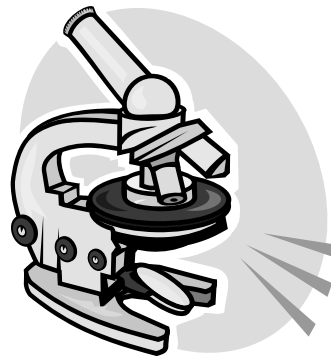


FROM THE PRESIDENT

Martha Rivera, M.D.

MEDIA VS. MEDICINE

Recent articles in local papers, including the *Los Angeles Times*, repeat too many canards that frighten and misinform people with unproven allegations against modern vaccination practice. Pediatricians are challenged enough

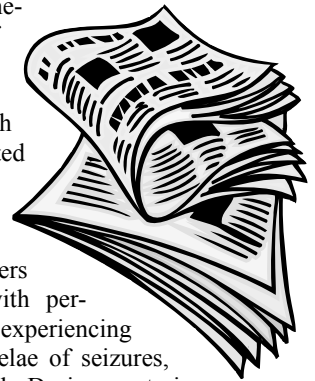


by constraints imposed on us by HMOs, Hedis, and other governing bodies on how to manage our patients. It is excessive that we must meet another hurdle: defending our practice of medicine against unsubstantiated

articles published in local newspapers and the on the Internet about immunization practice. Sensationalism may sell subscriptions but the papers owe their readers more than biased views without any scientifically-based research data.



The media frenzy draws in vulnerable patients: such articles do perpetrate a fear of immunizations. These often anecdotal stories of very individualized cases are deleterious to the care of our children. The lack of adequate information about the health risks associated with not vaccinating those at risk of acquiring horrendous infectious diseases abnegates any pretense of journalistic balance. They are derelict to ignore the risks of death and morbidity associated with the diseases we work so hard to prevent.



Most of my readers have seen children with pertussis, cyanotic and experiencing the "whoop," the sequelae of seizures, encephalopathy, or death. During my training in infectious disease, I saw a child with epiglottitis and meningitis associated with *Hemophilus influenzae* B; strep pneumo meningitis with effusions in the CNS. I saw the profound morbidity in the survivors of this devastating disease. Working in the emergency room I recall the nurses running back to the ER from the triage with a child with meningococemia only to see the child die before IV access was acquired. I saw a child with hemorrhagic varicella and flesh eating bacteria associated with secondary bacterial infection with Group A strep. What kind of public health nightmare are we

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FUTURE MEETINGS

April 14-17, 2005
*16th Annual Las Vegas Postgraduate
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Sponsored by AAP California
Chapter 2 and the AAP
The Flamingo Hotel, Las Vegas, Nevada
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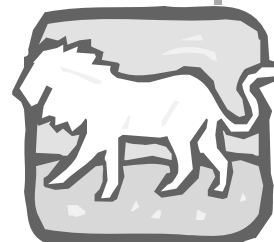
May 11, 2005
*LAPS Annual Spring Meeting and
Parmelee Lecture*

*Celiac Disease: Past,
Present and Future*
Sponsored by LAPS
Castaway Restaurant & Banquet Center,
Burbank, California
(310) 540-6240 or email
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See page 3

September 22-25, 2005
*62nd Annual Brennemann Memorial
Lectures*

Sponsored by LAPS
Bahia Hotel
San Diego, California
(310) 540-6240 or email
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See page 11

November 17-20, 2005
*Pediatric Update, 27th Annual
Las Vegas Seminars*
Hosted by American Academy of
Pediatrics,
California Chapters, 1, 2, 3 & 4
Venetian Hotel, Las Vegas Nevada
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From the President continued from page 1

to expect if our patients stop vaccinating because doctors in the community are unable, or, more disturbingly, unwilling, to abide by the standards of care as outlined by the AAP and the ACIP?

A recent article seems to glorify a local physician's practice of generally not immunizing children except to the schedule of parental request. Such rot will not masquerade as science to a doctor, but some physicians believe that their patients will benefit from a herd immunity effect. I think these physicians are playing with the safety of the young.

