

Liaison Committee on Graduate Medical
Education

Directory of Approved Internships and
Residencies

1977-78

Includes:

Annual Report on Graduate Medical Education in the United States
Special Studies on Graduate Medical Education
Essentials of Approved Residencies
Requirements for Certification by American Specialty Boards

Published by
American Medical Association
535 North Dearborn Street
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Directory of Accredited Residencies

Compiled by the Staff of the Division of Educational Policy and Development, under the editorial direction of
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The information published in this DIRECTORY OF ACCREDITED RESIDENCIES as pp. 17-30 appears in the December 26, 1977, issue (Volume 238, No. 26) of *The Journal of the American Medical Association*.

For assistance in preparing material for publication, the Department of Graduate Medical Education is especially indebted to Miss Valeda Carbonneau of the Division; to the Division of Computer and Information Systems, and to the Division of Publishing Services.

Annual Report on Graduate Medical Education in the United States

This report, the 49th on Graduate Medical Education in the United States, is an analysis of the distribution and performance of approved programs for the academic year July, 1976 through June, 1977.

Data provided by hospitals are of July 1, 1977, unless otherwise specified, with respect to the number of positions offered, filled, and vacant, and the number of U. S. and foreign medical graduates in such programs. Data on the number of programs however, include programs approved by the Liaison Committee on Graduate Medical Education, upon recommendation of the various Residency Review Committees, through July 1, 1977.

The Special Studies section was printed in the Medical Education number of THE JOURNAL of the American Medical Association for December 26, 1977 (Volume 238, No. 26). Data on Special Studies had been largely compiled as of December 31, 1976, through the facilities of the Department of Physicians Statistics and of the Center for Health Services Research & Development of the American Medical Association, and are reprinted in the 1977-78 *Directory of Accredited Residencies*.

Only the Annual *Directory of Accredited Residencies* contains the detailed lists of accredited residencies, the Essentials of Accredited Residencies, information on the National Intern and Resident Matching Program (NIRMP), and the requirements of the approved examining boards in the medical specialties. The *Directory* also contains an excerpt of requirements for medical licensure as compiled by the American Medical Association.

The format of the 1977-78 *Directory* differs only slightly from that of the 1974-75 *Directory*, which was the first issue in which the first year of graduate medical education was listed as an integral part of the residency programs. In the 1974-75 *Directory*, as well as in this 1977-78 *Directory*, the first year of graduate medical education is included in the listing of the sponsoring residency program, and separate internships are not approved nor listed.

A change in the 1977-78 *Directory* is the omission of numbers assigned to individual programs by the National Intern and Residency Matching Program (NIRMP). The NIRMP mailed its institution agreements prior to completion of the *Directory*, and will list the NIRMP code numbers in its list of participating programs, distributed during the autumn of 1977. The *Directory of Accredited Residencies* is made available to students in the year prior to their final year of medical school, to familiarize them with policies related to graduate medical education and to provide them with a list of the accredited programs.

Copies of the *Directory* are provided for administrative use to hospitals with accredited graduate programs. Copies of the 1977-78 *Directory* may be purchased at a charge of \$4.00 for addresses in the United States and Canada, or for \$4.50 for addresses other than to the United States or Canada, payable in U. S. funds. Orders should be sent to the Order Unit, American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610, and must contain the zip code number as a part of the address.

The 1977-78 *Directory* has been set by a computer typesetting method. It is possible that minor errors may occur in the listing of multiple-hospital programs because of the technical problems of indentation inherent in preparation of the listings.

Data for the 1977-78 *Directory* were gathered by methods similar to those previously used. Some statistical tables may

not reflect the current number of programs nor the number of persons serving in them because it was necessary to record only data received prior to July 1, 1977, and at the same time to list programs approved up to June 30, 1977. The *Directory* was delayed for a number of months because of problems related to its computerized programming. Work has already started on the 1978-79 edition, in the expectation that it can be issued in early Fall 1978.

The section on "Special Reports, Announcements, and Notices," summarizes changes in policy of the Council on Medical Education, other national bodies, residency review committees, and specialty boards. The "Essentials of Accredited Residencies" include all changes made in these requirements up to July 1, 1977, so that users of the *Directory* would have the most current information available on the criteria for residency training in the various fields.

Graduate Education in Canada

Internships in Canada are approved by the Canadian Medical Association. Their acceptability for licensure in the United States is determined individually by each state medical board. Residencies in Canada are evaluated by the Royal College of Physicians and Surgeons of Canada, 74 Stanley Avenue, Ottawa, Ontario, Canada.

The *Directory*, therefore, does not contain information on graduate medical education in Canada. Accreditation of programs in graduate medical education by the Liaison Committee on Graduate Medical Education, in collaboration with other national organizations, is limited to programs in the United States, Puerto Rico, and the Canal Zone.

Next Edition of the Directory

Information forms for the next edition of the *Directory* have already been sent to hospitals and program directors. Completed forms should be returned promptly, and within the deadline date printed on the forms.

Program directors contemplating the coordination of two or more facilities should have agreed upon a uniform listing of the program at the time that the forms are submitted. If the facilities of one hospital are to be integrated with one or more additional hospitals, the program director should refer to the Consolidated List in this *Directory* to determine the overall heading currently used to designate programs of graduate medical education approved for these hospitals. In some cases, it has been necessary for the Department of Graduate Medical Evaluation to use arbitrarily abbreviated titles for programs to facilitate computerization and to make it possible to present meaningful statistics in the Consolidated List in the *Directory* and in the various tables.

Residency Programs

Programs in institutions submit detailed information at the time that they request approval for a new program when they are scheduled for review of a current program. New applications are reviewed by staff of the Department of Graduate Medical Evaluation. An application appears to be complete, arrangements for a site visit by a field representative of the Department are made. In some cases, a specialist site visit is also made.

The completed applications and the reports of the staff and of the specialist site visitors are reviewed by the Residency Review Committee in that order at several meetings during the year. The

Committee for that specialty makes recommendations to the Liaison Committee on Graduate Medical Education, which body then takes final action.

Table 1 shows the volume of activity carried on by the residency review committees during the academic year July 1, 1976, through June 30, 1977. Beginning July 1, 1975, the final action was taken by the Liaison Committee on Graduate Medical Education, so that the statistics to be reported next year will vary somewhat, and will indicate the actions taken by the Liaison Committee on Graduate Medical Education following the recommendations of the residency review committees, but there will be essentially little difference in the overall volume of programs reviewed. Although the residency review committees meet only two or three times a year, the Liaison Committee on Graduate Medical Education (LCGME) has been meeting six times a year, and generally has been able to evaluate programs seen by residency review committees that have met earlier than six weeks preceding a meeting of the Liaison Committee.

The Liaison Committee on Graduate Medical Education consists of representatives of the American Medical Association, the American Hospital Association, the American Board of Medical Specialties, the Association of American Medical Colleges, and the Council on Medical Specialty Societies.

Table 1 indicates that during the academic year beginning July 1, 1975, 2,320 programs were reviewed. Over 100 programs each were reviewed in family practice, internal medi-

cine, obstetrics-gynecology, orthopedic surgery, pathology, pediatrics, psychiatry, and urology.

Residencies by Specialty

As in previous reports, Tables 2 and 14 are the only tables that include statistics on residencies in the fields of preventive medicine. These tables include programs in the specialties of preventive medicine, which are generally not based in hospitals, and are therefore not included in other tables related to residencies.

Table 2 shows that the number of positions offered and filled each has continued to increase, that the number of positions vacant has continued to decrease, and that the number of approved programs decreased for the first time over that of the previous year.

As of September 1, 1976, there were 4,680 approved programs, which was an increase of 40 over the number of approved programs as of September 1, 1974, a less than 1% increase. As of September 1, 1976, the total number of positions offered, 65,046, represented a 12.8% gain over the total number of 57,681 as of September, 1974.

The number of positions filled continued to increase, with a 15% gain in the number of positions filled over the number for September, 1974; the rate of increase, however, between 1974 and the preceding year had been 7%.

The number of U. S. and Canadian graduates filling positions as of September 1, 1976, increased from 37,310 to 45,065, an increase of 7,755 or 21%; the year earlier, however,

Table 1—Activities of Residency Review Committees July 1, 1975, to June 30, 1976

Specialty	Number of Meetings Held	Programs Added to Approved List	Programs Granted Continued Approval	Programs Given Full Approval from Qualified Approval	Programs on which Further Data Were Required	Programs with Progress Reports for Review	Programs Placed or Continued on Probation	Programs on which Approval was Withdrawn	Programs on which Approval was Withheld	Total Programs Reviewed
Aerospace Medicine*	2	..	5	..	..	..	..	1	..	6
Anesthesiology	2	8	36	10	7	6	4	8	3	82
Child Psychiatry**	3	2	46	5	13	8	13	8	..	95
Colon & Rectal Surgery	1	3	6	..	1	1	..	1	..	12
Dermatology	2	1	22	5	2	1	2	1	..	34
Family Practice	4	54	58	7	6	9	2	4	26	166
General Preventive Med.*	2	2	27	1	3	1	..	2	..	36
Internal Medicine	3	9	100	24	14	41	19	17	11	235
Neurological Surgery	2	1	40	6	4	..	2	2	1	56
Neurology**	3	6	35	4	10	2	4	4	1	66
Nuclear Medicine	1	9	1	..	..	4	..	..	1	15
Obstetrics/Gynecology	3	5	95	8	12	17	11	12	4	164
Occup. Med. (Academic)*	2	1	3	..	2	..	..	..	..	6
Occup. Med. (In-Plant)*	2	..	16	..	..	..	..	1	..	17
Ophthalmology	3	5	55	3	4	2	9	2	..	80
Orthopedic Surgery	3	3	67	12	4	10	8	2	2	108
Otolaryngology	2	3	21	2	6	2	5	6	..	45
Pathology†	2	3	81	11	5	4	30	28	3	165
Path.-Blood Banking†	1	1	..	..	..	..	..	..	..	1
Path.-Dermatopathology†	1	3	..	..	4	..	..	..	..	7
Path.-Forensic†	2	1	2	..	..	..	1	..	2	6
Path.-Neuropathology†	2	8	3	1	..	..	..	2	..	14
Pediatric Allergy††	3	3	15	4	..	2	2	6	1	33
Pediatric Cardiology††	3	1	18	1	6	2	2	3	..	33
Pediatrics††	3	3	121	10	6	7	8	11	5	171
Physical Med. & Rehab.	2	2	15	..	1	2	1	3	1	25
Plastic Surgery	2	3	27	6	6	6	9	2	2	61
Psychiatry**	3	5	87	14	15	20	19	21	1	182
Public Health*	2	..	23	1	2	1	1	..	..	28
Radiology-General‡	1	1	7	2	..	..	3	14	..	27
Radiology-Diagnostic‡	1	15	6	21	..	..	..	1	6	49
Radiology-Therapeutic‡	1	8	7	5	..	..	1	2	1	24
Surgery	1	2	49	7	5	1	12	14	1	91
Thoracic Surgery	2	6	16	9	10	1	12	5	9	68
Urology	3	2	47	9	6	25	16	5	2	112
Totals	45	179	1,157	188	154	175	196	188	83	2,320

*Programs evaluated by the Residency Review Committee for Preventive Medicine.

**Programs evaluated by the Residency Review Committee for Psychiatry and Neurology.

†Programs evaluated by the Residency Review Committee for Pathology.

††Programs evaluated by the Residency Review Committee for Pediatrics.

‡Programs evaluated by the Residency Review Committee for Radiology.

Table 2.—Number of Residencies by Specialty

Specialty	Number of Residency Positions					Number of Residents on Duty		
	No. of Approved Programs	Total Positions Offered Sept. 1, 1976	Total Positions Filled Sept. 1, 1976	Positions Vacant Sept. 1, 1976	Percentage Filled	Graduates U.S., Canada Sept. 1, 1976	Foreign Graduates Sept. 1, 1976	Percentage For. Grads. in Filled Positions
Allergy and Immunology	6	24	22	2	92	9	13	59
Anesthesiology	160	2,495	2,252	243	90	1,190	1,062	47
Blood Banking	7	8	4	4	50	4	..	..
Child Psychiatry	134	696	564	132	81	382	182	32
Diagnostic Radiology	209	2,610	2,375	235	91	1,801	574	24
Dermatology	97	776	764	12	98	718	46	6
Dermatopathology	9	8	4	4	50	3	1	25
Family Practice	319	5,344	4,639	705	87	4,231	408	9
General Practice	27	398	376	22	94	15	361	96
Surgery	401	8,411	7,899	512	94	5,499	2,400	30
Internal Medicine	434	15,638	15,367	271	98	12,466	2,901	19
Neurological Surgery	95	611	561	50	92	434	127	23
Neurology	121	1,229	1,161	68	94	839	322	28
Nuclear Medicine	74	171	128	43	75	67	61	48
Obstetrics and Gynecology	312	4,113	3,899	214	95	2,871	1,028	26
Ophthalmology	170	1,603	1,563	40	98	1,461	102	7
Orthopedic Surgery	196	2,499	2,385	114	95	2,093	292	12
Otolaryngology	114	930	886	44	95	759	127	14
Pathology	392	3,180	2,756	424	87	1,557	1,199	44
Forensic Pathology	30	55	24	31	44	16	8	33
Neuropathology	48	75	44	31	59	26	18	41
Pediatrics	250	5,199	5,028	171	97	3,504	1,524	30
Pediatric Allergy	57	146	137	9	94	111	26	19
Pediatric Cardiology	52	120	101	19	84	73	28	28
Physical Medicine	67	553	476	77	86	150	326	68
Plastic Surgery	114	417	392	25	94	311	81	21
Colon and Rectal Surgery	21	34	33	1	97	18	15	45
Psychiatry	243	4,910	4,374	536	89	2,853	1,521	35
Radiology	54	361	291	70	81	124	167	57
Therapeutic Radiology	116	558	414	144	74	208	206	50
Thoracic Surgery	106	324	292	32	90	220	72	25
Urology	175	1,164	1,107	57	95	843	264	24
Totals	4,610	64,660	60,318	4,342	93	44,856	15,462	26
Other than Hospital-Based:								
Aerospace Medicine	5	98	54	44	55	53	1	2
General Preventive Medicine	23	182	139	43	76	114	25	18
Occupational Medicine (Academic)	8	37	17	20	46	15	2	12
Occupational Medicine (In-Plant)	13	9	4	5	44	4		
Public Health	21	60	29	31	48	23	6	10
Totals	70	386	243	143	63	209	34	42
Grand Totals	4,680	65,046	60,561	4,485	93	45,065	15,496	26

had been an increase of 3,151 or 9% over the 1974 figure. The number of foreign graduates filling positions increased for 1976 by 121 positions or 9%; the increase of the previous year had been 452 positions, or 30%.

Table 2 indicates that 21 specialties filled 90% or more of the residency positions they offered, with recruitment percentages varying in the group from 90% for anesthesiology and thoracic surgery, to 100% for plastic surgery.

The residencies with the lowest percentage of positions filled, in addition to the four fields of preventive medicine, were forensic pathology with 44%, neuropathology with 59%, and blood banking with 50%.

Although the fields of preventive medicine continue to have a low recruitment rate, all programs have a very low percentage of foreign graduates.

Dermatology had only 6% of foreign graduates in their filled positions; family practice had only 9%; and ophthalmology had only 7% of foreign graduates filling their positions. As in previous years, more than 50% of the residency positions were filled by foreign graduates in general practice (96%), physical medicine (68%), radiology (57%), and as newcomers to this group, allergy and immunology (59%) and therapeutic radiology (50%).

Table 3 is a refinement of Table 2, and omits the programs in preventive medicine and separates the hospital-based program into those with or without medical school affiliations. Over the years medical school affiliated hospitals have offered

an increasingly large proportion of the approved programs, and the number of hospitals reported by the medical schools as having an affiliation has increased. For the 1976 reporting period, the affiliated hospitals offered 93% of the total positions and filled 93% of the available positions. This was an increase from 92% and 93% for the 1974 reporting period; during the 1973 period the numbers were 91% and 91.5%. The affiliated hospitals also obtained 95% of the available U.S. and Canadian graduates, and 86% of the available foreign graduates.

Graduates from medical schools in the United States and Canada comprised 70% of all residents on duty, with 94% of these serving in affiliated hospitals. In 1974 the percentages had been 71% and 96% respectively. The number of residents appointed by the non-affiliated hospitals of both U.S. and Canadian graduates and foreign graduates dropped sharply for 1976; as compared with 1974, there were 2,226 residents appointed in non-affiliated hospitals as of September 1, 1976, whereas there were 3,739 in 1974, and 4,190 in 1973. The proportion of U.S. and Canadian graduates in the total numbers appointed in non-affiliated hospitals was 52% for 1976, with 48% of the total being foreign graduates; for 1974, the total number of U.S. graduates was 42%. For 1976 the non-affiliated hospitals recruited more U.S. and Canadian graduates and fewer foreign graduates than during the preceding two years.

GRADUATE MEDICAL EDUCATION

Table 3.—Number of Residencies and Positions, by Specialty in Affiliated and Nonaffiliated Hospitals

Specialty	No. of Approved Programs	Number of Residency Positions				Number of Residents on Duty			
		Total Positions Offered Sept. 1, 1976	Total Positions Filled Sept. 1, 1976	Positions Vacant Sept. 1, 1976	Percentage Filled	Graduates U.S., Canada Sept. 1, 1976	Foreign Graduates Sept. 1, 1976	Percentage For. Grads. in Filled Positions	
Affiliated									
Allergy and Immunology	5	17	15	2	88	3	12	80	
Anesthesiology	153	2,383	2,151	232	90	1,135	1,016	47	
Blood Banking	6	6	2	4	33	2	..	..
Child Psychiatry	112	586	483	103	82	340	143	30	
Diagnostic Radiology	200	2,503	2,273	230	91	1,730	543	24	
Dermatology	93	747	735	12	98	689	46	6	
Dermatopathology	9	8	4	4	50	3	1	25	
Family Practice	257	4,615	4,108	507	89	3,739	369	9	
General Practice	7	147	143	4	97	15	128	90	
Surgery	359	7,797	7,330	467	94	5,295	2,035	28	
Internal Medicine	395	14,742	14,496	246	98	12,047	2,449	17	
Neurological Surgery	93	598	548	50	92	422	126	23	
Neurology	117	1,204	1,136	68	94	818	318	28	
Nuclear Medicine	71	164	121	43	74	60	61	50	
Obstetrics and Gynecology	285	3,857	3,659	198	95	2,790	869	24	
Ophthalmology	159	1,508	1,485	23	98	1,401	84	6	
Orthopedic Surgery	182	2,328	2,229	99	96	1,961	268	12	
Otolaryngology	112	905	861	44	95	737	124	14	
Pathology	359	3,014	2,618	396	87	1,512	1,106	42	
Forensic Pathology	9	13	4	9	31	4	..	..
Neuropathology	47	75	44	31	59	26	18	41	
Pediatrics	234	4,946	4,784	162	97	3,370	1,414	30	
Pediatric Allergy	54	144	135	9	94	109	26	19	
Pediatric Cardiology	52	120	101	19	84	73	28	28	
Physical Medicine	65	542	469	73	87	148	321	68	
Plastic Surgery	109	406	382	24	94	302	80	21	
Colon and Rectal Surgery	18	31	30	1	97	16	14	47	
Psychiatry	193	4,183	3,732	451	89	2,572	1,160	31	
Radiology	49	331	265	66	80	121	144	54	
Therapeutic Radiology	110	520	379	141	73	179	200	53	
Thoracic Surgery	101	310	278	32	90	209	69	25	
Urology	165	1,106	1,050	56	95	802	248	24	
Totals	4,180	59,856	56,050	3,806	94	42,630	13,420	24	
Non-Affiliated									
Allergy and Immunology	1	7	7	..	100	6	1	14	
Anesthesiology	7	112	101	11	90	55	46	46	
Blood Banking	1	2	2	..	100	2	..	..
Child Psychiatry	22	110	81	29	74	42	39	48	
Diagnostic Radiology	9	107	102	5	95	71	31	30	
Dermatology	4	29	29	..	100	29	..	..
Dermatopathology	..	..	..	..	..	..	..	..
Family Practice	62	729	531	198	73	492	39	7	
General Practice	20	251	233	18	93	..	233	100	
Surgery	42	614	569	45	93	204	365	64	
Internal Medicine	39	896	871	25	97	419	452	52	
Neurological Surgery	2	13	13	..	100	12	1	8	
Neurology	4	25	25	..	100	21	4	16	
Nuclear Medicine	3	7	7	..	100	7	..	..
Obstetrics and Gynecology	27	256	240	16	94	81	159	66	
Ophthalmology	11	95	78	17	82	60	18	23	
Orthopedic Surgery	14	171	156	15	91	132	24	15	
Otolaryngology	2	25	25	..	100	22	3	12	
Pathology	33	166	138	28	83	45	93	67	
Forensic Pathology	21	42	20	22	48	12	8	40	
Neuropathology	1	..	..	..	..	..	..	..
Pediatrics	16	253	244	9	96	134	110	45	
Pediatric Allergy	3	2	2	..	100	2	..	..
Pediatric Cardiology	..	..	..	..	..	..	..	..
Physical Medicine	2	11	7	4	64	2	5	71	
Plastic Surgery	5	11	10	1	91	9	1	10	
Colon and Rectal Surgery	3	3	3	..	100	2	1	33	
Psychiatry	50	727	642	85	88	281	361	56	
Radiology	5	30	26	4	87	3	23	88	
Therapeutic Radiology	6	38	35	3	92	29	6	17	
Thoracic Surgery	5	14	14	..	100	11	3	21	
Urology	10	58	57	1	98	41	16	28	
Totals	430	4,804	4,268	536	89	2,226	2,042	48	
Grand Totals	4,610	64,660	60,318	4,342	93	44,856	15,462	26	

Table 4.—Number of First-Year Residencies by Specialty, in Affiliated and Nonaffiliated Hospitals

Specialty	No. of Approved Programs	Number of Residency Positions				Number of Residents on Duty		
		Total Positions Offered Sept. 1, 1976	Total Positions Filled Sept. 1, 1976	Positions Vacant Sept. 1, 1976	Percentage Filled	Graduates U.S., Canada Sept. 1, 1976	Foreign Graduates Sept. 1, 1976	Percentage For. Grads. in Filled Positions
Affiliated								
Allergy and Immunology	5	15	15		100	3	12	80
Anesthesiology	153	644	553	91	86	302	251	45
Blood Banking	6	5	2		40	2		
Child Psychiatry	112	262	223	39	85	154	69	31
Diagnostic Radiology	200	670	610	60	91	485	125	20
Dermatology	93	230	227	3	99	214	13	6
Dermatopathology	9	8	4	4	50	3	1	25
Family Practice	257	1,689	1,603	86	95	1,484	119	7
General Practice	7	83	81	2	98	8	73	90
Surgery	359	2,550	2,375	175	93	1,716	659	28
Internal Medicine	395	5,234	5,190	44	99	4,526	664	13
Neurological Surgery	93	127	118	9	93	84	34	29
Neurology	117	347	324	23	93	244	80	25
Nuclear Medicine	71	87	68	19	78	36	32	47
Obstetrics and Gynecology	285	1,065	1,002	63	94	810	192	19
Ophthalmology	159	440	430	10	98	416	14	3
Orthopedic Surgery	182	558	524	34	94	444	80	15
Otolaryngology	112	245	234	11	96	198	36	15
Pathology	359	831	733	98	88	448	285	39
Forensic Pathology	9	10	4	6	40	4		
Neuropathology	47	47	28	19	60	16	12	43
Pediatrics	234	1,826	1,789	37	98	1,258	531	30
Pediatric Allergy	54	79	74	5	94	60	14	19
Pediatric Cardiology	52	60	53	7	88	35	18	34
Physical Medicine	65	182	157	25	86	54	103	66
Plastic Surgery	109	187	179	8	96	145	34	19
Colon and Rectal Surgery	18	30	29	1	97	16	13	45
Psychiatry	193	1,211	1,080	131	89	757	323	30
Radiology	49	106	82	24	77	32	50	61
Therapeutic Radiology	110	162	108	54	67	45	63	58
Thoracic Surgery	101	154	135	19	88	98	37	27
Urology	165	280	261	19	93	188	73	28
Totals	4,180	19,424	18,295	1,129	94	14,285	4,010	22
Non-Affiliated								
Allergy and Immunology	1	3	3		100	3		
Anesthesiology	7	24	20	4	83	7	13	65
Blood Banking	1	1	1		100	1		
Child Psychiatry	22	58	45	13	78	28	17	38
Diagnostic Radiology	9	15	14	1	93	8	6	43
Dermatology	4	11	11		100	11		
Dermatopathology								
Family Practice	62	270	225	45	83	212	13	6
General Practice	20	122	115	7	94		115	100
Surgery	42	218	200	18	92	69	131	66
Internal Medicine	39	337	332	5	99	168	164	49
Neurological Surgery	2	3	3		100	2	1	33
Neurology	4	5	5		100	3	2	40
Nuclear Medicine	3	3	3		100	3		
Obstetrics and Gynecology	27	71	63	8	89	22	41	65
Ophthalmology	11	32	25	7	78	18	7	28
Orthopedic Surgery	14	45	39	6	87	33	6	15
Otolaryngology	2	5	5		100	4	1	20
Pathology	33	54	45	9	83	16	29	64
Forensic Pathology	21	38	18	20	47	11	7	39
Neuropathology	1							
Pediatrics	16	100	97	3	97	45	52	54
Pediatric Allergy	3	1	1		100	1		
Pediatric Cardiology								
Physical Medicine	2	4	4		100	2	2	50
Plastic Surgery	5	5	5		100	4	1	20
Colon and Rectal Surgery	3	3	3		100	2	1	33
Psychiatry	50	246	212	34	86	85	127	60
Radiology	5	10	8	2	80	1	7	88
Therapeutic Radiology	6	13	11	2	85	10	1	9
Thoracic Surgery	5	7	7		100	5	2	29
Urology	10	17	16	1	94	10	6	38
Totals	430	1,721	1,536	185	89	784	752	49
Grand Totals	4,610	21,145	19,831	1,314	94	15,069	4,762	22

First-Year Positions

Table 4 shows the distribution of first-year positions by specialty to indicate the relative acceptability to new graduates of the various fields of specialization. In developing the Table, first-year positions are listed in all specialties even though a candidate cannot begin a residency in some fields immediately upon graduation from medical school, but will, instead, be required to have some prior graduate training. An example is the listing of first-year programs in child psychiatry; these are usually offered to candidates who have had two years of residency training in general psychiatry as a minimum. It is necessary, however, to list "first-year" residencies in child psychiatry to determine the number entering this field of training each year. Other specialties are now requiring some broad training in the first-year of their programs. In 1974, as a transitional year, programs that had prerequisite requirements were recruiting not only candidates who had had a year of graduate training but those just graduating and might be given a broad prerequisite year first. Residents in general surgery could have been at that time designated as serving "dual appointments" and being assigned simultaneously as straight interns in surgery and first-year residents in surgery. Also, specialties such as family practice, pathology, and pediatrics had already stated that candidates could enter directly into these programs upon graduation from medical school. In the section of the Directory entitled "Special Studies," the requirements of the various specialties have been tabulated and presented in chart form.

Table 4, therefore, lists the first year of each specialty, and its recruitment. The specialties that recruit candidates for more than 90% of their positions in both the affiliated and the non-affiliated hospitals were allergy and immunology, derma-

tology, diagnostic radiology, general practice, internal medicine, otolaryngology, pediatrics, pediatrics allergy, plastic surgery, colon and rectal surgery, surgery, and urology. For the affiliated hospitals, family practice, obstetrics-gynecology, ophthalmology and orthopedics surgery also filled more than 90% of their positions, but the unaffiliated hospitals filled a smaller proportion than 90% in these fields. In blood banking, dermatology, neurological surgery, neurology, nuclear medicine, otolaryngology, pediatrics allergy, physical medicine, plastic surgery, colon and rectal surgery and thoracic surgery, the non-affiliated hospitals filled 100% of their positions, but the number of positions involved was small.

Changes in First-Year Positions

The total number of first-year positions offered and filled increased in 1976 over 1974, and the number of vacancies decreased. The rate of increase of positions offered was 4% in 1976 over 1974; it had been 4% in 1974 over 1973; but the increase in the number of positions filled for 1976 over 1974 was 5%; it had been 4% for 1974 over 1973. In 1976, the percentage of unfilled positions was 6%; in 1974 it had been 7%; and in 1973, 8%. In the affiliated hospitals, out of a total pool of U.S. and Canadian graduates, 10% more were recruited, and of the pool of available foreign graduates, 8% fewer were recruited. For the non-affiliated hospitals, the number of U.S. and Canadian graduates recruited increased to 784 as compared with 599 the previous year, and the number of foreign medical school graduates decreased to 599 as compared with 752 the previous year. The overall percentage of recruitment for both the affiliated and non-affiliated hospitals in first-year programs showed an increase of 11% for the U.S. and Canadian graduates and a 10% decrease for the graduates of foreign medical schools. As indicated above, however, some of these numbers of first-year positions may be attributed to the change

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Table 5.—Number of First-Year Positions in all Residency Programs

	No. of Approved Programs	Number of Residency Programs Total Offered Sept. 1	Total Positions Filled Sept. 1	Vacant Sept. 1	Percent Filled Sept.	Number of Residents on U.S. Grads Filled	Foreign Grads Filled	Duty Percent Foreign Filled
Allergy & Immunology	6	18	18		100			67
Anesthesiology	160	668	570	95	85	6	12	40
Blood Banking	7	6	3	3	50	3		
Child Psychiatry	134	320	268	52	83	182	86	27
Diagnostic Radiology	209	685	624	61	91	493	131	21
Dermatology	97	241	238	3	99	225	13	5
Dermatopathology	9	8	4	4	50	3	1	25
Family Practice	319	1,959	1,828	131	93	1,696	132	7
General Practice	27	205	196	9	96	8	188	96
Surgery	401	2,768	2,575	193	93	1,785	790	31
Internal Medicine	434	5,571	5,522	49	99	4,694	828	15
Neurological Surgery	95	130	121	9	93	86	35	29
Neurology	121	352	329	23	93	247	82	25
Nuclear Medicine	74	90	71	19	79	39	32	36
Obstetrics & Gynecology	312	1,136	1,065	71	94	832	233	22
Ophthalmology	170	472	455	17	96	434	21	5
Orthopedic Surgery	196	603	563	40	93	477	86	15
Otolaryngology	114	250	239	11	96	202	37	15
Pathology	392	885	778	107	88	464	314	40
Forensic Pathology	30	48	22	26	46	15	7	32
Neuropathology	48	47	28	19	60	16	12	43
Pediatrics	250	1,926	1,886	40	98	1,303	583	31
Pediatric Allergy	57	80	75	5	94	61	14	19
Pediatric Cardiology	52	60	53	7	88	35	18	34
Physical Medicine	67	186	161	25	87	56	105	65
Plastic Surgery	114	192	184	8	96	149	35	19
Colon & Rectal Surgery	21	33	32	1	97	18	14	44
Psychiatry	243	1,457	1,292	165	89	842	450	35
Radiology	54	116	90	26	78	33	57	63
Therapeutic Radiology	116	175	119	56	68	55	64	54
Thoracic Surgery	106	161	142	19	88	103	39	27
Urology	175	297	277	20	93	198	79	29
Totals	4,610	21,145	19,831	1,314	94%	15,069	4,762	24%

Table 6.—Number of Residencies, by Type of Hospital Control

Control	No. of Hospitals	No. of Approved Programs	Number of Positions				Number of Residents on Duty		
			Total Positions Offered Sept. 1, 1976	Total Positions Filled Sept. 1, 1976	Positions Vacant Sept. 1, 1976	Percentage Filled	Graduates U.S., Canada Sept. 1, 1976	Foreign Graduates Sept. 1, 1976	Percentage For. Grads. in Filled Positions
Combined Hospitals	236	1,448	26,744	25,288	1,456	95	20,647	4,641	18
Totals	236	1,448	26,744	25,288	1,456	95	20,647	4,641	18
Federal									
U.S. Air Force	11	30	473	410	63	87	409	1	1
U.S. Army	12	92	1,058	980	78	93	972	8	1
U.S. Navy	12	58	767	693	74	90	667	26	4
U.S. P.H.S.	12	28	276	255	21	92	211	44	17
Veterans Admin.	113	107	1,059	1,014	45	96	670	344	34
Other Federal	5	15	100	87	13	87	46	41	47
Totals	165	330	3,733	3,439	294	92	2,975	464	13
Governmental Non-Profit									
State	211	448	5,038	4,541	497	90	3,306	1,235	27
County	80	188	2,730	2,524	206	92	2,083	441	17
City	34	71	1,209	1,171	38	97	596	575	49
City-County	19	38	556	487	69	88	242	245	50
Hospital District	15	22	353	337	16	95	278	59	18
Totals	359	767	9,886	9,060	826	92	6,505	2,555	28
Non-Governmental Non-Profit									
Church	195	360	4,064	3,698	366	91	2,226	1,472	40
Non-Profit Corp.	715	1,673	19,655	18,278	1,377	93	12,225	6,053	33
Totals	910	2,033	23,719	21,976	1,743	93	14,451	7,525	34
Proprietary									
Partnerships	3	1	24	15	9	63	9	6	40
Corporations	29	31	554	540	14	97	269	271	50
Totals	32	32	578	555	23	96	278	277	50
Grand Totals	1,702	4,610	64,660	60,318	4,342	93	44,856	15,462	26

in the requirements and the ability of specialties to accept candidates directly into a residency without the internship.

The number of persons entering residency programs without an internship, and the fields in which they were serving are shown in a table in the "Special Studies" section of this report.

Table 5 is provided for convenience to show the total number of first-year positions in all residency programs and to summarize the totals in each of the fields. A comparison of Tables 2 and 5, with respect to hospital-based programs, indicate that 33% of the total positions offered and filled as of September 1, 1976, were at the first-year level; 30% of the vacancies were at the first-year level; 34% of the U.S. and Canadian graduates on duty and 31% of the foreign graduates on duty were at the first-year level. For 1974, the proportion of first-year positions offered and filled was 37%; however the number of vacancies in the first-year was 32% of the total. The number of U.S. and Canadian graduates on duty in the first year was 36%, and the number of foreign graduates on duty in the first year for 1974 was 39%. It is expected that studies may be initiated for subsequent directories to indicate the number of positions filled in each of the specialties for the number of required years, and possibly to obtain information on the number of persons who complete a residency program in the specialties listed.

Residencies by Type of Hospital Control

Table 6 provides information on residencies by type of hospital control. A category of "combined hospitals" has been used to designate residency programs supported by combinations of several hospitals, under different types of control. The number of hospitals in this group fluctuates because of the variation in the composition of some of the integrated programs. The number of "combined hospitals," does not indicate the number of integrated programs but rather, includes those integrated programs in which the hospitals participating are not under a similar type of control. For example, in the combined hospitals an integrated program may be included in

which a city hospital, a non-profit hospital, and a federal hospital participate. These cannot be listed under any of the other types of controls, and therefore the program is listed under "combined hospitals." If two federal hospitals participate in an integrated program, their statistics would be listed under the classification of "federal" and, even though the program is an integrated one, the hospitals would not be included in the "combined hospitals" statistics.

The 236 hospitals counted in the "Combined Hospitals" group was an increase over 211 the previous year. For 1976 these hospitals comprised 14% of the total hospitals involved in residency programs, but offered 31% of the approved programs, with 41% of the total positions offered, and 42% of the total positions filled. These groups of hospitals appointed 46% of all of the available U.S. and Canadian graduates, and 30% of the available foreign graduates. Each of these percentages represented an increase over the percentages in 1974, when the combined hospitals comprised 13% of the total hospitals involved in residency programs; offered 29% of the approved programs, with 40% of the total positions offered, 41% of the total positions filled, and 46% of all available U.S. and Canadian graduates, with 30% also of the available foreign graduates.

The federal services, comprising 10% of the hospitals participating in residency training and 7% of the programs, offered 6% of the positions and recruited 6% of the available residents, with 7% of the available U.S. and Canadian graduates and 3% of the foreign graduates who received appointments. This is an almost identical record of the statistics for 1974 and also 1973 for the federal hospitals.

The governmental (non-federal) hospitals, with 21% of the hospitals approved for residencies, offered 16% of the programs, and 15% of the total positions. They obtained 15% of the total residents available, 15% of the U.S. and Canadian graduates and 16% of the available foreign graduates. These statistics also are similar to those for the past two years.

The group of non-governmental, non-profit hospitals, which comprised 53% of the total hospitals participating, offered 44%

Table 7.—Number of Residencies by Medical School Affiliation and Bed Capacity

Classification	No. of Hospitals	No. of Approved Programs	Number of Residency Positions				Number of Residents on Duty		
			Total Positions Offered Sept. 1, 1976	Total Positions Filled Sept. 1, 1976	Positions Vacant Sept. 1, 1976	Percentage Filled	Graduates U.S., Canada Sept. 1, 1976	Foreign Graduates Sept. 1, 1976	Percentage For. Grads. in Filled Positions
Affiliated									
Combined Hospitals	204	1,390	25,831	24,444	1,387	95	19,901	4,543	19
Less than 200 Beds	257	235	2,939	2,687	252	91	1,972	715	27
200-299	136	171	1,860	1,719	141	92	1,312	407	24
300-499	347	871	9,468	8,780	688	93	6,163	2,617	30
500-Over	334	1,513	19,758	18,420	1,338	93	13,282	5,138	28
Totals	1,278	4,180	59,856	56,050	3,806	94	42,630	13,420	24
Non-Affiliated									
Combined Hospitals	32	58	913	844	69	92	746	98	12
Less than 200 Beds	175	94	757	647	110	85	326	321	50
200-299	65	43	406	358	48	88	135	223	62
300-499	89	138	1,539	1,362	177	88	446	916	67
500-Over	63	97	1,189	1,057	132	89	573	484	46
Totals	424	430	4,804	4,268	536	89	2,226	2,042	48
Grand Totals	1,702	4,610	64,660	60,318	4,342	93	44,856	15,462	26

of the total programs, but only 36% of the total number of positions. They obtained 36% of the available residents, which included 32% of the U.S. and Canadian graduates and 48% of the foreign graduates. Their record was slightly above that of 1974, when they had offered 46% of programs, 36% of positions and had obtained 35% of the available residents. In 1974, they had also obtained 31% of U.S. and Canadian graduates, but at that time had 47% of the available foreign graduates. The proprietary hospitals account for only 2% of the statistics for 1976.

Several categories of hospitals had a high percentage of filled positions, but also a correspondingly high percentage of foreign graduates. The Veterans Administration Hospitals, for example, with 96% of their positions filled, had 34% of the positions filled by foreign graduates. In the category of governmental non-federal institutions, the city hospitals filled 97% of their positions, but filled 49% of these positions with foreign graduates. In the non-governmental, non-profit group, the church-related institutions filled 90% of the positions offered, but filled 46% of these with graduates of foreign medical schools.

In most of these cases, however, the percentage of foreign graduates decreased by several percentage points over the percentage in 1974.

The percentage of filled positions increased in almost every category, except for 1% percentage drops in the U.S. Army and Navy category. The hospitals of the United States Air Force and also the category of "other federal hospitals" had relatively low filling rates with only 87% instead of the average of 92%, but each of these had very low percentages of foreign graduates. The state hospitals also had only 90% of their positions filled, but they also had a relatively low percentage of foreign graduates.

Residencies by Medical School Affiliation and Bed Capacity

Table 7 classifies programs by bed capacity and medical school affiliation. It must be emphasized that affiliation with a medical school is *not* a requirement for accreditation of graduate training programs; programs are evaluated on the basis of their quality and their conformance with the requirements stated in the "Essentials of Accredited Residencies."

Information concerning the affiliation of medical schools with hospitals offering residency programs is obtained from the office of the dean of the medical school; it is not solicited nor usually accepted on the basis of a statement from the institution, because of the variety of affiliation arrangements possible, and because of the necessity of using the information provided from an official source. The indication of affiliation with a medical school for an individual hospital is shown in

the "Consolidated List of Hospitals" which follows these reports in each issue of the Directory. Hospitals may be listed as having a major affiliation with a medical school, be affiliated to a limited extent, or be affiliated only for graduate medical education. The classification designated by the dean of a medical school is accepted, but each school, is provided with a definition of the expected use of these terms. When a hospital has been designated as having a major affiliation, it is expected that it plays a major role in the clinical clerkship program of the medical school, with students serving regularly on inpatient services under the direct supervision of members of the medical school faculty. It is expected that hospitals listed as being major teaching hospitals would provide clerkships in two or more of the major services of internal medicine, general surgery, pediatrics, and obstetrics, but the list might also include hospitals responsible for most of the teaching in a single specialty, such as psychiatry, chest diseases, or pediatrics.

A hospital used for teaching to a limited extent might provide clerkship experience irregularly, on an elective basis, in limited specialties, or only in the outpatient service, but such experience should still be related to curricular assignments and should be under the supervision of faculty members. Hospitals may be indicated as having an affiliation for graduate training even though they do not participate in the clerkship program of a medical school. The designation of graduate affiliation may be used for hospitals not already designated as having a major or limited affiliation and in cases in which one or more of the following arrangements is in effect:

1. House staff selected by officials of a specific medical school department or by a joint committee of the hospital teaching staff and the medical school faculty;
2. Some degree of actual exchange of residents between the hospital designated with a graduate type of affiliation, and the principal medical school teaching hospital;
3. Regularly scheduled participation of medical school faculty (other than the hospital's own attending staff) and teaching programs at the "G" Hospital;
4. A contractual arrangement (with or without financial commitment) for assistance in the organization and supervision of the graduate program in the hospital designated for graduate training.

The designation of graduate affiliation should not be used if the hospital is used for undergraduate clerkship teaching, if the faculty participation is as tenuous as an occasional lecture or consultation visit, or if the hospital's residents attend medical school teaching conferences only as visitors.

Of the hospitals designated as having an affiliation, the

"combined hospital" category represented 14% of the total number of hospitals offering residencies, and this group had 31% of the approved programs, offered 41% of the residency positions, and recruited 42% of the total candidates appointed. They obtained 46% of the U.S. and Canadian graduates and 30% of the foreign graduates. The previous year this category represented 11% of the total number of hospitals, offered 40% of the residencies, obtained 45% of the U.S. and Canadian graduates, and 29% of the available foreign graduates. Therefore, although the number of hospitals involved has decreased, their success in recruiting candidates has increased. The next largest group among the affiliated hospitals was the group with 500 or more beds, which comprised 26% of the hospitals offering residencies. This group offered 33% of the total positions, recruited 32% of the available residents, including 30% of the available U.S. and Canadian graduates and 28% of the available foreign graduates. Their record for 1975 was similar. The group of affiliated hospitals with 300 to 499 beds comprised 20% of the total number of hospitals participating in residencies, offered 18% of the programs and 15% of the total positions. They recruited 15% of the available candidates, obtaining 14% of the available U.S. and Canadian graduates and 17% of the available foreign graduates. Their record also was similar to that of 1974.

In the group of non-affiliated hospitals, the largest group was that of less than 200 beds. This group, which comprised 10% of the hospitals offering programs, offered 2% of the programs, with 1% of the total positions offered. They recruited 1% of the available candidates, filling their positions with less than 1% of the available U.S. and Canadian graduates and with 2% of the foreign graduates. The non-affiliated hospitals, however, recruited only 7% of the total candidates available, appointing only 5% of the available U.S. and Canadian graduates and 13% of the foreign graduates. In 1973 they had recruited 9% of the available candidates, and had appointed 5% of the available U.S. and Canadian graduates, and 13% of the available graduates of foreign medical schools. The total number of residents appointed in the non-affiliated hospitals was 529 more than in 1974, or an increase of about 14%.

Residencies by Census Division, Region and State

All census regions in Table 8 showed increases in the total number of positions offered, and all but one of them (territories and possessions) showed increases in the number of positions filled. In eight of the census regions, the number of hospitals participating in residency programs increased; in two of them the number decreased; the decreases in the number of hospitals in each region, however, was of the magnitude of only two or three per cent generally, but in one of the four census regions in which the number of hospitals participating increased (South Atlantic Region) the number changed from 209 to 227. The number of approved programs in the various regions increased in six and decreased in four (Middle Atlantic, West North Central, Pacific and Territories and Possessions).

In 1976, the total number of positions offered and the number filled increased over the totals for 1974, but the total number of vacancies was smaller, which may be an indication of more realistic planning despite the growth of the number of positions in the approved programs. The number of positions vacant decreased in each census region except the East North Central Region, and South Atlantic Region. In the East North Central Region, despite the fact that there were more vacancies, the percentage of positions filled increased, and there was a small percentage of foreign graduates serving in the filled positions. All of the census regions, incidentally, showed a smaller, or the same, percentage of graduates in their filled positions.

As has been true for a number of years, the middle Atlantic Division, with the three states of New Jersey, New York and

Pennsylvania, provided a high proportion of the data, with 21% of the hospitals, 23% of the approved programs, 24% of the total positions offered, and 28% of the positions filled. The proportions of positions filled decreased in 1976 under the 28% for 1974, and these three states also obtained 18% of the available U.S. and Canadian graduates and 43% of the available graduates from foreign medical schools. These percentages showed a slight shift from 1974, with a lower percentage by one point of recruitment of U.S. and Canadian graduates, and no change in the recruitment of available foreign graduates. Nevertheless, each of the three states recruited a smaller percentage of foreign graduates in their filled positions during 1976 than they had during 1974. In 1974, New Jersey filled 74% of its positions with graduates of foreign medical schools; in 1976 it was 72%. Pennsylvania dropped one percentage point during 1976 and New York dropped four points. New Jersey and New York each recruited a higher percentage of candidates for all positions, whereas the proportion of positions filled in Pennsylvania remained at 90% of those offered. In the East North Central Division, which includes Illinois, Indiana, Michigan, Ohio, and Wisconsin, the number of participating hospitals increased by 12, and the number of approved programs increased from 810 in 1974 to 819 in 1976. There was, however, an increase in the total number of positions offered in 1976 of 1,486 over the number offered in 1974, and an increase of 1,376 positions filled in 1976 as compared with 1974. There was a corresponding increase of 1,443 in the number of graduates of U.S. and Canadian schools recruited, in 1976, over the total for 1974, and a decrease of 67 graduates of foreign medical schools; the percentage of foreign graduates in filled positions dropped by 6%. The percentage of filled positions remained the same. The states in the East North Central Division account for 17% of the hospitals participating in graduate education, 17% of the programs, and 17% each of the positions offered and filled. They recruit only 15% of the U.S. and Canadian graduates, but obtain 23% of the foreign graduates.

In 1976, three divisions—Middle Atlantic, East North Central, and South Atlantic, comprising of 18 states, offered 57% of the residency positions, obtained 57% of the available residents, and of the residents recruited, they obtained 49% of the available U.S. and Canadian graduates and 78% of the foreign graduates available. In 1974 these 18 states had obtained only 58% of the available residents, 49% of the U.S. and Canadian graduates and 78% of the foreign graduates. Although some of the states showed a lower percentage of positions filled, all states with the exception of Arizona, Missouri, North Carolina, South Carolina, Tennessee, Virginia, Wisconsin, and the Canal Zone, had the same or larger numbers of positions filled. Some of the statistics concerning the positions vacant might have been the result of interpretation of data in the listing of the number of positions offered, but not filled. With the transition of the listing of the first year of graduate medical education implemented in some specialties during late 1974, the actual number of positions being offered could be subject to misunderstanding on the part of persons furnishing the information in individual hospitals.

In 1976, 35 states filled 90% or more of their residency positions, as compared with 25 states in 1974. Idaho which offered more positions than the previous year, had 100% of its positions filled, followed by Nevada with 99%, Connecticut, Massachusetts, Iowa, and New Mexico each with 98%, followed by Vermont, New York, and Colorado with 97% each. New Jersey, Minnesota, District of Columbia, Maryland, and Oregon, each filled 96% of their programs. Other states with 90% or more were New Hampshire, Rhode Island, Pennsylvania, Illinois, Michigan, Ohio, Wisconsin, Kansas, Missouri, Delaware, Florida, Kentucky, Oklahoma, Texas, West Virginia, North Carolina, Arizona, California, Hawaii, the Canal

GRADUATE MEDICAL EDUCATION

Table 8.—Number of Residencies by Census Region and State

Census Division, Region, and State	Number of Hospitals	Number of Approved Programs	Number of Residencies				Number of Residents on Duty		
			Total Positions Offered Sept. 1, 1976	Total Positions Filled Sept. 1, 1976	Positions Vacant Sept. 1, 1976	Per- centage 1976	Graduates U.S. & Canada Sept. 1, 1976	Foreign Graduates Sept. 1, 1976	Percentage of Foreign Graduates in Filled Positions
NORTHEAST									
New England									
Connecticut	39	146	1,254	1,235	19	98	843	392	32
Maine	8	13	133	106	27	80	99	7	7
Massachusetts	75	166	2,599	2,540	59	98	2,058	482	19
New Hampshire	4	14	156	148	8	95	143	5	3
Rhode Island	13	22	362	328	34	91	262	66	20
Vermont	3	16	142	138	4	97	132	6	4
Totals	142	377	4,646	4,495	151	94	3,537	958	21
Middle Atlantic									
New Jersey	49	106	1,585	1,520	65	96	433	1,087	72
New York	192	663	10,308	10,042	266	97	5,351	4,691	47
Pennsylvania	117	337	3,469	3,125	344	90	2,261	864	28
Totals	358	1,106	15,362	14,687	675	96	8,045	6,642	45
NORTH CENTRAL									
East North Central									
Illinois	81	252	3,885	3,620	265	93	2,087	1,533	42
Indiana	26	57	802	687	115	86	637	50	7
Michigan	70	189	2,828	2,558	270	90	1,627	931	36
Ohio	84	244	3,141	2,814	327	90	1,860	954	34
Wisconsin	33	77	1,049	927	122	88	763	164	18
Totals	294	819	11,705	10,606	1,099	91	6,974	3,632	34
West North Central									
Iowa	26	38	552	539	13	98	474	65	12
Kansas	20	42	571	527	44	92	456	71	13
Minnesota	31	66	1,579	1,516	63	96	1,386	130	9
Missouri	47	109	1,600	1,473	127	92	1,197	276	19
Nebraska	20	33	458	402	56	88	358	44	11
North Dakota	14	8	74	41	33	55	37	4	10
South Dakota	9	5	52	41	11	79	39	2	5
Totals	167	301	4,886	4,539	347	93	3,947	592	13
SOUTH									
South Atlantic									
Delaware	4	13	132	123	9	93	67	56	46
District of Columbia	24	102	1,570	1,514	56	96	1,214	300	20
Florida	38	99	1,695	1,606	89	95	1,234	372	23
Georgia	22	65	1,110	974	136	88	873	101	10
Maryland	37	134	1,826	1,747	79	96	1,114	633	36
North Carolina	34	92	1,301	1,206	95	93	1,134	72	6
South Carolina	12	40	629	521	108	83	479	42	8
Virginia	41	94	1,258	1,123	135	89	979	144	13
West Virginia	19	39	341	292	49	86	180	112	38
Totals	231	678	9,862	9,106	756	92	7,274	1,832	20
East South Central									
Alabama	31	50	647	541	106	84	451	90	17
Kentucky	19	44	693	647	46	93	517	130	20
Mississippi	10	22	331	292	39	88	277	15	5
Tennessee	38	88	1,322	1,108	214	84	950	158	14
Totals	98	204	2,993	2,588	405	86	2,195	393	15
West South Central									
Arkansas	16	52	298	247	51	83	227	20	8
Louisiana	34	79	861	754	107	88	637	117	16
Oklahoma	19	38	483	435	48	90	336	99	23
Texas	80	212	3,069	2,854	215	93	2,527	327	11
Totals	149	381	4,711	4,290	421	91	3,727	563	13
WEST									
Mountain									
Arizona	19	55	595	543	52	91	495	48	9
Colorado	29	70	871	845	26	97	792	53	6
New Mexico	8	17	199	197	2	99	186	11	6
Utah	12	24	247	243	4	98	229	14	6
Totals	68	166	1,912	1,828	84	96	1,702	126	7
Pacific									
Alaska									
California	132	424	6,537	6,213	324	95	5,894	319	5
Hawaii	13	19	244	233	11	95	199	34	15
Idaho	5	1	8	8		100	8		
Oregon	9	36	468	450	18	96	418	32	7
Washington	21	50	698	677	21	97	653	24	4
Totals	180	530	7,955	7,581	374	95	7,172	409	5
POSSESSIONS									
Territories & Possessions									
Canal Zone	1	8	33	30	3	91	16	14	47
Puerto Rico	14	40	595	568	27	95	267	301	53
Totals	15	48	628	598	30	95	283	315	53
Grand Totals	1,702	4,610	64,660	60,318	4,342	93	44,856	15,462	26

Table 9.—Foreign Medical Graduates in Training Programs

Academic Year	Interns	Residents	Other Trainees	Total on Duty
1964-65	2,821	8,153	1,925	12,899
1965-66	2,361	9,113	2,355	13,829
1966-67	2,793	9,505	2,566	14,864
1967-68	2,913	10,627	3,077	16,617
1968-69	3,270	11,201	4,046	18,517
1969-70	2,939	12,060	3,220	18,219
1970-71	3,339	12,943	3,331	19,613
1971-72	3,946	13,520	4,106	21,572
1972-73	3,924	14,440	3,595	21,959
1973-74	3,425	14,908	3,499	21,832
1974-75	2,756	15,359	4,186	22,301
*1976-77	482†	15,462	3,748	19,692

*Data not collected for 1975-76

†Number appointed to a "flexible first-year" position in a program acceptable to two or more specialty training programs.

Zone, and Puerto Rico. In 1976, two states filled less than 80% of their residencies—North Dakota and South Dakota, each of which had small numbers of positions being offered. In New Jersey and Puerto Rico, foreign graduates made up 50% or more of the residents on duty. New York, Delaware, Illinois and the Canal Zone were also close to 50%, and the total number of U. S. and Canadian graduates recruited as of September 1, 1976, was 7,716 more than the number recruited in 1974, whereas the number of foreign graduates increased by 103, so that the percentage of foreign graduates for 1976 was 24% as compared with 49% the previous year.

Foreign Medical Graduates

The preceding tables provide information and analyses on the distribution of foreign medical graduates in residencies, along with other information. Graduates of Canadian medical schools are not regarded as foreign medical graduates because these schools are accredited by the Liaison Committee on Medical Education, just as are the medical schools in the United States and Puerto Rico. Accordingly, graduates of Canadian or Puerto Rican medical schools are not required to obtain certification from the Educational Commission for Foreign

Medical Graduates (ECFMG). Graduates of other schools outside the United States, however, need to possess the certificate of the ECFMG if they are to be eligible to be appointed to an accredited residency program without jeopardizing approval of that program. A graduate of a foreign medical school who wishes to be certified by the ECFMG must (1) successfully complete the educational requirements stated in the information booklet issued, and submit to ECFMG the documentation prescribed in the booklet, and (2) pass the ECFMG examination. The examination is given twice a year in a number of countries throughout the world, and completed applications to take the examination must be received in the ECFMG office three months in advance of the examination dates. The examination is now being given in January and July of each year.

The ECFMG is a separate, non-profit organization sponsored by the following seven organizations: American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, Association for Hospital Medical Education, Federation of State Medical Boards of the United States, and the

Table 10—Other Graduate Trainees by Specialty, as of September 1, 1976

Specialty	Non-Foreign Graduates Trainees	Foreign Graduates Trainees	Total No. of Trainees	Percentage of Foreign Graduates
Allergy and Immunology	17	7	24	17
Anesthesiology	147	155	302	32
Blood Banking	3	..	3	..
Child Psychiatry	116	61	177	46
Colon and Rectal Surgery	22	6	28	43
Dermatology	122	7	129	43
Dermatopathology	..	..	..	..
Diagnostic Radiology	199	94	293	8
Family Practice	..	..	..	..
General Practice	6	146	152	5
Internal Medicine	2,378	1,156	3,534	71
Neurological Surgery	28	25	53	17
Neurology	61	58	119	74
Nuclear Medicine	18	29	47	60
Obstetrics-Gynecology	258	210	468	87
Ophthalmology	162	32	194	49
Orthopedic Surgery	200	68	268	37
Otolaryngology	95	23	118	49
Pathology	252	240	492	78
Pathology, Forensic	11	7	18	89
Pathology, Neuropathology	38	19	57	33
Pediatrics	954	501	1,455	43
Pediatric Allergy	47	19	66	79
Pediatric Cardiology	56	14	70	..
Physical Medicine and Rehabilitation	21	52	73	23
Plastic Surgery	38	18	56	14
Psychiatry	388	218	606	97
Radiology	46	47	93	54
Surgery	379	386	765	46
Therapeutic Radiology	48	48	96	..
Thoracic Surgery	40	51	91	4
Urology	88	51	139	69
Totals	6,238	3,748	9,986	38

Table 11.—Full-Time Directors of Residency Programs as of September 1, 1976

Specialty	In Affiliated Hospitals	In Non-Affiliated Hospitals	Total	Percentage of Total Programs in Specialty
Allergy and Immunology	5	1	6	100
Anesthesiology	144	5	149	93
Blood Banking	4	1	5	72
Child Psychiatry	81	15	96	73
Colon and Rectal Surgery	8	1	9	88
Dermatology	80	3	83	100
Dermatopathology	9	9	18	88
Diagnostic Radiology	187	6	193	93
Family Practice	225	54	279	87
General Practice	4	8	12	44
Internal Medicine	356	33	389	90
Neurological Surgery	83	1	84	88
Neurology	106	4	110	91
Nuclear Medicine	62	2	64	86
Obstetrics-Gynecology	226	19	245	86
Ophthalmology	113	8	121	71
Orthopedic Surgery	130	8	138	70
Otolaryngology	89	1	90	79
Pathology	326	32	358	91
Pathology, Forensic	9	17	26	87
Pathology, Neuropathology	43	1	44	82
Pediatrics	215	14	229	92
Pediatric Allergy	40	2	42	74
Pediatric Cardiology	48	..	48	92
Physical Medicine and Rehabilitation	53	2	55	82
Plastic Surgery	60	1	61	54
Psychiatry	170	39	209	86
Radiology	39	4	43	86
Surgery	269	25	294	73
Therapeutic Radiology	96	6	102	88
Thoracic Surgery	87	3	90	85
Urology	121	7	128	73
Totals	3,488	325	3,813	83

National Medical Association. A booklet summarizing the requirements for obtaining the certificate of the ECFMG may be obtained by writing to its headquarters, 3624 Market Street, Philadelphia, Pennsylvania, 19104. The telephone number is: Area Code 215: 349-9000.

Table 9, a ten-year summary of the distribution of foreign medical graduates, shows a decrease in the numbers of interns and other trainees, and a slight increase in the number of residents with a net decrease of 2,609 persons under the total for 1974-75. Those listed as "other trainees" are defined as persons serving in educational programs under specialized circumstances, usually for shorter periods than in a residency program, and usually with no patient-care responsibilities.

Additional data on foreign medical graduates, much of it assembled as of December 31, 1976, from the biographical records assembled by the Department on Physicians' Statistics of the American Medical Association, are included in the section in the *Directory of Accredited Residencies* following the Annual Report, entitled "Special Studies in Graduate Medical Education."

Some information of interest to graduates of foreign medical schools concerning licensure requirements will also be found at the back of the Directory, listing the requirements of the various state licensing boards with relationship to the qualifications of graduates of foreign medical schools.

Other Graduate Trainees by Specialties

Table 10 lists the number of physicians reported as engaged in training activities other than residencies by the director of the department responsible for residency training. As indicated above, these activities may include research or teaching fellowships, clinical traineeships, or other types of activity leading toward specialization and possible credit toward certification by a specialty board, but the activities should not include patient-care responsibilities.

The number reported as of September 1, 1976, decreased 868 persons under those for the preceding year. Of this number, 430 represented a decrease in the non-foreign graduates who were serving as trainees. The larger proportion of the decreased number is accounted for in child psychiatry, obstetrics-gynecology, orthopedic surgery, pathology, and surgery.

The number of foreign and non-foreign graduates appeared to remain in the same proportion to the total, and further information is needed to determine the role played by these trainees with relationship to the specialty in the department in which they are recorded.

Hospital Staffing Patterns

Table 11 shows the number and proportion of programs in each specialty in which a full-time director of the residency programs has been reported. About 83% of all residency programs currently have full-time directors, as compared with 82% as of September 1, 1974, 74% in 1973, and 79% in 1972.

For 1976, 20 specialties reported that 80% or more of their programs were supervised by full-time program directors; in 1974, 16 specialties had full-time program directors in 80% or more of their programs; and in 1973 the number of specialties was 14. The number of full-time directors decreased slightly in the non-affiliated hospitals, but this change may be the result of a shift of the hospitals toward affiliation with medical schools rather than actual change in the assignment of a full-time director of the residency programs.

Supply and Demand

Since 1962, information has been provided in this annual report in response to interest expressed by the AMA House of Delegates, relating to supply and demand in specialty fields. Table 12 uses information supplied by the AMA Center for Health Services Research and Development. These statistics, gathered as of December 31, 1976, vary somewhat from those shown in other tables in this report, which had been collected as of September 1, 1976, from the individual approved programs. The last column of Table 12, however, is based on the statistics obtained as of September 1, 1976, and based on the information published in preceding tables in this report for the various specialties.

As in previous years, the proportion of trainees listed in each specialty, except for general practice, was greater when compared with the total number of trainees than the corresponding proportion of those specialists when compared with the total of all physicians. In other words, whereas internists represented 14.1% of the total physician population, residents

Table 12.—Distribution of Physicians in the U.S. and Possessions, December 31, 1976

Specialty	All Physicians		Residents (All Years)		Residency Positions	
	*Number	% of Total Physicians	*Number	% of Total MDs in Specialty	% of Total House Staff on Duty	% of Residency Positions Filled in This Field
Internal Medicine	57,911	14.1	18,282	31.6	29.0	98
General Practice	55,479	13.5	4,388	7.9	7.0	94
General Surgery	32,292	7.9	8,542	26.4	13.5	94
Psychiatry	24,432	6.0	3,959	16.2	6.3	89
Pediatrics	22,491	5.5	5,383	23.9	8.5	97
Obstetrics-Gynecology	22,294	5.4	3,828	17.2	6.1	95
Radiology**	16,769	4.1	2,587	15.4	4.1	86
Anesthesiology	13,182	3.2	1,737	13.2	2.8	90
Pathology	11,919	2.9	2,559	21.5	4.1	87
Orthopedic Surgery	11,814	2.9	2,061	17.4	3.3	95
Ophthalmology	11,455	2.8	1,616	14.1	2.6	98
Urology	6,903	1.7	1,006	14.6	1.6	95
Otolaryngology	5,864	1.4	843	14.4	1.3	95
Totals	292,805	71.5	56,791	19.4	90.1	
Other Specialties	116,641	28.5	6,255	5.4	9.9	..
Grand Totals	409,446	100.0	63,046	15.4	100.0	93

*Data from Table 1, *Physician Distribution and Medical Licensure in the U.S., 1976*, compiled by Center for Health Services Research and Development, AMA.

**Includes General Radiology, Diagnostic Radiology, Therapeutic Radiology.

serving in programs of internal medicine comprised 31.6% of the total physicians in this field. The residents in the field of internal medicine made up 29% of all trainees, and 98% of the residencies offered in the field of internal medicine were filled. It would appear, therefore, that internists are more than replacing themselves, and this assumption is borne out of the fact that in the preceding reporting year, 1974, internists also made up 13.6% of all physicians; and at the end of 1973, made up 13.6%; at the end of 1972, 13.5% of all physicians.

General surgeons made up 7.9% of the physician population, and residents in the field of general surgery comprised 26.4% of all physicians practicing general surgery. The residents made up 13.5% of all trainees on duty, and 94% of the residency programs in surgery were filled. In this field, the number of general surgeons in proportion to the total physician population dropped slightly, being 7.9% at the end of 1976; 8.2% in 1974; 8.4% in 1973, and the proportion of residents increased slightly in 1976, being 26.4%; 25.2% in 1974, and 25.5% in 1973. The percentage of residencies in surgery filled in 1974 was 94%, as it had been also in 1976. The proportion of psychiatrists with relationship to the total physician population showed a slight decrease during the past three years; psychiatrists made up 6.0% of the total number of physicians in 1976, 6.1% in 1974, and 6.2% in 1973. The proportion of house staff serving in graduate training programs in the field of psychiatry increased, being 16.2% in 1976 as compared to 15.9% in 1974. The number of residencies filled in 1976 in psychiatry increased to 89%, as compared with 87% in 1974, and 86% the previous year.

The proportion of specialists in the other fields listed in the table remained relatively constant, except that the proportion of physicians in general practice continues to decrease, with 13.5% of all physicians listed in general practice at the end of 1976, 14.2% at the end of 1974, and 14.7% at the end of 1973. Residencies in general practice filled a larger proportion of their programs during 1976, with 94% of the positions filled, compared with 86% at the end of 1974, and 76% at the end of 1973.

These statistics on general practice, however, do not show the relative growth in the number of residents in family practice, nor do they indicate the number of physicians who now designate family practice, rather than general practice, as their specialty. The statistics compiled for the section on physicians statistics by the AMA Center for Health Research and Development lump together general practice and family practice at the present time.

It is expected that the number of residencies in family practice will continue to increase, during 1977 and subsequent years. They are listed in the preceding tables concerning residencies in the various specialties. Residencies in general practice, incidentally, are still being reviewed and evaluated, but no new applications are being accepted at the present time.

On the average, residents accounted for 15.4% of the total number of physicians in each specialty listed, with eight of the specialty fields exceeding this percentage, and with the remaining fields plus general practice accounting each for less than the average of 15.4%.

Physicians Placement Service

Table 13 is a summary of the annual report of the Physicians Placement Service of the AMA Division of Medical Practice, for the calendar year ending December, 1976. During the year, the placement service processed a total of 3,818 registrations. Of the total registration, 2,105 were from physicians seeking opportunities for practice, and 1,713 were offers of opportunities for practice. The placement service also handles requests for overseas placements and maintains contact with organizations that send physicians outside the United States.

