintaining and preserving OGME; and
WHEREAS, the AOA and ACGME have coordinated meetings of many of the ACGME residency review committees and the AOA Specialty College evaluating committees at which there was an opportunity to compare the current AOA and ACGME accreditation standards and which found that AOA and ACGME standards are similar on most points; and

WHEREAS, the MOU provides for member organization status within the ACGME for AOA and AACOM, and the ability for both organizations to nominate members to the ACGME Board of Directors; and

WHEREAS, the MOU provides AOA with an ability to nominate voting members of the ACGME residency review committees for all specialties where AOA currently accredits training programs; and

WHEREAS, the ACGME advises that the osteopathic profession will have representation on the ACGME Board of Directors' Monitoring Committee, which will have responsibility for overseeing the fair and equal application of accreditation standards by the RRCs; and

WHEREAS, the ACGME has indicated its intent to create a senior staff position to be hired from within the osteopathic postdoctoral training community to help oversee the transition to a single unified accreditation system; and

WHEREAS, the MOU provides that current AOA-accredited residency programs will have up to five years (beginning on July 1, 2015) and the potential for multiple reviews by ACGME as they prepare to transition to ACGME accreditation; and

WHEREAS, during the five-year transition, AOA-accredited residency programs will pay only one application fee even if multiple reviews are necessary; and

WHEREAS, the ACGME evaluates programs to determine if they are in “substantial compliance” with accreditation standards and, therefore has flexibility in evaluating programs seeking ACGME accreditation; and

WHEREAS, the MOU provides for continuation of OGME by creating osteopathically focused ACGME training programs and an Osteopathic Principles Committee that will have the authority to approve standards for the osteopathic elements of residency training and, in effect, codify osteopathic principles within the ACGME standards; and

WHEREAS, osteopathic medical students value and are proud of the osteopathic tenets and philosophy and understand that there is a distinctiveness in osteopathic medical practice; and

WHEREAS, the osteopathic principles committee will be able to recommend specific outcomes measures to be used in evaluating progress of residents, such as successful completion of osteopathic board certification examinations; and

WHEREAS, the number of graduating osteopathic medical students far exceeds the number of first-year osteopathic graduate medical education positions and the majority of
osteopathic medical graduates now complete training in residency programs accredited
by the ACGME; and

WHEREAS, the ACGME will, beginning in July 2016, limit access to positions in fellowship
programs and advanced residency programs to physicians who completed prior clinical
training in ACGME accredited programs; and

WHEREAS, osteopathic medical students believe that pursuing OGME should not limit the
ability of osteopathic medical students and residents to pursue advanced training in
residencies and fellowships of their choice; and

WHEREAS, osteopathic medical students believe that the ability to advance into fellowships
and advanced residency programs is a top priority in selecting residency programs and,
therefore, have expressed their overwhelming support for the unified system; and

WHEREAS, results from the AACOM and AACOM Council of Osteopathic Student
Government Presidents’ (COSGP) student survey administered online in March 20141
showed that of 5,307 student responses (22.9% of 2014 fall enrollment), 55.1% of
students strongly supported, 27.4% supported, 11.9% expressed neutrality, 3.7%
opposed, and 1.9% strongly opposed the “unified GME accreditation system agreement
undertaken by AACOM, AOA and ACGME”; and

WHEREAS, osteopathic medical students understand that the pursuit of a single accreditation
system will create periods of uncertainty within National Matching Service (NMS), the
National Resident Matching Program (NRMP), the NRMP supplemental offer and
acceptance program (SOAP), the osteopathic “scramble” and other matching
mechanisms, including but not limited to the details of when and how the match will
change; and

WHEREAS, osteopathic medical students understand that there will be uncertainty as to the
osteopathically focused GME options during the transition process, and desire that
current OGME programs will maintain their osteopathic distinctiveness as defined by
the new ACGME osteopathic principles committee; and

WHEREAS, osteopathic medical students are invested in their profession and desire to
increasingly participate in future discussion regarding the challenges and opportunities
of the single accreditation system; and

WHEREAS, osteopathic student groups such as the Student Osteopathic Medical Association
(SOMA), the Council of Osteopathic Student Government Presidents (COSGP), and
the Council of Student Affairs (CSA), have collectively discussed this decision and
believe that this resolution reflects students’ opinions; and

WHEREAS, osteopathic medical students trust that AOA and AACOM leadership have
considered a variety of issues in their attempt to make decisions that are in the best
interest of maintaining and sharing the osteopathic philosophy in the short- and long-
term and are aware of the shared responsibility all parties have in shaping the future of
our profession; and
WHEREAS, the development of ACGME-accredited osteopathic GME programs will enhance
the ability of the AOA and osteopathic state and specialty affiliates to attract members
who are currently training in ACGME residency programs; now, therefore, be it

RESOLVED, that the AOA will evaluate and report to the membership and AOA House of
Delegates annually, between 2015 and 2021, concerning the following issues:
1. The ability of AOA-trained and certified physicians to serve as program
directors in the single GME accreditation system;
2. The maintenance of smaller, rural and community based training programs;
3. The number of solely AOA certified physicians serving as program directors
in each specialty;
4. The number of osteopathic identified GME programs and number of
osteopathic identified GME positions gained and lost;
5. The number of osteopathic residents taking osteopathic board certification
examinations;
6. The status of recognition of osteopathic board certification being deemed
equivalent by the ACGME;
7. The importance of osteopathic board certification as a valid outcome
benchmark of the quality of osteopathic residency programs, and be it
further

RESOLVED, that any proposed single graduate medical education (GME) accreditation system
will provide for the preservation of the unique distinctiveness of osteopathic medicine,
osteopathic graduate medical education, osteopathic licensing examinations, osteopathic
board certification, osteopathic divisional societies, osteopathic specialty societies,
osteopathic specialty colleges, the AOA, and the osteopathic profession; and be it
further

RESOLVED, that the AOA remain vigilant in its oversight of the single accreditation process
and utilize its ability to cease negotiations as delineated in the MOU should osteopathic
principles and educational opportunities be materially compromised; and be it further

RESOLVED, that the AOA will seek to create an exception category to allow the
institution/program, on a case by case basis, up to a one year extension without
prejudice for an institution/program that has their budget previously planned so as not
to put that institution/program at a competitive disadvantage; and be it further

RESOLVED, that the AOA will advocate for an extension of the closure date for AOA
accreditation beyond July 1, 2020, where appropriate for individual programs on a case
by case basis; and be it further

RESOLVED, that the AOA House of Delegates expresses its support for the AOA’s entry into
a single accreditation system that perpetuates unique osteopathic graduate medical
education programs.

Explanatory Statement:
The AOA will continue to monitor the progress of the transition to a single GME accreditation
system and the emergence of any unintended consequences of the implementation of the new
system.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 19, 2014**