

ANCDs Newsletter Committee:

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Inside this issue:

Message from the President	1
New Members	2
Spotlight on a Member	3
ANCDs Committee Corner	5
ANCDs Annual Meeting Announcement	6
Honors, Accomplishments & Awards	7
ANCDs Members' Publications	8
Continuing Education Events	9
CAC Call for Papers	10
ASHA Announcements	11
ANCDs Committee Directory	12

Message from the President Carl Coelho, Ph.D., BC-ANCDs (A)

At the end of this year my term as President of ANCDs will be ending. It has been an honor to manage the affairs of ANCDs and truly a pleasure to work with the dedicated members of the Executive Board, committee chairs, and Association Executive Frances Laven. My term as President was made easier by the assistance of Past-President Mary Boyle who was a reliable sounding board over the past two years. The reins of the academy will be turned over to the able hands of incoming President Mary Kennedy. As many of you know, Mary has been Chair of the Practice Guidelines Writing Committee for Traumatic Brain Injury since 2000. In the next two years she will be working closely with Stacie Raymer, the new Chair of the Professional Affairs and Practice Guidelines Coordinating Committee, to implement the dissemination of the practice guidelines committees' reports. The Executive Board was very pleased when Stacie agreed to assume leadership of this important committee. However, her appointment was necessitated by the resignation of Tom Campbell. Few members of ANCDs have contributed as much to the establishment and promotion of the organization as Tom. We are confident that he will remain engaged in ANCDs as a valued consultant.

In this issue of the Newsletter, ANCDs founding member Dr. Joseph Duffy, is featured in the Member Spotlight. Dr. Duffy is Professor and Head, Division of Speech Pathology, Department of Neurology, Mayo Clinic, Rochester, Minnesota. In the interview he reflects on the current status of ANCDs and his career as a master clinician and clinical researcher.

In the next few weeks ANCDs will roll-out its re-designed website. I want to acknowledge the substantial amount of time and effort ANCDs member Don Freed contributed to this process. At the present time there is no logo associated with ANCDs. If any member has ideas for a logo that could be added to the website please contact Don.

This past summer the Executive Board agreed that ANCDs was in need of a strategic plan. In April, 2009 members of the Executive Board will meet following the Council of Academic Programs in Communication Sciences and Disorders meeting in southern California. The goal is to leave that meeting with a working draft of the strategic plan that can be further refined by email and be ready for presentation to the ANCDs membership in November, 2009.

Finally, I encourage all members to attend the ANCDS Annual Education and Scientific Meeting in Chicago on November 19th prior to the ASHA Convention. This year's meeting will be held at Rush University Medical Center. ANCDS thanks Richard Peach for his efforts in facilitating the scheduling of this conference at Rush. As always, the program

features a host of clinically relevant topics on neurogenetics. This meeting has become for me a personal favorite. I look forward to seeing you all in Chicago.

Carl Coelho, Ph.D., BC-ANCDS



New Members

The ANCDS Membership Committee is pleased to announce that the total membership has increased from 217 (at the time of the Spring 2008 newsletter) to 231. This includes 147 Full Members, 80 Associate Members (6 new Associate Members listed below), and 4 Life Members.

We welcome our six new associate members who are:

Ann Cralidis, Winston-Salem, NC
Yvonne Rogalski, Gainesville, FL
Darlene Williamson, Oakton, VA
Susan DeVito, Huntington, NY
Young Susan Cho, New York, NY
Margo Clinker, Bracebridge, Ontario

Thank you for continuing to spread the word about the opportunities that ANCDS membership provides, including educational training, newsletters, patient advocacy, research, networking and other activities. The Membership Committee welcomes your suggestions regarding membership recruitment, which should be forwarded to Dr. Gloriajean Wallace, ANCDS Membership Chair (wallacgn@email.uc.edu). Applications for new members should be sent directly to the ANCDS Office, PO Box 26532, Minneapolis, MN 55426.

