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pulse

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

CATCHING UP WITH...

...**Scott S. Cyrus, DO, FACOP**



Recently, *Pulse* caught up with Scott Cyrus, just elected as a member of the Board of Trustees

of ACOP. For so long, he served so notably and conspicuously as ACOP's medical education director that many new members thought his middle initials were really C. M. E. Actually he was Director for five years and oversaw at least ten national education programs for ACOP – quite a record.

He said that one of the major things that work taught him was that “in ACOP, there are a lot of very intelligent and devoted people — individuals who held ACOP close to their hearts.”

Scott's career was always in the health field and always upwardly mobile. He took a tangential track into osteopathic medicine by climbing his own career ladder. Following his work as an orderly earlier in life, he became an Emergency Medical Technician, then earned a degree in Nursing. While working as the Nurse Coordinator for Orthopedics in the emergency department at one of Oklahoma's largest hospitals, he encountered DOs and sort of eyed an ultimate path to the field of orthopedics.

In the ER, he had met several DOs and was impressed with the osteopathic concept of treating the whole patient and it attracted his attention. With the encouragement of his father, who knew several osteopathic physicians, he entered Oklahoma College

of Osteopathic Medicine and Surgery (now known as Oklahoma State University College of Osteopathic Medicine), graduating in 1991. He followed medical school and internship with a stint as Chief Intern at Tulsa Regional Medical Center. Through all this, he met Stan Grogg and “when he asked me to apply for the Pediatrics residency, I was on my way.”

Over the years, he and Stan became close friends and Stan became one of his icons in pediatrics. Not only that, but Stan had been best man at Scott's wedding to Janell and, in fact, had introduced Janell to Scott. The couple now boasts of four girls and one boy; their 19-year old daughter is very interested in entering osteopathic medicine and would like some day to become a pediatrician like her father.

His other icon in pediatrics is Bob Hostoffer, ACOP's current President. Scott points out that “Bob is an excellent mentor and a great leader.”

Scott is Associate Professor of Pediatrics at the College of Osteopathic Medicine of Oklahoma State University Center for Health Sciences, at the Oklahoma University School of Medicine and at the Oklahoma College of Nursing. He is in private practice and prides himself on, as he says, “my focus on children with special needs.” With dedication and warm feeling in his voice, he adds, “I am privileged to be a part of helping unusual cases. It is ful-

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UPCOMING DEADLINES!

2008 Annual Spring Conference

April 10-13, 2008
Hilton Savannah DeSoto Hotel
Savannah, GA

Abstract Submission Deadline

Deadline: December 31, 2007

Visit www.ACOPeds.org
for Details!

Pediatric Resident Research Grant Program

**Submission Deadline:
December 31, 2007**

Student Chapter of the Year Award

**Nomination Deadline:
December 31, 2007**

AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS
CONDUIT FOR SUCCESS

Second Edition

**Submission Deadline:
December 31, 2007**

2007-2009

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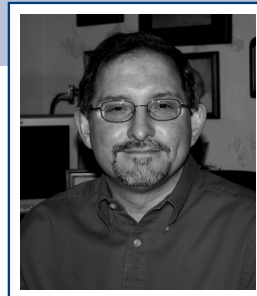
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President's Message

Robert W. Hostoffer, Jr., DO, FACOP



The College has taken up the mission to fight pediatric obesity. According to the results of the National Health and Nutrition Examination Survey in 2002-2003, approximately 17% of adolescent children from ages 2-19 are overweight. These numbers suggest that this problem is in epidemic proportions.

The College has published a pamphlet which will demonstrate our concerns for this epidemic. We hope that the pamphlet will help to educate physicians and their patients on this problem. The Student Clubs have embraced the idea of this project and will deliver the pamphlets to schools and public officials in their areas. It is their hope that by educating the decision makers, the impact will be larger.

The theme of *Obesity and Nutrition* will culminate with our Savannah, GA, conference in April. At that time, Dr. Peter Ajluni, President of the American Osteopathic Association, will ring in our theme with his introductory remarks. A Fun Run will also be held early that morning. Student Clubs will participate in guiding the runners throughout the beautiful Forsyth Park in Savannah. The CME content will be highlighted with a black tie gala event. We hope that all of our students, residents and members will attend this grand occasion.

