NEWS

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los angeles pediatric society

FROM THE PRESIDENT



Eyal Ben-Isaac, M.D.

Are you competent? The Accreditation Council for Graduated Medical Education (ACGME) has recently introduced many new requirements for residency training. Many of you may already be familiar with the new resident duty hour guidelines, which must be implemented by July of this year. In addition, however, residency programs must now also document that each resident physician has demonstrated the acquisition of six competencies prior to completion of his/her training. These competencies are defined as follows:

1. **Patient Care:** Residents must be able to provide family-centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.
2. **Medical Knowledge:** Residents must demonstrate knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences, and the application of this knowledge to patient care.
3. **Interpersonal Skills and Communication:** Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.
4. **Practice-Based Learning and Improvement:** Residents must be able to use scientific methods and evidence to investigate, evaluate, and improve their patient care practices.
5. **Professionalism:** Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.
6. **Systems-Based Practice:** Residents must practice quality health care and advocate for patients in the health care system.

While the ACGME has not dictated exactly how these competencies should be measured, many programs and educators have suggested several tools that might be used to evaluate house staff performance. Written evaluations by faculty have always been used to evaluate resident performance, but many programs are now asking peers and nursing staff to evaluate residents as well (both of whom may have a better and more complete perspective on skills not always seen by faculty). Interpersonal skills may also be measured by reviewing videotaped patient encounters. Manual skills may be assessed through the use of laboratory stations while also monitoring performance through the use of procedure logs. Objective Structured Clinical Examinations (OSCEs) incorporate the use of standardized patients, as well as clinical and written scenarios to monitor knowledge acquisition.

Practice-based learning might be taught by having residents reflect on clinical experiences or "near-miss episodes" and using literature searches to develop treatment plans. Residents might also design process flow charts evaluating a patient's hospitalization or clinic visit, or even perform a cost analysis of an inpatient hospital bill.

The competencies emphasize the development of a complete physician, one who not only demonstrates clinical acumen and medical knowledge, but also displays characteristics for which physicians should always be known — compassion, empathy, professionalism, and the desire to provide the best possible care for their patient. While physicians have not always been evaluated for these characteristics in the past, we certainly hope that all of us have learned and/or acquired these skills through our own experiences, and display them routinely for all our patients and families.

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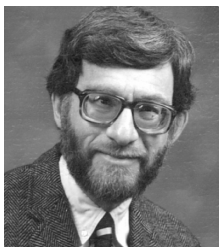
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Number 23 Please or Everything You Didn't Want to See about HIPAA

Marshall G. Goldberg, M.D.



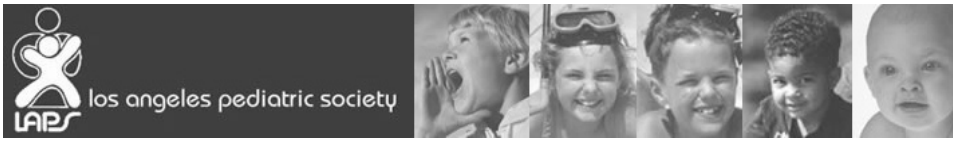
Another welcome addition to our bulging lexicon of acronyms is that of HIPAA (Health Insurance Portability and Accountability Act); a cousin to OSHA, CLIA and CIA. The novelist Herman Wouk in his wonderful "The Caine Mutiny" defined the U.S. Navy as being designed by geniuses for execution by idiots. The reverse may ultimately be said for HIPAA. Let us review together just a few of the well thought-out regulations that will now become part of our daily professional lives. As you all know, failure to implement these commandments could result in fines or imprisonment. I can see it now on CNN: Pediatrician to serve time for addressing family by name in earshot of others!