Spotlight on a Member

Joseph R. Duffy, Ph.D., CCC-SLP, BC-ANCDS



Q: How did you become involved in the ANCDS? Tell us something about the history of ANCDS from your point of view.

A: I was fortunate to be involved in the initial informal and eventually more structured discussions that led to the creation of ANCDS. The need for the Academy grew out of concerns held by a number of experienced clinicians and researchers about the increasing complexity of clinical practice in neurologic communication disorders, who shared observations that people entering that practice were not adequately prepared, and who felt frustration that ASHA was not moving assertively enough to address training needs and vehicles for identifying SLPs with expertise in the neuropathologies area. There was eventually consensus that forming an organization to address those concerns was necessary. Fortunately, the need for action was matched by a critical mass of genuine commitment from enough people to start the organization.

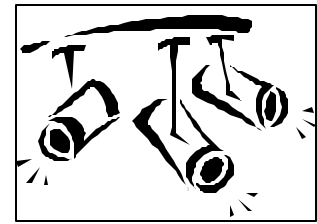
Q: Do you feel ANCDS has accomplished what it set out to do 20 years ago?

A: I think it's accomplishing a number of its goals. It certainly provides a quality continuing education opportunity at its annual meeting, and it has established good working relations with related professional organizations, particularly ASHA. Its board certification process represents a vehicle for recognizing advanced clinical competence and its maintenance, and for consumers and professionals to recognize such individuals. Its practice guidelines and systematic reviews have provided accessible information that could enhance clinical practice, and the manner in which they have been conducted has provided a model for such undertakings for our entire profession. Historically, through the strong credentials and reputations of its members, and its actions, it had a very important influence on ASHA's development of special interest divisions and specialty recognition. I think the ANCDS can be particularly proud of its certification process and its practice guideline efforts.

Q: What do you envision as the future of ANCDS?

A: I suspect that ANCDS will maintain itself as a focal point for promoting quality services in neurological communication

Reporter: Mikyong Kim



disorders as well as the notion that this area of practice requires special preparation and experience from academic, clinical, and research perspectives. ANCDS will do well to maintain its leadership role in helping to mentor clinicians of the future, by recognizing the certifiable acquisition of clinical expertise, and by explicitly behaving in a way that acknowledges that quality services require both clinical skill and a solid, continually evolving scientific base.

ANCDS has accomplished a lot by providing practice guidelines for various acquired neurogenic disorders. What do you see as the remaining tasks to expand and/or refine these guidelines for the treatment of motor speech disorders? In my opinion, the primary task regarding guidelines lies in conducting and disseminating the treatment research that forms the guideline data base. If the research base is strengthened, the guidelines - assuming there is a commitment from people to develop and update them - will take care of themselves. Without mini-

mizing the importance of guidelines, developing them is relatively easy; developing the evidence for them is the primary ongoing challenge.

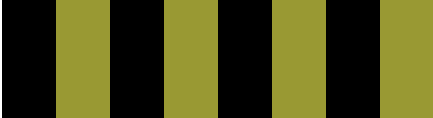
Q: You have accomplished an extraordinary amount during your career. What do you see as your next challenge?

A: In many ways, the next challenges are my current challenges - pecking away at being a better clinician and continuing with clinical research to advance our understanding and diagnosis of speech and language neuropathologies. I'd particularly like to do more to ensure that a larger number of clinicians are able to accurately and reliably distinguish among motor speech disorders. I'd also like to convince more people that the differential diagnosis of neurologic speech and language disorders can contribute to the localization and diagnosis of neurologic disease in medically meaningful ways -- to a degree that is recognized, valued and relied upon in day-to-day medical, neurology and speech-language pathology practices.

Q: If you were to give a piece of advice to new researchers, academicians, and clinicians in the field, what would it be?

A: To researchers and academicians I'd say, work hard, very hard, to maintain some degree of clinical practice, or at least some contact with clinical practice. Understanding the practical realities of clinical practice can be tre-

mendously valuable to identifying or modifying research questions and appreciating the clinical variables that may be important to some research protocols. I think this is also essential to being a good teacher and mentor to future clinicians.



