Resident’s Colloquium: Focus on careers

Dermatology leaders will offer career advice including an overview of opportunities in the various sectors of dermatology at the Resident’s Colloquium at the 58th AAD Annual Meeting, in San Francisco. The colloquium is scheduled Sunday, March 12, 7 a.m. to 8:45 a.m., in Plaza Room B, San Francisco Hilton Hotel.

“Attendees will learn to recognize the broad array of professional choices currently within dermatology, dermatopathology, dermatologic research, academic dermatology, product development, and private practice dermatology,” said Michelle Bennett, M.D., course director.

Panel members will discuss their own career choices and advise residents and recent graduates how to develop their career interests. An overall theme will be how to glean the most out of residency and one’s dermatology career. Specific topics include the decision to pursue a fellowship, how to gain expertise in new areas after leaving a residency, private practice versus academia, what each individual would do if they had to do it all over again, unique experiences as well as opportunities that have enriched one’s professional development.

Faculty include: Zoe D. Draelos, M.D.; Joseph L. Jorizzo, M.D.; Daniel Shrager, M.D., (pharmaceutical research); Bruce R. Smoller, M.D., (pathology); Marcus R. Stonecipher, M.D., (organized the first Resident’s Colloquium); and Alexa Boer Kimbal, M.D., (past RPS president)/ Jorge Toro, M.D., both at the National Institutes of Health.

Residents/Fellows Symposium: Research discoveries

Gain understanding of dermatologic disease research trends and learn to apply these developments to future practice at the Residents/Fellows Symposium from 9:55 a.m. to 2 p.m. Monday, March 13, in Room 131 of Moscone Convention Center.

The symposium features 20 talented young investigators actively involved in molecular biology, cell biology, pharmacology, photobiology, or immunology research either through a laboratory or a clinical setting. Presentations represent state-of-the-art dermatologic research, and many of the findings could become applicable to clinical practice in the future. Investigators will address a range of topics, some of which include clinical and basic studies of skin cancer (melanoma, non-melanoma skin cancer and cutaneous lymphomas), immunobullous diseases (bullous pemphigoid, pemphigoid gestationis), clinical pharmacology (use of botulinum toxin for palmar hyperhidrosis, efficacy of topical anesthetics), clinical aspects and immunogenetics of photosensitivity diseases, immunology of skin diseases (dendritic cell biology, transcription factors), and dermatologic diagnosis via teledermatology.

SEE “SYMPOSIUM” PAGE 3

AAD MEETING NEWS

58th Annual Meeting

The American Academy of Dermatology (AAD) 58th Annual Meeting will be held March 10 to 15, in San Francisco, Calif. The program includes several sessions directed toward residents (sessions held at the Moscone Convention Center.)

- Friday, March 10: 9 a.m. to noon: Itch, room 103; 9:30 to 11 a.m.: Nail Basics, room 220; Cryosurgery for the 21st Century, room 226; noon to 2 p.m.: Common Characteristics of the Most Successful Dermatology Practices.

- Friday/Saturday, March 10/11: 9 a.m. to 5 p.m.: Basic Dermatopathology, room 300; Gross & Microscopic Dermatology, room 131.

- Saturday, March 11: 7:15 a.m. to 8:45 a.m.: Hormonal Influences in Acne, room 113; Choosing the Right Sunscreen, room 270; 9 a.m. to 5 p.m.: Fundamentals of Cosmetic Surgery, room 301; Internal Medicine, room 310.

- Sunday, March 12: 7 a.m. to 8:45 a.m.: Residents’ Colloquium, Plaza Room B, San Francisco Hilton Hotel; 9 a.m. to 5 p.m.: Photobiology, Phototherapy, Photoprotection, room 301; Primer on Contact & Occupational Dermatitis, room 309.

- Monday, March 13: 9:55 a.m. to 2 p.m.: Residents/Fellows Symposium, room 131.

- Tuesday, March 14: 9 a.m. to 11 a.m.: Young Physician Issues & Solutions, room 304.

The meeting also will include poster exhibits and exciting dermatologic technical exhibits.