1. Every chart for patients seen after Monday, April 14, 2003 must have either the Acknowledgement of Receipt of Notice of Privacy Practices or the Tracking of Privacy Practices Acknowledgement. If a parent refuses to sign then we can refuse to treat. Refusal of course must be documented on the Privacy Practices Acknowledgments Tracking Sheet. Oh, I'm sorry Mrs. Smith (did I say that too loudly?), I can't treat your son's anaphylactic reaction. The sheet hasn't been signed.
2. Phone calls must be returned behind closed doors. Samples must be dispensed behind the door of the examination room. (Woe betide the physician who gives an acetaminaphen sample in full view.) All written Protected Health Information (PHI) to be disposed must be shredded and not just thrown in the trash. (The trash collectors are secret agents for malpractice attorneys?)
3. Pharmaceutical Representatives are no longer allowed beyond the waiting room unless escorted by a physician. This makes a great deal of sense as it will give us much needed aerobic exercise, thus setting a good example for our patients.
4. Maintenance people are not allowed in the office unless observed by the staff. I will appoint a designated nurse to observe the unclogging of our toilets. This can be reported as 10 minutes of CME.
5. And finally (though there are many other wonderful regulations I have omitted) since we cannot call in patients by full names, I fully intend to dublicate SouthWest Airlines and use numbered paddles. Will number 23 kindly come in? Or perhaps a vibrating pager, ala, Wood Ranch Barbeque. What a buzz!

I think Herman Wouk was right, but this one makes the Navy look great, Tailhook or not!

LAPS Is on the Web!

Be sure to visit LAPS on the Web at www.lapedsoc.org



"E"ducation: An Important Tool of Injury Prevention

Mary Ann P. Limbos, MD, MPH, Childrens Hospital Los Angeles

As pediatricians, we are reminded daily of the physical, emotional, and economic costs of injury to children, their families, and our nation's health care system. Every year in the United States, over 7,000 children and young adolescents 1 to 14 years of age die from an injury-related death, and for every injury-related fatality, there are approximately 45 hospital admissions, 1300 ED visits, and 2145 physician visits. In California, this translates to about 2,000 children and adolescents who die annually due to injuries, 90,000 hospital admissions, almost 3 million ED visits, and over 4 million physician visits each year for an injury-related complaint.

What is encouraging is that injury death rates have declined by over 40% over the past several decades due largely to safer environments for children and concerted injury prevention efforts. Applying effective injury prevention strategies consistently and developing new, evidence-based injury countermeasures will help assure that this downward trend continues in this century. Injury epidemiologists refer to the **Three "E"**s when characterizing injury prevention strategies: **E**ngineering/environmental modifications, **E**nforcement of legislation and policies, and **E**ducation. Of these "E"s, the tool most available to pediatricians is *Education*—educating parents about injury risks and providing information about safety strategies. Injury prevention counseling by pediatricians has been demonstrated to result in increased knowledge, changes in safety behavior, and decreased injuries to children (Bass, 1993). Parents frequently name their child's physician as a source they trust to provide safety advice and education. However, in one study, only 20% of parents remembered receiving injury prevention counseling from their child's pediatrician (Hu, 1996). Among the major barriers to counseling cited by physicians include time constraints and uncertainty about the effect of counseling on a behavior. Consistent injury prevention counseling that is individualized to patients and families need not be time-consuming, can affect knowledge, and can change behavior. Steps that can help focus counseling and make it more pertinent to families and therefore, more likely to result in positive behavior change include: 1) Assess caregiver's knowledge gaps; 2) Determine current practices, including appropriate and unsafe practices; 3) Provide concrete recommendations for changing the unsafe practices; 4) Reinforce appropriate safety practices; and 5) Provide resources as necessary, such as car seat check locations, places to buy bike helmets and booster seats, and parenting classes.

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The following resources can provide more information about injury and violence prevention in the Los Angeles area: 1) Child-

Continued on page 5

Eve Black Honored



Eve Black and Milt Arnold.

On February 8, 2003, at the Annual Joint District Meeting, Eve Black was honored for her nearly 50 years of hard work and dedication to the children and pediatricians of California. In addition to a plaque from the California District American Academy of Pediatrics, which was presented by Burt Willis, M.D., District Chair, Eve received a check for $1,000 to the Gene Black Summer Career Program. The summer program, which introduces high school juniors and seniors to careers in the health professions, is named in honor of her husband, Gene Black. It is administered by the Los Angeles Pediatric Society.

Eve's work with Chapter 2 and with LAPS has been comprehensive and wide-ranging. For many years, she and Milt Arnold, M.D., have been responsible for presenting the CME programs that have proved so popular and successful. In addition to meetings in California and Nevada, they have organized programs in India, China, the Philippines, and Europe.