The AMA Placement Service cooperates with the placement services of the state medical associations, and serves as a national clearing house. It also suggests to applicants who

Table 13.—AMA Physicians' Placement Service Annual Statistical Report for January through December, 1976

Specialty	Physicians		Opportunities	
	Number	%	Number	%
Allergy	10	0.5	6	0.4
Anesthesiology	75	3.6	25	1.5
Dermatology	16	0.8	14	0.8
General/Family Practice	184	8.7	566	33.0
Internal Medicine	548	26.0	399	23.0
Neurology	38	1.8	16	1.0
Neurosurgery	2	0.1	8	0.5
Obstetrics-Gynecology	146	6.6	128	7.7
Ophthalmology	79	3.8	40	2.2
Orthopedic Surgery	63	3.0	69	4.0
Otolaryngology	34	1.6	9	0.5
Pathology	86	4.1	9	0.5
Pediatrics	190	9.0	103	6.5
Psychiatry	76	3.6	49	2.9
Radiology	54	2.6	27	1.6
Surgery	305	14.5	100	5.8
Urology	104	4.9	24	1.4
Miscellaneous	101	4.8	93	5.4
Totals	2,105	100.0	1,713	100.0

Table 14.—Status of Internship and Residency Programs in the United States

	INTERNSHIPS							RESIDENCIES						
	Total Positions Offered	Total Positions Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Positions Filled in Federal Services*		Total Positions Vacant	Total Positions Offered	Total Positions Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Positions Filled in Federal Services*		Total Positions Vacant
					VA	Other						VA	Other	
1976-1977	10,441	9,827	7,071	2,756	116	454	614	65,046	60,561	45,065	15,496	1,014	2,425	4,485
1974-1975	10,441	9,827	7,071	2,756	116	454	614	57,681	52,685	37,310	15,373	1,113	2,127	4,996
1973-1974	12,165	11,031	7,606	3,425	83	475	1,134	54,137	49,082	34,159	14,923	1,022	1,946	5,055
1972-1973	13,650	11,163	7,239	3,924	72	503	2,487	51,658	45,081	30,610	14,471	1,176	1,881	6,577
1971-1972	15,422	12,066	8,120	3,946	43	527	3,356	50,193	42,512	28,970	13,543	1,062	1,847	7,681
1970-1971	15,354	11,552	8,213	3,339	96	587	3,802	46,584	39,463	26,595	12,968	1,162	1,722	7,121
1969-1970	15,003	10,808	7,869	2,939	47	501	4,195	45,351	37,139	25,013	12,126	1,391	1,570	8,212
1968-1969	14,112	10,464	7,194	3,270	47	540	3,648	42,633	35,047	23,816	11,231	1,115	1,652	7,586
1967-1968	13,761	10,419	7,506	2,913	74	575	3,342	41,695	33,743	23,116	10,627	1,329	1,531	7,952
1966-1967	13,569	10,366	7,573	2,793	73	663	3,203	39,384	32,050	22,548	9,502	1,590	1,548	7,334
1965-1966	12,954	9,670	7,309	2,361%	93	613	3,284	38,979	31,898	22,765	9,133%	1,753	1,352	7,081
1964-1965	12,728	10,097	7,276	2,821	46	563	2,631	38,750	31,005	22,852	8,153	2,127	1,353	7,745
1963-1964	12,229	9,636	7,070	2,566	45	569	2,593	37,357	29,485	22,433	7,052	2,104	1,338	7,872
1962-1963	12,024	8,805	7,136	1,669	41	533	3,219	36,502	29,239	22,177	7,062	2,464	1,223	7,263
1961-1962	12,074	8,173	6,900	1,273	42	581	3,901	35,403	29,637	21,914	7,723#	2,602	1,249	5,766
1960-1961@	12,547	9,115	7,362	1,753#	71	576	3,432	32,786	28,447	20,265	8,182	2,830	1,177	4,339
1959-1960	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,455	4,143
1958-1959	12,469	10,352	8,037	2,315	25	567	2,117	31,818	26,758	20,716	6,042	2,453	1,267	5,060
1957-1958	12,325	10,198	8,119	2,079	48	566	2,127	30,595	24,976	19,433	5,543	2,403	1,049	5,619
1956-1957	11,895	9,893	7,905	1,988	58	532	2,002	28,528	23,012	18,259	4,753	2,304	1,276	5,516
1955-1956	11,616	9,603	7,744	1,859	55	495	2,013	26,516	21,425	17,251	4,174	2,353	624	5,091
1954-1955	11,048	9,066	7,305	1,761	88	470	1,982	25,486	20,494	17,219	3,275	2,252	657	4,992
1953-1954	10,542	8,275	6,488	1,787	88	433	2,267	23,630	18,619	14,817	3,802	2,072	639	5,011
1952-1953	10,548	7,645	6,292	1,353	67	393	2,903	22,292	16,867	13,832	3,035	2,021	768	5,425
1951-1952	10,044	7,866	6,750	1,116	71	472	2,178	20,645	15,851	13,618	2,233	2,120	761	4,794
1950-1951	9,370	7,030	6,308	722	....	435	2,340	19,364	14,495	13,145	1,350	....	....	4,869
1949-1950	9,124	7,313	....	....	....	....	1,811	18,669	17,490	....	....	....	....	1,179
1948-1949	9,027	7,248	....	....	....	....	1,779	17,293	....	....	....	....	....	....
1947-1948	8,683	6,902	....	....	....	....	1,781	15,172	....	....	....	....	....	....
1946-1947	8,584	....	....	....	....	....	....	12,003	....	....	....	....	....	....
1945-1946	8,429	....	....	....	....	....	....	8,930	....	....	....	....	....	....
World War II	....	....	....	....	....	....	....	....	....	....	....	....	....	....
1941-1942	8,182	....	....	....	....	....	....	5,256	....	....	....	....	....	....

*Figures for Filled Federal Services also included in preceding columns
 †1946—P.L. 293, D.M.&S., V.A. (Authorizing Residency Programs in V.A.)
 ‡1949—Smith-Mundt Act } Exchange-Visitor Program
 @1961—Fulbright-Hays Act }
 #1961—E.C.F.M.G. deadline imposed
 %1965—Amendments to Immigration and Nationality Act

have narrowed their choice of locations to one city or one state that they go directly to the state medical association placement service.

It should be pointed out that the data are limited to registrations with the AMA Physicians Placement Service. These registrations do not represent all positions offered nor all physicians seeking positions, and therefore cannot be used reliably as national trends, but they do suggest some trends in the availability of positions in the various specialties and physicians in the various specialties seeking positions.

Present Status of Graduate Training

Table 14 is a cumulative table showing the status of internships and residencies in the United States since World War II. For 1976-77, figures are not given in the internship categories due to the change of designation of the first year of graduate training. Table 14 and Table 2 are the only tables in this section that include the number of residencies offered and filled in the several fields of preventive medicine, in addition to other specialties. The total number of positions offered in residencies, as of September 1, 1976, was 65,046, an in-

crease of 7,365 over the number as of September 1, 1974. This is the highest number recorded for positions offered in graduate medical education. The total number of filled positions as of September 1, 1976, was 60,561, also a record high in filled positions, with 7,876 more positions filled than in the preceding year, in which there had been 52,685 residency positions filled.

In the table, the two columns on Filled Federal Services contains statistics that have been included in the columns on filled positions, and indicate a limited change in the number of interns and residents recruited by the federal services during the past several years.

Table 15 is a summary table, adding the category "Other Trainees" to the statistics on residents, and tabulating them according to the source of medical education. As of September 1, 1976, the total of all trainees was 70,304. The number of U.S. and Canadian graduates serving in training programs was 51,094 and the number of foreign graduates was 19,210.

In 1976, 88% of the U.S. and Canadian graduates were listed as residents; the percentage in 1974 had been 73%; in 1976 the percentage of foreign graduates was 80% serving as residents; in 1974 it had been 69%. The number of U.S. and Canadian graduates serving as trainees decreased to 12% in 1976 from 13% the preceding year, and the number of foreign graduates serving as trainees increased to 20% in 1976, as compared with 19% in 1974. As indicated earlier, additional data are presented on foreign graduates in the section in the *Directory of Accredited Residencies* that follows under the heading of "Special Studies" in graduate medical education.

Table 15.—Distribution of Trainees in Graduate Programs, September 1, 1976

	U.S. and Canadian Graduates	Foreign Medical School Graduates	Totals
Residents	44,856 (88%)	15,462 (80%)	60,318 (86%)
Other Trainees	6,238 (12%)	3,748 (20%)	9,986 (14%)
Totals	51,094 (100%)	19,210 (100%)	70,304 (100%)

Programs Offering A "Flexible First Year"

When the designations for the first year of graduate education were changed, effective July 1, 1975, three designations were offered: "Categorical," "Categorical^o," and a "Flexible" first-year. In all of the preceding tables, these have been combined to tabulate the number of first-year positions offered. It is assumed that, when program directors listed the number of positions offered, filled, and vacant, they included the flexible first-year positions with the residency programs for the various specific specialties.

Program directors, however, were also asked to list on a separate form flexible programs that had been filled as of September 1, 1976, and Table 16 lists these numbers. It should be noted that individual hospitals can offer more than one flexible first-year program, provided that each such program offers four months of training in internal medicine, and provided that each is sponsored by two or more residency programs. Because of the problems in computerizing such programs, an individual residency can be listed as a sponsor of only one flexible program; for example, in a hospital with two flexible programs being offered, Program A and Program B, Program A could be sponsored and supervised by the director of the residency in psychiatry and anesthesiology; Program B could be supervised and sponsored by the directors of the residencies in radiology and pathology. It would not be possible for the residency in psychiatry, for example to sponsor both of the flexible programs.

In tabulating the information provided, it was noted that 17 flexible programs offered as of September 1, 1976, were no longer being offered effective July 1, 1977. Some had probably found it easier to administer a first year that might be listed as categorical^o year for a specific specialty, such as psychiatry, and then offer to such candidates four months or more of internal medicine as a part of the first year of the

total four-year program in psychiatry. On the other hand 10 flexible programs not previously listed will offer positions as of July 1, 1978.

In a number of specialties requiring a broad first year, and specifically requiring training in the general care of adults and children, program directors apparently found it easier to recruit and to select residents by making use of the categorical^o designation. This would enable them to select candidates interested in a specific residency, and avoid the risk of selecting four or five candidates, all of whom might prefer the same one of the several specialties sponsoring the flexible year, which thus would have resulted in the recruitment of more persons than that residency could accommodate the following year.

Some programs also that had used a flexible program to recruit first-year persons while they were seeking approval for a program such as in family practice, dropped the flexible program as soon as they received approval for a residency in family practice or a similar field.

It should also be noted that relatively few foreign graduates were recruited in the flexible programs, except in the states of New York and New Jersey, in which the number of foreign graduates comprised more than 50% of those filling the flexible programs.

It is expected that, during 1977 and subsequent years, surveys of the flexible first year will be carried out extensively in conjunction in the review of the residency programs listed as sponsors for such flexible first years. An effort will be made to determine whether the candidates who have served in the flexible first year were able to obtain appointments in the residencies sponsoring the flexible program and whether the training that they received during the flexible year served the purpose expected by the program director who had indicated the need for such broadly based training before candidates entered his specialty program.

Table 16—Number of Programs, by State, Offering a "Flexible First Year" of Graduate Training

States	Number of Programs	Number of Positions as of September 1, 1976			Vacant Positions
		U.S. & Can. Graduates	Foreign Graduates	Total Filled	
Alabama	5	11	3	14	11
Arizona	3	32	..	32	..
Arkansas	4	48	..	48	..
California	28	250	11	261	1
Canal Zone	1	11	3	14	..
Colorado	4	30	..	30	..
Connecticut	6	35	3	38	..
Delaware	1	5	1	6	..
Dist. of Columbia	6	14	14	28	..
Florida	3	7	1	8	4
Georgia	5	28	2	30	5
Hawaii	2	26	..	26	6
Illinois	21	39	58	97	6
Indiana	3	23	..	23	..
Iowa	4	43	6	49	14
Louisiana	5	7	29	36	1
Maryland	3	19	5	24	1
Massachusetts	3	93	53	146	23
Michigan	22	13	..	13	..
Minnesota	1	3	..	3	..
Mississippi	1	3	..	3	..
Missouri	7	21	37	58	4
Montana	10	20	58	78	1
New Jersey	35	66	138	204	12
New York	1	4	..	4	..
North Carolina	1	4	..	4	..
Ohio	20	68	42	110	16
Oklahoma	3	18	2	20	7
Oregon	3	28	7	35	..
Pennsylvania	25	41	34	75	20
Puerto Rico	5	7	16	23	5
South Carolina	4	19	1	20	6
South Dakota	1	8	..	8	..
Tennessee	9	69	1	70	4
Texas	11	76	10	86	2
Utah	1	8	..	8	..
Virginia	6	28	4	32	..
Washington	3	26	..	26	..
West Virginia	2	1	2	3	4
Wisconsin	7	39	..	39	4
TOTALS	281	1,284	541	1,825	157

Table 17.—Changes in "Primary Care" Residency Programs and First-Year Positions 1968-1976

Specialty	PROGRAMS			FIRST-YEAR POSITIONS OFFERED			FIRST-YEAR POSITIONS FILLED					
	Number of Approved Programs		Percentage of Change 1968-76	Number of 1st Year Positions Filled		Percentage of Change 1968-76	Number of U.S. and Canadian Graduates		Number of Foreign Medical Graduates		Percentage of Foreign Medical Graduates	
	1968	1976		1968	1976		1968	1976	1968	1976	1968	1976
Family Practice	154	319	...	254	1,828	...	116	1,696	143	132	...	...
General Practice	419	27	-82	2,589	196	-23	1,801	8	788	188	56	96
Internal Medicine	358	434	4	759	5,522	113	433	4,694	326	828	30	15
Obstetrics-Gynecology	260	312	-13	1,002	1,065	40	651	832	406	233	43	22
Pediatrics		250	-4		1,886	88		1,303		583	41	31
Totals	1,191	1,342	13	4,604	10,497	128	3,001	8,533	1,663	1,964	36	19

Changes in "Primary Care" Residencies and First-Year Positions

Table 17 continues a comparison, started in the 1975-76 *Directory*, of the changes in the number of residencies offered in the specialties of Family Practice, General Practice, Internal Medicine, Obstetrics-Gynecology, and Pediatrics, and the number of first-year positions offered in these fields.

The table indicates the continued growth of residencies in Family Practice, which offered 232 approved programs and filled 1,197 positions in 1974, to its present number of 319 programs and 1,828 filled first-year positions. General practice showed a continued decrease in both programs and positions filled. Obstetrics-Gynecology showed a decrease in number of programs, but an increase in the number of first-year positions, as was also true of Pediatrics.

Changes in Surgical Residency Programs and First-Year Positions

Table 18 is also a continuation of the comparison, started in the 1975-76 *Directory*, of the number of programs and first-year positions offered in Surgery and the surgical specialties.

Although the number of programs decreased in three specialties—Surgery, Orthopedic Surgery, and Urology—the number of first-year positions increased in all surgical specialty fields except Neurological Surgery. The decrease in the number of programs offered is the result of the integration of previously intramurally approved programs in some of these specialties, with the result that programs combining the clinical resources and staff of several institutions are able to train a proportionately larger complement of residents. In addition, those persons who, prior to 1975, would have been counted as serving in a straight internship in surgery, are now included in the counts of positions filled in the residency programs in both surgery and the surgical specialties.

Table 18.—Changes in Surgical Residency Programs and First-Year Programs (Including Surgical Specialties) 1968-76

Specialty	PROGRAMS			FIRST-YEAR POSITIONS OFFERED			FIRST-YEAR POSITIONS FILLED					
	Number of Approved Programs		Percentage of Change 1968-76	Number of 1st Year Positions Filled		Percentage of Change 1968-76	Number of U.S. and Canadian Graduates		Number of Foreign Medical Graduates		Percentage of Foreign Medical Graduates	
	1968	1976		1968	1976		1968	1976	1968	1976	1968	1976
Surgery	570	401	-30	2,394	2,575	8	1,580	1,785	814	790	34	31
Neurological Surgery	86	95	10	129	121	-6	93	86	36	35	28	29
Ophthalmology	159	170	7	418	455	9	386	434	32	21	7	5
Orthopedic Surgery	234	196	-16	403	563	40	356	477	47	86	12	15
Otolaryngology	106	114	8	206	239	16	178	202	28	37	14	15
Plastic Surgery	73	114	56	90	184	104	73	149	17	35	19	19
Colon-Rectal Surgery	14	21	50	6	32	433	2	18	4	14	67	44
Thoracic Surgery	93	106	17	137	142	4	74	103	63	39	46	27
Urology	179	175	-2	222	277	25	160	198	62	79	16	29
Totals	1,514	1,392	-8	4,005	4,588	15	2,902	3,452	1,103	1,136	27	25

Special Studies in Graduate Medical Education

Foreign Medical Graduates

Each year, in addition to the information requested from hospitals concerning the foreign medical graduates serving in institutions with approved graduate training programs and reported by them as of September 1, data have been obtained through the AMA Circulation and Records Department and the Center for Health Services Research and Development, as of December 31, of that year. In spite of the difference in time and source, the two sets of data are usually in relatively close agreement; the number of residents reported as foreign graduates by hospitals as of September 1, 1976 is listed in the preceding table; the number processed in AMA records as of December 31, 1976 was 14,933.

The records of the AMA Circulation and Records Department still list those who report themselves as "interns" separately, so that the totals listed at the end of December, 1976, showed 2,784 graduates of foreign medical schools serving as "interns," and 12,149 graduates of foreign medical schools serving as resident physicians, to make up the total of 14,933. Because of the different processes required in the reporting and verification of data to enter physicians in the AMA Physicians Master File, there is an inevitable lag, both from the standpoint of creating an initial record for a newcomer to the United States, and from the standpoint of changing the record of an intern to that of a resident as a change in appointment is reported by the program director and verified with the individual.

The data in Tables A through I have been tabulated from the records of the AMA Physicians Statistics Department and the AMA Center for Health Services Research and Development, and provide information on the origin of medical education of foreign graduates serving in house staff positions as of December 31, 1976, from the permanent records of the AMA.

The remainder of the tables in this section have been compiled from information provided by program directors and other responsible individuals on the reports of hospitals with accredited programs, covering the data on black U. S. citizens serving in graduate training programs, appointments of graduates of osteopathic medical schools, the number of women in graduate training programs and on teaching staffs, and the number of persons appointed to residencies after having completed the "Fifth Pathway."

Country of Origin of Foreign Medical Graduates

Table A illustrates the trend toward a decrease in the number of foreign graduates serving in house staff positions in the United States. The total of 15,097 tabulated at the end of 1976 indicates a decrease of the total of 16,880 at the end of 1975, 18,422 at the end of 1974, and 19,921 at the end of 1973. This was a decrease of 21% during the interval from the end of 1973 to the end of 1976.

For a number of years the largest number of house officers from foreign schools had received their medical education in countries of Asia, but by the end of 1976, the number had dropped by 25%, to a total of 9,966; the number from the Americas dropped from 3,018 at the end of 1973 to 2,356 at the end of 1976, or 22%. The number from Europe decreased 21% by the end of 1976. Although the numbers were very small, graduates of medical schools in the British Isles showed the greatest decrease when compared with their 1973 statistics. From a total of 386 persons receiving their medical education in the British Isles and serving in graduate training programs at the end of 1973, the number decreased to 230, or 40% less, by the end of 1976.

Table B ranks the foreign countries contributing the largest number of graduates to house staff positions as of December, 1976, and compares their rank to that of December 1975. As has been true for the past several years, India, the Philippines,

Table A—Number of Foreign Graduates in U.S. Graduate Training Programs, by Origin of Medical Education, as of December 31, 1976—December 31, 1975

Origin of Medical Training	December 31, 1976			December 31, 1975		
	Interns	Residents	Totals	Interns	Residents	Totals
Africa	92	385	477	91	409	500
Americas	417	1,939	2,356	502	2,148	2,650
Asia	1,802	8,164	9,966	2,196	9,087	11,283
British Isles	31	199	230	41	226	267
Europe	453	1,533	1,986	456	1,616	2,072
Oceania	10	72	82	13	95	108
Totals	2,805	12,292	15,097	3,299	13,581	16,880

Table B—Foreign Countries Contributing Greatest Number of Graduates to U.S. Graduate Programs as of Dec. 31, 1976

Country and Rank Order	No. of Trainees	% of Total No. of Foreign Trainees in the U.S.	Rank as of Dec. 31, 1975	Gain or Loss in Numbers
1. India	4,009	26	1	+1
2. Philippines	1,842	12	2	-378
3. South Korea	989	6	3	-236
4. Mexico	844	5	5	+145
5. Iran	605	4	4	-154
6. Formosa	495	3	6	-176
7. Pakistan	487	3	7	-30
8. Spain	464	3	10	+21
9. Italy	411	3	8	-41
10. Thailand	329	2	9	-122
11. Argentina	265	2	11	-43
12. United Arab Republic	262	2	12	-29
Total	11,002	73		-1,042

Table C—Number of Foreign Graduate Trainees in the United States, by Origin of Medical Education as of December 31, 1976, and 1975

Origin of Medical Training	Interns		Residents		Total	
	1976	1975	1976	1975	1976	1975
Totals	2,805	3,299	12,292	13,581	15,097	16,880
Africa	92	91	385	409	477	500
Algeria	1	0	0	0	1	0
Ethiopia	1	0	9	9	10	9
Ghana	10	8	13	4	23	12
Kenya	1	3	3	0	4	3
Nigeria	9	19	55	50	64	69
Rhodesia	0	0	1	3	1	3
Senegal	1	0	0	0	1	0
Tanzania	0	0	0	0	1	0
Uganda	3	6	23	27	26	33
Union of South Africa	18	10	64	68	82	78
United Arab Republic	48	43	214	248	262	291
Zambia	0	2	2	0	2	2
Americas	417	502	1,939	2,148	2,356	2,650
Argentina	31	41	234	267	265	308
Bolivia	5	12	55	57	60	69
Brazil	23	22	97	156	120	178
Chile	7	13	73	100	80	113
Colombia	13	45	143	174	156	219
Costa Rica	0	2	21	25	21	27
Cuba	4	15	50	65	54	80
Dominican Republic	10	13	85	109	95	122
Ecuador	4	7	26	31	30	38
El Salvador	4	4	45	61	49	65
Guatemala	5	10	46	55	51	65
Haiti	23	30	70	81	93	111
Honduras	0	2	15	19	15	21
Jamaica	10	11	42	45	52	56
Mexico	236	197	608	502	844	699
Nicaragua	1	2	15	24	16	26
Panama	5	5	15	12	20	17
Paraguay	1	6	37	54	38	60
Peru	22	41	161	181	183	222
Uruguay	4	7	20	24	24	31
Venezuela	9	15	75	101	84	116
West Indies	0	2	6	5	6	7
Asia	1,802	2,196	8,164	9,087	9,966	11,283
Afghanistan	2	2	8	12	10	14
Bangladesh	14	19	53	40	67	59
Burma	11	16	53	70	64	86
Cambodia	0	0	1	2	1	2
Ceylon	12	18	95	142	107	160
China (Mainland)	3	6	24	32	27	38
Formosa (Taiwan)	42	88	453	583	495	671
Hong Kong	4	4	16	22	20	26
India (Goa)	984	1,033	3,025	2,975	4,009	4,008
Indonesia	6	7	36	53	42	60
Iran	57	104	548	655	605	759
Iraq	5	5	43	49	48	54
Israel	26	29	100	102	126	131
Japan	17	30	121	162	138	192
Korea (North)	0	0	1	3	1	3
Korea (South)	119	162	870	1,063	989	1,225
Lebanon	28	29	119	128	147	157
Malaysia	2	3	6	5	8	8
Manchuria	0	0	0	2	0	2
Pakistan	109	118	378	399	487	517
Philippines	283	402	1,559	1,818	1,842	2,220
Singapore	4	2	13	13	17	15
Syria	15	42	227	243	242	285
Thailand	31	48	298	403	329	451
Turkey	6	14	73	90	79	104
Vietnam (South)	22	15	44	21	66	36
British Isles	31	41	199	226	230	267
England (U.K.)	0	1	5	8	5	9
Ireland (Republic)	0	1	4	4	4	5
Ireland (U.K.)	10	17	88	108	98	125
Scotland (U.K.)	2	5	35	43	37	48
Wales (U.K.)	19	17	67	63	86	80
Europe	453	456	1,533	1,616	1,986	2,072
Austria	9	10	25	27	34	37
Belgium	63	38	109	101	172	139
Bulgaria	1	5	7	12	8	17
Czechoslovakia	4	5	20	28	24	33
Denmark	8	0	6	10	14	10
Estonia	1	0	0	0	1	0
Finland	0	2	4	2	4	4
France	17	24	78	74	95	98
Germany (East)	1	0	0	1	1	1
Germany (West)	22	31	122	148	144	179
Greece	41	29	131	147	172	176
Hungary	8	9	22	21	30	30
Iceland	5	2	16	12	21	14
Italy	90	95	321	357	411	452
Latvia	1	0	1	1	2	1
Lithuania	0	0	1	1	1	1
Malta	3	1	1	0	4	1
Netherlands	3	0	16	25	19	25
Norway	3	2	2	3	5	5
Poland	10	22	72	83	82	105
Portugal	0	0	6	13	6	13
Romania	16	10	42	41	58	51
Spain	103	121	361	322	464	443
Sweden	2	3	7	8	9	11
Switzerland	19	18	69	85	88	103
USSR	10	13	24	11	34	24
Yugoslavia	13	16	70	83	83	99
Oceania	10	13	72	95	82	108
Australia	8	11	63	87	71	98
New Zealand	2	2	9	8	11	10

Table D—Twelve Foreign Medical Schools Contributing the Largest Number of Graduates to US Graduate Medical Education Programs, December 31, 1976

School	Interns	Resi- dents	Total	Rank as of Dec. 1974
1. Faculty of Medicine and Surgery of Santo Tomas, Manila, Philippines	100	653	753	1
2. Facultad de Medicina de la Universidad Autonoma de Guadalajara, Jalisco, Mexico	198	360	558	—
3. University of Bombay, Grant Medical College-Seth Gorhandas Sunderdas Medical College, Bombay, India	97	276	373	4
4. University of Tehran, Faculty of Medicine, Tehran, Iran	24	326	350	2
5. Far Eastern University, Institute of Medicine, Manila, Philippines	49	245	294	3
6. University di Bologna, Facolta di Medicina e Chirurgia, Bologna, Italy	52	217	269	5
7. University of the East, College of Medicine, Quezon City, Philippines	39	221	260	7
8. Baroda University, College of Medicine, Baroda, Gujarat, India	67	181	248	10
9. Seoul National University, College of Medicine, Seoul, Korea	30	200	230	6
10. Damascus University, Faculty of Medicine, Damascus, Syria	7	203	210	8
11. Andhra University, Guntar Medical College, Guntar, Andhra, India	53	154	207	—
12. Korea University Medical College (formerly Woo Sok Medical College, Seoul), Korea	22	162	184	—
Total	738	3,198	3,936	

and South Korea ranked in that order, but at the end of 1976 only India showed a substantial increase in the number of trainees in the United States. The number at the end of 1976 was 4,009; at the end of 1973, it was 3,731. Although the Philippines and Korea ranked, respectively, as second and third, the total number of trainees at the end of 1976 decreased for the Philippines from 2,535 to 1,842, and for Korea from 1,428 to 989.

In 1976, the number of trainees from Mexico increased substantially over the numbers for 1975, apparently reflecting the increase in the number of U. S. citizens attending schools in that country. Apparently for the same reason, the number of graduates from schools in Spain increased by 21 over the number for 1975, but the number from Spain at the end of 1973 had been 519, larger than the present total of 464.

Table C compares the number of foreign medical graduates serving in house staff positions in the United States from various nations at the end of 1976 and the end of 1975. Countries in Africa, such as Ethiopia, Ghana, Kenya, Senegal, Tanzania, showed modest increases, probably because of political problems, but there was a 10% decrease in the numbers from the United Arab Republic.

In the Americas, only Mexico, as indicated above showed a

significant increase. In Asia, only Turkey showed an increased number of graduates from its medical schools serving in this country by the end of 1976, but it was a fluctuating number, with 36 at the end of 1975, 105 at the end of 1974, and 120 at the end of 1973. There was a modest increase in the number of persons educated in medical schools in the British Isles, with 86 on duty at the end of 1976 and 80 at the end of 1975. From the countries of Europe, the largest increases were from Belgium and Spain, probably again reflecting the U. S. citizens who had completed their education in those countries. There were slight increases in the numbers who had been educated in Denmark, Iceland, Malta, Romania, and USSR.

Table D ranks the twelve foreign medical schools listing the largest number of graduates serving in graduate training programs in the United States. The Faculty of Medicine and Surgery at the University of Santo Tomas, Manila, Philippines, continued to contribute the largest number of trainees; its total, however, decreased to 753 at the end of 1976, from 1,081 at the end of 1974.

The Facultad de Medicina de la Universidad Autonoma de Guadalajara, Jalisco, Mexico, ranked as the second highest appearing for the first time in the list, with 558 graduates,

Table E—Twelve US Medical Schools Contributing the Largest Number of Graduates to US Graduate Medical Education Programs, December 31, 1976

School	Interns	Resi- dents	Total	Rank as of Dec. 1974
1. University of Michigan Medical School, Ann Arbor, Michigan	205	689	894	5
2. University of Illinois College of Medicine, Chicago	214	627	841	1
3. Ohio State University College of Medicine, Columbus, Ohio	193	611	804	2
4. University of Minnesota Medical School, Minneapolis	213	587	800	7
5. Indiana University School of Medicine, Indianapolis	210	580	790	3
6. Jefferson Medical College of Thomas Jefferson University, Philadelphia	194	595	789	6
7. State University of New York, Downstate Medical Center, Brooklyn, New York	188	591	779	4
8. New York Medical College, New York	177	531	708	—
9. University of Texas Medical Branch, Galveston, Texas	168	496	664	11
10. Wayne State University School of Medicine, Detroit	200	462	662	—
11. Temple University School of Medicine, Philadelphia	162	466	628	10
12. University of Tennessee College of Medicine, Memphis	123	501	624	12
Total	2,247	6,736	8,983	

Table F—Interns and Residents by School of Canadian Medical Education as of December 1976

Location of Medical School	Interns	Residents	Totals
Alberta	6	22	28
British Columbia	1	12	13
Manitoba	5	25	30
Newfoundland	0	5	5
Nova Scotia	0	13	13
Ontario	14	66	80
Quebec	22	96	118
Saskatchewan	4	6	10
Totals	52	245	297

many of whom are U. S. citizens. The University of Bombay, Grant Medical College-Seth Gorhandas Sunderdas Medical College, Bombay, India, moved up from fourth place to third, with 373 graduates serving at the end of 1976. The University of Tehran, Faculty of Medicine, Tehran, Iran, which had ranked second in 1975, became fourth in the list, and the number of its graduates (350) at the end of 1976 had decreased from the total of 540 at the end of 1974.

The names of Andhra University, Guntar Medical College, Guntar, Andhra, India, and that of the Korea University Medical College (formerly Woo-Sok Medical College Seoul) Korea appeared for the first time in the list of the twelve foreign medical schools contributing the largest number of house staff to graduate medical education programs in the United States.

Graduates from these twelve schools totaled 3,936 persons at the end of 1976 as compared with 4,725 at the end of 1974,

a decrease of 789 positions. These twelve schools at the end of 1976 had provided 25% of all foreign graduates serving as house staff in the United States at that time.

Graduates of U. S. Medical Schools

The increases in enrollment, which had occurred in U. S. medical schools at an accelerated rate for more than the past decade, appear to have leveled off, so that the number of graduates from each of the twelve U. S. medical schools contributing the largest number of graduates to training programs has decreased slightly over the totals for the end of 1974.

Table E lists the twelve U. S. schools contributing the largest number of graduates to house staff positions as of December 31, 1976. Because the numbers have been relatively close, the rank order changed considerably in 1976, with the University of Michigan Medical School, Ann Arbor, moving up from fifth rank to first place, and the University of Illinois College of Medicine, Chicago, and Ohio State University College of Medicine, Columbus, Ohio, dropping to second and third rank. The University of Minnesota Medical School, Minneapolis, moved up to fourth place from seventh, and the State University of New York Downstate Medical Center, Brooklyn, dropped from fourth place to seventh. New York Medical College, New York, and Wayne State University School of Medicine, Detroit, ranked eight and ten, respectively, appearing for the first time in the table.

The total of 8,983 positions filled by graduates of the twelve schools listed in Table E represent 21% of the total positions filled by U. S. graduates at the end of 1976. Only two schools showed a substantial increase over the number of positions filled by their graduates in 1974—the University of Michigan with an increase of 61 at the end of 1976 and the University of Texas Medical Branch, Galveston, an increase of 25.

Table F indicates the number of house staff positions filled in U. S. accredited programs by graduates of Canadian Medical Schools as of December 31, 1976. The total of 297 was a decrease from the 405 in such positions at the end of 1974, and the 475 in house staff positions in the United States at the end of 1973. The number from each Province decreased, except for a modest increase in those graduating from schools in Alberta and Newfoundland.

States That Provided Undergraduate Medical Education to Current Residents

It has been the assumption that physicians tend to practice in areas in which they received their graduate medical education, and therefore graduates who are appointed to residencies in the state in which they received their medical education might serve as one of the predictors of the number of physicians who will practice in that state.

When used together, Tables G and H indicate the retention for graduate education of physicians who received their medical education in that state. The numbers in these two tables vary slightly in totals because of the fact that some physicians, at the time the information was compiled, did not have current addresses. The differences, however, are relatively small. Out of the total number of 42,903 U. S. graduates serving as interns or residents, 18,826, or 44%, remained in the same state in which they had received their medical education. A state retaining more than 44% of its medical school graduates for graduate medical education might be considered as retaining

Table G—Interns and Residents by School of Medical Education as of December 1976

State Location of Medical School	In-terns	Resi-dents	Total
Alabama	134	334	468
Arizona	73	164	237
Arkansas	119	256	375
California	730	1,894	2,624
Colorado	113	306	419
Connecticut	136	349	485
District of Columbia	401	1,115	1,516
Florida	279	575	854
Georgia	238	688	926
Hawaii	48	45	93
Illinois	800	2,195	2,995
Indiana	210	580	790
Iowa	154	537	691
Kansas	105	407	512
Kentucky	214	531	745
Louisiana	217	774	991
Maryland	244	669	913
Massachusetts	391	1,214	1,605
Michigan	467	1,280	1,747
Minnesota	248	587	835
Mississippi	104	245	349
Missouri	322	1,073	1,395
Nebraska	219	704	923
New Hampshire	31	47	78
New Jersey	136	353	489
New Mexico	58	115	173
New York	1,307	3,937	5,244
North Carolina	280	742	1,022
North Dakota	24	1	25
Ohio	494	1,326	1,820
Oklahoma	132	317	449
Oregon	102	269	371
Pennsylvania	908	2,553	3,461
Puerto Rico	96	239	335
Rhode Island	57	48	105
South Carolina	108	298	406
Tennessee	277	913	1,190
Texas	633	1,614	2,247
Utah	84	222	306
Vermont	61	195	256
Virginia	252	644	896
Washington	102	282	384
West Virginia	74	212	286
Wisconsin	219	653	872
Totals	11,401	31,502	42,903

Table H—State Origin of Medical Education of Interns and Residents, and Distribution of House Staff by State, Dec. 1976

State	US Grads. in Training in Same State as Their Medical School			US Grads. in Training in States Other Than That of Their Medical School			Graduates of Canadian Medical Schools			Graduates of Foreign Medical Schools			Total House Staff on Duty in State
	Interns	Residents	Total	Interns	Residents	Total	Interns	Residents	Total	Interns	Residents	Total	
Alabama	59	169	228	78	176	254	..	..	..	8	39	47	529
Alaska	..	..	..	..	3	3	..	..	..	..	..	..	3
Arizona	32	52	84	97	284	381	..	1	1	4	27	31	497
Arkansas	85	113	198	15	44	59	..	..	..	18	18	..	275
California	528	1,338	1,866	833	2,960	3,793	10	58	68	50	223	273	6,000
Canal Zone	..	..	..	9	12	21	..	..	..	4	12	16	37
Colorado	44	75	119	146	505	651	..	6	6	4	30	34	810
Connecticut	57	104	161	181	479	660	1	..	1	80	291	371	1,193
Delaware	..	1	1	23	48	71	..	..	..	9	49	58	130
Dist. of Columbia	73	231	304	107	366	473	2	1	3	53	180	233	1,013
Florida	98	225	323	186	612	798	..	5	5	64	275	339	1,465
Georgia	110	257	367	112	355	467	..	4	4	17	75	92	930
Hawaii	14	14	28	30	65	95	..	1	1	6	22	28	152
Idaho	..	..	..	..	3	3	..	..	..	..	..	..	3
Illinois	363	853	1,216	169	482	651	3	3	6	235	1,146	1,381	3,254
Indiana	120	277	397	48	117	165	..	1	1	3	36	39	602
Iowa	54	157	211	70	174	244	..	1	1	11	57	68	524
Kansas	42	152	194	29	136	165	..	1	1	6	42	48	408
Kentucky	90	196	286	63	197	260	..	1	1	20	92	112	659
Louisiana	86	255	341	41	161	202	..	4	4	10	79	89	636
Maine	..	..	..	25	56	81	1	3	4	1	3	4	89
Maryland	116	266	382	194	569	763	1	5	6	163	516	679	1,830
Massachusetts	148	463	611	265	928	1,193	6	26	32	77	363	440	2,276
Michigan	260	606	866	220	622	842	7	10	17	149	881	1,030	2,755
Minnesota	162	356	518	178	590	768	2	29	31	9	88	97	1,414
Mississippi	48	118	166	40	84	124	..	..	..	1	13	14	304
Missouri	99	308	407	144	411	555	..	2	2	71	249	320	1,284
Montana	..	..	..	4	4	4	..	..	..	..	..	..	4
Nebraska	79	191	270	23	48	71	..	..	..	7	28	35	376
Nevada	..	..	..	..	2	2	..	..	..	1	..	1	3
New Hampshire	2	2	4	35	98	133	1	2	3	2	4	6	146
New Jersey	70	133	203	82	250	332	..	3	3	259	924	1,183	1,721
New Mexico	4	28	32	35	120	155	..	..	..	5	12	17	204
New York	717	1,996	2,713	483	1,376	1,859	7	30	37	876	3,608	4,484	9,093
North Carolina	106	256	362	193	581	774	..	3	3	6	53	59	1,198
North Dakota	7	..	7	2	7	9	..	..	..	..	1	1	17
Ohio	267	520	787	309	837	1,146	5	6	11	200	825	1,025	2,969
Oklahoma	63	140	203	44	99	143	..	..	..	18	61	79	425
Oregon	34	87	121	84	244	328	1	5	6	5	29	34	489
Pennsylvania	468	1,145	1,613	206	716	922	..	9	9	162	816	978	3,522
Puerto Rico	71	167	238	1	5	6	..	..	..	34	161	195	439
Rhode Island	18	21	39	70	135	205	..	..	..	10	52	62	306
South Carolina	45	123	168	68	204	272	..	..	..	6	23	29	469
South Dakota	..	..	..	20	20	40	..	..	..	1	1	2	42
Tennessee	144	368	512	83	244	327	..	2	2	24	123	147	988
Texas	377	887	1,264	289	875	1,164	1	3	4	48	255	303	2,735
Utah	28	78	106	54	177	231	..	1	1	..	13	13	351
Vermont	4	23	27	30	88	118	2	..	..	1	3	4	151
Virginia	103	232	335	210	576	786	1	4	5	32	128	160	1,286
Washington	39	104	143	157	457	614	1	7	8	1	16	17	782
West Virginia	37	82	119	16	50	66	..	..	..	23	95	118	303
Wisconsin	71	215	286	125	349	474	..	1	1	8	112	120	881
Wyoming	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	5,442	13,384	18,826	5,922	18,001	23,923	52	238	290	2,784	12,149	14,933	57,972

more than the average number. Twelve states were in this group, headed by California and Puerto Rico, each with 71%, followed by Minnesota with 62%, Texas with 56%, Arkansas 53%, New York 52%, Indiana and Michigan 50%, Alabama 49%, Mississippi 48%, Pennsylvania 47%, and New Hampshire and Oklahoma 45% each.

Some states did not attract as many interns and residents—including their own graduates, other U. S. graduates, graduates of Canadian Medical Schools, and graduates of foreign medical schools—as the total number of students who had been educated in that state. For example, Arkansas, which had provided medical education to 375 persons listed as serving in internships and residencies at the end of December, 1976, had only 275 house staff positions filled. In the District of Columbia, 1,013 persons were listed as serving in internships and residencies at the end of 1976, although the D. C. medical schools had educated 1,516 residents on duty throughout the United States as of the end of December, 1976. Similar circumstances apply to Indiana, Iowa, Kansas, Mississippi, Missouri, Nebraska, North Dakota, Oklahoma, Tennessee, Utah, Vermont. Several of these states had attracted over half of their own graduates, but did not attract enough graduates from other schools to bring the total up to the number that

had been educated in that state.

Table H also shows the number of foreign graduates serving in each state. The total number of such graduates decreased by 3,304 from December, 1974, to December, 1976.

A few states, nevertheless, showed slight increases in the number of foreign medical graduates appointed to house staff positions within the state; these states included Delaware, Florida, Michigan, Puerto Rico, and Tennessee. The number of positions filled in some states by foreign graduates decreased substantially between the end of December, 1974, and the end of December, 1976. For example, in Illinois the number decreased by 426; in New Jersey by 206; in New York 1,001; and in Ohio by 335; in Pennsylvania by 612. Significant differences were also found in states such as Connecticut, with a decrease of 123 foreign graduates on duty; 75 in Maryland, 95 in Missouri and in Texas; and 86 in Wisconsin.

It is interesting to note that these rather significant decreases in the number of graduates of foreign medical schools serving in house staff appointments came about before enactment of current legislation which places still greater restrictions upon the visas of Exchange-Visitors and upon the training programs that such graduates of foreign medical schools may enter after January 10, 1977.

Table I—Physicians Certified by Specialty Boards as of December 31, 1976

American Board of:	Graduates U.S. Schools	Graduates Canadian Schools	Graduates Foreign Schools	Total Certified	Percentage Graduated From Foreign Med. Schools
Allergy and Immunology	1,117	17	144	1,278	11.3
Anesthesiology	5,015	186	1,608	6,809	23.6
Colon and Rectal Surgery	359	20	77	456	16.9
Dermatology	2,947	55	215	3,217	6.7
Family Practice	7,823	87	502	8,412	5.9
Internal Medicine	28,884	376	3,142	32,402	9.7
Neurological Surgery	1,601	54	197	1,852	10.6
Nuclear Medicine	1,583	37	330	1,950	16.9
Obstetrics-Gynecology	11,509	246	1,665	13,420	12.4
Ophthalmology	7,163	159	509	7,831	6.5
Orthopedic Surgery	7,517	192	564	8,273	6.8
Otolaryngology	4,495	127	412	5,034	8.2
Pathology	6,604	212	2,480	9,296	26.7
Pediatrics	13,296	251	2,826	16,373	17.3
Physical Med. and Rehab.	675	20	312	1,007	30.9
Plastic Surgery	1,312	35	177	1,524	11.6
Preventive Medicine	2,291	54	111	2,456	4.5
Psychiatry and Neurology	10,778	371	1,712	12,861	13.3
Radiology	11,406	208	1,721	13,335	12.9
Surgery	16,764	313	2,262	19,339	11.7
Thoracic Surgery	2,436	46	472	2,954	15.9
Urology	4,224	81	520	4,825	10.8
Total	149,799	3,147	21,958	174,904	12.5

Physicians Certified by Specialty Boards

Table I presents statistics on the number of physicians certified by the approved examining boards in medical specialties as of December 31, 1976. These numbers are derived from the AMA biographical records of physicians with current addresses, and may vary slightly from other lists presented, as these tables list a physician only once; a physician who has been certified by two or more of the specialty boards listed would be recorded in this table as having been certified by only one of these examining boards. Some of the numbers may also vary because physicians whose current addresses are unknown may not have been included in some of the tabulations, particularly if information on a current address has not been received by the end of the year.

At the end of December, 1976, 174,904 persons who were listed in the AMA biographical records had been certified by one of the approved examining boards in the medical specialty, as compared to 160,509 at the end of 1974, a 9% increase. Of those recorded as certified, 21,958 were graduates of foreign medical schools at the end of December, 1976, an increase of 4,593, or 26%, over the 17,365 recorded at the end of December, 1974.

The proportion of foreign graduates certified by the approved examining boards in the medical specialties increased from 10.8% of the total at the end of 1974 to 12.5% at the end of 1976. The three specialties with the largest proportion of graduates of foreign medical schools were physical medicine and rehabilitation, pediatrics, and anesthesiology. They also

Table J—Black US Citizens Serving in Internship Programs as of Sept. 1, 1976

State	No. of Hospitals	Types of Medical School Affiliations				Total
		Major	Limited	Grad.	None	
Alabama	1	3	..	..	..	3
Arizona	1	2	..	..	..	2
Arkansas	1	1	..	..	..	1
California	22	29	43	2	2	76
Canal Zone	1	..	..	..	4	4
Colorado	3	5	3	..	..	8
Connecticut	3	3	..	..	..	3
District of Columbia	5	58	7	..	..	65
Florida	4	8	..	..	..	8
Georgia	7	19	1	..	2	22
Hawaii	1	3	..	..	..	3
Illinois	11	28	..	..	..	28
Indiana	1	..	3	..	..	3
Louisiana	6	13	4	..	..	17
Maine	1	1	..	..	..	1
Maryland	7	50	2	..	2	54
Massachusetts	6	7	..	..	..	7
Michigan	9	32	2	2	..	36
Mississippi	1	2	..	..	..	2
Missouri	5	8	..	1	4	13
New Jersey	5	12	..	..	27	39
New York	22	49	4	..	5	58
North Carolina	4	4	..	..	..	4
Ohio	14	18	1	..	19	38
Oklahoma	1	..	1	..	..	1
Oregon	1	..	..	1	..	1
Pennsylvania	11	19	..	..	..	19
Puerto Rico	2	4	..	..	..	4
Texas	5	5	8	..	..	13
Virginia	1	2	..	..	..	2
Washington	2	1	2	..	..	3
Wisconsin	2	3	..	..	..	3
Totals	166	389	81	6	65	541

Table L—Departmental Appointments of Osteopaths on Attending Staff, by State, as of September 1, 1976

State	Eligible for Appointment	Have Been Appointed	Number of Osteopaths Appointed	Department Appointments, by Specialty																								
				Anesthesiology	Diag. Radiology	Dermatology	Family Practice	Gen. Practice	Surgery	Internal Med.	Neurology	Nuclear Med.	Obstetrics-Gyn.	Ophthalmology	Orthopedic Surg.	Otolaryngology	Pathology	Pediatrics	Phys. Med. & Rehab.	Plastic Surgery	Psychiatry	Radiology	Urology	Other Specialties				
Alabama	6	1	1	1																								
Arizona	8	5	12							4	1		1															
Arkansas	8																											
California	70	23	77	2	1		19	3		4			1		1						1			37	2		6	
Canal Zone	1																											
Colorado	16	12	53				29	5	2	1					1						8						7	
Connecticut	20		18				15			1			1								1							
Delaware	3	1																										
Dist. of Columbia	11	3	4							2											2							
Florida	22	13	50				13	17		3		2	4		1						7				1		1	
Georgia	12	3	3				1						1													1	1	
Hawaii	5	1	4				2																				2	
Idaho	2	1	2							2																		
Illinois	37	18	27		1		1		1	10											1	1			6	1		5
Indiana	15	4	11				11																					
Iowa	19	12	86	4			45	3	5	15		1				1	1	7		1	3							
Kansas	9	7	13				1		1	3			1		3										2		2	
Kentucky	7	1	1							1																		
Louisiana	6																											
Maine	6	4	6							4																	2	
Maryland	14	3	3							2															1			
Massachusetts	27	11	13	1			4			3						2	2				1			1				
Michigan	42	32	179	8			75	8	17	20			11	3	1		1	19			2	1			2	1	13	
Minnesota	13	1	2	1																	1							
Mississippi	2	2	3							1											1						1	
Missouri	29	19	39	1			7		3	14	1		1							5	2			3	1		1	
Nebraska	8																											
New Hampshire	1																											
New Jersey	30	24	112	1			39		2	45			2		1	1		5	3		2	1				10		
New Mexico	6	3	2							1															1			
New York	92	46	73	3		1	18	1		25	1	1	6		2			5	1		5	1			5	1		3
North Carolina	10	3	3				1	1					1															
North Dakota	5																											
Ohio	50	32	93	2			18	16		24			10	1	1	1		12			1	3	1			3	3	
Oklahoma	7	5	5							1								1									3	
Oregon	7	1	3				1		1																			
Pennsylvania	82	57	352	4	1		76	84	4	95	1		11	3			1	12	4		17	4					35	
Puerto Rico	1																											
Rhode Island	7	2	8										5								3							
South Carolina	8																											
South Dakota	2	1	1																								1	
Tennessee	6	2	2							1																		
Texas	43	19	54	2			35	4		2			3	1				2			1	2					2	
Utah	4																											
Vermont	3	2	4							2	1														1			
Virginia	16	6	12	2			1	1		2				1	1	1	1	1									1	
Washington	13	7	28	1			19	5		1								1										
West Virginia	9	2	2				2																					
Wisconsin	23	10	26				19			1	1							1			1						2	
Totals	843	399	1,387	33	3	1	452	148	36	290	6	4	59	10	13	4	7	95	13	1	93	16	2	101				

As of September 1, 1976, 843 hospitals with approved graduate training programs indicated that osteopathic physicians were eligible for appointment to their attending staffs. These statistics include graduate training programs in military and U. S. Public Health Service facilities, which are approved independently by the Liaison Committee on Graduate Medical Education and by the American Osteopathic Association (AOA).

Of the 843 hospitals, 399 (47%) indicated that appointments had been made, and that a total of 1,387 osteopathic physicians were on such hospital attending staffs as of the reporting date. This is an increase of 566, or 69%, over the total for 1974. The departmental appointments increased significantly in family practice, from 206 in 1974 to 452 in 1976. The number in internal medicine increased from 189 in 1974 to 290 in 1976. The number in general practice rose from 107

in 1974 to 248 in 1976. The number in psychiatry more than doubled, from 40 in 1974 to 93 in 1976.

Table M tabulates the number of graduates in osteopathic medical schools who were serving in AMA approved internships, or first year of graduate training programs, as of September 1, 1976, compared to the number serving September 1, 1974. Although, as indicated above, internships are no longer separately approved, the nomenclature persists, and many of these are the first year of graduate education as a part of an approved residency program, or may be "flexible" first-year programs that are sponsored by two or more approved residency programs.

Table M compares the number of graduates from September 1, 1976, with the number two years earlier, and indicates that only half as many hospitals have appointed osteopathic graduates to their first-year graduate training program, and only

half as many persons who graduated from osteopathic medical schools received such appointments. These statistics, however, should be added to those in the next table which relates to residency program appointments.

Table N lists the number of graduates of osteopathic medical schools serving in residencies approved through the Liaison Committee on Graduate Medical Education as of September 1, 1976. The policy of the AMA House of Delegates is that graduates of osteopathic medical schools may be appointed to approved residencies if the specialty board has agreed to accept such candidates for certification. The American boards for the following specialties will examine graduates of osteopathic medical schools for certification; anesthesiology, dermatology, family practice, internal medicine, nuclear medicine, obstetrics-gynecology, ophthalmology, orthopedic surgery, otolaryngology, pathology, pediatrics, physical medicine and rehabilitation, preventive medicine, psychiatry and neurology and radiology.

The total of 354 of such graduates serving in approved programs as of September 1, 1976, decreased from 444 two years earlier.

As a result, the totals in each specialty field decreased except for the fields of anesthesiology, family practice, obstetrics-gynecology, and pediatrics. It should be noted that there are a few osteopathic graduates listed for specialties in which the specialty board has not agreed to examine osteopathic candidates. Some of these may be in programs that are also AOA approved. Residencies in specialties certified by the following American boards are not open to osteopathic physicians at the present time: colon and rectal surgery, general surgery, neurological surgery, plastic surgery, thoracic surgery, and urology.

The number of osteopathic physicians serving in approved residencies increased in 1976 in California, Connecticut, Georgia, Ohio, and Wisconsin, but there were significant decreases in the states of Iowa, Kansas, Maryland, Missouri, New Jersey, New York, Pennsylvania, and Virginia, compared to a similar period in 1974.

The number of positions filled by graduates of osteopathic medical schools has steadily decreased during the past four years, going from a total of 480 in September 1, 1973, to 444 in September, 1974, and 354 in September, 1976. The increasing number of graduates of U. S. and Canadian medical schools available may make it more difficult for graduates of osteopathic medical schools to obtain appointments in the first year of residency programs. It may also be true that osteopathic graduates are showing a preference for training programs in hospitals approved by the AOA.

Women in Graduate Education

Table O lists the states and the affiliation status of hospitals in which women were serving internship positions or first year of graduate training as of September 1, 1976, providing statistics on the number of U. S. and Canadian graduates and graduates of foreign medical schools. The total number of women serving in first-year positions described still as in "internships" decreased strikingly over the numbers tabulated for September 1, 1974. This change is principally the result of the discontinuance of the use of "internship" to describe the first year of graduate training, which is now used principally for persons serving in "flexible" programs related to two or more specialties, or to certain specialty fields in which the terminology has not been changed. The statistics in this table should be considered along with those in Table Q, which lists the women physicians serving in residencies, most of which also include the first year of graduate training.

Table P shows the number and proportion of women graduates from medical schools in the United States and Canada for the year ending June 30, 1976. The number of women graduating from medical schools in the United States was tabulated as 2,200 for the academic year ending in 1974, or 16% of the class, compared with 1,264, or 11%, of the class at the end of the academic year 1974, and compared with 924, or 8.9%, in the academic year ending June 1973.

The number of women graduating from Canadian medical schools during the year ending June 30, 1974, was 423, or 25% of the total graduates of Canadian medical schools, as

Table M—Graduates of Osteopathic Schools in AMA-Approved Internships and "Flexible" Programs

State	September 1, 1974		September 1, 1976	
	No. of Hospitals	No. of Interns on Duty	No. of Hospitals	No. of Interns on Duty
Arizona	..	..	..	..
California	3	9	4	13
Colorado	1	2	1	1
Connecticut	..	..	..	..
Delaware	1	2	..	..
Dist. of Columbia	2	8	1	2
Hawaii	1	4	..	..
Illinois	1	2	3	6
Indiana	..	..	1	1
Iowa	2	3	..	..
Kansas	..	..	..	..
Louisiana	1	3	2	4
Maryland	..	..	..	..
Michigan	1	1	1	1
Minnesota	2	2	..	..
Missouri	2	1	1	1
New Jersey	1	1	3	4
New York	6	16	1	9
Ohio	4	8	2	8
Oklahoma	1	1	..	..
Pennsylvania	11	30	2	2
Rhode Island	2	3	..	..
Tennessee	1	1	..	..
Texas	4	10	3	8
Virginia	2	5	1	1
Washington	1	1	..	..
Wisconsin	1	1	..	..
Totals	51	114	26	61

Table N—Graduates of Osteopathic Schools in Approved Residencies, September 1, 1976

	NUMBER OF HOSPITALS	Allergy & Immunology	Anesthesiology	Child Psychiatry	Diagnostic Radiology	Dermatology	Family Practice	General Surgery	Internal Medicine	Neurological Surgery	Neurology	Nuclear Medicine	Obstetrics-Gynecology	Ophthalmology	Orthopedic Surgery	Otolaryngology	Pathology	Pediatrics	Physical Med. & Rehab.	Psychiatry	Radiology	Thoracic Surgery	Urology	Other Specialties	TOTALS
Alabama	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alaska	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Arizona	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	3
Arkansas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
California	10	..	1	..	2	..	6	..	2	..	..	..	4	..	3	1	2	1	..	..	1	..	..	..	23
Canal Zone	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colorado	3	1	1	..	..	..	..	..	1	..	..	..	1	..	..	..	..	2	..	..	..	..	..	..	6
Connecticut	3	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	3	..	1	..	..	..	..	5
Delaware	1	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	3
Dist. of Columbia	3	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	..	2	..	..	..	1	7
Florida	6	..	1	..	..	..	4	..	..	..	..	..	1	..	..	..	..	1	..	2	..	..	..	6	15
Georgia	3	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	4
Guam	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hawaii	1	..	..	..	..	..	1	..	1	..	..	..	1	..	..	1	..	1	..	..	..	..	..	..	5
Idaho	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Illinois	15	..	..	..	..	..	3	..	4	..	..	..	..	..	..	1	..	2	3	2	..	..	..	2	17
Indiana	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Iowa	3	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	3
Kansas	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2
Kentucky	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Louisiana	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Maine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Maryland	6	..	1	..	..	..	1	..	4	..	..	..	2	1	..	1	..	..	..	..	..	..	..	..	10
Massachusetts	2	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	1	5	..	..	..	..	2
Michigan	15	..	3	..	1	..	3	1	4	1	1	..	3	1	2	1	..	2	1	5	..	..	..	1	30
Minnesota	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	2
Mississippi	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Missouri	9	..	..	..	..	..	..	..	3	..	..	..	1	..	..	..	..	1	1	2	2	..	..	..	10
Montana	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nebraska	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Nevada	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
New Hampshire	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
New Jersey	13	..	..	..	..	..	4	1	18	..	..	..	2	..	1	..	1	1	..	1	1	..	..	..	30
New Mexico	2	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	2
New York	21	..	1	..	..	2	2	1	8	..	1	..	4	1	1	..	..	2	1	3	2	..	..	..	29
North Carolina	3	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	3
North Dakota	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ohio	16	..	3	..	..	2	1	..	9	..	1	..	2	..	2	..	2	4	..	2	2	1	..	1	32
Oklahoma	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2
Oregon	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	1	..	..	..	..	3
Pennsylvania	31	1	1	1	..	..	12	2	10	..	1	..	6	3	2	..	2	5	..	6	3	..	..	6	61
Puerto Rico	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rhode Island	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
South Carolina	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
South Dakota	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tennessee	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Texas	12	..	2	..	..	..	3	1	3	..	..	..	2	1	2	..	2	2	..	3	1	..	..	..	22
Utah	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Vermont	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2
Virgin Islands	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Virginia	2	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	1	..	1	..	..	..	..	4
Washington	1	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	3
West Virginia	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Wisconsin	5	..	..	..	..	..	2	..	..	..	3	..	..	..	..	..	..	2	..	..	..	..	..	..	7
Wyoming	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	200	2	17	1	3	4	51	7	73	1	10	..	32	9	15	5	13	37	6	37	12	1	..	18	354

18% of all positions filled by women, as compared with 1,173 as of September 1, 1974, which was 20% of the total appointments obtained by women in 1974. In other specialties, 12% of the appointments obtained by women were in psychiatry, 9% in pathology, 8% in general surgery, and 6% in family practice.

The choices, as in previous years, differed among the U. S. and Canadian graduates and the foreign graduates, with more than twice as many foreign graduates choosing anesthesiology or pathology as their U. S. and Canadian counterparts, and with five times as many choosing residencies in general practice.

On the other hand, the U. S. and Canadian women graduates obtained eight times as many positions in family practice and in general surgery, and five times as many in internal medicine as did their counterparts from foreign medical schools. In a number of the specialties in which smaller numbers were appointed, such as diagnostic radiology, dermatology, neurological surgery, and nuclear medicine, ophthalmology, pediatric allergy, plastic surgery, the U. S. and Canadian graduates filled at least twice as many positions as did their foreign-trained counterparts from foreign medical schools as of September 1, 1976.

Women Physicians on Teaching Staff

As shown in Table R, 6,233 women were tabulated as serving on teaching staffs on hospitals with approved graduate training programs as of September 1, 1976, with slightly more than half serving on a full-time basis. Of the total of 3,372 with full-time appointments on teaching staffs, 79% were graduates of U. S. or Canadian schools. 21% were graduates of foreign medical schools. This is a slight shift from the numbers recorded as of September 1, 1974, at which time 84% were graduates of U. S. or Canadian schools. For 1976 there were 495 more women with full time teaching appointments than in September, 1974; but only 123 more with part-time teaching appointments.

Because these figures are higher than those usually listed in tabulations of women physicians by professional activity, it

is likely that most of those listed as serving in full time teaching positions are "geographically full time," with an office in their hospital or in a building related to the hospitals. Such physicians would tend to indicate that they are in active practice rather than restricting their activity to teaching, especially if they served as the attending physician for patients on the teaching service of a hospital in which there were residents serving in their specialty. A special tabulation in 1975 by the Center for Health Services Research and Development of the AMA indicated that, out of 27,228 women physicians in the United States, 24,353 listed as their activity "total patient care," 795 listed medical teaching, 1,021 listed administration, 743 listed research and 316 listed "other activities." The AMA Physician Masterfile, for 1975, indicated that 34,841 women physicians were included in the total file of 387,874 physicians, with 36% of the women physicians under age 35, and an additional 24% in the age group of 35 through 44.

Women Employed Full Time in Hospitals

Hospitals were also asked to report the number of women physicians employed full time in hospitals in other than teaching positions. For the 38 hospitals that reported these data, the statistics indicated that 806 women who were graduates of U. S. and Canadian schools and 505 women who were graduates of foreign schools were serving as full-time employees of hospitals. These numbers are almost identical to those tabulated as of September, 1974. These numbers are in addition to those listed in the preceding paragraph as serving in full-time or part-time teaching positions. These numbers of women physicians employed full time in hospitals corresponds to the number tabulated in the special tabulation of the Center for Health Services Research and Development, which had a total of 1,021 as of December 31, 1975.

Refresher Courses for Women Physicians

On the annual questionnaire to teaching hospitals, the question was asked whether refresher courses could be or were being provided to women physicians who had not been in practice for some time.

Table Q—Women Physicians Serving in Residencies, by Specialty and Hospital Affiliation, as of September 1, 1976

	U S and Canadian Graduates					Foreign Graduates					All Grads., Total on Duty, U.S. & For.
	Types of Medical School Affiliation					Types of Medical School Affiliation					
	Major	Limited	Grad.	None	Total	Major	Limited	Grad.	None	Total	
Allergy & Immunology	..	..	..	..	..	..	1	..	..	1	1
Anesthesiology	119	4	..	2	125	220	14	7	30	271	396
Child Psychiatry	35	3	..	8	46	34	2	2	5	43	89
Diagnostic Radiology	63	3	..	3	69	11	..	..	..	11	80
Dermatology	82	1	1	1	85	17	..	..	..	17	102
Dermatopathology	1	..	..	..	1	1	..	..	..	1	2
Family Practice	269	79	20	64	432	27	20	6	4	57	489
General Practice	17	4	..	..	21	18	2	..	88	108	129
General Surgery	295	197	11	25	528	44	11	..	6	61	589
Internal Medicine	1,088	100	25	85	1,298	139	64	11	61	275	1,573
Neurological Surgery	14	1	..	..	15	3	..	..	..	3	18
Neurology	87	..	..	2	89	36	..	..	1	37	126
Nuclear Medicine	9	..	..	..	9	14	..	..	..	14	23
Obstetrics-Gynecology	197	60	3	12	272	145	25	9	36	215	487
Ophthalmology	94	7	3	6	110	9	1	..	4	14	124
Orthopedic Surgery	19	3	1	2	25	1	..	..	..	1	26
Otolaryngology	23	2	..	1	26	7	..	..	..	7	33
Pathology	216	27	2	20	265	328	49	18	41	436	701
Forensic Pathology	..	..	..	2	2	..	..	..	..	..	2
Neuropathology	1	..	..	..	1	1	..	..	..	1	2
Pediatrics	806	37	..	22	865	421	57	13	59	550	1,415
Pediatric Allergy	8	..	1	9	18	1	..	..	..	1	19
Pediatric Cardiology	8	..	..	..	8	2	..	..	..	2	10
Physical Med. & Rehab.	66	..	..	..	66	68	..	..	7	75	141
Plastic Surgery	15	..	1	..	16	2	..	..	..	2	18
Psychiatry	423	38	7	56	524	186	51	25	113	375	899
Radiology	111	5	..	2	118	67	8	..	2	77	195
Therapeutic Radiology	14	..	..	..	14	12	3	..	..	15	29
Thoracic Surgery	2	..	..	..	2	..	2	..	..	2	4
Urology	7	..	..	3	10	..	..	..	..	..	10
Other Specialties	41	5	..	6	52	32	..	..	..	32	84
Totals	4,130	576	75	331	5,112	1,846	310	91	457	2,704	7,816

Table O—Women in Internship Positions, as of September 1, 1976

	US and Canadian Graduates					Foreign Graduates					All Grads. Total US & Foreign Graduates	
	Number of Hospitals	Types of Medical School Affiliation				Total	Type of Medical School Affiliation					Total
		Major	Limited	Grad.	None		Major	Limited	Grad.	Grad.		
Alabama	1	2	..	..	2	..	..	..	..	2	2
Arizona	1	1	..	..	1	..	..	..	..	1	1
Arkansas	1	4	..	..	4	..	..	..	..	4	4
California	18	44	18	3	66	2	2	1	..	5	71	
Canal Zone	1	1	..	..	1	1	..	..	..	1	2
Colorado	2	5	1	..	6	..	..	..	..	6	6
Connecticut	3	6	..	..	6	..	..	..	..	6	6
Delaware	1	1	..	..	1	..	..	..	..	1	1
Dist. of Columbia	5	74	..	..	74	7	..	..	..	7	81
Florida	1	..	..	1	1	..	..	..	..	1	1
Georgia	4	37	..	..	39	1	..	..	1	2	41
Hawaii	1	1	..	..	1	..	..	..	..	1	1
Illinois	8	2	..	..	2	10	7	..	..	17	19
Indiana	3	..	7	..	7	..	1	..	..	1	8
Iowa	1	..	2	..	2	..	..	..	..	2	2
Kansas	1	3	..	..	3	..	..	..	..	3	3
Louisiana	4	2	10	..	12	2	..	..	..	2	14
Maryland	4	3	2	..	5	..	..	..	5	5	10
Massachusetts	3	7	..	..	7	2	..	..	..	2	9
Michigan	12	11	4	..	15	3	3	..	10	16	31	
Minnesota	2	3	..	..	3	..	..	..	5	5	8
Mississippi	1	1	..	..	1	..	..	..	..	1	1
Missouri	7	11	..	1	13	9	..	5	8	22	35	
New Jersey	10	..	5	..	5	12	..	..	9	21	26
New York	20	36	2	..	13	51	36	3	10	6	55	106
Ohio	12	9	1	..	5	15	11	7	18	33
Oklahoma	2	..	4	..	4	4	4
Pennsylvania	13	15	2	1	19	6	3	..	1	10	29	
Puerto Rico	4	1	..	..	1	4	..	..	..	4	5
Rhode Island	3	4	..	..	4	3	2	..	..	5	9
Tennessee	3	5	5	5	5
Texas	6	4	2	..	7	7	7
Utah	2	1	4	..	5	5	5
Virginia	2	2	2	2	2
Washington	4	..	6	..	6	6	6
Wisconsin	2	4	1	..	5	5	5
Totals	168	303	69	5	25	402	109	21	16	52	198	600

compared with 309, or 19.8% for the academic year ending June, 1974, and 224, or 17.8%, for the year ending June 1973.

These figures are quoted to indicate that women do continue into specialty training programs after graduation, although the statistics are difficult to derive because of the varying uses of terminology to describe the first year of graduate training. One can account for 402 women physicians who entered internship positions as of September 1, 1976, and presumably had graduated in the academic year ending June 30, 1976; this would leave a total of 2,200 available for residency positions.

Table Q indicates that there were 5,112 women physicians serving in residencies, as of September 1, 1976. Such appointments would, of course, cover more than just the first year. Residencies in family practice, internal medicine, obstetrics-gynecology, pediatrics, and psychiatry, are generally of three years duration. On this basis, one can account for approximately 3,400 positions filled in all years in these specialties by women, with an estimated number of 1,135 first-year positions. This number with the 400 internship positions would account for about 1,500 of the U. S. and Canadian women graduates, and it would seem likely that many are also scattered through the other residencies, probably in greater numbers than in previous years.

Women in Residency Programs

Table Q records that 5,112 women graduates of U. S. and Canadian schools were serving in residencies as of September 1, 1976, and that 2,704 women graduates of foreign medical schools were serving in such positions, or a total of 7,816 women on duty as of September 1, 1976. A total of 7,517 was tabulated by the Center for Health Services Research and Development of the AMA as of the end of December, 1975. As of September 1, 1974, only 2,902 U. S. and Canadian women graduates were serving in residencies, but there were 2,932 women foreign graduates serving in residencies, or a total in that year of 5,834.

The number of women serving their residencies in hospitals that have a major affiliation with a medical school dropped slightly, to 81% as of September 1, 1976, as compared with 84% as of September 1, 1974. In hospitals with a major medical school affiliation, the number of women graduates of foreign medical schools with appointments increased from 61% in 1974 to 68% in 1976.