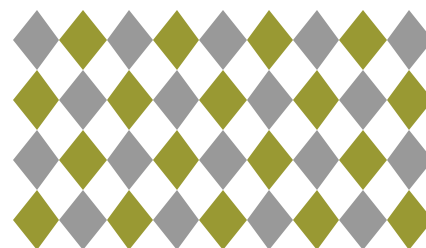
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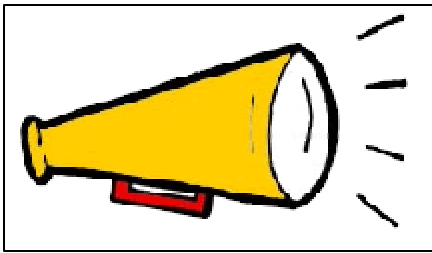
To clinicians I'd say, pay close attention to research and other didactic sources of information about the disorders with which you work. It can make you a better clinician. I am continually impressed about how my clinical diagnostic and treatment thinking, and my development of new clinical techniques or tasks, is influenced by what I read in the research literature. Paying attention to the activities and contributions of colleagues who don't do quite what we do in our day-to-day work is a healthy formula for learning and mutual respect. It's also important to recognize that research and clinical activity are, in my opinion, very dif-

ferent processes and require different skills. This does not mean that clinicians cannot be researchers or that researchers cannot be clinicians. It does mean that being a researcher does not guarantee good clinical skills and that being a good clinician does not guarantee the capacity to do good research.

Q: On a more personal note, when you are not writing books, presenting at conferences, and teaching, what could we find you doing?

A: You'd find me spending about ninety percent of my work days doing clinical work, primarily evaluating adults and children with a wide variety of communication disorders. Away from clinical work and the other professional activities you mentioned, you'd find me mowing the lawn or shoveling the driveway, riding my road bike, running, searching for good-but-not-widely-popular novels, reading some of the same supplied by my good friends, and sharing movies, politics, friends, and family with my wife Penny.





ANCDS Committee Corner

ANCDS Scientific Affairs Committee: Problems and Solutions for Successful Research

The U.S. Department of Health and Human Services (DHHS) stipulates that all federally funded studies involving human subjects must adhere to strict standards set to prevent neglect and abuse of research participants. Accordingly, those of us who conduct research involving adult communication disorders must routinely submit study proposals to our local Institutional Review Board (IRB) outlining how the safety and confidentiality of our research participants will be protected. In the next couple of issues of the ANCDS Newsletter, we would like to discuss IRB related issues involving participants with acquired communication problems. Rather than to offer comprehensive solutions regarding IRB related problems, our intention is to discuss a handful of problems we have encountered and how those problems might be solved so as to protect our participants while completing our research.

It is quite common for studies in adult communication disorders to require *ad hoc* modifications or extensions to the study design. While most IRBs allow amendments to be made on a continuing basis to existing approved projects, such changes often require a full review and an extended delay to the study. In research involving only behavioral management (testing and/or treatment), it may be feasible to make the initial IRB application sufficiently general and, thereby, leave enough room for later modifications without having to undergo another IRB review. For example, the initial study plan may include a range rather than a set number involving several factors such as: the number of study participants, the length of testing and treatment, the number of neuropsychological tests, and specific subject characteristics (e.g., age range, severity of impairment, and time post-onset). Naturally, changes made to the study plan need to adhere to the original IRB application. To facilitate efficiency in the paperwork involved in IRB submissions, some universities have established a checklist of cognitive tests that have previously been approved by the IRB. Therefore a researcher provides a list of intended speech/language/cognitive tests planned for a protocol and need not provide actual copies of all of the planned test materials. Lastly, we find it particularly helpful to consult and educate IRB officials regarding the nature of our somewhat unique study participants so that initially we can get more generic rather than specific study proposals approved.

