David D. Gossage, DO

Spring is almost here and with the change of season comes new life for the Colleges. If you have not already cast your vote for the Colleges’ elections, I would ask you to do so. These members devote their time and energy to become the new blood and leaders of our organization.

I would like to thank those program directors and residency trainers who attended the Fifth Faculty Development Course in Orlando this past February. There were many outstanding lectures and stimulating dialogue regarding residency training. The program directors and their faculty are the lifeline for our Colleges. Without them there would be no future members and our Colleges would eventually become extinct. I would encourage all residency trainers and those who might be interested in starting a new training program to attend next year’s meeting.

The Executive and Finance, Foundation, and Audit Committees met in Orlando as well. Business of the Colleges was discussed along with the financials. I can say the Colleges are strong financially and are functioning well under the present direction of our current Board of Governors, Executive Vice President, and staff.

During the February meeting a strategic planning committee met to begin stage one of three stages to help discuss issues important to the long-term survival of the Colleges. We are looking at issues that may impact the Colleges in the near future and the years to come.

As always, the Colleges are looking for new leaders and members to become involved. There are many committees and areas where members can give back to their organization. Many members can become involved with training of residents and medical students. Lectures and workshops at the ACA and Mid-year meeting are always welcomed. With the OCC (Osteopathic Continuing Certification), the AOBOO-HNS will be looking for help in exam writing and testing of members. If we don’t step up and take a lead in creating a successful OCC program by our membership, we may end up following a path driven by people outside our Colleges. We can no longer rely on the few members who devote their time and energy to this process. The demands are becoming larger as well as the workload. We, as the Colleges, need your help. Now is the time to step up and take charge of your destiny and become involved in the Colleges.

I am looking forward to seeing everyone in May in California. Safe travels and stay thirsty my friends.

Sincerely, David Gossage, DO, FAOCO

Mark Your Calendar for Our 2012 Meetings

96th Annual Clinical Assembly The AOCOO-HNS Foundation is holding the 2012 ACA at the Hyatt Grand Champions Resort in Indian Wells (Palm Springs, CA) on May 9th-13th. Hyatt reservation information has been e-mailed to all members. In order to reserve a room at the Hyatt, we recommend that you make your reservations well in advance. The ACA registration brochure is available at www.aocoohns.org—click on Meetings.

Residency Alumni Events During May 2012 ACA

ATTENTION ALUMNI EVENT ORGANIZERS Most residency alumni events are held on Friday evening, May 11th, during the Annual Clinical Assembly. For those alumni members who are organizing alumni events, a bulletin board will be available at the ACA Registration Area so that you will be able to post your specific alumni event information.

11th Mid-Year Seminar The AOCOO-HNS Foundation is holding the 2012 Mid-Year Seminar at the Hyatt Regency Dearborn in Dearborn, MI, September 8th-9th. The Council of Regional Representatives and the Council of Residents and Fellows will be holding their mid-year council meetings on Saturday, September 8th during the Lunch Hour. The Resident Forum will be held Saturday evening, September 8th from 5:30-8:00pm.

Book Your Room Reservation at the Hyatt Regency Dearborn Today!

https://resweb.passkey.com/go/AOCOO

Rates per night for guest rooms are $119.00/single or double, and reservations must be made by August 15th, 2012. After this date, the AOCOO-HNS Foundation cannot guarantee a room at our meeting rate.
WE NEED EACH OTHER – AS NEVER BEFORE

As a practicing physician one might state – “this is not what I signed on to do.”

There is no need to list all of the egregious requirements made of you, your staff, and your practice.

You are very much aware of the many things today that are required of you as a physician that are counterproductive, wasteful both in time spent and money, as well as energy. Nevertheless, they must be done.

It would be helpful for us to understand and accept those areas that we do have the ability to control to a large extent.

Certification and recertification examinations, Osteopathic Continuing Certification (OCC), CME courses, are our responsibility to conduct and maintain. Active, contributing members that work in our Colleges’ and Certifying areas are the ones that will be performing these necessary duties.