The National Residency Club will make its debut at the Savannah conference. There will be specific sessions for residents explaining contract negotiation, poster creation and grant writing. The Student Clubs will also have their customary lectures with Residents and Residency Directors. In addition, the Pediatric Chairs of the osteopathic colleges will be meeting during the conference. I hope to see everyone at the story-telling session. I would like to thank all of the Board members for their hard work in moving forward with the ACOP.

Florida SHOTS Registry a Success

A statewide immunization registry has been operating in Florida since 2002 and full-time since 2005, with marked success. Florida's program is called SHOTS (Florida State Health Online Tracking System). Director Susan Lincicome supervises the data upload with EMR and practice management software providers. The program has six million individual records with 70 million individual vaccination records. Users have been enthusiastic about the ready availability of such information, even when patients change addresses or physicians, or under catastrophic situations (like Hurricane Wilma). Several other states such as Louisiana, Mississippi and Alabama have similar systems and more are considering it.

All immunizations are included and only authorized licensed medical personnel can enter information. Parental consent is not needed.

Visit www.ACOPeds.org or www.flshots.com for more information.

Catching Up With...

Continued from page 1

filling to provide them with child services they need."

In response to "What would you like to see ACOP doing five to ten years from now?" he replied, "Continue to provide for our members a strong voice in pediatrics, to be a recognized advocate, legislatively and nationally, and to grow in numbers." Then he added, "I like to call it 'celebrating our successes' because ACOP has made such great strides in elevating education and developing a website over the past five to ten years."

He confesses that one of his greatest moments in ACOP was when he became certified and earned the designation Fellow of ACOP. He said, simply, "I cherish that!"

His vision is for ACOP to become the strong voice of Pediatrics in AOA and for the osteopathic profession and for all DOs to turn to ACOP for pediatrics services. As much as he has already done toward these objectives, Scott Cyrus still has the drive to go forward and increase ACOP's presence. And he shows the enthusiasm to accomplish it.



MELNICK at large

By Arnold Melnick, DO, FACOP

Life Skills for Children

I suspect that all of us pediatricians are concerned about the education of children, whether directly or tangentially, whether latent or active, whether involved or uninvolved.

My on-going interest was further stimulated recently when two separate messages struck me. The first was a television report that 20% of all college graduates are not able to calculate a tip in a restaurant. (Even if you cut that in half, it's frightening.) The other was an article in *University Business* by Nido Qubein, president of High Point University. It described a mandatory Life Skills Course, covering such subjects as self-esteem, goal setting, leadership, fiscal literacy, health, communication skills, etiquette and protocol. Great advance! As President Qubein describes it, the course is preparing students for life in the Real World. The two messages melded, and fit right into my thinking.

Bravo! History is important. Geography is important. And so are so many substantive subjects. But getting along in the real world beats them all – at least, for starters.

I have one reservation: college is too late to start – or maybe colleges must do it because we do not teach life skills earlier in life. And that is my thesis. Life skills are so important that they should be taught from first grade on (or even before), at an appropriate level for each grade. By doing that, most of these skills would be well developed without our children having to think about them.

Closer to my thinking was a report that came through as I was doing the first draft of this column. A news release announced that Junior Achievement of Florida would build the Huizenga Center for Free Enterprise on the campus of Broward Community College. Students will spend large segments of fifth and eighth grades there. Among other things, the younger group will

experience what it's like to have a job and aspects of free enterprise, while the eighth graders will pretend to have a family and income, managing such life situations and making plans for the future.

I do not pose as a specialist in elementary school curriculum; those experts know how to do it. However, I do think that it is possible, for example, to build in a management of money when teaching arithmetic. I believe that it is possible to teach consideration and manners, for example, as children move through lunchrooms. Again, the experts can better address this than I, and can come up with startling innovations in teaching lifestyle. Subtle lessons can combine with outright teaching. Both make lasting impressions on children. And what about the pretend tea parties that pre-school girls enjoy so much as a setting for teaching etiquette, personal relations, protocol? Small, simple childish things like these can be used to teach important life lessons. Teaching money management early with pennies can slowly expand each year until the student is learning how to open a bank account, write checks, keep track of his or her monies, and learn to save a little – all done without lectures or preaching – and

they grow up doing it all naturally.

