Welcome to a new year with the L.A. Pediatric Society. I have been with LAPS since 1978 (good grief) and am delighted to take over the helm as president this year.

Many changes have occurred over this time. Vaccines have changed the nature of the illnesses we see. High technology has changed the approaches we take to the diagnosis and treatment of diseases. Hospitalists have changed how we care for sick children.

Insurance companies have changed how we get to care for children, threatening to impact quality of care and definitely impacting reimbursement for care. Most of us have learned how to manage the quality issues so that our patients continue to receive the highest standard of care. This happens only because of our own firm resolve to accept no less than excellence for the children we see. Reimbursement that adequately compensates what we do is an ongoing dilemma. As we all know, this is important not simply for our own financial security but also because undervaluing our services suggests a lesser worth for children and child care at every level—an unacceptable position.

Changes in mass communication—including T.V., direct advertising to consumers, and internet medicine—have also had a tremendous impact on how our patients approach us and how we practice medicine. While this influence is both negative and positive, it is certainly here to stay and will become more dominant as future generations understand this as the norm.

Not only do our patients depend on the internet for information but more physicians now depend on it for convenient and inexpensive or free CME. LAPS has always placed providing high quality CME as a priority for our organization. What role do you want your organization to play in this area? Under the very able leadership of Dr. Marshall Goldberg we continue to provide well organized, informative, and timely CME programs. As costs rise and time constraints continue how do these programs fit into your schedules? Is another format/time more conducive to 21st century practices?

As we continue to move forward in the new millennium I would like us to step back and take a look at where we think we are going and where we would like to go as pediatricians in a large urban/suburban community. Please e-mail (natchez8@cox.net) or call me (310 939-7850), any of the other officers, or one of our dedicated administrative assistants (bcarr@lapedsoc.org or meosborne@lapedsoc.org) with your suggestions about our direction as a society particularly addressing how to fine tune our CME programs to be current with present day time and financial constraints. We look forward to hearing from you.
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2005-2006

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Future Meetings

May 17, 2006
Parmelee Lectures
Location and speaker to be announced.
Look for information in the mail and on www.lapedsoc.org

September 28-October 1, 2006
63rd Brennemann Lectures
Pediatric Pain, Death, & Dying
Disneyland Paradise Pier® hotel
Anaheim, California
bcarr@lapedsoc.org or meosborne@lapedsoc.org

2006 Parmelee Meeting Needs Your Input

What topics would you find of interest for the 2006 Parmelee and other future CME meetings?
If you have a particular topic in mind, do you know of a qualified speaker who can address this topic?
Any contact information you can give us for this person would be appreciated.

With your help, the Los Angeles Pediatric Society can continue to provide not only a means to acquire
needed CME credits but informative lectures that enrich the knowledge of pediatric health care profession-
als in areas they deem important in their work.

We value the opinions of the members and greatly appreciate any and all input you can provide.
Please email your suggestions to Barbara Carr bcarr@lapedsoc.org or Mary Ellen Osborne
meosborne@lapedsoc.org or you may mail, fax, or phone the Los Angeles Pediatric Society at:
PO Box 4198 Torrance CA 90503 Fax (310) 543-2375 Phone (310) 540-6240 or (310) 328-2036.
Thank you in advance for your assistance.