No other body has the ability or responsibility to perform these duties on behalf of our members.

The price that we pay is that we must have sufficient numbers of motivated members to step up and be involved in order to perform these tasks, now and in the future.

This support will ensure that our members are in compliance with all requirements for certification. And today certification is necessary for insurance reimbursements, institutional staff privileges, and probably state licensure in the future.

Our Strategic Planning Sessions are focusing on our near term needs and how to encourage all of you to accept with us – the fact that – THE COLLEGES NEED YOUR ACTIVE SUPPORT, and YES, YOU NEED US – NOW!

To all members we ask that you now make plans to contact our Colleges’ office and either volunteer for some activity that you would like to join, or ask how you may help to become involved in eventual Leadership roles.

AOA Recognition

By Carlo J. DiMarco, DO (left)

Prior to the conclusion of the AOA Board of Trustees Midyear Meeting, Martin S. Levine, DO (right), AOA President, hosted a special ceremony to honor the 20 osteopathic specialty societies who worked together to develop and sign onto the AOA-Specialty Affiliation Agreement. This important document codifies the relationship between the AOA and our specialty affiliates, as well as our responsibilities to each other, signifying an important step forward in strengthening the osteopathic family.

The AOA held a recognition ceremony with the presentation of certificates of appreciation to all those who signed the document: the American Osteopathic Academy of Addiction Medicine; the American Osteopathic College of Anesthesiology; the American Academy of Osteopathy; the American Osteopathic College of Dermatology; the American Osteopathic College of Emergency Physicians; the American College of Osteopathic Family Physicians; the American College of Osteopathic Internists; the American Osteopathic Association of Medical Informatics; American College of Osteopathic Neurologists and Psychiatrists; the American Osteopathic College of Occupational and Preventive Medicine; the American Osteopathic College of Orthopedics; the American Osteopathic College of Pathologists; the American College of Osteopathic Pediatricians; the American Osteopathic College of Physical Medicine and Rehabilitation; the American Osteopathic Association of Prolotherapy Regenerative Medicine; the American Osteopathic College of Radiology; the American Osteopathic Academy of Sports Medicine; and the American College of Osteopathic Surgeons. A similar document related to the specific needs of state osteopathic associations is slated to go before the Board at the Annual Meeting in July.
**AOCOO-HNS Contributes to the NOAC**

The AOCOO-HNS joined a specialty coalition of eight osteopathic societies in contributing to and naming a conference room of the National Osteopathic Advocacy Center (NOAC) in Washington, D.C. The “Osteopathic Specialty Society Conference Room” will be available for use by the AOCOO-HNS and other specialty societies. Each member of the specialty coalition gave a donation and will be featured on a plaque in the conference room.

The NOAC is meant to be the osteopathic medical profession’s home in our nation’s capital and a testament to osteopathic advocacy. The NOAC will feature conference rooms and offices for visiting DOs and AOA staff. It will also have an OMT Room for the use and promotion of OMT.

The NOAC has received a total of $309,500 to date.

**Specialty Coalition**
American College of Osteopathic Internists  
American College of Osteopathic Obstetricians & Gynecologists  
American College of Osteopathic Surgeons  
American Osteopathic Association of Medical Informatics  
American Osteopathic Academy of Orthopedics  
American Osteopathic College of Anesthesiology  
American Osteopathic College of Radiology  
American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery

**AOCOO-HNS Advocacy Division Report**
*By Kristin Reidy, DO, Chairman, kereidy@eyenm.com*

**AOA Bureau of Federal Health Programs (BOFHP)**
Paul Imber, DO, docimber@aol.com

The Bureau on Federal Health Programs (BOFHP) provides direction on the Federal legislative and regulatory activities of the AOA Department of Government Relations:
- The BOFHP studies and evaluates Federal health and education issues of interest to osteopathic physicians and those they serve;
- It ensures that the policies of the AOA and the directives of the Board of Trustees are followed and promoted;
- It provides timely information on Federal legislative and regulatory issues to the osteopathic medical community;
- It promotes the active involvement of members of the osteopathic medical community in grassroots activities that promote the interests of the community;
- It provides a forum for the recognition of the Osteopathic Heritage Health Policy Fellowship program and the Training in Policies Studies program.