A Welcome Reception will be held for all attendees at the San Francisco Museum of Modern Art, Friday, March 10, at 7:00 p.m. to 8:30 p.m.
Reflections on the past year
by Sandra Marchese Johnson, M.D., chair, AAD-RFC

Congratulations to all dermatologists-in-training. The turn of the century brought many positive changes for us. To start with, the American Academy of Dermatology (AAD) Resident Physicians Committee has become the Resident and Fellow Committee (RFC). This means all AAD members in dermatology training, including dermatopathology and dermatologic surgery are now invited to take a more active role in our AAD activities.

The second piece of exciting change is that the RFC is no longer under the auspices of the Board of Directors but now is organized under the section on Health Policy, Practice and Research along with the Young Physicians Committee (YPC). This new structure now allows us to have a more active voice with health policy issues that affect our future and for a smoother segue into the YPC. The RFC now has a new liaison with the AAD. Debra Kroncke will assume other Academy activities and Sandra Peters will now assist with the RFC as staff liaison. We thank Debra for all her hard work, and look forward to working with Sandra.

Career planning
One of the greatest services that the RFC provides is help with choosing the right path in dermatology. The Residents Colloquium at the AAD Annual Meeting is a great way to hear respected experts in dermatology discuss why they chose their career path. (See story, page 1).

In addition, our mentorship directory is continuing to expand. The directory provides a great resource for those interested in finding a mentor in a subspecialty of dermatology or a certain region of the world. One way we accelerate interaction between dermatologists in training and expert dermatologists is through our direction and our relations with the Womens Dermatologic Society (WDS). One of the ways they help us is by providing opportunities for young dermatologists to spend time with more experienced dermatologists.

RFC representatives
Furthermore, the RFC sends representatives to the AAD Board of Directors, American Professors of Dermatology, Dermatology Teachers Exchange Group (Sandra Johnson, M.D., AAD-RFC chair); AAD Advisory Board (Michelle Bennett, M.D.); Accreditation Council for Graduate Medical Education (Shelley Russell, M.D.); American Medical Association, (John Doux, M.D.); Association of American Medical Colleges (Robin Carder, M.D., and Zoltan Trizna, M.D.); Council of Medical Specialty Societies (Kim Schulz, M.D.); Society of Pediatric Dermatology (Robin Carder, M.D.); and Womens Dermatologic Society (Catherine Quirk, M.D., and Rachel Sabbag, M.D.).

Communication vehicles
Have you visited the Residents News section in the Members Only area of the AAD Web site at www.aad.org? This section provides residents with important news and information, a fellowship directory, bulletin board for discussion of resident issues, e-mail service, and more. The Resident Roundup newsletter published three times a year and supported by a grant from Procter & Gamble, continues to be well received by resident dermatology physicians. This issue introduces a new design and expanded format with much news and information concerning residents.

Graduate membership
Graduate membership in the AAD is increasing. We now comprise 1304 of the 14,393 total AAD members. Working together and taking an active role in the AAD, we can continue to make a large and perhaps even a larger impact on the future of dermatology.

Sandra Marchese Johnson, M.D., is a third-year resident in dermatology at the University of Arkansas, Little Rock, Ark.
AAD rejects July/August exam date

The AAD Residents and Fellows Committee contacted the American Board of Dermatology (ABD) regarding the possibility of an earlier board examination date. The following is the Board’s response:

“Similar requests for an earlier administration date of the certifying examination have been submitted in the past, accompanied by letters explaining the residents needs and stresses in the current health care environment. The Board was sympathetic to these requests and deliberated at length in arriving at its decision, taking into account all the factors involved, which are cited below. Although a July or August date was not possible, the Board did agree to gradually move the administration of the examination to an earlier date in September or October. Because the Holiday Inn O’Hare could not always accommodate us for the dates we requested, in some recent years the exam has been administered a few weeks later that we wished. The Holiday Inn O’Hare has facilities that fit our examination requirements uniquely – we have not been able to find another hotel to match it.