This kind of approach is used by Montessori schools, but that represents only a small fraction of America's children. In their child life skills, they teach self-care (such as dressing and washing) and environment care (including sweeping, table washing, etc.). Their grace and courtesy curriculum emphasizes all aspects of good manners.

We have sporadically also seen courses introduced to high schoolers (boys as well as girls) on caring for a baby and emphasizing the practical responsibilities these bring.

To be effective, to really teach life skills, it must be done consistently, in each grade and in an organized, progressive fashion. (Isn't that what curriculum is?) The child who is taught "please" and "thank you" early in life, and is exposed to it throughout his growing up, is likely to be that polite teenager you admire.

In no way am I downgrading or denigrating "material" courses. They are quite necessary. But the skills of getting along in the Real World, of being able to do the everyday things needed to live and succeed, are all in Life Skills – and that's what we ought to be including in the education of our children.

Some will protest that this is the province of parents, their responsibility. I totally agree. But schools were set up to supplement parental training, to provide for children whose parents cannot or will not give it, and to introduce special areas that many parents cannot teach at home (wild example: calculus). So I still think there should be a concerted effort to guarantee that life skills are included in the education of our children – in the schools as well as at home – and from an early age on.

Editorial Staff Changes

A slight change in positions on the editorial staff of *PULSE* has been made to improve efficiency and quality of the official ACOP publication.

Stewart Hinckley, also Executive Director of ACOP, will remain as Publisher with full responsibility for *PULSE* - editorial, production and business affairs. He is stepping out of his role as Co-editor.

Replacing him as Co-editor of *PULSE* is Robert G. Locke, DO, FACOP, of Newark, DE, a former member of the Board of Trustees. Dr. Locke, a frequent contributor to *PULSE*, had been serving as an Associate Editor. The other Co-editor, Arnold Melnick, DO, FACOP, of Aventura, FL, will remain in that position.

Gregory Garvin, DO, FACOP, of Davenport, IA, will continue as Associate Editor.

ACOP Thanks the
Supporters of the
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September 30 -
October 3, 2007

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To support an
upcoming ACOP meeting
or for exhibitor information,
contact Matt Van Wie.

Email: MattV@ACOPeds.org
Phone: (804) 565-6310

MEMBERS IN THE NEWS

**Grogg
Gets New
Appointments**

Stanley E. Grogg, DO, FACOP, has added three posts to his position on the Advisory Committee on Immunization Practices of the Center for Disease Control.

Dr. Grogg is serving as the AOA Liaison to the ACIP and has been appointed to serve on three ACIP working groups: Rotavirus, HPV and General Recommendations.

Past President of ACOP, Dr. Grogg is the official AOA representative, and will be working for an official slot for the ACOP.

**Nickelsen
Retires to More
Activity**

Neil Nickelsen, DO, FACOP, has chosen an energetic entry into his retirement.

Following closure of his practice in Georgia, Neil and his wife, Vivian, are biking from coast to coast. In company with their neighbor and colleague, orthopedic surgeon David Conway, DO, FAOAO, FACOS, and his spouse, Martha, they set off from California on September 1. They were scheduled to arrive at Tyler Island, GA, around the end of October.

APPELLATION ? ? ? ? ? ?
ANSWERS... Whose name is it?

Cooley's Anemia

Also called Mediterranean Anemia, this is a disorder creating defective production of hemoglobin, yielding low production and over-destruction of red blood cells

Thomas Benton Cooley, MD

Labeled by colleagues as an extremely able clinician and astute observer who was more interested in theoretical implications than in the individual patient, Cooley graduated from University of Michigan Medical School in 1895, and interned at Boston City Hospital. He remained at UM until 1905 when he moved to Detroit, where he became the first established pediatrician.