2006 Brennemann Memorial Lectures

Marshall G. Goldberg, M.D., FAAP, FAAAAI, Program Chairman

September 28-October 1, 2006

Save these dates for the 2006 Brennemann Lectures. We have
a great new location! As much as we’ve enjoyed San Diego’s
Mission Bay we’re looking forward to a wonderful new site—Disney’s
Paradise Pier® Hotel in Disney’s California Adventure Park. It’s a perfect
setting for all ages. We’ll have access to California Adventure Park and of
course, Disneyland. What could be more appropriate for a pediatric confer-
ence? We also are concentrating on an important area: Pediatric Pain, Death
and Dying. We’ll be able to satisfy the required CME hours necessary to
maintain licensure and perhaps equally important, address an area which we
fortunately do not commonly encounter. But for that very reason we need to
be familiar with skills when those tragic circumstances arise. I believe that
the subject matter presented will also give us valuable tools in dealing with
serious and perhaps irreversible instances where death is not the issue but a
strong possibility of serious sequelae is a real possibility. With the help of Lonnie Zeltzer, M.D., an expert in
pain management in UCLA’s program, we have assembled what in Dr. Zeltzer’s opinion may be the finest
group of speakers in this somewhat neglected area of pediatrics. The faculty will consist of Heather Krell,
M.D. (UCLA Psychiatry), Tonya Palermo, PhD, Gary Walco, PhD, Steven Weisman, M.D. (Anesthesia
and pain management) and Lonnie Zeltzer, M.D. We again have a stellar cast of speakers, a new exciting
location and an urgent topic. I look forward to a well attended informative and entertaining three days.
A topic for the spring Parmelee Lecture has not been selected at the time of this writing. I would wel-
come suggestions from the membership.
I’m looking forward to see in you all in Anaheim.
By the end of 2006, all physicians in California are required to fulfill twelve CME credits in pain management as mandated by the California State Legislature, Measure AB 487. Attendees will be able to satisfy their complete CME requirements by attending this meeting.

Faculty

HEATHER KRELL, MD Assistant Clinical Professor of Psychiatry and Pediatrics Block Chair, Human Biology and Disease Curriculum UCLA Neuropsychiatric Institute and Hospital David Geffen School of Medicine at UCLA, Los Angeles, California.

TONY PALERMO, PhD Assistant Professor (Secondary appointment), Department of Psychology and Peri-Operative Medicine, Oregon Health and Science University; Assistant Professor (Secondary appointment), Department of Psychiatry, Oregon Health and Science University, Portland, Oregon.

STEVEN WEISMAN, MD Jane B. Pettit Chair in Pain Management, Children’s Hospital and Palliative Care, Hackensack University Medical Center

GARY WALCO, PhD Professor of Pediatrics, UMDNJ, New Jersey Medical School. Director, The David Center for Children’s Pain and Palliative Care, Hackensack University Medical Center

STEVEN WEISMAN, MD Jane B. Pettit Chair in Pain Management, Children’s Hospital of Wisconsin; Professor of Anesthesiology and Pediatrics, Medical College of Wisconsin; Milwaukee, Wisconsin

LONNIE ZELTZER, MD Director, Pediatric Pain Program, Professor of Pediatrics, Anesthesiology, Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA, Los Angeles, California

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.

MEETING INFORMATION

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Anaheim, CA 92802
(714) 956-MICKEY

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Allied Health Personnel Category: $250 $300 $500 $750 $1000 $1250 $1500 $1750 $2000
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Special additional incentives for registration by August 15, 2006 (see above) 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.

63nd Brennemann Lectures Meeting Advance Registration

Name
Address
City, State Zip
Phone ( ) Fax ( )
Email

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)

Signature

60 rooms are available to registrants at the special rate of $149 (plus tax) per day single or double occupancy, plus resort fee of $10. These rates apply from September 26-October 1, 2006. Note: Special rates will be available only until September 2, 2006 or until all 60 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 Disney Paradise Pier® Hotel 1150 West Magic Way, Anaheim, CA 92802. Phone Number: (714) 956-MICKEY (6245).
COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE (COPEM) REPORT

Paula J. Whiteman, MD FACEP, Co-Chair, COPEM

Is your local Emergency Department Approved for Pediatrics (EDAP)?

Hospitals voluntarily participate in the Los Angeles County Emergency Medical Services (LAC/EMS) system which designates Emergency Department Approved for Pediatrics (EDAP) to receive ambulance traffic. Ambulances preferentially transport children to those facilities over non-EDAP hospitals.

Certification is based on the staffing of qualified specialists in emergency medicine or pediatricians experienced in emergency care. A majority of the nurses must have current certification in Pediatric Advance Life Support (PALS) or equivalent and maintain pediatric nursing education requirements, which may include a two-day Pediatric Emergency Nursing course. There must be a pediatric designated liaison nurse (PdLN) to oversee the application and quality improvement program, as well as additional equipment and ancillary personnel requirements.