Many parents are now educated by the media and the Internet for their healthcare. Who are the authors of the articles and Internet links? What is their motivation? We must defend the practice of immunizations against the rumor and fear-mongering of the Internet and news venders. We must educate our parents about the validity and the scientific basis for vaccination our children. We must discuss the great risks associated with not immunizing our children and discuss the devastation, morbidity, and mortality that could remanifest if current best practices are withheld. I firmly believe that we practicing health care givers should make answer to the editors of these uninformed articles. Editors must know the extent of their disservice. They threaten our most vulnerable patients with preventable infectious disease. Explaining the consequences of non-vaccination would be more of a service to the public to whom the media is a major source of information.

**Welcome
New LAPS Members!**

Jeremy F. Shapiro, MD
Los Angeles

Alicia Ann Briggs, MD
Los Angeles



THE ANNUAL SPRING MEETING AND PARMELEE LECTURE



Wednesday, May 11, 2005

Castaway Restaurant & Banquet Center
1250 Havard Road, Burbank CA 91501

Reception: 6:30 pm — Banquet: 7:00 pm — Lecture: 8:00 pm

PROGRAM SPEAKER

MICHELLE PIETZAK, M.D.

Assistant Professor of Pediatrics, Childrens Hospital Los Angeles, Division of Gastroenterology and Nutrition, Los Angeles, CA

TOPIC

CELIAC DISEASE: PAST, PRESENT AND FUTURE

Celiac Disease is now thought to be one of the most common chronic diseases and it continues to be underappreciated. Dr. Pietzak promises to provide up-to-date information on the diagnosis, treatment, and prognosis of children with the disease.

REGISTRATION

ANNUAL SPRING MEETING AND PARMELEE LECTURE

ADVANCE REGISTRATION — LAPS ANNUAL SPRING MEETING AND PARMELEE LECTURE
Wednesday, May 11, 2005

Name
Street
State / City / Zip

Tuition Fee before 4/11/05 — BANQUET AND LECTURE

Physician, Member LAPS — \$50.00
Physician, Non-Member — \$75.00
Allied Health Professionals — \$50.00
Pediatric Residents (hospital) \$30.00
Non-member Pediatrician new to area in 2004/2005 — \$30.00

Banquet Choice: Beef Chicken Vegetarian

Tuition Fee before 4/11/05 — 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 2004/2005 — \$10.00

Tuition Fees for Banquet and Lecture and Lecture Only after 4/11/05, add \$10 to each category

Checks payable to: LAPS and return to: PO Box 4198, Torrance CA 90510-4198
For additional information: 310/540-6240, bcarr@lapedsoc.org



ITCHING AND SCRATCHING REVISITED

Marshall G. Goldberg, M.D., FAAP, FAAAA&I, Program Chairman

Approximately three weeks ago, I attended Pediatric Grand Rounds at Childrens Hospital of Los Angeles. The subject was “The Allergic March” and it was elegantly presented by Mark Boguniewicz, M.D., a highly respected pediatric allergist from National Jewish Hospital and the University of Colorado. Dr. Boguniewicz discussed a most interesting study in which atopic infants with eczema were to be treated with long-term topical pimecrolimus (Elidel) with the hope that this early intervention would lower the risk of the later development of allergic respiratory disease, especially asthma. He cited some earlier work from Germany which supported that hypothesis and mentioned that a large collaborative study was now or soon to be underway in this country which hoped to support or disprove that possibility. This would necessitate a large population sample and years of observation before any meaningful conclusions could be reached.



During the Q&A period following this excellent lecture, I asked Dr. Boguniewicz specifically as to whether he was concerned about the safety of this immuno-modulator vehicle, especially with regard to increasing the risk for malignancies, specifically lymphomas.

He was most reassuring at that time, stating that the evidence to date strongly suggested there was no increased risk as compared to a population not treated with Elidel.

On Friday, March 11, 2005, the American Academy of Allergy Asthma & Immunology(AAAA&I) and the American College of Allergy, Asthma & Immunology(ACAAI) jointly sent a bulletin to their respective memberships with regard to a warning issued by the FDA’s Pediatric Advisory Committee during its February 15, 2005 meeting. At this meeting, findings of cancer in three different animal species were reviewed. The data showed that the risk of cancer increased as the amount of the drug given increased. The data also included a small number of reports of cancers in children and adults treated with Elidel or Protopic.