In previous years, women had obtained the largest number of their appointments in pediatrics; for the year 1976, the largest number of appointments was in internal medicine, with 1,573 women serving in such residencies. Women filled 1,415 residency positions in pediatrics, which accounted for

Table P—Male and Female Graduates as of June 30, 1976

Graduates of Medical Schools in:	Male	% of Total Class	Female	% of Total Class	Total Class
United States	11,361	84	2,200	16	13,561
Canada	1,302	75	423	25	1,725
Total Graduates	12,663	83	2,623	17	15,286

Table R—Women Physicians on Teaching Staffs (on Full-Time and Part-Time Basis) as of September 1, 1976

	Full-Time Teaching Staff			Part-Time Teaching Staff			Total Teaching Staff
	U.S., Canadian Graduates	Foreign Medical Graduates	Total	U.S., Canadian Graduates	Foreign Medical Graduates	Total	
Ala	29	..	29	10	3	13	42
Ariz	37	2	39	6	2	8	47
Ark	27	1	28	6	..	6	34
Calif	378	42	420	28	7	35	455
Canal Zone	1	..	1	..	1	1	2
Colo	87	..	87	23	..	23	110
Conn	20	7	27	36	13	49	76
Del	6	9	15	40	..	40	55
DC	101	9	110	195	13	208	318
Fla	22	16	38	12	9	21	59
Ga	33	18	51	41	..	41	92
Hawaii	7	1	8	10	4	14	22
Ill	95	113	208	99	76	175	383
Ind	..	..	..	14	5	19	19
Iowa	10	4	14	7	1	8	22
Kan	7	1	8	14	6	20	28
Ky	34	10	44	4	2	6	50
La	18	3	21	32	3	35	56
Me	3	..	3	10	..	10	13
Md	18	18	36	12	11	23	59
Mass	154	30	184	110	18	128	312
Mich	88	36	124	70	5	75	199
Minn	39	14	53	21	1	22	75
Miss	13	3	16	12	..	12	28
Mo	49	36	85	41	19	60	145
Neb	3	..	3	5	2	7	10
NH	8	..	8	..	..	..	8
NJ	29	..	29	32	9	41	70
NM	19	..	19	4	..	4	23
NY	516	236	752	615	165	780	1,532
NC	44	..	44	164	1	165	209
ND	..	1	1	2	..	2	3
Ohio	108	35	143	109	40	149	292
Okla	3	..	3	9	2	11	14
Ore	1	..	1	22	..	22	23
Pa	273	12	285	241	31	272	557
PR	10	7	17	4	1	5	22
RI	4	..	4	2	1	3	7
SC	24	1	25	21	..	21	46
SD	..	..	..	1	..	1	1
Tenn	47	2	49	26	1	27	76
Tex	109	10	119	105	11	116	235
Utah	16	..	16	2	..	2	18
Vt	10	..	10	..	1	1	11
Va	67	17	84	47	14	61	145
Wash	40	7	47	54	9	63	110
WVa	15	..	15	6	1	7	22
Wis	42	7	49	36	13	49	96
Totals	2,664	708	3,372	2,366	501	2,861	6,233

Some correspondents had urged that the question not be limited to women physicians, as others would be interested in such courses. This year, as in the past several years, 72 hospitals responded to indicate that they could offer such courses or would be willing to provide them; 42 indicated that they did offer such courses, with a total of 47 tabulated. Of this number, 7 were in internal medicine, 6 in pediatrics, 5 in family practice, 4 each in anesthesiology and psychiatry, and 3 in obstetrics-gynecology, with the remainder in a single program. It would appear that courses can be developed on an individual basis upon request to the director of a residency. The growing field of continuing education would appear to offer more regularly and specifically organized opportunities for study for persons who have not been in practice in recent years, and also for those who wish to extend the limits of their present knowledge in a particular field.

Part-Time Graduate Programs

As in previous years, hospitals were asked whether they would be willing to offer part-time graduate training programs to men and women on specific request if such programs could be organized. The replies indicated that there were 127 such first-year positions that had been accepted by men and women,

for an appointment in a "flexible" program—a program at the first-year graduate level acceptable to the directors of two or more residencies.

Of this number, 82 of the appointments had been given to women and 45 to men. These numbers are only a slightly larger number than those reported two years earlier, in 1974.

Table T lists the number of programs in which men and women held part-time residency appointments as of September 1, 1976. The numbers for the women increased slightly, having been reported as 92 as of September 1, 1976, and 76 as of September 1, 1974. For the men, the number reported in 1976 was a decrease, 33 positions, compared to 42 appointments made in 1974. These very small numbers indicate the difficulties of providing part-time appointments in various fields, in a period of time in which the residencies can be readily filled by available U. S. and Canadian graduates seeking full time positions.

Table T indicates the specialties in which the part-time residencies were being served, with the largest number, for both men and women in psychiatry, including child psychiatry. Pediatrics attracted the next largest number, also for men and women, followed by internal medicine and anesthesiology.

Table S—Flexible Programs in Which Women and Men Held Part-Time Appointments as of Sept. 1, 1976

State	No. in Flexible Programs Part-Time	
	Women	Men
Arkansas	2	1
California	9	7
Colorado	2	2
Connecticut	2	..
Delaware	1	..
Dist. of Columbia	1	..
Florida	1	..
Illinois	5	4
Indiana	1	..
Louisiana	2	2
Maryland	1	1
Michigan	5	1
Minnesota	2	1
Missouri	5	1
New Mexico	1	1
New York	11	5
North Carolina	2	1
North Dakota	1	..
Ohio	6	5
Oklahoma	1	..
Pennsylvania	3	2
Puerto Rico	1	..
Rhode Island	1	1
South Dakota	1	1
Tennessee	3	..
Texas	4	2
Washington	2	1
Wisconsin	6	6
Totals	82	45

Trends in Graduate Education

As indicated in previous reports, it is possible for individuals to be appointed to a program in graduate medical education before they actually formally receive their M. D. degree. As of September 1, 1976, 17 hospitals reported that they had appointed a total of 31 persons to a graduate training program before the candidates had been awarded the M. D. degree, but after they had completed all of the requirements for the awarding of the degree.

The number of interns and residents appointed is a decrease from the number shown in 1974, at which time 28 hospitals had reported the appointment of a total of 51 candidates. The Council on Medical Education has indicated previously that, when such candidates are appointed to a graduate training program before they have received the M. D. degree, it is the responsibility of the hospital staff to report these names to the AMA Physicians Records Section, so that these persons may be properly credited with their appointment to a program in graduate medical education. The program director is also expected to verify with the state licensing board that the appointment will fulfill his state requirements, in view of the fact that the candidate has not officially received the M. D. degree even though he has completed all of the requirements for the award of it.

Table U is a tabulation of the requirements of the approved examining boards in the specialties, indicating the specialties in which a prerequisite year or years is required to enter a specialty program.

It will be noted that several specialties, such as anesthesiology and radiology, require a "clinical base." This year is intended to provide a broad clinical base, with assignments to internal medicine and other major specialties. Each of the certifying boards, however, has a slightly different list of specialties in which such experience might be obtained. Candidates for appointments to such residencies, as well as the program directors of residencies in these fields, are advised to check carefully the individual board requirements rather than to rely on the summary list.

Table T—Residencies in Which Women and Men Held Part-Time Residency Appointments as of Sept. 1, 1976

Specialty	No. in Part-Time Residencies	
	Women	Men
Anesthesiology	6	3
Child Psychiatry	11	4
Diagnostic Radiology	1	..
Dermatology	2	1
Family Practice	3	..
Internal Medicine	6	4
Neurology	3	..
Obstetrics-Gynecology	3	..
Orthopedic Surgery	..	1
Pathology	2	2
Forensic Pathology	1	..
Pediatrics	12	6
Physical Medicine & Rehabilitation	2	..
Psychiatry	37	12
Radiology	3	..
Totals	92	33

Detailed statements concerning the board requirements appear in each issue of the Directory of Accredited Residencies, and most of the information summarized in Table U will appear in the information on certification that is being published in the 1977-78 Directory of Accredited Residencies.

The Fifth Pathway

There are five separate routes by which foreign medical students or graduates may enter American medical education programs:

1. Admission with advanced standing to American medical schools. A coordinated transfer system (COTRANS) has been established by the Association of American Medical Colleges in cooperation with the National Board of Medical Examiners to assist American citizens studying in foreign medical schools to make application to appropriate American medical schools.

2. Certification by ECFMG on the basis of satisfying the ECFMG educational requirements, as well as passing the ECFMG examination.

3. Obtaining a full and unrestricted license to practice medicine, issued by a state or other United States jurisdiction authorized to license physicians.

4. In the case of United States citizens, successfully passing the complete licensure examination in any state or other licensing jurisdiction in which the law or regulations provide that a full and unrestricted license to practice medicine in that state or jurisdiction will be issued to the physician after satisfactory completion of his internship or residency in that state, without further examination. To be eligible for this route, the foreign medical graduate must have completed all educational requirements that would make him eligible for ECFMG certification should he choose to apply.

5. Completion of the "Fifth Pathway," which is available to American students in foreign medical schools who have fulfilled the following conditions:

- Have completed, in an accredited American college or university, undergraduate premedical work of the quality acceptable for matriculation in an accredited U. S. medical school;
- Have studied medicine in a medical school located outside the United States, Puerto Rico, and Canada, which is listed in the World Directory of Medical Schools, published by the World Health Organization;

Table U.—Approximate Number of Years of Graduate Training Required to Complete Training in Various Specialties

Specialty	Prerequisite Year(s) Before Entry Into Specialty	Minimum Years of Training in This Specialty Field	Maximum Years of Training Subject to Approval in Field
Anesthesiology	1 (Clinical base)	2	3
Child psychiatry	2 (General psychiatry)	2	2
Diagnostic radiology	1 (Clinical base)	3	3
Dermatology	1 (Medicine)	2	3
Family practice	...	3	3
General practice	...	2	3
Surgery	...	4	5-7
Internal Medicine	...	3	5
Neurological surgery	1 (General surgery)	4	4
Neurology	1 (Clinical base)	3	5
Nuclear medicine	2 (Medicine, pathology, or radiology)	2	2
Obstetrics-gynecology	1 (Clinical base)	3	4
Ophthalmology	1 (Optional)	3	4
Orthopedic surgery	1 (Surgery or others)	3	4
Otolaryngology	1 (General surgery)	3	4
Pathology	...	3	4
Forensic pathology	3+ yr of pathology	1	2
Neuropathology	4 yr of pathology	1	2
Pediatrics	...	3	4
Pediatric allergy	3 yr of pediatrics	1	2
Pediatric cardiology	3 yr of pediatrics	2	2
Physical medicine	½ yr + (Medicine & Surgery)	2	3
Plastic surgery	3 yr (General surgery)	2	3
Colon and rectal surgery	3 yr (General surgery)	2	2
Psychiatry	1 (Clinical base)	3	3
Radiology	1 (Clinical base)	3	3
Therapeutic radiology	1 (Clinical base)	3	3
Thoracic surgery	4 yr (General surgery)	2	2
Urology	2 yr (General surgery)	3	3
Specialty training in other than hospitals:			
Aerospace medicine	1 (School of public health)	3	4
General preventive medicine	1 (School of public health)	3	4
Occupational medicine (academic)	2 (School of public health)	2	2
Occupational medicine (in-plant)	2 (School of public health)	1 (plus academic)	2 (plus academic)
Public health	1 (School of public health)	3	4

c. Have completed all of the formal requirements of the foreign medical school except internship and/or social service. Those who have completed all of these requirements including internship and/or social service are not eligible.

Students who have completed the academic curriculum in residencies in a foreign medical school and who have fulfilled the above conditions may be offered an opportunity to substitute for an internship or first-year of graduate education required by a foreign medical school, an academic year of supervised clinical training (such as a clinical clerkship or what was formerly called a junior internship) prior to entrance into the first year of approved graduate medical education. The supervised clinical training must be under the direction of a medical school approved by the Liaison Committee on Graduate Medical Education.

Before the beginning of the supervised clinical training, such students must have their academic records reviewed and approved by the medical school supervising the clinical training and must attain the score satisfactory to the sponsoring medical school on a screening examination or procedure acceptable to the Council on Medical Education, such as Part I of the National Board Examination, or the ECFMG examination, or the FLEX Examination. The Council on Medical Education will consider the acceptability of any other screening examination or procedure proposed by a sponsoring medical school.

Such students who are judged by the sponsoring medical schools to have completed successfully supervised clinical training are eligible to enter the first-year approved graduate training programs without completing social service obligations required by the foreign country or without obtaining ECFMG certification.

The Council on Medical Education has recommended to all state boards of medical examiners that they consider for licensure all candidates who have completed successfully the supervised clinical training program on the same basis as they now consider foreign medical graduates who have received ECFMG certification.

Some twenty medical schools throughout the United States have indicated their intent to offer a year of "supervised clinical training" which is defined as the "Fifth Pathway" and a list of such schools can be provided upon request.

In response to an inquiry by the Council on Medical Education of the AMA, 31 states and Puerto Rico indicated that they would accept the Fifth Pathway as a basis for licensure for those candidates who have received their premedical education in the United States; of the 5 states of Colorado, Idaho, North Dakota, South Carolina, and the West Indies, along with the Virgin Islands, have not decided upon a policy. The remaining 15 states and Guam have indicated that they will not accept the Fifth Pathway as a basis for licensure. The 15 states are Alabama, Alaska, Arkansas, Delaware, Hawaii, Ken-

Table V—Appointments of Fifth Pathway Candidates, as of September 1, 1976

State	Hospitals in which "Fifth Pathway" Candidates Have Been Appointed	Number Appointed	Appointments, by Specialty																			
			Anesthesiology	Diag. Radiology	Dermatology	Family Practice	Gen. Practice	Surgery	Internal Med.	Neurology	Nuclear Med.	Obstetrics-Gyn.	Ophthalmology	Orthopedic Surg.	Otolaryngology	Pathology	Pediatrics	Phys. Med. & Rehab.	Psychiatry	Radiology	Urology	Other Specialties
Arizona	3	2	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..
California	16	60	..	1	1	10	..	5	7	..	1	13	..	..	..	..	5	3	10	1	2	..
Colorado	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Connecticut	8	16	..	..	..	..	..	..	11	..	..	5	..	..	..	..	..	..	..	..	..	..
Delaware	1	2	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Dist. Columbia	2	4	..	..	..	..	1	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Florida	1	2	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Georgia	2	3	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Hawaii	3	19	..	..	..	..	..	..	17	..	..	..	..	..	..	..	..	2	..	..	..	..
Illinois	10	12	..	..	..	4	..	2	4	..	..	1	..	1	1	..	..	..	..	..	..	..
Indiana	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kansas	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Louisiana	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..
Maryland	3	5	..	..	..	..	..	..	2	..	..	2	1	..	..	..	..	..	..	..	..	..
Massachusetts	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Michigan	2	3	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	1	..
Missouri	2	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
New Jersey	15	93	2	..	..	3	..	13	44	..	..	4	..	5	..	2	11	..	5	..	4	..
New York	40	178	5	..	1	12	..	40	55	1	..	15	3	7	..	..	11	..	14	9	4	1
North Carolina	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ohio	13	26	1	..	..	3	..	3	6	..	..	3	..	2	2	..	..	..	5	..	1	..
Oregon	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Pennsylvania	17	53	2	..	..	6	..	4	34	..	..	3	1	2	..	..	..	..	..	..	1	..
Puerto Rico	4	20	..	..	..	..	..	..	17	..	..	2	..	..	..	..	..	..	..	..	..	..
Rhode Island	2	5	..	..	..	..	..	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Tennessee	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Texas	12	29	..	..	..	17	..	4	..	..	..	..	..	1	..	1	6	..	..	..	..	..
Totals	164	542	11	1	2	60	1	79	207	1	1	50	6	17	3	3	29	9	36	12	13	1

tucky, Louisiana, Mississippi, Nebraska, Nevada, New Mexico, North Carolina, Utah, Vermont, and Washington. In the questionnaire sent to directors of residency programs, each was asked whether they had appointed, during 1976, persons who had completed the "Fifth Pathway;" 164 hospitals stated that they had appointed candidates, as indicated in Table E. A total of 542 persons had been appointed to the Fifth Pathway, as might be expected, the largest number of hospitals in a state was 40 in New York State, in which a total of 178 candidates was appointed. The greatest number of candidates who had completed the Fifth Pathway received appointments in internal medicine. The next largest group were general surgery, followed by family practice.

These appointments, which were in effect as of September 1, 1976, show a substantial growth over the figures compiled as of September 1, 1974. At that time there were 81 hospitals

that had appointed persons who had completed the Fifth Pathway, the largest number of hospitals in any state were the 22 hospitals in New York State, and they had appointed a total of 67 residents. The total number of persons appointed as of September 1, 1974, was 195, with the largest proportion of them appointed to programs in internal medicine, followed by general surgery, family practice, psychiatry, and pediatrics. It should be noted, incidentally, that Table V indicates that some are serving appointments in states that have indicated that they would not accept the Fifth Pathway as a basis for licensure.

Candidates who accept a Fifth Pathway appointment may have passed the ECFMG examination, but they will not be eligible to receive an ECFMG certificate because they have not completed the requirement of their medical school for an internship and/or period of social service.

Special Reports, Announcements, Notices

CHANGES GOVERNING ENTRY OF FOREIGN MEDICAL GRADUATES INTO THE UNITED STATES

A major change was effected with the passage in late 1976 of the "Health Professions Educational Assistance Act of 1976 (PL 94-484, amended by PL 95-83)." The following information should be read carefully not only by persons who wish to enter the United States after having graduated from a foreign medical school, but also by program directors, who may not be aware of the requirements placed upon such persons if they are to be eligible to be accepted into an approved program in graduate medical education without jeopardizing approval of that program.

The "Essentials of Accredited Residencies" state that the program director has the prerogative of determining the qualifications of candidates appointed to his program, but this prerogative carries with it the responsibility to determine that all such appointments are made of persons who are qualified, both with relationship to their previous medical education and their status with relationship to citizenship, or in the case of non-citizens, with the current laws regulating their entry.

It should be emphasized that in order to maintain approval of the residency, graduates of foreign medical schools, including U. S. citizens, must have been certified by the Educational Commission for Foreign Medical Graduates, despite changes in requirements as will be stated below. The ECFMG certificate is also required for licensure in many states.

INFORMATION CONCERNING PL 94-484

The Health Professions Educational Assistance Act of 1976 (PL 94-484, as amended by PL 95-83) amends the U. S. Immigration and Nationality Act to provide that physicians who immigrate to the United States for the purpose of practicing medicine must demonstrate their competence in written and spoken English and must pass Parts I and II of the examination of the National Board of Medical Examiners or its equivalent. The Visa Qualifying Examination has been designated as the equivalent of Parts I and II of the NBME examination. Physicians who immigrate to the United States for some other purpose than to practice medicine are not required to take the examination.

After January 10, 1978, physicians who enter the United States on non-immigrant visas are also required to demonstrate their competence in English and to pass the examination, although the Secretary of Health, Education, and Welfare can waive the requirement if there will be a substantial disruption of medical services resulting from requiring the examination for a non-immigrant visa.

The Act also changed the regulations for converting non-immigrant visas to immigrant (or permanent resident) visas; at present the law requires that an alien must return to his country of citizenship or of last residence for a period of two years before his petition for a change of visa status can be processed.

NEED FOR ECFMG CERTIFICATE

Certification by the Educational Commission for Foreign Medical Graduates is still required for foreign medical graduates who wish to enter residency programs in American hospitals, and such certification is still required for licensure in many states. The Visa Qualifying Examination can serve as a basis for ECFMG certification.

Application for the Visa Qualifying Examination should be made to the Educational Commission for Foreign Medical Graduates, 3624 Market Street, Philadelphia, Pennsylvania 19104, U.S.A. Applications for visas should be made to the nearest U.S. Embassy or Consulate General abroad.

CURRENT DESIGNATIONS OF FIRST YEAR IN GRADUATE MEDICAL EDUCATION

Since July 1, 1975, the term "internships" has not been used to designate approved graduate training programs, and there are no programs specifically approved as a "rotating" or "straight" internship in the 1977-78 Directory of Accredited Residencies, or in the previous Directory the 1975-76 Directory of Accredited Residencies.

Although the experience formerly offered under the name of an internship should now be included in the listings of residencies, the listing of the first year of graduate training may be designated by one of three terms: categorical first year, categorical* first year, or flexible first year. These are all integral parts of an approved residency in a specialty, and these years are defined as follows:

1. *Categorical first year*—These are first-year programs planned, sponsored, and conducted by a single approved residency program as an integral part of that residency. The content of such a first year will be limited, generally, to the specialty field of the sponsoring residency program (or to assignments during that first year that fulfill the requirements for certification in that field).

2. *Categorical* first year*—The asterisk designates a first-year program that would be planned, sponsored, and supervised by a single, approved residency program as an integral part of the residency. The content need not be limited to the specialty of the sponsoring program, but may include experience in two or more specialty fields as determined by the sponsoring program. (The categorical* first year may, in some institutions, be identical to the categorical first year, but may be used to appoint candidates who require a first year as described for that specialty, but then plan to enter training in a related field or a subspecialty of the program itself).

3. *Flexible first year*—The first year is sponsored by two or more approved residencies and is jointly planned and supervised by directories of such residencies. The year is designed to give a broad clinical experience for: (a) students who feel the need for such training; (b) program directors who believe that such experience will best serve the purpose of subsequent graduate education in their fields; and (c) students who have not yet decided on their specialty, but wish to choose among several fields during first graduate year. The content of a flexible first year must include four months in internal medicine, but the remainder of the year may be designed in accordance with the purposes of the two or more sponsoring residency programs, and the interest and needs of the candidates. A program sponsored by two residency programs need not include training in either of these specialties: It may supply training needed by the candidates if they are to qualify for certification. Examples of such programs would be that to provide a "clinical base year" for persons seeking certification in radiology and anesthesiology, in which flexible years the candidate probably would not receive training in either of these specialties, but would have a broadly-based general program including the four months required in internal medicine.

There is still considerable confusion concerning the use of these terms, and some of the listings that appear in this edition of the Directory covering the types of first-year positions had been edited by staff in order to compile the information and statistics, and some may not be precisely the listing that the program director had intended.

Some listings for individual programs have subsequently been revised after processing, and may now have different complements of categorical, categorical* and flexible positions designated. In some cases, the listing of programs may have been changed by official action of the Liaison Committee on Graduate Medical Education, which Committee is now authorized to take action on accreditation of programs.

NEW TYPES OF RESIDENCIES LISTED ALLERGY AND IMMUNOLOGY

The 1977-78 Directory lists, for the first time, programs that have now been approved in allergy and immunology, upon recommendation of the Residency Review Committee for Allergy and Immunology, to the Liaison Committee on Graduate Medical Education.

The programs listed, in many cases, are in institutions that previously held approval for residencies in pediatric allergy, which programs had been listed in the previous issues of the Directory of Accredited Residencies.

The "Special Requirements for Residencies in Allergy and Immunology" became a part of the "Essentials of Accredited Residencies" in July, 1976. Programs were then reviewed and the Liaison Committee on Graduate Medical Education, in September, 1977, voted to allow existing programs in pediatric allergy and in adult allergy until 1981 to modify their programs to comply with the currently approved "Special Requirements for Allergy and Immunology."

BLOOD BANKING

Residencies in blood banking are listed in the 1977-78 Directory for the first time, and represent training available to those who have had required prerequisite training in pathology. The requirements for residencies in this field are listed as a part of the "Special Requirements for Residencies in Pathology."

DERMATOPATHOLOGY

The 1977-78 Directory lists, for the first time, residencies in dermatopathology. Because these residencies can provide specialized training to candidates who have had previous training in pathology or dermatology, they have been listed in the Directory immediately following the listings of residencies in dermatology. The requirements for such residencies are listed in both the "Special Requirements for Residencies in Pathology" and in the "Special Requirements for Residencies in Dermatology."

OPHTHALMIC FELLOWSHIPS

The 1977 edition of the Directory does not list ophthalmic fellowships, as the list that appeared in the 1975-76 Directory had been withdrawn pending decisions by the Liaison Committee on Graduate Medical Education that will provide a uniform mechanism for the listing of specialized training in the various fields.

ACCREDITATION OF FELLOWSHIPS

The Liaison Committee on Graduate Medical Education, at its meeting in February, 1977, adopted the policy that it would accredit only those residency programs which lead to eligibility for certification by an established specialty board and those subspecialties which are integral parts of accredited residency programs for which certificates of special competence are given by a primary specialty board. The Liaison Committee had been reviewing fellowships, as well as subspecialty training that is an integral part of an accredited residency. During 1978, the Liaison Committee on Graduate Medical Education, together with the residency review committees, plan to develop forms to obtain information about subspecialty training and the criteria by which the subspecialty components of residency programs can be evaluated. It may then be possible to list in subsequent issues of the Directory of Accredited Residencies those accredited programs offering subspecialty training, showing the subspecialties available within the accredited program. The LCGME will not accredit programs that are not integral components of accredited residency programs, and will no longer list fellowships.

THE PROCESS OF REVIEW AND ACCREDITATION OF GRADUATE MEDICAL EDUCATION

Accreditation of programs of graduate medical education is voluntary, although accreditation has been used increasingly as the basis for governmental funding (particularly federal), for licensure and certification of individuals and for appointments and privileges in hospitals, medical schools, etc. The voluntary aspect remains in that programs apply for accreditation rather than having the accrediting body initiate the process. It is conducted by the profession, rather than by government and much of the process is carried out by persons who receive no pay for their significant and time-consuming contribution to the maintenance and improvement of medical education.

Accreditation of programs is based on educational standards developed by experts in the field and adopted by professional organizations which have general as well as special knowledge of graduate medical education.

The standards (Essentials and Special Requirements) are developed by residency review committees, reviewed and approved by the sponsoring professional organizations of each residency review committee and by the Liaison Committee on Graduate Medical Education. These standards are published annually in the *Directory of Accredited Residencies*. They are modified as the special fields in medicine and methods of education change. Revisions of educational standards require approval as outlined above.

Guides for program directors are based on and cannot exceed the educational standards published in the form of general and special requirements for accredited programs.

The steps are as follows:

1. Application for accreditation is made by the program director. He supplies general and detailed information about the program based on the requirements of each specialty. This information is a principal basis for evaluation of the program.

2. Staff of the Residency Review Committees and of the Liaison Committee on Graduate Medical Education, provided by the Department of Graduate Medical Evaluation of the American Medical Association, reviews the application for completeness and general content, and schedules an on-site visit.

3. The on-site surveyor (a member of the staff of the American Medical Association or in some cases a specialist in the field) reviews the information, reviews the program at the institution, organization or agency which offers the program, and reports his findings.

4. All information is then compiled and placed on the agenda for the appropriate residency review committee.

5. The residency review committee reviews the program in detail, determining its content and the degree to which it meets the published educational standards. On the basis of its evaluation, the Residency Review Committee makes recommendations to the Liaison Committee on Graduate Medical Education regarding the quality of the program, its deficiencies (if any) and whether the program should be accredited. The evaluation and recommendations of the residency review committees form the basis of the letter of notification which is prepared by the Secretary of the residency review committee.

6. The Liaison Committee on Graduate Medical Education reviews the program in light of the recommendations of the residency review committees to determine whether the recommendations are in keeping with the general and special requirements, and whether the recommendations of the residency review committees are supported by the evidence in the record (or file) of the program. The Liaison Committee on Graduate Medical Education also reviews the letter of notification. The LCGME depends on the individual residency review committees for the substantive and detailed review of all programs.

7. The Liaison Committee on Graduate Medical Education acts on the recommendations of the residency review committees. Following its action, letters of notification are sent immediately to program directors, with copies to hospital administrators, deans of medical schools where applicable, and to the parent bodies of the residency review committees.

8. In the case of adverse decisions, the program director may request reconsideration of the action by the residency review committees and the Liaison Committee on Graduate Medical Education. If the adverse action is sustained after detailed reconsideration of the program, the program director and the institution may file a formal appeal with the Liaison Committee on Graduate Medical Education.

9. The appeal is heard and acted upon according to the procedure adopted and published by the Liaison Committee on Graduate Medical Education.

FREQUENCY OF EVALUATION AND DURATION OF ACCREDITATION

Frequency of evaluation and duration of accreditation depends on the accreditation status. The duration can be determined on a case by case basis by the Liaison Committee on Graduate Medical Education on recommendation of the residency review committees.

Fully accredited programs are evaluated at intervals of three to four years. The accreditation is in effect until resurvey and reevaluation are completed and the Liaison Committee on Graduate Medical Education has taken action on the program.

Provisionally accredited programs are usually reevaluated at the end of two years. Accreditation is in effect from the time of notification until further action by the Liaison Committee on Graduate Medical Education.

Probationally accredited programs are usually reevaluated within two years of the action placing the programs on probation.

Letters of notification specify the time within which progress reports, or resurvey and reevaluation, will be completed.

RECOMMENDATIONS ON NUMBERS OF RESIDENTS IN A PROGRAM

On the surgical specialties and in certain other specialties, residency review committees recommend to the program director the maximum number of residents who can receive an adequate educational experience in a program. This is particularly important in the more advanced years of residency training.

Program directors usually follow the recommendations of the residency review committees. It should be recognized that the residency review committee has the responsibility to recommend maximum numbers of residents but has no legal or other ground to serve as a regulatory body for the number of residents in any program or in any specialty. The decisions and recommendations of residency review committees are based only on consideration of the quality of education and compliance with educational standards. Maximum numbers of residents may be recommended by the residency review committees and do not require action by the Liaison Committee on Graduate Medical Education.

CHANGE IN CHARGE FOR EVALUATION AND ACCREDITATION OF PROGRAMS

As was announced to program directors, hospital administrators, and deans of medical schools, under date of August 8, 1977, the Liaison Committee on Graduate Medical Education adopted the policy that, effective January 1, 1978, the charge for each evaluation of each residency program will be \$500. Programs will be billed at the time that the site visits are scheduled.

The memorandum announcing the increase in the charge for the surveys stated that at present the American Medical Association pays 50% of the total cost of evaluation and accreditation of programs in graduate medical education. The charges to the programs cover approximately 40% of the total cost. The remaining costs are paid by the sponsoring professional organizations of the LCGME, based on a cost per representative to the Committee. The Liaison Committee is composed of five member-organizations: The American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies.

LIST AVAILABLE OF FAMILY PRACTICE RESIDENCY PROGRAMS

A list of the currently approved residencies in family practice may be obtained by addressing the Department of Graduate Medical Evaluation, American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610. Only one copy will be sent to each individual sending a request.

CHANGES IN "ESSENTIALS OF ACCREDITED RESIDENCIES"

The information contained in this edition of the Directory, under the section "Essentials of Accredited Residencies," has been revised to cover changes accepted by the Liaison Committee on Graduate Medical Education through November, 1977. This section was revised to as late a date as possible so that program directors and trainees would have access to the current requirements for training in each of the specialties.

Some specialties have proposed changes in their requirements, which are currently in various stages of consideration, and which may appear in subsequent editions of this document.

Revisions have been made in the "Essentials" in the following specialty fields: diagnostic radiology, general surgery, fields of preventive medicine, neurological surgery, neurology, and thoracic surgery. The basic changes are listed below in each of these fields:

DIAGNOSTIC RADIOLOGY

The few changes being made in the "Special Requirements for Residency Training in Diagnostic Radiology" involve principally addition of a statement that "the in-training evaluation of residents' performance and progress be documented frequently through appropriate techniques, including staff appraisal, oral or written tests, or a combination of these." The new requirements also state that the program will offer a minimum of three years of graduate medical education in diagnostic radiology, of which at least 30 months of the training must be in the parent program.

It should be noted that three years of training is also available in therapeutic radiology, but that residencies in general radiology are being phased out, and candidates should not be appointed to first-year positions in general radiology after July 1, 1976, to second-year positions after July 1, 1977, and to third-year positions after July 1, 1978.

GENERAL SURGERY

The "Essentials" for residencies in general surgery have been revised to make less restrictive a previous requirement that there be a residency program in internal medicine in the same institution.

The revision now states that a "satisfactory training program cannot be conducted in the absence of programs in other disciplines in the same institution. An absolute minimum is an approved program in a primary care specialty, but programs in pathology, radiology, and other surgical specialties are

highly desirable." A residency in internal medicine, family practice, pediatrics, obstetrics-gynecology would meet the requirements for an approved program in a "primary care specialty."

The training requirements for general surgery now state that the minimally acceptable program must provide at least four years of clinical experience after graduation from medical school. Of these four years, at least three and one-half years must be devoted to clinical surgery, three of which, including the final or chief residency year, must be in those fields designated as the primary components of "general surgery."

No more than six months of the three and one-half years may be spent in any one surgical specialty other than general surgery. The remaining six months of the four clinical years may be devoted to either clinical surgery, or to one of the other clinical disciplines such as internal medicine, pediatrics, anesthesiology, or surgical pathology. Any additional full-time assignments other than surgical, such as research, radiology, etc., must be in addition to the four years.

NEUROLOGICAL SURGERY

The "Special Requirements" for neurological surgery have been revised to omit some of the specific numerical requirements that had been previously listed, particularly with regard to the number of major procedures, which had included a requirement of at least 25 surgically-verified intracranial neoplasms required of each resident completing his training each year.

Statements have been added indicating that affiliations with other hospitals should be based on a clear understanding of the value of such affiliation to the training program as a whole. The revision also notes that affiliations at a distance from the parent institution, which make attendance at conferences and teaching rounds difficult, are not favored.

NEUROLOGY

The changes in the "Special Requirements" for residencies in neurology recognize the change in the structure of the programs to include four years of training, one year of which may be provided within the neurology residency or obtained outside of it. There is a recommendation that the year be completed prior to entering a three-year neurology program, or that it be structured as a first year of a four-year neurology program, to provide supervised training in the general medical care of patients. A similar requirement has already been added to the "Special Requirements" for Residencies in Psychiatry.

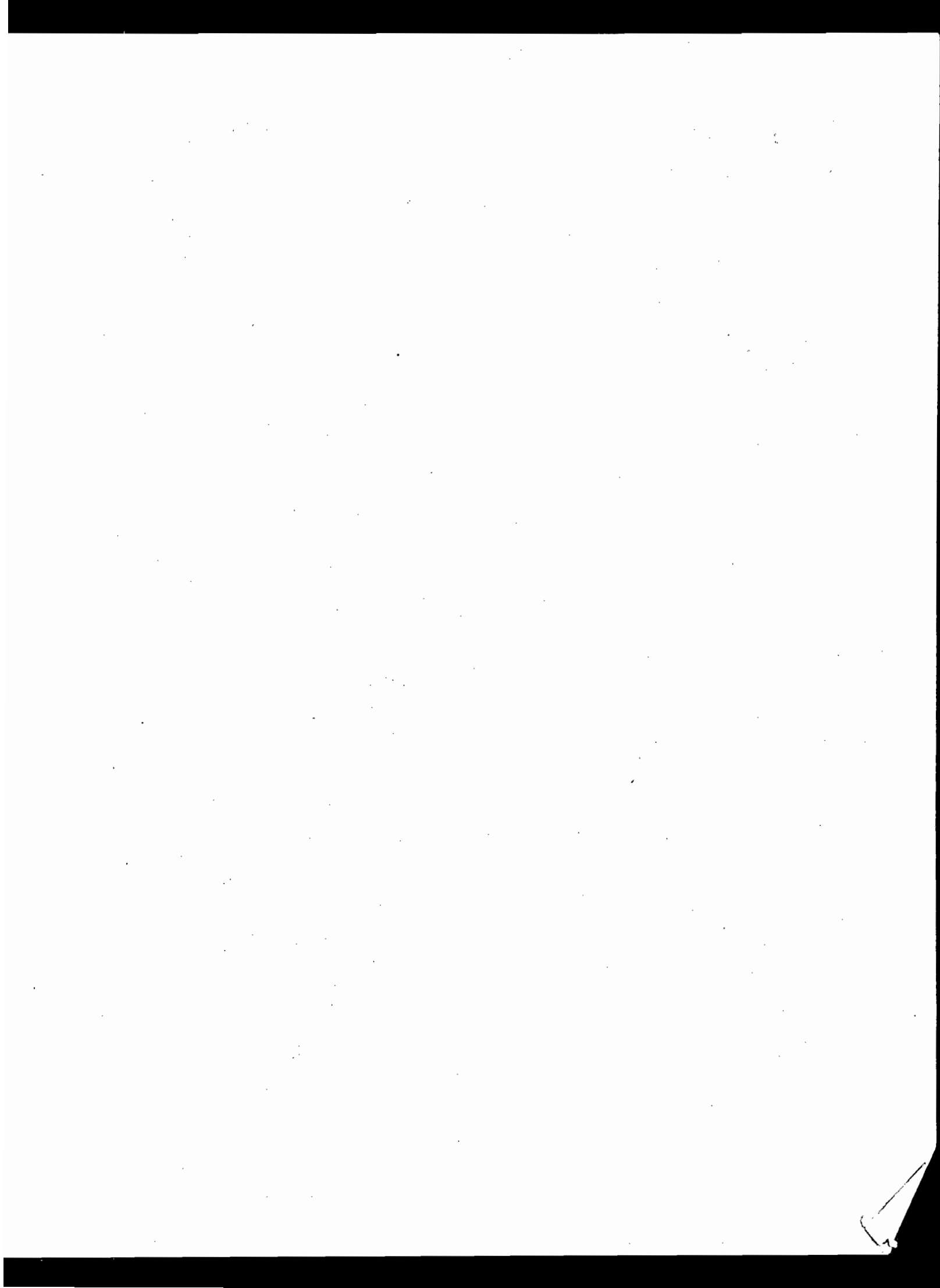
The statements concerning training leading to special competence in child neurology have been made less specific, and up to the present time applications have not been received for the two-year program currently required in addition to the basic training required in neurology.

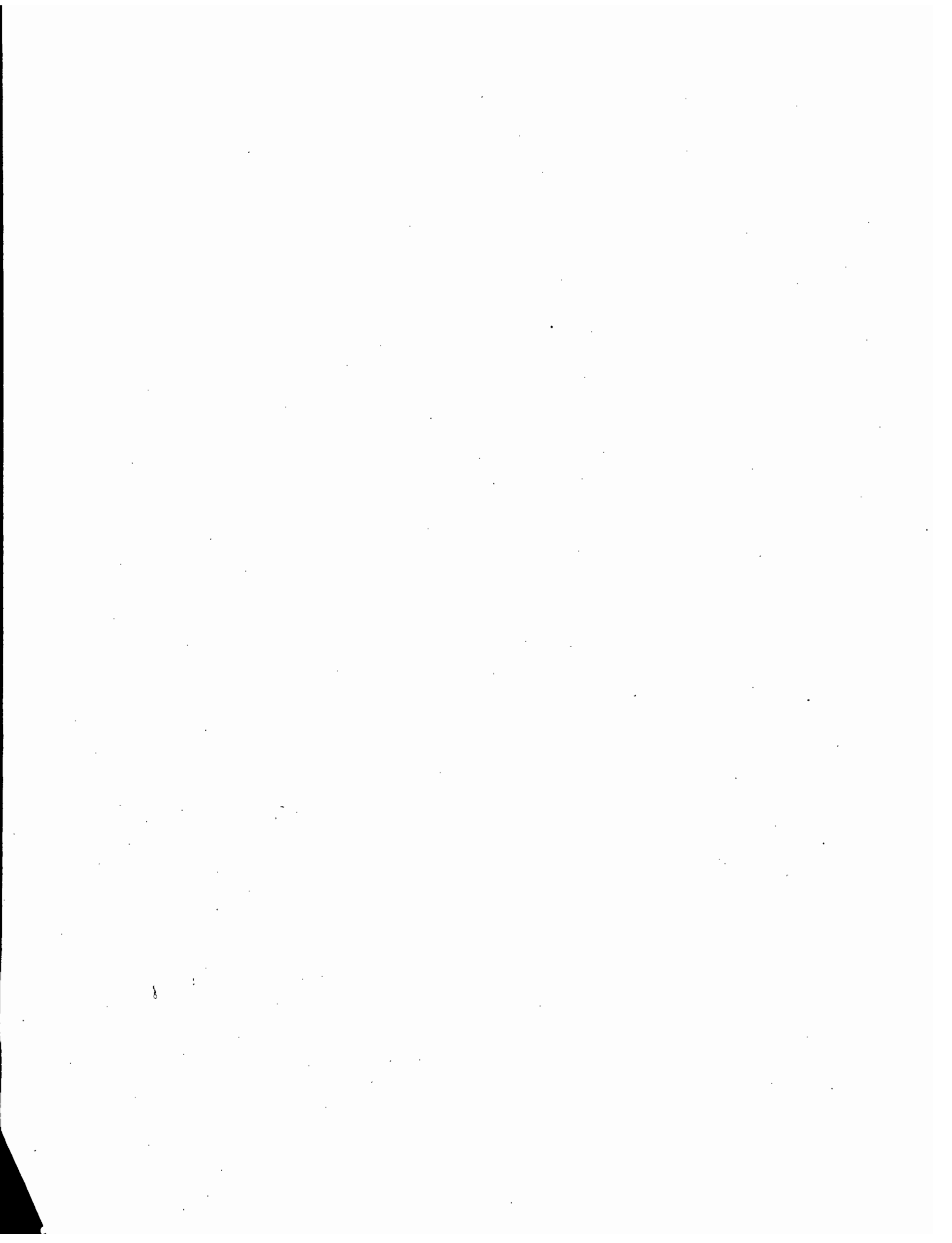
RESIDENCY PROGRAMS IN PREVENTIVE MEDICINE

The "Special Requirements" for residencies in the fields of preventive medicine, which include general preventive medicine, aerospace medicine, occupational medicine (academic), occupational medicine (in-plant), and public health, have been revised, with the intent to make them uniform in style and relatively uniform in the requirements for three years of training. The listing in the "Essentials" shows extensive revision, and does not add additional years of required training, but follows, in general, the requirements previously approved.

THORACIC SURGERY

The revision for thoracic surgery specifies more clearly the need for a minimum of two years of training in thoracic surgery, and limits the time spent in training in non-surgical areas to three months in a two-year program. The basis on which affiliations with other institutions may be acceptable is stated, and the revision, in general, results in a clearer statement of the requirements.





Consolidated List of Hospitals

With Accredited Graduate Training Programs

Liaison Committee on Graduate Medical Education

Revised to July 1, 1977

The Consolidated List provides general basic information on hospitals and other institutions with approved graduate training programs.

To save space, the word "Hospital" has been omitted when it is the last word of the name of an institution; it is used, however, whenever the word is used as a plural, or if it forms a part of the name of the institution followed by other words.

All institutions are listed alphabetically by state and city, with their full names and addresses included. In addition, the titles used for some integrated programs have also been listed, so that the number of persons on duty in approved integrated programs under that heading can be correctly attributed to the program, rather than to individual hospitals. Because of the complex nature of some programs, however, all of the participating hospitals may not be listed under the integrated heading, or the numbers of house staff on duty may be listed for overall programs, with the number of persons on duty in intramural programs of these hospitals then indicated alongside of the name of these hospitals.

Although institutions and program directors have been asked to provide information only on persons for whose appointments they are responsible, some have misunderstood, and some positions may not have been recorded as reported.

For these reasons, the information given in the columns on "House Staff September 1, 1976" with its breakdown of the number of foreign and nonforeign graduates on duty, and the column of "Positions Offered July 1, 1978" should be considered as helpful, but not necessarily exact data.

The medical school affiliation of an institution is shown in a special column; the code to identify the medical schools begins at the end of the Consolidated List. It is *not* a requirement that hospitals have an affiliation with a medical school to obtain approval of a residency program. The affiliation is listed as an item of information frequently sought by candidates for graduate training programs.

Participation by a hospital in the clinical clerkship program of a medical school is indicated by M or L preceding the code number for the school. M signifies that the hospital is a major unit in the teaching program of the medical school; L that the hospital is used to a limited extent in the school's teaching program; G that the hospital is used by the school for graduate training programs only. The information concerning medical school affiliation has been furnished at our request by the deans of individual medical schools.

The G designation should be used only for hospitals not designated with M or L and in cases in which *one or more* of the following arrangements is in effect:

1. House staff selected by officials of a specific medical school department or by a joint committee of the hospital teaching staff and the medical school faculty.
2. Some degree of actual exchange of residents between the G hospital and the principal medical school teaching hospital.
3. Regularly scheduled participation of medical school faculty (other than the hospital's own attending staff) in teaching programs at the G hospital.
4. A contractual arrangement (with or without financial commitment) for assistance in the organization and supervision of the graduate program in the G hospital.

The G designation should not be used if the hospital is used for undergraduate clerkship teaching, if faculty participation is as tenuous as an occasional lecture or consultation visit, or if the hospital's residents attend medical school teaching conferences only as visitors.

The administrative control of the institution is indicated in a separate column, and the abbreviations used are explained at the end of the Consolidated List.

The total number of beds is shown in one column; the percentage of necropsies is shown in the following column.

The number of graduates of foreign and nonforeign medical schools serving in each hospital or program as of September 1, 1976, was provided by individual hospitals or program directors on the annual questionnaire.

The absence of numbers in these columns may indicate *either* that no one was serving in the program as of September 1, 1976, or the program was so organized that participants were appointed to an integrated program and are included in the numbers under the overall program. The column "Positions Offered July 1, 1978," now includes all first-year positions, some of which have been internships, and may still be so identified within individual hospitals. Instead of the previous abbreviation of "INT," the abbreviation "FLEX" has been used to indicate that a flexible first-year may be offered. Categorical positions or categorical* positions and flexible first-year positions are included in the line with the abbreviation "RES." The numbers of positions listed are estimates by the program directors of positions to be available as of July 1, 1978.

Because of the slow transition since 1974 to the description of programs as residencies, to include the first year of graduate education, and the difficulty of translating the concept of a continuum of graduate medical education into an appropriate list of positions offered, some numbers listed may be slightly inaccurate.

In some specialties, residency review committees recommend specific numbers of positions, and numbers furnished by program directors on the annual questionnaire may not agree with the numbers currently approved for such programs. In some cases, the first year of training may be a broadly-based program that will be a year preliminary to actual specialty training.

Some specialties, also, do not designate the number of positions to be offered. Continued approval of the program is based on the residency review committee's evaluation and the LCGME decision as to whether the educational experience in the program has been unduly diluted by the appointment of too many graduate trainees, or whether the service elements of a program have been overemphasized because too few candidates have been appointed.

Specific details on the residency programs are given in separate lists in this issue and in an "informal list" of flexible programs in this issue of the Directory.

Abbreviations used to indicate specialties and other information are given at the end of the Consolidated List.

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1976 For.*	Non- For.*	Pos. Off. July 1, 1978	Approved Program
ALABAMA								
ANNISTON								
Anniston Family Practice Residency Program	G-010	MISC.						RES: FP
Northeast Alabama Regional Medical Center 400 E. 10th St., Box 2208 36201	G-010	NP CORP	350	16	1	3	12	RES: FP
BIRMINGHAM								
Baptist Medical Center—Montclair 800 Montclair Rd. 35213	M-010	CHURCH	480	22				RES: DR, GS, IM, PTH
Baptist Medical Center—Princeton 701 Princeton Ave. 35211	M-010	CHURCH	439	16				RES: DR, GS, IM, PTH
Baptist Medical Centers 3201 4th Ave. S. 35222	M-010	CHURCH			3	21	49	RES: DR, GS, IM, PTH
Carraway Methodist Medical Center 1615 North 25th St. 35234	M-010	CHURCH	534	27		44	75	RES: FP, GS, IM, OBG, PTH, U
Children's 1601 6th Ave. S. 35233	M-010	NP CORP	160	63				RES: AN, DR, NS, ORS, OTO, PD, U
Cooper Green 1515 6th Ave. S. 35233	M-010	COUNTY	175	29				RES: IM, OPH, OTO
East End Memorial 7916 2d Ave. 35206	L-010	NP CORP	290	16			9	RES: FP
Eye Foundation 1720 8th Ave. South 35233	L-010	NP CORP	91					RES: OPH
St. Vincent's 2701 Ninth Court S. 35205	M-010	CHURCH	296	29		6	20	RES: IM
University of Alabama Hospitals 619 S. 19th St. 35233	M-010	STATE	671	43		2	3	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, P, TR, TS, U
University of Alabama Medical Center	M-010	MISC.			32	299	351	RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, P, TR, TS, U
Veterans Admin. 700 S. 19th St. 35233	M-010	VA	499	39				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, P, TR, TS, U
FAIRFIELD								
Lloyd Noland P. O. Box 538 35064	L-010	NP CORP	309	25	21	16	39	RES: AN, D, GS, IM, OBG, ORS, PD
HUNTSVILLE								
Huntsville 101 Sivley Rd. 35801	M-010	CITY	506	9		6	28	RES: FP
University of Alabama Program	M-010	MISC.						RES: FP
MOBILE								
Mobile Infirmary Louiselle St. 36607	L-114	NP CORP	568					RES: ORS
University of South Alabama Affiliated Hospitals	M-114	MISC.				5	8	RES: FP, GS, IM, OBG, ORS, PD
University of South Alabama Medical Center Hospital and Clinics 2451 Fillingim St. 36617	M-114	STATE	396	56		69	106	RES: DR, FP, GS, IM, OBG, ORS, PTH, PD, U
MONTEGOMERY								
Montgomery Area Community Health Sciences Institute—M. R. M. F. P. O. Box 11292 36111	G-010	NP CORP			4	1	10	RES: IM
Montgomery Baptist Medical Center 2105 East South Blvd. 36111	L-010	CHURCH	419	17				RES: IM
St. Jude Catholic 2048 W. Fairview Ave. 36108		CHURCH	177					RES: OBG
St. Margaret's 834 Adams Ave. 36104		NP CORP	227	18				RES: IM
SELMA								
New Vaughan Memorial 1050 W. Dallas Ave. 35701	G-010	NP CORP						RES: FP
Selma Dallas County/Family Practice Residency of University of Alabama	G-010	CORP.	150	31			12	RES: FP
Selma Medical Center 1015 Felix Rd. 36701	G-010	CORP.	150	31				RES: FP
TUSCALOOSA								
Druid City 809 University Blvd. E. 35401	M-010	CY-CO	498					RES: FP
University of Alabama Affiliated Hospitals	G-010	MISC.			27	1	36	RES: FP
University of Alabama College of Community Health Sciences University Blvd. 35486	M-010	STATE	612	16				RES: FP
TUSKEGEE								
Veterans Admin. 36083	G-010	VA	1100	13	2	2	5	RES: OPH
ARIZONA								
PHOENIX								
Arizona Crippled Children's (See Arizona Children's, Tempe)								
Arizona State 2500 E. Van Buren St. 85008		STATE	844	13				RES: P
Barrow Neurological Institute of St. Joseph's Hospital 350 W. Thomas Rd. 85013	M-100	NP CORP			1	9	14	RES: NS, N
Good Samaritan 1033 E. Mc Dowell Rd. 85006	M-100	NP CORP	700	23	5	65	96	RES: FP, GS, IM, OBG, PTH, PD, PM, PS, P
Maricopa County General 2601 E. Roosevelt St. 85008	L-100 G-016	NP CORP	495	37	15	75	131	RES: DR, GS, IM, OBG, ORS, PTH, PD, PS, P

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1976		Pos. Off. July 1, 1978	Approved Program	
					For.*	Non-For.*			
ARIZONA, PHOENIX—Continued									
Phoenix Hospitals Affiliated Pediatric Program (Includes Good Samaritan Hospital, Maricopa County General Hospital, St. Joseph's Hospital and Medical Center, U. S. Public Health Service Indian)	M-100	MISC.				3	41	44	RES: PD
Phoenix Integrated Surgical Residency (Includes Good Samaritan Hospital, U. S. Public Health Service Indian Hospital and Veterans Admin. Hospital) 85009	M-100	MISC.				2	13	20	RES: GS
Phoenix Orthopedic Residency Training Program (Includes Maricopa County General Hospital, U. S. Public Health Service Indian Hospital, and Arizona Children's Hospital (Tempe))	L-100	MISC.				1	8	9	RES: ORS
Phoenix Plastic Surgery Residency (Includes Good Samaritan Hospital, Maricopa County General Hospital, U. S. Public Health Service Indian, and Arizona Children's Hospital (Tempe))	M-100	MISC.				2	4	6	RES: PS
St. Joseph's Hospital and Medical Center 350 West Thomas Rd. 85013	M-100	CHURCH	560	40		4	43	58	RES: DR, FP, GS, IM, N, OBG, PTH, PD
U. S. Public Health Service Indian 4212 N. 16th St. 85016	L-100	USPHS	191	33					RES: GS, OBG, ORS, PD, PS
Veterans Admin. 7th St. and Indian School Rd. 85012	G-016, 100	VA	87	59					RES: GS
SCOTTSDALE									
Scottsdale Memorial 7400 E. Osborn Rd. 85251	L-100	NP CORP	340	12			13	18	RES: FP
TEMPE									
Arizona Children's 200 N. Curry Rd. 85281		STATE	162	75					RES: ORS, PS
TUCSON									
Kino Community Hospital Division 2800 E. Ajo Way 85713	L-100	COUNTY	120	33					RES: D, GS, IM, OBG, PD
Tucson Hospitals Medical Education Program (Includes Kino Community Hospital Division, and Tucson Medical Center Division) P. O. Box 6067 85716	M-100	NP CORP					33	48	RES: GS, IM
Tucson Medical Center Division Grant Rd. & Beverly Blvd. 85716	M-100	NP CORP	537	35					RES: GS, IM, N, OBG, PD
University 1500 N. Campbell Ave. 85721	M-100	STATE	254	53		1	28	33	RES: AN, DR, D, FP, GS, IM, N, NM, OBG, OPH, ORS, PTH, PD, PS, P, TR, U
University of Arizona Affiliated Hospitals	M-100	MISC.				14	184	215	RES: AN, DR, D, GS, IM, N, NM, OBG, OPH, ORS, PTH, PD, PS, P, TR, U
University of Arizona College of Medicine Dept. of Community Medicine 85724	M-100	STATE							RES: GPM
Veterans Admin. 3601 South Sixth Ave. 85723	M-100	VA	329	60					RES: AN, DR, D, GS, IM, N, NM, OPH, ORS, PTH, PS, P, U
ARKANSAS									
FAYETTEVILLE									
Area Health Education Center—Northwest 241 Spring St. 72701	G-011	STATE					6	13	RES: FP
Fayetteville City 221 S. School St. 72701	G-011	NP CORP	155						RES: FP
Veterans Admin. 1100 N. College Ave. 72701	G-011	VA	220	19					RES: FP
Washington Regional Medical Center 20 W. North St. 72701	G-011	COUNTY	166	9					RES: FP
FORT SMITH									
Area Health Education Center—Fort Smith 100 S. 14th St. 72901	G-011	STATE					9	20	RES: FP
St. Edward Mercy 1411 Rogers Ave. 72901	G-011	CHURCH	339	9					RES: FP
Sparks Regional Medical Center 1311 South I St. 72901	G-011	NP CORP	531						RES: FP
LITTLE ROCK									
Arkansas Children's 804 Wolfe St. 72201	M-011	NP CORP	93	31					RES: FP, OPH, ORS, OTO, PD, U
Arkansas State 4313 West Markham 72201	L-011	STATE	442	14			5	12	RES: P
Baptist Medical Center 9600 W. 12th 72201	L-011	NP CORP	536	17					RES: FP, OPH, OTO
University 4301 West Markham St. 72201	M-011	STATE	326	39		2	21	37	RES: AN, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, P, TR, TS, U
University of Arkansas for Medical Sciences Affiliated Hospitals	M-011	MISC.				18	186	246	RES: DR, D, FP, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PD, P, TR, TS, U
Veterans Admin. Consolidated 300 E. Roosevelt Rd. 72206	M-011	VA	1467	36					RES: DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, TR, TS, U
NORTH LITTLE ROCK									
Veterans Admin. Consolidated 72114	M-011	VA							RES: P
PINE BLUFF									
Area Health Education Center—Pine Bluff 1515 W. 42d Ave. 71601	G-011	NP CORP						12	RES: FP
Jefferson 1515 W. 42d Ave. 71601	G-011	NP CORP	316	11					RES: FP
SPRINGDALE									
Springdale Memorial 609 Maple St. 72764	G-011	NP CORP	161	12					RES: FP

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1976 For.* Non- For.*	Pos. Off. July 1, 1976	Approved Program
CALIFORNIA							
BAKERSFIELD Kern Medical Center 1830 Flower St. 93305	L-013 G-103	COUNTY	266	58	3 37	65	RES: FP, GS, IM, OBG, OPH
BERKELEY Herrick Memorial 2001 Dwight Way 94704		NP CORP	214	37		8 11	RES: P
University of California School of Public Health 94720		STATE				24	RES: GPM
CAMARILLO Camarillo State Box A 93010	L-013	STATE	3258	86	1 14	18	RES: CHP, P
CAMP PENDLETON Naval Regional Medical Center 92055	L-103	USN	301	71		28 28	RES: FP
COSTA MESA Fairview State 2501 Harbor Blvd. 92626		STATE	1866				RES: ORS
DAILY CITY Mary's Help 1900 Sullivan Ave. 94015		CHURCH	306	17			RES: ORS
DAVIS Davis Community Road 99, Box S 95616		CORP.	48				RES: FP
University of California (Davis) Affiliated Hospitals (Includes Kaiser Fndn. Hosp.; (Sacramento), Sutter Community Hosp. (Sacramento), Univ. of California (Davis) Sacramento Medical Ctr. (Sacramento), Veterans Admin. Hosp. (Martinez), Stockton State Hosp. (Stockton)	M-102	MISC.			12 317	398	RES: AN, CHP, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, P, TR, TS, U
DOWNEY Rancho Los Amigos 7601 E. Imperial Highway 90242	M-014 G-012	COUNTY	637	32			RES: OBG, OPH, ORS, PS
DUARTE City of Hope Medical Center 1500 E. Duarte Rd. 91010	G-012	NP CORP	212	58	2 7	9	RES: GS, PTH, TR
FAIRFIELD David Grant U. S. A. F. Medical Center Travis A. F. B. 94535	M-102	USAF	305	79		56 52	RES: DR, GS, OBG, PD
FONTANA Kaiser Foundation 9961 Sierra Ave. 92335	M-012	NP CORP	345	38		8 18	RES: FP, OBG, ORS
Kaiser Steel Corporation P. O. Box 217 92335		CORP.					RES: OM
FORD ORD Silas B. Hays Army 93941		USA	280	77	1 16	15	RES: FP, PH
FRESNO Fresno County Department of Health 515 S. Cedar Ave. 93702		COUNTY	27				RES: P
Fresno County Department of Health, Mental Health Services 515 S. Cedar Ave. 93702		COUNTY				6 9	RES: P
University of California (S. F.) Affiliated Hospital	G-016	MISC.					RES: FP
Valley Medical Center of Fresno 445 S. Cedar Ave. 93702	M-016	COUNTY	442	45	5 74	139	RES: FP, GS, IM, OBG, OPH, OTO, PD, P
Veterans Admin. 2615 Clinton Ave. 93703	G-016	VA	275	47			RES: OTO
GLENDALE Glendale Adventist Medical Center 1509 Wilson Terrace Dr. 91206	M-012	CHURCH	452	17	3 23	26	RES: FP, OBG, OPH, ORS
IMOLA Napa State Box A 94558		STATE	2333	76	2 17	19	RES: CHP, P
IRVINE University of California (Irvine) Affiliated Hospitals (Includes Fairview State Hosp. (Costa Mesa), Memorial Hosp. (Long Beach), Veterans Admin. Hosp. (Long Beach), Childrens Hosp. (Orange), St. Joseph Hosp. (Orange), and Univ. of Calif., Irvine, Med. Center (Orange)	M-095	MISC.			32 235	312	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, TR, TS, U
Univ. of Calif. Coll. of Med., Dept. of Comm. & Environmntl. Med. 92664	M-095	STATE				2 8	RES: OM
LANCASTER Antelope Valley Hospital Medical Center 1600 W. Avenue J 93534	G-013	DIST.	184	15			RES: FP
U. C. L. A.—Antelope Valley Medical Center Program	G-013	MISC.			2 6	16	RES: FP
LOMA LINDA Loma Linda University 11234 Anderson St. 92354	M-012	CHURCH	516	59	6 84	118	RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, PTH, PD, P, TR, U

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CALIFORNIA, LOMA LINDA—Continued								
Loma Linda University Affiliated Hospitals (Includes Loma Linda University Hospital, Rancho Los Amigos (Downey), Kaiser Foundation (Fontana), Riverside General Hospital (Riverside), and San Bernardino County Medical Center (San Bernardino))	M-012	MISC.			5	110	129	RES: AN, GS, IM, NS, OBG, OPH, ORS, PTH, PD, P, U
LONG BEACH								
Memorial Hospital Medical Center 2801 Atlantic Ave. 90801	M-095	NP CORP	820	75	5	44	55	RES: DR, FP, GS, IM, NM, OBG, OBG, PTH, PD, PM
Naval Regional Medical Center 7500 Carson St. 90801	L-095	USN	240	44				RES: GS
St. Mary Medical Center 1050 Linden Ave. 90801	G-013	CHURCH	369	32		32	31	RES: DR, IM, PTH
Veterans Admin. 5901 E. 7th 90801	M-095	VA	1591	44	6	85	115	RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
LOS ANGELES								
California Hospital Medical Center 1414 South Hope St. 90015	L-014	CHURCH	325	21	2	9	14	RES: GS, OBG
Cedars—Sinai Medical Center (Includes Cedars of Lebanon Hospital Division and Mount Sinai Hospital Division) 8700 Beverly Blvd. 90048	M-013	NP CORP	825	33	12	121	147	RES: CHP, DR, FP, GS, IM, OBG, PTH, PD, P
Charles R. Drew Postgraduate Medical School 1621 E. 120th St. 90059		NP CORP			3	1	3	RES: GPM
Childrens Hospital of Los Angeles 4650 Sunset Blvd. 90054	M-014 G-012	NP CORP	289	70	13	67	89	RES: AN, CHP, ORS, PTH, PO, PDA, PDC
Department of Chief Medical Examiner—Coroner County of Los Angeles 1104 N. Mission Rd. 90033		COUNTY	43			1	6	RES: FOP
Hollywood Presbyterian Medical Center 1300 N. Vermont Ave. 90027	L-014	NP CORP	389	21		6	6	RES: OPH
Hospital of the Good Samaritan Medical Center 616 S. Witmer St. 90017	L-014	NP CORP	411	33	3	17	23	RES: DR, IM, TS
Kaiser Foundation 4867 Sunset Blvd. 90027		NP CORP	497	53	4	86	100	RES: DR, FP, GS, IM, N, OBG, PTH, PD, PDA, U
King—Drew Medical Center 1621 E. 120th St. 90059		MISC.						RES: FP
Los Angeles County—U. S. C. Medical Center 1200 N. State St. 90033	M-014	COUNTY	2105	35	25	639	754	RES: AN, CHP, OR, D, GS, IM, NS, N, OBG, OPH, ORS, ORS, OTO, PTH, NP, PD, PDA, PM, P, TR, TS, U
Los Angeles County—U. S. C. Medical Center—Huntington Memorial Program	M-014	MISC.				15	18	RES: NS
Martin Luther King, Jr. General 12021 S. Wilmington Ave. 90059	L-013, 014	COUNTY	394		14	111	207	RES: AN, DR, D, FP, GS, IM, OBG, OPH, ORS, OTO, PD, P
Orthopaedic 2400 S. Flower St. 90007	M-014	NP CORP	162	43		13	12	RES: ORS, ORS
Queen of Angels 2301 Bellevue Ave. 90026		CORP.	230	10	7	1	8	RES: GS
Reiss—Davis Child Study Center 3200 Motor Ave. 90034		NP CORP				2	2	RES: CHP
Santa Fe Memorial 610 S. St. Louis St. 90023		NP CORP	189					RES: OPH
Santa Marta Hospital and Clinic 319 N. Humphreys Ave. 90022		NP CORP	110					RES: OBG
Shriners Hospital for Crippled Children 3160 Geneva St. 90020		NP CORP	60					RES: ORS
U. C. L. A. Affiliated Hospitals	M-013	MISC.			9	201	220	RES: AN, GS, NS, OPH, ORS, PS, P, U
U. C. L. A. Hospital and Clinics, Center for the Health Sciences 10833 Le Conte Ave. 90024	M-013	NP CORP	655	57	7	234	298	RES: AN, OR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, TR, TS, U
U. C. L. A. Neuropsychiatric Institute 760 Westwood Plaza 90024	M-013	STATE	117			20	24	RES: CHP, P
U. C. L. A. San Fernando Valley Program	L-013	MISC.			7	48	56	RES: IM
University of California School of Medicine 405 Hilgard St. 90024	M-013	STATE				7	19	RES: GPM
Veterans Admin., Brentwood Wilshire & Sawtelle Blvds. 90073	M-013	VA	470	25				RES: P
Veterans Admin. Center—Wadsworth Wilshire & Sawtelle Blvds. 90073	M-013	VA	762	50	29	122	183	RES: DR, O, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, TR, TS, U
White Memorial Medical Center 1720 Brooklyn Ave. 90033	M-012	CHURCH	342	37	12	53	93	RES: OR, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, R, U
MARTINEZ								
Contra Costa County Medical Services 2500 Alhambra Ave. 94553	L-102	COUNTY	251	37		18	18	RES: FP
Veterans Admin. 150 Muir Rd. 94553	M-102	VA	451	53	8	52	82	RES: DR, GS, IM, OPH, ORS, PTH, PM, U
MATHER A. F. B.								
U. S. A. F. 95655	L-102	USAF	70					RES: OBG
MERCED								
Merced Community Medical Center 290 E. 15th St., Box 231 95340	L-102	CY-CO	142	60				RES: FP
MODESTO								
Scenic General 830 Scenic Dr. 95350	L-102 G-016	COUNTY	134	52		12	15	RES: FP
NORTHRIDGE								
Northridge Hospital Foundation 18300 Roscoe Blvd. 91324	G-013	NP CORP	319			5	4	RES: FP