The Bureau on Federal Health Programs shall consist of fifteen (15) members and their terms and structure are as follows:
- The Chair and Vice Chair shall be appointed annually from the membership of the Council by the AOA President and approved by the AOA Board of Trustees;
- Vacancies in the Council shall be filled by the AOA Board of Trustees for the unexpired terms.

**THE FOLLOWING STRUCTURE WAS APPROVED AT THE 2011 MIDYEAR MEETING FOR THE BOFHP**

3 – At-large Primary Care Representatives (staggered 3-year terms)  
1 – At-large Surgery Representative (staggered 3-year term)  
2 – At-large Specialty Representatives (staggered 3-year terms)  
1 – At-large Medical Education Representative (staggered 3-year term)  
1 – At-Large Public Member (2-year term)  
1 – Chair of the Bureau on State Government Affairs (1-year term)  
1 – Osteopathic State or Specialty Executive Director (1-year term)  
1 – New Physician in Practice (1-year term)  
1 – At-Large Intern / Resident Representative (1-year term)  
1 – At-Large Osteopathic Medical Student Representative (1-year term)  
1 – Chair of the Department of Governmental Affairs (1-year term) – (Ex-officio, non-voting)
**AOA DELEGATE**
Alvin Dubin, DO, addubin@yahoo.com

**The AOA’s Top 15 Objectives for FY 2012-2013:** This should be giving our Colleges a great insight to the AOA, their future goals and objectives, and our place in the overall plans of our parent affiliate.

- **Goal:** Maintain an Optimal Organizational Structure that Enables the AOA to meet its Mission
  - **Objective 1:** Analyze as part of the annual strategic planning process, the environment that surrounds the osteopathic profession with inclusion of input from the osteopathic affiliate organizations.

- **Goal:** Advance Osteopathic Medicine and Communicate about our Profession through Research
  - **Objective 2:** Increase utilization of the Clinical Assessment Program – Physician Quality Reporting System (CAP-PQRS) by 10% through partnership with state associations, specialty colleges, and non-practice affiliates.

- **Goal:** Re-Engineer the Osteopathic CME System to Meet the Needs of All Stakeholders
  - **Objective 3:** Prepare an information paper on the meaning of AOA Category 1-A credit, publish the paper in the JAOA Education Issue, and distribute the paper to specialty practice affiliates, divisional societies, and non-practice affiliates.
  - **Objective 4:** Review the current CME regulations regarding Category 1-A Internet-based CME and propose revisions to those regulations.

- **Goal:** Influence the Development and Implementation of Health System Reform
  - **Objective 5:** Ensure clear and relevant communication of advocacy activities to the osteopathic family on an ongoing basis.
  - **Objective 6:** Distribute information about the effects of the Affordable Care Act implementation on DO practices on an ongoing basis.

- **Goal:** Increase Public Awareness of the Osteopathic Medical Profession
  - **Objective 7:** Investigate multi-variable testing (MVT) for evaluation and implementation of marketing.

- **Goal:** Advocate for and Protect DO Practice Rights and Viability
  - **Objective 8:** Continue support of osteopathic involvement in CPT/RUC and other reimbursement processes on an ongoing basis.

- **Goal:** Strengthen our Partnerships with Osteopathic Affiliates
  - **Objective 9:** Develop a plan to disseminate information to educate members about osteopathic continuing certification (OCC) in order to be compliant with maintenance of licensure (MOL) requirements.

- **Goal:** Create an osteopathic culture at COMs
  - **Objective 10:** Develop a Plan and Budget to create an osteopathic culture at COMs
  - **Objective 11:** Identify opportunities to show the residency training and board certification options presentation.
  - **Objective 12:** Annually provide information on Resolutions 42 and 56 to encourage students and graduates to stay involved in the AOA and the osteopathic profession.