He was active in community pediatrics, serving as medical director of the Babies Milk Fund, and in the Association for the Study and Prevention of Infant Mortality. After service with the Children's Bureau of the American Red Cross in World War I, he became head of pediatric service at the Children's Hospital of Michigan, serving from 1921 to 1941, and was professor of pediatrics at Wayne University from 1936 to 1941.

He sub-specialized in hematology, especially the anemias of childhood. A tall, austere, autocratic gentleman with exquisite manners and wide interest in the arts and sports, he deeply disliked the eponym of "Cooley's Anemia."

A man of thoughts instead of action, Cooley published very little. He retired in 1941 and became emeritus and was awarded an honorary doctorate of science. After a long illness, he died of hypertensive heart disease in 1945.

For Membership Questions or to Join ACOP
Contact Joye Stewart - Joye@ACOPeds.org - (804) 565-6311

Welcome to ACOP New Members!

Intern

Angela Branda, DONew York, NY
 Revital Caronia, DOBrooklyn, NY
 Svetlana Gladoun, DONew York, NY
 Erin E. Neil, DOHarperwoods, MI

Resident

Courtney M. Carter, DOCollinsville, OK
 Terra N. Crotty, DO Kansas City, MO
 Lisabet Diaz, DOHialeah, FL
 Kelli E. Johnston, DOColumbia, SC
 Bryan S. Robinson, DOChattanooga, TN
 Elizabeth A. Thyssen, DOCorpus Christi, TX
 Colleen S. Walsh-Eckhart, DODanville, PA

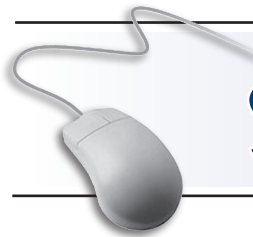
Fellow

Kimberly Eilerman, DO, FACOP...Dublin, OH
 George Mychaskiw II, DO, FACOP.. Jackson, MS

Pediatric Student Club

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 Shweta N. AntaniDouglaston, NY
 Jamie L. Beckman Tempe, AZ
 Brooke M. Beehler Pikeville, KY
 Jyoti BhatiaGlen Cove, NY
 John B. Bishava Jersey City, NJ
 Matthew E. Blackstone Philadelphia, PA
 Rebecca A. Blanchard Blacksburg, VA
 Carolyn Botros Voorhees, NJ
 Sarah A. BrillGlen Cove, NY
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 Elizabeth H. Chisholm Atco, NJ
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 Melinda J. Collins Westbury, NY
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 Martha C. Errthum Pleasant Hill, IA
 Scott B. Falkowitz Merrick, NY
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 Tammy S. Fouse Indianola, IA
 Nina George Pikeville, KY
 Theresa Giannattasio Whippang, NJ
 Kathleen GiaquintoGlen Cove, NY
 Eric J. Glantz Hicksville, NY
 Sarah L. Griffith Kansas City, MO
 Liam C. GrossGlen Cove, NY
 Victoria M. Grossi Rochelle Park, NJ

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SITES FOR SORE EYES

Keeping Children Safe on the Internet!

By Gregory Garvin, DO, FACOP
 Associate Editor

Often we are asked by parents about issues that really have nothing to do with their physical health but about social issues, especially in the “well-child visit.” I came across a flier with a couple of websites listed that I found quite useful for concerned parents. A few suggestions in the flier dealt with *Keeping Children Safe on the Internet*. The main reason it caught my attention was I’ve been asked the question before by more than one parent and, other than tell them to “Google” for an answer, I could not provide really sound advice.

The Websites Listed in the Flier from the Eastern Savings Bank are:

- www.iKeepSafe.org - Representing the Internet Keep Safe Coalition
- www.staysafe.org - Representing Stay Safe

Some Useful Tips Listed in the Flier are:

- Make sure you have security software on your computer such as firewalls, antivirus software and intrusion detection programs.