Factors that have influenced this examination scheduling include:

1. The year round implementation of our examinations, i.e., the preparation and administration of the certifying examination in Dermatology as well as the subspecialty certifying examinations in Dermatopathology and Clinical and Laboratory Dermatological Immunology, the recertification examination, and the in-training examination.
2. The availability of the Holiday Inn O’Hare.
3. The commitments of the Board’s educational test consultant, the National Board of Medical Examiners. This organization assists us in the development and preparation of the certifying examination in dermatology.
4. The Jewish high holy days, which we avoid in scheduling the examinations. We recognize a July or August date would eliminate this problem.
5. Finally, and most important, is the concern of the Board that if the certifying examination were scheduled for early or mid summer, residents would begin their studying and preparation for the examination even earlier during their last year of training, thus interfering for a longer period with the performance of their duties during this PGY-4. This concern had been expressed by program directors in recent years and was noted back in the 50s and 60s, when the written examination was given in the spring along with the oral examination in the fall.

For all the above reasons, the Board concluded that the administration of the certifying examination could not be moved to a proposed earlier date in July or August.”

Harry J. Hurley, M.D., ABD Executive Director

AAD offers residents European meeting travel grants

The American Academy of Dermatology (AAD) offers travel grants in collaboration with the European dermatologic societies to residents, fellows or young dermatologists (within five years of completing residency).

Residents can apply for these grants to attend selected dermatological society annual meetings in England, France, Ireland, Italy or Scotland, as well as the European Academy of Dermatology and Venereology (EADV) annual meeting.

Details and nomination forms are sent annually to program directors and chief residents during September.

Scholarship recipients for 2000 are:

**British Association of Dermatologists**
- Burton Burkholder, M.D., Wake Forest University, Winston-Salem, N.C.;
- Joshua Fogelman, M.D., NYU School of Medicine, New York;
- Han Lee, M.D., Oregon Health Sciences University, Portland, Ore.;
- Elena Poulos, M.D., Sunnybrook and Women’s College, Toronto.

**EADV** — Kesara Borirakkhandayavat, M.D., Boston University School of Medicine, Boston, Mass.;
- Nikki Levin, M.D., Ph.D., University of Virginia, Charlottesville, Va.;
- Abrar Qureshi, M.D., Harvard Medical School, Boston, Mass.

**French Society of Dermatology** — Kyung Chae, M.D., Rush Medical Center, Chicago, Ill.;
- Michelle Choucair, M.D., Henry Ford Hospital, Detroit, Mich.

**Irish Association of Dermatologists** — Catherine Quirk, M.D., University of Pennsylvania, Pa.

**Italian Society of Dermatology** — Michael Camilleri, M.D., Mayo Clinic, Rochester, Minn.;
- Marguerite Germain, M.D., Walter Reed Army Medical Center, Washington.

**Scottish Dermatological Society** — Marta Van Beek, M.D., University of Iowa, Iowa City, Iowa.

“SYMPOSIUM” FROM PAGE 1

“New knowledge about the pathophysiology and treatment of dermatologic diseases is crucial for the future of our specialty,” said Anthony A. Gaspari, M.D., session director. “The mix of topics will allow dermatologists to learn about the latest clinical and basic science areas and to see how fundamental techniques are applied to clinical problems. In some cases, basic science advances have such profound impact on the understanding of a disease that it can change the way we think about a disease and the way it is treated. A number of the presentations are related to clinical trials of novel therapies for skin diseases, and present potentially new ‘breakthrough’ treatments.”

Symposium topics were selected by a panel of expert judges who screened the submitted abstracts and determined the best scientifically designed studies relevant to dermatology. “It is noteworthy that the presentations represent the hard work of the residents and fellows,” Dr. Gaspari said. “These trainees frequently are the source of significant innovation and play a critical role in executing the work and contributing to its success. Many of the future ‘star’ researchers of dermatology get their start in the resident/fellow’s symposium.”