Initially, 63 of the 82 LAC EDs were certified. That number has fallen to 44 out of 74 in LAC even with the addition of two certified hospitals, one in Ventura County and the other in Orange County. Some attrition has been due to hospital closure.

The Committee on Pediatric Emergency Medicine (COPEM) recently met to address the issues of hospitals wanting to pull out of the EDAP system. Hospitals that have relinquished status cited a number of reasons for opting out. They did not want to maintain the physician requirements, and were not willing to pay for the nursing educational and associated administrative costs. Some facilities have difficulty meeting the EDAP RN educational requirements due to the nursing shortage and the subsequent need to staff with traveling or registry nurses. Also if the hospital does not designate a PdLN as specified, then they may not be able to complete the application for the survey process or maintain the quality improvement program. On occasion, EMS withdraws certification if it is felt that the pediatric care provided does not meet the community standard of care.

The biggest issue now facing EMS and the EDAP program is that hospitals are pulling out because they are closing their pediatric units. This is devastating to our community. A hospital can be an EDAP without a pediatric floor. In fact, most EMS pediatric transports do not result in a hospital admission. Nevertheless, these hospitals do not want to chance prolonged pediatric stays in their EDs while attempting to transfer pediatric patients from their ED to an accepting hospital with an open pediatric bed. The transfer process may take hours while the pediatric patient remains in the ED taking up a bed that could be used for another patient. Obviously as hospitals close pediatric wards, the total number of pediatric beds in the system diminishes. Without the EDAP designation, those EDs would continue to receive pediatric patients as walk-ins, but not by ambulance.

As a group, the COPEM members who met to discuss these pressing issues included the director, medical director, and pediatric program coordinator of LAC EMS, the President of the Pediatric Liaison Nurses (PdLN) of LAC, the transport team director of Children’s Hospital Los Angeles (CHLA), the director of the ED of CHLA, additional physician representation from CHLA and Harbor/UCLA Medical Center, the Chair of the American College of Emergency Physicians (ACEP) national board and myself, Co-chair of COPEM.

We discussed changing the EDAP standards to make it easier for hospitals to comply. In addition, the PdLN president is working on a resource guide for hospitals. This would provide a list of the type of pediatric services each hospital provides as well as the number and type of pediatric beds in LAC. Pediatric patients do not need to be transferred only to children’s hospitals, which are frequently closed due to saturation. Excellent care is provided at many non-children’s hospitals.

Fortunately, the few hospitals threatening to drop out of the EDAP system will not create large gaps in geographic coverage, so that those children being transported should not have prolonged transport times. A map of the locations of the current EDAP hospitals will also be made available to committee members as to better examine potential geographic concerns in the future.

As a reminder, all Pediatric Medical Centers (PMC) and Pediatric Trauma Centers (PTC) are EDAPs; however, not all EDAPs have the additional designation of PMC/PTC.

COPEM welcomes any suggestions from the Los Angeles Pediatric Society members as to how to address the issues now facing our EDAP system.

LAPS Membership Directory

We are in the process of updating the LAPS Membership Directory, which is available for view or download from our Web site at www.lapedsoc.org. Please review your listing and submit any changes or additions to Barbara Carr (bcarr@lapedsoc.org) or Mary Ellen Osborne (meosborne@lapedsoc.org). You may also mail or fax the form below to the Los Angeles Pediatric Society at: PO Box 4198 Torrance CA 90703; Fax (310) 543-2375 or phone changes or additions to (310) 540-6240 or (310) 328-2036.

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LAPS is considering producing an expanded directory in CD format that will be mailed to members only. Would you be interested in such a directory? Yes No

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The 2005 Gene Black Summer Medical Career Program was a great success (see student excerpts and photos below) and now it is time to plan for the 2006 program.

The goal of the Gene Black Summer Medical Career Program is to expose high school students, regardless of economic background, to the medical field by allowing them to shadow health care professionals in hospitals and/or medical practices.

Unfortunately, the number of hospitals, doctors and counselors involved in the Gene Black Summer Medical Career Program has deceased over the years and consequently so has the number of students that we have been able to impact with this program. We hope to encourage intelligent and talented young men and women to commit themselves to the rigors and the joys of a career in medicine. With your guidance today’s students could be the tomorrow’s medical professionals.