Julius Fridriksson, University of South Carolina

ANCDS Annual Meeting. Chicago 2008
EDUCATION & SCIENTIFIC MEETING PROGRAM: "TREATMENT OUTCOMES"
Wednesday, November 19, 2008
542 Brainard Room, Searle Conference Center
Rush University Medical Center

- 8:00 - 8:30 Registration / Continental Breakfast
- 8:30 - 9:15 Annual Business Meeting
- 9:15 - 9:30 BREAK
- 9:30 - 10:30 Introduction to Item Response Theory
Craig Velozo, PhD, Department of Occupational Therapy, University of Florida
- 10:30 - 10:45 BREAK
- 10:45 - 11:15 The Communicative Participation Item Bank: Applications in Motor Speech Disorders
Kathryn Yorkston, PhD, Department of Rehabilitation Medicine, University of Washington
- 11:15 - 11:45 The Dimensionality of Patient-Reported Cognitive and Communicative Functioning in Stroke Survivors: Evidence from the Burden of Stroke Scale
Will Hula, PhD, VA Pittsburgh Healthcare System, Pittsburgh, PA
- 11:45 - 12:15 Panel Questions/Discussion (*Velozo, Yorkston, Hula*)
- 12:30 - 1:45 Catered Luncheon - Main Lounge Searle Conference Center
Honors of the Association presentation
- 2:00 - 2:45 New directions in item response theory measurement as applied to health related quality of life: PROMIS and related efforts.
David Cella, PhD, Northwestern University
- 2:45 - 3:15 Panel Questions/Discussion (*Cella, Velozo, Yorkston, Hula*)
- 3:15 - 3:30 BREAK
- 3:30 - 4:30 Neurologic Grand Rounds
Anthony P. Salvatore, PhD, University of Texas
Jacqueline Stark, PhD, Austrian Academy of Sciences, Vienna, Austria
- 4:30 Concluding Ceremony

We look forward to seeing you there.

Honors, Accomplishments & Awards

Barbara B. Shadden, Ph.D., Professor at University of Arkansas Program in Communication Disorders, will be recognized as the Outstanding Alumna from the Graduate School at Southern Connecticut State University.

Harrison N. Jones, Ph.D., was awarded a research grant from the Anna's Angels Foundation to study the perceptual speech characteristics of verbal children and adults with Down syndrome.

Ilias Papathanasiou, Ph.D., FRCSLT, at Technological Educational Institute of Patras, Greece, was awarded a fellowship from the Roayla College of Speech and Language Therapists, UK.

Travis Threats, Ph.D., at Saint Louis University, has been honored as an ASHA Fellow.