As Chapter Administrator for Chapter 2 and Executive Secretary for LAPS, Eve Black continues in her role as champion of the children of California and the physicians who look after them.



AAP District IX Chair, Burt Willis, presents Eve Black with a plaque honoring her many years of service.

An Approach to the Management of Pediatric Obesity

L. Yin, MD

The prevalence of pediatric obesity, as defined by body mass index (BMI) ≥ 95th% for age and sex, continues to increase dramatically in the U.S. Best current estimates suggest that it ranges from 18-20%. Overweight is classified as BMI ≥ 85th-94th% for age and sex, and is estimated to be 34-36%. Changes in environmental and social factors can explain the dramatic rise over the past 30 years. This is supported by increased caloric intake and/or decreased physical activity among children over the same time period. Genetic factors coupled with environmental factors interact to cause obesity in susceptible individuals as well. Regardless of the causes, the rise in obesity prevalence continues to adversely impact the health of our children and necessitates intervention to prevent or delay the onset of obesity related consequences.

Metabolic consequences of obesity are already evident in young children. Hypertension, hypercholesterolemia, hyperinsulinism all occur in young obese children leading to coronary artery disease and diabetes. The obese child is at higher risk for developing gallstones, hepatitis, sleep apnea and increased intracranial pressure. Forty-year follow-up of obese children reveals a doubling of the rate of cardiovascular disease and hypertension with a tripling of the rate of diabetes as compared to normal weight children. Type II diabetes has emerged as a major complication of childhood obesity, once only thought to affect adults. Managing obesity in childhood may stem the tide of the growing medical consequences seen later in life.

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The primary goal in pediatric obesity management continues to be the promotion of healthy eating and physical activity, not the achievement of ideal of body weight. Setting realistic goals is the most important factor in managing weight with weight maintenance being the first goal. Families need to recognize that sustainable weight loss of only 5-10% still results in significant improvement in cholesterol, blood pressure and blood glucose levels. Decreasing body fat by as little as 4% can lead to decreased total cholesterol, triglyceride levels, systolic blood pressure, diastolic blood pressure and increased HDL. Modest, realistic goals for weight management are crucial for providing a greater opportunity for success.

To be effective, the pediatrician must remain nonjudgmental, avoid negative attitudes, and be able to spend a considerable amount of time learning about barriers and attitudes toward changing eating habits and activity levels in each family. From the beginning, it is important to assess the concern each family member has about the child's weight, including the child. In cases where there isn't agreement, delaying intervention may be advisable since the negative impact of failure may far outweigh the potential success in weight loss. Success in management relies on a united approach in the family.

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The foundation of management begins with obtaining a thorough history that focuses on identification of obstacles to activity, high caloric foods, eating patterns, parenting skills, family stress, boredom, or depression. Another important area relates to previous dieting attempts, binging, fasting, body image, and family interactions regarding weight and eating. A general diet history can reveal a pattern of high calorie foods or excessive consumption of milk, juice or soda. An activity history can be helpful to identify barriers to activity and possible approaches to improve activity. The review of systems and physical exam should focus on signs and symptoms of medical conditions associated with obesity. Laboratory tests and radiographic examinations are rarely helpful in diagnosing causes of obesity, but are more beneficial in identifying medical consequences.

Treatment begins with the recognition that obesity is a chronic disease that will necessitate frequent visits, continuous monitoring, and reinforcement. Although these elements are typically required for successful management, it does not ensure it. Changing eating and activity habits is an active process that has to involve the entire family. The parent must be the role model. Parents can reinforce

Continued on page 9

FUTURE MEETINGS

LAPS MEETINGS

May 14, 2003
Annual Spring Meeting and Parmelee Lecture
Speaker: Naomi Neufeld, MD –
"Childhood Obesity:"
Site: The Sportsmen's Lodge, Studio City, CA
(See page 8 for flyer)

September 18-21, 2003
60th Annual Brennemann Memorial Lectures
Site: Bahia Hotel, Mission Bay, San Diego, California
(See page 9 for flyer)

March 4-7, 2004
Combined Southern California Pediatric Postgraduate Meeting CLINICAL PEDIATRICS
Hosted by American Academy of Pediatrics, California Chapter 2,
Cosponsored by: Los Angeles Pediatric Society and Southwestern Pediatric Society
Site: Hilton Palm Springs Resort, Palm Springs, California