But we can not accomplish this without your help. Please consider becoming a Hospital Counselor or involving your medical practice in this worthwhile program.

If you would like to learn more about having your hospital or practice involved in the 2006 Gene Black Summer Medical Career Program, please contact Barbara Carr bcarr@lapedsoc.org or Mary Ellen Osborne meosborne@lapedsoc.org or mail, fax or phone the Los Angeles Pediatric Society at: PO Box 4198 Torrance CA 90501 Fax (310)543-2375 Phone (310)540-6240 or (310)328-2036.

Harbor UCLA
Emily Chen
The Gene Black Summer Program has shown me that the ups of medicine definitely outweigh the downs. Contemplating my future, I cannot think of anything else that will challenge my mind and allow me to help others like medicine will.

Christina Johnson
I hope this program continues for many years, helping children like myself realizing their potential, because I know now I found mine.

Childrens Hospital
Joanna Renee Tripet-Diel
I am grateful to the Gene Black Program and to all the people responsible for it, since they have helped me and the many others who participate each year, to understand and experience many facets of the medical world. I am so glad I was chosen and would love to be a part of the programs as a doctor someday.

Stephanie Mejias
The experience I received from this program is one that I will cherish for a lifetime! It’s a wonderful program and I’m more than grateful to have been able to participate in such!

Arrowhead Regional Medical Center
Nerusha Abeyguneratne
This wonderful program helped me to confirm my life long dream of becoming a doctor despite some hardships that may come along with it. These experiences I obtained during the month at the hospital are irreplaceable and priceless.

Cedar-Sinai Medical Center
Demetric Wheeler
The Gene Black summer program is wonderful and I enjoyed that participants are not relegated to performing mundane tasks. It makes you realize why people enter the field of medicine.

Huntington Memorial Hospital
Jennifer Ngai
It was a program that taught me well; it opened my eyes to everything the medical field had to offer.
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.

Individual

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Eve Black
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In Memory of . . .
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By: Cynthia N. Baker, MD
Richard B. Castle
By: Gloria Castle, MD
Gene Black, Sheldon Lavin, MD,
Marvin Nierenberg, MD, Sanford
Ullman, MD
By: Jerome L. Lipin, MD
S. Randolph Edmonds, MD
By: Bett Jo Warren, MD
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by Richard MacKenzie, MD
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By: Katherine Galos, MD
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By: E. David Weinstein, MD and
Anita W. Weinstein, MD
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Bruckner, Bruckner, Brent,
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Jordan Weissman, MD and
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David Remoin
Patricia A. Rowe
Dr. & Mrs. Carlo A. Tabellario
Barton Wald
Anita Weinstein
E. David Weinstein
Shirley and Irv Whiteman
Lillie M. Williams

2006 Hospitals

Los Angeles

Huntington Memorial Hospital,
Pasadena

Kaiser Foundation Hospital, Harbor
City

King/Drew Medical Center,
Los Angeles

LAC/USC Medical Center,

Tarzana Medical Center,
Tarzana

UCLA Medical Center,
Los Angeles

White Memorial Medical Center, Los
Angeles

We regret the omission of any names. If you find an error, please call our office and we will print a correction in the next issue.
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:

MEDICAL CAREERS UNLIMITED 2005/2006 MEMBER

- Individual $50.00  - Donor $100.00  - Medical Group $100.00

If Medical Group Donation, list name and address of medical group and names to be listed:

In Honor of  ........................................... In Memory of  ...........................................

- Donor $100.00  - Circle of Friends $500.00  - Silver Circle of Friends $1000.00

- Golden Circle of Friends $2000.00  - Platinum Circle of Friends $5000.00

Name: ........................................................................................................................................

Street: ........................................................................................................................................

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

Tax ID #95-2673275

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.)

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.

Name: ........................................................................................................................................

Address: ........................................................................................................................................