- Keep the computer in an area where you can easily monitor the child’s activity.
- Check with your Internet provider to see if it offers parental controls to keep the child from viewing undesirable sites.
- Explore the Internet with the child.
- Tell the child to check with you first before he/she downloads or installs software.
- Ask the child to tell you if he/she reads or sees anything that makes him/her feel uncomfortable and to be open with you about what he/ he does online.
- Make sure the child knows not to give out any personal information like last name, social security number, address, telephone number or where he/she goes to school.
- Instruct the child to protect his/her password.
- Tell the child not to send any pictures without your permission.
- Teach the child not to say or do anything online that he/she wouldn’t say or do off line.

I hope that you will find this useful. If anyone has any sites to pass on to our members, please email me at: garving@genesishhealth.com.

Happy Surfing!


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Savannah, Georgia

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for more information

PLAN NOW!

Summary of the Meeting of the Advisory Committee on Immunization Practices (ACIP)

October 24-25, 2007

Influenza vaccines

- o NEW: Either trivalent inactivated (killed) virus vaccines (TIV) or live attenuated influenza vaccine (LAIV) can be used for healthy persons aged 2-49 years
- o Healthy = persons who do not have an underlying medical condition that predisposes them to influenza complications. VFC approved.

Pediatric Use of Pneumococcal Vaccines

- o NEW: At ages 24-59 months, administer one dose of PCV7 to healthy children with any incomplete schedule
- o NEW: At ages 24-59 months, administer two doses of PCV7 at least 2 months apart to incompletely vaccinated children with underlying medical conditions. Those who have previously received three PCV7 doses need only one dose

Meningococcal Conjugate Vaccine (MCV4)

- o Association with Guillian-Barre Syndrome (GBS): Vaccination favored, even with larger magnitude of risk.
- o NEW: For children 2-18 years-old with increased risk of meningococcal disease, MCV4 is preferable to Menomune (MPSV4). For children 2-18 years-old who previously received MPSV4 and remain an increased risk for meningococcal disease, ACIP recommends vaccination with MCV4 3-5 years after receipt of MPSV4
Comment: supply is no longer a problem. VFC approved

Recommended Childhood and Adolescent Immunization Schedule (Harmonized Schedule) and Catch-up Schedule

The schedules are approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) each fall for publication in January (2008)

Combination Vaccines: 2 are waiting FDA approval

- o Pentacel (DtaP-IPV-Hib by Sanofi Pasteur) vaccine: FDA requested additional information, which resulted in an extension of the review clock for this BLA
- o Kinrix (DTaP-IPV by GSK) vaccine: Biologic License Application (BLA)BLA was submitted for this new pediatric booster vaccine for children 4-6, under FDA review

Vaccine shortages:

<http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm>. MMRV (ProQuad) is not available but adequate Varivax. Hep A: Vaxna not available but Havrix supply adequate. Influenza, including FluMist, appear adequate.

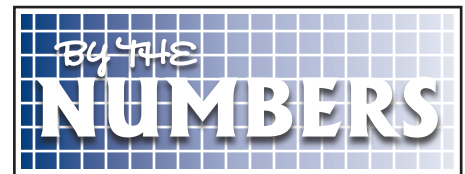
Rotavirus update:

- o GSK's Human Rotavirus Vaccine Rotarix® has been submitted to FDA for approval
- o 2 doses, 1st beginning at 6 wks of age and 2nd dose > 4weeks and by 24 wks of age

CLICK HERE

The full report is available on the ACOP website.

www.ACOPeds.org



Infections and Death

By Michael E. Ryan, DO, FACOP
and Christina Navarro, MS, IV

12,000,000	children die each year in the world
Infections in 2002	
2,013,107	children died of lower respiratory disease
1,149,244	children under four died of malaria
606,271	children died of measles
76,423	died of tuberculosis
1,108,933	died of childhood cluster diseases (pertussis, poliomyelitis, diphtheria, measles and tetanus)
1,616,149	died of diarrheal diseases
68,010	died of non-HIV sexually transmitted diseases
456,145	died from HIV-AIDS



MEMBERSPEAK

ADHD and the Charlie Brown Syndrome

By Neil S. Levy, DO, MBA, FACOP, FAAP

“Why’s everybody always pickin’ on me?” That was Charlie Brown’s lament in the Coasters’ 1957 Rock and Roll hit single. Charlie Brown was a character study of a class clown who never seemed to grasp the connection between his behavior and the consequences of his actions. From Charlie Brown’s perspective, he was just like any other adolescent in his school, and he could not understand why he was the one always in trouble.