The resident or fellow presenting the most outstanding paper at this symposium will be selected to receive the prestigious Everett C. Fox, M.D. Award. Last year’s winner was Paul S. Yamauchi, M.D., Ph.D., research fellow, division of dermatology, University of California at Los Angeles.
Report from AMA-RFS representative

Collective bargaining, GME on AMA-RFS Interim Meeting agenda

The American Medical Association Resident and Fellow Section (AMA-RFS) held its Interim Meeting in San Diego, Calif., in December. John Doux, M.D., the dermatology delegate to the AMA-RFS, reports highlights of issues discussed:

• Graduate Medical Education (GME) Funding. In the Balanced Budget Act of 1997 (BBA), Congress created two governmental bodies to address Medicare reform and GME funding. In March, the national Bipartisan Commission on the Future of Medicare disbanded without being able to forward its recommendations to Congress. The Medicare Payment Advisory Commission (MedPAC) issued its recommendations in August, which call for a new way of thinking about GME funding. They argue that the federal government, through Medicare, should pay for patient care, not for training residents. To calculate payments, MedPAC recommends eliminating the current method of financing direct costs such as resident and faculty salaries and benefits, and increasing payments related to costs of treating patients. They will soon issue guidelines on calculating payments. (Personal note from Dr. Doux: “This is an absolute disaster for dermatology.”)

• Funding for teaching hospitals has recently become more prominent. Several studies have shown the BBA is straining budgets at teaching hospitals. One study predicts that at least 100 teaching hospitals will be operating at a loss by 2002. Several Senate members have proposed changes that would provide additional funding to teaching hospitals. These proposals now appear to have widespread support.

• Resident finances and medical student loans. In July 1998, the US Court of Appeals handed down a decision indicating that the University of Minnesota does not have to pay FICA for residents because they are students, not employees. The decision was based on particular circumstances concerning the agreement between the state and the federal government when the state entered the Social Security program, and that the residents’ relationship to the University established that they were students. AMA has concluded that this ruling is not broadly applicable (and certainly will be subject to further debate in light of the recent NLRB decision). The AMA has been a long-time proponent for reinstating the deductibility of student loan interest. In 1997, Congress partially reinstated deductibility. It allowed a $1000 deduction for student loan interest in 1998 increasing to $2500 by 2001. This above the line deduction is tied to a meanest of $40,000 for individuals and $60,000 for couples. The amount of deductibility is gradually reduced for individuals with incomes above $40,000 but below $55,000.

• Workplace. Because of the events surrounding collective negotiations, the American College of Graduate Medical Education (ACGME) and other medical education groups have taken actions to improve working conditions for residents. The ACGME made several changes to their Institutional Requirements, including requiring a resident voting member on the institution’s GME Committee, changing several guidelines to requirements, requiring anonymous written evaluations for faculty and educational experiences, and requiring the institution to create an educational environment in which issues can be raised and resolved without fear of intimidation or retaliation

The meeting included a discussion of graduate medical education funding cuts, educational content and outcomes assessment, and residents’ ability to practice. The Federation of State Medical Boards is considering the requirement of three years of graduate medical education before applying for a medical license, and the requirement of clinical competency and successful completion of USMLE steps 1 and 2.

Several Senate members have proposed changes that would provide additional funding to teaching hospitals. These proposals now appear to have widespread support.

Collective Negotiations/ Housestaff Organizations

Collective bargaining and the formation of housestaff organizations were themes at the AMA Interim Meeting, reported Dr. Doux.

Since the National Labor Relations Board (NLRB) has issued its recent decision to consider housestaff as employees for purposes of collective bargaining, the RFS is working aggressively to increase resident representation within teaching hospitals by encouraging the formation of housestaff organizations.

In June, the RFS Physicians for Responsible Negotiations Governing Council, was among those urging the AMA House of Delegates (HOD) to form a national negotiating organization for employed physicians and eligible residents. This includes residents at public institutions who currently can collectively bargain and now includes residents with the recent NLRB decision. The HOD voted to create a national negotiating organization. As a result the AMA created Physicians for Responsible Negotiations (PRN), which as required by law will be independent from the AMA. However, the AMA assisted the PRN with its first constitution and appointed a majority of its initial governing body. Its constitution adopts by reference the AMA’s Principles of Medical Ethics and opinions of the Council on Ethical and Judicial Affairs (CEJA).

The group states it will not withhold essential patient care in order to settle disputes, and plans to use other tactics, including the power to communicate the clinical consequences of decisions in order to spread their messages. It will promote that a collective bargaining unit is only one option for resolving disputes.