For information on LAPS meetings, please contact Barbara Carr or Eve Black
PO Box 2134, Inglewood, CA 90305
(310) 540-6240 or (323) 757-1198
fax (310) 543-2375 or (323) 779-3505
e-mail: *lapseve@aol.com* or get more information on our Web site at *www.lapedsoc.org*

OTHER MEETINGS

June 29-July 5, 2003
Pediatrics in the Islands — Clinical Pearls
Hosted by University Childrens Medical Group and AAP, California Chapter 2
Site:Hyatt Regency Maui Resort, Hawaii

October 11-17, 2003
Aloha Update: Pediatrics®
Hosted by University Childrens Medical Group and AAP, California Chapter 2
Site:Hyatt Regency Kauai Resort & Spa, Kauai, Hawaii

November 20-23, 2003
Pediatric Update, 25th Annual Las Vegas Seminars
Hosted by American Academy of Pediatrics, California Chapters, 1, 2, 3 & 4
Site: Venetian Hotel, Las Vegas Nevada

January 14, 2004
Is There Life After Residency
Hosted by American Academy of Pediatrics, California Chapter 2
Site: Courtyard By Marriot, Marina Del Rey, CA

February 14-20, 2004
Pediatric Potpouri®
Hosted by University Childrens Medical Group and AAP, California Chapter 2
Site: Hawaii

April 15-18, 2004
Advances In Pediatrics, 15th Annual Las Vegas Postgraduate Meeting
Hosted by American Academy of Pediatrics, California Chapter 2,
Site: Flamingo Hotel, Las Vegas, NV

July 3-9, 2004
Pediatrics in the Islands — Clinical Pearls
Hosted by University Childrens Medical Group and AAP, California Chapter 2
Site: Hawaii
For information on the HAWAII MEETINGS ONLY, please contact Laura Thomas,
(323) 669-2305, (800) 354-3263,
(800) 3-KID-CME or *www.ucmg.org*

"E"DUCATION: AN IMPORTANT TOOL OF INJURY PREVENTION

hood Injury Prevention Center at Harbor-UCLA Medical Center (310-222-2331); 2) Southern California Injury Prevention Research Center (310) 794-2706; and the L.A. County Injury and Violence Prevention Program (213) 351-7888. Other readily-accessible sources of injury prevention information are the following websites, each with multiple links to other injury prevention resources on the World Wide Web:

Children's Safety Network: *http://www.edc.org/HHD/csn*
Safe Kids' Campaign: *http://www.safekids.org*
Center for Childhood Injury Prevention: *http://safestates.org*
Injury Free Coalition for Kids: *http://www.injuryfree.org*
Contact Dr. Limbos at mlimbos@chla.usc.edu

THE GENE BLACK SUMMER MEDICAL CAREER PROGRAM

The Summer Medical Career Program was established by the Los Angeles Pediatric Society in 1969. The purpose of the program is to stimulate high school students to choose careers in the health professions. This is accomplished by providing first hand experience observing doctors, nurses and allied health professionals at work in hospitals and through career guidance provided by counselors at each participating institution. For a period of four weeks students take part in a variety of activities affording direct contact with both the medical staff and patients. They rotate through the various departments in hospital and observe the role of health-care personnel in providing medical services. The program is different at every location and is usually tailored to meet the interests of the participants.

A weekly stipend of $50.00 is given each student to cover incidental expenses and a certificate of completion at the end of the program. In addition two $500 scholarships are awarded each year from the Edward M. Rissman Scholarship Fund.

Funding is provided by contributions from individuals and groups, Medical Careers Unlimited Medical Group Members and our new Circle of Friends and Donors. To show our appreciation, contributions received this year are listed below. All are cordially invited to join. You will help students get started in the right direction just as perhaps someone helped you.

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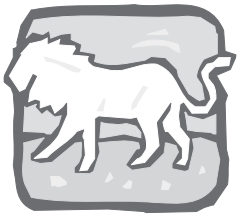
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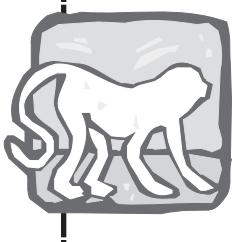
(Make checks payable to the Los Angeles Pediatric Society.)