Any physician managing Attention Deficit with/without Hyperactivity Disorder (ADHD) is facing one or more “Charlie Browns” in his/her practice daily. We can all smile or grimace recalling the behavior of children in the examination room, or the stories related to us by disconcerted parents. But consider the consequences of 15 years (pre-kindergarten through 12th grade) of being “picked on” seven days a week, five days a week, at school, and the repetitive harassment from the parent(s) after school and on weekends.

Think about the results of this constant barrage of negative input on an untreated patient. No matter how hard the child tries, he/she cannot seem to consistently perform in an acceptable manner. Every day, an important authority (parent or teacher) is telling this impaired child that he/she did something wrong or did not complete a task; sometimes there are associated punishments. The child, just like Charlie Brown, does not see himself/herself as different from any other child. This special person does not comprehend that the behaviors that he/she exhibits are the reasons for the repercussions. In spite of the fact that most of these children are average to above-average intelligence, they have difficulty performing or cannot perform academically at expected levels. At home, they cannot remember to take out the trash or pick up their belongings, and getting ready for school in the morning is a constant battle with the parents. So it goes

on, day-in-and-day-out, the undermining of self-esteem, the feelings of inadequacy and the building frustration and anger from always being “picked on”.

Eventually, as this child grows with the negative feelings toward self, the anger builds and there comes a point in time when the psyche cannot absorb any more bad feelings. When this happens, there are several behaviors that may be exhibited. We see these expressed clinically as some of the co-morbidities associated with ADHD: Oppositional Defiant Disorder, Depression (Agitated) and Conduct Disorder. ODD has been identified as the most common co-morbidity and is considered by some to occur in as many as 80% of patients with ADHD. Significant Depression and Conduct Disorder will require psychiatric interven-

tion and frequently the use of additional medications. I have found that ODD can be managed in many patients by treating the underlying problem of ADHD combined with parental education. In the course of counseling the parents, I describe to them what I call the “Charlie Brown Syndrome”: poor self esteem, frustration, anger, “acting up”, and reactivity to authority. By educating the parents on why this is occurring, how to manage behavior, improve self esteem, and to allow time on medication for the child to be “successful” in school and at home, I have seen many of these children dramatically, if not rapidly, mend. I receive feedback from the parents that, with time, the ODD has resolved. The self esteem improves, the family turmoil subsides, and the grades improve at school. Among the best indicators of improvement are the teacher comments and the “Citizenship” marks on the report card.

Music, art and literature are mirrors of the society in which we practice. It is therefore not surprising to find that Charlie Brown had a treatable condition that in today’s world, with appropriate care, can lead to a happy, successful well-adjusted adult life, rather than, “He’s gonna get caught, just you wait and see. Why’s everybody always pickin’ on me?”



STUDENT CLUB NEWS

This is a report on the ACOP Student Pediatric Club at Oklahoma State University College of Osteopathic Medicine. The ACOP Editorial Board felt that it ought to be presented in the actual words of the President.

By Binh Phung, MS, II

President, Oklahoma State University College of Osteopathic Medicine Student Club

I want to update you on the Peds Club activities. We have decided to hold a “Mini Med School for Kids,” a completely new concept to educate our elementary school children about “Nutrition and Obesity.” We are offering this program first to our adopted elementary school, Eugene Fields, which serves some of the state’s lowest-income families. It will start in January, 2008.

The children will become “mini” student-doctors for the day; highlights will include 20-minute sessions on anatomy, nutrition, exercise and OMM. We plan to start a smaller version traveling to surrounding schools.

The Oklahoma Educational Foundation for Osteopathic Medicine has awarded us \$500 to support the project.

Also, we collected socks for the children because they were in dire need. We collected almost 100 packages (3-6 pairs/package).

We are working to have Peds Club members volunteer in the Pediatric wing of the OSU-Medical Center and the new Ronald McDonald House slated for opening in mid-November.