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CALIFORNIA—Continued								
OAKLAND								
Children's Hospital Medical Center of Northern California 51st and Grove Sts. 94609	L-016	NP CORP	142	57	1	30	34	RES: N, ORS, PD
Highland General 1411 E. 31st St. 94602	G-016	COUNTY	259	44		38	63	RES: GS, IM, OPH, ORS, P
Institute of Forensic Sciences 2945 Webster St. 94609		CITY					1	RES: FOP
Kaiser Foundation 280 West Mac Arthur Blvd. 94611	L-016	NP CORP	239	34		56	56	RES: GS, IM, OBG, ORS, OTO, PD
Naval Regional Medical Center 8750 Mountain Blvd. 94627	M-016 L-102	USN	413	70	3	121	116	RES: AN, DR, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, P, U
Samuel Merritt Hawthorne Ave. and Webster St. 94609	G-016	NP CORP	350	33				RES: ORS
U. S. Navy Coordinated Program		USN						RES: DR
ORANGE								
Childrens Hospital of Orange County 1109 W. La Veta 92666	M-095	NP CORP	118					RES: GS, ORS, PD, TR
St. Joseph 1100 Stewart Dr. 92668	G-095	CHURCH	375	28				RES: TR
University of California, Irvine, Medical Center 101 City Dr. S. 92668	M-095	STATE	493	63	10	131	161	RES: AN, CHP, OR, O, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, TR, TS, U
PALO ALTO								
Veterans Admin. 3801 Miranda Ave. 94304	M-015	VA	1360	58				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, NP, PM, PS, P, TR, U
PANORAMA CITY								
Kaiser Foundation 13652 Cantara St. 91402		NP CORP	321	29	2	11	14	RES: GS, IM
PASADENA								
Huntington Memorial 100 Congress St. 91105	L-014	NP CORP	565	32	7	25	33	RES: GS, IM, NS, OBG
Pasadena Child Guidance Clinic 56 Waverly Dr. 91105		NP CORP				2	2	RES: CHP
REDDING								
Shasta General 2630 Hospital Lane 96001	L-102	COUNTY	74	44				RES: FP
RIVERSIDE								
Riverside General 9851 Magnolia Ave. 92503	M-012	COUNTY	443	60	1	12	14	RES: FP, GS, IM, OBG, OPH, ORS, U
SACRAMENTO								
Kaiser Foundation 2025 Morse Ave., P. O. Box 254999 95825	M-102	NP CORP	298	25		8	8	RES: GS, OBG, ORS, U
Sacramento County Coroner's Office 4400 V St. 95817		COUNTY				1	1	RES: FOP
State of California Department of Public Health 714 P St. 95814		STATE						RES: PH
Sutter Community Hospitals of Sacramento 2820 L St. 95816	M-102	NP CORP	658	19				RES: DR, GS, OBG, TR
University of California (Davis) Sacramento Medical Center 2233 Stockton Blvd. 95817	M-102	STATE	439	43				RES: AN, CHP, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, P, TR, TS, U
SALINAS								
Natividad Medical Center 1330 Natividad St. 93901	M-016	COUNTY	306			10	18	RES: FP
SAN BERNARDINO								
San Bernardino County Medical Center 780 E. Gilbert 92404	L-012 G-013	COUNTY	276	48		54	56	RES: FP, GS, OBG, ORS
SAN DIEGO								
Children's Hospital and Health Center 8001 Frost St. 92123	L-103	NP CORP	90	63				RES: ORS
Donald N. Sharp Memorial Community 7901 Frost St. 92123	G-103	NP CORP	339			1	4	RES: ORS, PTH
Mercy Hospital and Medical Center 4077 Fifth Ave. 92103	L-103	CHURCH	488	27		26	47	RES: AN, IM, OBG, ORS, PTH, PD, U
Naval Regional Medical Center Park Blvd. 92134	M-103	USN	1181	66	2	183	259	RES: AN, DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, TR, TS, U
University Hospital, U. C. Medical Center, San Diego 225 W. Dickinson 92103	M-103	STATE	340	58	1	49	54	RES: AN, CHP, DR, D, FP, GS, IM, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
University of California (San Diego) Affiliated Hospitals	M-103	MISC.			3	313	331	RES: AN, CHP, DR, D, GS, IM, N, NM, OPH, ORS, OTO, PTH, PD, PS, P, TS, U
Veterans Admin. 3350 La Jolla Village Dr. 92161	M-103	VA	599	68				RES: AN, DR, GS, IM, N, NM, OPH, ORS, PTH, PS, P, TS, U
SAN FRANCISCO								
Children's Hospital of San Francisco 3700 California St. 94119	M-016	NP CORP	382	45		43	46	RES: CHP, DR, GS, IM, OBG, ORS, PD
H. C. Moffitt—University of California Hospitals 3rd & Parnassus 94143	M-016	STATE	550	74	2	9	10	RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U
Kaiser Foundation 2425 Geary Blvd. 94115	L-016	NP CORP	293	54	1	70	70	RES: GS, IM, OBG, ORS, PTH, PD, PDA
Langley Porter Neuropsychiatric Institute 401 Parnassus Ave. 94122	M-016	NP CORP	85	100		5	4	RES: CHP, P
Letterman Army Medical Center Presidio of San Francisco 94129	M-016 L-091	USA	450	79	3	136	154	RES: AN, CHP, DR, D, GS, IM, N, NM, OBG, OPH, ORS, PTH, PD, PM, P, TS, U
Letterman Army Medical Center Program	M-016 L-091	USA				4	4	RES: U

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CALIFORNIA, SAN FRANCISCO—Continued							
Mount Zion Hospital and Medical Center 1600 Divisadero St. 94115	M-016	NP CORP	423	47	2 89	96	RES: CHP, DR, GS, IM, N, OBG, ORS, PTH, PD, P, TR
Pacific Medical Center and Affiliated Hospitals	L-016	MISC.				3	RES: IM, N
Pacific Medical Center—Presbyterian Clay & Webster Sts. 94115	L-016	NP CORP	341	58		49	39 RES: D, IM, N, OPH, ORS, PTH, P, TR
Ralph K. Davies Medical Center—Franklin Hospital Castro and Duboce Sts. 94114	L-016	NP CORP	391	25			RES: NM, ORS, PS, TR
St. Francis Memorial 900 Hyde St. 94109		NP CORP	335	24		6	6 RES: PS, TR
St. Joseph's 355 Buena Vista Ave. East 94117		CHURCH	169	24			RES: ORS
St. Mary's Hospital and Medical Center 2200 Hayes St. 94117	L-016	CHURCH	421	36		56	87 RES: CHP, DR, GS, IM, ORS, P, TR
St. Mary's Hospital and Medical Center Affiliated Hospitals	L-016	MISC.					1 RES: TR
San Francisco General 1001 Potrero 94110	M-016	CY-CO	509	25		21	24 RES: AN, DR, D, FP, GS, IM, NS, N, OBG, ORS, OTO, PTH, NP, PD, PS, TR, U
San Francisco Orthopedic Residency Training Program (Includes Kaiser Foundation Hospital, St. Joseph's Hospital, St. Mary's Hospital and Medical Center, Mary's Help Hospital (Daly City), and Veterans Admin. Hospital (Martinez)) 450 Stanyan St. 94117		MISC.				14	12 RES: ORS
Scribners Hospital for Crippled Children 1701 19th Ave. 94122	G-016	NP CORP	70				RES: ORS, ORS
U. S. Army Coordinated Program		USA					RES: OR
U. S. Public Health Service 15th Ave & Lake St. 94118	L-016	USPHS	300	53		34	37 RES: GS, IM, OPH, U
University of California Medical Center 3rd and Parnassus 94122	M-016	STATE					1 RES: FOP
University of California Program	M-016	MISC.			12	504	532 RES: AN, CHP, OR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U
Veterans Admin. 4150 Clement St. 94121	M-016	VA	351	57			RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, NP, PS, P, TS, U
SAN JOSE							
San Jose Hospital and Health Center 675 E. Santa Clara St. 95112		NP CORP	578	20			10 RES: FP
Santa Clara County Medical Examiner—Coroner's Office 751 S. Bascom Ave. 95128		COUNTY					1 RES: FOP
Santa Clara Valley Medical Center 751 S. Bascom Ave. 95128	M-015 G-016	COUNTY	400	64	3	44	52 RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
SAN MATEO							
San Mateo Community Mental Health Services 220 W. 20th Ave. 94402		COUNTY	37			15	15 RES: P
SANTA BARBARA							
Cancer Foundation of Santa Barbara 300 W. Pueblo St. 93105		NP CORP					3 RES: DR
Santa Barbara Cottage 320 W. Pueblo St. 93105		NP CORP	465	38			RES: DR, GS, IM
Santa Barbara General San Antonio Rd. 93105		COUNTY	180	46			RES: DR, GS, IM
Santa Barbara General—Cottage Hospitals Box 689 93102		MISC.				14	18 RES: DR, GS, IM
SANTA CLARA							
Kaiser Foundation 900 Kiely Blvd. 95051	L-015	NP CORP	322	37	3	14	17 RES: IM, OBG, ORS, U
SANTA MONICA							
Santa Monica Hospital Medical Center 1225 15th St. 90404	L-013	NP CORP	348	21		21	21 RES: FP
SANTA ROSA							
Community Hospital of Sonoma County 3325 Chanate Rd. 95402	M-016	COUNTY	140	48		28	28 RES: FP
Santa Rosa Radiation Therapy Center 95 Montgomery Dr. 95404		NP CORP					RES: TR
University of California (S. F.) Affiliated Hospital	M-016	MISC.					RES: FP
SEPUVEDA							
Veterans Admin. 16111 Plummer St. 91343	L-013	VA	850	29	2	24	29 RES: GS, IM, NM, OPH, ORS, PS, P, U
STANFORD							
Stanford University Affiliated Hospitals	M-015	MISC.			16	355	382 RES: AIM, AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, PS, P, TR, TS, U
Stanford University 94305	M-015	NP CORP	612	46	3	9	16 RES: AIM, AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U
Stanford University School of Medicine 300 Pasteur Dr. 94305	M-015	NP CORP				1	4 RES: AM
STOCKTON							
San Joaquin General P. O. Box 1020 95201	L-102 G-016	COUNTY	260		3	39	44 RES: FP, GS, IM, OBG, OPH
Stockton State Hospital—San Joaquin County Mental Health 510 E. Magnolia St. 95202	L-102	STATE	60				RES: P

CONSOLIDATED LIST OF HOSPITALS

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CALIFORNIA—Continued								
SYLMAR Los Angeles County—Olive View Medical Center 14445 Olive View Dr. 91342		COUNTY	148	46		7	9	RES: OPH, P
TORRANCE Los Angeles County Harbor General 1000 W. Carson St. 90509	M-013 G-095	COUNTY	586	55	6	240	304	RES: AN, BBK, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, TR, U
VALLEJO Kaiser Foundation Hospital and Rehabilitation Center 975 Sereno Dr. 94590		NP CORP	231	28				RES: PM
VAN NUYS Los Angeles County—Olive View Medical Center—Midvalley Unit 7533 Van Nuys Blvd. 91405	L-013	COUNTY						RES: IM
VENTURA General Hospital Ventura County 3291 Loma Vista Rd. 93003	G-013	COUNTY	201	49		27	30	RES: FP
CANAL ZONE								
BALBOA HEIGHTS Gorgas P. O. Box 0 00101		OTHER	302	55	14	16	36	RES: GS, IM, OBG, OPH, ORS, PTH, PD, U
COLORADO								
COLORADO SPRINGS Penrose 2215 N. Cascade Ave. 80907		CHURCH	372			4	4	RES: PTH
DENVER Children's 1056 E. 19th Ave. 80218	M-017	NP CORP	157	83	1	8	9	RES: AN, FP, GS, ORS, PTH, PD, PS
Children's Asthma Research Institute and Hospital 1999 Julian St. 80204		NP CORP	140		1	6	15	RES: AIM, PDA
Denver General W. 6th Ave. and Cherokee St. 80204	M-017 L-080	CY-CO	372	54		8	11	RES: AN, DR, D, FP, GS, IM, N, OBG, OBG, OPH, ORS, ORS, OTO, PTH, FOP, NP, PD, PS, P, TS, U
Fitzsimons Army Medical Center Peoria and E. Colfax 80240	L-017, 091	USA	533	74		122	144	RES: DR, D, GS, IM, OBG, OPH, ORS, PTH, PD, PDA, PS, U
Fort Logan Mental Health Center 3520 W. Oxford Ave. 80236		NP CORP					3	RES: P
Mercy Medical Center 1619 Milwaukee St. 80206	G-017	CHURCH	396	41		25	34	RES: FP, PTH
National Asthma Center 1999 Julian St. 80204		NP CORP	156					RES: AIM, PDA
National Jewish Hospital at Denver 3800 E. Colfax Ave. 80206	G-017	NP CORP	200	43				RES: AIM, PDA
Presbyterian Medical Center 1719 East 19th Ave. 80218	L-017	NP CORP	577	36		40	49	RES: DR, GS, IM, NM, PTH, TR
Rose Medical Center 1050 Clermont St. 80220	L-017	NP CORP	370	39				RES: DR, FP, GS, IM, OBG, PTH, NP
St. Anthony W. 16th at Raleigh 80204	G-017	NP CORP	710	28		2	2	RES: PTH
St. Joseph 1835 Franklin St. 80218	G-017	CHURCH	550	41	1	47	48	RES: DR, FP, GS, IM, OBG, PTH
St. Joseph Hospital—Colorado State	G-017	MISC.			7	13	20	RES: GS
St. Luke's 601 E. Nineteenth Ave. 80203	L-017	CHURCH	430	43	1	20	23	RES: IM, OBG, PTH
University of Colorado Affiliated Hospitals	M-017	MISC.			38	457	519	RES: AIM, AN, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PS, P, TS, U
University of Colorado Community Program (Includes Denver General Hospital, General Rose Memorial Hospital, St. Luke's Hospital, University of Colorado Medical Center)	M-017	MISC.			1	7	8	RES: OBG
University of Colorado Medical Center 4200 East 9th Ave. 80220	M-017	STATE	424		3	9	13	RES: AIM, AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PM, PS, P, TS, U
Veterans Admin. 1055 Clermont St. 80220	M-017 L-080	VA	439	62				RES: AN, DR, D, FP, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, NP, PS, P, TS, U
FORT COLLINS Poudre Valley Memorial 1024 Lemay Ave. 80521		DIST.	198	38				RES: FP
University of Colorado Affiliated Hospitals		MISC.					12	RES: FP
GRAND JUNCTION St. Mary's 7th St. and Patterson Rd. 81501		CHURCH	222	43				RES: FP
University of Colorado Affiliated Hospitals		MISC.					12	RES: FP
Veterans Admin. 2121 North Ave. 81501		VA	157	36				RES: FP
GREELEY Weld County General 16th St. and 17th Ave. 80631		COUNTY	334	34		12	12	RES: FP
PUEBLO Colorado State 1600 West 24th St. 81003		STATE	1113	32				RES: FP, GS
Parkview Episcopal 400 W. 16th St. 81003		CHURCH	289					RES: FP
St. Mary—Corwin 1008 Minnequa Ave. 81004	G-017	CHURCH	482	23				RES: FP

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COLORADO, PUEBLO —Continued								
Southern Colorado Family Medicine 1600 W. 24th St. 81003		STATE				12	18	RES: FP
CONNECTICUT								
BRIDGEPORT								
Bridgeport 267 Grant St. 06602	M-018	NP CORP	586	26	44	30	80	RES: DR, GS, IM, OBG, PTH, PD
St. Vincent's Medical Center 2800 Main St. 06606	M-018	NP CORP	391	28	26	10	41	RES: DR, GS, IM
BRISTOL								
Bristol Brewster Rd. 06010	G-104	NP CORP	220	21				RES: PTH
DANBURY								
Danbury Hospital Ave. 06810	M-018	NP CORP	405	33	20	8	42	RES: IM, OBG, PTH
DERBY								
Griffin 130 Division St. 06418		NP CORP	261	23	8		13	RES: IM
FARMINGTON								
John Dempsey 06032	M-104	STATE	200	64				RES: CHP, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, P
University of Connecticut Affiliated Hospitals	M-104	MISC.			26	102	189	RES: FP, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, P, U
GREENWICH								
Greenwich Perryridge Rd. 06830	M-018	NP CORP	310	46	1	8	12	RES: IM
HARTFORD								
Child and Family Services of Connecticut 1680 Albany Ave. 06105		NP CORP						RES: CHP
Hartford Child Psychiatry Training Consortium		MISC.			1	1	5	RES: CHP
Hartford 80 Seymour St. 06115	M-104 L-052	NP CORP	1025	31	11	83	96	RES: AN, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, ORS, OTO, PTH, PD, P, U
Institute of Living 400 Washington St. 06106	L-104	NP CORP	425		2	22	32	RES: P
Institute of Living—Child Psychiatric Services 17 Essex St. 06114	L-104	NP CORP						RES: CHP
Mount Sinai 500 Blue Hills Ave. 06112	M-104	NP CORP	375	32	29	3	35	RES: CHP, GS, IM, NM, OBG, PTH, PD
St. Francis 114 Woodland St. 06105	M-104	CHURCH	648	33	5	29	42	RES: FP, GS, IM, OBG, ORS, PTH, PD, U
University of Connecticut—Hartford	M-052, 104	MISC.				29	30	RES: GS
University of Connecticut—St. Francis	M-104	MISC.			12	4	17	RES: GS
MIDDLETOWN								
Connecticut Valley Box 351 06457		STATE	881	25	12	3	16	RES: P
Middlesex Memorial 28 Crescent St. 06457	L-104	NP CORP	340	28			18	RES: FP, PTH
NEW BRITAIN								
New Britain General 100 Grand St. 06050	M-104	NP CORP	436	39	9	6	18	RES: GS, IM, OBG, OPH, PTH, U
University of Connecticut—New Britain General	M-104	MISC.			15	4	19	RES: GS
NEW HAVEN								
Connecticut Mental Health Center	M-018	STATE	45					RES: P
Hospital of St. Raphael 1450 Chapel St. 06511	M-018	CHURCH	473	22	46	27	74	RES: DR, GS, IM, NM, ORS, OTO, PTH, PD, TS
Yale—New Haven 789 Howard Ave. 06504	M-018	NP CORP	883	42	14	60	84	RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, TR, TS, U
Yale—New Haven Medical Center	M-018	MISC.			12	311	335	RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, P, TR, TS, U
Yale Psychiatric Institute 333 Cedar St. 06511	M-018	NP CORP	55					RES: P
Yale University Child Study Center 333 Cedar St. 06511	M-018	NP CORP			2	6	8	RES: CHP
Yale University Department of Epidemiology and Public Health 60 College St. 06510	M-018	NP CORP				2	6	RES: GPM
Yale University Health Service, Div. of Mental Hygiene 333 Cedar St. 06511	M-018	NP CORP						RES: P
NEWINGTON								
Newington Children's 181 E. Cedar St. 06111	L-104 G-052	NP CORP	96					RES: ORS, PD, PS, U
Veterans Admin. 555 Willard Ave. 06111	M-104	VA	190	41				RES: GS, GS, IM, NM, OPH, ORS, OTO, PTH, P, U
NEWTOWN								
Fairfield Hills Box W 06470		STATE	1330	31	18		24	RES: P
NORWALK								
Norwalk 24 Stevens St. 06856	M-018, 059	NP CORP	407	45	11	25	40	RES: IM, PTH
NORWICH								
Norwich Box 508 06360		STATE	995	43	1	15	16	RES: P
STAMFORD								
St. Joseph 128 Strawberry Hill Ave. 06904	L-059	CHURCH	272	16	4		12	RES: FP

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CONNECTICUT, STAMFORD—Continued								
Stamford Shelburne Rd. and W. Broad 06902	M-018, 059	NP CORP	380	27	21	18	38	RES: GS, IM, OBG, PTH, P
WATERBURY								
St. Mary's 56 Franklin St. 06702	M-018 L-104	CHURCH	386	25	23	11	34	RES: GS, IM, PD
Waterbury Hospital Health Center 64 Robbins St. 06720	M-018 L-052, 104	NP CORP	479	32	10	25	37	RES: GS, IM, PD, U
Waterbury Regional Program	M-018 L-052, 104	MISC.			12	1	13	RES: PD
WEST HAVEN								
Veterans Admin. West Spring St. 06516	M-018	VA	696	38		12	15	RES: DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, P, TR, TS, U
DELAWARE								
NEW CASTLE								
Delaware State 19720	M-073	STATE	625	30	4	2	16	RES: P
WILMINGTON								
Alfred I. Du Pont Institute of the Nemours Foundation Rockland Rd., P. O. Box 269 19899	G-073	NP CORP	65		4	2	6	RES: ORS
E. I. Du Pont De Nemours and Company, Inc. 1007 Market St. 19898		CORP.					1	RES: OM
Veterans Admin. 1601 Kirkwood Highway 19805	G-073	VA	336	34				RES: GS, N, NM, OPH, ORS, OTO, U
Wilmington Medical Center Box 1668 19899	M-073	NP CORP	1100		48	63	126	RES: OR, FP, GS, IM, NS, N, NM, OBG, OPH, PTH, PD, PS, R, TR, TS
DISTRICT OF COLUMBIA								
WASHINGTON								
Armed Forces Institute of Pathology 20306	G-020, 073	OTHER				4	8	RES: OPH, FOP, NP
Capitol Hill 700 Constitution Ave. N. E. 20002		NP CORP	250	33	16		16	RES: GP
Children's Hospital National Medical Center 2125 13th St., N. W. 20009	M-020 G-052	NP CORP	211	83	4	58	66	RES: AN, CHP, GS, NS, N, OPH, ORS, PD, PDA, PDC, PS, TR, TS, U, U
Columbia Hospital for Women 2425 L St. N. W. 20037	M-019 L-020	NP CORP	154	33				RES: OBG, PD
District of Columbia Department of Human Resources 1875 Connecticut Ave. N. W. 20009		CITY						RES: PH
District of Columbia General 19th St. & Mass. Ave., S. E. 20003	M-019, 021	OTHER	646	30	22	11	32	RES: D, GS, IM, N, OBG, OPH, ORS, PTH, PD, PDA, R, U
Doctors 1815 Eye Street, N. W. 20006		CORP.	284	37	1	8	10	RES: OPH, PTH
Doctors Hospital—Sibley Memorial	M-019	MISC.			4		4	RES: PTH
Georgetown University 3800 Reservoir Rd. N. W. 20007	M-019	NP CORP	379	51	11	95	116	RES: AIM, AN, CHP, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, PTH, PD, PDA, PS, P, TR, U
Georgetown University Affiliated Hospitals	M-019	MISC.			21	155	163	RES: GS, NS, N, OBG, OPH, ORS, PD, PS, P, U
Georgetown University Service	M-019	OTHER			6	30	34	RES: IM
George Washington University 901 23rd Street, N. W. 20037	M-020	NP CORP	515	36	13	100	122	RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, PTH, PM, PS, P, TR, TS, U
George Washington University Affiliated Hospitals	M-020	MISC.			26	132	153	RES: DR, GS, NS, N, NM, OBG, OPH, ORS, PTH, PD, PS, TR, TS, U
Greater Southeast Community 1310 Southern Ave. S. E. 20032	G-021	NP CORP	418	20				RES: GS, ORS
Howard University 2041 Georgia Ave. N. W. 20060	M-021	NP CORP	422	29	39	128	171	RES: AN, DR, D, FP, GS, IM, N, OBG, OPH, ORS, PTH, PD, PDA, P, TR, U
Howard University Affiliated Hospitals	M-021	MISC.			19	43	60	RES: D, GS, N, ORS, PDA, TR, U
Howard University Service	M-021	OTHER			23	18	35	RES: IM
Malcolm Grow U. S. A. F. Medical Center Andrews Air Force Base 20331	M-126	USAF	260	84		22	25	RES: FP
Morris Cafritz Memorial (See Greater Southeast Community Hospital)								
Office of the Chief Medical Examiner 1901 E St. S. E. 20003		OTHER				1	2	RES: FOP
Providence 1150 Varnum St., N. E. 20017	L-019 G-021	CHURCH	353	23	16	8	24	RES: IM, OBG, ORS
Rogers Memorial (See Capitol Hill Hospital)								
St. Elizabeths Martin Luther King, Jr. Ave.*S. E. 20032	L-020, 021	DTHOR	2211	25	5	14	24	RES: OPH, P
Sibley Memorial 5255 Loughboro Rd., N. W. 20016	M-019	NP CORP	356					RES: OBG, OPH, ORS, PTH, U
Veterans Admin. 50 Irving St. N. W. 20422	M-019, 021 L-020	VA	708	44	8	92	103	RES: D, GS, GS, IM, NS, NS, N, NM, OPH, ORS, ORS, ORS, PTH, PS, P, U, U
Walter Reed Army Institute of Research Walter Reed Army Medical Center 20012		USA				7	5	RES: GPM
Walter Reed Army Medical Center 6825 16th St., N. W. 20012	M-126 L-021	USA	854	57	3	195	232	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TS, U
Washington Hospital Center 110 Irving St., N. W. 20010	L-020	NP CORP	884		63	100	167	RES: DR, GS, IM, NS, NM, OBG, OPH, ORS, OTO, PTH, PS, U
FLORIDA								
BARTOW								
Polk General P. O. Box 816 33830		COUNTY	176	32			14	RES: FP
DAYTONA BEACH								
Hallifax Hospital Medical Center Clyde Morris Blvd. 32015	L-022	DIST.	545	12	2	14	18	RES: FP

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FLORIDA—Continued									
EGLIN A. F. B. U. S. A. F. Regional Boatner Rd. 32542		USAF	180	43			18	RES: FP	
FORT LAUDERDALE Broward General 1600 S. Andrews Ave. 33316 Office of the Chief Medical Examiner, Broward County 5301 S. W. 31st Ave. 33312	L-023	DIST.	611	17	4		4	RES: PTH	
		COUNTY					2	RES: FOP	
GAINESVILLE Alachua General 912 S. W. 4th Ave. 32602 University of Florida Affiliated Hospitals (Includes Alachua Gen. Hosp., W. A. Shands Tchng. Hosp., Veterans Admin. Hosp., St. Vincent's Hosp. (Jacksonville), Univ. Hosp. of Jacksonville, Veterans Admin. Hosp. (Lake City), Anciate Manor (Tarpon Springs) Veterans Admin. 32602 William A. Shands Teaching Hospital and Clinics University of Florida 32601	G-022	COUNTY	460	12	1	12	18	RES: FP	
	M-022	MISC.			14	191	240	RES: AN, CHP, OR, FP, PP, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, TS, U	
	M-022	VA	480	45				RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, TS, U	
	M-022	STATE	445	70	6	60	80	RES: AN, CHP, OR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U	
JACKSONVILLE Baptist Memorial 800 Prudential Dr. 32207 Florida State Division of Health 1217 Pearl St. 32202 Hope Haven Children's 5720 Atlantic Blvd. 32207 Jacksonville Hospitals Educational Program (Includes Baptist Memorial Hospital, Hope Haven Children's Hospital, St. Luke's Hospital, St. Vincent's Hospital, University Hospital of Jacksonville) Naval Regional Medical Center Naval Air Station 32214 St. Luke's 1900 Boulevard 32206 St. Vincent's Barrs & St. Johns Ave. 32204 University Hospital of Jacksonville 655 W. 8th St. 32209	L-022	CHURCH	502	26				RES: GS, IM, OBG, PD, PS	
		STATE						RES: PH	
	L-022	NP CORP	72					RES: ORS	
	M-022	MISC.			42	88	141	RES: GS, IM, OBG, ORS, PD, PS, U	
	L-022	USN	334	47			27	RES: FP	
	L-022	NP CORP	310	15				RES: GS, ORS	
	L-022	NP CORP	488	16			16	RES: FP, GS, OBG, PS, U	
	M-022	CY-CO	364	48	4		4	RES: GS, IM, N, OBG, OPH, ORS, PTH, PD, PS, U	
LAKE CITY Veterans Admin. South Marion St. 32055	L-022	VA	363	23				RES: GS	
MIAMI Jackson Memorial 1700 N. W. 10th Ave. 33136 Office of the Medical Examiner of Dade County 1050 N. W. 19th St. 33136 University of Miami Affiliated Hospitals (Includes Jackson Memorial Hospital, Variety Children's Hospital, Veterans Admin. Hospital and Mount Sinai Hospital of Greater Miami (Miami Beach) Variety Children's 6125 S. W. 31st St. 33155 Veterans Admin. 1201 N. W. 16th St. 33125	M-023	COUNTY	1250	23	39	115	156	RES: AN, CHP, DR, O, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U	
		CY-CO		64			1	2	RES: FOP
	M-023	MISC.			144	348	514	RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U	
	L-023	NP CORP	188	59	15	3	18	RES: AN, ORS, ORS, PD	
	M-023	VA	790	37				RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U	
MIAMI BEACH Mount Sinai Medical Center of Greater Miami 4300 Alton Rd. 33140	L-023	NP CORP	699	19	42	43	108	RES: AN, OR, D, GS, IM, OBG, ORS, PTH, TR, TS, U	
ORLANDO Florida 601 E. Rollins St. 32803 Orange Memorial 1416 South Orange Ave. 32806	G-115	CHURCH	833	26	1	18	24	RES: FP	
	L-022	NP CORP	730	36	31	25	72	RES: GS, IM, OBG, ORS, PTH, PD, PS	
PENSACOLA Baptist 1000 W. Moreno St. 32501 Naval Aerospace and Regional Medical Center 32512 Naval Aerospace Medical Institute 32508 Pensacola Educational Program (Includes Baptist Hospital, Sacred Heart Hospital, and University Hospital) 5151 N. 9th Ave. 32504 Sacred Heart 5151 N. 9th Ave. 32504 University 1200 W. Leonard St. 32501	L-022	NP CORP	550	24				RES: GS, IM, OBG, PD	
		USN	194	58	2	18	20	RES: FP	
		USN			1	7	18	RES: AM	
	L-022	MISC.			2	28	41	RES: GS, IM, OBG, PD	
	L-022	CHURCH	333	38				RES: GS, IM, OBG, PD	
	L-022	COUNTY	130	42				RES: GS, IM, OBG, PD	
ST. PETERSBURG All Children's 801 6th St. S. 33701 Bayfront Medical Center 701 Sixth St. South 33701	L-115	NP CORP	76	60				RES: OPH, ORS	
	L-115	NP CORP	400	24	1	24	26	RES: FP, OBG	

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					For.*	Non- For.*		
FLORIDA—Continued								
TALLAHASSEE								
Tallahassee Memorial Miccosukee Rd. and Magnolia Dr. 32303	L-022	CITY	457	27	1	19	24	RES: FP
TAMPA								
St. Joseph's 3001 W. Buffalo Ave. 33607	M-115	CORP.	495					RES: DR, PTH, P
Tampa General Davis Islands 33606	M-115	COUNTY	562	40	1	29	37	RES: DR, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, P, U
University of South Florida Affiliated Hospitals (Includes St. Joseph's Hospital, Tampa General Hospital, Veterans Admin. Hospital, and All Children's Hospital (St. Petersburg))	M-115	MISC.			19	155	181	RES: DR, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, P, U
Veterans Admin. 13000 N. 30th St. 33612	M-115	VA	697	54				RES: DR, GS, IM, N, OPH, ORS, OTO, PTH, P, U
TARPON SPRINGS								
Anclote Manor P. O. Box 1224 33589	G-022	NP CORP	76					RES: P
GEORGIA								
ATLANTA								
Center for Disease Control, Health Services and Mental Health Admin. 1600 Clifton Rd. N. E. 30333		OTHER						RES: GPM
Crawford W. Long Memorial 35 Linden Ave. N. E. 30308	L-025	NP CORP	520	34	2		4	RES: GS, IM, OBG, ORS, PTH, U
Emory University 1364 Clifton Rd., N. E. 30322	M-025	NP CORP	441	43				RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, TR, TS, U
Emory University Affiliated Hospitals (Includes Crawford W. Long Memorial Hospital, Emory University Hospital, Georgia Mental Health Institute, Grady Memorial Hospital, Henrietta Eggleston Hospital for Children, and Veterans Admin. Hospital (Decatur))	M-025	MISC.			39	511	561	RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
Emory University School of Medicine 30322	M-025	NP CORP					2	RES: NP
Georgia Baptist Medical Center 300 Boulevard, N. E. 30312		CHURCH	550	25	12	31	52	RES: GS, IM, OBG, ORS
Georgia Mental Health Institute 1256 Briarcliff Rd. N. E. 30306	L-025	STATE	185					RES: CHP, P
Grady Memorial 80 Butler St., S. E. 30303	M-025	DIST.	969	23				RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
Henrietta Eggleston Hospital for Children 1405 Clifton Rd., N. E. 30333	L-025	NP CORP	101	55				RES: DR, GS, NS, N, ORS, OTO, PD, PDC, PS, U
Piedmont 1968 Peachtree Rd., N. W. 30309		NP CORP	419	27	2	6	6	RES: GS
St. Joseph's Infirmary 265 Ivy St., N. E. 30303		CHURCH	159	32	3		2	RES: PTH
Scottish Rite Hospital for Crippled Children 1001 Johnson Ferry Rd. N. E. 30342	G-046	NP CORP	50	50				RES: ORS
AUGUSTA								
Eugene Talmadge Memorial 1120 Fifteenth 30902	M-024	STATE	400	47	3	20	31	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
Medical College of Georgia Hospitals (Includes Eugene Talmadge Memorial Hospital, University Hospital, Veterans Admin. Hospital and Memorial Medical Center (Savannah))	M-024	MISC.			33	183	248	RES: AN, DR, O, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
University University Pl. 30902	M-024	COUNTY	600	17				RES: D, FP, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PS, TR
Veterans Admin. Wrightsboro Rd. 30904	M-024	VA	1184	42				RES: D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TR, TS, U
COLUMBUS								
Medical Center 710 Center St. 31902	M-024 L-025	CY-CO	423	26		28	44	RES: FP, ORS, PTH
DECATUR								
Veterans Admin. 1670 Clairmont Rd. 30084	M-025	VA	550	33				RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, TR, TS, U
FORT BENNING								
Martin Army 31905		USA	352	41		16	18	RES: FP
FORT GORDON								
Dwight David Eisenhower Army Medical Center 30905	M-024	USA	760	62	1	32	60	RES: FP, P
MACON								
Medical Center of Central Georgia 777 Hemlock St. 31201	M-024	CY-CO	501	17	1	25	44	RES: FP, GS, OBG
ROME								
Floyd Medical Center Turner Mc Call Blvd., Box 233 30161		NP CORP	314	18	1	3	12	RES: FP
SAVANNAH								
Memorial Medical Center Waters Ave. at 63d St. 31405	M-024	COUNTY	475	32	4	18	62	RES: DR, FP, GS, IM, OBG, PTH, TS, U
HAWAII								
HONOLULU								
Kaiser Foundation 1697 Ala Moana Blvd. 96815	M-105 G-016	NP CORP	146	33			9	RES: FP, GS, IM, PTH

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HAWAII, HONOLULU—Continued								
Kapiolani—Children's Medical Center 1319 Punahou St. 96826	M-105 G-071	STATE	135					RES: OBG
Kauaikeolani Children's 226 N. Kuakini St. 96817	M-105	NP CORP	80	60	7	11	23	RES: CHP, GS, PD
Kuakini 347 N. Kuakini St. 96817	M-105	NP CORP	244	32				RES: GS, IM, PTH
Queen's Medical Center 1301 Punchbowl St. 96813	M-105	NP CORP	480	39				RES: GS, IM, OBG, ORS, PTH, P
St. Francis 2260 Liliha St. 96817	M-105	CHURCH	256	34				RES: GS, IM, PTH, P
Shriners Hospital for Crippled Children 1310 Punahou St. 96814	G-105	NP CORP	40					RES: ORS
Straub Clinic and Hospital 888 S. King St. 96813	M-105	CORP.	152	19				RES: GS, IM
Tripler Army Medical Center A. P. O. San Francisco 96438	M-105	USA	588	65		108	143	RES: DR, FP, GS, IM, OBG, OPH, ORS, ORS, PTH, PD, U
University of Hawaii Affiliated Hospitals	M-105	MISC.			27	95	149	RES: CHP, FP, GS, IM, OBG, ORS, PTH, P
University of Hawaii—Kauaikeolani Children's	M-105	MISC.						RES: PD
University of Hawaii, Leahi 3675 Kilauea Ave. 96816	L-105	STATE	15					RES: CHP, P
University of Hawaii School of Public Health 1960 East-West Rd. 96822		STATE			2	5	6	RES: GPM
KANEHOE								
Hawaii State Keahala Rd. 96744		STATE	224	100				RES: P
IDAHO								
BOISE								
Family Practice Residency of Southwest Idaho 1015 N. 8th St. 83702	L-091	NP CORP				8	12	RES: FP
St. Alphonsus 1055 N. Curtis Rd. 83704	L-091	NP CORP	229	30				RES: FP
St. Luke's 130 E. Bannock St. 83702	L-091	NP CORR	216					RES: FP
Veterans Admin. Fifth & Fort Sts. 83702		VA	172	42				RES: FP
CALDWELL								
Caldwell Memorial 300 E. Logan St. 83605	L-091	CORP.	154					RES: FP
ILLINOIS								
BERWYN								
Mac Neal Memorial 3249 S. Oak Park Ave. 60402	M-030	NP CORP	470	24	9	19	30	RES: FP, GS, IM, OBG, PTH
University of Illinois Affiliated Hospitals	M-030	MISC.						RES: IM
CARBONDALE								
Memorial Hospital of Carbondale 404 W. Main St. 62901	M-116	NP CORP	129	16		4	9	RES: FP
CHICAGO								
Chicago Medical School Affiliated Hospitals	M-026	MISC.			60	8	74	RES: IM, P
Children's Memorial 2300 Children's Plaza 60614	M-027	NP CORP	265	70	2	5	12	RES: AN, CHP, DR, GS, NS, N, NM, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, TS, U
Columbus 2520 N. Lakeview Ave. 60614	M-027 L-028	NP CORP	536	26	15		26	RES: GS, IM, OBG, PTH, PD, R, TR
Columbus—Cuneo—Cabrini Medical Center 2520 N. Lakeview Ave. 60614	M-027	NP CORP			35	8	73	RES: GS, IM, OBG, PTH, PD, R
Cook County 1825 W. Harrison St. 60612	M-026, 030 L-027, 028	CY-CO	1495		227	122	462	RES: AN, DR, D, FP, GS, GS, IM, NS, OBG, OPH, ORS, ORS, ORS, OTO, PTH, PD, PDC, PS, CRS, P, R, TS, U
Edgewater 5700 N. Ashland Ave. 60626	M-026	NP CORP	450					RES: IM
Frank Cuneo 750 W. Montrose 60613	M-027	NP CORP	171	9				RES: GS, IM, OBG, PTH
George J. London Memorial 4700 N. Clarendon 60640	G-026	NP CORP	79					RES: P
Grant 551 Grant Pl. 60614	L-027	NP CORP	508	36	82	2	64	RES: GP, PTH
Illinois Central Community 5800 Stony Island Ave. 60637	G-029	NP CORP	212	19	10		10	RES: GS
Illinois Masonic Medical Center 836 W. Wellington Ave. 60657	M-030	NP CORP	511	35	63	20	89	RES: AN, FP, GS, IM, NS, OBG, PTH, PD, R
Illinois State Psychiatric Institute 1601 West Taylor St. 60612	L-030	STATE	176		22	11	44	RES: P
Institute for Juvenile Research 907 South Wolcott Ave. 60612	L-030	STATE			5	5	10	RES: CHP
Jackson Park 7531 Stony Island Ave. 60649		NP CORP	290	29	13		14	RES: GP
Louis A. Weiss Memorial 4646 N. Marine Dr. 60640	M-030	NP CORP	372	24	30	5	47	RES: GP, GS, IM, ORS, PTH, U
Mercy Hospital and Medical Center Stevenson Expressway at King Dr. 60616	M-030 G-027	NP CORP	522		49	7	57	RES: DR, GS, IM, OBG, OTO, PTH, PD, R, TR, U
Michael Reese Hospital and Medical Center 2929 South Ellis Ave. 60616	M-029 L-026 G-030	NP CORP	1000	58	83	165	270	RES: AN, CHP, DR, GS, IM, N, NM, OBG, OPH, ORS, PTH, PD, PDA, PM, P, TR, U
Mount Sinai Hospital Medical Center of Chicago 2755 West 15th St. 60608	M-123	NP CORP	430	37	67	39	105	RES: DR, GS, IM, OBG, PTH, PD, PM, P, U
Mount Sinai—Schwab Rehabilitation Hospitals	M-123	MISC.			6	1	8	RES: PM
Northwestern Memorial 250 E. Superior St. 60611	M-027	NP CORP	983	37				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, NP, PS, P, TR, TS, U

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ILLINOIS, CHICAGO—Continued								
Northwestern University Medical School Affiliated Hospitals (Includes Children's Mem. Hosp., Northwestern Mem. Hosp., Prentice Women's Hosp. & Mat. Ctr., Rehab. Inst. of Chicago, Vet. Admin. Lakeside Hosp., Evanston Hosp. (Evanston) 303 E. Chicago Ave. 60611	M-027	MISC.			62	428	556	RES: AN, CHP, OR, O, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PO, PDA, PDC, PM, PS, P, TR, TS, U
Norwegian—American 1044 North Francisco Ave. 60622		NP CORP	255	14	11		20	RES: GP
Prentice Women's Hospital and Maternity Center 333 E. Superior St. 60611	M-027	NP CORP						RES: OBG
Ravenswood Hospital Medical Center 4550 N. Winchester Ave. at Wilson 60640	M-030	NP CORP	355	12	30		42	RES: GP, IM, ORS
Rehabilitation Institute of Chicago 345 E. Superior St. 60611	M-027	NP CORP	170					RES: PM
Resurrection 7435 W. Talcott Ave. 60631	M-028	NP CORP	442	17			15	RES: FP, OBG
Rush Medical College Affiliated Network Hospitals	M-123	MISC.			12	30	43	RES: OBG, ORS
Rush—Presbyterian—St. Luke's Medical Center 1753 W. Congress Pkwy. 60612	M-123 G-030	NP CORP	864	45	43	154	229	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
St. Elizabeth's 1431 N. Claremont Ave. 60622		CHURCH	341	10	3		10	RES: GP
St. Frances Xavier Cabrini 811 South Lytle 60607	M-027	NP CORP	232	34				RES: PTH
St. Joseph 2900 North Lake Shore Dr. 60657	M-027, 028	CHURCH	511	37	38	8	49	RES: FP, GS, OBG, PTH, PD, PS, P
St. Mary of Nazareth Hospital Center 2233 W. Division St. 60622	L-026	CHURCH	490	19	18	3	26	RES: FP
Schwab Rehabilitation 1401 S. California Blvd. 60608		NP CORP	55					RES: PM
Shriners Hospital for Crippled Children 2211 N. Oak Park Ave. 60635		NP CORP	60					RES: ORS
South Chicago Community 2320 E. 93d St. 60617	L-029	NP CORP	413	14		1	10	RES: FP
Swedish Covenant 5145 N. California Ave. 60625	L-123	NP CORP	235	23	14	3	18	RES: FP
University of Chicago Hospitals and Clinics 950 East 59th St. 60637	M-029	NP CORP	653	50	43	212	306	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
University of Illinois Affiliated Hospitals	M-030	MISC.			88	261	365	RES: DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PM, PS, P, TR, TS, U
University of Illinois 840 S. Wood St. 60612	M-030	STATE	594	47	47	25	84	RES: AN, DR, O, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
University of Illinois Metropolitan Hospital Group (Includes Illinois Masonic Medical Center, Louis A. Weiss Memorial Hospital, Mercy Hospital and Medical Center, Mac Neal Memorial Hospital (Berwyn), and Lutheran General Hospital (Park Ridge))	M-030	MISC.			28	2	28	RES: GS
Veterans Admin. (Lakeside) 333 E. Huron St. 60611	M-027	VA	533	49				RES: AN, OR, O, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PM, PS, P, TS, U
Veterans Admin. (West Side) 820 S. Damen Ave. 60612	M-030	VA	538	49				RES: OR, GS, IM, N, OPH, ORS, PTH, PM, P, TS, U
DANVILLE								
East Central Illinois Medical Education Foundation 103 N. Robinson St. 61832	G-030	NP CORP			3	1	13	RES: FP
Lakeview Medical Center 812 N. Logan Ave. 61832	G-030	NP CORP	230	24				RES: FP
St. Elizabeth 600 Sager Ave. 61832	G-030	NP CORP	219	24				RES: FP
DES PLAINES								
Forest 555 Wilson Lane 60016		CORP.	150					RES: P
ELK GROVE VILLAGE								
Alexian Brothers Medical Center 800 W. Biesterfield Rd. 60007	L-028	NP CORP	395	14				RES: P
EVANSTON								
Evanston 2650 Ridge Ave. 60201	M-027	NP CORP	506	54	1	41	48	RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PS, P, U
St. Francis 355 Ridge Ave. 60202	M-028 G-027	CHURCH	457	30	47	18	69	RES: DR, GS, IM, OBG, ORS, PTH, PD, PS
EVERGREEN PARK								
Little Company of Mary 2800 West 95th St. 60642	L-029	CHURCH	558	17	25		24	RES: GS, PTH, R
HINES								
John J. Madden Zone Center 1200 S. First Ave. 60141	M-028 G-026	STATE						RES: CHP, P
Veterans Admin. 5th Ave. & Roosevelt Rd. 60141	M-028, 030 L-026	VA	1527	49	65	68	125	RES: D, GS, IM, IM, NS, N, NM, OPH, ORS, PTH, PM, PS, P, R, TR, TS, U
HINSDALE								
Hinsdale Sanitarium and Hospital 120 N. Oak St. 60521		NP CORP	444	29		10	24	RES: FP
JOLIET								
St. Joseph 333 N. Madison St. 60435		CHURCH	514					RES: P

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ILLINOIS—Continued								
LA GRANGE Community Memorial General 5101 S. Willow Springs Rd. 60525	L-123	NP CORP	276	27			6	RES: FP
MAYWOOD Foster G. Mc Gaw 2160 S. First Ave. 60153	M-028	NP CORP	448	50	20	62	89	RES: AN, CHP, OR, GS, IM, NS, N, OBG, OPH, ORS, PTH, NP, PD, PS, P, TS
Loyola University Affiliated Hospitals	M-028	MISC.			18	93	140	RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, NP, PD, PS, P, TS
NORTH CHICAGO Chicago Medical School Affiliated Hospitals	M-026	MISC.			4		7	RES: GS
Veterans Admin. 60064	M-026	VA	1753	69				RES: GS, IM, P
OAK LAWN Christ 4440 West 95th St. 60453	M-123	CHURCH	815	30	86	3	91	RES: FP, GS, IM, OBG, ORS, PTH, PD
OAK PARK West Suburban 518 N. Austin Blvd. 60302	L-123	NP CORP	369	33	7	18	30	RES: FP, PTH, R
PARK RIDGE Lutheran General 1775 Dempster 60068	M-030 L-027	CHURCH	697	39	17	15	54	RES: FP, GS, IM, ORS, PD, PS, R
PEORIA Institute of Physical Medicine and Rehabilitation 619 N. E. Glen Oak Ave. 61603	M-030	NP CORP	152			3	3	RES: PM
Methodist Medical Center of Illinois 221 N. E. Glen Oak Ave. 61636	M-030	NP CORP	528	27	4	21	28	RES: FP, N, PTH
St. Francis 530 N. E. Glen Oak Ave. 61637	M-030	NP CORP	787	49	16	50	88	RES: FP, GS, IM, N, OBG, ORS, PTH, PD, R
University of Illinois—Peoria School of Med. Affiliated Institutions (Includes Institute of Physical Medicine and Rehabilitation, Methodist Medical Center of Illinois, and St. Francis Hospital)	M-030	MISC.						RES: FP, N, PTH, PM
ROCKFORD Rockford Medical Education Foundation 1601 Parkview Ave. 61101	M-030	NP CORP	1021	37		36	36	RES: FP
Rockford Memorial 2400 N. Rockton Ave. 61101	M-030	NP CORP	417					RES: FP
St. Anthony 5666 E. State St. 61101	M-030	NP CORP	273					RES: FP
Swedish—American 1316 Charles St. 61101	M-030	NP CORP	410					RES: FP
SCOTT A. F. B. U. S. A. F. Medical Center 62225		USAF	195	66	1	20	20	RES: FP
SKOKIE Skokie Valley Community 9600 Gross Point Rd. 60076		NP CORP	246					RES: OBG
SPRINGFIELD Andrew Mc Farland Mental Health Center 901 Southwind Rd. 62703		STATE	165					RES: P
Illinois State Department of Health 535 W. Jefferson St. 62761		STATE						RES: PH
Memorial Medical Center 1st and Miller Sts. 62701	M-116	NP CORP	580	35				RES: AN, DR, FP, GS, IM, OBG, ORS, PTH, PD, PS, P, U
Mental Health Association 707 N. Rutledge 62703		NP CORP						RES: P
St. Johns 800 E. Carpenter St. 62702	M-116	CHURCH	630	49				RES: AN, DR, FP, GS, IM, OBG, ORS, PTH, PD, PS, P, U
Southern Illinois University Affiliated Hospitals	M-116	MISC.			4	80	154	RES: AN, DR, FP, GS, IM, OBG, ORS, PTH, PD, PS, P, U
URBANA Carle Foundation 611 W. Park St. 61801		NP CORP	223	33			14	RES: FP, CRS
INDIANA								
BEECH GROVE St. Francis Hospital Center 1600 Albany St. 46107	L-031	CHURCH	450	14	1	7	10	RES: FP
ELKHART Elkhart General 600 East Blvd. 46514		NP CORP	313	11				RES: PTH
EVANSVILLE Deaconess 600 Mary St. 47747		NP CORP	590	21		6	12	RES: FP
St. Mary's 3700 Washington Ave. 47750	L-031	CHURCH	473	28	2	18	20	RES: FP, OBG
FORT WAYNE Fort Wayne Affiliated Hospitals Fort Wayne Medical Education Program (Includes Lutheran Hospital of Fort Wayne, Parkview Memorial Hospital, St. Joseph Hospital of Fort Wayne, and Veterans Admin. Hospital) 2101 Coliseum Blvd. E. 46805	L-031 L-031	MISC. NP CORP				6 12	8 30	RES: ORS RES: FP
Lutheran Hospital of Fort Wayne 3024 Fairfield 46807	L-031	CHURCH	504	33				RES: FP, ORS

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INDIANA, FORT WAYNE—Continued								
Parkview Memorial 2200 Randallia Dr. 46805	L-031	NP CORP	633	26				RES: FP
St. Joseph's Hospital of Fort Wayne 700 Broadway 46802	L-031	CHURCH	412	31	2		4	RES: FP, ORS, PTH
Veterans Admin. 1600 Randallia Dr. 46805		VA	178	15				RES: ORS
GARY								
Methodist Hospital of Gary 600 Grant St. 46402	L-031 G-029	NP CORP	389	36	4		16	RES: FP, PTH
St. Mary Medical Center 540 Tyler St. 46402		NP CORP	470	21	3	1	4	RES: PTH
INDIANAPOLIS								
Community Hospital of Indianapolis 1500 N. Ritter Ave. 46219	L-031	NP CORP	850	17		11	15	RES: FP
Indiana University Affiliated Hospitals	L-031	MISC.				6	15	RES: FP
Indiana University Hospitals 1100 West Michigan 46202	M-031	STATE	589	57		1	2	RES: AN, CHP, OR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
Indiana University Medical Center (Includes Indiana University Hospitals, Larue D. Carter Memorial Hospital, William N. Wishard Mem. Hospital, Veterans Admin. Hospital and Some Programs at Methodist Hospital of Indiana and St. Vincent Hospital)	M-031	MISC.			33	374	489	RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PS, P, TR, TS, U
Larue D. Carter Memorial 1315 West Tenth St. 46202	M-031	STATE	210					RES: CHP, P
Methodist Hospital of Indiana 1604 N. Capitol Ave. 46202	L-031	CHURCH	1160	30	3	84	115	RES: DR, FP, GS, IM, OBG, ORS, OTO, PTH, PD, U
St. Vincent 2001 W. 86th St. 46260	L-031	CHURCH	507	41	1	40	51	RES: FP, IM, OBG, ORS, PTH
Veterans Admin. 1481 West Tenth St. 46202	M-031	VA	720	30				RES: AN, OR, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TR, TS, U
William N. Wishard Memorial 1001 W. 10th St. 46202	M-031	CY-CO	579	21			2	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, FOP, PD, PS, P, TR, U
MISHAWAKA								
St. Joseph 215 W. 4th St. 46544		CHURCH	117					RES: PTH
MUNCIE								
Ball Memorial 2401 University Ave. 47303	L-031	NP CORP	620	42		34	34	RES: FP, IM, PTH
SOUTH BEND								
Memorial Hospital of South Bend 615 N. Michigan St. 46601	L-031	NP CORP	498	17		17	21	RES: FP, PTH
St. Joseph's 811 E. Madison St., P. O. Box 1935 46632	L-031	CHURCH	337	11	1	21	30	RES: FP, PTH
South Bend Medical Foundation Hospitals (Includes Elkhart General Hospital (Elkhart), St. Joseph Hospital (Mishawaka), Memorial Hospital of South Bend and St. Joseph's Hospital) 531 North Main St. 46601	L-031	NP CORP	1215	19		1	8	RES: PTH
TERRE HAUTE								
Union 1606 N. 7th St. 47804	L-031	NP CORP	316	18		4	12	RES: FP
IOWA								
CEDAR RAPIDS								
Cedar Rapids Family Practice Program		MISC.				23	24	RES: FP
Mercy 701 10th St. S. E. 52403		CHURCH	403	20				RES: FP
St. Luke's Methodist 1026 A Ave. N. E. 52402		NP CORP	620	18				RES: FP
CHEROKEE								
Mental Health Institute 1200 W. Cedar St. 51012		STATE	399	64	6	8	15	RES: P
DAVENPORT								
Mercy 1326 W. Lombard St. 52804	G-032	CHURCH	280	15				RES: FP
Mercy—St. Luke's Hospitals	G-032	MISC.				14	14	RES: FP
St. Luke's 1227 E. Rusholme St. 52803	G-032	NP CORP	280	17				RES: FP
DES MOINES								
Broadlawns Polk County 18th & Hickman Rd. 50314	L-032	COUNTY	179	42		29	31	RES: FP, GS
Iowa Lutheran University at Penn Ave. 50316	G-032	NP CORP	465	18	1	20	24	RES: FP
Iowa Methodist Medical Center 1200 Pleasant St. 50308	L-032	CHURCH	694	41	11	10	24	RES: GS, IM, PD
Mercy 6th and University 50314		CHURCH	500	29				RES: PTH
University of Iowa Affiliated Hospitals	L-032	MISC.				6	21	RES: IM
Veterans Admin. 30th and Euclid Aves. 50310	L-032	VA	362	34	5	9	15	RES: GS, IM, OPH
INDEPENDENCE								
Mental Health Institute 50644		STATE	401	50	8	2	12	RES: P
IOWA CITY								
University of Iowa Affiliated Hospitals	L-032	MISC.			21	255	300	RES: AN, DR, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, TR, TS, U

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					For.*	Non- For.*		
IOWA, IOWA CITY—Continued								
University of Iowa Hospitals Newton Rd. 52242	M-032	STATE	1080	50	13	93	109	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, P, TR, TS, U
Veterans Admin. Highway 6-West 52240	M-032	VA	360	55				RES: AN, DR, GS, IM, NS, N, OPH, OTO, PTH, NP, TR, TS, U
MASON CITY								
St. Joseph Mercy 84 Beaumont Dr. 50401	G-032	CHURCH	312	12				RES: FP
SIOUX CITY								
Marian Health Center—St. Joseph Unit 2101 Court St. 51104	G-032	CHURCH	340	27				RES: FP
St. Luke's Medical Center 2720 Stone Park Blvd. 51104	G-032	NP CORP	320	21				RES: FP
St. Vincent 624 Jones St. 51105	G-032	CHURCH	196					RES: FP
Siouxland Medical Education Foundation	G-032	MISC.				5	14	RES: FP
WATERLOO								
Allen Memorial 1825 Logan Ave. 50703	G-032	NP CORP	322	18				RES: FP
Black Hawk Area Medical Education Foundation 441 E. San Marnan Dr. 50702	G-032	NP CORP					6	RES: FP
St. Francis 3421 W. 9th St. 50702	G-032	CHURCH	240	28				RES: FP
Schoitz Memorial Kimball and Ridgeway Aves. 50702	G-032	NP CORP	325	7				RES: FP
KANSAS								
KANSAS CITY								
University of Kansas Affiliated Hospitals	M-033	MISC.				70	76	RES: IM
University of Kansas Medical Center 39th & Rainbow Blvd. 66103	M-033	STATE	513	55	34	194	257	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, PS, P, TR, TS, U
University of Kansas Medical Center—Children's Mercy	M-033	MISC.			1	3	3	RES: PDA
LEAVENWORTH								
Veterans Admin. Center 66048		VA	500	52	4	1	5	RES: GS
NEWTON								
Prairie View Mental Health Center E 1st St. 67114	L-033	NP CORP	43					RES: P
TOPEKA								
C. F. Menninger Memorial 3617 W. 6th St. Box 829 66601		NP CORP	162	100				RES: P
Children's Division, the Menninger Foundation 3617 W. 6th St. 66601		NP CORP	69		4	6	12	RES: CHP
Menninger School of Psychiatry		NP CORP			10	29	48	RES: P
Stormont—Vail 10th and Washburn 66606	G-033	NP CORP	387					RES: IM
Topeka State 2700 West Sixth 66606		STATE	433	100				RES: P
Veterans Admin. 2200 Gage Blvd. 66622		VA	908	59				RES: P
WICHITA								
St. Francis Affiliated Hospitals	M-033	MISC.			4	15	20	RES: ORS
St. Francis 929 N. St. Francis 67214	M-033	CHURCH	886	31	4	9	24	RES: FP, GS, IM, ORS, PTH, PD, P
St. Francis Hospital—Veterans Admin. Center	M-033	MISC.			1	18	21	RES: GS
St. Joseph Medical Center 3400 Grand Ave. 67218	L-033	NP CORP	600	16		22	22	RES: FP, PTH, P
St. Joseph Medical Center—Veterans Admin. Center	L-033	MISC.			1	1	4	RES: PTH
Sedgwick County Department of Mental Health 1801 E. 10th St. 67214		COUNTY						RES: P
University of Kansas (Wichita) Affiliated Hospitals	M-033	MISC.			5	42	65	RES: IM, PD, P
Veterans Admin. Center 5500 East Kellogg 67218	M-033	VA	202	27				RES: GS, ORS, PTH, P
Wesley Medical Center 550 North Hillside 67214	M-033	CHURCH	712	31	3	50	58	RES: DR, FP, GS, IM, OBG, ORS, PTH, PD, P
KENTUCKY								
ANCHORAGE								
Children's Treatment Center La Grange Rd. 40223		STATE	52					RES: CHP
COVINGTON								
St. Elizabeth 21st St. and Eastern Ave. 41014	L-034	CHURCH	468	17		15	16	RES: FP
FRANKFORT								
Dept. for Human Resources, Bureau for Health Services 275 E. Main St. 40601		STATE					4	RES: PH
LEXINGTON								
Central Baptist 1740 S. Limestone St. 40503	G-034	CHURCH	297					RES: FP
St. Joseph 1400 Harrodsburg Rd. 40504	M-034	CHURCH	436	10				RES: PS, U
Shriners Hospital for Crippled Children 1900 Richmond Rd. 40502	G-034	NP CORP	50					RES: ORS

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1976 For.*	Non- For.*	Pos. Off. July 1, 1976	Approved Program
KENTUCKY, LEXINGTON—Continued								
University 800 Rose St. 40506	M-034	STATE	437	24	32	35	75	RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, P, TR, TS, U
Univ. of Kentucky College of Medicine, Dept. of Community Medicine 800 Rose St. 40506	M-034	STATE						RES: GPM
University of Kentucky—Lexington Residency Program	M-034	MISC.			1	14	15	RES: ORS
University of Kentucky Medical Center	M-034	MISC.			13	173	170	RES: AN, CHP, FP, GS, IM, NS, N, OPH, PTH, NP, PS, P, TS, U
Veterans Admin. Leestown Pike-Cooper Dr. 40507	M-034	VA	1000	27				RES: AN, GS, IM, NS, OPH, ORS, PTH, PS, P, TS, U
LOUISVILLE								
Bingham Child Guidance Clinic 200 E. Chestnut St. 40202		NP CORP	10				4	RES: CHP, P
Institute of Physical Medicine and Rehabilitation 220 Abraham Flexner Way 40202	L-035	NP CORP	34			1	8	RES: PM
Jewish 217 E. Chestnut St. 40202	L-035	NP CORP	408					RES: GS, PS, TS
Kosair Crippled Children 982 Eastern Pkwy. 40217	G-035	NP CORP	100					RES: ORS
Louisville General 323 E. Chestnut St. 40202	M-035	CY-CO	370	34				RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, TR, TS, U
Norton—Children's Hospitals 200 E. Chestnut St. 40202	M-035	NP CORP	492	46	1		2	RES: AN, DR, GS, NS, OBG, OPH, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
St. Anthony 1313 St. Anthony Pl. 40204	L-035	NP CORP	374					RES: FP
University of Louisville Affiliated Hospitals	M-035	MISC.			83	269	412	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, TS, U
Veterans Admin. Mellwood and Zorn Aves. 40202	M-035	VA	444	43				RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TR, TS, U
MAIDENVILLE								
Hopkins County Hospital and Trover Clinic Foundation 237 Waddill Ave. 42431	L-035	NP CORP	272	16		10	15	RES: FP
LOUISIANA								
ALEXANDRIA								
Veterans Admin. 71301	L-037	VA	368	16				RES: GS, ORS
BATON ROUGE								
Earl K. Long Memorial 5825 Airline Hwy. 70805	M-036	STATE	232	30	2	35	41	RES: FP, FP, GS, IM, ORS, PTH, PD, U
Louisiana State University Affiliated Hospitals	M-036	MISC.						RES: FP
BOGALUSA								
Bogalusa Community Medical Center 433 Plaza 70427		NP CORP	116	11				RES: FP
Louisiana State University Affiliated Hospitals		MISC.					12	RES: FP
Washington—St. Tammany Charity 400 Memphis St. 70427		STATE	72	27				RES: FP
INDEPENDENCE								
Lottie Kemp Charity Highway 51, Box 7 70443	M-037	STATE	132					RES: GS
LAFAYETTE								
Lafayette Charity 311 West St. Mary Blvd. 70501	M-036	STATE	236	35	7	9	19	RES: GS, IM, ORS, PD
LAKE CHARLES								
Lake Charles Charity 1000 Walters St. 70601	M-036	STATE	108	61	4	7	15	RES: FP, OBG
MANDERVILLE								
Southeast Louisiana P. O. Box 3850 70448	G-037	STATE	520					RES: CHP, P
MONROE								
E. A. Conway Memorial 4801 S. Grand St. 71201		STATE	183	8				RES: GS, ORS, U
NEW ORLEANS								
Charity Hospital of Louisiana 1532 Tulane Ave. 70140	M-036, 037	STATE	1466	34	12	42	71	RES: AN, D, PTH, PM
Charity Hospital of Louisiana—Louisiana State University Division 1532 Tulane Ave. 70140	M-036	STATE			16	68	131	RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, NP, PD, PDA, PS, P, TS, U
Charity Hospital of Louisiana—Tulane University Division 1532 Tulane Ave. 70140	M-037	STATE			11	27	68	RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, PD, PS, P, U
Eye, Ear, Nose and Throat 145 Elk Pl. 70112		NP CORP	90					RES: OPH, OTO
George M. Haik Eye Clinic 921 Canal St. 70112		PART.	55					RES: OPH
Hotel Dieu 2004 Tulane Ave. 70112	L-036	NP CORP	296	18				RES: OPH
Louisiana State University Affiliated Hospitals	M-036	MISC.			10	112	129	RES: FP, GS, IM, NS, OPH, ORS, OTO, PTH, NP, PD, PS, P, TS, U
Louisiana State University Medical Center 1542 Tulane Ave. 70112	M-036	STATE			1		5	RES: CHP
New Orleans Mental Health Institute 140 Calhoun St. 70118		CITY						RES: P
Ochsner Foundation 1516 Jefferson Highway 70121	L-036, 037	NP CORP	525	55	11	122	140	RES: AN, DR, GS, IM, NS, NS, N, OBG, OPH, ORS, OTO, PTH, PD, CRS, TR, TS, U

CONSOLIDATED LIST OF HOSPITALS

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Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1976		Pos. Off. July 1, 1978	Approved Program
					For.*	Non- For.*		
LOUISIANA, NEW ORLEANS—Continued								
Southern Baptist 2700 Napoleon Ave. 70115	L-036, 037	NP CORP	516	24				RES: PS
Touro Infirmary 1401 Foucher St. 70115	M-037	NP CORP	490	25	21	2	11	RES: IM, NM, OPH, ORS, ORS, PTH, PS, P, R, U
Tulane University Affiliated Hospitals	M-037	MISC.			41	207	290	RES: CHP, GS, IM, IM, NS, N, OPH, ORS, OTO, PO, PS, P, U
Tulane University Hospital and Clinics 1415 Tulane Ave. 70112	M-037	NP CORP						RES: IM
Tulane University School of Public Health and Tropical Medicine 1430 Tulane Ave. 70112		NP CORP				1	15	RES: GPM
U. S. Public Health Service 210 State St. 70118	L-037	USPHS	300	55	2	17	33	RES: GS, IM, OBG, OPH, ORS, PTH, PS, U
Veterans Admin. 1601 Perdido St. 70140	M-036, 037	VA	581	50				RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, TS, U
PINEVILLE								
Huey P. Long Memorial Hospital Boulevard 71360	M-037	STATE	183					RES: GS, ORS
SHREVEPORT								
Confederate Memorial Medical Center 1541 Kings Highway 71103	M-106	STATE	525	28	4	66	99	RES: AN, DR, FP, GS, IM, OBG, OPH, ORS, OTO, PTH, PO, PDA, CRS, P, U
L. S. U. (Shreveport) Affiliated Hospitals	M-106	MISC.			1	64	101	RES: AN, DR, FP, GS, OPH, ORS, PTH, POA, CRS, P, U
Schumpert Medical Center 915 Margaret Pl. 71101	G-106	CHURCH	448	14				RES: FP, CRS
Shriners Hospital for Crippled Children 3100 Samford Ave. 71103	G-106	NP CORP	60					RES: ORS
Veterans Admin. 510 E. Stoner Ave. 71130	M-106	VA	464	23				RES: GS, OPH, ORS, PTH, P, U
Willis—Knighton Memorial 2600 Greenwood Rd. 71103	G-106	NP CORP	2640	12				RES: FP
MAINE								
AUGUSTA								
Augusta General 6 E. Chestnut St. 04330		NP CORP	186	30				RES: FP
Central Maine Family Practice Program 12 E. Chestnut St. 04330		MISC.				16	18	RES: FP
BANGOR								
Eastern Maine Medical Center 489 State St. 04401	G-042	NP CORP	364	35	1	11	19	RES: FP
LEWISTON								
Central Maine General 300 Main St. 04240		NP CORP	226					RES: FP
St. Mary's General 45 Golder St. 04240		CHURCH	233	10				RES: FP
PORTLAND								
Maine Medical Center 22 Bramhall St. 04102	M-042	NP CORP	530	39	6	72	113	RES: AN, CHP, DR, FP, GS, IM, OBG, PTH, PD, P, TR
TOGUS								
Veterans Admin. Center 04330		VA	744	50				RES: FP
WATERVILLE								
Mid—Maine Medical Center North St. 04901		NP CORP	349	38				RES: FP
MARYLAND								
ABERDEEN PROVING GROUND								
U. S. Army Environmental Hygiene Agency 21010	G-064	USA				1	3	RES: OM, GPM
BALTIMORE								
Baltimore City Hospitals 4940 Eastern Ave. 21224	M-038 L-039	CITY	337	51	23	22	62	RES: AN, GS, IM, NS, N, OBG, ORS, OTO, PTH, PD, PS, P
Bon Secours 2025 W. Fayette St. 21223		CHURCH	217	22				RES: OBG
Children's 3825 Greenspring Ave. 21211	G-038	CORP.	126	100				RES: ORS, PS
Franklin Square 9000 Franklin Square Dr. 21237	L-038	NP CORP	305	33	55	18	79	RES: FP, GS, IM, OBG
Good Samaritan 5601 Loch Raven Blvd. 21239	M-038	NP CORP	217					RES: IM, ORS
Greater Baltimore Medical Center, 6701 N. Charles St. 21204	G-038	NP CORP	401	22	37	22	48	RES: IM, OBG, OPH, OTO, CRS
James Lawrence Kernan Windsor Mill Rd. & Forest Park Ave. 21207	L-039	NP CORP	90					RES: ORS
John F. Kennedy Institute 707 N. Broadway 21205	M-038	NP CORP	40					RES: PD
Johns Hopkins 601 North Broadway 21205	M-038	NP CORP	1097	47	26	201	243	RES: AN, BBK, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, TR, TS, U
Johns Hopkins Affiliated Hospitals	M-038	MISC.			40	119	166	RES: AN, GS, OBG, ORS, OTO, PS, P, TS
Johns Hopkins Hospital—Baltimore City Hospitals	M-038	MISC.			2	17	15	RES: N
Johns Hopkins University School of Hygiene and Public Health 615 N. Wolfe St. 21205		NP CORP			9	9	12	RES: GPM
Lutheran Hospital of Maryland 730 Ashburton St. 21216		NP CORP	208	10	6		8	RES: GS
Maryland General 827 Linden Ave. 21201	M-039	NP CORP	405	33	17	38	57	RES: GS, IM, OBG, OPH, OTO, PTH