Consequently, the FDA’s Public Health Advisory now specifically advises physicians to consider the following:

- Elidel and Protopic are approved for short term and intermittent treatment of eczema in patients unresponsive to, or intolerant of other treatments.
- Elidel and Protopic are not approved for use in children younger than two-years-old. In clinical trials, infants and children younger than two-years-of-age treated with Elidel had a higher rate of upper respiratory infections than those treated with placebo cream.
- Elidel and Protopic should be used for short periods of time, not continuously.
- Children and adults with a weakened or compromised immune system should not use either drug.
- Use the minimal amount of these agents to control symptoms.

- The AAAA&I and ACAAI have established a joint task force to analyze the available data and to prepare clinical guidelines.

Having reviewed this, I must confess I am most disheartened at this developing situation. We thought and hoped we had a non-steroidal that would be both effective and safe. I am also disappointed because of the numerous reassurances by many experts in the field of pediatric dermatology that Elidel and Protopic could be safely used, even in infants. I am especially concerned about the future health of our young patients with eczema, whom in many cases were prescribed one or both of these agents as we were certain as to

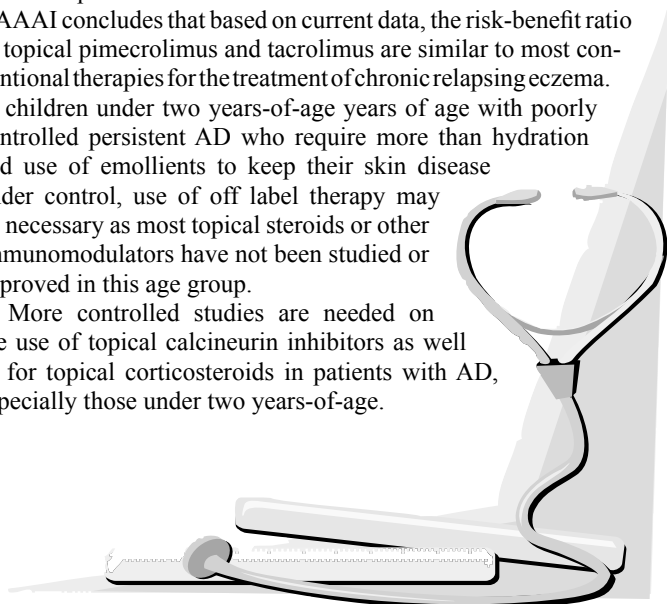
their safety and efficacy.

Chloromycetin, Thalidomide, Celebrex. Where will it end but more importantly, how do we begin? We begin by reading, attending lectures and staying alert. For these reasons I urge the membership to attend the Parmalee Lecture on May 11, 2005. Michelle Pietzak, M.D. will address the increasingly important issue of celiac disease and the Brenemann Lectures on September 22-25, 2005 in San Diego. We have an outstanding faculty.

As stated, the American Academy of Allergy, Asthma and Immunology and the American College of Allergy and Asthma published a report on the use of pimecrolimus (Elidel) and tacrolimus (Protopic) in the treatment of eczema. Their conclusions are: None of the information provided for the cases of lymphoma associated with the use of topical pimecrolimus or tacrolimus in AD indicate or suggest a causal relationship. There is no evidence of systemic immunosuppression. When data was adjusted for time on medication, pimecrolimus was not associated with increased prevalence of systemic infection.

The Topical Calcineurin Inhibitor Task Force of ACAAI and the AAAAI concludes that based on current data, the risk-benefit ratio of topical pimecrolimus and tacrolimus are similar to most conventional therapies for the treatment of chronic relapsing eczema. In children under two years-of-age years of age with poorly controlled persistent AD who require more than hydration and use of emollients to keep their skin disease under control, use of off label therapy may be necessary as most topical steroids or other immunomodulators have not been studied or approved in this age group.

More controlled studies are needed on the use of topical calcineurin inhibitors as well as for topical corticosteroids in patients with AD, especially those under two years-of-age.