- **Goal:** Cultivate a continuum of osteopathic culture from college, to residency, to practice
  - **Objective 13:** Develop a marketing plan to promote osteopathic certification.

- **Goal:** Increase communications and electronic engagement of students, interns, residents and new physicians in practice
  - **Objective 14:** Develop a roadmap for students from matriculation to certification. The roadmap helps students understand the educational pathways before them and the benefits and weaknesses of each path.
  - **Objective 15:** Prepare a coordinated plan with metrics for President, new physician (resident), and Trustee visits to COMs. Visits should occur around orientation, COMLEX Level 1, COMLEX Level 2.
2011 Congressional Advocacy Day, April 7th, 2011 in Washington DC
- Approximately 15 DO ophthalmologists participated in the AAO Mid Year Forum and Ophthalmologist on the Hill Day/ Congressional Advocacy Day.
- A total of approximately 400 ophthalmologists met and lobbied their legislators in Washington DC on behalf of Ophthalmology and Ophthalmology patients.

2012 Congressional Advocacy Day will be April 25th & 26th, 2012

Medicare Pay Cut Temporarily Averted with Agreement on Tax Bill
- The 27 percent Medicare physician pay cut slated to hit Jan. 1 has been stopped, as Congress reached a deal on a bill that that extends payroll-tax reductions for two months and blocks the fee cut. This is a temporary reprieve, and a House and Senate conference committee will be tackling a longer-term agreement in January.
- The American Academy of Ophthalmology, the American Medical Association and other medical groups will continue to push for a permanent solution to the flawed sustainable growth rate formula that sets Medicare physician payments. The Academy will report more details on this ongoing issue in the first week of January.

Physicians to See Slight Conversion Factor Increase
- Physicians will receive a slight increase in Medicare pay as a result of the 2012 conversion factor released by the Centers for Medicare and Medicaid Services this week. While physicians get a zero percent update in a temporary Medicare pay fix included in legislation President Obama signed into law on Dec. 23, the new conversion factor reflects a 0.18 percent increase to $34.0376. The increase is the result of CMS adopting changes in work values by the AMA/Specialty Society Relative Value Scale Update Committee. Ophthalmologists in addition receive a 1 percent increase from the continued adoption of new practice-expense data that was championed by the Academy.
- Medicare claims are being held to give CMS time to develop new payment-rate files and Medicare contractors time to install and test the files. CMS anticipates that most contractors will be ready to process claims under the revised rates on or before Jan. 18. Contractors are expected to have the new rates posted to their websites by Jan. 11. Practices should file their claims as usual to avoid additional delays in payments.
- The 2012 conversion factor is in effect until Feb. 29, when the temporary Medicare physician pay fix expires.

Optometry Expected to Make Unprecedented Push for Surgical Privileges in 2012
- The Academy expects optometry to make a push for surgical authority in an unprecedented number of states in 2012.
- The AAO believes any expansion of optometric surgery privileges presents a serious threat to patient safety. With the majority of state legislatures convening this month, the AAO is encouraging members to actively participate in deterring optometric-surgery proposals that pose a threat to patient care.
- The Academy’s Surgical Scope Fund provides necessary resources to protect patients by fighting these legislative battles. Since its inception, the fund has been used in 26 states to preserve safe, quality eye surgery.

The AAO Opposes CMS Proposal to Base 2015 PQRS Penalties on 2013 Reporting
- The AAO is opposing the Centers for Medicare and Medicaid Services decision to impose penalties on physicians in 2015 for failing to successfully report measures for the Physician Quality Reporting System (PQRS) in 2013.
- The Academy disagrees with CMS’ assertion that it has the authority to impose penalties for program participation years before the penalties are statutorily mandated to occur. CMS’ decision to use 2013 PQRS data to determine penalties is complicated by the fact that physicians are required to switch to the ICD-10 code set in October 2013, in the middle of the PQRS reporting period. Because PQRS measures rely on diagnosis coding, physicians will have to adjust to new measure specifications well into the reporting year.
- The Academy believes physicians could be unfairly penalized in 2015 for reporting errors that are related to new measure coding. CMS announced its intent to base the penalties on 2013 reporting in the 2012 Medicare Physician Fee Schedule Final Rule.