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MARYLAND, BALTIMORE—Continued								
Maryland Institute for Emergency Medicine 22 S. Greene St. 21201		STATE	32	52				RES: ORS
Mercy 301 St. Paul Pl. 21202	M-039	CHURCH	328	26	8	15	23	RES: GS, IM, NS, OBG, PD
Office of the Chief Medical Examiner—Maryland Medical—Legal Foundation 111 Penn St. 21201		STATE			3		3	RES: FOP
St. Agnes 1000 Caton Ave. 21229	G-039	CHURCH	463	33	63	10	78	RES: GS, IM, OBG, ORS, PTH, PD
St. Joseph 7620 York Rd. 21204		NP CORP	450	19	28	1	29	RES: GS, OBG
Sinai Hospital of Baltimore Belvedere Ave. at Greenspring 21215	L-038, 039	NP CORP	507	26	51	39	98	RES: DR, GS, IM, OBG, OPH, ORS, PTH, PD, PM, U, U
South Baltimore General 3001 South Hanover St. 21230	M-039	NP CORP	388	32	29	1	55	RES: GS, IM, OBG, PTH
State of Maryland Department of Health and Mental Hygiene 301 W. Preston St. 21201		STATE				2	1	RES: PH
Union Memorial 33rd & Calvert St. 21218	L-038 G-039	NP CORP	415	27	41	29	70	RES: GS, IM, OBG, ORS, PTH
U. S. Public Health Service 3100 Wyman Park Dr. 21211	L-039	USPHS	214	50	6	20	30	RES: GS, IM, OPH
University of Maryland 22 S. Greene St. 21201	M-039 G-038	STATE	697	35	34	131	162	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, TR, TS, U
University of Maryland Affiliated Hospitals	M-039 G-038	MISC.			43	190	240	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, TR, TS, U
University of Maryland Department of Social and Preventive Medicine 655 W. Baltimore St. 21201	M-039	STATE			2	6	9	RES: GPM
University of Maryland School of Medicine 22 S. Greene St. 21201	M-039	STATE			3	3	6	RES: NP
Veterans Admin. 3900 Loch Raven Blvd. 21218	M-039 L-038	VA	291	32				RES: GS, IM, NS, ORS, PTH, U
BETHESDA								
National Institutes of Health—Clinical Center 9000 Rockville Pike 20014		USPHS	532	85	6	52	55	RES: BBK, D, N, NM, PTH, P
National Naval Medical Center Rockville Pike 20014	M-020, 126 L-021	USN	595	76	15	149	184	RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, P, TS, U
Suburban 8600 Old Georgetown Rd. 20014	L-019	NP CORP	350	26	5	1	21	RES: GP, PTH, CRS
CHEVERLY								
Prince George's General 20785		COUNTY	428	19	81	9	85	RES: FP, GS, IM, NM, OBG, PTH, P
CROWNSVILLE								
Crownsville Hospital Center Crownsville Rd. 21032		STATE	811		6		6	RES: P
FORT HOWARD								
Veterans Admin. 21052	L-039	VA	231	38				RES: PM
HAGERSTOWN								
Washington County King & Antietam Sts. 21740		NP CORP	383	15	3		3	RES: R
PERRY POINT								
Veterans Admin. 21902		VA	980	25				RES: NM
ROCKVILLE								
Chestnut Lodge 500 W. Montgomery Ave. 20850		CORP.	106			5	5	RES: P
TAKOMA PARK								
Washington Adventist 7600 Carroll Ave. 20012		CHURCH	365	17		15	15	RES: FP
TOWSON								
Sheppard and Enoch Pratt York Rd. 21204	L-039	NP CORP	272		4	21	28	RES: CHP, P
MASSACHUSETTS								
BEDFORD								
Veterans Admin. 200 Springs Rd. 01730	M-040	VA	861	41				RES: P
BELMONT								
Mc Lean 115 Mill St. 02178	M-041	NP CORP	279	38	2	38	41	RES: CHP, P
BOSTON								
Beth Israel 330 Brookline Ave. 02215	M-041	NP CORP	412	46	10	146	153	RES: AN, CHP, DR, GS, IM, NS, N, OBG, ORS, PTH, NP, P, U
Beth Israel Hospital—Children's Hospital Medical Center	M-041	NP CORP				2	2	RES: NP
Boston City 818 Harrison Ave. 02118	M-040 L-041	CITY	500	31	29	130	178	RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, ORS, OTO, PTH, PD, PS, P, TR, TS, U
Boston Hospital for Women 221 Longwood Ave. 02115	M-041	NP CORP	222		9	15	25	RES: AN, OBG, PTH
Boston State 591 Morton St. 02124	M-040, 042	STATE	230	36	4		6	RES: P
Boston University Affiliated Hospitals	M-040	MISC.			49	149	208	RES: AN, DR, GS, IM, N, OPH, ORS, PS, P, TR, TS, U
Boston University Medical Center, Children's Ambulatory Services 85 E. Newton St. 02118	M-040	STATE			1	2	5	RES: CHP

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					For.*	Non-For.*		
MASSACHUSETTS, BOSTON—Continued								
Carney 2100 Dorchester Ave. 02124	M-040 G-042	CHURCH	376	22	7	19	44	RES: GS, IM, NS, OBG, ORS, PTH
Children's Hospital Medical Center 300 Longwood Ave. 02115	M-041	NP CORP	343	69	17	92	115	RES: AN, CHP, DR, GS, NS, N, NM, ORS, PTH, NP, PD, PDA, PDC, PS, TS, U
Children's Hospital Medical Center—Peter Bent Brigham	M-041	NP CORP			2	2	4	RES: NS
Children's Hospital Medical Center—Peter Bent Brigham—Beth Israel	M-041	NP CORP			2	12	12	RES: N
Commonwealth of Massachusetts Department of Public Health 600 Washington St. Room 209 02111		STATE						RES: PH
Douglas A. Thom Clinic for Children 315 Dartmouth St. 02116	L-040	NP CORP						RES: CHP
Faulkner 1153 Centre St. 02130	M-042 L-041	NP CORP	248	28				RES: GS, IM
Harvard Affiliated Hospitals	M-041	MISC.			4	43	48	RES: ORS, U
Harvard School of Public Health 665 Huntington Ave. 02115		NP CDRP						RES: AM
Harvard School of Public Health, Dept. of Health Services Admin. 677 Huntington Ave. 02115		NP CORP						RES: GPM
Joint Center for Radiation Therapy 50 Binney St. 02115		NP CORP				12	12	RES: TR
Joseph P. Kennedy Jr. Memorial 30 Warren St., Brighton 02135	M-040 G-042	CHURCH	88	50				RES: DRS
Lahey Clinic 605 Commonwealth Ave. 02215		NP CORP	300	38	2	13	14	RES: DR, D, GS, ORS, OTO, CRS, U
Lahey Clinic—New England Baptist		NP CORP			5	1	6	RES: DR
Lemuel Shattuck 170 Morton St. 02130	M-042	STATE	200	37				RES: OR, IM, TR
Lemuel Shattuck—Faulkner Affiliated Hospitals	M-042 L-041	MISC.			6	7	13	RES: IM
Massachusetts Eye and Ear Infirmary 243 Charles St. 02114	M-041	NP CORP	174	7	1	37	38	RES: OPH, OTO
Massachusetts General Fruit St. 02114	M-041	NP CORP	1084	44	17	332	360	RES: AN, CHP, DR, D, DP, GS, IM, NS, N, OBG, ORS, PTH, PD, PS, P, TR, TS, U
Massachusetts Mental Health Center 74 Fenwood Rd. 02115	M-041	STATE	106		3	47	44	RES: CHP, P
New England Baptist 91 Parker Hill Ave. 02120	G-042	NP CORP	250	30				RES: DR
New England Deaconess 185 Pilgrim Rd. 02215	M-041	NP CORP	472	43	12	66	85	RES: DR, GS, IM, PTH, TS, U
New England Deaconess Hospital—Harvard Surgical Service	M-041	MISC.			4	27	38	RES: GS
New England Medical Center (Includes Boston Dispensary and Rehabilitation Institute, Boston Floating Hospital and New England Center Hospital) 171 Harrison Ave. 02111	M-042	NP CORP	452	49	11	132	144	RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, P, TR, TS, U
New England Medical Center—Lynn	M-042	NP CORP					16	RES: PTH
Peter Bent Brigham 721 Huntington Ave. 02115	M-041	NP CORP	332	61	10	115	142	RES: AN, DR, GS, IM, NS, N, NM, ORS, PTH, NP, PS, P, TS, U
Peter Bent Brigham Hospital—Children's Hospital Medical Center	M-041	NP CORP			4	5	10	RES: NM, PS, TS
Peter Bent Brigham Hospital—Veterans Admin. (West Roxbury)	M-041	MISC.			2	16	18	RES: PTH
Program 1	M-040	MISC.						RES: IM
Program 2	M-040	MISC.						RES: IM
Robert B. Brigham 125 Parker Hill Ave. 02120	M-041	NP CORP	96	75				RES: ORS
St. Elizabeth's Hospital of Boston 736 Cambridge St., Brighton 02135	M-042	CHURCH	417	35	17	47	92	RES: AN, GS, IM, N, OBG, PTH, P, TS
St. Margaret's Hospital for Women 90 Cushing Ave., Dorchester 02125	M-042	CHURCH	117					RES: OBG
Tufts University Affiliated Hospitals	M-042	MISC.			29	121	167	RES: DR, NS, OBG, OPH, ORS, OTO, PM, P, TR
U. S. Public Health Service 77 Warren St. 02135	L-040 G-042	USPHS	110	42		9	11	RES: IM
University 75 E. Newton St. 02118	M-040	NP CORP	383	43	5	59	65	RES: AN, OR, D, GS, IM, N, OPH, ORS, OTO, PTH, PM, PS, P, TR, TS, U
University Hospital Affiliated Program	M-040	MISC.				6	6	RES: OTO
Veterans Admin. 150 S. Huntington Ave. 02130	M-040, 042	VA	815	45	17	52	24	RES: DR, GS, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, TR, U
Veterans Admin. (West Roxbury) 1400 V. F. W. Parkway, West Roxbury 02132	M-041	VA	279	64				RES: GS, IM, ORS, PTH
BROCKTON								
Brockton 680 Centre St. 02402	L-040	NP CORP	321	25				RES: GS
Veterans Admin. Belmont St. 02401	L-041	VA	997					RES: P
CAMBRIDGE								
Cambridge 1493 Cambridge St. 02139	M-041 L-042	CITY	187	46	8	21	44	RES: AN, CHP, GS, IM, OBG, PS, P
Cambridge—Somerville Mental Health and Retardation Center 1493 Cambridge St. 02139	M-041 L-042	STATE				2		RES: CHP
Harvard University Health Services, Environmental Health and Safety 75 Mount Auburn St. 02138		NP CORP					2	RES: OM
Mount Auburn 330 Mount Auburn St. 02138	M-041	NP CORP	300	38	5	29	38	RES: DR, GS, IM, PTH

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					For.*	Non- For.*		
MASSACHUSETTS—Continued								
CANTON Massachusetts Hospital School Randolph St. 02021		STATE	170					RES: ORS
CHELSEA Lawrence F. Quigley Memorial 100 Summit Ave. 02150		STATE	186	20				RES: GS, U
FRAMINGHAM Framingham Union 25 Evergreen St. 01701	M-040	NP CORP	304	32	4	8	18	RES: GS, IM, OBG
HOLDEN Holden District Boyden Rd. 01520		NP CORP	82					RES: FP
LAKEVILLE Lakeville Main St. 02346		STATE	130	50				RES: ORS
LYNN Lynn 212 Boston St. 01904	L-042	NP CORP	315	19		2		RES: PTH
MALDEN Malden Hospital Rd. 02148	L-040	NP CORP	291	14				RES: OBG
NEWTON LOWER FALLS Newton—Wellesley 2014 Washington St. 02162	M-042	NP CORP	339	28		22	25	RES: IM, PTH
NORFOLK Pondville Box 111 02081		STATE	104	56	4	1	4	RES: DR, GS, TR
PITTSFIELD Berkshire Medical Center 725 North St. 01201	M-107 L-054	NP CORP	415	28	24	21	46	RES: AN, GS, IM, OBG, PTH, PD
SALEM Salem 81 Highland Ave. 01970		NP CORP	370	19			12	RES: IM
SPRINGFIELD Baystate Medical Center 759 Chestnut St. 01107	M-042, 107 G-104	NP CORP	1036	20	30	58	105	RES: AN, OR, GS, IM, NM, OBG, ORS, PTH, PD
Shriners Hospital for Crippled Children 516 Carew St. 01104		NP CORP	60	100				RES: ORS
STOCKBRIDGE Austen Riggs Center Main St. 01262		NP CORP	43			4	5	RES: P
TEWKSBURY Tewksbury East St. 01876		STATE	1405	5				RES: ORS
WALTHAM Metropolitan State 475 Trapelo Rd. 02154	M-042	STATE	550	19	7	2	6	RES: CHP, P
Waltham Hope Ave. 02154		NP CORP	307					RES: OBG
WEST ROXBURY Veterans Admin. (See Boston)								
WORCESTER Memorial 119 Belmont St. 01605	M-107	NP CORP	379	44	24	24	57	RES: GS, IM, OBG, ORS, PTH, PD
St. Vincent 25 Winthrop St. 01610	M-107	CORP.	600	47	18	43	57	RES: DR, GS, IM, ORS, PTH, PD
University of Massachusetts 55 Lake Ave. N. 01605	M-107	STATE	85				27	RES: AN, FP, GS, IM, PD
University of Massachusetts Coordinated Program (Includes Memorial Hosp., St. Vincent Hosp., Univ. of Mass. Hosp., Worcester City Hosp., Worcester Hahnemann Hosp., Holden District Hosp. (Holden), Tewksbury Hosp. (Tewksbury))	M-107	MISC.			42	55	114	RES: FP, GS, ORS, PO
Worcester City 26 Queen St. 01610	M-107	CITY	350	31	26	19	28	RES: FP, GS, IM, ORS, PTH, PD
Worcester Hahnemann 281 Lincoln St. 01605	L-107	NP CORP	240					RES: FP
Worcester State 305 Belmont St. 01604	L-107	STATE	607	24	11	3	12	RES: P
Worcester Youth Guidance Center 275 Belmont St. 01604		NP CORP			2		4	RES: CHP
MICHIGAN								
ALLEN PARK Veterans Admin. Southfield at Outer Dr. 48101	M-044	VA	639	35				RES: OR, D, GS, IM, OPH, ORS, OTO, PTH, PS, TS, U
ANN ARBOR St. Joseph Mercy P. O. Box 995 48106	M-043	CHURCH	558	35		57	67	RES: GS, IM, NS, OBG, ORS, PS, U
University 1405 East Ann St. 48109	M-043	STATE	996	63	10	33	44	RES: AN, CHP, OR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, TS, U

CONSOLIDATED LIST OF HOSPITALS

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MICHIGAN, ANN ARBOR—Continued								
University of Michigan Affiliated Hospitals (Includes University Hospital, St. Joseph Mercy Hospital, Veterans Admin. Hospital, and Wayne County General Hospital (Eloise))	M-043	MISC.			43	440	471	RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, PTH, PD, PDC, PS, P, TR, U
University of Michigan School of Public Health 109 S. Observatory 48109		STATE			1	6	10	RES: GPM
Veterans Admin. 2215 Fuller Rd. 48105	M-043	VA	430	65				RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, PTH, PS, P, TR, U
DEARBORN								
Ford Motor Company American Rd. 48121		CORP.						RES: OM
Oakwood 18101 Oakwood Blvd. 48124	L-044, 098	NP CORP	595		36	18	78	RES: DR, FP, IM, OBG, ORS, PTH
DETROIT								
Children's Hospital of Michigan 3901 Beaubien Blvd. 48201	M-044	NP CORP	310	67	30	12	98	RES: AN, DR, GS, NS, OPH, ORS, OTO, PTH, PD, PDA, PS, TS, U
Detroit General 1326 St. Antoine 48226	M-044	CY-CO	406	14				RES: DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, TS, U
Detroit—Macomb Hospitals (Includes Detroit Memorial Hospital, St. Joseph Mercy Hospital, and Souh Macomb Hospital (Warren)) 690 Mullett St. 48226		NP CORP			26	2	60	RES: GS, OBG, PTH
Detroit Memorial 1420 St. Antoine St. 48226		NP CORP	295	33				RES: GS, OBG, PTH
Detroit Psychiatric Institute 1151 Taylor 48202	M-044	STATE	192	100	10	4	15	RES: P
Evangelical Deaconess 3245 E. Jefferson 48207		CHURCH	181	17	15		15	RES: GP
General Motors Corporation 3044 W. Grand Blvd. 48202		CORP.					2	RES: OM
Grace (See United Hospitals of Detroit-Grace Division)								
Harper (See United Hospitals of Detroit-Harper Division)								
Henry Ford 2799 W. Grand Blvd. 48202	M-043	NP CORP	1012	37	82	179	316	RES: DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, CRS, TR, U
Hutzel 4707 St. Antoine Blvd. 48201	M-044	NP CORP	386	49				RES: DR, GS, IM, OBG, PTH, U
Kirwood General 4059 W. Davison Ave. 48238		NP CORP	160		10		10	RES: GP
Lafayette Clinic 951 E. Lafayette 48207	M-044	STATE	152		15	24	18	RES: CHP, N, P
Metropolitan Northwest Detroit Hospitals (Includes Mount Carmel Mercy Hospital, Sinai Hospital of Detroit, United Hospitals of Detroit-Grace Division, and Providence Hospital (Southfield)) Mount Carmel Mercy Hospital and Medical Center	L-044 G-043	MISC.			29	12	41	RES: ORS, PD
Mount Carmel Mercy Hospital and Medical Center 6071 West Outer Dr. 48235	L-044 G-043	CHURCH	560	38	39	18	74	RES: DR, FP, GS, IM, OBG, ORS, PTH, PD, PS, R
Rehabilitation Institute 261 Mack Blvd. 48201	L-044	NP CORP	189	33	8	3	12	RES: PM
St. John 22101 Moross Rd. 48236	L-044	CHURCH	528	27	38	33	78	RES: FP, GS, IM, OBG, PTH, PD
St. Joseph Mercy 2200 East Grand Blvd. 48211		NP CORP	269	12				RES: GS, OBG
Sinai Hospital of Detroit 6767 West Outer Dr. 48235	M-044	NP CORP	624	52	57	63	137	RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, TR
United Hospitals of Detroit—Grace Division 18700 Meyers Rd. 48235	M-044	NP CORP	425		67	28	92	RES: DR, FP, GS, IM, OBG, OPH, ORS, ORS, PTH, PD, PS
United Hospitals of Detroit—Harper Division 3990 John R St. 48201	M-044	NP CORP	701	27	7		8	RES: DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, TR, TS, U
Wayne County Medical Examiner's Office 400 E. Lafayette Ave. 48226		COUNTY		67	3		3	RES: FOP
Wayne State University Affiliated Hospitals (Includes Children's Hospital, Detroit General Hospital, Hutzel Hospital, Rehabilitation Institute, United Hospitals of Detroit-Grace Division and Harper Division, Veterans Admin. Hospital (Allen Park))	M-044	MISC.			144	247	450	RES: DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, TS, U
EAST LANSING								
Michigan State University Associated Hospitals	M-098	MISC.			8	39	73	RES: DR, GS, IM, PD, P
Michigan State University Health Center 48823	M-098	STATE	52					RES: DR, IM, OBG, PD, P
ELOISE								
Wayne County General 48132	M-043	COUNTY	421	40	9	1	9	RES: DR, GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, TR, U
FLINT								
Genesee County Community Mental Health Services 432 N. Saginaw 48503		COUNTY	182					RES: P
Hurley 6th & Begole 48502	M-098 G-043	CITY	638	35	41	25	77	RES: GS, IM, OBG, PTH, PD
Mc Laren General 401 S. Ballenger Highway 48502	M-098 G-043	NP CORP	470	30	13	2	18	RES: GS, ORS
St. Joseph 302 Kensington Ave. 48502	M-098	NP CORP	423	21	10	25	42	RES: FP, PTH

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MICHIGAN—Continued								
GRAND RAPIDS								
Blodgett Memorial Medical Center 1840 Wealthy St., S. E. 49506	M-043, 098	NP CORP	410	56	12	12	12	RES: DR, FP, GS, IM, OBG, ORS, PTH, PD, PS, R
Blodgett Memorial Medical Center—Butterworth	M-043, 098	MISC.				9	10	RES: ORS
Blodgett Memorial Medical Center—St. Mary's Butterworth	M-043, 098	MISC.				36	44	RES: IM, OBG
100 Michigan N. E. 49503	M-043, 098	NP CORP	504	45		54	70	RES: DR, FP, GS, IM, OBG, ORS, PTH, PD, PS, U
Butterworth Hospital—Blodgett Memorial Medical Center	M-043, 098	MISC.				8	12	RES: PD
Ferguson—Droste—Ferguson 72 Sheldon Ave. S. E. 49502	L-098	NP CORP	110	31		6	5	RES: CRS
Grand Rapids Area Medical Education Center 220 Cherry St. S. E. 49503	M-043	MISC.			1	4	35	RES: FP, PTH, PS
Mary Free Bed Hospital and Rehabilitation Complex		NP CORP	82					RES: ORS
920 Cherry St. S. E. 49506								
St. Mary's 200 Jefferson S. E. 49502	M-043, 098	CORP.	370	39		11	13	RES: DR, FP, GS, IM, OBG, ORS, PTH, PS
GROSSE POINTE								
Bon Secours 468 Cadieux Rd. 48230	G-044	NP CORP	250	14		6	18	RES: DR, FP
KALAMAZOO								
Borgess 1521 Gull Rd. 49001	M-043, 098	NP CORP	462	38				RES: FP, GS, IM, ORS, PTH, PD
Bronson Methodist 252 E. Lovell 49006	M-043, 098	NP CORP	464	34				RES: FP, GS, IM, ORS, PTH, PD
Southwestern Michigan Area Health Education Center	M-043	NP CORP				57	78	RES: FP, GS, IM, ORS, PTH, PD
252 E. Lovell St. 49006								
LANSING								
Edward W. Sparrow 1215 E. Michigan Ave. 48902	M-098	NP CORP	488	32		22	31	RES: FP, GS, IM, OBG, PTH, PD, R
Ingham Medical Center 401 W. Greenlawn Ave. 48910	M-098	CY-CO	259	40				RES: GS, IM, PD
Lansing Residency Program St. Lawrence Community Mental Health Center	M-098	MISC.			2	4	8	RES: OBG
1201 Oakland 48914	L-098	STATE						RES: P
St. Lawrence 1210 West Saginaw 48914	M-098	NP CORP	289	33	2		2	RES: GS, IM, OBG, PTH, PD
MIDLAND								
Dow Chemical Company 2030 Dow Center 48640		CORP.						RES: OM
Midland Hospital Center 4005 Orchard Dr. 48640		NP CORP	255	25		16	18	RES: FP
NORTHVILLE								
Hawthorn Center 18471 Haggerty 48167		STATE	162		2	1	6	RES: CHP
Northville State 41001 West Seven Mile 48167		STATE	689	33	19	1	16	RES: P
PONTIAC								
Clinton Valley Center 140 Elizabeth Lake Rd. 48053	G-098	STATE	686	30	3		3	RES: CHP, P
Oakland Medical Center 140 Elizabeth Lake Rd. 48053		STATE	157	33				RES: GS, PD
Pontiac Affiliated Hospitals	G-043	MISC.			12	2	18	RES: PD
Pontiac General Seminole & W. Huron 48053	G-043	CITY	383	28	25	4	35	RES: FP, GS, OBG, PTH, PD
St. Joseph Mercy 900 Woodward Ave. 48053	L-044 G-043	CHURCH	477	31	37	7	76	RES: DR, FP, GS, IM, OBG, PD
ROYAL OAK								
William Beaumont 3601 W. Thirteen Mile Rd. 48072	L-044	NP CORP	700	31	43	87	163	RES: DR, GS, IM, NM, OBG, ORS, PTH, PD, PS, CRS, TR, U
SAGINAW								
Saginaw Cooperative Hospitals (Includes Saginaw General Hospital, St. Luke's Hospital, and St. Mary's Hospital)	G-043	MISC.			7	30	48	RES: FP, GS, OBG
830 S. Jefferson Ave. 48601								
Saginaw General 1447 N. Harrison 48602	M-098 G-043	NP CORP	406	20				RES: FP, GS, OBG
St. Luke's 705 Cooper St. 48602	M-098 G-043	NP CORP	326	37				RES: FP, GS
St. Mary's 830 S. Jefferson Ave. 48601	M-098 G-043	NP CORP	255	16				RES: FP, GS, OBG
SOUTHFIELD								
Providence 16001 Nine Mile Rd. 48075	L-044 G-043	CHURCH	406	32	28	48	113	RES: AN, DR, FP, GS, IM, OBG, OPH, ORS, PTH, PD, PS, R
Straith Memorial 23901 Lasher Rd. 48034		NP CORP	45				1	RES: PS
TRAVERSE CITY								
Traverse City State Elmwood & 11th 49684	G-098	STATE	540	38	12	1	20	RES: P
WARREN								
South Macomb 11800 E. 12 Mile Rd. 48093		NP CORP	399	33				RES: GS, OBG, PTH

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MICHIGAN—Continued									
YPSILANTI									
York Woods Center Box A 48197		STATE	75			2	6	RES: CHP	
Ypsilanti State 3501 Willis Rd. 48197	G-043	STATE	1090	55	10	3	15	RES: P	
MINNESOTA									
DULUTH									
Duluth Graduate Medical Educational Council 330 N. 8th Ave. 55805	L-117	NP CORP					22	24	RES: FP
Miller—Dwan Hospital and Medical Center 502 E. 2d St. 55805	L-117	CITY	179	45					RES: FP
St. Luke's 915 E. 1st St. 55805	L-117	NP CORP	487	43					RES: FP
St. Mary's 407 E. 3d St. 55805	L-117	CHURCH	430	53				4	RES: FP, PTH
MINNEAPOLIS									
Fairview 2313 S. 6th St. 55454	L-045	NP CORP							RES: FP, ORS
Hennepin County Medical Center Fifth and Portland South 55415	M-045	COUNTY	438	61	2	132	142		RES: DR, D, FP, GS, IM, N, OBG, OPH, ORS, ORS, OTO, PTH, FOP, PD, PM, P, U
Metropolitan Medical Center 900 S. 8th St. 55404	L-045	NP CORP	774	36					RES: OBG
Mount Sinai 2215 Park Ave. 55404	M-045	NP CORP	273						RES: GS, PTH
North Memorial Medical Center 3220 Lowry Ave. N. 55422	L-045	NP CORP	546	43					RES: FP
Northwestern Hospital of Minneapolis 810 East 27th St. 55407	M-045 L-080	NP CORP	480	56	5	26	31		RES: IM, PTH
St. Mary's 2414 S. Seventh St. 55406	L-045	CHURCH	493	54					RES: FP, OBG, ORS
Shriners Hospital for Crippled Children 2025 East River Rd. 55414		NP CORP	40						RES: ORS
Sister Kenny Institute 1800 Chicago Ave. 55404		NP CORP	48						RES: PM
State of Minnesota Department of Health 717 S. E. Delaware St. 55440		STATE							RES: PH
University of Minnesota Affiliated Hospitals (Includes University of Minnesota Hosps., Hennepin County Medical Center, Mount Sinai Hosp., St. Mary's Hosp., Veterans Admin. Hosp., St. Joseph's Hosp. (St. Paul), and St. Paul-Ramsey Hosp. (St. Paul))	M-045 L-080	MISC.			41	630	661		RES: AN, DR, D, DP, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, CRS, P, TR, TS, U
University of Minnesota Hospitals 412 Union Street, S. E. 55455	M-045 L-080	STATE	768	68	11	4	21		RES: AN, CHP, DR, D, DP, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, CRS, P, TR, TS, U
Veterans Admin. 54th St. and 48th Ave. S. 55417	M-045	VA	863	68	2	9	13		RES: DR, D, DP, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, CRS, P, TR, TS, U
ROCHESTER									
Mayo Graduate School of Medicine (Includes Rochester Methodist Hospital and St. Mary's Hospital) 200 First Ave S. W. 55901	M-113	NP CORP			63	554	688		RES: AN, BBK, CHP, DR, D, DP, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, CRS, P, TR, TS, U
Rochester Methodist 201 West Center St. 55901	M-113	CHURCH	707	60					RES: AN, DR, D, FP, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PM, PS, CRS, P, TR, TS, U
Rochester State 2110 E. Center St. 55901		STATE	670	50					RES: P
St. Mary's 1216 Second St. S. W. 55901	M-113	CHURCH	1015	68					RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PDA, PDC, PM, PS, CRS, P, TS, U
ST. LOUIS PARK									
Methodist 6500 Excelsior Blvd. 55426	L-045	NP CORP	444	25					RES: FP
ST. PAUL									
Bethesda Lutheran Medical Center 559 Capitol Blvd. 55101	L-045	CHURCH	298	36					RES: FP
Childrens 311 Pleasant Ave. 55102	L-045	NP CORP	107	87					RES: PD
Gillette Children's 200 University Ave. E. 55101	G-045	STATE	60	100					RES: ORS
Miller Division 125 W. College Ave. 55102	L-045	NP CORP			3	3	3		RES: DR, IM, PTH
St. John's 403 Maria Ave. 55106	L-045	CHURCH	376						RES: FP
St. Joseph's 69 W. Exchange St. 55102	L-045	CHURCH	424	28	1	2	3		RES: OBG, R
St. Luke's Division 300 Pleasant Ave. 55102	L-045	NP CORP							RES: DR
St. Paul—Ramsey 640 Jackson St. 55101	M-045	DIST.	474	58	2	58	64		RES: DR, D, FP, GS, IM, N, OBG, OPH, ORS, ORS, OTO, PTH, PD, P, U
St. Paul—Ramsey Hospital—Hennepin County Medical Center	M-045	MISC.				4	6		RES: U
United Hospitals (Includes Miller Division and St. Luke's Division)	L-045	NP CORP	728	35		4	2		RES: DR, IM, PTH
MISSISSIPPI									
BILLOXI									
U. S. A. F. Medical Center Keester A. F. B. 39534		USAF	350	24		60	62		RES: GS, IM, OBG, PD
Veterans Admin. Center 39531		VA	836	31					RES: PM

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MISSISSIPPI—Continued								
JACKSON								
Doctors Hospital of Jackson 2969 University Dr. 39216		CORP.	150					RES: FP
Hinds General 1850 Chadwick Dr. 39204	G-046	COUNTY	275					RES: FP
Mississippi Baptist 1190 North State St. 39201	G-046	CHURCH	546	17				RES: FP, PS
St. Dominic—Jackson Memorial 969 Lakeland Dr. 39216		NP CORP	314					RES: FP
State of Mississippi Department of Health 2423 N. State St. 39205		STATE					2	RES: PH
University 2500 North State St. 39216	M-046	STATE	504	37	3	47	56	RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U
University of Mississippi Medical Center	M-046	MISC.			12	174	229	RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TS, U
Veterans Admin. Center 1500 E. Woodrow Wilson Dr. 39216	M-046	VA	500	29				RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
WHITFIELD								
Mississippi State 39193	L-046	STATE	3120	17				RES: P
MISSOURI								
BRIOGETON								
De Paul Community Health Center 12303 De Paul Dr. 63044		NP CORP	375	36	4		4	RES: PTH
COLUMBIA								
Ellis Fischel State Cancer Business Loop 70 and Garth 65201	G-047	STATE	113	21	5	2	6	RES: GS, PTH, TR
Howard A. Rusk Rehabilitation Center—Univ. of Missouri Medical Center Medical Center 65201	M-047	STATE						RES: PM
University of Missouri Medical Center 807 Stadium Rd. 65201	M-047	STATE	459	43	29	204	290	RES: AN, CHP, DR, D, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U
University of Missouri School of Medicine 807 Stadium Blvd. 65201	M-047	STATE					9	RES: GPM
Veterans Admin. 800 Stadium Rd. 65201	M-047	VA	406	51				RES: DR, GS, IM, OPH, ORS, PTH, PM, PS, TR, U
KANSAS CITY								
Baptist Memorial 6601 Rockhill Rd. 64131	L-118	NP CORP	361	19		18	18	RES: FP
Children's Mercy 24th at Gilham Rd. 64108	M-033, 118 G-050	NP CORP	167	70	1	31	35	RES: AN, DR, OPH, ORS, PD, PDA, PDC, PS
Grtr. Kansas City Mntl. Hlth. Fndn., Univ. Mo. Sch. Med., K. C. Div. 600 E. 22d St. 64108	M-118	STATE	50		1	2	5	RES: CHP
Menorah Medical Center 4949 Rockhill Rd. 64110	M-118	NP CORP	382	18	7	10	19	RES: GS, IM
Research Medical Center 2316 E. Meyer Blvd. 64132	L-118	NP CORP	521	30				RES: IM, PS
St. Luke's 44th and Wornall 64111	M-118 L-033	NP CORP	665		2	61	73	RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, TS
Trinity Lutheran 31st and Wyandotte Sts. 64108	G-118	CHURCH	301	38				RES: IM
Truman Medical Center 2301 Holmes St. 64108	M-118	NP CORP	224	52	3	22	34	RES: GS, IM, OBG, OPH, ORS, PS
University of Missouri at Kansas City Affiliated Hospitals	M-118	MISC.			5	47	62	RES: GS, IM, OBG, OPH, ORS, PS, P
Veterans Admin. 4801 Linwood Blvd. 64128	M-033	VA	482	45				RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, U
Western Missouri Mental Health Center 600 E. 22d St. 64108	M-118	STATE	189		16	3	19	RES: P
MOUNT VERNON								
Missouri State Chest 65712	G-047	STATE	424	10				RES: TS
NORTH KANSAS CITY								
North Kansas City Memorial 2800 Hospital Dr. 64116		CITY	355	25		2	12	RES: FP
ST. LOUIS								
Barnes Hospital Group (Includes Barnard, Mc Millan, Renard, St. Louis Maternity, Wohl Memorial Hospitals and Wohl-Washington University Clinics) Barnes Hospital Plaza 63110	M-049	NP CORP	1204	41	38	231	246	RES: AN, BBK, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PS, P, TR, TS, U
Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Blvd. 63104	M-048	CHURCH	190	69	2	33	40	RES: DR, GS, NS, N, OPH, ORS, OTO, PTH, NP, PD, PS, P, TS, U
David P. Wohl Memorial Mental Health Institute 1221 S. Grand Blvd. 63104	M-048, 049	NP CORP						RES: NM, P
Deaconess 6150 Oakland Ave. 63139	G-047, 048	NP CORP	505	34	4		10	RES: OPH, PTH
Homer G. Phillips 2601 North Whittier 63113		CITY	432	17	36	10	73	RES: GS, OBG, OPH, U
Jewish Hospital of St. Louis 216 S. Kingshighway, P. O. Box 14109 63178	M-049	NP CORP	577	29	10	77	100	RES: DR, GS, IM, OBG, OPH, PTH, PM
Lutheran Medical Center of St. Louis 2639 Miami St. 63118		CHURCH	485	23			18	RES: FP
Malcolm Bliss Mental Health Center 1420 Grattan St. 63104	G-049	STATE	210	50	13	40	51	RES: P

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign* and Non-Foreign*	Medical School Affiliations	Control	Number of Beds	Nec. %	House Staff Sept. 1, 1976		Pos. Off. July 1, 1978	Approved Program	
					For.*	Non-For.*			
MISSOURI, ST. LOUIS—Continued									
Mallinckrodt Institute of Radiology 510 S. Kingshighway 63110	G-049	NP CORP						RES: DR, NM, TR	
Missouri Baptist 3015 N. Ballas Rd. 63131	G-047	NP CORP	449	33	4		4	RES: PTH	
Missouri Institute of Psychiatry—St. Louis State 5400 Arsenal St. 63139	G-047	STATE	630	25			24	RES: P	
St. John's Mercy Medical Center 615 S. New Ballas Rd. 63141	G-047	CHURCH	607	33	4	47	57	RES: FP, IM, OBG, PTH	
St. Louis Children's 500 S. Kingshighway 63110	M-049	NP CORP	152	63	6	53	79	RES: DR, N, PD, PDC	
St. Louis City 1515 Lafayette Ave. 63104	M-048, 049	CITY	550	35	3	1	4	RES: PTH	
St. Louis City (St. Louis University Service) 1515 Lafayette Ave. 63104	M-048, 049	CITY						RES: DR, GS, IM, OBG, ORS, U	
St. Louis City (Washington University Service) 1515 Lafayette Ave. 63104	M-049	CITY						RES: GS, N, OPH, ORS	
St. Louis County 601 S Brentwood 63105	M-048, 049	COUNTY	137	33				RES: GS, IM, N, NP	
St. Louis—Little Rock Hospitals 1755 S. Grand Blvd. 63104	G-048	NP CORP	300					RES: OPH	
St. Louis University 1402 S. Grand Blvd. 63104	M-048	NP CORP	289	4				RES: DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PS, P, TS, U	
St. Louis University Group of Hospitals 1402 S. Grand Blvd. 63104	M-048	MISC.			76	163	278	RES: DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PS, P, TS, U	
St. Luke's 5535 Delmar Blvd. 63112	M-049 G-047	NP CORP	383	25				RES: NS	
St. Mary's Health Center 6420 Clayton Rd. 63117	M-048	CHURCH	568	29	1	22	30	RES: GS, IM, NS, OBG, ORS, PTH, PS, U	
Shriners Hospital for Crippled Children 2001 S. Lindbergh Blvd. 63131		NP CORP	80					RES: ORS	
Veterans Admin. 915 N. Grand Blvd. 63125	M-048, 049	VA	969	38				RES: DR, GS, GS, IM, N, NM, OPH, ORS, OTO, NP, PS, P, R, TS, U	
Veterans Admin. (Jefferson Barracks) 63125	M-048	VA						RES: N	
Washington University Affiliated Hospitals (Includes Barnes Hospital Group, Jewish Hosp. of St. Louis, Mallinckrodt Inst. of Radiology, St. Louis Children's Hosp., St. Louis City Hosp., St. Louis County Hosp., Shriners Hosp., and Veterans Admin. Hosp.)	M-049	MISC.			14	172	195	RES: DR, GS, N, NM, OPH, ORS, OTO, PS, P, TR, U	
Washington University Medical Center (Includes Jewish Hospital of St. Louis)	M-049	MISC.						RES: GS, IM, OBG, PTH, PM	
William Greenleaf Eliot Division of Child Psychiatry 369 N. Taylor Ave. 63108	M-049	NP CORP	44		7	4	12	RES: CHP	
NEBRASKA									
LINCOLN									
Bryan Memorial 4848 Sumner St. 68506	M-051	NP CORP	339	22				RES: FP, PTH	
Lincoln General 2300 S. 16th St. 68502	M-051	CITY	240	26				RES: FP, PTH	
Pathology Medical Service 1403 Sharp Bldg. 68508		CORP.	800				4	RES: PTH	
St. Elizabeth Community Health Center 555 S. 70th St. 68510	L-050	CHURCH	208	35				RES: FP, GS, PTH	
University of Nebraska Medical Center—Lincoln Program	M-051	MISC.				8	15	RES: FP	
Veterans Admin. 600 S. 70th St. 68510	G-051	VA	207	49			5	10	RES: FP, GS, OPH
OFFUTT A. F. B.									
Ehrling Bergquist U. S. A. F. Regional 68113	L-050 G-051	USAF	80					RES: D	
OMAHA									
Archbishop Bergan Mercy 7500 Mercy Rd. 68124	L-050, 051	NP CORP	455	22				RES: OBG, ORS	
Bishop Clarkson Memorial Dewey Ave. at 44th St. 68105	M-051 G-050	NP CORP	518	38				RES: O, IM, OPH, OTO, U	
Childrens Memorial 44th St. and Dewey Ave. 68105	M-050, 051	NP CORP	100	66				RES: PD	
Creighton Memorial St. Joseph's 2305 S. 10th St. 68108	M-050	CORP.	508	32		24	30	RES: CHP, D, FP, GS, IM, N, OBG, ORS, PTH, PD,	
Creighton—Nebraska Universities Health Foundation	M-050	MISC.			2	11	17	RES: D, N	
Creighton University Affiliated Hospitals (Includes Archbishop Bergan Mercy Hospital, Childrens Memorial Hospital, Creighton Memorial St. Joseph's Hospital, Douglas County Hospital, and Veterans Admin. Hospital)	M-050	MISC.			17	80	117	RES: CHP, FP, GS, IM, OBG, ORS, PTH, PD, P, U	
Creighton University Child and Family Psychiatry Service 10th and Castelar 68108		NP CORP						RES: CHP	
Douglas County 4102 Woolworth Ave. 68105	L-050	COUNTY	306	44				RES: IM, P, U, U	
Nebraska Methodist 8303 Dodge St. 68114	M-051	NP CORP	374	29		3	4	RES: IM, ORS, PTH, U	
Nebraska Psychiatric Institute 602 S. 45th St. 68106		STATE	95		2		4	RES: CHP, P	
University of Nebraska 42d and Dewey Ave. 68105	M-051	STATE	270	57		76	91	RES: AN, DR, D, FP, GS, IM, N, NM, OBG, OPH, ORS, OTO, PTH, PD, R, TR, U	

CONSOLIDATED LIST OF HOSPITALS

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NEBRASKA, OMAHA—Continued								
University of Nebraska Affiliated Hospitals (Includes Univ. of Nebraska Hosp., Bishop Clarkson Mem. Hosp., Childrens Memorial Hosp., Douglas County Hosp., Nebraska Methodist Hosp., Nebraska Psychiatric Institute, and Veterans Admin. Hosp.)	M-051	MISC.			23	151	196	RES: CHP, OR, GS, IM, OPH, ORS, OTO, PD, P, R, TR, U
Veterans Admin. 4101 Woolworth Ave. 68105	M-050, 051	VA	444	52				RES: DR, D, GS, IM, N, OPH, ORS, OTO, PTH, P, R, TR, U
NEW HAMPSHIRE								
HANOVER								
Dartmouth—Hitchcock Mental Health Center 03755		NP CORP						RES: CHP
Dartmouth Medical School Affiliated Hospitals (Includes Dartmouth-Hitchcock Mental Health Center, Mary Hitchcock Memorial Hospital, Newington Children's Hospital (Newington, Conn.), and Veterans Admin. Center (White River Junction, Vt.) 03755	M-052	MISC.			4	123	136	RES: CHP, DR, D, GS, IM, NS, N, ORS, PTH, PD, P, TR, U
Dartmouth Medical School Department of Community Medicine Butler 2 03755	M-052	NP CORP						RES: GPM
Mary Hitchcock Memorial 2 Maynard St. 03755	M-052	NP CORP	378	74	1	20	27	RES: AN, CHP, DR, D, GS, IM, NS, N, ORS, PTH, PD, P, TR, U
MANCHESTER								
Veterans Admin. 718 Smyth Rd. 03104	G-041	VA	188	21				RES: GS
NEW JERSEY								
ATLANTIC CITY								
Atlantic City 1925 Pacific Ave. 08401	M-072	NP CORP	443	22	30	8	42	RES: GS, IM, PTH, R
BASKING RIDGE								
American Telephone and Telegraph Company & Subsidiaries 295 N. Maple Ave. 07920		CORP				1	1	RES: OM
BROWNS MILLS								
Deborah Heart and Lung Center Trenton Rd. 08015		NP CORP	130	59				RES: TS
CAMDEN								
Cooper 6th & Stevens St. 08103	G-073	NP CORP	537	21	23	10	51	RES: GS, IM, OBG, ORS, PTH
Our Lady of Lourdes 1600 Haddon Ave. 08103	M-073	CHURCH	384	31	1	1	2	RES: GS, PTH
ST ORANGE								
Veterans Admin. Tremont Ave. 07019	M-053	VA	1112	35	7		6	RES: AN, GS, IM, N, OPH, ORS, PTH, PM, P, TS, U
EDISON								
John F. Kennedy Medical Center James St. 08817	L-053 G-099	NP CORP	415	26			18	RES: FP
ELIZABETH								
Elizabeth 25 Williamson St. 07207		CHURCH	352				4	RES: PTH
LEWISBURGH								
Lewisburg 50 Engle St. 07631		NP CORP	400		12	11	37	RES: GS, IM, R
MARTIN								
Meridian Medical Center Route 31 08822	M-099	NP CORP	185	65	1	17	18	RES: FP, GS, PTH, P
NETER								
Army Medical Department Activity 640		USA						RES: PH
GREENBROOK								
Green Valley 5 Greenbrook Rd. 08812	M-099	STATE	131	45				RES: GS, IM, ORS, PTH, PD
SPRINGFIELD								
Springfield 2 Hospital Pl. 07601	M-053	NP CORP	471		17	12	42	RES: AN, DR, GS, IM, PTH
SMITHSON								
Smithson P. O. Ancora Branch 08037		STATE	1310	41	9	1	15	RES: P
ROCKY HILL								
St. Mary 380 Willow Ave. 07030	L-053	NP CORP	301	7	12		12	RES: FP
NEW JERSEY CITY								
Jersey City Medical Center 50 Baldwin Ave. 07304	M-053	STATE	600	21	74	13	54	RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, U
BRIDGEVILLE								
St. Barnabas Medical Center 94 Old Short Hills Rd. 07039	L-053	NP CORP	750	28	54	22	86	RES: AN, GS, IM, OBG, PTH, PD, PS, R, TR
LONG BRANCH								
Monmouth Medical Center 3rd & Pavilion Avenues 07740	M-072	NP CORP	487	35	30	39	81	RES: AN, GS, IM, OBG, ORS, PTH, PD, R
Monmouth Medical Center Program	M-072	MISC.			11	5	16	RES: GS

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					For.*	Non- For.*		
NEW JERSEY—Continued								
MONTCLAIR Mountainside Bay and Highland Aves. 07042	L-053	NP CORP	470	26	5		16	RES: FP, GS, OTO, PTH
MORRISTOWN Morristown Memorial 100 Madison Ave. 07960	M-099 L-053	NP CORP	499	34	37	9	56	RES: DR, GS, IM, OBG, PTH, PD
MOUNT HOLLY Burlington County Memorial 175 Madison Ave. 08060	L-072	NP CORP	362	21				RES: GS, OBG
NEPTUNE Jersey Shore Medical Center—Fitkin 1945 Corlies Ave. 07753	L-053	NP CORP	482	35	38	1	39	RES: GS, IM, OBG, PD
NEWARK CMDNJ—New Jersey Medical School Affiliated Hospitals	M-053	MISC.			325	151	540	RES: AN, DR, GS, IM, N, OBG, OPH, ORS, OTO, PD, P, TS, U
Martland 65 Bergen St. 07107	M-053	STATE	588	36	26	3	33	RES: AN, DR, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, P, TS, U
Newark Beth Israel Medical Center 201 Lyons Ave. 07112	M-053	NP CORP	500	25	19	6	25	RES: AN, DR, GS, IM, OBG, OTO, PTH, PD, P, TS
St. Michael's Medical Center 306 High St. 07102	M-053	CHURCH	456	29	9	22	69	RES: GS, IM, OBG, PTH, PD, P, TS
United Hospitals Medical Center—Children's Hospital of Newark 15 South 9th Street 07107	M-053	NP CORP	95					RES: AN, PD
United Hospitals Medical Center—Newark Eye and Ear Infirmary 15 South 9th St. 07107	M-053	NP CORP	59	18				RES: AN, OPH, OTO
United Hospitals Medical Center—Presbyterian 27 South 9th St. 07107	M-053	NP CORP	214	21	14		22	RES: IM, OTO
United Hosps. Orthopedic Center—Hosp. for Crippled Children—Adults 89 Park Ave. 07104	M-053	NP CORP	94					RES: AN, ORS
NEW BRUNSWICK Middlesex General 180 Somerset St. 08901	M-099	NP CORP	364	34	14		15	RES: GS, IM, OBG, PTH
New Brunswick Affiliated Hospitals St. Peter's Medical Center 254 Easton Ave. 08903	L-099 M-099	MISC. CHURCH	420	23	20	2	26	RES: IM RES: IM, OBG, ORS, PTH, PD
ORANGE New Jersey Orthopaedic 289 Central Ave. 07051	L-053	NP CORP	67					RES: ORS
PARAMUS Bergen Pines County East Ridgewood Ave. 07652	L-053	COUNTY	1049	18	50		52	RES: IM, P
PATERSON St. Joseph's Hospital and Medical Center 703 Main St. 07503	M-053	CHURCH	530	29	52	22	64	RES: AN, GS, IM, OBG, ORS, PTH
PERTH AMBOY Perth Amboy General 530 New Brunswick Ave. 08861		NP CORP	484	18	14		14	RES: GP, PTH
PISCATAWAY CMDNJ—Rutgers Medical School Affiliated Hospitals	M-099	MISC.			67	42	136	RES: GS, IM, OBG, ORS, PTH, PD, P
CMDNJ—Rutgers Medical School, Department of Psychiatry 08854	M-099	STATE	36		2	2	4	RES: CHP
Rutgers Psychiatric Institute Hoes Lane, University Heights 08854	L-099	STATE	36					RES: P
PLAINFIELD Muhlenberg Park Ave. & Randolph Rd. 07061	M-099	NP CORP	500	27	26	3	39	RES: GS, IM, IM, OBG, OBG, PTH, PD, CRS
PRINCETON Medical Center at Princeton 253 Witherspoon St. 08540	L-099	NP CORP	400	39				RES: GS, IM
SOMERS POINT Shore Memorial New York Ave. 08244		NP CORP	279	21	10		10	RES: GP
SOMERVILLE Somerset Rehill Ave. 08876	G-099	NP CORP	350	32		14	18	RES: FP, PTH
SUMMIT Overlook 193 Morris Ave. 07901	L-053, 057	NP CORP	546	26	32	31	61	RES: DR, FP, IM, PTH, PD, U
TRENTON Helene Fuld Medical Center 750 Brunswick Ave. 08608	L-072	NP CORP	375	26				RES: IM
New Jersey State Department of Health P. O. Box 1540 08625		STATE				1	3	RES: PH
St. Francis Medical Center 601 Hamilton Ave. 08629	M-072	CHURCH	483	21	12		14	RES: GS, IM, U
Trenton Affiliated Hospitals	M-072	MISC.			42		42	RES: IM
Trenton Psychiatric Station A 08625		STATE	1788	37	7		16	RES: P

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NEW MEXICO								
ALBUQUERQUE								
Bernalillo County Medical Center 2211 Lomas Blvd. N. E. 87106	M-096	COUNTY	212	63		31	34	RES: DR, D, FP, GS, IM, N, OBG, ORS, PTH, PD, PS, P, TR, TS, U
Lovelace—Bataan Medical Center 5400 Gibson Blvd. S. E. 87108	L-096	NP CORP	250	41				RES: DR, D, GS, ORS, U
Office of Chief Med. Investigator—Univ. of New Mexico School of Med. Health Sciences Center, North Campus 87131		STATE				1	2	RES: FOP
Presbyterian Hospital Center 1100 Central Ave. S. E. 87106	L-096	NP CORP	600	20				RES: PS
University of New Mexico Affiliated Hospitals (Includes Bernalillo County Medical Center, Lovelace-Bataan Medical Center, Presbyterian Hospital Center, Veterans Admin. Hospital, and Carrie Tingley Crippled Children's Hospital (Truth Or Consequences))	M-096	MISC.			11	149	177	RES: DR, D, FP, GS, IM, N, OBG, ORS, PTH, PD, PS, P, TR, TS, U
University of New Mexico Cancer Research and Treatment Center 87131		STATE						RES: TR
Veterans Admin. 2100 Ridgecrest Dr. S. E. 87108	M-096	VA	442	50				RES: DR, D, GS, IM, N, ORS, PTH, PS, P, TS, U
TRUTH OR CONSEQUENCES								
Carrie Tingley Crippled Children's 1400 South Broadway 87901		STATE	76			5	5	RES: ORS
NEW YORK								
ALBANY								
Albany Medical Center New Scotland Ave. 12208	M-054	NP CORP	763	41	8	2	14	RES: CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TS, U
Albany Medical Center Affiliated Hospitals (Includes Albany Med. Center Hosp., Child's Hosp., Memorial Hosp., St. Peter's Hospital, Veterans Admin. Hosp., Ellis Hosp. (Schenectady), Sunnyview Hospital and Rehabilitation Center (Schenectady))	M-054	MISC.			51	190	291	RES: D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TS, U
Child's 25 Hackett Blvd. 12208	G-054	CHURCH	76					RES: OPH, OTO, PS
Memorial Northern Blvd. 12204	G-054	NP CORP	233					RES: PS
St. Peter's 315 S. Manning Blvd. 12208	M-054	CHURCH	427	25	4		4	RES: GS, OBG, PTH, PD, PM, PS
State of New York Department of Health Empire State Plaza Tower 12237		STATE				1	4	RES: PH
Veterans Admin. 113 Holland Ave. 12208	M-054	VA	734	53				RES: D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, TS, U
BAY SHORE								
Southside Montauk Highway 11706	L-109	NP CORP	439	12	6	18	24	RES: FP
BRONX								
(See New York City)								
BROOKLYN								
(See New York City)								
BUFFALO								
Buffalo General 100 High St. 14203	M-055	NP CORP	690	23	18	3	19	RES: AN, DR, D, GS, IM, NS, NM, OBG, OPH, ORS, OTO, PTH, PM, PS, CRS, R, TR, TS, U
Buffalo Psychiatric Center 400 Forest Ave. 14213		STATE	784	44				RES: P
Children's Hospital of Buffalo 219 Bryant St. 14222	M-055	NP CORP	313	87	6	3	16	RES: AN, CHP, D, GS, NS, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, TS, U
Deaconess Hospital of Buffalo 1001 Humboldt Parkway 14208	L-055	NP CORP	420	27	16	39	84	RES: DR, FP, GS, OBG, OPH, PTH, CRS, U
Edward J. Meyer Memorial 462 Grider St. 14215	M-055	COUNTY	686	32	9	8	17	RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, U
Emergency Hospital 108 Pine St. 14204		NP CORP	142	12				RES: GS
Mercy 565 Abbott Rd. 14220	L-055	NP CORP	383	30	20	2	24	RES: IM, NM, OBG, PD, PS
Millard Fillmore 3 Gates Circle 14209	M-055	NP CORP	700	18	25	36	78	RES: AN, DR, GS, IM, N, OBG, PTH, U
Roswell Park Memorial Institute 666 Elm St. 14203	L-055	STATE	325	88	11	6	19	RES: D, GS, NM, PTH, PS, TR, U
Sisters of Charity 2157 Main St. 14214	G-055	CHURCH	453	19	35		48	RES: GS, IM, OBG, OTO, PTH
S. U. N. Y. at Buffalo Affiliated Hospitals (Includes Buffalo Gen. Hosp., Buffalo Psychiatric Ctr., Children's Hosp., Deaconess Hosp., Edward J. Meyer Mem. Hosp., Mercy Hosp., Millard Fillmore Hosp., Vet. Admin. Hosp., Roswell Park Mem. Institute)	M-055	MISC.			121	238	377	RES: AN, CHP, DR, D, FP, GS, GS, IM, NS, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, P, TS, U
Veterans Admin. 3495 Bailey Ave. 14215	M-055	VA	888	32				RES: D, GS, GS, IM, NM, OPH, ORS, OTO, PTH, PM, PS, TS, U
CASTLE POINT								
Veterans Admin. 12511		VA	258	35				RES: GS

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NEW YORK—Continued								
CENTRAL ISLIP Central Islip Psychiatric Center Carleton Ave. 11722	L-109	STATE	2300	15				RES: P
COOPERSTOWN Mary Imogene Bassett Atwell Rd. 13326	M-057 L-063	NP CORP	180	57		41	45	RES: GS, IM, OBG, PTH, P
EAST MEADOW Nassau County Medical Center—Meadowbrook 2201 Hempstead Turnpike 11554	M-109	COUNTY	634	27	56	114	244	RES: AN, DR, FP, GS, IM, N, OBG, OPH, ORS, PTH, PD, PDA, PM, PS, P, R, U
Office of the Medical Examiner, Nassau County P. O. Box 160 11554		COUNTY			1		1	RES: FOP
ELMHURST (See New York City)								
FAR ROCKAWAY (See New York City)								
FLUSHING (See New York City)								
FOREST HILLS (See New York City)								
GLEN COVE Community Hospital at Glen Cove St. Andrews Lane 11542	G-109	NP CORP	263	30	17	3	20	RES: FP, PTH
GLEN OAKS (See New York City)								
HARRISON St. Vincent's Hospital & Med. Ctr. of New York Westchester Branch 240 North St. 10528		NP CORP	103					RES: P
HUNTINGTON Huntington 270 Park Ave. 11743		NP CORP	422					RES: GS
JAMAICA (See New York City)								
JACKSON HEIGHTS Corona—Elmhurst Guidance Center 37-66 72d St. 11372		NP CORP						RES: P
JOHNSON CITY Charles S. Wilson Memorial 33-57 Harrison St. 13790	M-063	NP CORP	476	55	19	30	51	RES: FP, GS, IM, PTH, PD
KINGS PARK Kings Park Psychiatric Center Box A 11754		STATE	3443	15				RES: P
MANHASSET North Shore University Community Dr. 11030	M-058	NP CORP	450	49	30	57	98	RES: CHP, DR, GS, IM, N, OBG, OPH, PTH, PD, P
MIDDLETOWN Middletown Psychiatric Center 141 Monhagen Ave. 10940		STATE	1200	49	8		11	RES: P
MINEOLA Nassau First St. 11501	L-109	NP CORP	535	30	45	12	62	RES: DR, GS, IM, OBG, ORS, PTH, PD, PS, U
MONTROSE Veterans Admin. 10548	M-059	VA	1455	63				RES: P
MOUNT VERNON Mount Vernon 12 N. 7th Ave. 10550	M-059	NP CORP	295	25	19		35	RES: GS, IM, OBG
NEW HYDE PARK (See New York City)								
NEW ROCHELLE New Rochelle Hospital Medical Center 16 Guion Pl. 10802	M-059	NP CORP	336	33	29	7	35	RES: GS, IM
NEW YORK CITY Albert Einstein College of Medicine Affiliated Hospitals (Includes Bronx Municipal Hospital Center, Bronx Psychiatric Center, Hospital of the Albert Einstein College of Medicine, Lincoln Hospital, and Some Positions at Montefiore Hospital and Medical Center)	M-056	MISC.			145	290	437	RES: AN, CHP, DR, O, GS, IM, NS, N, NM, OBG, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
Arthur C. Logan Memorial 70 Convent Ave. 10027		NP CORP	214	36	21		21	RES: IM
Beekman—Downtown 170 William St. 10038		NP CORP	306	16	43		39	RES: GS, IM, DPH

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NEW YORK, NEW YORK CITY—Continued							
Bellevue Hospital Center First Ave. & 27th St. 10016	M-060	CITY	1319	29			RES: AN, CHP, DR, D, DP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, TR, TS, U
Bellevue Hospital Center—University Beth Abraham 612 Allerton Ave., Bronx 10467	M-060	MISC. NP CORP			4	92	96 RES: IM RES: IM
Beth Israel Medical Center 10 Nathan D. Perlman Pl. 10003	M-108	NP CORP	979	27	86	93	185 RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, PM, PS, P, U
Beth Israel Medical Center Training Program	M-108	MISC.			2	7	9 RES: OPH
Bird S. Coler Memorial Hospital and Home (Unit 3) Roosevelt Island 10044	M-059	CITY	1246	23			RES: D, GS, N, OPH, PTH, PM, TR, U
Booth Memorial 56-45 Main St., Flushing 11355	L-060	CHURCH	371	22	40	13	59 RES: GS, IM; OBG, PTH
Bronx—Lebanon Hospital Center 1276 Fulton Ave. 10456	M-056	NP CORP	568	30	141	20	164 RES: DR, GS, IM, OBG, OPH, ORS, ORS, PTH, PD, P
Bronx Municipal Hospital Center Pelham Pkwy. S. & Eastchester Rd. 10461	M-056	CITY	965	21	7	51	58 RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U
Bronx Psychiatric Center 1500 Waters Pl., Bronx 10461		STATE	750		10	13	28 RES: P
Brookdale Hospital Center Linden Blvd. & Rockaway Pkwy., Brooklyn 11212	M-060	NP CORP	783	19	122	89	228 RES: AN, CHP, FP, GS, IM, OBG, OPH, ORS, PTH, PD, PM, P, U
Brooklyn—Cumberland Medical Center 121 De Kalb Ave, Brooklyn 11201	M-061	NP CORP	444	16	122	2	154 RES: DR, GS, IM, OBG, OPH, PTH, PD, U
Brooklyn Eye and Ear 29 Greene Ave., Brooklyn 11238		NP CORP	96				12 RES: OPH
Cabrini Health Care Center—Columbus Hospital Division 227 E. 19th St. 10003		CHURCH	478	24	58	10	77 RES: GS, IM, OPH, ORS, P, U
Catholic Medical Center of Brooklyn and Queens (Includes Creedmoor Psych. Ctr., Hosp. of the Holy Family Div., Mary Immac. Div., Queens Hosp. Ctr., St. Johns Queens Div., St. Mary's Div., South Shore-Rockaway Mental Hlth. Ctr., Corona-Elmhurst Guidance Ctr.) 88-25 153d St., Jamaica 11432		CHURCH			132	1	126 RES: GS, IM, OBG, OPH, ORS, PTH, P
City Hospital Center at Elmhurst 79-01 Broadway, Elmhurst 11373	M-108	CITY	891	20	108	6	136 RES: AN, CHP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, U
Columbia University Affiliated Hospitals (Includes Harlem Hosp. Ctr., New York State Psychiatric Institute, Presbyterian Hospital, St. Luke's Hosp. Ctr., Blythedale Children's Hosp. (Valhalla), and Helen Hayes Hosp. (West Haverstraw)	M-057	MISC.			16	84	106 RES: CHP, D, D, ORS, PTH, PM, P, TS, U
Columbia University College of Physicians and Surgeons 630 W. 168th St. 10032	M-057	NP CORP					RES: NP
Coney Island Ocean & Shore Parkways, Brooklyn 11235	L-061	CITY	457	15	31	12	63 RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, U
Cornell Cooperating Hospitals	M-058	MISC.			18	246	287 RES: AN, DR, GS, GS, IM, IM, NS, N, N, PD, PM, PS, TS
Cornell University Medical College, Department of Public Health 1300 York Ave. 10021	M-058	MISC.			1		6 RES: GPM
Corona—Elmhurst Guidance Center 37-66 72d St., Jackson Heights 11372		NP CORP					RES: P
Creedmoor Psychiatric Center 80-45 Winchester Blvd., Queens Village 11427		STATE	2093	35	21		30 RES: P, P
Dunlap—Manhattan Psychiatric Center Ward's Island 10035		STATE	496	24			RES: P
Flower and Fifth Avenue Hospitals (Unit 1) Fifth Ave. at 106th St. 10029	M-059	NP CORP	397	30			RES: AIM, AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TR, U
Flushing Hospital and Medical Center Parsons Blvd. & 45th Ave., Flushing 11355		NP CORP	313	26	37		63 RES: GS, IM, OBG, PD
Goldwater Memorial Franklin D. Roosevelt Island 10017		CITY	756	29			RES: NP, PM
Greenpoint Kingsland & Skillman Aves, Brooklyn 11211		CITY	174	19			RES: GS, IM, OBG, PD
Harlem Hospital Center 532 Lenox Ave. 10037	M-057	CORP.	979	20	136	106	241 RES: AN, CHP, GS, IM, OBG, OPH, ORS, PTH, PD, PM, PS, P, R, TS, U
Hillside Hospital Division 75-59 263d St., Glen Oaks 11004		NP CORP	223	99			RES: CHP, P
Hospital for Joint Diseases and Medical Center 1919 Madison Ave. 10035	M-108	NP CORP	330	31	32	23	55 RES: AN, GS, IM, ORS, PTH, PM
Hospital for Special Surgery 535 E. 70th St. 10021	M-058	NP CORP	200	42	1	23	24 RES: AN, DR, ORS
Hospital of the Albert Einstein College of Medicine 1825 Eastchester Rd., Bronx 10461	M-056	NP CORP	422	23			RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U
Hospital of the Holy Family Division 155 Dean St., Brooklyn 11217		CHURCH	92	5			RES: OPH
House of St. Giles the Cripple 1346 President St., Brooklyn 11213		NP CORP	20				RES: ORS
Institute of Rehabilitation Medicine 400 E. 34th St. 10016		NP CORP	152	17			RES: PM
Jamaica 89th Ave. & Van Wyck Expwy., Jamaica 11418		NP CORP	286	24	50	1	53 RES: GS, IM, OBG, PTH, PD
Jewish Hospital and Medical Center of Brooklyn 555 Prospect Pl., Brooklyn 11238	M-061	NP CORP	638	17	158	5	161 RES: DR, GS, IM, OBG, OPH, ORS, PTH, PD, TS, U