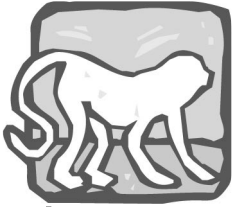
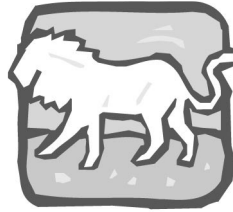


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Presents the



**62nd ANNUAL
BRENNEMANN
MEMORIAL LECTURES
SEPTEMBER 22-25, 2005**



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

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fax: (310) 543-2375

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ANGELA ANDERSON, MD

Associate Professor of Pediatrics, Brown University Medical School; Attending Physician and Toxicologist, Hasbro Children's Hospital, Providence, Rhode Island.

WILLIAM A. LUTIN, MD

Professor of Pediatrics (Cardiology), Director, Pediatric Cardiac Diagnostic Laboratories and Pediatric Cardiology Fellowship Training Program, Medical College of Georgia, Augusta, Georgia

LARRY K. PICKERING, MD

Senior Advisor to the Director, National Immunization Program, Centers for Disease Control and Prevention, Atlanta, Georgia

FRANK R. SINATRA, MD

Professor of Pediatrics, Keck School of Medicine, University of Southern California; Head, Pediatric Gastroenterology, Women's and Children's Hospital, Los Angeles, California

BARRY ZUCKERMAN, MD

Professor of Pediatrics and Public Health at Boston University School of Medicine, and Chief of Pediatrics, University's teaching hospital, Boston, Massachusetts

Accreditation

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.

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***FRIDAY, SEPTEMBER 23, 2005** San Diego Zoo excursion: Limited to the first 100 people.
\$60.00 adults \$40 children (3-11) N/C (2 & under)
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 4198 Torrance, CA 90510-4198. *We regret credit cards cannot be accommodated.*

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

Your check or credit card is acceptable in payment.
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Signature

150 rooms are available to registrants at the special rate of \$149 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 23, 2005 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.**



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 \$75.00 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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2004 Hospitals

Arrowhead Regional Medical Center, Colton
Cedars-Sinai Medical Center, Los Angeles
Childrens Hospital Los Angeles
Harbor-UCLA Medical Center, Torrance

Huntington Memorial Hospital, Pasadena
Kaiser Foundation Hospital, Harbor City
Kaiser Foundation Hospital, Woodland Hills
King/Drew Medical Center, Los Angeles

LAC/USC Medical Center, Los Angeles
Olive View Medical Center, Sylmar
Santa Monica Hospital, Santa Monica
St. Mary Medical Center, Long Beach

Tarzana Medical Center, Tarzana
UCLA Medical Center, Los Angeles
White Memorial Medical Center, Los Angeles

LOS ANGELES PEDIATRIC SOCIETY

Mission

The mission of the Los Angeles Pediatric Society is to improve the health and well-being of infants, children, and adolescents through the collective efforts of its membership and to provide an organization for professional communication, education, and fellowship. 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 in the Los Angeles Pediatric Society. Members residing outside of California are affiliate members. For an application, see page 11 or visit www.lapedsoc.org.



History

The Los Angeles Pediatric Society was organized January 19, 1934 as the Pediatric Section of the Los Angeles County Medical Association. There were 47 charter members. In 1970, the society withdrew from its association with the Los Angeles County Medical Association and became an independent organization. Today, with over 1,200 members, it is the oldest and largest independent pediatric society in the world.

The society sponsors a number of annual meetings, including the Annual Brennemann Memorial Lectures (started in 1943) and Annual Parmelee Memorial Lecture (started in 1962). For information on the 2005 Brennemann Memorial Lectures, see page 5. For information on the 2005 Parmelee Memorial Lecture, see page 3.

The Gene Black Summer Program provides high school juniors and seniors the opportunity to experience first-hand what it is like to work in a medical profession. A list of sponsors and participating hospitals appears on pages 6-7. To become a sponsor, complete the form on page 9.

FREE MEMBERSHIP

Free membership in LAPS until June 30, 2006 to all third-year pediatric residents graduating this June, 2005. Our gift to you. Just fill out the application on page 11 or at www.lapedsoc.org and return to PO Box 4128 Torrance, CA 90510-4198 or fax to (310) 543-2375.