Phone: ........................................................................................................................................ Email: ........................................................................................................................................
LOS ANGELES PEDIATRIC SOCIETY APPLICATION
37th ANNUAL — GENE BLACK SUMMER MEDICAL CAREER PROGRAM
July 5 -28, 2006 (4 weeks)

Applicants must be at least 16-years-old and a high school student. (Hospitals with * require students be 18-years-old.) This application must be signed by a high school official.

PLEASE PRINT OR TYPE

Name: _______________________________ Birth Date: _______________________________
Address: ___________________________ City: __________________ Zip: __________
Telephone: ________________________ Cell # __________________ Fax #: __________
E-mail ____________________________ School Grade at present (circle one): (10) (11) (12)

Ethnic Group (optional, for grant tracking purposes only)

High School Name, ___________________________________________________________________

High School Address ___________________________________________ Phone Number ___________

Extracurricular Activities and Interests: _________________________________________________________
_______________________________________________________________________________________

Honors or Honor Society Membership ___________________________________________________________

Academic and Career Future Plans: _____________________________________________________________
_______________________________________________________________________________________

In an Emergency Contact: _________________________________________________________________

Relation: ___________________________ Telephone: ___________________________ Address: __________
City: ___________________________ Zip: __________________

TO COMPLETE THIS APPLICATION: (These items MUST be included when mailing or faxing your completed application)

1. Write an essay of no more than one page about why you are interested in the program.
2. Attach one or more letters of recommendation from a school official (high school principal, counselor, teacher, or other professional) who is familiar with your abilities and interests.
3. If you need more space for “Extracurricular Activities an Interests” or “Honors or Honor Society Membership,” please write on a separate sheet of paper and submit with your completed application.
4. Have a school official sign the application below.
5. Your parent or guardian MUST sign the consent form on the back of this application.
6. The following is a lists of hospitals participating in our program this year. Please indicate your 1st and 2nd choice. The second choice will only be used if the first choice hospital is not available. Select carefully as you are responsible for your own transportation.

___________________________________________
Arrowhead Regional Medical Center, Colton

___________________________________________
* Cedars Sinai Medical Center, LA

___________________________________________
Childrens Hospital, LA

___________________________________________
Harbor UCLA Medical Center, Torrance

___________________________________________
Huntington Memorial Hospital, Pasadena

___________________________________________
Kaiser Hospital, Harbor City

___________________________________________
Kaiser Hospital, Woodland Hills

___________________________________________
King/Drew Medical Center, LA

___________________________________________
LAC/USC Medical Center, LA

___________________________________________
Olive View Medical Center, Sylmar

___________________________________________
St. Johns Hospital/Santa Monica Hospital

___________________________________________
“St. Mary Medical Center, Long Beach

___________________________________________
Tarzana Medical Center, Tarzana

___________________________________________
UCLA Medical Center, LA

___________________________________________
White Memorial Medical Center, LA

This program is best described as a shadow program. Students work under the supervision of a health care professional (Hospital Counselor) and get a realistic view of what it is really like to be a doctor, nurse, etc. Students selected will receive a stipend of $75.00 at the end of each week in the program. This is for bus, gas, food, and any other expenses needed to participate. This program is four weeks, Monday through Friday, about eight hours a day (no nights or weekends).

Student Signature ___________________________ Date ______________________

School Official Signature ___________________________ Date ______________________

Mail to: Gene Black Summer Medical Career Program
Los Angeles Pediatric Society, PO BOX 4198 Torrance, CA 90510-4198
Fax: (310) 543-2375

DEADLINE FOR APPLICATIONS IS MARCH 17, 2006
Applicants will be notified by the May 10 if accepted or not.

If you have any questions or need additional copies of this application or a brochure, call Barbara Carr (310) 540-6240, fax (310) 543-2375
8:30am-5pm, Monday through Friday only. Email bcarr@lapedsoc.org or mrosborne@lapedsoc.org Web site: www.lapsoc.org

YOUR ESSAY, SIGNED CONSENT FORM ON THE REVERSE SIDE, AND LETTERS OF RECOMMENDATION MUST BE RETURNED WITH YOUR COMPLETED APPLICATION.