THE LOS ANGELES PEDIATRIC SOCIETY
Presents the

60th ANNUAL BRENNEMAN MEMORIAL LECTURES

September 18-21, 2003





BAHIA HOTEL
on San Diego' Mission Bay
998 W. Mission Bay Dr.
San Diego, CA 92109

MEETING INFORMATION
(310) 540-6240 or
(323) 757-1198
e-mail: lapseve@aol.com
fax: (310) 543-2375 or
(323) 779-3505

Faculty

RANDI J. HAGERMAN, M.D. Grakopoulos Vesonaia Chair in Pediatrics, University of California at Davis, California

RICHARD F. JACOBS, M.D., F.A.A.P., Horace C. Cabe Professor of Pediatrics, University of Arkansas for Medical Sciences; Chief, Pediatric Infectious Diseases, Arkansas Children's Hospital, Little Rock, Arkansas

ROBERT F. LEMANSKE, JR., M.D., Professor of Pediatrics and Medicine, University of Wisconsin Medical School, Madison, Wisconsin

DONALD SHAUL, M.D., Associate Professor of Clinical Surgery, Keck School of Medicine of the University of Southern California; Childrens Hospital Los Angeles, California.

ROBERT WELLS, PhD., Associate Professor Psychiatry, University of California, San Francisco, Fresno Program. In Private Practice in Fresno, California.

Accrediation

This activity is offered by a CMA-accredited provider, the Los Angeles Pediatric Society. Physicians attending this course may report up to 15 hours of Category 1 credits toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association's Physician's Recognition Award. The California Board of Registered Nursing approved 15 hours of continuing medical education. Provider number CEP11121.

60th Brennemann Lectures Meeting Advance Registration

Name ..... Date .....

Address .....

City ..... State ..... Zip .....

Phone ( ) ..... Fax ( ) .....

Email .....

Tuition Fee	Before 8/25	After 8/25	
Physicians: Members of LAPS	$495	$525	$_____
Physician Non-members	$525	$575	$_____
Pediatric Residents Hospital:_____	$ 35	$50	$_____
Allied Health Personnel *Category:*_____	$250	$300	$_____
Emeritus with LAPS	$125	$125	$_____

***SATURDAY** *Wild Animal Park excursion:* $40.00 adults $20 children (3-11) N/C (2 & under) *After 8/25 $50.00 adults $30 children*

No. of adults ____x____ No. of children 3-11 ____x____ 2 & under ___x N/C = $_____

*Must be registered in advance..... **TOTAL...** $_____

Please make checks payable to: Los Angeles Pediatric Society and return to: P.O. Box 2022, Inglewoood, CA 90305. ***We regret credit cards cannot be accommodated.***

60th Brennemann Lectures Hotel Advance Registration

Name .....

Address .....

City ..... State ..... Zip .....

Phone (Please include area code) .....

Number in Party .....

Hotel Accommodations Requested: ____ Double ____Single

Arrival: Time ..... Date .....

Departure: Time ..... Date .....

Your check or credit card is acceptable in payment.
MasterCard VISA American Express (circle one)

#..... Exp. Date .....

Signature .....

150 rooms are available to registrants at the special rate of $140 per day single or double occupancy plus tax. Part of this fee is commissionable to LAPS. **Note: Special rates will be available only until August 19, 2003 or until all 150 blocked rooms are taken. Once these rooms are taken, regular hotel rates will apply. WE RECOMMEND YOU MAKE RESERVATIONS FAR IN ADVANCE OF THE MEETING.** *The Los Angeles Pediatric Society disclaims any responsibility for hotel arrangements. Please make check payable and send to Bahia Hotel at address listed above. Phone Number: 1-800-288-0770.*

PEDIATRIC OBESITY continued from page 4

positive behaviors with activity related rewards such as family outings to a park or playground rather than rewards based on food or money. A common-sense approach such as establishing sit-down meals with the entire family, turning off the television during meals, not allowing snacking or eating in a child's room, and making fruits or vegetables available are reachable goals. Enlisting the help of a family therapist or child psychologist may facilitate change.