CONSOLIDATED LIST OF HOSPITALS

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NEW YORK, NEW YORK CITY—Continued								
Jewish Memorial Broadway and 196th St. 10040	M-059	NP CORP	206	20	18	21	RES: GS, OBG	
Kingsboro Psychiatric Center 681 Clarkson Ave., Brooklyn 11203	M-061	STATE	1296		31	1	32	RES: P
Kingsbrook Jewish Medical Center 86 East 49th St., Brooklyn 11203	L-061	NP CORP	366	40	10	2	12	RES: GS, IM, N, ORS, PM
Kingsbrook Jewish Medical Center—Unity	L-061	NP CORP			47		47	RES: IM
Kings County Hospital Center 451 Clarkson Ave., Brooklyn 11203	M-061	CITY	1712	26				RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, NP, PD, PM, PS, P, TR, TS, U, U
La Guardia 102-01 66th Rd., Forest Hills 11375		NP CORP	302	25				RES: IM, OBG
Lenox Hill 100 E. 77th St. 10021	M-059	NP CORP	690	41	38	81	119	RES: GS, IM, OBG, OPH, ORS, PTH, PD, PS, R, U
Lincoln 234 E. 149th St., Bronx 10454		CORP.	375	23	127	14	147	RES: AN, GS, IM, OBG, ORS, OTO, PTH, PD, PM, PS, P, U
Long Island College 340 Henry St., Brooklyn 11201	M-061	NP CORP	567	19	76	5	146	RES: DR, GS, IM, NS, OBG, OPH, OTO, PTH, PD, PDA, R, U
Long Island Jewish—Hillside Medical Center 270-05 76th Ave., New Hyde Park 11040	M-061, 109	NP CORP	693	37	4	4	8	RES: AN, DR, GS, IM, N, OBG, OPH, ORS, ORS, OTO, PTH, PD, PDC, PM, R, TS, U
Long Island Jewish—Hillside Medical Center Program (Includes Long Island Jewish-Hillside Medical Center, Hillside Hospital Division, La Guardia Hospital, and Queens Hospital Center)	M-061, 109	MISC.			104	154	289	RES: AN, CHP, DR, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, P, R, TS, U
Lutheran Medical Center 4520 Fourth Ave., Brooklyn 11220	G-061	NP CORP	326	17	50	3	66	RES: FP, GS, IM, OBG, PD
Madeleine Borg Child Guidance Institute 120 West 57th St. 10019		NP CORP			1		4	RES: CHP
Maimonides Medical Center 4802 Tenth Ave., Brooklyn 11219	M-061	NP CORP	613	10	25	45	70	RES: AN, CHP, GS, IM, OBG, OPH, ORS, PTH, PD, P, TS, U
Maimonides Medical Center Training Program (Includes Coney Island Hospital and Maimonides Medical Center)	M-061	MISC.			100	25	125	RES: AN, GS, IM, OBG, ORS, PD, U
Manhattan Eye, Ear and Throat 210 East 64th St. 10021	G-059	NP CORP	166		2	28	30	RES: OPH, OTO, PS
Martin Luther King Jr. Health Center 3329 Rochambeau Ave., Bronx 10467		NP CORP				18	18	RES: IM
Mary Immaculate Division 152-11 89th Ave., Jamaica 11432		CHURCH	269	16				RES: GS, IM, OBG, OPH, ORS, PTH
Mary Immaculate Division (St. Charles Unit) 152-11 89th Ave., Jamaica 11432		CHURCH						RES: ORS
Memorial Hospital for Cancer and Allied Diseases 444 East 68th St. 10021	M-058	NP CORP	565	52	24	21	48	RES: AN, DR, GS, GS, IM, IM, NS, N, N, NM, PTH, PD, PS, TR, TS
Methodist 506 Sixth St., Brooklyn 11215	M-061	NP CORP	557	5	104	3	112	RES: AN, DR, GS, IM, OBG, PTH, PD, PS, TR, U
Metropolitan Hospital Center (Unit 2) 1901 First Ave. 10029	M-059	CITY	698	28				RES: AIM, AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TR, U
Meyer—Dunlap Psychiatric Centers		MISC.			33	2	36	RES: P
Meyer—Manhattan Psychiatric Center Ward's Island 10035		STATE	502	66				RES: P
Misericordia Hospital Medical Center 600 E. 233d St., Bronx 10466	M-059	NP CORP	385	21	47	23	103	RES: GS, IM, OBG, PTH, PD, R, U
Misericordia—Lincoln Training Program	M-059	MISC.			4		10	RES: PTH
Montefiore Hospital and Medical Center 111 E. 210th St., Bronx 10467	M-056	NP CORP	810	25	67	168	224	RES: AN, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U
Montefiore Hospital Training Program	M-056	MISC.			1	91	92	RES: AN, GS, IM, IM, OBG, ORS, PTH, PD, PM, PS, U
Mount Sinai 11 East 100th St. 10029	M-108	NP CORP	1207	30	24	180	217	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
Mount Sinai Hospital Training Program (Includes Beth Israel Medical Center, City Hospital Center at Elmhurst, Hospital for Joint Diseases and Medical Center, Mount Sinai Hospital, and Veterans Admin. Hospital (Bronx))	M-108	MISC.			107	138	265	RES: AN, DR, D, GS, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PTH, PD, PM, PS, P, U
Mount Sinai School of Medicine Department of Community Medicine 5th Ave. and 100th St. 10029	M-108	NP CORP			3	5	13	RES: OM, GPM
New York City Department of Health 125 Worth St. 10013		CITY			2	4	10	RES: PH
New York Eye and Ear Infirmary 310 East 14th St. 10003		NP CORP	199		4	29	33	RES: OPH, OTO
New York Hospital 525 E. 68th St. 10021	M-058	NP CORP	987	48	20	104	129	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, PS, P, TS, U
New York Infirmary Stuyvesant Sq. E. and 15th St. 10003	G-060	NP CORP	251	25	44	6	52	RES: GS, IM, OBG, PD
New York Medical College—Metropolitan Hospital Center (Includes Unit 1—Flower and Fifth Avenue Hospitals, Unit 2—Metropolitan Hospital Center, Unit 3—Bird S. Coler Memorial Hospital and Home, and Westchester County Medical Center (Valhalla) 1 East 105th St. 10029	M-059	CITY			172	196	379	RES: AIM, AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TR, U
New York State Psychiatric Institute 722 W. 168th St. 10032	M-057	STATE	182					RES: CHP, P
New York University Medical Center (Includes Bellevue Hosp. Ctr., Booth Mem. Hosp., Brookdale Hosp. Ctr., Goldwater Mem. Hosp., Inst. of Rehab. Med., St. Vincent's Hosp. & Med. Ctr. of N. Y., Univ. Hosp., and Vet. Admin. Hosp. (Manhattan) 550 First Ave. 10016	M-060	MISC.			159	332	519	RES: AN, CHP, DR, D, DP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, TR, TS, U

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NEW YORK, NEW YORK CITY—Continued								
Postgrad. Ctr. for Mntl. Hlth., Clin. for Children and Adolescents 124 E. 28th St. 10016		NP CORP				2	2	RES: CHP
Presbyterian 622 West 168th St. 10032	M-057	NP CORP	1459	29	29	222	283	RES: AN, CHP, DR, D, GS, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, TS, U
Queens Hospital Center 82-68 164th St., Jamaica 11432		CITY	801	28				RES: CHP, DR, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, P, R, TS, U
Queens Hospital Center (Catholic Medical Center Affiliation) 82-68 164th St., Jamaica 11432		CITY						RES: IM
Roosevelt 428 W. 59th St. 10019	M-057	NP CORP	595	2	38	77	152	RES: CHP, DR, GS, IM, OBG, OTO, PTH, PD, PDA, P, U
St. Barnabas 4422 3d Ave., Bronx 10457	L-056	NP CORP	415	17				RES: PM
St. Clare's Hospital and Health Center 415 West 51st St. 10019		CHURCH	404	36	62	2	60	RES: GS, IM, OBG, OPH, PTH
St. John's Episcopal 480 Herkimer St., Brooklyn 11213	G-061	CHURCH	350	22	52	0	93	RES: GS, IM, OBG, PD
St. John's Queens Division 90-02 Queens Blvd., Elmhurst 11373		CHURCH	304	11				RES: GS, IM, OBG, ORS
St. Luke's Hospital Center Amsterdam Ave. & 114th St. 10025	M-057	NP CORP	757	38	84	97	191	RES: AN, CHP, DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, U
St. Mary's Division 1298 St. Marks Ave., Brooklyn 11213		CHURCH	236	34				RES: GS, IM, OBG, ORS, PTH
St. Vincent's Hospital and Medical Center of New York 153 W. 11th St. 10011	M-059	CHURCH	788	27	66	97	193	RES: AN, CHP, DR, GS, IM, NS, N, NM, OBG, OPH, PTH, PD, PDA, PM, P, TR
St. Vincent's Hospital—Cabrini Health Care Center—Columbus Division		MISC.				7	9	RES: OPH
St. Vincent's Medical Center of Richmond 355 Bard Ave., Staten Island 10310		NP CORP	332	21	49		62	RES: CHP, DR, GS, IM, OBG, PD, P
South Shore 327 Beach 19th St., Far Rockaway 11691		CHURCH	223	5				RES: OBG
South Shore—Rockaway Mental Health Center 1600 Central Ave., Far Rockaway 11691		STATE						RES: P
State University 445 Lenox Road, Brooklyn 11213	M-061	STATE	350	22				RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, NP, PD, PM, PS, P, TR, TS, U
Staten Island 101 Castleton Ave., Staten Island 10301		NP CORP	277	34	16	20	40	RES: GS, IM, OBG, PD
Staten Island Mental Health Society 657 Castleton Ave., Staten Island 10301		NP CORP	12					RES: CHP, P
Staten Island Mental Hlth. Society—St. Vincent's Med. Ctr. of Richmond		MISC.			12		15	RES: CHP, P
S. U. N. Y. Downstate Medical Center	M-061	MISC.			232	276	586	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, NP, PD, PM, PS, P, TR, TS, U
U. S. Public Health Service Bay and Vanderbilt St., Staten Island 10304		USPHS	500	28	18	37	59	RES: AN, DR, D, IM, OPH, ORS, U
Unity 1545 St. Johns Place, Brooklyn 11213		NP CORP	207	19	17		17	RES: GS, IM, OBG
University 550 First Ave. 10016	M-060	NP CORP	629	31				RES: AN, CHP, DR, D, DP, GS, IM, NS, N, NM, OBG, DPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, TR, TS, U
University Hospital—Veterans Admin. (Manhattan)	M-060	MISC.			5	45	51	RES: IM
Veterans Admin. (Bronx) 130 W. Kingsbridge Rd., Bronx 10468	M-108	VA	975	39	64	14	55	RES: AN, DR, D, GS, IM, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, U
Veterans Admin. (Brooklyn) 800 Poly Pl., Brooklyn 11209	M-061	VA	1000	31	27	31	75	RES: D, GS, IM, N, NM, OPH, ORS, PM, PS, U
Veterans Admin. (Brooklyn)—Kingsbrook Jewish Medical Center	M-061	MISC.			5		6	RES: N
Veterans Admin. (Manhattan) First Ave. at E. 24th St. 10010	M-060	VA	1030	26	9	3	12	RES: AN, D, DP, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U
Wyckoff Heights 374 Stockholm St., Brooklyn 11237		NP CORP	461	19	65		62	RES: GS, IM, OBG, PTH, PD
NIAGARA FALLS								
Niagara Falls Memorial Medical Center 621 Tenth St. 14302		NP CORP	448	20	3	1	12	RES: FP
NORTHPORT								
Veterans Admin. Middleville Rd. 11768	M-109	VA	962	42	17	33	60	RES: GS, IM, N, NM, OPH, P
OCEANSIDE								
South Nassau Communities 2445 Oceanside Rd. 11572	L-109	NP CORP	333	21			10	RES: FP
S. U. N. Y. (Stony Brook) Affiliated Hospitals	L-109	MISC.						RES: FP
ORANGEBURG								
Rockland Psychiatric Center 10962	M-059	STATE	2227		10			RES: P
PATCHOGUE								
Brookhaven Memorial 101 Hospital Rd. 11772		NP CORP	350	18	2	1	12	RES: FP
PLATTSBURGH								
Champlain Valley Physicians Hospital Medical Center 100 Beekman St. 12901	L-088	NP CORP	376	25				RES: IM, P
PORT JEFFERSON								
St. Charles 200 Belle Terre Rd. 11777		CHURCH	271	10				RES: ORS

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NEW YORK—Continued							
POUGHKEEPSIE							
Hudson River Psychiatric Center Branch B 12601		STATE	1969	1	9	12	RES: P
QUEENS VILLAGE							
(See New York City)							
ROCHESTER							
Eastman Kodak Company 343 State St. 14650		CORP.				1	RES: OM
Genesee 224 Alexander St. 14607	M-062	NP CORP	427	34	4	20	28 RES: GS, IM, IM, OBG, ORS, OTO, PTH, PD
Highland Hospital of Rochester South Ave. at Bellevue Dr. 14620	M-062	NP CORP	282	37	6	34	10 RES: GS, IM, IM, OBG, ORS
Monroe Community 435 E. Henrietta Rd. 14620	L-062	COUNTY	60	31			RES: IM, PM
Office of the Monroe County Medical Examiner 435 E. Henrietta Rd. 14620		COUNTY				1	1 RES: FOP
Rochester General 1425 Portland Ave. 14621	M-062	NP CORP	550	35	13	39	57 RES: OR, GS, IM, IM, OBG, ORS, OTO, PTH, PD, TS
Rochester Psychiatric Center 1600 South Ave. 14620	G-062	STATE	1754	43	8	1	12 RES: P
St. Mary's 89 Genesee St. 14611	M-062	CHURCH	298	29	21	11	38 RES: GS, IM, IM, OBG, OPH
Strong Memorial Hospital of the University of Rochester 260 Crittenden Blvd. 14642	M-062	NP CORP	722	56	38	131	200 RES: AN, CHP, DR, GS, IM, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, PS, P, TR, TS, U
University of Rochester Affiliated Hospitals	M-062	MISC.			38	89	139 RES: GS, GS, OBG, ORS, OTO, TS
University of Rochester Associated Hospitals (Includes Genesee Hospital, Highland Hospital of Rochester, Rochester General Hospital, St. Mary's Hospital, and Strong Memorial Hospital)	M-062	MISC.			1	46	50 RES: IM
University of Rochester Community Pediatrics Program	M-062	MISC.			1	37	48 RES: PD
University of Rochester School of Medicine 14620	M-062	MISC.					RES: PDC
Univ.—Rochester Sch.—Med. and Dentistry, Dept.—Prev. Med.—Comm. Hlth. 601 Elmwood Ave. 14642	M-062	NP CORP					6 RES: GPM
Univ. of Rochester School of Medicine—Highland Hospital of Rochester 885 South Ave. 14620	M-062	NP CORP					42 RES: FP
ROCKVILLE CENTRE							
Mercy 1000 N. Village Ave. 11570		CHURCH	400	15			RES: OBG
ROSLYN							
St. Francis Port Washington Blvd. 11576		NP CORP	210	17			RES: GS
SCHENECTADY							
Ellis 1101 Nott St. 12308	M-054	NP CORP	475	64	4		9 RES: OBG, ORS, PTH
St. Clare's 600 Mc Clellan St. 12304		CHURCH	296	34			24 RES: FP, OBG
Schenectady Affiliated Program	L-054	MISC.			5		9 RES: OBG
Sunnyview Hospital and Rehabilitation Center 1270 Belmont Ave. 12308	G-054	NP CORP	101				RES: ORS, PM
STATEN ISLAND							
(See New York City)							
STONY BROOK							
S. U. N. Y. at Stony Brook Affiliated Hospitals 11790	M-109	MISC.			24	26	58 RES: GS, IM, P
SYRACUSE							
Community General Hospital of Greater Syracuse Broad Rd. 13215	M-063	NP CORP	300	33			RES: GS, OTO, PTH
Crouse Irving—Memorial 736 Irving Ave. 13210	M-063	NP CORP	522	36			RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, TS, U
Richard H. Hutchings Psychiatric Center 708 Irving Ave. 13210	M-063	STATE	160				RES: P
St. Joseph's Hospital Health Center 301 Prospect Ave. 13203	M-063	CHURCH	422	26	7	7	15 RES: AN, FP, GS, OBG, ORS, PTH, PS
State University 750 E. Adams St. 13210	M-063	STATE	353	40	10	21	38 RES: AN, CHP, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PS, P, TR, TS, U
S. U. N. Y. Upstate Medical Center 766 Irving Ave. 13210	M-063	MISC.			43	194	271 RES: AN, CHP, OR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PS, P, TR, TS, U
S. U. N. Y. Upstate Medical Center—St. Joseph's	M-063	MISC.			1	36	36 RES: FP
Veterans Admin. Irving Ave. and Univ. Pl. 13210	M-063	VA	391	49			RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, TS, U
UTICA							
Children's Hospital and Rehabilitation Center of Utica 1675 Bennett St. 13502	G-063	NP CORP	57				RES: ORS
St. Elizabeth 2209 Genesee St. 13501		NP CORP	306	7			8 RES: FP
Utica Psychiatric Center 1213 Court St. 13502		STATE	1504				11 RES: P

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NEW YORK—Continued								
VALHALLA								
Blythedale Children's Bradhurst Ave. 10595		NP CORP	92					RES: PM
New York Medical College—Department of Psychiatry Training Consortium (Includes Westchester County Medical Center, Veterans Admin. Hospital (Montrose), Rockland Psychiatric Center (Orangeburg), and Stamford Hospital (Stamford, Conn.)	M-059	MISC.			25	3	40	RES: P
Office of the Medical Examiner 10595		COUNTY	1900	50		1	1	RES: FOP
Westchester County Medical Center Grasslands Reservation 10595	M-059	COUNTY	317	46	51	13	65	RES: AN, CHP, GS, IM, OPH, PTH, PM, P, TR
WEST BRENTWOOD								
Pilgrim Psychiatric Center Box A 11717		STATE	4000	15				RES: P
WEST HAVERSTRAW								
Helen Hayes Route 9 W 10993	G-057	STATE	150	33	1	3	4	RES: ORS, PM
WEST ISLIP								
Good Samaritan 1000 Montauk Highway 11795		CHURCH	365	23			5	RES: PD
WHITE PLAINS								
New York Hospital—Cornell Medical Center (Westchester Division) 21 Bloomingdale Rd. 10605	M-058	NP CORP	290		21	19	66	RES: CHP, P
YONKERS								
St. Joseph's 127 South Broadway 10701	L-059	NP CORP	158	18	14	7	21	RES: FP
Yonkers General 127 Ashburton Ave. 10701	L-059	NP CORP	163	28	12	1	13	RES: GP
NORTH CAROLINA								
ASHEVILLE								
Memorial Mission 509 Biltmore Ave. 28801	L-064	NP CORP	427	19				RES: FP
Mountain Area Health Education Foundation 430 Biltmore Ave. 28801	L-064	NP CORP			2	11	24	RES: FP
St. Joseph's 428 Biltmore Ave. 28801	L-064	NP CORP	284	16				RES: FP
Veterans Admin. Riceville and Tunnel Rds. 28805	G-065	VA	619					RES: ORS, U
BUTNER								
John Umstead 12th St. 27509	L-064 G-065	STATE	1108	30	14	2	21	RES: CHP, P
CHAPEL HILL								
North Carolina Memorial Pittsboro Rd. 27514	M-064	STATE	604	46	3	304	345	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
Office of the Chief Medical Examiner P. O. Box 2488 27514		STATE				2	2	RES: FOP
University of North Carolina Affiliated Hospitals	M-064	STATE			2	18	23	RES: CHP, ORS
University of North Carolina School of Medicine	M-064	STATE						RES: PDC
University of North Carolina Schools of Medicine and Public Health 27514	M-064	STATE				5	3	RES: GPM
CHARLOTTE								
Charlotte Memorial Hospital and Medical Center 1000 Blythe Blvd. 28203	M-064	NP CORP	821	34		76	91	RES: FP, GS, IM, OBG, ORS, PTH, PD, TS, U
DURHAM								
Duke University Affiliated Hospitals (Includes Duke University Medical Center, Durham County General Hosp., Veterans Admin. Hosp., Veterans Admin. Hosp. (Asheville), North Carolina Orthopedic Hosp., (Gastonia), and Shriners Hosp. (Greenville, S. C.))	M-065	MISC.			22	329	403	RES: AN, DR, D, DP, FP, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PS, P, TR, TS, U
Duke University Medical Center 27710	M-065	NP CORP	873	51	2	60	74	RES: AIM, AN, DR, D, DP, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U
Durham Child Guidance Clinic, Duke University Medical Center 402 Trent St. 27705	M-065	NP CORP				4	4	RES: CHP
Durham County General 3643 N. Roxboro St. 27704	L-064	COUNTY	483	18				RES: FP, ORS
Mc Pherson 1110 West Main St. 27701	G-064, 065	PART.	34					RES: OPH
Mc Pherson Hospital—North Carolina Memorial Veterans Admin. 508 Fulton St. 27705	G-064, 065 M-065	MISC. VA	501	47		4	9	RES: OPH RES: AN, DR, D, DP, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PS, P, TR, TS, U
FAYETTEVILLE								
Cape Fear Valley P. O. Box 2000 28302	G-065	COUNTY	480	26				RES: FP
Fayetteville Area Health Education Foundation	L-064 G-065	MISC.					24	RES: FP
Veterans Admin. 2300 Ramsey St. 28301	L-064 G-065	VA	352	44				RES: FP

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NORTH CAROLINA—Continued								
FORT BRAGG Womack Army Hospital 28307		USA	350	62		14	21	RES: FP
GASTONIA North Carolina Orthopedic 901 S. New Hope Rd. 28052	G-064	STATE	55					RES: ORS
GOLDSBORO Wayne County Memorial 2700 Wayne Memorial Dr. 27530		COUNTY	332	2				RES: FP
GREENSBORO Moses H. Cone Memorial 1200 N. Elm St. 27401	M-064 G-066	NP CORP	427	36	1	34	38	RES: FP, IM, ORS, PD
GREENVILLE East Carolina University Affiliated Hospitals (Includes Pitt County Memorial Hospital, Pitt County Mental Health Center, Walter B. Jones Alcoholic Rehabilitation Center, and Wayne County Memorial Hospital (Goldsboro))		MISC.					23	RES: FP, IM, P
Pitt County Memorial W. 5th St., Box 6028 27834		COUNTY	370				29	RES: FP, IM, P
Pitt County Mental Health Center 27834		COUNTY						RES: P
Walter B. Jones Alcoholic Rehabilitation Center R. D. 1, Box 20-A 27834		STATE	76					RES: P
RALEIGH Dept. of Human Resources, Division of Health Services 225 N. Mc Dowell St., P. O. Box 2091 27602		STATE						RES: PH
Dorothea Dix Station B 27611	L-064	STATE	1299	46	2	13	15	RES: CHP, P
Wake County Medical Center 3000 New Bern Ave. 27610	M-064	COUNTY	435	22				RES: OBG, ORS, U
WILMINGTON New Hanover Memorial 2431 S. 17th St. 28401	M-064	NP CORP	419	27	9	18	29	RES: GS, IM, OBG
WINSTON-SALEM Bowman Gray School of Medicine Affiliated Hospitals	M-066	MISC.			1	23	33	RES: AN, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, TR, TS, U
Forsyth Memorial 3333 Silius Creek Pkwy 27103	L-066	NP CORP	676	20				RES: OBG
North Carolina Baptist 300 S. Hawthorne Rd. 27103	M-066	NP CORP	647	49	14	235	275	RES: AN, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, TR, TS, U
NORTH DAKOTA								
BISMARCK Bismarck 300 N. 7th St. 58501	L-097	NP CORP	194	13				RES: FP
St. Alexius 311 N. 9th St. 58501	L-097	CHURCH	259	32				RES: FP
University of North Dakota Affiliated Hospitals	M-097	MISC.				8	12	RES: FP
FARGO Dakota 1720 S. University Dr. 58102	L-097	NP CORP	154	40				RES: IM
Neuropsychiatric Institute 500 Mills Ave. 58102		NP CORP	120	49	1	1	4	RES: NS, N
St. Luke's Hospitals 5th St. & Mills Ave. 58102	L-097	NP CORP	423	35		7	12	RES: FP, IM
University of North Dakota Affiliated Hospitals	L-097	MISC.						RES: FP
Veterans Admin. Center Elm St. and 21st Ave. N. 58102	L-097	VA	224	44				RES: IM
GRAND FORKS United 212 S. 4th St. 58201	M-097	NP CORP	261	40		3	16	RES: FP, OBG, PTH
GRAND FORKS A. F. B. U. S. A. F. 58201	L-097	USAF						RES: OBG
GRAND FORKS University of North Dakota Affiliated Hospitals	L-097	MISC.			1	12	32	RES: FP, IM, OBG, PTH
MINOT St. Joseph's 3d St. and 4th Ave., S. E. 58701	L-097	CHURCH	200	35				RES: FP
Trinity Medical Center Main St. and 4th Ave., S. W. 58701	L-097	NP CORP	202	41				RES: FP
University of North Dakota Affiliated Hospitals—Minot Division	M-097	MISC.			2	6	12	RES: FP
OHIO								
AKRON Akron City 525 E. Market St. 44309	M-069	NP CORP	671	34	10	62	69	RES: DR, FP, GS, IM, OBG, OPH, ORS, PTH, PS, U
Akron City Hospital—Children's Hospital of Akron	M-069	NP CORP			1	13	15	RES: ORS
Akron General 400 Wabash Ave. 44307		NP CORP	559	46	1	56	66	RES: DR, FP, GS, IM, OBG, ORS, PS, U
Akron General Hospital—Children's Hospital of Akron		NP CORP				10	10	RES: ORS

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					For.*	Non- For.*			
OHIO, AKRON —Continued									
Children's Hospital of Akron Buchtel Ave. at Bowery St. 44308		NP CORP	253	63	5	23	37	RES: AN, DR, ORS, ORS, PTH, PD, PS	
St. Thomas 444 North Main St. 44310		NP CORP	474	35	17	3	55	RES: DR, FP, GS, IM, OBG	
BARBERTON									
Barberton Citizens Tuscora Park 44203		NP CORP	407	22	29		29	RES: GP	
CANTON									
Aultman 2600 Sixth St. S. W. 44710		NP CORP	701	33	10	9	28	RES: DR, FP, OBG, PTH	
Northeastern Ohio Universities College of Med. Affiliated Hospitals		MISC.			1	4	21	RES: DR	
Timken Mercy 2015 12th St. N. W. 44708		CHURCH	517					RES: DR	
CINCINNATI									
Bethesda 619 Oak St. 45206		CHURCH	564	18	4	7	12	RES: OBG	
Central Psychiatric Clinic Cincinnati General Hospital 45229	M-067	NP CORP						RES: CHP	
Children's Hospital Medical Center Eland Ave. and Bethesda 45229	M-067	NP CORP	295	63			2	RES: AN, FP, GS, NS, N, NM, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, TR, TS, U	
Children's Psychiatric Center of the Jewish Hospital 3140 Harvey Ave. 45229	L-067	NP CORP	16					RES: CHP	
Christ 2139 Auburn Ave. 45219	M-067	NP CORP	689	29	2	18	25	RES: IM, NS, OBG, PS, U	
Christian R. Holmes Eden and Bethesda Aves. 45219	L-067	CITY	90	45				RES: AN, NP, TR	
Cincinnati General 234 Goodman St. 45229	M-067	STATE	619	27	1	21	28	RES: AN, DR, D, FP, GP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PM, P, TR, TS, U	
Deaconess 311 Straight St. & Clifton Ave. 45219		NP CORP	278	11				RES: GS	
Good Samaritan 3217 Clifton Ave. 45220	M-067 L-028	CHURCH	747	37	9	48	46	RES: GS, IM, NS, OBG, ORS, PTH, PD, TS, U	
Good Samaritan Hospital Training Program	M-067 L-028	MISC.			12	15	29	RES: GS	
Hamilton County Coroner's Office 3159 Eden Ave. 45219		COUNTY					1	2	RES: FOP
Jewish Burnet Ave. 45229	M-067	NP CORP	612	26	22	13	42	RES: GS, IM, NM, ORS, TR	
Navy Environmental Health Center 3333 Vine St. 45220		USN							RES: OM
Providence 2446 Kipling Ave. 45239		NP CORP	359	13					RES: GS
Rollman Psychiatric Institute 3009 Burnet Ave. 45219		STATE	124	100	20	1	21	RES: P	
U. S. P. H. S. Environmntl. Control Admin. Bur. of Occup. Safety and Hlth. 1014 Broadway 45202		USPHS							RES: OM
University of Cincinnati Hospital Group (Includes Children's Hosp., Children's Psychiatric Center of the Jewish Hosp., Christ Hosp., Cincinnati General Hosp., C. R. Holmes Hosp., Good Samaritan Hosp., Jewish Hosp., and Veterans Admin. Hosp.)	M-067	MISC.			54	327	451	RES: AN, CHP, DR, D, FP, GP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, P, TR, TS, U	
Univ. of Cincinnati Coll. of Med., Dept. of Environmental Health 3223 Eden Ave. 45267	G-067	MISC.			1	7	20	RES: OM	
Veterans Admin. 3200 Vine St. 45220	M-067	VA	439	47					RES: AN, DR, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, P, U
CLEVELAND									
Case Western Reserve University Affiliated Hospitals (Includes University Hospitals of Cleveland, Cleveland Guidance Ctr., Cleveland Metropolitan General Hospital, Highland View Hospital, Mt. Sinai Hospital, St. Luke's Hospital and Veterans Admin. Hospital)	M-068	MISC.			63	260	428	RES: AN, CHP, DR, D, GS, IM, IM, IM, NS, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U	
Cleveland Clinic 9500 Euclid Ave. 44106	L-068	NP CORP	1010	34	32	181	259	RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PD, PS, CRS, P, TR, TS, U	
Cleveland Clinic—St. Vincent Charity	L-068	MISC.			6	25	36	RES: GS	
Cleveland Guidance Center 2525 E. 22d St. 44115		NP CORP						RES: CHP	
Cleveland Metropolitan General 3395 Scranton Rd. 44109	M-068	COUNTY	565	59	19	36	117	RES: D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, TS, U	
Cleveland Psychiatric Institute 1708 Aiken Ave. 44109		STATE	170	50	15		15	RES: P	
Cuyahoga County Coroner's Office 2121 Adelbert Rd. 44106		COUNTY				1	3	RES: FOP	
Fairhill Mental Health Center 12200 Fairhill Rd. 44120		STATE	110		14		14	RES: P	
Fairview General 18101 Lorain 44111	G-068	NP CORP	457	30	18	3	36	RES: FP, GS	
Highland View 3901 Ireland Dr. 44122		COUNTY	227	30		2	6	RES: PM	
Huron Road 13951 Terrace Rd. 44112		NP CORP	387	32	15	2	16	RES: GS, U	
Lutheran Medical Center 2609 Franklin Blvd. 44113		CHURCH	300	29	29	3	35	RES: GS, IM	
Mount Sinai Hospital of Cleveland University Circle 44106	M-068	NP CORP	528	33	26	51	99	RES: DR, GS, IM, OBG, OPH, ORS, PTH, PD	

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OHIO, CLEVELAND—Continued							
Polyclinic 6606 Carnegie Ave. 44103		NP CORP	115	36	8	8	RES: GP
St. Alexis 5163 Broadway Ave. 44127		CHURCH	335	32	16	24	RES: GS, PTH
St. John's 7911 Detroit Ave. 44102		CHURCH	356	19	26	33	RES: GP, GS
St. Luke's 11311 Shaker Blvd. 44104	M-068	NP CORP	463	37	51	13	68 RES: GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PS
St. Luke's Hospital—St. Vincent Charity St. Vincent Charity 2351 E. 22d St. 44115		MISC. CHURCH	442	25	5	2 3	RES: PS RES: GS, NS, OPH, ORS, PTH, PS, TS, U
University Hospitals of Cleveland 2065 Adelbert Rd. 44106	M-068	NP CORP	963	47	16	40	64 RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, R, TR, TS, U
Veterans Admin. 10701 East Blvd. 44106	M-068	VA	781	38			RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TR, TS, U
COLUMBUS							
Central Ohio Psychiatric 1960 W. Broad St. 43223		STATE	993	21	12	1	12 RES: P
Children's 700 Children's Dr. 43205	M-069	NP CORP	301	61	2	45	53 RES: FP, GS, NS, N, ORS, ORS, OTO, PTH, PD, PS, TS, U
Grant 309 East State St. 43215	M-069	NP CORP	647	18	3	25	41 RES: FP, PTH, PM, CRS
Mount Carmel Medical Center 793 West State St. 43222	M-069	CHURCH	504	34	10	54	66 RES: FP, GS, IM, OBG, ORS, PM
Ohio State University Affiliated Hospitals (Includes Ohio State University Hospitals, Children's Hospital and Some Positions at Mount Carmel Medical Center, and Riverside Methodist Hospital)	M-069	MISC.			9	75	83 RES: FP, NS, N, ORS, OTO, PM, PS, TS, U
Ohio State University College of Medicine	M-069	STATE					RES: PD
Ohio State Univ. College of Medicine, Dept. of Preventive Medicine 410 W. 10th Ave. 43210	M-069	STATE				6	3 RES: GPM
Ohio State University Hospitals 410 W. 10th Ave. 43210	M-069	STATE	950	39	29	153	203 RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, TR, TS, U
Riverside Methodist 3535 Olentangy River Rd. 43214	M-069	CHURCH	850	31	1	50	52 RES: FP, GS, IM, NS, N, OBG, ORS, PM, PS, U
Riverside Methodist Hospital—St. Ann's Hospital of Columbus	M-069	CHURCH				12	16 RES: OBG
St. Ann's Hospital of Columbus 1555 Bryden Rd. 43205	M-069	CHURCH	161	50			RES: OBG
St. Anthony 1450 Hawthorne Ave. 43203	M-069	CHURCH	274	11			RES: FP
CUYAHOGA FALLS							
Fallsview Psychiatric 330 Broadway East 44221		STATE	135		13		12 RES: P
DAYTON							
Children's Medical Center 1735 Chapel St. 45404	M-124	NP CORP	132		3	3	12 RES: ORS, PD
Good Samaritan Hospital and Health Center 2222 Philadelphia Dr. 45406	M-124	CHURCH	522	34	12	9	45 RES: FP, GS, IM, OBG
Miami Valley 1 Wyoming St. 45409	M-124	NP CORP	710	40	8	36	61 RES: FP, GS, IM, OBG, ORS, PTH, R
St. Elizabeth Medical Center 601 Miami Blvd. West 45408	M-124	CHURCH	552	31		27	30 RES: FP, PTH, PS
Veterans Admin. Center 4100 West Third St. 45428	M-124 G-069	VA	858	30	35	1	36 RES: GS, IM, U
Wright State University Affiliated Hospitals	M-124	MISC.			13	17	39 RES: AN, FP, FP, FP, GS, GS, GS, IM, IM, IM, IM, OBG, ORS, PTH, PTH, PD, PS, R, U
ELYRIA							
Elyria Memorial 630 E. River St. 44035		NP CORP	335	24	13		14 RES: GP, ORS, PTH, R
EUCLID							
Euclid General East 185th St. & Lake Erie 44119		NP CORP	345	21	14		14 RES: GP
KETTERING							
Charles F. Kettering Memorial 3535 Southern Blvd. 45429	M-124	CHURCH	456	35	3	22	33 RES: AN, GS, IM, OBG, PTH, PS
LORAIN							
St. Joseph 205 West 20th St. 44052		NP CORP	338				RES: R
St. Joseph—Elyria Memorial Hospitals		MISC.			3		4 RES: R
RAVENNA							
Robinson Memorial Portage County 449 S. Meridian St. 44266		COUNTY	245	17	13		18 RES: GP, GS
SYLVANIA							
Flower 5200 Harroun Rd. 43560		NP CORP	227	11			4 RES: FP
TOLEDO							
Hospital of Medical College of Ohio at Toledo Arlington at Detroit 43614	M-112	STATE	179	53	10	2	16 RES: AN, DR, GS, N, OBG, OPH, ORS, PTH, PD, PS, P, U
Medical College of Ohio at Toledo P. O. Box 6190 43614	M-112	STATE			1	1	2 RES: CHP

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OHIO, TOLEDO—Continued								
Medical College of Ohio at Toledo Associated Hospitals (Includes Hospital of Medical College of Ohio at Toledo, Mercy Hospital, Riverside Hospital, St. Vincent Hospital and Medical Center, Toledo Hospital, and Toledo Mental Health Center)	M-112	MISC.			70	40	141	RES: AN, OR, FP, GS, N, OBG, OPH, ORS, PTH, PD, PS, P, U
Mercy 2221 Madison Ave. 43624	M-112	CHURCH	350	30	6	11	20	RES: FP, GS, N, OBG, PTH, PD
Riverside 1600 Superior St. 43604		NP CORP	271	19			12	RES: FP
St. Vincent Hospital and Medical Center 2213 Cherry St. 43608	M-112	NP CORP	526	31				RES: DR, GS, OBG, OPH, ORS, PD, PS, P, U
Toledo 2142 N. Cove Blvd. 43606	M-112	NP CORP	644	35	7	10	26	RES: AN, FP, GS, OBG, ORS, PD, U
Toledo Mental Health Center 930 S. Detroit Ave. 43603	M-112	STATE	661	26				RES: N, P
WORTHINGTON								
Harding 445 E. Granville Rd. 43085	L-069	NP CORP	120		1	5	9	RES: P
WRIGHT-PATTERSON A. F. B.								
U. S. A. F. Medical Center Wright-Patterson A. F. B. 45433	M-124	USAF	325	89		19	48	RES: FP, IM, OBG
YOUNGSTOWN								
St. Elizabeth Hospital Medical Center 1044 Belmont Ave. 44505		CHURCH	747	37	60	6	72	RES: DR, GP, GS, IM, OBG, R
Youngstown S. Unit Oak Hill and Francis Sts.; N. Unit, Gypsy Lane-Goleta Ave. 44501		NP CORP	977	32	58	14	93	RES: AN, OR, GS, IM, PTH, PD, R
OKLAHOMA								
CLAREMORE								
U. S. Public Health Service Indian W. Will Rogers Blvd. 74017		USPHS	58					RES: OBG
ENID								
Bass Memorial Baptist Monroe and Market Sts., Box 3168 73701	G-070	CHURCH	152	4				RES: FP
Garfield County Medical Society Program Family Practice Residency, 617 S. Quincy 73701	G-070	COUNTY			2	1	12	RES: FP
St. Mary's 305 S. 5th St. 73701	G-070	CHURCH	229					RES: FP
NORMAN								
Central State Griffin Memorial Box 151 73069	L-070	STATE	1275	8	14	3	15	RES: DR, GS, P
OKLAHOMA CITY								
Baptist Medical Center of Oklahoma 3300 Northwest Expwy. 73112	L-070	CHURCH	546	23		5	8	RES: DR, PTH
Office of Chief Medical Examiner P. O. Box 26901 73190		STATE					2	RES: FOP
Oklahoma Children's Memorial 940 N. E. 14th St. 73126	M-070	STATE	156	52	21	18	54	RES: AN, DR, D, DP, FP, IM, N, OPH, ORS, PD, PS, TS, U
Presbyterian N. E. 13th St. at Lincoln Blvd. 73104	M-070	NP CORP	303	24				RES: DR, FP, N, PS
St. Anthony 601 Northwest Ninth 73102	L-070	CHURCH	684	24		5	8	RES: DR, FP, GS, NS, PTH
State of Oklahoma Dept. of Health N. E. 10th at Stonewall 73106		STATE						RES: PH
University Family Practice Program	M-070	MISC.			4	24	54	RES: FP
University of Oklahoma Health Sciences Center (Includes University Hospital and Clinics, Oklahoma Children's Memorial Hospital, Presbyterian Hospital, St. Anthony Hospital, Veterans Adm In. Hospital, and Central State Griffin Memorial Hospital (Norman) P. O. Box 26901, 800 N. E. 13th St. 73190	M-070	MISC.			46	213	327	RES: AN, CHP, DR, D, OP, FP, GS, IM, NS, N, NM, OBG, OM, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
University Hospital and Clinics 800 N. E. 13th St. 73190	M-070	STATE	312	30	1	12	20	RES: AN, DR, D, DP, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PS, P, TR, TS, U
Veterans Admin. 921 N. E. 13th St. 73104	M-070	VA	463	36				RES: AN, DR, D, DP, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PS, P, TS, U
TULSA								
Doctor's 2323 S. Harvard Ave. 74114		NP CORP	207	12				RES: FP
Hillcrest Medical Center Utica On the Park 74104	M-070	NP CORP	589	22			4	RES: FP, GS, IM, OBG, PTH, PD
St. Francis 6161 South Yale 74135	M-070	NP CORP	642	24			4	RES: FP, GS, IM, OBG, PTH, PD
St. John's 1923 South Utica 74104	M-070	CHURCH	603	31		4	4	RES: FP, GS, IM, OBG, PTH, PD
University of Oklahoma Tulsa Medical College Affiliated Hospitals	M-070	MISC.			11	55	125	RES: FP, GS, IM, OBG, PD
OREGON								
PORTLAND								
Emanuel 2801 N. Gantenbein Ave. 97227	L-071	CHURCH	554	43		29	33	RES: FP, GS, IM, OBG, ORS
Good Samaritan Hospital and Medical Center 1015 N. W. 22d 97210	L-071	CHURCH	505		2	34	44	RES: GS, IM, NS, N, OBG, OPH, PTH
Providence 700 N. E. 47th Ave. 97213	G-071	CHURCH	480	29	3	28	32	RES: IM, PTH

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OREGON, PORTLAND—Continued								
St. Vincent Hospital and Medical Center 9205 S. W. Barnes Rd. 97225	G-071	CHURCH	415	38	1	24	30	RES: GS, IM, PTH, TR
Shriners Hospital for Crippled Children 8200 N. E. Sandy Blvd. 97220	L-071	NP CORP	60					RES: ORS
University of Oregon Affiliated Hospitals (Includes University of Oregon Health Sciences Center Hospital and Clinics, Emanuel Hospital, Good Samaritan Hospital, Shriners Hospital, St. Vincent's Hospital and Medical Center, and Veterans Admin. Hospital)	M-071	MISC.			14	215	253	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, P, TR, TS, U
Univ. of Oregon Hlth. Sciences Ctr. Dept. of Pub. Hlth. & Prev. Med. 3181 S. W. Sam Jackson Park Rd. 97201	M-071	STATE				3	3	RES: PH
University of Oregon Health Sciences Center Hospital and Clinics 3181 S. W. Sam Jackson Park 97201	M-071	STATE	496	52	7	79	86	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, P, TR, TS, U
University of Oregon Health Sciences Center Hospital—Veterans Admin.	M-071	MISC.						RES: GS, IM
Veterans Admin. Sam Jackson Park 97207	M-071	VA	527	75	4	1	5	RES: AN, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PM, P, TS, U
SALEM								
Oregon State 2600 Center St. N. E. 97310	L-071	STATE	605	19	1	8	10	RES: P
PENNSYLVANIA								
ABINGTON								
Abington Memorial 1200 York Rd. 19001	M-074 G-072	NP CORP	469	26		49	51	RES: FP, GS, IM, OBG, ORS, U
ALLENTOWN								
Allentown 17th & Chew Sts. 18102	G-075	NP CORP	305	17	3	5	8	RES: GS, IM, OBG, PS, CRS
Allentown Affiliated Hospitals	L-074, 075	MISC.			12	23	44	RES: GS, IM, PS, CRS
Allentown and Sacred Heart Hospital Center 1200 S. Cedar Crest Blvd., Box 689 18105	L-074, 075	NP CORP	350	27				RES: GS, IM, PS, CRS
Sacred Heart Fourth & Chew 18102	L-074, 075	NP CORP	205	15		13	14	RES: FP, CRS
ALTOONA								
Altoona 701 Howard Ave. 16603	L-110	NP CORP	407	15	6	2	13	RES: FP, PTH
BETHLEHEM								
St. Luke's 801 Ostrum St. 18015	M-074	NP CORP	450	31	19	1	30	RES: GS, IM, OBG, PTH
BRISTOL								
Lower Bucks Bath Rd. & Orchard Ave. 19007		NP CORP	316	.16	13		13	RES: GP
BRYN MAWR								
Bryn Mawr Bryn Mawr Ave. 19010	M-073 L-075	NP CORP	391	41	7	33	50	RES: DR, FP, GS, IM, ORS, PTH, PS, U
CHESTER								
Crozer—Chester Medical Center 15th St. & Upland Ave. 19013	M-072	NP CORP	428	41				RES: GS, IM, NS, N, OBG, PD
COATESVILLE								
Veterans Admin. 19320	M-073	VA	1425	61	4		8	RES: P
DANVILLE								
Geisinger Medical Center 17821	M-110	NP CORP	454	46	4	103	133	RES: DR, D, FP, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, U
DARBY								
Fitzgerald Mercy Division Lansdowne Ave. and Baily Rd. 19023	M-073	CHURCH	407	26				RES: DR, GS, IM, OBG, PTH, PD
DREXEL HILL								
Delaware County Memorial 501 N. Lansdowne Ave. 19026		NP CORP	305	19	12		12	RES: GP
EASTON								
Easton 21st and Lehigh Sts. 18042	L-072	NP CORP	340	30	21	2	26	RES: GS, IM
ELIZABETHTOWN								
Elizabethtown Hospital for Children and Youth 17022	G-072, 073	STATE	115					RES: ORS
ELKINS PARK								
Rolling Hill Hospital and Diagnostic Center 60 E. Township Line 19117	L-072	CORP.	290	10				RES: OPH
ERIE								
Hamot Medical Center 4 E. Second St. 16512	G-065	NP CORP	514	30	9	14	45	RES: FP, GS, ORS, PTH, PS, U
Hamot Medical Center—St. Vincent Health Center	G-065	NP CORP			6	3	9	RES: U
St. Vincent Health Center 232 W. 25th St. 16512		NP CORP	573	24	3	1	24	RES: FP, ORS, PTH, CRS, U
Shriners Hospital for Crippled Children 1645 W. 8th St. 16505		NP CORP	30					RES: ORS
HARRISBURG								
Harrisburg S. Front St. 17101	M-110	NP CORP	479	28	2	32	35	RES: DR, FP, GS, IM, OBG, ORS, PD, PS, U

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1976 For.*	Non- For.*	Pos. Off. July 1, 1978	Approved Program
PENNSYLVANIA, HARRISBURG—Continued								
Harrisburg Polyclinic 2601 N. 3d St. 17110	M-110	NP CORP	536	20	5	18	30	RES: DR, FP, GS, IM, OBG, ORS, PD, PS
HERSHEY								
Milton S. Hershey Medical Center of the Pennsylvania State University 500 University Dr. 17033	M-110	STATE	326	60	15	89	101	RES: AN, DR, FP, GS, IM, N, OBG, ORS, OTO, PTH, PD, PS, P, TS, U
Pennsylvania State University Affiliated Hospitals	M-110	MISC.			7	38	56	RES: OR, GS, OBG, ORS, PS
JEANNETTE								
Monour Hospital and Clinic 70 Lincoln Way E. 15644		NP CORP	233	20	3		12	RES: FP
JOHNSTOWN								
Conemaugh Valley Memorial 1086 Franklin St. 15905		NP CORP	570	19	32	16	51	RES: AN, FP, GS, IM
KINGSTON								
Nesbitt Memorial 562 Wyoming Ave. 18704	L-072	NP CORP	189	5				RES: FP
United Health and Hospital Services (Includes Nesbitt Mem. Hosp., Nanticoke State Gen. Hosp. (Nanticoke), Pittston Hosp. (Pittston), Veterans Admin. Hosp. (Wilkes-Barre), Wilkes-Barre Gen. Hosp. (Wilkes-Barre), & Wyoming Valley Hosp. (Wilkes-Barre)) 534 Wyoming Ave. 18704		NP CORP				14	18	RES: FP
LANCASTER								
Lancaster General 555 N. Duke St. 17604	M-074	NP CORP	555	24	1	25	24	RES: FP
LATROBE								
Latrobe Area W. 2d Ave. 15650	M-073	NP CORP	352	22		9	12	RES: FP
MC KEESPORT								
Mc Keesport 1500 Fifth Ave. 15132	L-077	NP CORP	517	16	25	7	70	RES: FP, GS, IM
NANTICOKE								
Nanticoke State General W. Washington St. 18634		STATE	111	2				RES: FP
NORRISTOWN								
Montgomery 1301 Powell St. 19401	L-074	NP CORP	254	27			3	RES: FP
Montgomery Hospital—Temple University Program	L-074	MISC.						RES: FP
Norristown State Stanbridge & Sterigere Sts. 19401	L-076	STATE	1750	18	12	4	28	RES: P
Sacred Heart 1430 De Kalb St. 19401		NP CORP	224	14	13		13	RES: GP, GS
PHILADELPHIA								
Albert Einstein Medical Center (Includes Northern Division and Southern Division) York & Tabor Rds. 19141	M-073, 074	NP CORP	619	21	68	74	148	RES: AN, CHP, DR, GS, IM, NS, N, OBG, ORS, PTH, PD, PM, P, TR, U
American Oncologic Central & Shelmire Aves. 19111	G-073	NP CORP	100	28	2		4	RES: GS, TR
Chestnut Hill 8835 Germantown Ave. 19118	M-073 G-074	NP CORP	213	24	2	11	18	RES: FP, GS, PTH
Children's Hospital of Philadelphia 34th St. and Civic Center Blvd. 19104	M-075 G-072, 073	NP CORP	259	70	6	64	71	RES: AN, D, DP, GS, NS, N, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, TS, U
Eastern Pennsylvania Psychiatric Institute Henry Ave. & Abbotsford Rd. 19129	M-074, 076	STATE	92		5	8	10	RES: P
Episcopal Front St. & Lehigh Ave. 19125	M-074 L-072, 076	NP CORP	333	39	23	12	36	RES: DR, GS, IM, NS, OBG, PTH, TS, U
Fox Chase Center for Cancer and Medical Sciences 7701 Burholme Ave. 19111		NP CORP						RES: GS
Frankford Frankford Ave. & Wakeling 19124	M-076 G-072	NP CORP	213	14				RES: OBG, OPH
Germantown Dispensary and Hospital E. Penn & E. Wister Sts. 19144	M-074 L-076	NP CORP	304	33			4	RES: DR, GS, IM, PTH, R
Graduate Hospital of the University of Pennsylvania 19th & Lombard Sts. 19146	M-075	NP CORP	285		26	19	51	RES: DR, D, GS, IM, N, OPH, ORS, OTO, PTH, NP, PS, TS, U
Hahnemann Medical College Affiliated Hospitals	M-072	MISC.			49	126	221	RES: GS, IM, NS, N, OBG, OPH, ORS, PD, P, U
Hahnemann Medical College and Hospital 230 N. Broad St. 19102	M-072	NP CORP	482	35	16	46	78	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, PTH, PD, P, TR, U
Hospital of the Medical College of Pennsylvania 3300 Henry Ave. 19129	M-076	NP CORP	329	45	13	36	55	RES: GS, IM, N, OBG, ORS, PTH, PD, P, R, U
Hospital of the University of Pennsylvania 3400 Spruce St. 19104	M-075	NP CORP	694	38	3	69	90	RES: AN, BBK, DR, D, DP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PM, PS, P, TR, TS, U
Institute of the Pennsylvania Hospital 111 N. 49th St. 19139	L-075	NP CORP	194			25	24	RES: P
Lankenau Lancaster & City Line Aves. 19151	M-073	NP CORP	425	37	8	42	51	RES: GS, IM, OBG, OPH, ORS, PTH, PS
Medical College of Pennsylvania Affiliated Hospitals	M-076	MISC.			12	64	81	RES: IM, N, OBG, PTH
Medical College of Pa.—Eastern Pennsylvania Psychiatric Institute Henry Ave. and Abbotsford Rd. 19129	M-076	NP CORP	12		3	4	10	RES: CHP

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PENNSYLVANIA, PHILADELPHIA—Continued								
Mercy Catholic Medical Center (Includes Misericordia Division and Fitzgerald Mercy Division (Darby) 54th St. and Cedar Ave. 19143	M-073	CHURCH			28	41	81	RES: DR, GS, IM, OBG, PTH, PD
Methodist 2301 S. Broad St. 19148	M-073	CHURCH	249	7				RES: GS, OBG, ORS
Misericordia Division 54th St. & Cedar Ave. 19143	M-073	CHURCH	251	29				RES: DR, GS, IM, OBG, PTH, PD
Moss Rehabilitation 12th St. & Tabor Rd. 19141	M-074	NP CORP	145					RES: ORS, PM
Naval Regional Medical Center 17th & Pattison Ave. 19145	M-072, 073	USN	900			8	8	RES: OTO
Northeastern Hospital of Philadelphia 2301 E. Allegheny Ave. 19134	M-074	NP CORP	221	15			12	RES: FP
Office of the Medical Examiner, City of Philadelphia Dept of Health 321 University Ave. 19104		CY-CO		23				RES: FOP
Pennsylvania Eighth & Spruce Sts. 19107	M-075	NP CORP	433	38	9	58	75	RES: DR, D, GS, IM, NS, N, OBG, OPH, ORS, PTH, PS, R, U
Philadelphia Child Guidance Clinic 34th St. and Civic Center Blvd. 19104		NP CORP	26		2	7	9	RES: CHP
Philadelphia Psychiatric Center Ford Rd. & Monument Ave. 19131	L-075, 076	NP CORP	137		9	2	11	RES: P
Philadelphia State Roosevelt Blvd. & Southampton Rd. 19114	G-072	STATE	1245	14	14	6	30	RES: P
Presbyterian—University of Pennsylvania Medical Center 51 N. 39th St. 19104	M-075	NP CORP	350	42	30	27	62	RES: AN, DR, GS, IM, OBG, OPH, ORS, OTO, PTH
St. Agnes 1900 S. Broad St. 19145	M-072	NP CORP	264	12				RES: GS, IM, OBG
St. Christopher's Hospital for Children 2600 N. Lawrence St. 19133	M-074 L-076 G-072, 073	NP CORP	146	72	11	7	9	RES: AN, CHP, OR, GS, NS, NS, N, OPH, ORS, PTH, PO, PDA, PDC, TS, U
St. Luke's and Children's Medical Center Girard Ave. and 8th St. 19122		NP CORP	254	16				RES: P
Scheie Eye Institute 51 N. 39th St. 19104		NP CORP						RES: OPH
Shriners Hospital for Crippled Children 8400 Roosevelt Blvd. 19152	G-072	NP CORP	80					RES: ORS
Temple University Affiliated Hospitals (Incl. Temple Univ. Hosp., Moss Rehab. Hosp., St. Christopher's Hosp., Some Positions at Albert Einstein Med. Ctr., Episcopal Hosp., Germantown Disp. and Hosp., Shriners' Hosp., & Abington Mem. Hosp. (Abington))	M-074 L-076	MISC.			29	156	177	RES: FP, GS, IM, NS, N, ORS, PO, PM, TS, U
Temple University 3401 N. Broad St. 19140	M-074 L-076	NP CORP	540	43	34	61	109	RES: AN, DR, D, OP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, CRS, P, TR, TS, U
Thomas Jefferson University Affiliated Hospitals (Includes Thomas Jefferson University Hosp., Chestnut Hill Hosp., Lankenau Hosp., Methodist Hosp., Bryn Mawr Hosp. (Bryn Mawr), Veterans Admin. Hosp. (Wilmington, Del.), Wilmington Med. Ctr. (Wilmington, Del.))	M-073	MISC.			9	88	106	RES: FP, FP, FP, GS, N, OBG, OPH, ORS, OTO, TS, U
Thomas Jefferson University 11th & Walnut Sts. 19107	M-073	NP CORP	687	41	45	126	200	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TR, TS, U
University of Pennsylvania Affiliated Hospitals (Incl. Hospital of the Univ. of Pa., Children's Hosp., Fox Chase Ctr. for Cancer and Med. Sciences, Graduate Hosp. of the U. of Pa., Pennsylvania Hosp., Presby-U. of Pa. Med. Ctr., Scheie Eye Inst., V. A. Hosp.)	M-075	MISC.			25	289	331	RES: DR, D, DP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, NP, PM, PS, P, TR, TS, U
Veterans Admin. University & Woodland Aves. 19104	M-075, 076	VA	490	30				RES: AN, DR, D, DP, GS, IM, NS, N, NM, OPH, ORS, OTO, PM, P, TR, TS, U
Wills Eye Hospital and Research Institute 1601 Spring Garden St. 19130	M-073	NP CORP	120					RES: OPH
Wills Eye Hospital and Research Institute—Temple University 19130	M-073, 074	NP CORP			1	32	33	RES: OPH
PITTSBURGH								
Allegheny General 320 E. North Ave. 15212	L-077	NP CORP	726	28	55	19	96	RES: AN, DR, GS, IM, OBG, OPH, ORS, OTO, PTH, TR, TS
Children's Hospital of Pittsburgh (See Also Hospitals of the University Health Center of Pittsburgh) 125 De Soto St. 15213	M-077	NP CORP	225	67	3	4	6	RES: AN, DR, D, GS, GS, NS, N, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, TS, U
Eye and Ear Hospital of Pittsburgh (See Also Hospitals of the University Health Center of Pittsburgh) 230 Lothrop St. 15213	M-077	NP CORP	172					RES: AN, OPH, OTO, PTH, NP
Hospitals of the University Health Center of Pittsburgh (Includes Children's Hospital, Eye and Ear Hospital, Magee-Womens Hospital, Mercy Hospital, Montefiore Hospital, Presbyterian-University Hospital, Veterans Admin. Hospital, Western Psychiatric Inst. and Clinic) 3550 Terrace St. 15213	M-077	MISC.			56	286	369	RES: AN, CHP, DR, D, GS, GS, IM, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U
Magee—Womens (See Also Hospitals of the University Health Center of Pittsburgh) Forbes Ave. and Halket St. 15213	M-077	NP CORP	330	12				RES: AN, DR, OBG, PTH, NP, PD, TR
Mercy 1400 Locust St. 15219	L-077	NP CORP	627	30	28	94	158	RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, U

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PENNSYLVANIA, PITTSBURGH—Continued								
Montefiore (See Also Hospitals of the University Health Center of Pittsburgh) 3459 Fifth Ave. 15213	M-077	NP CORP	480	24	0	49	50	RES: AN, DR, GS, IM, NS, OPH, ORS, PTH, NP
Office of the Medical Examiner 542 4th Ave. 15219		COUNTY		59	1		2	RES: FOP
Presbyterian—University (See Also Hospitals of the University Health Center of Pittsburgh) 230 Lothrop St. 15213	M-077	NP CORP	563				2	RES: AN, DR, D, GS, IM, NS, N, NM, ORS, PTH, NP, PS, TR, TS, U
St. Clair Memorial 1000 Bower Hill Rd. 15243		CHURCH	288					RES: OBG
St. Francis General 45th St. and Penn Ave. 15201	L-077	NP CORP	780	20	38	25	79	RES: DR, GS, IM, OBG, OPH, ORS, PM, P, TR
St. Francis General—Western Pennsylvania Hospitals	L-077	MISC.				7	8	RES: OPH
St. Margaret Memorial 265 - 46th St. 15201	L-077	NP CORP	250	26		25	30	RES: FP, ORS
Shadyside 5230 Centre Ave. 15232		NP CORP	444	28	23	15	65	RES: FP, GS, IM, OBG, PTH, TS
Veterans Admin. (See Also Hospitals of the University Health Center of Pittsburgh) University Dr. C 15240	M-077	VA	741	38				RES: AN, DR, D, GS, IM, NS, OPH, ORS, OTO, PTH, NP, PS, TS, U
Western Pennsylvania 4800 Friendship Ave. 15224	L-077	NP CORP	578	31	29	44	82	RES: AN, D, GS, IM, OBG, OPH, PTH, PS, R, U
Western Psychiatric Institute and Clinic (See Also Hospitals of the University Health Center of Pittsburgh) 3811 O' Hara St. 15213	M-077	NP CORP	120		7	20	74	RES: CHP, P
PITTSBURGH								
Pittston 18640		NP CORP	115	4				RES: FP
POTTSVILLE								
Good Samaritan E. Norwegian and Tremont Sts. 17901		CHURCH	194	7	6		6	RES: GP
Pottsville Hospital and Warne Clinic 420 S. Jackson St. 17901		NP CORP	266	20	9		9	RES: GP
READING								
Reading 6th & Spruce St. 19603	L-074, 075	NP CORP	594	28	2	33	47	RES: DR, FP, IM, OBG, ORS, PTH
St. Joseph's 215 N. 12th St. 19603	L-110	CHURCH	327	31			12	RES: FP
SAYRE								
Robert Packer 200 S. Wilbur Ave. 18840	M-072	NP CORP	323	44	7	14	21	RES: GS, IM, OPH, R
SCRANTON								
Community Medical Center 1822 Mulberry St. 18510	G-074	NP CORP	257	18				RES: IM, IM
Mercy 746 Jefferson Ave. 18501	L-072 G-074	NP CORP	314	16				RES: IM
Moses Taylor 700 Quincy Ave. 18510	G-074	NP CORP	219					RES: IM
Scranton—Temple Residency Program 802 Jefferson Ave. 18518	G-074	MISC.			1	5	18	RES: IM
WARREN								
Warren State Jamestown Rd. 16365		STATE	1466	28	13	5	27	RES: P
WASHINGTON								
Washington 155 Wilson Ave. 15301		NP CORP	484	25		16	16	RES: FP
WILKES-BARRE								
Mercy 196 Hanover St. 18703		NP CORP	245	7				RES: FP
Northeastern Pennsylvania Affiliated Hospitals		MISC.					6	RES: IM
Veterans Admin. 1111 East End Blvd. 18711	L-072 G-074	VA	500	30				RES: FP, GS, IM, P
Wilkes—Barre General N. River & Auburn Sts. 18702	L-072	NP CORP	359	20				RES: FP
Wyoming Valley 149 Dana St. 18711	L-072	NP CORP	105	7				RES: FP
WILLIAMSPORT								
Williamsport 777 Rural Ave. 17701	L-075	NP CORP	370	16	2	12	21	RES: FP
YORK								
York 1001 South George St. 17405	M-039	NP CORP	512	39	5	48	63	RES: FP, GS, IM, OBG, PTH
PUERTO RICO								
CAGUAS								
Caguas Regional 172 Puerto Rico Rd. 00625	M-078	STATE	220	4	53	8	69	RES: FP, GS, IM, OBG, PD, U
MAYAGUEZ								
Mayaguez Medical Center Highway 1 00708	M-078	DIST.	300		27	3	37	RES: IM, OBG, PD
PONCE								
Ponce District General Bo. Machuelo 00731	M-078	STATE	601	54	25	2	39	RES: IM, PD

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PUERTO RICO—Continued								
SAN JUAN								
Center for Energy and Environmental Research Puerto Rico Medical Center 00935		HOSP DIS			2		3	RES: NM, TR
I. Gonzalez Martinez P. O. Box 1811 00935		NP CORP	139	24	1		1	RES: GS, NS, OTO, U
Industrial Puerto Rico Medical Center 00935		STATE	265					RES: AN, DR
Institute of Legal Medicine, University of Puerto Rico Puerto Rico Medical Center 00935	M-078	STATE					2	RES: FOP
Puerto Rico Institute of Psychiatry San Patricio Mental Health Center, G. P. O. Box 3741 00936		NP CORP	730	2	7	1	19	RES: CHP, P
Puerto Rico Rehabilitation Center Puerto Rico Medical Center 00935		STATE						RES: PM
San Juan City Puerto Rico Medical Center 00935	M-078	CITY	575	66	77	44	118	RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, U
University District Puerto Rico Medical Center 00935	M-078	STATE	412		19	87	125	RES: AN, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, U
University of Puerto Rico Affiliated Hospitals Puerto Rico Medical Center 00935	M-078	MISC.			57	87	174	RES: AN, DR, FP, GS, NS, N, NM, OPH, ORS, OTO, PTH, PM, TR, U
University of Puerto Rico School of Medicine Department of Psychiatry G. P. O. Box 5067 00936	L-078	STATE	880	100	4	10	13	RES: CHP, P
Veterans Admin. Center G. P. O. Box 4867 00936	M-078	VA	692	62	29	25	54	RES: DR, FP, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, P, U
RHODE ISLAND								
PAWTUCKET								
Memorial Prospect St. 02860	M-101	NP CORP	306	32	5	15	36	RES: D, FP, PTH
PROVIDENCE								
Brown University Div. of Biological and Medical Sciences 02912	M-101	NP CORP			1	1	2	RES: NP
Brown University Affiliated Hospitals	M-101	MISC.			18	80	123	RES: D, FP, GS, IM, PTH, PD, P, U
Butler 345 Blackstone Blvd. 02906	M-101	NP CORP	84					RES: P
Miriam 164 Summit Ave. 02906	M-101	NP CORP	247	43	6	35	41	RES: D, GS, IM, PTH, P
Rhode Island 593 Eddy St. 02902	M-101	NP CORP	719	26	17	73	91	RES: DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, U
Roger Williams General 825 Chalkstone Ave. 02908	M-101	NP CORP	248		1	11	17	RES: D, GS, IM, PTH, U
St. Joseph's 21 Peace St. 02907	L-042	CHURCH	494	21	3	1	4	RES: PTH
Veterans Admin. Davis Park 02908	M-101	VA	351	41		22	32	RES: GS, IM, U
Women and Infants Hospital of Rhode Island 50 Maude St. 02908	M-042, 101	NP CORP	163	72				RES: OBG, PD
Women and Infants Hospital—Rhode Island Hospital	M-042, 101	MISC.			3	14	24	RES: OBG
RIVERSIDE								
Emma Pendleton Bradley 1011 Veterans Memorial Pkwy. 02915	L-101	NP CORP	56		2		2	RES: CHP, P
SOUTH CAROLINA								
ANDERSON								
Anderson Memorial 800 N. Fant St. 29621	G-079	COUNTY	486	8	1	13	21	RES: FP
CHARLESTON								
Charleston County 326 Calhoun 29401	M-079	COUNTY	148	20				RES: DR, GS, IM, OPH, ORS, OTO, PTH, PS, R, TS, U
Medical University of South Carolina 80 Barre St. 29401	M-079	STATE	489		7	94	109	RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, FOP, NP, PD, PDC, PM, PS, P, R, TR, TS, U
Medical University of South Carolina Teaching Hospitals	M-079	MISC.			16	213	289	RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TS, U
Naval Regional Medical Center Naval Base 29408	L-079	USN	375	36		30	30	RES: FP, ORS, PTH
Veterans Admin. 109 Bee St. 29403	M-079	VA	431	38				RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U
COLUMBIA								
Richland Memorial 3301 Harden St. 29203	L-079	COUNTY	566	15	13	30	75	RES: FP, GS, IM, OBG, ORS, PD
Veterans Admin. Garners Ferry Rd. 29201		VA	428	25				RES: ORS
William S. Hall Psychiatric Institute 2100 Bull St. 29202		STATE	130	67	6	18	40	RES: CHP, P
GREENVILLE								
Greenville General (See Greenville Hospital System)								
Greenville Hospital System 701 Grove Rd. 29602	L-079	NP CORP	1098	35		60	97	RES: FP, GS, IM, OBG, ORS, PD
Greenville Memorial (See Greenville Hospital System)								
Shriners Hospital for Crippled Children 2100 N. Pleasantburg Dr. 29609	G-065	NP CORP	60					RES: ORS

CONSOLIDATED LIST OF HOSPITALS

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SOUTH CAROLINA—Continued								
SPARTANBURG								
Spartanburg General 101 E. Wood St. 29303	L-079	COUNTY	565	36	1	36	56	RES: FP, GS
SOUTH DAKOTA								
PINE RIDGE								
U. S. Public Health Service Indian 57770	G-051	USPHS	52					RES: OTO
SIOUX FALLS								
Family Practice Center 1800 S. Summit 57105	M-080	NP CORP						RES: FP
Mc Kennan 800 E. 21st St. 57101	M-080	NP CORP	356	21				RES: FP
Sioux Falls Family Practice Residency	M-080	MISC.				24	32	RES: FP
Sioux Valley 1100 S. Euclid Ave. 57105	M-080	NP CORP	357	37		1	4	RES: FP, PTH
University of South Dakota Affiliated Hospitals	M-080	MISC.						RES: PTH
Veterans Admin. Center 2501 W. 22d St. 57101	M-080	VA	249	56				RES: GS
YANKTON								
Sacred Heart West 4th St. 57078	M-080	NP CORP	178	35	2	5	24	RES: GS, IM, OBG
University of South Dakota Affiliated Hospitals	M-080	MISC.				9	13	RES: GS, IM
TENNESSEE								
BRISTOL								
Bristol Memorial 209 Memorial Dr. 37620		NP CORP	351	10				RES: FP
CHATTANOOGA								
Baroness Erlanger 241 Wiehl St. 37403	M-081	CY-CO	652	21	11	31	68	RES: FP, GS, IM, OBG, OPH, ORS, PTH, PS, R
T. C. Thompson Children's 910 Blackford St. 37403	M-081	NP CORP	100	46	5	4	12	RES: FP, OPH, ORS, PD
Tennessee Valley Authority, Division of Medical Services 320 Edney Bldg. 37401		OTHER					1	RES: OM
University of Tennessee Clinical Education Center		MISC.			3	14	36	RES: FP, GS, IM, OBG, OPH, ORS, PTH, PD, PS, R
JACKSON								
Jackson—Madison County General 708 W. Forest Ave. 38301	G-081	CY-CO	519	3	1	6	20	RES: FP
JOHNSON CITY								
East Tennessee State University Affiliated Hospitals		MISC.				1	24	RES: FP, FP
Watauga Area Mental Health Center 109 W. Watauga Ave. 37601		STATE						RES: FP
KINGSPORT								
Holston Valley Community W. Ravine St. 37662		NP CORP	467	16				RES: FP
KNOXVILLE								
East Tennessee Affiliated Hospitals		MISC.				5	9	RES: ORS
East Tennessee Baptist 137 Blount Ave. 37901		CHURCH	406	8				RES: ORS
East Tennessee Children's 1912 Laurel Ave. 37916		NP CORP	74					RES: PD
Fort Sanders Presbyterian 1909 Clinch Ave. S. W. 37916		CHURCH	535					RES: ORS
St. Mary's Memorial Oak Hill Ave. 37917		CHURCH	485	9				RES: ORS
University of Tennessee Memorial Research Center and Hospital 1924 Alcoa Highway 37920	M-081	STATE	484	20		60	77	RES: AN, DR, FP, GS, IM, OBG, ORS, PTH, PD, R
MEMPHIS								
Baptist Memorial 899 Madison Ave. 38103	M-081	CHURCH	1915	20	8	109	153	RES: DR, GS, IM, NS, NM, OBG, ORS, PTH, PS, R
Campbell Clinic 869 Madison Ave. 38104	G-081	CHURCH						RES: ORS
Campbell Foundation and University of Tennessee (Includes Baptist Memorial Hospital, Campbell Clinic, City of Memphis Hospitals, Le Bonheur Children's Hospital, Methodist Hospital, Crippled Children's Hospital School, and Veterans Admin. Hospital)	G-081	MISC.			1	23	24	RES: ORS
City of Memphis Hospitals 860 Madison Ave. 38103	M-081	COUNTY	704	20	11	19	42	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PS, P, TR, TS, U
Crippled Children's Hospital School 2009 Lamar Ave. 38114	L-081	NP CORP						RES: ORS
Le Bonheur Children's 848 Adams Ave. 38103	M-081	NP CORP	178	46				RES: NS, ORS, PD
Memphis Mental Health Institute 865 Poplar Ave. 38105	M-081	STATE	167					RES: CHP, P
Methodist 1265 Union Ave. 38104	L-081	CHURCH	958	15	3	39	46	RES: DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, R
St. Joseph 220 Overton Ave. 38101		CHURCH	304					RES: PD
St. Joseph Hospital East 5959 Park Ave. 38117	L-081	NP CORP	529	18		12	2	RES: FP, OBG