LETTERS OF RECOMMENDATION RECEIVED SEPARATELY WILL NOT BE ACCEPTED.
As the parent or legal guardian of ("Student") _____________________________________________
I agree as follows:

1. I give my unqualified, unconditional, and express consent for Student to participate in the Gene Black Summer Medical Career Program sponsored by the Los Angeles Pediatric Society ("LAPS").

2. On behalf of Student and myself, I waive and release all claims of every type against LAPS, its members, and any persons associated with it regardless of whether any claim is based on intentional conduct, negligence, or any other type of act or failure to act by any person or entity, known or unknown.

3. On behalf of Student and myself, I agree to indemnify LAPS and all persons or entities associated with LAPS and to hold them harmless from any liability of Student, including but not limited to all costs, expenses, and attorneys’ fees.

4. In the event of an emergency and I cannot be reached, I consent to any medical care, treatment, or surgery necessary to Student if there is an accident, injury, or sickness of any kind. This consent does not mean that LAPS or any person or entity associated with LAPS is under any obligation to provide medical care, treatment, or surgery.

5. If any part of this consent and agreement is held by a court to be invalid or otherwise unenforceable, the remaining portions of this consent and agreement shall remain in full force.

6. I have read and understood this consent and agreement in its entirety and have had the opportunity to discuss it with a representative of LAPS. By signing this consent and agreement, I intend to be bound by it in its entirety. I acknowledge that neither LAPS nor any person or entity associated with LAPS is obligated to allow Student to participate in the Gene Black Summer Medical Career Program and that my signing of this consent and agreement is a condition of any such participation.

7. Prior to the start of the Program LAPS will require proof of immunizations plus tuberculosis test and a disclosure of medical/health problems and a list of any medication currently being used.

Dated: ________________________________

Signature of Parent or Guardian ________________________________

Parent’s or Guardian’s Printed Name ________________________________

Address __________________________________________

City ___________________________ State ______ Zip Code __________

Phone Number ___________________________ Cell # ________________

Email __________________________________________
Pediatricians as well as other physicians, surgeons, and licensed allied health professionals who have a particular interest and concern with the health and welfare of infants, children and adolescents are eligible to apply 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**

Academy and College members are urged to add affiliation initials after degree.

2. **Check preferred mailing address.**
   ☐ 1. **Street:** __________________________________________ **Phone:** ( ) ___________ **Email:** ___________
   **City:** __________________________________________ **State:** ___________ **Zip:** ___________
   
   ☐ 2. **Street:** __________________________________________ **Phone:** ( ) ___________ **Email:** ___________
   **City:** __________________________________________ **State:** ___________ **Zip:** ___________

A Directory of Members with listings by name and by city is published online at [www.lapedsoc.org](http://www.lapedsoc.org).

If you would like your full address and phone to appear, please check here: ☐

If you do not wish to be listed in the Directory of Members, please check here: ☐

**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 Specialty:** ___________

**Medical School:** __________________________________________________________
   **Year Graduated:** ___________

**Internship:** __________________________________________________________
   **Years:** ___________

**Residencies:** __________________________________________________________
   **Years:** ___________

**Other Professional Training:** ______________________________________________

**Hospital Staff:** __________________________________________________________

☐ **Private Practice: Total Years:** ___________ ☐ **Academic Practice: Total Years:** ___________

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

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

4. **References (Name of two physicians, preferably members):**

   1. __________________________________________________________
   2. __________________________________________________________

5. **☐ *LIFE MEMBERSHIP**

6. **☐ *LIFE MEMBERSHIP**

   **Date:** ________________ **Signature:** ________________

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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 4198, Torrance CA 90510-4198

Update 1/06
FREE MEMBERSHIP

Free membership in LAPS until June 30, 2007 to all third-year pediatric residents graduating this June, 2006. 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.

New Life member
Marna L. Geisler, MD, FAAP

New Member
Bradley Michael Bursch, MD

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.

Name .................................................................
Street .................................................................
City .................................................................
State / Zip ...........................................................
Phone .............................................................. Email ..................................................
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 are free to LAPS members and only ads from LAPS members are accepted for inclusion in the Los Angeles Pediatric Society News.