ANCDS Members' Publications

- Bonilha, L. & **Fridridsson, J.** (2008). Subcortical damage and white matter disconnection associated with non-fluent speech. *Brain* [electronic publication on August 22, 2008].
- Caspari, S. S., Strand, E. A.,** Kotagal, S., & Bergqvist, C. (2008). Obstructive sleep apnea, seizures, and childhood apraxia of speech. *Pediatric Neurology*, 38(6), 422-425.
- Dickey, M.W., Milman, L.H., & **Thompson, C.K.** (2008). Judgment of functional morphology in agrammatic aphasia. *Journal of Neurolinguistics*, 21, 35-65.
- Duff, M.C.,** Hengst, J., Tengshe, C., Krema, A. Tranel, D., & Cohen, N.J. (2008). Hippocampal amnesia disrupts the flexible use of procedural discourse in social interaction. *Aphasiology*, 22(7, 8), 866-880.
- Duff, M.C.,** Hengst, J., Tranel, D., & Cohen, N.J. (2008). Collaborative discourse facilitates efficient communication and new semantic learning in amnesia. *Brain and Language*, 106(1), 41-54.
- Duff, M.C.,** Wszalek, T., Tranel, D., & Cohen, N.J. (2008). Successful life outcome and management of real-world memory demands despite profound anterograde amnesia. *Journal of Clinical and Experimental Neuropsychology*, 30(8), 931-945.
- Fridriksson, J.,** Moss, J., Davis, B., Baylis, G.C., Bonilha, L., & Rorden, C. (2008). Motor speech perception modulates the cortical language areas. *Neuroimage*, 41, 605-613.
- Hallowell, B.** (2008). Strategic design of protocols to evaluate vision in research on aphasia and related disorders. *Aphasiology*, 22(6), 600-617.
- Hallowell, B., & Chapey, R.** (2008). Introduction to language intervention strategies in adult aphasia. In R. Chapey (Ed.), *Language intervention strategies in adult aphasia – 5th Edition* (pp. 3-19). Baltimore: Williams & Wilkins.
- Hallowell, B., & Chapey, R.** (2008). Delivering language intervention services to adults with neurogenic communication disorders. In R. Chapey (Ed.), *Language intervention strategies in adult aphasia – 5th Edition* (pp. 203-227). Baltimore: Williams & Wilkins.
- Hengst, J., **Duff, M.C.,** & Prior, P. (2008). Multiple voices in clinical discourse and as clinical intervention. *International Journal of Language and Communication Disorders*, 43, 58-68.
- Jones, H.N.** (2008). Progressive apraxia of speech. In M.R. McNeil (Ed.), *Clinical management of sensorimotor speech disorder – 2nd Edition*. New York: Thieme.
- Kim, H.,** Oh, K., & Chung, C. (2008). The role of external cues in Korean mirror writing. *European Neurology*, 59, 85-87.
- Kim, H.,** Na, D.L., & Park, E. (2007). Intransigent vowel-consonant position in Korean dysgraphia: Evidence of spatial-constructive representation. *Behavioural Neurology*, 18, 91-97.

Kim, H., & Na, D. (2008). A normative study of the Boston Naming Test in 3- to 15-year-old Korean Children. *The Clinical Neuropsychologist*, 22, 84-97.

Lee, J., Milman, L.H., & **Thompson, C. K.** (2008). Functional category production in English agrammatism. *Aphasiology*, 22, 893-905.

Lorenzen, B., & **Murray, L. L.** (2008). Bilingual aphasia: A theoretical and clinical review. *American Journal of Speech-Language Pathology*, 17, 1-19.

Marshall, R. S., Garcia-Barrera, M., & Yanosky, D. K. (2008). An exploratory study of auditory extinction in aging: Now you hear it, now you don't. *Aphasiology*, 22(9), 1-15.

Milman, L.H., Dickey, M.W., & **Thompson, C.K.** (2008). A psychometric analysis of functional category production in English agrammatic narratives. *Brain and Language*, 105, 18-31.

Murray, L. L. (2008). Language and Parkinson's disease. *Annual Review of Applied Linguistics*, 28, 1-15.

Rosenbek, J.C. & Jones, H.N. (2008). Principles of treatment for sensorimotor speech disorders. In M.R. McNeil (Ed.), *Clinical management of sensorimotor speech disorders – 2nd Edition*. New York: Thieme.

Shadden, B. B., Hagstrom, F., & Koski, P. (2008). *Neurogenic communication disorders: Life stories and the narrative self*. San Diego: Plural Publishing.



Continuing Education Events

Rx of Right Hemisphere/Mild TBI and Memory Disorders

Dec. 5-6, 2008 in Atlanta, GA

Contact: Linda S. Neilson, Ph. D.; E-mail: CEPA@MTCO.COM.

Brain Injury Rehabilitation: How to Evaluate and Treat Cognitive, Behavioral and Medical issues

December 8-9, 2008 in Chicago, IL

Sponsored by the Rehabilitation Institute of

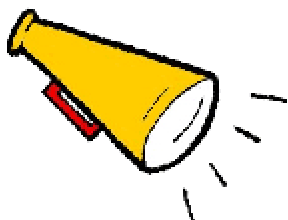
Chicago. Contact: education@ric.org, visit www.ricacademy.com or call 312-238-6042

Annual Interdisciplinary Stroke Course: The Brain and Body Connection After Stroke

April 16-17, 2009 in Chicago, IL

Sponsored by the Rehabilitation Institute of Chicago Contact: education@ric.org, visit www.ricacademy.com or call 312-238-6042.