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TENNESSEE, MEMPHIS—Continued								
St. Jude Children's Research 332 North Lauderdale St. 38101	L-081	NP CORP	48	82	9	7	18	RES: PD
University of Tennessee Affiliated Hospitals (Includes City of Memphis Hosps., Baptist Mem. Hosp., Le Bonheur Children's Hosp., Memphis Mental Health Inst., Methodist Hosp., St. Joseph Hosp. East, University of Tenn. Hosp., and Veterans Admin. Hosp.)	M-081	MISC.			51	261	359	RES: AN, CHP, DR, D, FP, FP, GS, IM, NS, N, NM, OBG, OPH, OTO, NP, PD, PS, P, TR, TS, U
University of Tennessee 842 Jefferson Ave. 38103	M-081	STATE	230	29				RES: IM, TS
University of Tennessee—Institute of Pathology 858 Madison Ave. 38103	M-081	STATE				1	2	RES: FOP
University of Tennessee Mental Health Center 42 N. Dunlap St. 38103	M-081	STATE						RES: CHP
Veterans Admin. 1030 Jefferson Ave. 38104	M-081	VA	923	41		4	8	RES: DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, NP, PS, P, TS, U
MOUNTAIN HOME								
Veterans Admin. Center 37684		VA	510					RES: FP
NASHVILLE								
Baptist 2000 Church St. 37236	G-083	CHURCH	581	9	5	6	11	RES: GS, OBG, PS, U
George W. Hubbard Hospital of the Meharry Medical College 1005 18th Ave. N. 37208	M-082	NP CORP	254	32	21	54	103	RES: FP, GS, IM, OBG, OPH, PTH, PD, P, R
Meharry Med. College School of Med., Dept. of Family & Community Hlth. 1005 18th Ave. N. 37208	M-082	STATE				3	3	RES: GPM
Nashville Metropolitan General 72 Hermitage Ave. 37210	L-083	CY-CO	231	22				RES: DR, GS, IM, NS, N, OBG, OPH, ORS, PD, PS, U
St. Thomas 4220 Harding Rd. 37205	L-083	CHURCH	410	34				RES: GS, IM, TS
State of Tennessee Department of Health Cordell Hull Bldg. 37219		STATE						RES: PH
Vanderbilt University 1161 21st Ave. South 37232	M-083	NP CORP	509	40	16	22	52	RES: AN, CHP, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, PTH, NP, PD, PDC, PS, P, TR, TS, U
Vanderbilt University Affiliated Hospitals	M-083	MISC.			13	272	329	RES: DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDC, PS, P, TS, U
Veterans Admin. 1310 24th Ave., South 37203	M-083	VA	485	30				RES: DR, GS, IM, NS, N, OPH, ORS, PTH, PS, TS, U
TEXAS								
AMARILLO								
Regional Academic Health Center P. O. Box 3638 79106		PART.	1027	30	6	9	24	RES: FP
AUSTIN								
Austin State 4110 Guadalupe 78751		STATE	850	74	8	17	28	RES: CHP, P
Brackenridge 15th & East Ave. 78701	M-085	CITY	317	32				RES: FP, GS, IM, PTH, PD
Central Texas Medical Foundation Brackenridge Hospital, 15th St. & East Ave. 78701	M-085	CITY			2	37	45	RES: FP, IM, PTH, PD
State of Texas Dept. of Health 1100 W. 49th St. 78756		STATE				2	4	RES: PH
BROOKS AIR FORCE BASE								
U. S. Air Force School of Aerospace Medicine 78235		USAF			1	13	24	RES: AM, GPM
CARSWELL A. F. B.								
U. S. A. F. Regional 76127		USAF	240	68		11	18	RES: FP
CORPUS CHRISTI								
Ada Wilson Hospital of Physical Medicine and Rehabilitation 3511 S. Alameda St. 78411		NP CORP	40					RES: ORS
Driscoll Foundation Children's 3533 S. Alameda, P. O. Drawer 6530 78411	L-085	NP CORP	101	60	9	1	12	RES: PD
Memorial Medical Center 2606 Hospital Blvd. 78405		DIST.	501	21	5	14	27	RES: FP, OBG
DALLAS								
Baylor University Medical Center 3500 Gaston Ave. 75246	M-084	CHURCH	1275	23	6	71	102	RES: DR, GS, IM, OBG, ORS, PTH, PM, PS, CRS, TR, TS, U
Caruth Memorial 7850 Brookhollow Rd. 75235		NP CORP	34					RES: PM
Child Psychiatry Clinic 5323 Harry Hines Blvd. 75235		STATE						RES: CHP
Children's Medical Center 1935 Amelia 75235	M-084	NP CORP	232	58	1	42	44	RES: DR, NS, N, OTO, PD, PDC, R, TR, TS, U
Dallas Child Guidance Clinic 2101 Welborn 75219		NP CORP						RES: CHP
Freeman Medical Laboratory 8350 North Central Expwy. 75206		CORP.						RES: DP
Methodist Hospital of Dallas 301 W. Colorado 75208	L-084	CHURCH	476	21	8	28	37	RES: GS, IM, OBG, PTH
Parkland Memorial 5201 Harry Hines Blvd. 75235	M-084	DIST.	780	40	13	101	122	RES: AN, DR, D, DP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
Presbyterian Hospital of Dallas 8200 Walnut Hill Lane 75231	M-084	NP CORP	508	19			1	RES: PM, PS, CRS, P, U

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					For.*	Non- For.*			
TEXAS, DALLAS—Continued									
St. Paul 5909 Harry Hines Blvd. 75235	M-084	CHURCH	489	26	7	40	57	RES: OR, GS, IM, NS, OBG, PTH, TR	
Southwestern Institute of Forensic Sciences P. O. Box 35728 75235		NP CORP				1	2	RES: FOP	
Texas Scottish Rite Hospital for Crippled Children 2201 Welborn 75219	L-084	NP CORP	78					RES: ORS	
Timberlawn Psychiatric 4600 Samuell Blvd. 75223	L-084	CORP.	156			15	15	RES: P	
University of Texas Southwestern Medical School 5323 Harry Hines Blvd. 75235	M-084	STATE			1	2	6	RES: CHP	
University of Texas Southwestern Medical School Affiliated Hospitals (Includes Children's Med. Ctr., Parkland Memorial Hosp., Presbyterian Hosp. of Dallas, Texas Scottish Rite Hosp., Veterans Admin. Hosp., John Peter Smith Hosp. (Fort Worth), and Terrell State Hosp. (Terrell))	M-084	MISC.			14	290	351	RES: DR, DP, GS, IM, NS, N, OPH, ORS, OTO, PM, PS, P, R, TR, TS, U	
Veterans Admin. 4500 S. Lancaster 75216	M-084	VA	724	28	6	1	20	RES: OR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U	
EL PASO									
El Paso Regional Academic Health Center 4800 Alberta St. 79905		STATE						RES: FP	
R. E. Thomason General 4815 Alameda Ave. 79905	M-121	OIST.	295	47	15	4	38	RES: FP, IM, OBG, ORS, ORS, PD	
William Beaumont Army Medical Center Alabama and Mc Kelligon Dr. 79920	L-085, 121	USA	444	64			79	90	RES: GS, IM, NM, OBG, ORS, PTH, PD
FORT WORTH									
Fort Worth Affiliated Hospitals	L-084	MISC.				18	28	RES: OBG, ORS	
Fort Worth Children's Hospital—Fort Worth Medical Center 1400 Cooper 76104		NP CORP.	102	59				RES: ORS	
Harris Hospital—Fort Worth Medical Center 1300 W. Cannon 76104		CHURCH	626	22	1	1	7	RES: OBG, ORS, PTH	
John Peter Smith 1500 S. Main St. 76104	L-084	DIST.	372	29		56	60	RES: AN, FP, FP, GS, OBG, ORS, OTO, PS, U	
GALVESTON									
University of Texas Medical Branch Hospitals 8th & Mechanic Sts. 77550	M-085	STATE	1027	36	39	218	342	RES: AN, CHP, OR, D, FP, GS, IM, NS, N, NM, OBG, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, TR, TS, U	
HOUSTON									
Baylor College of Medicine Affiliated Hospitals	M-086	MISC.			100	481	654	RES: AN, CHP, OR, D, FP, GS, IM, NS, N, NM, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, TR, TS, U	
Ben Taub General 1502 Taub Loop 77025	M-086	DIST.	464	40				RES: AN, CHP, OR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U	
Children's Mental Health Services 3214 Austin 77004		STATE						RES: CHP	
Hermann 1203 Ross Sterling Ave. 77025	M-120 L-085	NP CORP	505	43	9	44	79	RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, CRS, P, U	
Jefferson Davis 1801 Allen Parkway 77019	M-086	DIST.	271	34				RES: AN, DR, IM, OBG, PTH, PD, PM	
Memorial Hospital System 1100 Louisiana 77002	L-120	NP CORP	1100		5	13	30	RES: FP	
Methodist 6516 Bertner 77030	M-086	NP CORP	1031	40				RES: AN, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U	
St. Anthony Center 6301 Alameda Rd. 77021	G-120	CHURCH	372					RES: N	
St. Joseph 1919 La Branch 77002	L-120	CHURCH	732	27	11	18	22	RES: AN, DR, GS, IM, OBG, OPH, ORS, PS, U	
St. Luke's Episcopal 6720 Bertner 77025	M-086	CHURCH	724	42	3	3	9	RES: AN, BBK, DR, FP, GS, IM, NM, OBG, ORS, PTH, PM, PS, TS, U	
Shriners Hospital for Crippled Children 1402 Outer Belt Dr. 77025	G-086, 120	NP CORP	40					RES: ORS	
Texas Children's 6621 Fannin 77025	G-086	NP CORP	254	68	1	5	10	RES: AN, CHP, DR, FP, GS, NS, NM, OPH, ORS, PTH, PD, PDC, PM, PS, TS, U	
Texas Heart Institute P. O. Box 20345 77025		NP CORP	199	59	2	6	10	RES: AN, NM, TS	
Texas Institute for Rehabilitation and Research 1333 Moursund Ave. 77025	L-086	NP CORP	81	67				RES: PM	
Texas Research Institute of Mental Sciences 1300 Moursund Ave. 77025	L-086	STATE					10	RES: CHP, P	
Texas Woman's 7600 Fannin St. 77054		NP CORP						RES: OBG	
University of Texas Affiliated Systems	M-120	MISC.			5	5	9	RES: OBG	
University of Texas at Houston Affiliated Hospitals	M-120	MISC.			11	108	190	RES: AN, DR, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PS, CRS, P, U	
Univ. of Texas Health Science Ctr. at Houston School of Public Health P. O. Box 20186 77025	M-120	STATE				1	3	RES: OM	
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bertner Ave. 77025	M-120 G-086	STATE	293	68	9	19	55	RES: AN, DR, GS, IM, NS, N, NM, OPH, OTO, PTH, PD, PS, TR, U	
Veterans Admin. 2002 Holcombe Blvd. 77031	M-086	VA	1330	37				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, TR, TS, U	
LUBBOCK									
Methodist 3615-19th St. 79410		CHURCH	490	37			2	RES: PTH	
St. Mary of the Plains 4000 24th St. 79410	M-121	CHURCH	143	31			3	RES: OPH, ORS	

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TEXAS, LUBBOCK—Continued							
South Plains Area Health Education Center P. O. Box 4569 79409		STATE			8 9	36	RES: FP
Texas Tech University Affiliated Hospitals University 6610 S. Quaker Ave. 79414	M-121 M-121	MISC. STATE			5 5	32	RES: FP, FP, IM, OPH, ORS RES: ORS
West Texas 1302 Main St. 79401	M-121	CORP.	116				RES: ORS
MC ALLEN							
Mc Allen General 701 S. Main St. 78501		CITY	270	6		12	RES: FP
University of Texas Health Sciences Center		MISC.					RES: FP
SAN ANTONIO							
Baptist Memorial 111 Dallas St. 78205	G-111	CHURCH	1054	16	6 2	11	RES: OPH, ORS, PTH, R
Bexar County Teaching 4502 Medical Dr. 78229	M-111	DIST.	493	39	2 58	64	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TS, U
Brooke Army Medical Center Fort Sam Houston 78234	L-111	USA	550	66		145 190	RES: AN, DR, D, GS, IM, OBG, OPH, ORS, OTO, OTO, PTH, PD, PM, TS, U
Community Guidance Center of Bexar County 2135 Babcock Rd. 78229	M-111	NP CORP	40		1 4	6	RES: CHP
Robert B. Green Memorial 527 N. Leona St. 78207		NP CORP					RES: FP, PDA
Santa Rosa Medical Center 519 W. Houston St. 78207	M-111	CHURCH	1015	22			RES: DR, ORS, ORS, OTO, PTH, PD, PDC, PM, U
University of Texas at San Antonio Teaching Hospitals	M-111	MISC.			32 243	320	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TS, U
University of Texas Health Science Center at San Antonio 7703 Floyd Curl Dr. 78284	M-111	MISC.				1 4	RES: TR
Veterans Admin. 7400 Merton Minter Blvd. 78284	M-111	VA	628	44			RES: AN, DR, D, IM, NS, N, OPH, ORS, PTH, PM, PS, P, TS, U
Wilford Hall U. S. A. F. Medical Center Lackland A. F. B. 78236	L-085, 111, 126	USAF	1000	72		225 255	RES: AN, DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, TS, U
TEMPLE							
Santa Fe Memorial 600 S. 25th St. 76501		NP CORP	130				RES: ORS
Scott and White Memorial 2401 S. 31st St. 76501	M-127 L-085, 086	NP CORP	375	46	4 76	98	RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PO, U
Veterans Admin. Center South First St. 76501	M-127	VA	695	38			RES: GS, IM, ORS, U
TERRELL							
Terrell State Box 70 75160	L-084	STATE	1904	54			RES: P
WACO							
Hillcrest Baptist 3000 Herring Ave. 76708		CHURCH	368	10			RES: FP
Mc Lennan County Family Practice Program 1700 Providence Dr., P. O. Box 2089 76703		MISC.				17 18	RES: FP
Providence 1700 Providence Dr., P. O. Box 2089 76703		NP CORP	222	8			RES: FP
WICHITA FALLS							
Bethania 1600 11th St. 76301		CHURCH	217	13			RES: FP
Wichita Falls—University of Texas Hsc Dallas Program		MISC.				8	RES: FP
Wichita General 1600 8th St. 76301		CY-CO	277	9			RES: FP
UTAH							
OGDEN							
Mc Kay—Dee Hospital Center 3939 Harrison Blvd. 84402	L-087	NP CORP	335				RES: FP, GS
PROVO							
Utah State 1500 East Center 84601	G-087	STATE	368				RES: P
SALT LAKE CITY							
Holy Cross Hospital of Salt Lake City 1045 East First South 84102	L-087	CHURCH	341	35		1 2	RES: AN, FP, GS, NS, OBG, ORS, PTH
L D S Hospital 325-8th Ave. 84103	M-087	CORP.	570	30		29 31	RES: AN, GS, IM, OBG, ORS, PTH, PS, TR, TS
Office of State Medical Examiner—University of Utah Medical Center 44 Medical Dr. 84112		STATE				1	RES: FOP
Primary Children's Medical Center 320 Twelfth Ave. 84103	L-087	CORP.	152	73			RES: AN, CHP, DR, ORS, PD, PDC, PS, TS
St. Mark's 1200 East 3900 South 84117	G-087	CHURCH	295				RES: AN
Salt Lake Community Mental Health Center 837 E. South Temple 84102		CITY					RES: CHP, P
Shriners Hospital for Crippled Children Fairfax at Virginia Sts., Box 1865 84103	L-087	NP CORP	45				RES: AN, ORS
University 50 North Medical Dr. 84132	M-087	STATE	305	50	1 4	7	RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U

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UTAH, SALT LAKE CITY—Continued								
University of Utah Affiliated Hospitals (Includes University Hosp., Holy Cross Hosp., L D S Hospital, Primary Children's Hosp., St. Mark's Hosp., Shriners Hosp., Veterans Admin. Hosp., Mc Kay-Dee Hosp. Ctr. (Ogden), and Utah State Hosp. (Provo)	M-087	MISC.			14	298	319	RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TS, U
University of Utah Department of Family and Community Medicine 50 N. Medical Dr. 84132	M-D87	STATE					3	RES: GPM
Utah State Division of Health 44 Medical Dr. 84113		STATE				3	2	RES: PH
Veterans Admin. 500 Foothill Dr. 84113	M-087	VA	506	57				RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont Colchester Ave. 05401	M-088	NP CORP	513	46	6	132	153	RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, ORS, OTO, PTH, PD, P, TR, U
WHITE RIVER JUNCTION								
Veterans Admin. Center North Hartland Rd. 05001	M-052	VA	224	72				RES: D, GS, IM, NS, N, ORS, PTH, P, U
WINDOSKI								
Fanny Allen 101 College Pkwy. 05404	L-088	CHURCH	102	16				RES: IM
VIRGINIA								
ANNANDALE								
Woodburn Center for Community Mental Health 3340 Woodburn Rd. 22003		COUNTY					2	RES: CHP
ARLINGTON								
Arlington 1701 N. George Mason Dr. 22205	M-019	NP CORP	350	26				RES: GS, ORS, PD, U
National Orthopaedic and Rehabilitation 2455 Army Navy Dr. 22206		NP CORP	141	38	3	4	8	RES: ORS
CHARLOTTESVILLE								
University of Virginia Jefferson Park Ave. 22903	M-089	STATE	694	60	11	201	208	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U
University of Virginia Affiliated Hospitals	M-089	MISC.			3	66	77	RES: GS, IM, ORS, U
DANVILLE								
Memorial 142 South Main St. 24541		NP CORP	457	27	3	2	8	RES: PTH, U
FALLS CHURCH								
Fairfax 3300 Gallows Rd. 22046	M-019 L-020 G-09D	NP CORP	619	29	1	3	4	RES: FP, GS, OBG, PTH, PD, U
Northern Virginia Mental Health Institute 3302 Gallows Rd. 22046		STATE	120	100	7	4	12	RES: P
FORT BELVOIR								
De Witt Army Bldg. 808 22060		USA	126	41		16	19	RES: FP
HAMPTON								
Bayberry Psychiatric 530 E. Queen St. 23669	G-122	CORP.	128					RES: P
Veterans Admin. Center 23667	M-122	VA	462	50				RES: GS, IM, OPH, PS, P
LYNCHBURG								
Lynchburg General—Marshall Lodge Hospitals Tate Springs Rd. 24504		NP CORP	27D	9				RES: FP
University of Virginia Family Practice Program Virginia Baptist 3300 Rivermont Ave. 24503		MISC. CHURCH	251	15	1	7	15	RES: FP RES: FP
NEWPORT NEWS								
Riverside J. Clyde Morris Blvd. 23601	L-090	NP CORP	641	24		46	50	RES: FP, OBG, R
NORFOLK								
Children's Hospital of the King's Daughters 609 Colley Ave. 23507	M-122	NP CORP	92	66	8	7	32	RES: DR, FP, OPH, ORS, OTO, PD, U
Community Mental Health Center and Psychiatric Institute 721 Fairfax Ave., P. O. Box 1980 23501	L-122	STATE	66					RES: P
De Paul Kingsley Lane and Granby St. 23505	M-122	NP CORP	393	43	3		9	RES: OR, GS, IM, OBG, OPH, PTH, P, R
Ear, Nose and Throat Hospital 901 Hampton Blvd. 23507	L-122	CORP.	16					RES: OTO
Eastern Virginia Medical School Affiliated Hospitals	M-122	MISC.			30	88	233	RES: DR, FP, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PS, P
Norfolk General 600 Gresham Dr. 23507	M-122	NP CORP	728	44				RES: DR, FP, GS, IM, OBG, OPH, ORS, OTO, PTH, PS, P, U
Norfolk General—Children's Hospital of the King's Daughters	M-122	NP CORP					6	RES: U
Tidewater Psychiatric Institute 1005 Hampton Blvd. 23507		CORP.	122					RES: P
U. S. Public Health Service 6500 Hampton Blvd. 23508	L-122	USPHS	148					RES: OPH
PETERSBURG								
Central State Box 271 23803		STATE	1530	10	11		15	RES: P

CONSOLIDATED LIST OF HOSPITALS

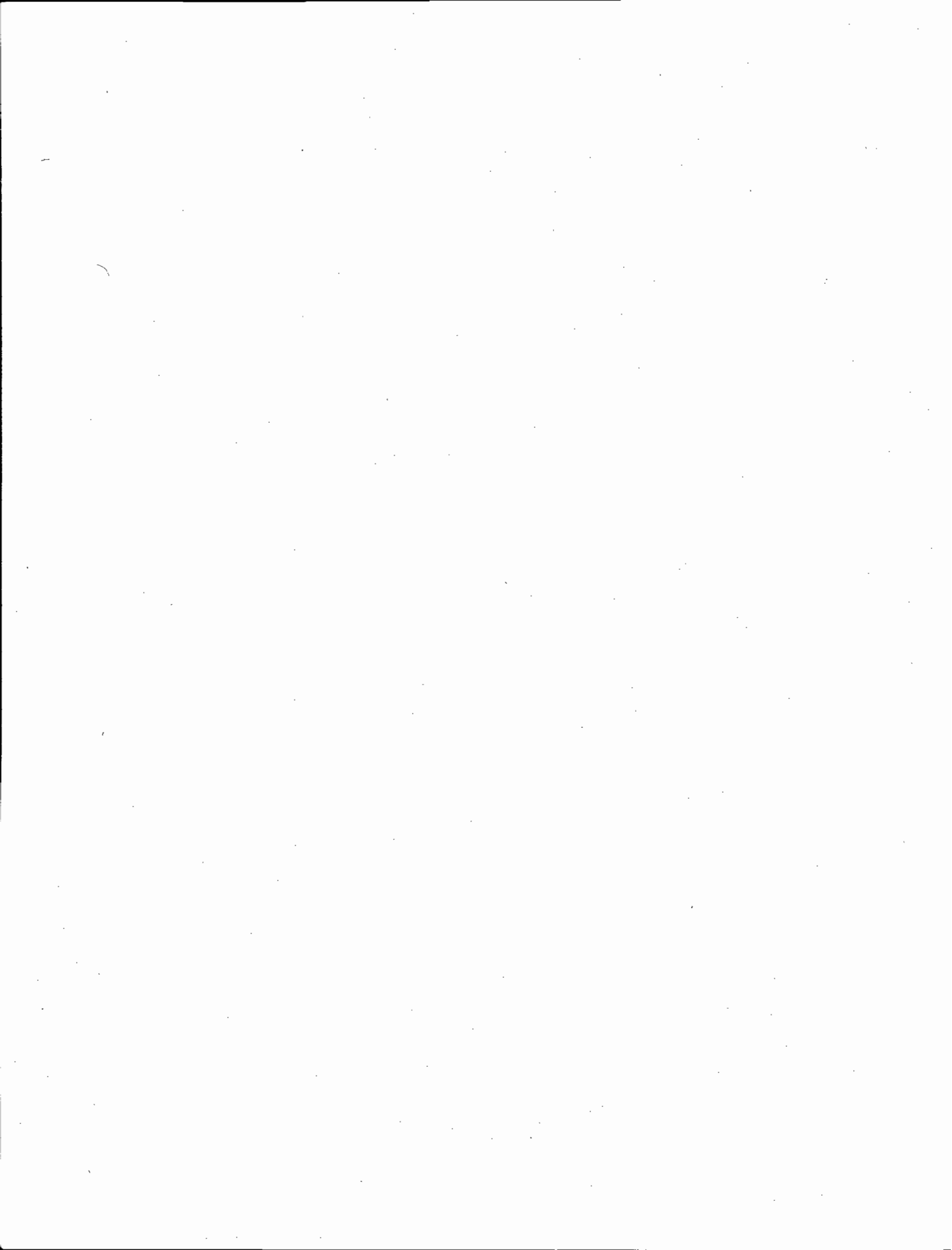
Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1976 For.*	Non- For.*	Pos. Off. July 1, 1978	Approved Program
VIRGINIA—Continued								
PORTSMOUTH								
Naval Regional Medical Center 23708	M-122 L-126	USN	865	65	4	133	155	RES: AN, GS, IM, OBG, ORS, PTH, PD, PS, P, P, U
Portsmouth Psychiatric Center Fort Lane and Crawford Pkwy. 23704	M-122	CORP.	91					RES: P
RICHMOND								
Chippenham 7101 Jahnke Rd. 23225	G-090	CORP.	421	14		13	18	RES: FP
Crippled Children's 2924 Brook Rd. 23220	G-090	NP CORP	88					RES: ORS
Medical College of Virginia Box 41 23219	M-090	STATE				1	4	RES: FOP, NP
Medical College of Virginia Hospitals 1200 E. Broad St. 23219	M-090	STATE	944	43	16	90	112	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, TS, U
Richmond Memorial 1300 Westwood Ave. 23227	L-090	NP CORP	500	13				RES: GS, PS, U
State of Virginia Dept. of Public Health 109 Governor St. 23219		STATE				2	3	RES: PH
Veterans Admin. 1201 Broad Rock Rd. 23219	M-090	VA	865	37		3	3	RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, TS, U
Virginia Commonwealth University M. C. V. Affiliated Hospitals (Includes Medical College of Va. Hosps., Crippled Children's Hosp., Richmond Mem. Hosp., Veterans Admin. Hosp., Virginia Treatment Ctr. for Children, Fairfax Hosp. (Falls Church), Riverside Hosp. (Newport News))	M-090	MISC.			23	282	347	RES: AN, CHP, DR, D, FP, FP, FP, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, TS, U
Virginia Treatment Center for Children 515 North 10th St. 23219		STATE	40		2	2	4	RES: CHP
ROANOKE								
Community Hospital of Roanoke Valley 101 Elm Ave., P. O. Box 2201 24009	L-089	NP CORP	400	26	14		15	RES: GS
Roanoke Memorial Hospitals Bellevue at Jefferson St., P. O. Box 1367 24033	M-089	NP CORP	680	21		47	56	RES: FP, FP, GS, IM, ORS
SALEM								
Veterans Admin. 1970 Boulevard, Roanoke 24153	M-089	VA	949	36				RES: GS, IM, ORS, U
SUFFOLK								
Louise Obici Memorial Windsor Rd. 23434	G-090	NP CORP	240	9	5		5	RES: GP.
VIRGINIA BEACH								
General Hospital of Virginia Beach 1060 First Colonial Rd. 23454	L-064 G-090	NP CORP	263	21		18	18	RES: FP
WILLIAMSBURG								
Eastern State Drawer A 23185		STATE	1821	4	14		16	RES: P
WASHINGTON								
RICHLAND								
Hanford Environmental Health Foundation P. O. Box 100 99352		NP CORP						RES: OM
SEATTLE								
Boeing Company P. O. Box 3707, M. S. 10-27 98124		CORP.					2	RES: OM
Children's Orthopedic Hospital and Medical Center 4800 Sand Point Way N. E. 98105	M-091	NP CORP	166	77				RES: AN, DR, N, OPH, ORS, OTO, PTH, PD, PDA, PM, TR, TS, U
Doctors 909 University St. 98101	L-091	NP CORP	177	25		18	18	RES: FP
Group Health Medical Center 200 15th Ave. E. 98112	L-091	NP CORP	297	24		12	12	RES: FP
Harborview Medical Center 325 Ninth Ave. 98104	M-091	STATE	281	71		1		RES: AN, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TS, U
Providence Medical Center 500 17th Ave., C-34008 98124	L-091	NP CORP	347	51	2	16	18	RES: FP, GS
Swedish Hospital Medical Center 747 Summit Ave. 98104	L-091	NP CORP	452	29	3	14	17	RES: DR, GS, OBG, ORS, OTO, PTH, TR
U. S. Public Health Service 1131 14th Ave. S., Box 3145 98114	M-091	USPHS	214	68				RES: GS, IM, NM, OBG, OPH, OTO, PTH, PM, TS
University 1959 N. E. Pacific St. 98195	M-091	STATE	322	74		25	27	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, P, TR, TS, U
University of Washington Affiliated Hospitals (Includes Positions at Children's Orthopedic Hospital and Medical Center, Harborview Medical Center, Swedish Hospital Medical Center, U. S. Public Health Service Hosp., University Hosp. and Veterans Admin. Hosp.)	M-091	MISC.			19	402	441	RES: AN, CHP, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, P, TR, TS, U
University of Washington School of Public Health & Community Medicine Health Sciences Sc-30 98195		STATE				26	33	RES: GPM, PH
Veterans Admin. 4435 Beacon Ave. S. 98108	M-091	VA	310	74				RES: AN, DR, GS, IM, NS, N, NM, OPH, ORS, PTH, PM, P, TS, U
Virginia Mason 925 Seneca St. 98101	L-091	NP CORP	290	47	2	46	58	RES: AN, DR, GS, IM, OBG, TR, U
SPOKANE								
Oeaconess 800 W. Fifth Ave. 99210	L-091	NP CORP	315	39			8	RES: FP, PTH

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1976		Pos. Off. July 1, 1976	Approved Program
					For.*	Non- For.*		
WASHINGTON, SPOKANE—Continued								
Inland Empire Hospital Services Association South 511 Pine St. 99202	L-091	NP CORP				18	18	RES: FP
Sacred Heart Medical Center W. 101 Eighth Ave. 99204	L-091	CHURCH	518	37		9	22	RES: DR, FP, OBG, PTH, R
St. Luke's Memorial S. 711 Cowley St. 99210	L-091	NP CORP	138					RES: FP
Shriners Hospital for Crippled Children North 820 Summit Blvd. 99201	G-091	NP CORP	40					RES: ORS
TACOMA								
Madigan Army Medical Center 98431	L-091	USA	314	76		104	126	RES: FP, GS, IM, OBG, ORS, OTO, PTH, PD, U
Tacoma General 315 South K St. 98405	G-091	NP CORP	270	17		1	2	RES: AN, PTH
YAKIMA								
St. Elizabeth 110 S. 9th Ave. 98902		CHURCH	200					RES: FP
Yakima Valley Family Medicine Program		MISC.				12	12	RES: FP
Yakima Valley Memorial 2811 Tieton Dr. 98902		NP CORP	218	20				RES: FP
WEST VIRGINIA								
BECKLEY								
Appalachian Regional Box 1149 25801	L-092	NP CORP	221	26	9		17	RES: GS, IM, PTH
Marshall University Affiliated Hospitals Veterans Admin. 200 Veterans Ave. 25801		MISC. VA	216	33			17	RES: IM RES: IM
CHARLESTON								
Charleston Area Medical Center 1210 Elmwood Ave. 25325	M-092	NP CORP	910	24	32	31	74	RES: CHP, FP, GS, IM, OBG, PTH, PD, P, U
West Virginia University—Charleston Division	M-092	MISC.						RES: IM
CLARKSBURG								
United Hospital Center Box 1680 26301	L-092	NP CORP	483	9	1	7	14	RES: FP
Veterans Admin. 26301	L-092	VA						RES: GS, U
HUNTINGTON								
Cabell Huntington 1340 16th St. 25701	L-092	CY-CO	299	10				RES: FP, IM, PTH
Marshall University Affiliated Hospitals 1801 6th Ave. 25701		MISC.					32	RES: FP, IM, PTH
St. Mary's 2900 1st Ave. 25701	L-092	CHURCH	401	21				RES: FP, IM, PTH
Veterans. Admin. 1540 Spring Valley Dr. 25701		VA	170	26				RES: FP, IM
MARTINSBURG								
Veterans Admin. Center 25401	G-020	VA	675	31				RES: OPH
MORGANTOWN								
Monongalia General Van Voorhis Rd. 26505	G-092	COUNTY	185					RES: ORS
West Virginia University Medical Center 26506	M-092	STATE	445	55	31	93	158	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, P, U
West Virginia University Medical Center	M-092	MISC.			3	31	36	RES: CHP, GS, P, U
SOUTH CHARLESTON								
Herbert J. Thomas Memorial 4605 Mac Corkle Ave S. W. 25309	L-092	NP CORP	229	14				RES: FP
Kanawha Valley Program		MISC.				11	15	RES: FP
WHEELING								
Ohio Valley Medical Center 2000 Eoff St. 26003	M-092	NP CORP	453	21	34	3	45	RES: GS, IM, OBG, PTH, R, U
Wheeling Medical Park 26003	L-092	NP CORP	276	13	1	4	16	RES: FP
WISCONSIN								
EAU CLAIRE								
Eau Claire Regional Educational Consortium	G-093	MISC.				10	14	RES: FP
Luther 310 Chestnut St. 54701	G-093	NP CORP	310	34				RES: FP
Sacred Heart 900 W. Clairmont Ave. 54701	G-093	NP CORP	353	26				RES: FP
LA CROSSE								
La Crosse Lutheran Hospital and Gundersen Clinic 1836 South Ave. 54601	M-093	NP CORP	427	50		22	33	RES: GS, IM, PD, U
St. Francis 709 S. 10th St. 54601		CHURCH	357	26		4	12	RES: FP
MADISON								
Child—Adolescent Center (See Mendota Mental Health Institute)								
Madison General 202 S. Park St. 53715	M-093	NP CORP	480	39	3	2	4	RES: GS, IM, NS, OBG, ORS, OTO, PTH, PD, U
Mendota Mental Health Institute 301 Troy Dr. 53704	M-093	STATE	227					RES: CHP, P
Methodist 309 W. Washington Ave. 53703	M-093	NP CORP	280	29				RES: GS, U

CONSOLIDATED LIST OF HOSPITALS

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1976 For.*	Non-For.*	Pos. Off. July 1, 1978	Approved Program
WISCONSIN, MADISON —Continued								
St. Marys Hospital Medical Center 707 S. Mills St. 53715	M-093	CHURCH	390	30	36	36	36	RES: FP, GS, OBG, ORS, U
State of Wisconsin Division of Health, Bureau of State—Local Relations 1 W. Wilson St., P. O. Box 309 53701		STATE				1	1	RES: PH
University Hospitals 1300 University Ave. 53706	M-093	STATE	550	68	6	11	16	RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PS, P, TR, TS, U
University of Wisconsin Affiliated Hospitals (Includes University Hospitals, Madison General Hospital, Mendota Mental Health Institute, Methodist Hospital, St. Marys Hospital Medical Center, Veterans Admin. Hospital)	M-093	MISC.			25	275	324	RES: AN, CHP, DR, D, FP; FP, FP, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, NP, PD, P, TS, U
Veterans Admin. 2500 Overlook Terr. 53705	M-093	VA	438	66				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, NP, TS, U
MARSHFIELD								
Marshfield Clinic 650 S. Central Ave. 54449	M-093	CHURCH				1	1	RES: D, GS, IM, PD
Marshfield—University of Wisconsin Affiliated Hospitals	M-093	MISC.			2	9	22	RES: D, GS, IM, PD
St. Joseph's 611 St. Joseph Ave. 54449	M-093	CHURCH	422	60				RES: GS, IM, PD
MILWAUKEE								
Columbia 2025 E. Newport Ave. 53211	L-094	NP CORP	406	50				RES: GS, ORS, U
Curative Workshop of Milwaukee 9001 W. Watertown Plank Rd. 53226	L-094	NP CORP						RES: PM
Deaconess 620 N. 19th St. 53233	L-094	CHURCH	292	27		18	18	RES: FP
Lutheran Hospital of Milwaukee 2200 W. Kilbourn Ave. 53233	L-094	NP CORP	404					RES: GS, U
Medical College of Wisconsin Affiliated Hospitals (Includes Milwaukee Children's Hosp., Milwaukee County General Hosp., Veterans Admin. Center (Wood), and Some Positions at Columbia Hosp., Lutheran Hosp., St. Luke's Hosp., and Milwaukee Psych. Hosp. (Wauwatosa))	M-094	MISC.			61	253	394	RES: AN, DR, D, FP, FP, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, TR, TS, U
Medical College of Wisconsin Division of Preventive Medicine 1725 W. Wisconsin Ave. 53233	M-094	STATE				1	3	RES: GPM
Milwaukee Children's 1700 W. Wisconsin Ave. 53233	M-094	NP CORP	186	73		1	1	RES: CHP, DR, GS, N, OPH, ORS, OTO, PO, PDA, PM, PS, P, TR, TS, U
Milwaukee County General 8700 W. Wisconsin Ave. 53226	M-094	COUNTY	667	42		13	37	RES: AN, DR, D, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, TR, TS, U
Milwaukee County Mental Health Center 9191 Watertown Plank Rd. 53226	M-094	COUNTY	438					RES: P
Mount Sinai Medical Center 950 N. 12th St., P. O. Box 342 53201	M-093 L-094	NP CORP	320	42	12	33	58	RES: GS, IM, OBG, ORS, PTH, U
St. Joseph's 5000 W. Chambers 53210	L-094	NP CORP	580	33	3	23	43	RES: DR, GS, OBG, ORS, PTH, TR, U
St. Luke's 2900 W. Oklahoma Ave. 53215	L-094	NP CORP	576	30	9	19	35	RES: DR, FP, GS, NM, OTO, PTH, TS
St. Mary's 2320 N. Lake Dr. 53211	L-094 G-093	CHURCH	281	32	3	10	24	RES: FP, OBG
St. Michael 2400 West Villard Ave. 53209	L-094	NP CORP	405	26	4	18	24	RES: FP
Veterans Admin. Center (Wood) 5000 W. National Ave. 53193	M-094	VA	858	48				RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, TR, TS, U
WAUKESHA								
Waukesha Memorial 725 American Ave. 53186	G-093	NP CORP	391	18		5	12	RES: FP
WAUWATOSA								
Milwaukee Psychiatric 1220 Dewey Ave. 53213	M-094	NP CORP	118	100				RES: P
WINNEBAGO								
Winnebago Mental Health Institute Butler Ave., Box H 54985		STATE	314		3	2	9	RES: P



ABBREVIATIONS AND NOTES

Symbols in Column for Medical School Affiliations:

10 through 127—see list on Page 94-95 for names of medical schools, under heading of "Medical School Affiliations."

M	Major Affiliation
L	Limited Affiliation
G	Affiliation for Graduate Programs

Abbreviations Used in Column for Control:

AEC	Atomic Energy Commission
CHURCH	Church Related
CY-CO	City and County
CORP	Corporation
DIST	District
FED	Federal
HEW	Department of Health, Education, and Welfare
NP CORP	Nonprofit corporation
PART	Partnership
TVA	Tennessee Valley Authority
VA	Veterans Administration
USAF	U.S. Air Force
USA	U.S. Army
USN	U.S. Navy
USPHS	U.S. Public Health Service
MISC	Miscellaneous

Other Symbols and Abbreviations Used in Directory:

Nec	Necropsy
For.	Foreign (medical graduate)
Non-For.	Non-Foreign (medical graduate)—Graduates of medical schools in the United States, Canada, Puerto Rico.

For Orthopedic Surgery Residencies:

A	Adult Orthopedics
C	Children's Orthopedics
F	Fractures

Abbreviations Used for Residencies:

RES	Residencies
AM	Aerospace Medicine
AIM	Allergy & Immunology
AN	Anesthesiology
BBK	Blood Banking
CHP	Child Psychiatry
CRS	Colon and Rectal Surgery
D	Dermatology
DP	Dermatopathology
DR	Diagnostic Radiology
FOP	Forensic Pathology
FP	Family Practice
GP	General Practice
GPM	General Preventive Medicine
IM	Internal Medicine
NS	Neurological Surgery
N	Neurology
NM	Nuclear Medicine
NP	Neuropathology
OBG	Obstetrics-Gynecology
OM	Occupational Medicine
OPH	Ophthalmology
ORS	Orthopedic Surgery
OTO	Otolaryngology
PTH	Pathology
PDA	Pediatric Allergy
PD	Pediatrics
PDC	Pediatric Cardiology
PM	Physical Medicine and Rehabilitation
PS	Plastic Surgery
P	Psychiatry
PH	Public Health
R	Radiology
GS	Surgery
TR	Therapeutic Radiology
TS	Thoracic Surgery
U	Urology

Types of First-Year Program in Residencies

C	Categorical First Year (entirely in specialty field designated)
°	Categorical* First Year (some diversity of assignments and/or goals, but major assignments fulfill specialty requirements)
F	Flexible First Year, to provide a broad clinical base for entry to two or more specialties

Medical School Affiliations

Numbers 10 to 127 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships and graduate education.

Hospitals have been identified with the symbol **M** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with the symbol **L** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program. **G** indicates a hospital used by the school for graduate training programs only.

10. University of Alabama School of Medicine, Birmingham, Ala.
11. University of Arkansas School of Medicine, Little Rock, Ark.
12. Loma Linda University School of Medicine, Loma Linda, California
13. The UCLA School of Medicine, Los Angeles
14. University of Southern California School of Medicine, Los Angeles
15. Stanford University School of Medicine, Stanford, Calif.
16. University of California, San Francisco, School of Medicine, San Francisco
17. University of Colorado School of Medicine, Denver
18. Yale University School of Medicine, New Haven
19. Georgetown University School of Medicine, Washington, D. C.
20. George Washington University School of Medicine, Washington, D. C.
21. Howard University College of Medicine, Washington, D. C.
22. University of Florida College of Medicine, Gainesville, Fla.
23. University of Miami School of Medicine, Miami, Fla.
24. Medical College of Georgia School of Medicine, Augusta, Georgia
25. Emory University School of Medicine, Atlanta, Ga.
26. University of Health Sciences, The Chicago Medical School, Chicago
27. Northwestern University Medical School, Chicago
28. Loyola University of Chicago Stritch School of Medicine, Maywood, Illinois
29. University of Chicago Division of Biological Sciences and The Pritzker School of Medicine, Chicago
30. University of Illinois College of Medicine, Chicago
31. Indiana University School of Medicine, Indianapolis
32. University of Iowa College of Medicine, Iowa City
33. University of Kansas School of Medicine, Kansas City, Kansas
34. University of Kentucky College of Medicine, Lexington
35. University of Louisville School of Medicine, Louisville, Ky.
36. Louisiana State University School of Medicine, New Orleans
37. Tulane University School of Medicine, New Orleans
38. Johns Hopkins University School of Medicine, Baltimore
39. University of Maryland School of Medicine, Baltimore
40. Boston University School of Medicine, Boston
41. Harvard Medical School, Boston
42. Tufts University School of Medicine, Boston
43. University of Michigan Medical School, Ann Arbor, Mich.
44. Wayne State University School of Medicine, Detroit
45. University of Minnesota Medical School, Minneapolis
46. University of Mississippi School of Medicine, Jackson, Miss.
47. University of Missouri-Columbia School of Medicine, Columbia, Mo.
48. St. Louis University School of Medicine, St. Louis, Mo.
49. Washington University School of Medicine, St. Louis, Mo.
50. Creighton University School of Medicine, Omaha, Neb.
51. University of Nebraska College of Medicine, Omaha, Neb.
52. Dartmouth Medical School, Hanover, N. H.
53. CMDNJ-New Jersey Medical School, Newark, New Jersey
54. Albany Medical College of Union University, Albany, N. Y.
55. State University of New York at Buffalo School of Medicine, Buffalo, N. Y.
56. Albert Einstein College of Medicine of Yeshiva University, New York City
57. Columbia University College of Physicians and Surgeons, New York City
58. Cornell University Medical College, New York City
59. New York Medical College, New York City
60. New York University School of Medicine, New York City
61. State University of New York Downstate Medical Center, Brooklyn
62. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.
63. State University of New York, Upstate Medical Center, College of Medicine, Syracuse, N. Y.
64. University of North Carolina School of Medicine, Chapel Hill
65. Duke University School of Medicine, Durham, N. C.
66. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.
67. University of Cincinnati College of Medicine, Cincinnati, Ohio
68. Case Western Reserve University School of Medicine, Cleveland, Ohio
69. Ohio State University College of Medicine, Columbus
70. University of Oklahoma School of Medicine, Oklahoma City
71. University of Oregon Medical School, Portland
72. Hahnemann Medical College and Hospital, Philadelphia
73. Jefferson Medical College of Thomas Jefferson University, Philadelphia
74. Temple University School of Medicine, Philadelphia
75. University of Pennsylvania School of Medicine, Philadelphia
76. Medical College of Pennsylvania, Philadelphia
77. University of Pittsburgh School of Medicine, Pittsburgh
78. University of Puerto Rico School of Medicine, San Juan
79. Medical University of South Carolina College of Medicine, Charleston
80. University of South Dakota School of Medicine, Vermillion, S. D.
81. University of Tennessee College of Medicine, Memphis
82. Meharry Medical College School of Medicine, Nashville, Tenn.
83. Vanderbilt University School of Medicine, Nashville, Tenn.
84. University of Texas Southwestern Medical School at Dallas, Dallas
85. University of Texas Medical Branch at Galveston, Galveston
86. Baylor College of Medicine, Houston, Tex.
87. University of Utah College of Medicine, Salt Lake City
88. University of Vermont College of Medicine, Burlington, Vt.
89. University of Virginia School of Medicine, Charlottesville
90. Medical College of Virginia Health Sciences Division of Virginia Commonwealth University, Richmond
91. University of Washington School of Medicine, Seattle
92. West Virginia University School of Medicine, Morgantown
93. University of Wisconsin Medical School, Madison
94. Medical College of Wisconsin, Milwaukee
95. University of California, Irvine, California College of Medicine, Los Angeles
96. University of New Mexico School of Medicine, Albuquerque
97. University of North Dakota School of Medicine, Grand Forks
98. Michigan State University College of Human Medicine, East Lansing

Medical School Affiliations (continued)

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|---|--|
| 99. CMDNJ-Rutgers Medical School, Piscataway, New Jersey | 114. University of South Alabama College of Medicine, Mobile, Alabama |
| 100. University of Arizona College of Medicine, Tucson | 115. University of South Florida College of Medicine, Tampa, Florida |
| 101. Brown University Division of Biological and Medical Sciences, Providence, R. I. | 116. Southern Illinois University School of Medicine, Springfield, Illinois |
| 102. University of California, Davis, School of Medicine, Davis | 117. University of Minnesota, Duluth School of Medicine, Duluth, Minnesota |
| 103. University of California, San Diego, School of Medicine, San Diego | 118. University of Missouri, Kansas City School of Medicine, Kansas City, Missouri |
| 104. University of Connecticut School of Medicine, Farmington | 119. University of Nevada, Reno School of Medical Sciences, Reno, Nevada |
| 105. University of Hawaii John A. Burns School of Medicine, Honolulu, Hawaii | 120. University of Texas Health Sciences Center at Houston Medical School, Houston, Texas |
| 106. Louisiana State University School of Medicine in Shreveport, Shreveport, Louisiana | 121. Texas Tech University School of Medicine, Lubbock, Texas |
| 107. University of Massachusetts Medical School, Worcester, Massachusetts | 122. Eastern Virginia Medical School, Norfolk Area Medical Center Authority, Norfolk, Virginia |
| 108. Mount Sinai School of Medicine of the City University of New York, New York, New York | 123. Rush Medical College, Chicago, Illinois |
| 109. State University of New York at Stony Brook Health Sciences Center School of Medicine, Stony Brook, New York | 124. Wright State University School of Medicine, Dayton, Ohio |
| 110. Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey, Pennsylvania | 125. Medical College of South Carolina School of Medicine, Columbia, South Carolina |
| 111. University of Texas Health Sciences Center at San Antonio Medical School, San Antonio | 126. Uniformed Services University of the Health Sciences, Bethesda, Maryland |
| 112. Medical College of Ohio at Toledo, Toledo, Ohio | 127. Texas A. & M. University College of Medicine, College Station, Texas |
| 113. Mayo Medical School, Rochester, Minnesota | 128. East Carolina University School of Medicine, Greenville, North Carolina |

SPECIAL NOTICE

Internships and Residency Programs in Canada

For a number of years, a list of internships offered in Canadian hospitals and approved by the Canadian Medical Association has been included in each edition of the *Directory of Approved Internships and Residencies*.

The list was published simply as a courtesy, to provide information to those who might wish to obtain graduate training in Canada; however, the purpose of its publication was misunderstood, and many persons assumed that these programs had been evaluated and approved by the Council on Medical Education of the American Medical Association.

To avoid misunderstanding, publication of the list has been discontinued. Information on approved internships offered in Canadian hospitals can be obtained from the Canadian Medical Association, 1867 Alta Vista Drive, Ottawa, Ontario, Canada.

Residencies in Canada are evaluated by the Royal College of Physicians and Surgeons of Canada, 74 Stanley Avenue, Ottawa, Ontario, Canada.

A table in the section in this Directory containing information on Medical Licensure indicates the policies of each State in the United States on licensure for citizens of Canada. This is a summary table, for quick reference only, and anyone who wishes to determine the policy of a specific State of the United States is urged to write to the corresponding officer of that state licensing board. These names of officers are also listed in the section on Medical Licensure at the back of this issue of the Directory.

The National Intern and Resident Matching Program

The Directory of Accredited Residencies lists all of the hospitals with resident training programs accredited by the Liaison Committee on Graduate Medical Education. For the past 26 years, over 90% of the hospitals approved for such training have participated in the National Intern and Resident Matching Program. The NIRMP is limited to those hospitals which have signed an agreement to participate for the coming year and to abide by the rules and regulations.

Because essentially all specialty boards have made significant modifications in their requirements, it is now possible for medical students to apply for a first year of graduate medical education or a first year of residency in most specialties. Most specialty boards still recognize other types of first-year experience for credit toward specialty board certification at a future date.

These recent policy changes have made it possible for new medical graduates to select their first year of graduate medical education from a much broader program base. Medical students as well as the organizations sponsoring the NIRMP are of the opinion that the first year of graduate medical education should continue to be included in the matching program.

In the NIRMP List the federal services, except for the Veterans Administration, are listed first. Please note that the Air Force will not be participating in the matching program covering 1978 appointments. This is related to a cutback in personnel and federal funding and also to the fact that students who are Air Force sponsored are subject to government control.

The Army and Navy have also announced that they will not be participating in the 1978 Matching Program. The Army and Navy have a sufficient number of scholarship recipients who will be required to stay on active duty while attending medical school and who will subsequently be required to serve their graduate medical education in service-based hospitals.

Persons applying for training in the Public Health Service should apply directly to the hospital involved. If there is more than one choice of a Hospital, each hospital should be listed as a separate choice on the ranking list. All Public Health Service Hospitals will be acting as independent agents in the selection of candidates under the National Intern and Resident Matching Program again this year. Matching will take place to a specific Public Health Service Hospital rather than to the Federal Service itself. The government services do not issue contracts. Following the listing of the federal services all participating hospitals are listed alphabetically

by state, within each state by city, and within the city by the name of the hospital. In writing to a hospital the student should address the Program Director.

The Directory of Accredited Residencies includes additional information of a statistical nature and also lists the name of the program director in most instances. Note that the address of the hospital is not included in each list but will be found along with certain other basic data in the Consolidated List of Hospitals with approved graduate training programs.

The 1978 NIRMP List of Participating Programs was sent to students in the program by the NIRMP in October 1977. A code number designates each specific type of program at any individual hospital. It is to be used by the students on the confidential preference blank they send to NIRMP to indicate their choice among the programs for which they have applied. The code is a device to increase the accuracy of identification.

If students are applying to a hospital which offers several different types of programs, they must indicate on their confidential preference blank their preference for the specific type of program in that hospital for which they have applied. For example, if students apply for a residency in surgery and also a flexible program at the same hospital, they must rank these just as if they were in separate hospitals.

In a few of the larger hospitals the situation is complex. A large city hospital may be a major, integrated part of the surgical program of more than one medical school in its area. Students must indicate in their order of choice the program or programs for which they have applied.

Because of the intense desire of some hospitals to secure candidates and because of an equally strong desire of some students to serve at a particular hospital, pressure may be brought by either party on the other to force an early commitment. Such demands are contrary to the regulations agreed to by both students and hospital. Moreover, in the matching plan only the confidential rating blanks of hospital and of the students are official and what is given there and confirmed is final.

The matching plan does not penalize either group from taking "flyers." Should students apply to a hospital in which they think their chances of acceptance are poor, their chances at their second choice hospital are just as good as if they had rated it first. Similarly, if a hospital rates as its first choice an applicant it believes it has little chance of securing, and does not secure him, this hospital will have just as good a chance to get its second-choice applicants as if it had rated them first.

"Informal List" of Flexible Programs

Liaison Committee on Graduate Medical Education

535 North Dearborn Street, Chicago 60610

Revised to include residencies approved to July 1, 1977

Number of Programs, 292

In pre-1975 editions of the Directory of Approved Internships and Residencies, this space was used to list the approved internships. Because the first year of graduate training is now a part of the continuum of medical education, the use of the term "internship" in relationship to the first year of graduate training has been discontinued in favor of listing the first years of graduate education as a categorical, categorical*, or a flexible program.

These changes are explained more fully in the section of this edition of the Directory of Accredited Residencies under the heading of "Special Reports, Announcements, Notices."

The three types of first-year programs are as follows:

1. *Categorical First Year*—These are first-year programs planned, sponsored, and conducted by a single approved residency program as a part of that residency. The content of such a first year will be limited to the specialty field of the sponsoring residency program. Information concerning the categorical first year is found in the list of residency programs under that specialty.

2. *Categorical* First Year*—The asterisk designates a first-year program that will be planned, sponsored, and supervised by a single, approved residency program as a part of that residency's program of graduate medical education. The content will not be limited to a single specialty of the sponsoring residency program but may include experience in one or more specialty fields as determined by the sponsoring program. These programs are indicated in the residency listing with the number of positions followed by the asterisk.

3. *Flexible First Year*—The first year will be listed as a flexible program if the program has been sponsored by two or more approved residencies, and is jointly planned and supervised by the sponsoring residencies. Such a first year is designed to give a broad clinical experience for: (1) Students who feel the need for this type of first year; (2) Program directors who feel that such an experience will best serve the purpose of subsequent graduate education in their fields; and (3) Students who have not yet decided on their specialty but may wish to choose among several fields during their first graduate year. The content of the flexible first year must include four months of internal medicine, but the remainder of the year may be designed in accordance with the purposes of the two or more sponsoring residency programs, with due regard to the interests and needs of the students.

In the listing of flexible programs under this section, it will be noted that some hospitals or groups of hospitals offer more than one flexible program. The first flexible program, in all cases, is listed as program "A"; if there is a second program offered in the same hospital or group of hospitals, it has been designated as the "B" program; in a few cases there is also a "C" or "D" program. Each of these A, B, or C programs may be assigned a separate matching code number.

The list indicates the specialties sponsoring each of the flexible programs, but the candidate who completes the flexible program is not required to enter one of these specialties, although it would be expected that he would have developed sufficient interest in one of the sponsoring specialties

to wish to continue training in that area.

In some of the listings the names of hospitals are shown in parentheses following the specialty. This notation indicates that the residency in that specialty has been approved in the name of the hospital or hospitals listed, but the flexible program is being offered at the hospital whose name appears in the first column of the listing itself.

In some other listings, there is a statement in parentheses that the positions are at another institution or group of institutions rather than the institution or program for which they have been listed. In some cases these represent flexible programs being offered by a medical school complex, in which the residencies are approved in the name of the university hospital and its other affiliated institutions, but may be offered at a community hospital, under the supervision of the directors of the residencies in the university-sponsored program or in the integrated program offered through two or more community hospitals.

In some instances the number of positions being offered in a flexible program may have been revised since our publication closing date, and any subsequent changes, such as additions or deletions of flexible programs may have been indicated in the supplementary list issued by the National Intern and Resident Matching Program to participants in the Matching Program and to sponsoring hospitals.

In listing integrated programs in the list of flexible programs, the same style has been followed as appeared in the residency listing, with the names of participating affiliated hospitals listed by indentation under the program heading, but with the information concerning the director of the program, the number of positions, and the matching code number on the top line of the listing, as in the listings of residency programs.

The same abbreviations have been used in the column under "Specialties Sponsoring Programs" as appear in the Consolidated List section of this Directory. The specialties and their abbreviations are as follows:

AIM Allergy & Immunology	ORS Orthopedic Surgery
AN Anesthesiology	OTO Otolaryngology
BBK Blood Banking	PTH Pathology
D Dermatology	PD Pediatrics
DP Dermatopathology	PM Physical Medicine and Rehabilitation
DR Diagnostic Radiology	PS Plastic Surgery
FP Family Practice	P Psychiatry
GP General Practice	R Radiology
IM Internal Medicine	CS Surgery
NS Neurological Surgery	TR Therapeutic Radiology
N Neurology	TS Thoracic Surgery
OBG Obstetrics-Gynecology	U Urology
OPH Ophthalmology	

INFORMAL LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
UNITED STATES ARMY				
CALIFORNIA				
SAN FRANCISCO Letterman Army Medical Center	R. E. George, D. H. See	A	15	AN, D, IM, OBG, OPH, ORS, DR, U, GS
COLORADO				
DENVER Fitzsimons Army Medical Center	R. W. Blohm, Jr.	A	8	D, DR, GS, IM, OBG, OPH, ORS U
DISTRICT OF COLUMBIA				
WASHINGTON Water Reed Army Medical Center	R. I. Baker, C. A. Peck	A	11	IM, D, ORS, U
HAWAII				
HONOLULU Tripler Army Medical Center	H. T. Uhrig	A	18	AN, D, N, OTO, P, PMR (Residencies in preceding specialties approved at other Army Hospitals); FP, IM, OBG, OPH, ORS, PTH, GS, U
TEXAS				
EL PASO William Beaumont Army Medical Center	G. K. Powell	A	11	IM, GS, PD, PTH, OBG
WASHINGTON				
TACOMA Madigan Army Medical Center	R. A. Hoffmeister, R. Modarelli	A	10	IM, GS, PP, U, ORS, OBG, OTO
UNITED STATES AIR FORCE				
CALIFORNIA				
FAIRFIELD David Grant U.S.A.F. Medical Center, Travis A.F.B.	J. H. Shirley	A	6	DR, OBG, PD, GS
ILLINOIS				
SCOTT A.F.B. U.S.A.F. Medical Center	J. J. Simerville	A	6	AN, D, P, ORS (Residencies in preceding specialties approved at other USAF Hospitals); FP
OHIO				
WRIGHT-PATTERSON A.F.B. U.S.A.F. Medical Center	P. M. Santelippo	A	6	DR, OBG, PD, GS (Residencies in preceding specialties approved at other USAF Hospitals); FP, IM
UNITED STATES NAVY				
CALIFORNIA				
OAKLAND Naval Regional Medical Center	D. M. Robinson	A	32	AN, IM, DR, GS, OBG, OPH, ORS, OTO, PTH, PD, U
SAN DIEGO Naval Regional Medical Center	J. D. Bloom C. C. Atkins	A B	29 22	AN, DR, D, GS, IM, OBG OPH, ORS, OTO, PTH, PD, TR, TS, U
MARYLAND				
BETHESDA National Naval Medical Center	D. O. Castell W. J. Fouty	A B	21 13	D, IM, P, N, OPH, DR, ORS, OTO, GS, NS, U, AN
VIRGINIA				
PORTSMOUTH Portsmouth Naval Regional Medical Center	J. W. Lea G. H. Cross	A B	20 9	AN, IM U, ORS, GS, IM

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

INFORMAL LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
U. S. PUBLIC HEALTH SERVICE				
CALIFORNIA				
SAN FRANCISCO U. S. Public Health Service	F. Dykstra	A	6	IM, GS, OPH
LOUISIANA				
NEW ORLEANS U. S. Public Health Service	W. D. Hawley	A	8	OPH, PTH, GS, OBG
MARYLAND				
BALTIMORE U. S. Public Health Service	S. F. Jencks	A	2	OPH, IM
MASSACHUSETTS				
BOSTON U. S. Public Health Service	R. H. Thurm	A	6	GS (program of Boston University Affiliated Hospitals); IM
NEW YORK				
NEW YORK (STATEN ISLAND) U. S. Public Health Service	E. Stein	A	19	DR, AN, D, IM, OPH, ORS, U
CANAL ZONE				
BALBOA HEIGHTS Gorgas	J. R. Simmons	A	14	GS, OBG, PD, U, ORS, IM, OPH, PTH
NON-FEDERAL AND VETERANS ADMINISTRATION				
ALABAMA				
BIRMINGHAM Baptist Medical Centers	J. M. Packard	A	4	IM, GS, PTH, DR
Baptist Medical Center-Montclair Baptist Medical Center-Princeton Carroway Methodist Medical Center	E. D. Haigler, Jr.	A	7	PTH, FP, OBG, M, GS, U
FAIRFIELD Lloyd Noland	M. Putnoi	A B	6 4	IM, PD, D GS, AN
MOBILE University of South Alabama Medical Center Hospital and Clinics	R. A. Kreisberg	A	4	DR, IM, OBG
ARIZONA				
PHOENIX Good Samaritan Maricopa County General	F. T. Flood H. F. Lenhardt	A A	4 13	IM, FP, PMR, P IM, GS, OBG, PTH, P; PD, ORS (Phoenix affiliated programs)
TUCSON Tucson Hospitals Medical Education Program Kino Community Hospital Division Tucson Medical Center Division	E. G. Ramsay	A	15	IM, GS

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

INFORMAL LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
ARKANSAS				
LITTLE ROCK University of Arkansas for Medical Sciences Affiliated Hospitals University Veterans Admin. Consolidated	W. Boop	A B	16 17	GS, ORS, U, OTO OPH, DR, N, P, AN, NS
CALIFORNIA				
BAKERSFIELD Kern Medical Center	J. H. Bloch, S. Mosser	A	4	IM, GS
FRESNO Valley Medical Center of Fresno	J. S. Harris	A	10	OPH, IM, FP, OBG, PD, GS
LOS ANGELES Los Angeles County-U.S.C. Medical Center Veterans Admin. Center-Wadsworth White Memorial Medical Center	W. E. Nerlich S. Dayton, J. Jorgens S. Dayton, W. W. Tourtellotte I. Sanders L. R. House S. H. Fritz	A B A B A B C	39 13 4 4 5 6 4	IM, AN U, ORS, OTO, NS IM, DR PMR, N OBG, PTH, PD, DR IM, OPH, ORS GS, U, OTO
OAKLAND Highland General	R. R. Cooper	A B	6 9	IM, P GS, PTH
SAN BERNARDINO San Bernardino County Medical Center	J. P. Drinkard	A	2	FP, OBG
SAN DIEGO Mercy Hospital and Medical Center	W. Perkins	A	12	IM, AN, OBG
SAN FRANCISCO Pacific Medical Center and Affiliated Hospitals Pacific Medical Center-Presbyterian St. Mary's Hospital and Medical Center University of California Program H. C. Moffitt-Univ. of Calif. Hospitals San Francisco General	G. Arsham C. H. Lithgow R. Crede J. Dower M. Grossman House Staff Committee H. Williams	A A A B C D E	5 8 8 4 4 13 3	P, OPH, N IM, GS, P, DR IM, P PD, OBG PTH, FP AN, TR, OTO N, D
SAN JOSE Santa Clara Valley Medical Center	R. M. Manson	A	4	IM, AN, DR
STOCKTON San Joaquin Hospital	J. D. Kortzeborn	A	6	IM, OBG, GS, FP
TORRANCE Los Angeles County Harbor General	J. A. Turner	A	20	GS, OBG, OPH, FP, AN, D, ORS, N

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

INFORMAL LIST OF FLEXIBLE PROGRAMS

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Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
COLORADO				
DENVER				
Mercy Medical Center	C. Flaxer	A	4	AN (U. of Colo. Med. Ctr.), FP IM, PTH, TR, DR
Presbyterian Medical Center	M. A. Lubchenco	A	7	
CONNECTICUT				
BRIDGEPORT				
Bridgeport	N. P. R. Spinelli	A	2	IM, PD
DANBURY				
Danbury	N. E. Herrera	A	2	PTH, IM
HARTFORD				
Hartford	D. L. Brown	A	12	OBG, DR, PTH, IM IM, OBG, PTH, GS; P (U. of Conn. Affiliated Hospitals),
St. Francis	W. J. Lahey	A	6	
NEW HAVEN				
Hospital of St. Raphael	R. P. Zanes, Jr.	A	14	IM, GS
WATERBURY				
Waterbury Hospital Health Center	T. T. Amatruda, Jr. R. H. Greenspan	A	3	IM; DR (Yale-New Haven Medical Center)
DELAWARE				
WILMINGTON				
Wilmington Medical Center	E. W. Martz	A	2	IM, DR
DISTRICT OF COLUMBIA				
WASHINGTON				
Howard University	H. W. Williams, Jr.	A	8	IM, D, FP GS, OBG, U, AN GS, OBG, U, OTO OPH, PTH
Washington Hospital Center	P. H. Philbin	B	6	
	W. B. Glew	A	13	
		B	2	
FLORIDA				
PENSACOLA				
Pensacola Educational Program Baptist Sacred Heart University	W. C. White	A	10	IM, GS, OBG
GEORGIA				
ATLANTA				
Emory University Affiliated Hospitals Emory University Grady Memorial Henrietta Egleston Hospital for Children Veterans Admin. (Decatur) Georgia Baptist Medical Center	R. W. Blumberg	A	6	PD, IM
	J. S. Maughon	A	9	IM, OBG, GS
AUGUSTA				
Medical College of Georgia Hospitals Eugene Talmadge Hospital University Veterans Administration	M. I. Page	A	10	FP, PD, AN, IM, OBG, N, P, DR, D, PTH