DR. JIM SEIDEL MEMORIAL FUND



The Los Angeles Pediatric Society has established the Dr. Jim Seidel Memorial Fund in support of the Gene Black Summer Medical Career Program. Once the goal of \$25,000.00 is reached, we will issue a Dr. Jim Seidel Memorial Scholarship to one student in this program each summer. Selection of the student will be based on Hospital Counselor recommendations and the student's essay about their experience in the program.

Please make donations payable to the Los Angeles Pediatric Society, with "Dr. Jim Seidel Memorial Fund" in the memo section of your check and mail to P.O. Box 4198 Torrance, CA 90510-4198. Tax ID #95-2673275.

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GENE BLACK SUMMER MEDICAL CAREER PROGRAM

Would you like to participate in the Gene Black Summer Medical Career Program? Do so by giving your monetary support to:

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Donors will be recognized publicly in the newsletter. Donations of \$1000.00 or more will be recognized for five years from date of donation. (Make checks payable to the Los Angeles Pediatric Society and mail to P.O. Box 4198 Torrance, CA 90510-4198.)

WHAT HAS EMS DONE FOR YOU LATELY?

Paula Whiteman, MD, FACEP

Co-Chair, Committee on Pediatric Emergency Medicine

How much do you weigh? Actually, what does your child weigh? Does the person caring for your child at school or daycare know? How about the paramedic responding to the 911 call for your child or patient?

Typically in adult medicine, we assume that the average adult weighs 70 kg. I'm actually more like 55 kg, but that really wouldn't affect the dosage of medication given to me by a paramedic.

How about a child? Your child or your patient's child? My five-year-old daughter has gained 8 pounds in the last 16 months, but she has also grown 5 inches during that time. Now that is a topic for a different subject, which will be addressed at the annual Parmelee Lecture, Wednesday, May 11 at 6:30 pm. Because, yes, my daughter has celiac disease and adheres to a gluten-free diet. Celiac has a prevalence in this country of 1:133 individuals and over 90% of them do not know that they have the disease.

Back to EMS—when paramedics respond to an emergency, they used to have to rely on a parent's, a caregiver's, or their own weight estimates, which can be inaccurate. Now the paramedics have a weight based color coded tape, called the Broselow tape. It is a laminated strip that provides a weight estimate based on length with pre-calculated medication doses and tube sizes. Many emergency department's have resuscitation carts based on the Broselow color coded system. Each drawer in the cart is marked by a different color and has the appropriate tubes and devices arranged by size.

Recently, a retrospective study was done by EMS to assess the accuracy of medication administration. Before the color code system, the paramedic's were 9% accurate on the calculation of epinephrine in full arrest. After the implementation of the color code, drug calculation of epi in full arrest is 100% accurate.

The correct assessment of weight in an emergency is an important tool and that is what EMS has done for you lately.

Unpublished study information was provided by Erin Dorsey, RN, Pediatric Program Coordinator, Emergency Medical Services Agency.

IT'S TIME TO TAKE CHARGE AGAIN**Ron Nagel, MD FAAP****Attending Physician Cedars-Sinai Medical Center Assistant Clinical Professor of Pediatrics****David Gueffen/UCLA School of Medicine**

March 7, 2005 should have been a wakeup call for all pediatricians. In the *Los Angeles Times* Health Section article called "Doctor Contrarian" (March 7, 2005), a local area pediatrician, publicly went on record condemning the practice of vaccinating children. "We vaccinate in an unscientific and potentially dangerous ways," said the doctor. Surely this doctor is entitled to his own medical opinion, but what was most infuriating to me about the article was that these comments, which I hear weekly from my patients who quote their own homeopaths and naturalists, received no response, outrage, or rebuttal from the local pediatric community. If pediatricians do not defend their medical practices when they are in harm of defamation and disgrace, then they are doomed to fail in their advocacy of excellence in pediatrics and public health.

Of course one may contend that the opinion of the said doctor was nothing more than a minority opinion. Nevertheless, by not responding to these extremely public statements, we pediatricians are keeping ourselves in a silent majority. We are continuously losing power to influence our patients' understanding of medical and health related issues. Especially in pediatrics, where parents exhibit a desire to understand the issues facing their children, pediatricians are losing their professional hand. And unfortunately the recent *LA Times* article is not the only example of the dwindling respect for our profession.