CALL FOR PAPERS
THE 39TH ANNUAL CLINICAL APHASIOLOGY CONFERENCE
May 26-30, 2009
Keystone, Colorado, USA



The Clinical Aphasiology Conference (CAC) is an annual forum for clinicians and researchers engaged in the study and clinical management of persons with acquired neurologic language disorders. At CAC, participants present their recent research and engage in extensive discussions with colleagues. To develop an informal atmosphere conducive to the free exchange of ideas, CAC attendance is limited to approximately 100 people. The 2009 Conference Chairperson is Carl Coelho; the Program Chairperson is Leora Cherney.

To Attend the Clinical Aphasiology Conference

If you wish to attend the 2009 CAC, you must submit a summary of an original paper or poster no later than Friday, January 16th, 2009. Two authors from each accepted proposal will be invited to attend the conference. As space permits, first authors of proposals that are not accepted for presentation also will be invited to attend. A number of student fellowships are available on a competitive basis to students who have earned authorship on a paper submitted to CAC.

Scope of Papers and Posters

APHASIA APRAXIA OF SPEECH RIGHT HEMISPHERE COMMUNICATION
COGNITIVE-COMMUNICATION DISORDERS FOLLOWING TRAUMATIC BRAIN INJURY
COMMUNICATION IMPAIRMENTS RELATED TO DEMENTIA
COGNITIVE-LINGUISTIC PERFORMANCE IN ELDERLY ADULTS

FOR DETAILED INFORMATION ABOUT CAC 2009 AND THE CALL FOR PAPERS SEE: <http://cac2009.library.pitt.edu>. For general information about the Clinical Aphasiology Conference, see: <http://clinicalaphasiology.org>.

Please send queries to Leora Cherney, Ph.D., 2009 CAC Program Chair at Lcherney@ric.org

ASHA Announcements

By: Amy Hasselkus



On July 16, 2008, Congress passed the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). This legislation included a provision allowing speech-language pathologists to obtain a provider number and bill Medicare as a private practitioner. The effective date for this legislation is July 1, 2009. ASHA is developing resources and information to help members prepare for Medicare billing. This information is available at <http://asha.org/members/issues/reimbursement/medicare/SLPprivatepractice.htm>.

ASHA thanks all of the members who contacted their legislators to urge them to support this provision.

New Web resources are now available for ASHA members:

Tracheostomy and Ventilator Dependence

<http://asha.org/members/slp/clinical/Tracheostomy.htm>

Traumatic Brain Injury

<http://asha.org/members/slp/clinical/TBI.htm>

HIV/AIDS: Information for Professionals

<http://asha.org/members/HIV.htm>

Join your colleagues in Chicago! ASHA Convention registration is now open. Find all the information you need at <http://asha.org/about/events/convention/>.

ASHA members may now submit resolutions using an online form (available at <http://www.asha.org/about/leadership-projects/resolutionform.htm>). Be sure to read *Resolutions Process* and *Principles for Preparation of Resolutions* before you get started to make sure a resolution is your most appropriate course of action.

Get Discovered! Sign Up for ProSearch—ASHA's Free Referral Service

Want to meet your patients' needs more effectively? ProSearch, ASHA's online directory of audiology and speech-language pathology programs, helps consumers find quality services from thousands of programs that employ ASHA-certified SLPs and audiologists. Visit <http://www.asha.org/findpro/join.htm> for more information.



ANCDS Executive Board Members and Committee Chairs

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	Katie Ross, Ph.D., BC-ANCDS	Katherine.Ross3@va.gov
	Kathleen Youse, Ph.D., BC-ANCDS	Kathleen.youse@uky.edu

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