Dietary modification in a family is very challenging. The responsibility for determining what foods to eat and when rests with the parent or primary caregiver. Eating breakfast is a necessity. Decreasing portion sizes, eliminating after-dinner snacks, reducing or eliminating specific foods (especially juices or sodas) can reduce significant calories without making the child feel hungry or deprived. Children should not be placed on fad diets and should have limited intake of highly refined starches. Fruit and vegetable intake should be encouraged with a goal of five per day. Eliminating 100-150 calories per day (a can of regular soda or a glass of juice) from the diet can lead to a 10lb weight loss in one year. Enlisting the help of a registered dietician may help families identify problem foods and more importantly provide sensible alternatives.

Exercise by itself does little to reduce weight. Exercise is most helpful in maintaining weight loss or preventing weight gain. Any form of exercise is beneficial and the best form is the type that is sustainable. Walking provides the simplest form and can provide valuable family time. Another crucial strategy is limiting sedentary behavior by limiting television viewing, computer time and video games to 1-2 hours per day. Decreasing inactive time may facilitate physical activity. Playing with friends instead of talking to them by phone and walking to school in a group are other strategies.

Maximizing success in the office begins with setting realistic goals for weight change, providing simple, specific recommendations to the child and family including diet prescriptions, exercise prescriptions and behavior change. Limit recommendations to one or two suggestions per visit and don't add changes until the previous goals are met. Recognize that frequent visits, continuous monitoring and support are requirements to any weight management plan. When we take the time to understand each family particular living situation, schedule and values, then we can refine treatment recommendations and most importantly provide sympathetic support to the family's efforts.

CLASSIFIED ADS

POSITIONS AVAILABLE

Academic Pediatrician for County Hospital, Pediatric Department in Colton, CA. Gorgeous new facility with advanced technology. Practice involves primarily teaching and hospital based patient care. Call is every 5-6 weeks. For more information, please contact Dr. Gerald Greene at 909/580-6315.

Busy pediatric group with four general pediatricians located in Huntington Beach is interested in hiring a pediatrician with experience only for per diem-part-time position. Hospital rounds in addition to working in the office may be involved. Please fax resume to Dr. G. Kasamatsu, M.D. at 714/848-2248.

POSITION WANTED

Board eligible, Children's Hospital trained pediatrician due to graduate 6/03, looking to move back to LosAngeles area. Seeking full/part time opportunity. Please call 714/939-1893 if position available.

Board eligible pediatrician, licensure pending, looking to join a group in the greater Los Angeles area for July 2003. Curriculum vitae upon request from Susan Maisey, MD at 212/717-9505.

Experienced primary care PNP seeks part-time position in a pediatric or family practice. Bicultural, Spanish speaking, Clinical Professor, CSULA, Ambulatory Clinics, CHLA. For information call 818/241-0156 or email sealib@netzero.net

Summer Medical Careers Program Gets a Boost from Grants

James Seidel M.D., Ph.D.

The Gene Black Summer Medical Careers Program has received funding from both the Weingart Foundation and the California Wellness Foundation to embellish the program. Funds will be used to:

- Recruit new hospital sites
- Meet with high school counselors to improve the recruitment of students
- Expand the number of students served by the program
- Develop a tracking system that will enable LAPS to track students through college and into their chosen field of study.



The Board of Directors is indebted to these foundations for funds to take on these new activities. We would also like to recruit members who are willing to work on these projects. The summer program is a model for the country and we need data to demonstrate the value to the students, their families and the community at large.

THE LOS ANGELES PEDIATRIC SOCIETY PRESENTS

THE ANNUAL SPRING MEETING AND PARMELEE LECTURE

Wednesday, May 14, 2003
Sportsmen's Lodge Restaurant, Studio City
Reception: 6:30 pm — Banquet: 7:00 pm — Lecture: 8:00 pm

PROGRAM SPEAKER

Naomi Neufeld, M.D.

Clinical Professor of Pediatrics, U.C.L.A.; Founder and Medical Director of Kid-Shape; Attending Physician at Cedars Sinai Medical Center

TOPIC
CHILDHOOD OBESITY:
Confronting the dilemmas in current practice

REGISTRATION
ANNUAL SPRING MEETING AND PARMELEE LECTURE

los angeles pediatric society
ADVANCE REGISTRATION — ANNUAL SPRING MEETING AND PARMELEE LECTURE
Wednesday, May 14, 2003

Name.....
Street.....
State / City / Zip.....