Not a day goes by when a parent cites to me information he or she has found on the Internet. I am continually shocked when a parent will take a friend's recommendation over my own professional opinion just because a friend read something else on the Web. I am so tired of hearing parents quoting the Internet as if it is the Bible. Admittedly, our parent's generation accepted the doctor's opinion often without questioning, and that was too much of an extreme. But today the situation has been reversed. Our credibility continues to diminish despite four years of medical school studying intensively microbiology, immunology, pharmacology, and physiology, not to mention a three year pediatric residency.

So then why do we lack credibility in the public eye? One major reason might be that the minority, who are anti-vaccine, have better access to the media and thus have greater influence on public opinion. But the truth is we have been unsuccessful in promoting the veritable scientific findings that support vaccine usage. We must take charge once again. How is that the "researcher" Wakefield who publishes a paper linking autism to the MMR vaccine based only on 11 patients is on the front page of every major newspaper, and gets more credibility

than pro-vaccine advocates like Doctors James Cherry and Joel Ward (quoted in the *Times* piece), medical experts who have dedicated their entire life to the vaccination program. Why is it when investigators find that case study to be fraudulent, do the newspapers not carry the findings on a front page headline but bury it in the back, deep behind the sale ads? The future of pediatrics remains at stake.

We must become more vocal and determined to have the medical community respected. I fault myself and our pediatric community in particular for not being more openly supportive of vaccines. We are losing the propaganda war, and the children will be the victims of inferior medical attention. We need to seek out patients and those involved in the media who understand this, and help us reverse the damage done by the anti-vaccine community. True, no one can say that all vaccines are 100 percent safe, and this should be explained

I am continually shocked when a parent will take a friend's recommendation over my own professional opinion just because a friend read something else on the Web.

to parents. But benefits outweighing risks is what drives the medical community to decide what is important. With regards to the vaccine issue, pediatricians need to communicate that we are victims of our own success as you rarely hear of cases of polio, diphtheria, measles and whooping cough. But this can easily change as witnessed in some countries in Europe and Asia, where the decision to vaccinate was left to parents and other "Doctor Contrarians." Epidemics erupted, and the medical health once taken for granted was reversed. In fact, supporting an anti-vaccine policy like Doctor Contrarian is "unscientific and potentially dangerous."

Let us emphasize to parents how well trained we are and why, despite entitlement to their own opinion, a scientific opinion based on data-backed medicine better serves the need of their children. They need to understand that there is no one to better advocate health for their children than their pediatrician. Let us take pediatrics back to the state of reverence it commanded 20 years ago.

LAPS NEWSLETTER SUBMISSIONS

Here's your chance to express your ideas and opinions to fellow LAPS members. Submit articles of interest to other health professionals to LAPS, PO Box 4198, Torrance CA 90510-4198 or by email to bcarr@lapedsoc.org. Deadline for submission for the September 2005 issue is July 30. For more information, call Barbara Carr at (310) 540-6240.





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:* _____
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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.

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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:* _____
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Other Professional Training: _____

Hospital Staff: _____

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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
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Make checks payable to: los angeles pediatric society • P.O. Box 4198 • Torrance, CA 90510-4198



TO LEARN MORE ABOUT LAPS AND ITS PROGRAMS

Complete the following and return to Los Angeles Pediatric Society, PO Box 4198, Torrance, CA 90510-4198.

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Specialty

Certified Eligible

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. For an membership application, see page 11 or visit www.lapedsoc.org.

CLASSIFIED ADS

SPACE AVAILABLE

Space available for pediatric subspecialty in a well-established pediatric practice in West Los Angeles. Please contact: LAPS, Box 4198, Torrance, CA 9056-4198.

POSITION AVAILABLE

Wanted: Be/Bc pediatrician to join a thriving practice. Competitive salary and benefits. Full time, leading to partnership. Email pedsdoc2@aol.com

Classified ads are free to LAPS members and only ads from LAPS members are accepted for inclusion in the Los Angeles Pediatric Society News.



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