The RFS supported residents at Tulane, Cleveland Clinic, and the Montefiore Medical Center in forming professional housestaff organizations that can work to resolve resident concerns without striking, and is currently working with residents at 15 other large academic medical centers.
DELEGATE NEWS

AAMC update

By Robin Carder, M.D., dermatology representative to the AAMC

The Association of American Medical Colleges (AAMC) Organization of Resident Representatives (ORR) held its 9th annual meeting Oct. 22-24, 1999 in Washington, D.C. The ORR is comprised of resident representatives from AAMC members of the Council of Academic Societies that represent either department chairs or program directors, accepting at least two representatives from each of the 24 general specialties recognized by the American Board of Medical Specialties.

The AAMC conference theme was “Closing the Gaps: A Resolution for the New Millennium.” The residents followed suit by focusing their programming on community service and on leadership. Recognizing the important role physicians play in the community as healers and leaders, time was spent in skill building sessions on communication and in exploring medicine as a calling. Attention was also given to the health care financing system and debt management for residents.

G. Scott Morris, M.D., M. Div., executive director, Church Health Center, Memphis, Tenn. gave an inspiring talk on physician commitment to the community, and how he fulfills his mission through the Church Health Center. An afternoon open forum period was given over to small group discussions focusing on three “hot” topics. Summaries of these reports will be used by the incoming administrative board in the development of the ORR1999-2000 agenda. The topics were:

- **Houseofficer Organizations:** what works and what doesn’t.
- **“Right Sizing” residency programs:** what are the issues and what are possible resolutions.
- **Communication and education:** how can the AAMC best communicate its resources and information to the resident community, and educate residents about the process of and players in graduate medical education.

Practical advice for career planning

Resident Roundup asked Alexa Boer Kimball, M.D., member of the AAD Young Physicians Committee and former chair of the AAD Resident Physician Committee, about what she considered before beginning her career as clinical fellow at the National Institutes of Health (NIH) in Bethesda, M.d. Dr. Kimball offers the following career advice in order to help residents select from among the broad array of professional choices in dermatology.

Q: How did you decide your career path and what steps did you take to get where you are?

A: The short answer is serendipity, mentorship, and self-knowledge. Luck and openness to new ideas always play a role. In my case, I was at an American Academy of Dermatology (AAD) meeting when I heard Dr. Maria Turner give a lecture. I was so inspired that I contacted Dr. Turner a few weeks later and asked her if I could spend a month working with her. I knew that although I wanted to do research, I also knew from my previous experience that bench work wasn’t the right place for me.

Over the next month, I worked with the NIH Dermatology Branch to craft a new kind of fellowship, one that focused on how to design and implement clinical trials. But in order to find or create the right fit, you have to know yourself — what interests you, what pace of work you like, how much interaction with colleagues, staff, patients, makes you tick.

Q: How can residents best discover or get information on practice options, how to interview for a job, negotiate a contract or understand managed care?

A: Don’t recreate the wheel. There are multiple publications by organizations ranging from the American Medical Association to the AAD to the American Association of Medical Colleges (AAMC) filled with practical advice. Much of this literature is not specific to dermatology, but it’s often applicable.

Make sure to interview broadly; you’ll learn more about the key questions to ask, get a better sense of how to best present yourself, and find out more about what you want.

Q: What career preparation advice, suggestions or tips can you offer residents?

A: The last seven years for you have likely been very focused — now is the time to get a broader view. Talk to those people you admire. Ask them how they got to where they are. There is nothing more flattering than being asked that question — and you may be surprised at how willing people are to talk to you in an open and forthright way. I also never hesitated to go on interviews to see places or talk about jobs, even unlikely ones, because I always learned something in the process. The AAD Annual Meeting is always a great way to find people doing interesting things and to network, and the Resident’s Colloquium always offers much helpful career advice.

Q: What other information would be helpful to residents regarding career planning?

A: Get involved! Residents are often offered unique and privileged chances to participate in many aspects of organized medicine. It’s a great way to observe role models in action and get to meet and work with them as well. Propose a plan: if you want to do something special or a little different, think it through, write up your wish list. You are much more likely to get what you want if there’s a template to work from.