Support Grows for Full-Time Ophthalmology Chief Post in the VA
- The AAO is calling on congressional advocates to educate every House member about H.R. 3216, the Veterans Health Administration Ophthalmic Service Establishment Act of 2011. The Academy is hopeful that all ophthalmologists will urge their House Congressman to co-sponsor H.R. 3216.
American Academy of Ophthalmology (AAO)’s Leadership Development Program (LDP)
Anne Ranelle, DO, annranelle@yahoo.com

AAO Leadership Development Program: OVERVIEW

Mission Statement
- The purpose of the Leadership Development Program is to provide both orientation and skill development to future leaders of state, subspecialty, and specialized interest societies.

Program Goals
- Identify individuals with the potential to become leaders in Ophthalmology.
- Provide orientation and skills to allow potential leaders to promote Ophthalmology locally and nationally.
- Facilitate the promotion of program graduates into leadership positions both locally and nationally.

Guidelines for Participation
- Only state, subspecialty, and specialized interest societies may submit a program participation nomination to the Leadership Development Program Selection Committee.
- A state, subspecialty or specialized interest society may nominate one Eye M.D. member to participate.
- Nominee must be a current member of the nominating state, subspecialty, or specialized interest society and must be a member in good standing of the American Academy of Ophthalmology.
- Nominee must have a minimum of three years membership in the nominating state, subspecialty, or specialized interest society.
- Nominee must agree to participate in all elements of the Leadership Development Program as noted in the program outline (i.e., attend all designated meetings, etc.).
- Nominee must agree to develop a project over the course of his/her participation in the program that will benefit the nominating state, subspecialty, or specialized interest society. Participant will identify and outline the project in January, and will submit an abstract describing the project goals, objectives, and status in August.
- Cost for participation will be shared by the American Academy of Ophthalmology, the nominating state, subspecialty, or specialized interest society and the individual participant
- Estimated annual Leadership Development Program class size: 18-20 participants.

- Participant Selection
  • The Leadership Development Program Selection Committee will review and select participants based on completed nomination forms.
  • Selected participants and their nominating state, subspecialty, or specialized interest societies will be notified by the Leadership Development Program Selection Committee immediately following the Committee’s participant selection decisions.
  • Nominees who are not selected for the Leadership Development Program class may be re-nominated the following year.

The AOCOO does not have a physician enrolled this year in the AAO Leadership Development Program this year, 2012. Historically a position has been made available every other year for the AOCOO to nominate a DO ophthalmologist for this position. There is no activity to report. Hopefully we will have a position available next year and a young DO ophthalmologist that is interested in participating in this worthy program.

American Academy of Otolaryngology-Head and Neck Surgery
Kirk Steehler, DO, Edward Scheiner, DO, & Paul Imber DO, (DO Representatives)
Most Recent Meeting: 2011 San Francisco, CA, September 11-14
Next Meeting: 2012 Washington, DC, September 9-12
Future Meeting: 2013 Vancouver, BC, September 29-October 2
**Ophthalmology Opportunities**

**CONNECTICUT**

- **Excellent opportunity available for Spring!** Submit CV for 2011 for the BC/BE fellowship trained glaucoma specialist with leadership qualities. Well established, successful ophthalmology practice with multiple offices and fellowship tracks.

**MARYLAND**

- Contact Vincent Marino, DO at 410-748-7777 or email vmarino@earthlink.net.

**KENTUCKY**

- Excellent opportunity to join a solo ophthalmologist desiring to slow down.