Tuition Fee: BANQUET AND LECTURE
Physician, Member LAPS — $50.00 ..... $_____
Physician, Non-Member — $60.00..... $_____
Allied Health Professionals — $50.00 ..... $_____
Pediatric Residents (hospital _____) $30.00..... $_____
Non-member Pediatrician new to area in 2002/2003 — $30.00..... $_____

Tuition Fee — LECTURE ONLY
Must be registered in advance to insure seating
Physician Member LAPS — $20.00 ..... $_____
Physician, Non-member — $25.00..... $_____
Allied Health Professionals — $20.00 ..... $_____
Pediatric Residents (hospital _____) — $10.00 ..... $_____
Non-member Pediatrician new to area in 2002/2003 — $10.00..... $_____

Checks payable to: los angeles pediatric society
Return to: PO Box 2022, Inglewood, CA 90305
For additional information: 310/540-6240, 323/757-1198, LAPSEVE@aol.com

los angeles pediatric society
APPLICATION FOR MEMBERSHIP

All pediatricians, as well as other specialists having a professional interest and concern with the health and welfare of infants, children, and adolescents, are eligible for membership. Members residing outside of California will be classified as affiliate members. Membership for all categories is $100 a year. Please complete each of the following items as applicable. *Life membership is available at a one-time fee of $1000.

PLEASE PRINT OR TYPE

1. *Full Name:* _____ *Birth Year:* _____
First Middle Last

2. Your LISTING for the Directory of Members: Listings are limited to two addresses. Academy and College members are urged to add affiliation initials after degree. Please make listing exactly as you want it published.

Name:

❒ *1. Street:* _____ *Phone: ( ) _____*
City: _____ *State:* _____ *Zip:* _____

❒ *2. Street:* _____ *Phone: ( ) _____*
City: _____ *State:* _____ *Zip:* _____

Specialty: _____ ❒ *Bd. Cert. Date of Cert.*_____ *Date of Re Cert.*_____ ❒ *Bd. Elig.*
Subspecialty: _____ ❒ *Bd. Cert. Date of Cert.*_____ *Date of Re Cert.*_____ ❒ *Bd. Elig.*
Note Board Name for Allergy Specialty: _____
Check preferred mailing address above. If different than listing, note in Item 3.

3. *Street:* _____ *City:* _____ *State:* _____ *Zip:* _____

4. *Medical School:* _____ *Year Graduated:* _____
Internship: _____ *Years:* _____
Residencies: _____ *Years:* _____
_____
Other Professional Training: _____
_____
Hospital Staff: _____
_____
❒ *Private Practice : Total Years:* _____ ❒ *Academic Practice: Total Years:* _____

5. *Member in good standing of other medical and scientific societies:* _____
_____

6. *References (Name of two physicians, preferably members):*
1. _____ *2.* _____

7. ❒ **LIFE MEMBERSHIP*

8. *Date:* _____ *Signature:* _____

YOUR CHECK FOR FIRST YEAR'S DUES ($100) MUST ACCOMPANY APPLICATION
LIFE MEMBERSHIP: $1000 (One-Time)
Make checks payable to: los angeles pediatric society • P.O. Box 2022 • Inglewood, CA 90305

IF YOU ARE NOT ON OUR MAILING LIST:

Complete the following and return to Los Angeles Pediatric Society, PO Box 2022, Inglewood, CA 90305.

Name . . . . . .

Street . . . . . .

City . . . . . .

State / Zip . . . . . .

Email . . . . . .

Specialty . . . . . .

❒ **Certified** ❒ **Eligible**

❒ Check if interested in membership.

All pediatricians, as well as other specialists with a professional interest in the health and welfare of children are eligible. There are no geographical limits. Annual dues of $100, includes partial fees to the Annual Brennemann Lectures and Spring/Parmelee meeting.

FREE MEMBERSHIP

Free one-year membership in LAPS, until June 30, 2004, to all third year pediatric residents graduating this June, 2003. Our gift to you. Just fill out the application in this newsletter and return to PO Box 2022, Inglewood, CA 90305
or fax to
(310) 543-2375 or
(323) 779-3505.

los angeles pediatric society

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