Web sites with helpful career and medical information for residents and fellows:

- **AAD:** [www.aad.org](http://www.aad.org) offers a special Resident News section with the resident newsletter, committee listing and mission statement, fellowship directory, mailing list, and a discussion forum.
- **AMA:** [www.ama-assn.org/freida](http://www.ama-assn.org/freida) offers residency information.
- **AAMC:** [www.aamc.org](http://www.aamc.org) Site includes government affairs, news, student information, publications, meetings, medical education, research, and health care information.
- **NIH:** [www.grants.nih.gov/training/resources](http://www.grants.nih.gov/training/resources) offers NIH research training opportunities and career resources.
**LEGISLATIVE UPDATE**

AKs, office-based surgery top AAD’s legislative efforts; conference planned

**Here is a brief update on activities coordinated through your American Academy of Dermatology (AAD) government affairs office:**

- **Actinic keratoses coverage policy**
  A meeting was held mid-January with Hugh Hill, M.D., director of the Medicare Coverage Advisory Committee at the Health Care Financing Administration, concerning AAD’s desire for a national coverage policy for actinic keratoses. Additionally, AAD staff is meeting with congressional leaders to brief them on Academy efforts.

- **Access to dermatopathology services**
  House and Senate conferees are meeting to work out the differences between their competing versions of managed care legislation. AAD is working to have language included in this legislation that would guarantee patients access to pathology services, including dermatopathology services. Final resolution of the managed care legislation is expected in the spring.

- **Office-based surgery**
  There are currently three states with substantial legislative or regulatory activities on office-based surgery. A Florida Board of Medicine ruled that an office-based surgery be awarded to third-year dermatology residents. Awards up to $3,000 each can be given for the federal legislative process. Florida will likely see legislation on this issue in its 2000 legislative session.

- An office-based surgery bill is also pending in New York, and California is in the process of promulgating rules in regard to office-based surgery.

**2000 AAD Washington Conference**

The schedule for the 2000 AAD Washington Conference has been finalized. The Conference will provide AAD members the opportunity to have a direct impact on the federal legislative process.

The Conference will begin the evening of Sunday, June 4 with a Welcome Reception. Monday, June 5 will begin with a breakfast speech by a leading member of Congress on current events in Washington. The morning will include a panel on the current health care issues followed by a presentation on current dermatology issues in Washington.

In the afternoon, AAD members will fan out across Capitol Hill to meet with their Senators and Members of Congress.

The Academy will be paying for the travel costs to attend this conference, but only for a limited number of participants. If you are interested in attending the Washington Conference, call John Barnes, associate executive director for Government Affairs and Health Policy at the AAD, 202/842-3555 or e-mail: jbarnes@aad.org.

**WDS offers mentorship program**

The Women’s Dermatologic Society (WDS) is offering mentorships for the 2000 academic year. Awards up to $3,000 each can be awarded to third-year dermatology residents, dermatology fellows, or dermatology junior faculty to enable study with a dermatology mentor. To qualify, either the applicant or the mentor must be a woman.

The mentorship program is designed to enable young dermatologists to acquire additional academic or leadership skills that will further their careers as leaders in dermatology that may not be available at their training institutions. The program has been a great success, and has funded nearly 102 grants in the last seven years.

The program is sponsored by an educational grant from Dermik Laboratories, Inc. For more information, contact the WDS at (847) 330-9830; fax (847) 330-1135 or email: estreu@aad.org.

Completed applications must be received by May 16. Awards will be announced by June 16.

**CALENDAR**

2000 Board Review Courses

Disclaimer: The AAD does not endorse these courses. Participation in these courses does not ensure passing the American Board of Dermatology (ABD) certification exam. The completed application for certification must be filed with the ABD before May 1 of the year in which you plan to take the exam.

- **May 20-21** Dermatopathology Pre-Board course, Cincinnati, Ohio.
  For more information: David Barron, M.D., director, or Sandra Tienney at (513) 745-8330.
- **Sept. 8-10** Galderma Laboratories, Inc., Pre-Board Slide Seminar, Rosemont, Ill.
  For more information: Brent Peterson, P.O. Box 331329 Ft. Worth, TX 76163 (817)263-2600, Fax: (817)263-2609; e-mail: brent.petersen@galderma.com.

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