**OHIO**

- University Eye Surgeons has moved: 5187 US RT 80, Suite 6, Huntington, WV 25705—304-691-8800. Have 10,000 sq. ft, including two surgical suites, 18 exam rooms, 18 hour Huntsville—top do-date technology. The staff includes three ophthalmologists and one optometrist. Dr. Partezin is in cornea, Dr. Kranov is fellowship trained in glaucoma. University Eye Surgeons is a division of Marshall University School of Medicine. Students are welcome to rotate in this facility.

**OTOLARYNGOLOGY OPPORTUNITIES**

**ALASKA**

- ENT wanted. Kenai Peninsula, SW of Anchorage. Excellent salary and benefits. Call or email James, MD, DO, 220 View Drive, Kenai, AK 99611 at 807-283-5400 or email jzirul@aks.net.

**ARIZONA**

- 320 days of sunshine per year! Become part of a busy, expanding otolaryngology/head and neck/facial plastic surgery practice with full audiology services in the metropolitan Phoenix area. Seeking a BC/BE associate with early partnership opportunity to join our successful team. Competitive salary, good benefits and attractive lifestyle. Please contact Dr. David Mendelson at 480-849-5670 or fax CV to 480-464-4533. Email CV and letter of interest to infoguy@sw hospital.com.

- Join a rapidly growing ENT practice in the newer, expanding suburbs in western Phoenix. Near Cardinal’s stadium, many MLB spring training facilities, and Jobing Arena, a hotspot for events and sports.

**COLORADO**

- Affordable priced, beautiful master planned community provides plenty of indoor and outdoor recreation all year round. Great place for young families, with many recreational options, organizations, extra-curricular activities and clubs. Competitive salary with immediate opportunities for bonus. Limited ER/CC an ancillary services including full time audiology and allergy testing and immunotherapy, large referral base.

- Seeking BC/BE associate for busy multi-specialty practice in the Denver metro area with easy access to northern mountain and outdoor activities. Contact R. Borentsich, DO at rborentsich@hotmail.com.

**FLORIDA**

- Specialty medical clinic in Southside (Townlake) (TX). TX is seeking a board certified otolaryngologist to serve as the clinic’s medical director. This is an excellent opportunity for someone interested in innovative vision of patient advocacy in one of Texas’ premier communities. The position offers competitive salary plus performance incentives, $300,000+ annual income potential, no call, no weekends, full benefits package, excellent hours to ensure quality of life for you and your family, specialty care focus, practice in state-of-the-art equipment and facility, variable need. Interested candidates should call Steve Orlando at 512-351-4774 or send an email to steve@orsa.com or email to steve@neurosensorycenters.com.

**GEORGIA**

- General ENT needed in Atlanta. Immediate opening or 2010 position. Private practice in two-office group. Full benefit package. ER call 1-5 weeks. Fax resume to Hailey McIntyre at 678-837-7454.

**MASSACHUSETTS**

- Work in the heart of beautiful New England. Extremely busy practice in north central Massachusetts seeking associate. Currently one BC/BE associate with one additional BC/BE associate to fill. Excellentbase salary, full benefit package. Shared call with three other community hospitals. This is an excellent opportunity in a fantastic area to practice (Spotsylvania, New England). Please contact Dr. Daniel Ervin at (781) 874-7388.

**MISSOURI**

- Northwest Missouri practice opportunity. A busy two-physician practice seeking BC/BE otolaryngologist to join affiliated with a community-based hospital. Full benefit package. ER call 1-5 weeks. Fax cover letter to Dr. David N. Madsen at 313-745-5402.

**OHIO**

- Seeking an otolaryngologist for position/salary $336,000. Dr. Viggenhorn located in Troy, OH. The practice has a well-established facials plastic base. The practice has been in the location for 2+ years. Please contact or email: Dr. Viggenhorn at 937-748-0700 or drvig16@gmail.com or 623-910-4936.

- Sierra Valley ENT is seeking a BC/BE fellowship trained ENT to join our expanding practice in La Verne, CA. Valley is located in community-oriented, high profile areas with one of the offices adjacent to The Seven Hills Surgery Center. The new office is located next to the new Southern Hills Hospital. Practice is partnership and ASC option available. Contact Judy Activites and great opportunity for practice growth. Current solo physician will be retiring within 5 years.