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**JAOA
Submissions Requested**

The *Journal of the American Osteopathic Association* is requesting our college to submit pediatric manuscripts, editorials and letters for potential publication. The college encourages all members, residents and students to submit. Please go to the JAOA website, www.jaoa.org, for authoring instructions and submission information.

Welcome New Members

Continued from page 5

Blair R. Gumnick.....Locust Valley, NY
Patrick R. Hadorn.....Pikeville, KY
Nisha Haque.....Pikeville, KY
Devon K. Hardy.....Blacksburg, VA
Shannon L. Henning.....New York, NY
Carolyn J. Hirschmann.....Centerport, NY
Russell D. Horton.....Scottsdale, AZ
Alexis E. Hudesman.....Woodbury, NY
Ayesha Hussain.....Roslyn, NY
Sonia Jamil.....Jericho, NY
Felicia C. Johnson.....Sicklerville, NJ
Wanda G. Johnson.....Pikeville, KY
Evan Benjamin Jones.....Des Moines, IA
Rushad F. Juyia.....Glen Cove, NY
Joseph Kaplovitz.....Flushing, NY
Andrea Kasowitz.....Forest Hills, NY
Linn E. Katus.....Glen Cove, NY
Tara L. Katz.....Kansas City, MO
Sadaf A. Khan.....Staten Island, NY
Cristina Kim.....Voorhees, NJ
Katrina E. Knapp.....Glen Cove, NY
Tatyana Kochergina.....Valley Stream, NY
Corey J. Lanzet.....Glen Cove, NY
Francis J. Lanzetta.....Mays Landing, NJ
Clare P. Lipperini.....Stratford, NJ

David Lubinsky.....Voorhees, NJ
Ashley M. McCurry.....Kansas City, MO
Jessica M. McIlrath.....Des Moines, IA
Lindsey A. McPhillips.....Camillus, NY
Matthew J. Meigh.....Voorhees, NJ
Elizabeth A. Mickalich.....Des Moines, IA
Jeremy C. Moore.....Pikeville, KY
Amanda K. Morgan.....Pikeville, KY
Lauren E. Ng.....Whitestone, NY
Amy M. O'Connor.....Kansas City, MO
Katie B. Pare.....Sleepy Hollow, NY
Marie E. Parra.....Mount Laurel, NJ
Jessica Pate.....Astoria, NY
Sarah C. Paxton.....Kansas City, MO
Cory A. Perugino.....Stratford, NJ
Mark R. Peterson.....Surprise, AZ
Daniel F. Pettee.....Maumee, OH
Melissa Plessner.....Locust Valley, NY
Robin M. Polly.....Pikeville, KY
Knic C. Rabara.....Lindenwold, NJ
Anetta Raysin.....Glen Cove, NY
Mirhanta D. Reyes.....nocitylisted
Christopher J. Robles.....Bronx, NY
Todd M. Ruderman.....Voorhees, NJ
Andrea E. Sackin.....Fairway, KS

Shellie Salnikov.....Huntington Station, NY
Tara L. Schleifer.....Teaneck, NJ
Daniel Shtraykher.....Brooklyn, NY
Joseph Shulan.....Oyster Bay, NY
Joseph T. Silvers.....Pikeville, KY
Vivian N. Siu.....Brooklyn, NY
Monica N. Soliman.....Marlton, NJ
Alla Spivak.....Brooklyn, NY
Eric M. Steinberg.....Glen Cove, NY
Jennifer Q. To.....Voorhees, NJ
Aura M. Urquia.....Brooklyn, NY
Rebecca L. Wadsworth.....Voorhees, NJ
Megan D. Wangh.....Glendale, AZ
James B. Watson.....Pikeville, KY
Janey L. Watts.....Garner, KY
Anita Yalamanchi.....Pikeville, KY
Francis Yoo.....Flushing, NY
Kahyun Yoon-Flannery.....Haddonfield, NJ
Kimberly J. Young.....Lindenwold, NJ
Rachael E. Zanotti-Morocco.....N. Royalton, OH