**OKLAHOMA**

- ENT attending physician needed. Sign on bonus, salary guarantee, income opportunity, 10 hour coverage, working with Oklahoma State University Medical Center residents. Please call for details: Dan Frederick, MD at 405-717-4673; Dr. Mindi Bull at 918-361-4877; Dr. David Madsen at 918-408-5194.

**PENNSYLVANIA**


**OREGON**

- Premier Southeastern PA private practice of 4 physicians and 2 PAs seeking BC/BE otolaryngologist to join in 2010. Attractive salary and benefits package, early partnership opportunity and generous loan repayment offered. Excellent location and base of ENT and head and neck surgical services, separate allergy suite, 4 office locations, speech therapy and audiology services in the metropolitan Philadelphia area. Email CV at toddmaross@gmail.com.

**NEW MEDICAL DIRECTOR**

- Specialty clinic medical in Southside (Townlake) (TX). TX is seeking a board certified otolaryngologist to serve as the clinic’s medical director. This is an excellent opportunity for someone interested in innovative vision of patient advocacy in one of Texas’ premier communities. The position offers competitive salary plus performance incentives, $300,000+ annual income potential, no call, no weekends, full benefits package, excellent hours to ensure quality of life for you and your family, specialty care focus, practice in state-of-the-art equipment and facility, variable need. Interested candidates should call Steve Orlando at 512-351-4774 or send an email to steve@orsa.com or email to steve@neurosensorycenters.com.

**Otologyngology Fellowship Opportunities**

**FLORIDA**

- One-year clinical fellowship in otology-neuro- otology starting July 1, 2011 at the Ear, Nose, Throat, & Voice Center, Boca Raton, Sarasota, FL. Hands-on surgery, research and patient care including chronic ear cases and surgeries, otology surgery. Memiere’s disease, minimally invasive surgery, cochlear implants, implantable hearing devices, and acoustic tumors. Large temporal bone lab and medical library. Contact Herbert Silverstein, MD at jmsoss@einarus.com.

- NRI fellowship program at the National Retina Institute offering hands-on opportunities to hone diagnostic and surgical skills as a vitreoretinal specialist with a large patient base in the Baltimore-Washington-Virginia area. Contact Ruth Zeller via rzeller@bmgnri.com or call 410-443-2145.

- Refractive fellowship position available, LASIK Plus, Cincinnati, OH. Contact Vincent Marino, DO at 513-652-0568 or email marino@fuse.net.

- New Location
  - University Eye Surgeons has moved: 5187 US RT 80, Suite 6, Huntington, WV 25705—304-691-8800. Have 10,000 sq. ft, including two surgical suites, 18 exam rooms, 18 hour Huntsville—top do-date technology. The staff includes three ophthalmologists and one optometrist. Dr. Partezin is in cornea, Dr. Kranov is fellowship trained in glaucoma. University Eye Surgeons is a division of Marshall University School of Medicine. Students are welcome to rotate in this facility.

**Ophthalmology Fellowships**

- **FLORIDA**
  - Central Florida otolaryngology group is recruiting BC/BE otolaryngologist to join rapidly expanding practice. Two clinic sites, Leesburg and The Villages, and a new site opening in Clermont. CV to: practice.mgr@earthlink.net.

- **OHIO**
  - Otolaryngology fellowship opportunities available for any level of participation. New state-of-the-art facility and equipment. Associated with ASC and Hospital. The best that New England has to offer for excellence in surgery, 2-3 hours from NYC or Boston. Please email CV to dls2003stephens@yahoo.com.

- **OKLAHOMA**
  - ENT attending physician needed. Sign on bonus, salary guarantee, income opportunity, 10 hour coverage, working with Oklahoma State University Medical Center residents. Please call for details: Dan Frederick, MD at 405-717-4673; Dr. Mindi Bull at 918-361-4877; Dr. David Madsen at 918-408-5194.