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

INFORMAL LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
GEORGIA—Continued				
COLUMBUS				
Medical Center	H. G. Vigrass	A	8	ORS (Tulane U. Aff. Hosps.); FP
	C. D. Cabaniss	B	4	PTH, AN, OBG, PMR, IM, P (all programs of Emory Univ. Affil. Hosps.)
MACON				
Medical Center of Central Georgia	B. O. Schieneman	A	6	FP, GS, OBG
HAWAII				
HONOLULU				
University of Hawaii Affiliated Hospitals	T. J. Whelan, Jr.	A	14	IM, GS, OBG, PD, P
Queen's Medical Center				
St. Francis				
Hawaii State (Kaneohe)				
Kapiolani Maternity and Gynecological				
Kauikoolani Children's				
ILLINOIS				
CHICAGO				
Columbus-Cuneo-Cabrini Medical Center	C. T. McHugh	A	4	IM, GS, OBG, PTH, R
Illinois Masonic Medical Center	Dir of Med. Education	A	8	IM, AN, R, PD, OBG
Louis A. Weiss Memorial	H. E. Bessinger	A	4	IM, PTH
Mount Sinai Hospital Medical Center of Chicago	P. Freedman	A	2	IM, GS
Northwestern University Medical School				
Affiliated Hospitals	T. Killip	A	6	IM, AN
Northwestern Memorial				
Children's Memorial				
Veterans Admin.-Lakeside				
Evanston (Evanston)				
South Chicago Community	C. R. Brown, Jr.	A	12	FP (South Chicago Community Program only); IM, OBG (Univ. of Chicago Program)
Swedish Covenant	P. D. Anderson	A	3	PMR, P (Programs of Rush-Pres-St. Luke Med. Ctr.); FP
EVANSTON				
St. Francis	M. P. Byrne	A	5	IM, PTH, DR
		B	2	GS, PD, OBG
OAK PARK				
West Suburban	R. C. Muehrcke	A	6	FP, R
PEORIA				
St. Francis	C. D. Branch	A	3	IM, PD
		B	8	GS, ORS, OBG
INDIANA				
EVANSVILLE				
St. Mary's	W. T. Spain	A	2	FP, OBG
INDIANAPOLIS				
Methodist Hospital of Indiana	J. H. Hall	A	10	FP, GS, DR, OBG, PD, ORS, IM, U
MUNCIE				
Ball Memorial	J. L. Cullison	A	6	FP, IM

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

INFORMAL LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
LOUISIANA				
LAFAYETTE				
Louisiana State University Aff. Hospitals	A. Pitchenik	A	8	IM, PD
Lafayette Charity Hospital				
NEW ORLEANS				
Charity Hospital of Louisiana-	J. T. Crapanzano	A	11	P, ORS, OBG, AN
Louisiana State University Division				
Charity Hospital of Louisiana-	F. P. Chirino	A	10	D, N, P
Tulane University Division				
SHREVEPORT				
Louisiana State University Affiliated Hospitals	G. G. Brooks	A	10	OPH, OTO, ORS, DR
Confederate Memorial Medical Center				
Veterans Admin.				
MARYLAND				
BALTIMORE				
Maryland General	C. Fratto	A	6	IM, GS, OBG, PTH, OPH
South Baltimore General	C. Heinritz	A	9	GS, IM, OBG
BETHESDA				
Suburban	L. P. Andrews	A	8	GP, PTH
MASSACHUSETTS				
FRAMINGHAM				
Framingham Union	F. V. Coco	A	15	AN, P (Boston Univ. Affiliated Hospitals); IM
WORCESTER				
Worcester City	J. A. Merritt	A	4	IM, PD
MICHIGAN				
ANN ARBOR				
St. Joseph Mercy	V. L. Hoshal, Jr.	A	6	OBG, IM
DEARBORN				
Oakwood	J. W. Moynihan	A	10	IM, FP, DR
DETROIT				
Detroit-Macomb Hospitals	A. A. Hodari	A	15	GS, OBG
Detroit Memorial				
South Macomb (Warren)				
United Hospitals of Detroit-Grace Division	K. L. Bergsman	A	4	IM, OBG, GS
Henry Ford	F. Cox	A	17	D, OPH, DR, IM
Mount Carmel Mercy Hospital and Medical Center	I. D. Fagin, T. Reyman	A	4	PTH, IM
St. John	J. H. Burrows	A	9	IM, GS
Sinai Hospital of Detroit	E. Brown	A	5	GS, OBG
	N. Rosenzweig	B	5	IM, P

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

INFORMAL LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
MICHIGAN—Continued				
DETROIT				
Wayne State University Affiliated Hosps. Detroit General Harper Hutzel Veterans Administration (Allen Park)	R. E. Mack	A	10	IM, GS
FLINT				
Hurley	C. Dowd	A	12	IM, GS, OBG
St. Joseph	L. E. Simoni	A	2	FP, PTH
GRAND RAPIDS				
Blodgett Memorial	R. L. Tupper	A	5	IM (Blodgett-St. Mary's), PTH (Gramec)
Butterworth	J. R. Borst	A	3	GS, R
		B	3	IM, U
St. Mary's	J. C. Peirce	A	4	OBG, GS DR (MSU-Gramec), OBG (Butterworth-St. Mary's), PTH, PD, GS, ORS
KALAMAZOO				
Southwestern Michigan Area Health Education Program Bronson Methodist Borgess	R. M. Nicholson	A	3	PTH, ORS
LANSING				
Edward W. Sparrow	R. W. Pomeroy	A	8	FP, PTH; OBG (Lansing Residency Program);
		B	2	IM, PD (Mich. State Univ. Associated Hosp. Programs)
PONTIAC				
Pontiac General	J. L. Schirle, Jr.	A	2	OBG, PTH
St. Joseph Mercy	A. Silbergleit, R. Steele	A	4	GS, DR
	N. Ul Haque, J. Marshall	B	3	PD (Pontiac Aff. Hosps.); OBG
ROYAL OAK				
William Beaumont	G. J. Welsh	A	15	OBG, IM, GS, R, PD, PTH, TR, U, DR
SAGINAW				
Saginaw Cooperative Hospitals Saginaw General St. Luke's St. Mary's	J. E. Manning	A	4	GS, OBG
SOUTHFIELD				
Providence	E. Zobl	A	4	R, OPH, OBG
MINNESOTA				
MINNEAPOLIS				
Hennepin County Medical Center	R. B. Ralle	A	16	PTH, GS
MISSOURI				
KANSAS CITY				
St. Luke's	R. R. Hall	A	3	IM, OBG, GS
ST. LOUIS				
Deaconess	R. C. Kingsland	A	15	IM, PTH
Homer G. Phillips	E. N. Mitchell	A	12	GS, OBG, OPH
St. John's Mercy Medical Center	J. Blythe, R. Reider, J. Lauber	A	10	FP, IM, OBG

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
NEW JERSEY				
ATLANTIC CITY Atlantic City	M. J. Elovitz	A	6	IM, GS
HACKENSACK Hackensack	W. C. Black	A	6	IM, GS, AN, PTH, DR
LIVINGSTON St. Barnabas Medical Center	A. H. Islami	A	7	OBG, IM, GS
NEWARK United Hospitals Medical Center-Presbyterian	T. M. Gocke	A	12	PD (CMDNJ-New Jersey Medical School Aff. Hosps.); IM
PATERSON St. Joseph's Hospital and Medical Center	K. P. Lance	A	2	GS, IM
PERTH AMBOY Perth Amboy General	N. P. Kemp, L. Kiefer	A	8	GP, PTH
SUMMIT Overlook	W. F. Minogue	A	12	IM, PD, DR, PTH, FP
NEW YORK				
BUFFALO Deaconess Hospital of Buffalo	M. K. O'Mara	A	6	FP, GS, OPH, PTH
Millard Fillmore	J. Barlow	A	4	AN, IM
Sisters of Charity	C. P. Voltz	A	6	IM, OBG, GS
S.U.N.Y. at Buffalo Affiliated Hospitals	J. I. Lauria	A	2	IM, AN
Edward J. Meyer Memorial	W. G. Schenk, Jr.	B	2	U, OTO
Buffalo General				
Children's Hospital of Buffalo				
Veterans Admin.				
COOPERSTOWN Mary Imogene Bassett	J. S. Davis	A	10	IM, GS, P, OBG
JOHNSON CITY Charles S. Wilson Memorial	E. M. Wyso	A	3	IM, FP
MINEOLA Nassau	W. C. Hollis	A	4	PD, OBG, PTH, DR
MOUNT VERNON Mount Vernon	M. A. Goldiner	A	16	IM, GS, OBG
NEW ROCHELLE New Rochelle Hospital Medical Center	W. J. McCann, F. E. Iaquinta	A	4	GS, IM
NEW YORK Cabrin Health Care Center-Columbus Hospital Division	A. Calobrisi, A. Taranta	A	6	P, IM
Cornell Cooperating Hospitals	F. Fuchs	A	2	IM (Cornell Cooperating Hospitals Program 2); OBG
New York Hospital				
North Shore Hospital (Manhasset)				

INFORMAL LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
NEW YORK—Continued				
NEW YORK				
Flushing Hospital and Medical Center	J. J. Creedon, D. J. Leahy	A	2	GS, OBG
	L. H. Pedersen, J. N. DeHoff	B	2	IM, PD
Harlem Hospital Center	G. E. Thomson	A	7	IM, P, OBG
Jewish Memorial	J. Cohen	A	2	GS, OBG
Long Island College	W. G. Mullin	A	24	IM, PD, OBG, OTO, PTH, U, DR, GS
Jamaica	B. D. Gussoff	A	2	PD, IM
Presbyterian	H. H. Bendixen	A	12	DR, AN, OPH, PMR, P
St. John's Episcopal	F. Taubman, W. Lapp, J. Mule	A	25	IM, PD (at Overlook Hospital)
St. Vincent's Hospital and Medical Center of New York	R. J. Boller	A	19	IM, OBG, GS
Staten Island	T. G. McGinn	A	2	IM, N, GS, PD, PTH, P, DR, OBG, TR
				IM, GS
ROCHESTER				
Strong Memorial Hospital of the University of Rochester	L. E. Young, D. H. Smith	A	2	IM, PD (at U. of Rochester Aff. Hosps.)
SCHENECTADY				
Ellis	G. D. Vlahides	A	10	PTH, OBG
SYRACUSE				
St. Joseph's Hospital Health Center	L. T. Wolff	A	4	GS, AN
NORTH CAROLINA				
CHAPEL HILL				
North Carolina Memorial	F. W. Denny	A	8	PED, IM
CHARLOTTE				
Charlotte Memorial Hospital and Medical Center	J. W. Baker	A	2	ORS, GS
NORTH DAKOTA				
FARGO				
St. Luke's Hospitals	M. O. Kolb	A	6	FP, IM
OHIO				
AKRON				
Akron General	J. C. Johns	A	3	IM, FP
		B	2	U, OBG
St. Thomas	O. S. Steinreich	A	8	GS, OBG
CLEVELAND				
St. Alexis	J. Lopez, A. Naji	A	8	GS, PTH
Mount Sinai Hospital of Cleveland	J. Berk	A	5	GS, ORS, GS
	B. Friedman	B	6	OBG, OPH, DR
COLUMBUS				
Riverside Methodist	R. Patton	A	2	GS, PS, ORS
	D. J. Vincent	B	12	IM, OBG
Mount Carmel	W. R. Hughes	A	4	IM, GS, OBG, ORS

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
OHIO—Continued				
DAYTON Good Samaritan Hospital and Health Center	D. P. Nicholson, W. Reiling	A	6	IM, GS, OBG
ELYRIA Elyria Memorial	W. H. Miller	A	14	GP, PTH, ORS
KETTERING Charles F. Kettering Memorial	E. C. Hedrick	A	6	GS, IM, PTH
TOLEDO Medical College of Ohio at Toledo Associated Hospitals Hosp. of Med. Coll. of Ohio at Toledo Mercy St. Vincent Hospital and Medical Center Toledo Toledo Mental Health Center	W. R. Sloan	A	12	AN, GS, PD, ORS, OBG, PTH, P
YOUNGSTOWN St. Elizabeth Hospital Medical Center Youngstown	L. P. Caccamo R. A. Wiltsie	A A B C	4 2 2 2	IM, GP AN, R GS, PTH IM, PD
OKLAHOMA				
OKLAHOMA CITY St. Anthony University of Oklahoma Health Sciences Center University Hospital and Clinics Presbyterian Veterans	R. A. Marshall D. C. Mock, Jr.	A A	2 15	PTH, GS AN, D, IM, PTH, N, OTO, P, GS, U
OREGON				
PORTLAND Emanuel University of Oregon Health Sciences Center Hospital-Veterans Admin. Univ. of Ore. Health Sciences Center Veterans Admin.	H. Uhland W. W. Krippaehne	A A	7 16	IM, GS AN, D, NS, N, OPH, ORS, OTO, P, TR, GS, U
PENNSYLVANIA				
ALLENTOWN Allentown Affiliated Hospitals Allentown	F. D. Fister	A	4	IM, GS, OBG
BETHLEHEM St. Luke's	W. D. Reppert, F. S. Flor	A	3	IM, GS, OBG
DANVILLE Geisinger Medical Center	R. L. Folk	A	4	GS, U, OTO, ORS
ERIE Hamot Medical Center St. Vincent Health Center	F. C. Mischler, J. J. Monahan A. L. Lamp	A A	8 4	GS, U, ORS PTH, U
HERSHEY Milton S. Hershey Medical Center of the Pennsylvania State University	H. A. Muller	A	4	IM, GS (Pa. State U. Aff. Hosps.)
MC KEESPORT McKeesport	R. L. Buck	A	12	FP, IM, GS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
PENNSYLVANIA—Continued				
PHILADELPHIA				
Albert Einstein Medical Center	P. Wapner	A	4	IM, GS
Chestnut Hill	W. D. Lambright	A	4	PTH, FP
Frankford	R. E. Cohn	A	18	IM, OBG (Med. Coll. of Pa. Affil. Hosps. programs)
Mercy Catholic Medical Center	N. N. Cohen	A	7	PTH, DR, GS, IM
Misericordia Division				
Fitzgerald Mercy Division				
Presbyterian-University of Pennsylvania	R. G. Trout	A	7	DR, AN, OBG, PTH
Medical Center				
Thomas Jefferson University	J. M. Hunter	A	4	AN, D, N, TR
PITTSBURGH				
Montefiore	H. Mendelow	A	2	AN (Hosps. of Univ. Health Center of Pittsburgh); IM
Mercy	J. D. Brungo	A	5	IM, GS, R, U, OBG
Shadyside	T. S. Danowski, W. E. Novogradac, M. E. Roth	A	9	GS, FP, IM
Western Pennsylvania	O. C. Phillips	A	2	AN, PTH
York	M. S. Bacastow	A	4	OBG, GS, IM, FP
PUERTO RICO				
MAYAGUEZ				
Mayaguez Medical Center	J. R. Rivera	A	16	IM, OBG, PD
PONCE				
Ponce District General	H. F. Rodriguez	A	6	IM, PD
SAN JUAN				
San Juan City	J. F. Jimenez	A	4	R, IM
		B	4	ORS, OPH, GS
Veterans Administration Center	L. P. Sanchez Longo, G. Pico, H. J. Flax	A	3	P, IM, PMR
SOUTH CAROLINA				
COLUMBIA				
Richland Memorial	E. J. Dennis	A	4	OBG, PD
	H. C. McGown	B	4	GS, ORS
GREENVILLE				
Greenville Hospital System	W. W. Pryor	A	6	GS, ORS, OBG, PD, FP
SPARTANBURG				
Spartanburg General	H. R. Rubel	A	6	FP, GS
SOUTH DAKOTA				
SIOUX FALLS				
University of South Dakota Aff. Hosps.	A. Hartmann, R. Friess	A	15	FP, PTH
McKenna				
Sioux Valley				
TENNESSEE				
CHATTANOOGA				
University of Tennessee Clinical Education Center	G. E. Livanec	A	8	OBG (Baroness Erlanger), ORS, OPH
KNOXVILLE				
University of Tennessee Memorial Research Center and Hospital	A. D. Beasley	A	2	AN, R
		B	4	GS, IM
		C	2	PTH, PD
MEMPHIS				
Baptist Memorial	J. D. Upshaw, Jr.	A	12	IM, GS, DR
City of Memphis Hospitals	J. M. Schneider	A	24	AN, D, DR, N, OBG, OPH
Methodist	T. V. Stanley	A	9	IM, DR
	T. V. Stanley, R. C. Baskin	B	7	PTH, GS

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
TEXAS				
AUSTIN Central Texas Medical Foundation Brackenridge	E. B. Matthew	A	6	FP, IM, PD
CORPUS CHRISTI Memorial Medical Center	V. C. Calma	A	6	FP, OBG
DALLAS Baylor University Medical Center St. Paul	M. H. Reese M. N. Rao E. P. Jenevein	A A B	7 2 4	IM, GS, DR, PMR AN (Parkland Memorial Hosp.); IM GS, OBG
EL PASO R. E. Thomason General	H. R. Misenhimer	A	6	OBG, PD
FORT WORTH John Peter Smith	W. O. Hargrove	A	14	ORS, OBG (Fort Worth Affiliated Hospitals programs); FP
HOUSTON Baylor College of Medicine Aff. Hosps. Ben Taub General Methodist St. Luke's Episcopal Veterans Admin. St. Joseph	C. M. Hinkley H. Brown H. L. Fred	A B A	18 4 11	AN, D, N, ORS, PMR, DR, TR, GS, U IM, P GS, DR
TEMPLE Scott and White Memorial	D. E. Pizar	A	3	ORS, U
UTAH				
SALT LAKE CITY LDS Hospital University of Utah Affiliated Hospitals University LDS Hospital Primary Children's Medical Center Veterans Admin.	G. M. Vincent G. M. Vincent	A A	8 8	GS, OBG, IM, R, P OBG, DR, P
VIRGINIA				
CHARLOTTESVILLE University of Virginia	R. M. Epstein	A	4	AN, IM
NEWPORT NEWS Riverside	T. E. Temple, Jr.	A	8	FP, OBG
NORFOLK De Paul	R. L. Cassidy	A	6	DR, IM, OBG (Eastern Va. Med. Sch. Affil. Hosps.)
ROANOKE Roanoke Memorial Hospitals	C. L. Crockett, Jr.	A	4	FP, GS
WASHINGTON				
SPOKANE Deaconess Sacred Heart Medical Center	O. C. Olson L. G. Schrock	A A	7 10	FP (Inland Empire Hosp. Serv. Assn); PTH OBG, R

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	Specialties Sponsoring Program
WEST VIRGINIA				
WHEELING Ohio Valley Medical Center	R. O. Strauch	A	3	IM, GS, OBG
WISCONSIN				
LA CROSSE La Crosse Lutheran Hospital and Gundersen Clinic	E. L. Overholt	A	8	IM, GS
MADISON University of Wisconsin Affiliated Hospitals University Hospitals Veterans Admin. Marshfield Clinic (Marshfield)	R. D. Sautter	A	4	AN, D, OPH, P
MILWAUKEE Medical College of Wisconsin Affiliated Hospitals Milwaukee County General Milwaukee Children's Milwaukee Psychiatric (Wauwatosa) Veterans Admin. (Wood)	J. M. Cerletty	A	10	AN, PTH, DR, TR, D, N, OPH, P
St. Joseph's St. Luke's	B. Foley, K. Sauter, J. Wepfer J. A. Palese	A A	8 8	OBG, GS, DR FP, GS, PTH, DR

Informal List of Flexible Programs

The following abbreviations have been used to indicate the approved residency programs sponsoring the flexible programs:

AIM Allergy & Immunology	ORS Orthopedic Surgery
AN Anesthesiology	OTO Otolaryngology
BBK Blood Banking	PTH Pathology
D Dermatology	PD Pediatrics
DP Dermatopathology	PM Physical Medicine and Rehabilitation
DR Diagnostic Radiology	PS Plastic Surgery
FP Family Practice	P Psychiatry
GP General Practice	R Radiology
IM Internal Medicine	GS General Surgery
NS Neurological Surgery	TR Therapeutic Radiology
N Neurology	TS Thoracic Surgery
OBG Obstetrics-Gynecology	U Urology
OPH Ophthalmology	

It should be noted that an approved residency in a specialty may sponsor a flexible program even though the flexible program does not provide any training in the specialty of the approved residency program; for example, a flexible program may be sponsored by an approved residency in anesthesiology and an approved residency in radiology, in which the flexible program consists of rotations to internal medicine, pediatrics and surgery (and does not provide training in anesthesiology or radiology).

It should also be noted that all flexible programs must provide four months of training in internal medicine. It is not a requirement, however, that hospitals offering a flexible program have an approved residency in internal medicine. To be eligible to offer a flexible program, a hospital or group of hospitals must be able to certify that the flexible program is sponsored by, and under the supervision of, two or more approved residency programs. In the case of residencies approved as integrated programs, it is expected that the overall director of the residency will certify that he will assume responsibility for the supervision of the flexible program, along with his counterparts in the other residency programs sponsoring the program, and that candidates completing the program in a satisfactory manner would be eligible to appointment to his residency program if the candidate so desires.

The content of the flexible program will be considered whenever one of the residencies sponsoring the flexible program is being evaluated by the appropriate residency review committee. If, over a reasonable period of time, few if any candidates from the flexible program receive appointments to the sponsoring specialty residencies, the appropriate residency review committee may determine that the flexible program is not accomplishing its purpose and may recommend that the residency in this specialty withdraw its sponsorship of the flexible program.

Directory of Accredited Residencies

Liaison Committee on Graduate Medical Education
c/o Council on Medical Education of the American Medical Association
535 North Dearborn Street, Chicago 60610

Revised to July 1, 1977

Hospitals, Institutions, and Agencies: 1,702

Residency Positions Offered, as of July 1, 1977: 65,046

Residency training programs in the following specialties or subspecialties have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the Residency Review Committee in that specialty field, as meeting the requirements of the *Essentials of Accredited Residencies*, published in this Directory beginning on page 333. The Liaison Committee is composed of representatives of the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council on Medical Specialty Societies. The Residency Review committees consist of representatives appointed by the Council on Medical Education of the AMA, by the specialty boards concerned, and, in some fields, by the national professional association in that specialty field. The Residency Review committees make recommendations on individual programs, which recommendations are then acted upon by the Liaison Committee on Graduate Medical Education at one of its six meetings annually.

Since July 1, 1975, the first year of each program has been designated as a categorical year (with the abbreviation C following the number of positions offered), or a categorical^o year (with the abbreviation^o following the number of positions offered), or a flexible year (with the abbreviation F). The complete name and address of the hospital, institution, or agency, along with information on pertinent features, will be found in the Consolidated List, which begins on page 39.

The average daily census for each specialty service usually reflects a 12-month period ending September 30, 1976.

Total admissions include transfers from other services. Average daily census multiplied by 365 gives total inpatient days; this divided by admissions gives average length of stay, a useful measure of comparison. For some hospitals, statistics on discharges may have been supplied instead of admissions. Outpatient visits may include emergency room visits as well.

The tabulations of residencies show the number of positions offered for the first year of the program and for all years of the program. In some instances, the total of residencies offered may be greater than the sum of those offered for the number of years of training approved for the program, thus indicating that appointments might be made for periods longer than five years. The numbers do *not* indicate vacancies in the various years of the program; they do indicate the maximum number of appointments made for each year of residency. The absence of numbers does not indicate that positions are not planned for that year but simply that specific numbers were not available at the time of publication or could not be meaningfully interpreted for each column. In some instances the caption heading of a specialty list will describe special identification of those hospitals offering training beyond the period for which approved.

Salary information has been omitted from this edition.

Numerical and other references are on Pages 93, 94-95, 265-269.

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2. Allergy and Immunology	112	25. Pediatric Cardiology	251
3. Anesthesiology	112	26. Pediatrics (Lists A and B)	239
4. Blood Banking	119	Pediatric Allergy (List C)	249
5. Child Psychiatry	281	Pediatric Cardiology (List D)	251
6. Colon and Rectal Surgery	120	27. Physical Medicine and Rehabilitation	253
7. Dermatology	121	28. Plastic Surgery (Lists A and B)	257
8. Dermatopathology	126	29. Preventive Medicine	265
9. Diagnostic Radiology	288	Aerospace Medicine	265
10. Family Practice	126	General Preventive Medicine	265
11. Forensic Pathology	235	Occupational Medicine (Academic)	267
12. General Practice	140	Occupational Medicine (In-Plant)	267
13. Internal Medicine	141	Public Health	268
14. Neurological Surgery	157	30. Psychiatry (Lists A, B, C)	270
15. Neurology (Lists A and B)	163	Child Psychiatry (List D)	281
16. Neuropathology	236	31. Public Health	268
17. Nuclear Medicine	170	32. Radiology (List A)	286
18. Obstetrics-Gynecology	174	Diagnostic Radiology (List B)	288
19. Occupational Medicine	267	Therapeutic Radiology (List C)	297
20. Ophthalmology	186	33. Surgery (Lists A, B, C)	303
21. Orthopedic Surgery	195	34. Therapeutic Radiology	297
22. Otolaryngology	216	35. Thoracic Surgery	321
23. Pathology (List A)	222	36. Urology	326
Forensic Pathology (List B)	235		
Neuropathology (List C)	236		

1. AEROSPACE MEDICINE

The programs in Aerospace Medicine that have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, List 30A.

2. ALLERGY AND IMMUNOLOGY

Residency programs in the following institutions have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Allergy and Immunology (A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics), through the Residency Review Committee for Allergy and Immunology, for TWO YEARS of acceptable training in the specialty. See also List 25, Pediatric Allergy for other programs currently accredited to offer training in Pediatric Allergy.

	Chief of Service or Program Director	Outpatient Visits Pediatric	Outpatient Visits Adult	Outpatient Visits Mixed	Outpatient Visits-Clin. Immunology	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION							
CALIFORNIA							
STANFORD							
Stanford University Affiliated Hospitals Stanford University	N. J. Lewiston		1,127			1C	001
COLORADO							
DENVER							
National Asthma Center Children's Asthma Research Institute and Hospital	T. D. Bell	3,850	2,237	60		4C	008
University of Colorado Affiliated Hospitals University of Colorado Medical Center National Jewish Hospital at Denver	P. F. Kohler P. F. Kohler R. Farr	1,642	1,000 2,754	400		6C	012
DISTRICT OF COLUMBIA							
WASHINGTON							
Georgetown University	J. Bellanti, R. T. Scanlon	1,486	984		228	2C 2*	004
NEW YORK							
NEW YORK CITY							
New York Medical College—Metropolitan Hospital Center Unit 1—Flower and Fifth Avenue Hospitals Unit 2—Metropolitan Hospital Center	A. Ribon	2,799	7,653	10,452		1C	001
NORTH CAROLINA							
DURHAM							
Duke University Medical Center	H. Sieker, C. Buckley, 3d		12,500			2C 2*	010

3. ANESTHESIOLOGY

Residency programs in the following hospitals have been accredited for THREE years of training, or for ONE year of specialized training at the third year level by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology.

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES AIR FORCE						
TEXAS						
Wilford Hall U. S. A. F. Medical Center, San Antonio	F. J. Oannemiller	9,500	500	3	6*	020
UNITED STATES ARMY						
CALIFORNIA						
Letterman Army Medical Center, San Francisco	J. A. Meyer	4,310	120	3	1F	009
DISTRICT OF COLUMBIA						
Walter Reed Army Medical Center, Washington	M. W. Lichtmann	6,200	400	3	2*	016
TEXAS						
Brooke Army Medical Center, San Antonio	R. R. Ritter	5,925	164	3	2* 1F	015
UNITED STATES NAVY						
CALIFORNIA						
Naval Regional Medical Center, Oakland	J. L. Steffenson	4,968	48	3	4C 4F	012
Naval Regional Medical Center, San Diego	C. W. Jones	12,667	800	3	6C 6F	018

3. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1978-1979 1st Yr.	All Yrs.
UNITED STATES NAVY—Continued						
MARYLAND						
National Naval Medical Center, Bethesda	R. E. Tobey	4,412	268	3	4C 4F	012
VIRGINIA						
Naval Regional Medical Center, Portsmouth	R. H. Norton	10,419	524	3	4C 2F	012
UNITED STATES PUBLIC HEALTH SERVICE						
NEW YORK						
U. S. Public Health Service (Staten Island), New York City	J. A. Shoukas	1,752	90	3	2C 3F	006
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
University of Alabama Medical Center	F. R. Brosch			3	5*	016
University of Alabama Hospitals	F. R. Brosch	12,793	629			
Children's	K. Carole	4,647				
Veterans Admin.	F. Brosch, G. Corssen	3,997	301			
FAIRFIELD						
Lloyd Noland	R. W. Grady	3,952	184	3	1F	006
ARIZONA						
TUCSON						
University of Arizona Affiliated Hospitals	B. R. Brown, Jr.			3	2*	014
University	B. R. Brown, Jr.	3,046	1,550			
Veterans Admin.	H. B. Walker, Jr.	2,190				
ARKANSAS						
LITTLE ROCK						
University	D. S. Thompson	8,843	476	3	5* 2F	020
CALIFORNIA						
DAVIS						
University of California (Davis) Affiliated Hospitals	H. S. Davis, M. A. Carnes			3	3*	016
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		5,531	664			
IRVINE						
University of California (Irvine) Affiliated Hospitals	B. F. Cullen			3	1C	003
University of California, Irvine, Medical Center (Orange)						
Veterans Admin. (Long Beach)						
LOMA LINDA						
Loma Linda University Affiliated Hospitals	B. Brandstater	8,875	852	3	3*	021
Loma Linda University						
LONG BEACH						
Veterans Admin. (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)						
LOS ANGELES						
Childrens Hospital of Los Angeles	G. B. Lewis	6,955	50	1	9C	009
Los Angeles County—U. S. C. Medical Center	R. A. Koons	21,000	659	3	9F	043
Martin Luther King, Jr. General	D. A. Wooten	6,941	20	3	6*	018
U. C. L. A. Affiliated Hospitals						
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	R. L. Katz	13,100	274	3	3C 2* 2F	047
ORANGE						
University of California, Irvine, Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
SACRAMENTO						
University of California (Davis) Sacramento Medical Center (See University of Calif. (Davis) Affil. Hospitals, Davis)						
SAN DIEGO						
Mercy Hospital and Medical Center	G. E. Kinyon	12,701	44	3	2F	006
University of California (San Diego) Affiliated Hospitals	L. J. Saidman			3	2*	022
University Hospital, U.C. Medical Center, San Diego	L. J. Saidman	6,436	1,000			
Veterans Admin.	N. T. Smith	2,500	70			
SAN FRANCISCO						
University of California Program	W. K. Hamilton			3	3* 3F	047
H. C. Moffitt—University of California Hospitals	W. K. Hamilton	13,117	280			
San Francisco General	H. B. Fairley	5,151	45			
Veterans Admin.	R. F. Hickey	2,945	83			
SAN JOSE						
Santa Clara Valley Medical Center	P. A. Olsen	5,110	547	3	2C 1F	004
STANFORD						
Stanford University Affiliated Hospitals	C. P. Larson, Jr.			3	17C 4*	034
Stanford University	C. P. Larson, Jr.	5,328	2,100			
Veterans Admin. (Palo Alto)	R. I. Mazze	3,082	178			
TORRANCE						
Los Angeles County Harbor General	E. Mahoney			3	6C 1F	021

3. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
COLORADO						
DENVER						
Children's	C. H. Lockhart	3,800	200	1	4C	004
University of Colorado Affiliated Hospitals	J. A. Aldrete			3	9C 3F	014
University of Colorado Medical Center	J. A. Aldrete	6,214				
Denver General	F. M. Galloway	6,221	520			
Veterans Admin.	J. A. Aldrete	3,023	24			
CONNECTICUT						
HARTFORD						
Hartford	E. T. Welch, Jr.	24,177	145	3	4C	014
NEW HAVEN						
Yale—New Haven Medical Center						
Yale—New Haven	L. M. Kitahata	12,770	1,211	3	4*	021
DISTRICT OF COLUMBIA						
WASHINGTON						
Children's Hospital National Medical Center	B. S. Epstein	6,500	390	1	1C	001
Georgetown University	T. E. Macnamara	31,265	381	3	3*	012
George Washington University	C. S. Coakley	13,754	3,152	3	4*	022
Howard University	M. R. Mc Laren	7,140	63	3	1* 3F	006
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals	J. H. Modell			3	4*	032
William A. Shands Teaching Hosp. and Clinics		7,643	3,147			
Veterans Admin.		4,358	375			
MIAMI						
University of Miami Affiliated Hospitals	N. W. B. Craythorne			3	6*	055
Jackson Memorial	N. W. B. Craythorne	13,435	300			
Variety Children's	A. Freeman	2,874	240			
Veterans Admin.	N. W. B. Craythorne	4,255	1,000			
Mount Sinai Medical Center of Greater Miami (Miami Beach)	F. A. Moya	8,643	850			
MIAMI BEACH						
Mount Sinai Medical Center of Greater Miami (See University of Miami Affil. Hosps., Miami)						
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	J. E. Steinhaus			3	7C 2* 1F	029
Grady Memorial		10,281				
Emory University		8,425				
AUGUSTA						
Medical College of Georgia Hospitals Eugene Talmadge Memorial	Z. W. Gramling	4,203	150	3	6C 1F	018
ILLINOIS						
CHICAGO						
Cook County	V. J. Collins	11,300	1,600	3	4C	025
Illinois Masonic Medical Center	A. D. Ivankovich	7,150	700	3	5C	014
Michael Reese Hospital and Medical Center	R. F. Albrecht	12,658	823	3	10C	026
Northwestern University Medical School Affiliated Hospitals	E. A. Brunner			3	5* 2F	043
Children's Memorial	F. Seleny	5,000	1,000			
Northwestern Memorial	E. A. Brunner	15,000	1,000			
Veterans Admin.—Lakeside	A. Ovassapian	3,000	600			
Evanston (Evanston)	H. Epstein	12,000	400			
Rush—Presbyterian—St. Luke's Medical Center	M. S. Sadove	1,200	1,500	3	2*	006
University of Chicago Hospitals and Clinics	O. W. Benson	8,954	225	3	4*	022
University of Illinois	A. P. Winnie	11,198	2,542	3	12*	042
EVANSTON						
Evanston (See Northwestern University Med. Sch. Affil. Hosps., Chicago)						
MAYWOOD						
Loyola University Affiliated Hospitals Foster G. Mc Gaw	A. A. El-Etr	7,300	650	3	5*	017
SPRINGFIELD						
Southern Illinois University Affiliated Hospitals St. Johns Memorial Medical Center	R. B. Boettner	13,603 7,039	100 60	3	3*	007
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	V. K. Stoelting			3	12*	050
Indiana University Hospitals	V. K. Stoelting	12,109	1,892			
Veterans Admin.	R. Defalque	2,292	181			
William N. Wishard Memorial	G. E. Dryden	7,620	64			
IOWA						
IOWA CITY						
University of Iowa Affiliated Hospitals	J. Moyers			3	9*	030
University of Iowa Hospitals	J. Moyers	12,350	1,330			
Veterans Admin.	R. D. Bastron	2,945				
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	K. Arakawa	11,339	463	3	6C	020

3. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center	J. E. Warren	6,530	120	3	7*	015
University	J. E. Warren	2,617	35			
Veterans Admin.	M. B. Ravin					
LOUISVILLE						
University of Louisville Affiliated Hospitals	G. E. Webb	13,030	209	3	1C	019
Louisville General		3,487	135			
Norton—Children's Hospitals		10,877	300			
Veterans Admin.		2,965	123			
LOUISIANA						
NEW ORLEANS						
Charity Hospital of Louisiana	M. Naraghi	15,759	500	3	4C 4F	019
Ochsner Foundation	S. G. Welborn	7,648	131	3	4*	016
SHREVEPORT						
L.S.U. (Shreveport) Affiliated Hospitals	M. T. Metzgar	4,025	100	3	2*	008
Confederate Memorial Medical Center						
MAINE						
PORTLAND						
Maine Medical Center	P. J. Villandry	12,091	390	3	2*	010
MARYLAND						
BALTIMORE						
Johns Hopkins Affiliated Hospitals	E. L. Nagel			3	12C	030
Baltimore City Hospitals	P. Chodoff	3,602	362			
Johns Hopkins	E. L. Nagel	13,147	120			
University of Maryland Affiliated Hospitals	M. Helrich	10,000	1,800	3	4*	022
University of Maryland						
MASSACHUSETTS						
BOSTON						
Beth Israel	J. Hedley-Whyte	8,492	1,358	3	4C	013
Boston Hospital for Women	M. H. Alper	14,100	300	1	3C	003
Boston University Affiliated Hospitals	F. W. Hehre, Jr.			3	9C 4F	019
University		7,454				
Boston City		7,226				
Children's Hospital and Medical Center	R. M. Smith	8,331	23	1	8C	008
Massachusetts General	R. J. Kitz	24,432	2,500	3	2*	047
New England Medical Center	K. F. Schmidt	7,211	86	3	5*	015
Peter Bent Brigham	L. D. Vandam	6,877	453	3	6*	030
St. Elizabeth's Hospital of Boston	E. J. Fruggiero	8,950	745	3	3C	010
CAMBRIDGE						
Cambridge	F. L. Comunale	3,566	297	3	1C 1F	014
PITTSFIELD						
Berkshire Medical Center	R. G. Jacobs	7,037	92	3	1C	003
SPRINGFIELD						
Baystate Medical Center	F. R. Dinale	16,568	510	3	3*	008
WORCESTER						
University of Massachusetts	M. D'A. Stanton-Hicks	3,000		3	2C 1F	003
MICHIGAN						
ANN ARBOR						
University of Michigan Affiliated Hospitals	P. J. Cohen	11,820	105	3	6*	027
University	P. J. Cohen	2,176	34			
Veterans Admin.	R. B. Sweet					
DETROIT						
Children's Hospital of Michigan	S. Austin	7,783	130	1	3C	012
Sinai Hospital of Detroit	E. Brown	21,436	4,120	3	4*	016
SOUTHFIELD						
Providence	F. Wong	14,184		3	2C 1*	006
MINNESOTA						
MINNEAPOLIS						
University of Minnesota Affiliated Hospitals	F. H. Van Bergen	11,354	1,199	3	6*	017
University of Minnesota Hospitals						
ROCHESTER						
Mayo Graduate School of Medicine	R. J. Faust	19,464	5,518	3	6*	026
Rochester Methodist		25,096	1,925			
St. Mary's						
MISSISSIPPI						
JACKSON						
University of Mississippi Medical Center	D. D. Glass	8,813	100	3	4C	016
University	D. D. Glass	4,010	17			
Veterans Admin. Center	H. L. Gee					
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	G. W. N. Eggers, Jr.	7,700	70	3	3*	012
KANSAS CITY						
Children's Mercy	E. S. Brown	2,863	24	1	1C	001
St. Luke's	J. E. Mallow	1,350	436	3	2*	008
ST. LOUIS						
Barnes Hospital Group	C. R. Stephen	22,853	250	3	7*	015

3. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1978-1979 1st Yr.	All Yrs.
NEBRASKA						
OMAHA University of Nebraska	D. W. Wingard	4,506	156	3	4*	012
NEW HAMPSHIRE						
HANOVER Mary Hitchcock Memorial	W. P. Sy	7,503	1,388	3	2*	006
NEW JERSEY						
EAST ORANGE Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosp., Newark)						
HACKENSACK Hackensack	A. R. Wollack	12,333	250	3	2C 1F	007
JERSEY CITY Jersey City Medical Center (See CMDNJ-New Jersey Medical School Affil. Hosp., Newark)						
LIVINGSTON St. Barnabas Medical Center	E. A. Moretti	16,073	615	3	2C	004
LONG BRANCH Monmouth Medical Center	B. C. Kaye	8,243	64	3	2*	010
NEWARK CMDNJ—New Jersey Medical School Affiliated Hospitals						
Martland United Hospitals Medical Center—Children's Hospital of Newark United Hospitals Medical Center—Newark Eye and Ear Infirmary United Hospitals Orthopedic Center—Hospital for Crippled Child.—Adults	C. M. Ballinger	3,600	75	3	3C 3*	026
Veterans Admin. (East Orange) Jersey City Medical Center (Jersey City)	M. I. Aleniewski G. Shapiro	3,279	73			
Newark Beth Israel Medical Center	W. K. Sommer	12,000	30	3	2C	006
PATERSON St. Joseph's Hospital and Medical Center						
	C. Hupert	7,329		3	3C	009
NEW YORK						
BUFFALO Buffalo General Children's Hospital of Buffalo Millard Fillmore						
	R. N. Terry	8,964	67	3	5C	015
	M. J. Downey, Jr.	7,185		1	5C	005
	J. Barlow	14,256	728	3	6C 2F	014
S. U. N. Y. at Buffalo Affiliated Hospitals	J. I. Lauria			3	1*	008
Edward J. Meyer Memorial	J. I. Lauria	4,564	623		1F	
EAST MEADOW Nassau County Medical Center—Meadowbrook						
	E. Sinnott	7,219	215	3	3C	009
NEW YORK CITY Albert Einstein College of Medicine Affiliated Hospitals						
Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine Lincoln	L. Orkin			3	11C 1*	036
	L. R. Orkin	6,240	7,280			
	C. Andrews	8,301	275			
	E. Mojdehi	3,630	452			
Beth Israel Medical Center	S. Joffe	9,331	3,076	3	6C	014
Brookdale Hospital Center	A. R. Abadir	17,792	950	3	5*	015
Cornell Cooperating Hospitals New York Hospital Hospital for Special Surgery Memorial Hospital for Cancer and Allied Diseases	J. F. Artusio J. F. Artusio J. L. Fox P. L. Goldiner	27,099 3,141 8,970	850 9 1,789	3	6*	024
Harlem Hospital Center	H. G. Cave	6,387	1,027	3	4C	010
Long Island Jewish—Hillside Medical Center Program Long Island Jewish—Hillside Medical Center	S. Surks	12,380	1,225	3	3C	008
Maimonides Medical Center Training Program Maimonides Medical Center Coney Island	P. Sechzer P. Sechzer A. Dombrowiecki	12,000 2,781 8,500	400 626 75	3	3C	011
Methodist Montefiore Hospital Training Program Montefiore Hospital and Medical Center	R. Tempesta			3	4*	009
	P. S. Underwood	10,131	1,500	3	7C	024
Mount Sinai Hospital Training Program Mount Sinai City Hospital Center at Elmhurst Hospital for Joint Diseases and Medical Center Veterans Admin. (Bronx)	L. Rendell-Baker L. Rendell-Baker V. Bhardwaj L. Rendell-Baker L. Rendell-Baker	17,000 6,024 3,248 3,083	879 930 127 835	3	18C	040
New York Medical College—Metropolitan Hospital Center Unit 1—Flower and Fifth Avenue Hospitals Unit 2—Metropolitan Hospital Center Westchester County Medical Center (Valhalla)	D. Bizzarri, J. Giuffrida D. Bizzarri D. Bizzarri, J. Giuffrida K. Shibutani	7,894 6,824 1,702	237 7,832 2,973	3	7*	034
New York University Medical Center Bellevue Hospital Center University Veterans Admin. (Manhattan)	H. Turndorf	6,496 11,172 2,460	417 439 388	3	5*	031
Presbyterian	H. H. Bendixen	18,715	177	3	12C 5F	036
St. Luke's Hospital Center	L. S. Blancato	11,000	95	3	6C	018
St. Vincent's Hospital and Medical Center of New York	R. G. Hicks	7,796	1,608	3	3C	009

3. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW YORK, NEW YORK CITY—Continued						
S.U.N.Y. Downstate Medical Center	B. D. King	7,608	900	3	7C	021
Kings County Hospital Center State University		4,587	220			
ROCHESTER						
Strong Memorial Hospital of the University of Rochester	A. J. Gillies	10,633	446	3	1*	012
SYRACUSE						
St. Joseph's Hospital Health Center	H. K. Morrell	10,254	610	3	2* 2F	008
S.U.N.Y. Upstate Medical Center	P. B. Kane	6,400	360	3	4*	021
State University	P. B. Kane	12,500	200			
Crouse Irving—Memorial	J. Egnatinsky	2,371	57			
Veterans Admin.	S. Emko					
VALHALLA						
Westchester County Medical Center (See N. Y. Med. Coll.—Metropolitan Hosp. Ctr., New York City)						
NORTH CAROLINA						
CHAPEL HILL						
North Carolina Memorial	K. Sugioka	8,095	750	3	7*	024
DURHAM						
Duke University Affiliated Hospitals	M. H. Harmel	16,359	175	3	6*	022
Duke University Medical Center	M. H. Harmel	2,972	357			
Veterans Admin.	L. C. Hollandsworth					
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals	T. H. Irving	11,000	45	3	4*	012
North Carolina Baptist						
OHIO						
AKRON						
Children's Hospital of Akron	D. S. Nelson	7,410	205	1	5C	005
CINCINNATI						
University of Cincinnati Hospital Group	P. O. Bridenbaugh	8,925	535	3	6*	025
Children's Hospital Medical Center	T. Striker, C. Melampy	21,688	235			
Cincinnati General	P. O. Bridenbaugh	1,851	53			
Christian R. Holmes	J. Jacobs	3,236	115			
Veterans Admin.						
CLEVELAND						
Case Western Reserve University Affiliated Hospitals	J. S. Gracenstein	15,975	80	3	7*	040
University Hospitals of Cleveland		4,442	25			
Veterans Admin.						
COLUMBUS						
Ohio State University Hospitals	W. Hamelberg	24,000	300	3	5C	015
DAYTON						
Wright State University Affiliated Hospitals	A. R. Sawell	12,265	500	3	2*	004
Charles F. Kettering Memorial (Kettering)						
KETTERING						
Charles F. Kettering Memorial (See Wright State University Affiliated Hospitals, Dayton)						
TOLEDO						
Medical College of Ohio at Toledo Associated Hospitals	L. E. Morris	2,975	366	3	1C 1*	012
Hospital of Medical College of Ohio at Toledo					1F	
Toledo	P. J. Ditmyer	13,588	272	3	2C 2F	010
YOUNGSTOWN						
Youngstown	H. L. Allen	16,671	146	3	2* 1F	014
OKLAHOMA						
OKLAHOMA CITY						
University of Oklahoma Health Sciences Center	S. Deutsch	7,384	1,900	3	2* 1F	019
University Hospital and Clinics		2,113				
Oklahoma Children's Memorial		2,327	113			
Veterans Admin.						
OREGON						
PORTLAND						
University of Oregon Affiliated Hospitals	N. A. Bergman	6,360	1,175	3	2F	019
University of Oregon Health Sciences Center Hospital and Clinics		2,983	23			
Veterans Admin.						
PENNSYLVANIA						
HERSHEY						
Milton S. Hershey Medical Center of the Pennsylvania State University	J. F. Biebuyck	6,462	1,180	3	5C	015
JOHNSTOWN						
Conemaugh Valley Memorial	P. Lund	8,700	1,785	3	3C	009
PHILADELPHIA						
Albert Einstein Medical Center	B. Goldstein	13,439	29	3	2*	010
Hahnemann Medical College and Hospital	H. L. Price	7,009	136	3	2*	013
Hospital of the University of Pennsylvania	H. Wollman	13,400	350	3	12*	074
Children's Hospital of Philadelphia	J. J. Downes, Jr.	5,500	1,100			
Veterans Admin.	J. L. Neigh	2,615	128			
Presbyterian—University of Pennsylvania Medical Center	S. S. Bloom	4,808	128	3	2C 2F	008

3. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1978-1979 1st Yr.	All Yrs.
PENNSYLVANIA, PHILADELPHIA—Continued						
Temple University	J. R. Harp	7,500	250	3	4*	016
St. Christopher's Hosp. for Children	B. W. Mayer	3,930	210			
Thomas Jefferson University	J. J. Jacoby	12,380	465	3	3C 3* 1F	014
PITTSBURGH						
Allegheny General Hospitals of the University Health Center of Pittsburgh	D. J. Torpey, Jr.	10,273	1,483	3	3*	008
	P. Safar	51,000	8,000	3	4* 1F	031
Presbyterian—University	R. B. Smith	8,218	735			
Children's Hospital of Pittsburgh	J. H. Marcy	7,288	68			
Eye and Ear Hospital of Pittsburgh	B. Kirmli	9,680	45			
Magee—Womens		14,813	100			
Montefiore		6,818	157			
Veterans Admin.	H. Keszler	2,432	686			
Mercy	E. S. Siker	11,207	516	3	2*	013
Western Pennsylvania	O. C. Phillips	8,946	575	3	2C 1F	009
PUERTO RICO						
SAN JUAN						
University of Puerto Rico Affiliated Hospitals Industrial San Juan City University District	C. H. Garcia			3	3C	012
	C. H. Garcia	8,105				
	C. H. Garcia	17,694	434			
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina Teaching Hospitals	J. E. Mahaffey			3	5*	014
Medical University of South Carolina Veterans Admin.	J. E. Mahaffey L. L. Brown	7,732 1,546	913 25			
TENNESSEE						
KNOXVILLE						
University of Tennessee Memorial Research Center and Hospital	W. F. Powell	5,841	177	3	1C 1F	003
MEMPHIS						
University of Tennessee Affiliated Hospitals City of Memphis Hospitals	W. C. North	16,058	671	3	6C 3F	020
NASHVILLE						
Vanderbilt University	B. E. Smith	8,231	376	3	4*	013
TEXAS						
DALLAS						
Parkland Memorial	M. T. Jenkins	19,920	780	3	15*	052
FORT WORTH						
John Peter Smith				3	3C	012
GALVESTON						
University of Texas Medical Branch Hospitals	J. F. Arens	12,829	838	3	7*	031
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	L. F. Schuhmacher, Jr.			3	4C 2F	020
Ben Taub General	L. F. Schuhmacher, Jr.	6,850	77			
Jefferson Davis	L. F. Schuhmacher, Jr.	9,306	40			
Methodist	P. H. Chalmers	24,544				
St. Luke's Episcopal	C. J. Turner	14,157				
Texas Children's	C. J. Turner	5,264				
Veterans Admin.	W. H. Mannheimer	5,640	20			
Texas Heart Institute	A. S. Keats	5,315		3	2C	006
University of Texas at Houston Affiliated Hospitals	B. M. Rigor			3	7C	023
Hermann	B. M. Rigor	10,478	390			
St. Joseph		11,350	146			
University of Texas M. D. Anderson Hospital and Tumor Institute	W. S. Derrick	4,393	59			
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals	H. L. Zauder			3	4*	022
Bexar County Teaching Veterans Admin.		9,600 3,601	750 30			
TEMPLE						
Scott and White Memorial	M. K. Mendenhall	8,380	194	3	2C	006
UTAH						
SALT LAKE CITY						
University of Utah Affiliated Hospitals University	K. C. Wong K. C. Wong	5,912	67	3	6*	027
Holy Cross Hospital of Salt Lake City		9,217				
L. D. S. Hospital	H. C. Wong	675	75			
Primary Children's Medical Center	R. A. Elwyn	5,355	450			
St. Mark's						
Shriners Hospital for Crippled Children	W. S. Jordan	277				
Veterans Admin.	A. S. Paterson	3,040				
VERMONT						
BURLINGTON						
Medical Center Hospital of Vermont	J. Abajian	9,772		3	6*	009
VIRGINIA						
CHARLOTTESVILLE						
University of Virginia	R. M. Epstein	9,903	4,025	3	4C 4F	022

3. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
VIRGINIA—Continued						
RICHMOND						
Virginia Commonwealth Univ. M.C.V. Affiliated Hospitals						
Medical College of Virginia Hospitals	C. P. Boyan	11,468	596	3	4*	014
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals	J. J. Bonica			3	3*	032
Children's Orthopedic Hospital and Medical Center	E. B. Furman	5,050	520			
Harborview Medical Center	F. G. Freund	2,808				
University	J. J. Bonica	5,383				
Veterans Admin.	G. Cronrath, A. Pflug	1,737	248			
Tacoma General (Tacoma)	P. H. Backup	10,951	200			
Virginia Mason	L. D. Bridenbaugh	9,385	574	3	1F	016
TACOMA						
Tacoma General (See University of Washington Affiliated Hospitals, Seattle)						
WEST VIRGINIA						
MORGANTOWN						
West Virginia University	R. B. Knapp	6,981	416	3	5*	019
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals	S. C. Alexander			3	6* 1F	025
University Hospitals	S. C. Alexander	5,827	176			
Veterans Admin.	D. C. Bohlman	7,334	53			
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals	E. O. Henschel			3	9* 1F	036
Milwaukee County General		7,617	1,506			
Veterans Admin. Center (Wood)		3,520	1,377			

4. BLOOD BANKING

Residency programs in the following institutions and agencies have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Pathology, through the Residency Review Committee for Pathology, for ONE or TWO Years of acceptable training in the specialty. Other programs providing training in areas of special competence in Pathology are included in Lists 24A, 24B, 24C.

	Chief of Service or Program Director	Units of Blood Collected	Units of Blood Transfused	Units of Blood Processed	Total Special Procedures	Length of Program (Yrs.)	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
National Institutes of Health—Clinical Center, Bethesda	P. V. Holland	4,321	7,147	8,613	400	2	1C	002
NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
TORRANCE								
Los Angeles County Harbor General	B. A. Myhre					1	1C	001
MARYLAND								
BALTIMORE								
Johns Hopkins						1	1C	001
MINNESOTA								
ROCHESTER								
Mayo Graduate School of Medicine	H. F. Taswell	20,926	52,618	42,260		2	1C	001
Rochester Methodist								
St. Mary's								
MISSOURI								
ST. LOUIS								
Barnes Hospital Group	L. A. Sherman	34	21,707	23,340	500	2	1C	002
PENNSYLVANIA								
PHILADELPHIA								
Hospital of the University of Pennsylvania	J. E. Wheeler	7,857	11,667	11,667	4,267	1	1C	001
TEXAS								
HOUSTON								
St. Luke's Episcopal	J. Milam	5,815	12,761	15,610	47,900	2	1C	001

5. CHILD PSYCHIATRY

The programs in Child Psychiatry that have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology, are listed following the programs in Psychiatry, as List 31C.

6. COLON AND RECTAL SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Colon and Rectal Surgery, and the American College of Surgeons, through the Residency Review Committee for Colon and Rectal Surgery, as offering TWO years of acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st All Yr. Yrs.	
NONFEDERAL AND VETERANS ADMINISTRATION						
ILLINOIS						
CHICAGO Cook County	H. Abcarian	17	603	3,929	1C	002
URBANA Carle Foundation	G. B. Thow	20	465	4,000	1C	002
LOUISIANA						
NEW ORLEANS Ochsner Foundation	J. E. Ray	17	716	12,601	2C	002
SHREVEPORT L. S. U. (Shreveport) Affiliated Hospitals Confederate Memorial Medical Center Schumpert Medical Center	H. W. Boggs, Jr.	22	1,289		1C	001
MARYLAND						
BALTIMORE Greater Baltimore Medical Center	J. D. Rosin		531	1,997	2C	002
BETHESDA Suburban	A. F. Castro	7	460	104	1C	001
MASSACHUSETTS						
BOSTON Lahey Clinic	M. L. Corman	42	951	14,159	2C	002
MICHIGAN						
DETROIT Henry Ford	T. A. Fox, Jr.				1C	001
GRAND RAPIDS Ferguson—Droste—Ferguson	W. P. Mazier	91	4,173	17,749	5C	005
ROYAL OAK William Beaumont	W. Beauregard	11	466	2,175	1C	001
MINNESOTA						
MINNEAPOLIS University of Minnesota Affiliated Hospitals University of Minnesota Hospitals Veterans Admin.	S. M. Goldberg S. M. Goldberg	20 5 5	1,200 300 141	3,600 5,000 1,130	2C	002
ROCHESTER Mayo Graduate School of Medicine Rochester Methodist St. Mary's	R. J. Spencer	45 18	1,453 562	28,555	1C	002
NEW JERSEY						
PLAINFIELD Muhlenberg	E. Salvati	14	854	712	2C	002
NEW YORK						
BUFFALO Buffalo General Deaconess Hospital of Buffalo	J. E. Alford B. A. Portin	9 9	223 400	373	1C 1C	001 001
OHIO						
CLEVELAND Cleveland Clinic	V. W. Fazio	59	1,388	7,963	2C	004
COLUMBUS Grant	R. B. Samson	30	775	75	1C	001
PENNSYLVANIA						
ALLENTOWN Allentown Affiliated Hospitals Allentown Allentown and Sacred Heart Hospital Center Sacred Heart	G. Kratzer	11 21	1,903 2,368	312	2C	002
ERIE St. Vincent Health Center	F. J. Theuerkauf, Jr.	18	839	129	1C	001
PHILADELPHIA Temple University	A. Gennaro	3	139	929	2C	002
TEXAS						
DALLAS Baylor University Medical Center Presbyterian Hospital of Dallas	W. Bailey R. J. Rowe	22 7	1,062 371	75	1C 1C	001 001
HOUSTON University of Texas at Houston Affiliated Hospitals Hermann	J. M. Hampton	9	475	200	1C	001

7. DERMATOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Dermatology, through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty. See also List 8. Dermatopathology.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
UNITED STATES AIR FORCE							
NEBRASKA							
Ehrling Bergquist U.S.A.F. Regional, Offutt A.F.B. (See Creighton-Nebraska Universities Health Foundation, Omaha)							
TEXAS							
Wilford Hall U. S. A. F. Medical Center, San Antonio	J. W. White, Jr.	7	249	26,866	3	3C	009
UNITED STATES ARMY							
CALIFORNIA							
Letterman Army Medical Center, San Francisco	R. B. Odom	2	57	17,301	3	1F	006
COLORADO							
Fitzsimons Army Medical Center, Denver	D. D. Nuss	3	38	19,705	3	2C 1F	006
DISTRICT OF COLUMBIA							
Walter Reed Army Medical Center, Washington	D. L. Pierson	4	68	22,033	3	3C 2F	009
TEXAS							
Brooke Army Medical Center, San Antonio	C. W. Lewis	2	48	28,719	3	1F	013
UNITED STATES NAVY							
CALIFORNIA							
Naval Regional Medical Center, San Diego	F. M. Highly, Jr.	12	260	50,234	3	4C 4F	012
MARYLAND							
National Naval Medical Center, Bethesda	W. M. Narva	1	33	23,630	3	2C 2F	006
UNITED STATES PUBLIC HEALTH SERVICE							
MARYLAND							
National Institutes of Health—Clinical Center, Bethesda	M. A. Lutzner	7	52	1,560	2	2C	005
NEW YORK							
U. S. Public Health Service (Staten Island), New York City	J. P. Fields	16	179	8,252	2	2C 2F	006
NONFEDERAL AND VETERANS ADMINISTRATION							
ALABAMA							
BIRMINGHAM							
University of Alabama Medical Center University of Alabama Hospitals Veterans Admin.	R. O. Noojin	6	117	33,172 2,389	3	3C	007
FAIRFIELD							
Lloyd Noland	P. G. Reque	1	12	7,610	2	1F	004
ARIZONA							
TUCSON							
University of Arizona Affiliated Hospitals University Kino Community Hospital Division Veterans Admin.	P. J. Lynch P. J. Lynch P. Lynch W. F. Denny	1	50	3,400 872 1,780	3	2C	004
ARKANSAS							
LITTLE ROCK							
University of Arkansas for Medical Sciences Affiliated Hospitals University Veterans Admin. Consolidated	G. T. Jansen	1	12 81	12,372 3,374	3	2C	006
CALIFORNIA							
IRVINE							
University of California (Irvine) Affiliated Hospitals University of California, Irvine, Medical Center (Orange) Veterans Admin. (Long Beach)	J. Graham			2,924 13,986	3	4C	012
LONG BEACH							
Veterans Admin. (See Univ. of California (Irvine) Affiliated Hosps., Irvine)							
LOS ANGELES							
Los Angeles County—U.S.C. Medical Center	N. E. Levan	12	359	16,462	3	3C	010
Martin Luther King, Jr. General	A. P. Kelly	8		2,974	3	2C	006
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	R. M. Reisner	7	164	10,861	3	3C	011
Veterans Admin. Center—Wadsworth	R. M. Reisner	12	96	12,781	3	3C	008
ORANGE							
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)							

7. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1978-1979 1st Yr.	All Yrs.
CALIFORNIA—Continued							
PALO ALTO							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
SAN DIEGO							
University of California (San Diego) Affiliated Hospitals							
University Hospital, U.C. Medical Center, San Diego							
Veterans Admin.							
SAN FRANCISCO							
Pacific Medical Center—Presbyterian (See Stanford University Affiliated Hospitals, Stanford)							
University of California Program							
W. L. Epstein							
3							
5C 1F							
015							
H. C. Moffitt—University of California Hospitals							
San Francisco General							
Veterans Admin.							
W. L. Epstein							
11							
330							
16,330							
W. Hennessy							
5							
131							
10,320							
STANFORD							
Stanford University Affiliated Hospitals							
Stanford University							
Veterans Admin. (Palo Alto)							
Pacific Medical Center—Presbyterian (San Francisco)							
E. M. Farber							
11							
267							
13,187							
E. M. Farber							
10							
267							
12,000							
N. M. Price							
H. M. Schneidman							
1							
29							
2,585							
COLORADO							
DENVER							
University of Colorado Affiliated Hospitals							
University of Colorado Medical Center							
Denver General							
Veterans Admin.							
W. L. Weston							
2							
45							
6,000							
W. L. Weston							
2							
4							
4,538							
L. E. Goltz							
2							
50							
3,000							
CONNECTICUT							
NEW HAVEN							
Yale—New Haven Medical Center							
Yale—New Haven							
A. B. Lerner							
7							
149							
7,389							
3							
2C							
009							
DISTRICT OF COLUMBIA							
WASHINGTON							
George Washington University							
Howard University Affiliated Hospitals							
M. L. Elgart							
2							
22							
1,000							
J. A. Kenney, Jr.							
3							
2C							
005							
3C							
009							
1F							
Howard University							
District of Columbia General							
Veterans Admin.							
J. A. Kenney, Jr.							
7							
36							
7,070							
W. M. Williams, 2d							
5,690							
182,819							
A. Fischmann							
FLORIDA							
MIAMI							
University of Miami Affiliated Hospitals							
Jackson Memorial							
Veterans Admin.							
H. Blank							
29							
330							
8,946							
10							
265							
7,413							
MIAMI BEACH							
Mount Sinai Medical Center of Greater Miami							
P. Frost							
6							
174							
913							
3							
1C							
004							
GEORGIA							
ATLANTA							
Emory University Affiliated Hospitals							
Grady Memorial							
Emory University							
Veterans Admin. (Decatur)							
H. E. Jones							
2							
78							
6,240							
H. E. Jones							
2,931							
I. Willis							
AUGUSTA							
Medical College of Georgia Hospitals							
J. G. Smith, Jr.							
3							
3C							
009							
1F							
Eugene Talmadge Memorial							
University							
Veterans Admin.							
1							
35							
6,161							
1,142							
1,711							
DECATUR							
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)							
ILLINOIS							
CHICAGO							
Cook County							
Northwestern University Medical School Affiliated Hospitals							
Northwestern Memorial							
Veterans Admin. Lakeside							
Rush—Presbyterian—St. Luke's Medical Center							
University of Chicago Hospitals and Clinics							
University of Illinois Affiliated Hospitals							
University of Illinois							
Veterans Admin. (Hines)							
S. Barsky							
1							
84							
21,880							
3							
3*							
012							
H. Roenigk							
3							
2*							
008							
H. Roenigk							
3							
44							
3,375							
J. Hasegawa							
13							
693							
3,024							
F. D. Malkinson							
2							
34							
3,000							
3							
1*							
003							
A. L. Lorincz							
3							
3C							
009							
L. M. Solomon							
3							
3C							
009							
L. M. Solomon							
4							
318							
15,996							
L. Solomon							
HINES							
Veterans Admin. (See Univ. of Ill. Affiliated Hosps., Chicago)							
INDIANA							
INDIANAPOLIS							
Indiana University Medical Center							
Indiana University Hospitals							
William N. Wishard Memorial							
A. L. Norins							
3							
2C							
005							
13							
6,336							
IOWA							
IOWA CITY							
University of Iowa Hospitals							
R. M. Caplan							
9							
402							
14,766							
3							
4C							
012							

7. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
KANSAS							
KANSAS CITY							
University of Kansas Medical Center	J. Kalivas	2	52	3,556	3	3C	003
KENTUCKY							
LOUISVILLE							
University of Louisville Affiliated Hospitals	L. G. Owen			17,500	3	3C	009
Louisville General				7,500			
Veterans Admin.		4	55	2,810			
LOUISIANA							
NEW ORLEANS							
Charity Hospital of Louisiana	H. Jolly, V. Derbes	4	121	25,444	3	6C 6F	017
MARYLAND							
BALTIMORE							
Johns Hopkins	S. I. Lamberg	5	203	7,862	3	3C	009
University of Maryland Affiliated Hospitals							
University of Maryland	J. W. Burnett	3		15,000	3	3C	008
MASSACHUSETTS							
BOSTON							
Lahey Clinic	S. L. Moschella	5	270	18,900	2	1C	001
Massachusetts General	T. B. Fitzpatrick	9	207	16,739	3	5C	014
University	H. Mescon			27,800	3	3C	009
MICHIGAN							
ALLEN PARK							
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)							
ANN ARBOR							
University of Michigan Affiliated Hospitals	J. J. Voorhees				3	6C	016
University	J. J. Voorhees	21	483	17,838			
Veterans Admin.	R. C. Bishop			1,277			
DETROIT							
Henry Ford	E. A. Krull	22	500	40,000	3	5C 5F	015
Wayne State University Affiliated Hospitals	D. J. Birmingham				3	3C	010
Veterans Admin. (Allen Park)							
Detroit General		21	301	12,009			
United Hospitals of Detroit—Harper Division							
MINNESOTA							
MINNEAPOLIS							
University of Minnesota Affiliated Hospitals	R. W. Goltz				3	2*	017
University of Minnesota Hospitals	R. W. Goltz	4	111	6,875			
Hennepin County Medical Center	B. J. Bart	1	14	3,424			
Veterans Admin.	R. W. Goltz	10	198	3,955			
St. Paul—Ramsey (St. Paul)	R. W. Goltz	1	31	5,915			
ROCHESTER							
Mayo Graduate School of Medicine	H. O. Perry			29,536	3	2*	022
Rochester Methodist		41	794				
ST. PAUL							
St. Paul—Ramsey (See University of Minnesota Affiliated Hosps., Minneapolis)							
MISSOURI							
COLUMBIA							
University of Missouri Medical Center	P. C. Anderson	5	100	14,000	3	3C	009
ST. LOUIS							
Barnes Hospital Group	A. Z. Eisen	12	250	17,000	3	4C	012
NEBRASKA							
OMAHA							
Creighton—Nebraska Universities Health Foundation	R. M. Fusaro			24,281	3	3C	008
University of Nebraska	R. M. Fusaro	108		8,625			
Bishop Clarkson Memorial	R. Q. Crotty	5	266				
Creighton Memorial St. Joseph's	R. M. Fusaro	88		1,176			
Veterans Admin.	R. M. Fusaro	780		2,480			
Ehring Bergquist U.S. A.F. Regional (Offutt A.F.B.)				12,000			
NEW HAMPSHIRE							
HANOVER							
Dartmouth Medical School Affiliated Hospitals	R. D. Baughman				3	2C	006
Mary Hitchcock Memorial		15	495	12,471			
Veterans Admin. Center (White River Junction, Vt.)		3	77	2,006			
NEW MEXICO							
ALBUQUERQUE							
University of New Mexico Affiliated Hospitals	E. B. Smith				3	1C	003
Bernalillo County Medical Center	L. E. Becker		7	2,937			
Lovelace—Bataan Medical Center	C. F. Merwin		1	10,614			
Veterans Admin.	E. B. Smith	3	115	3,186			
NEW YORK							
ALBANY							
Albany Medical Center Affiliated Hospitals	L. R. Lumpkin				3	3C	007
Albany Medical Center	L. R. Lumpkin	7	110	7,829			
Veterans Admin.	S. Wallach	4	24	2,880			

7. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
NEW YORK—Continued							
BUFFALO							
Roswell Park Memorial Institute	O. A. Holterman	8	59	5,366	1	1C	002
S.U.N.Y. at Buffalo Affiliated Hospitals	R. L. Dobson				3	3C	011
Buffalo General	R. L. Dobson	16	425	24,128			
Children's Hospital of Buffalo	J. Rasmussen						
Edward J. Meyer Memorial	R. L. Dobson	2	31	4,596			
Veterans Admin.	S. O'Loughlin	4	56	6,760			
NEW YORK CITY							
Albert Einstein College of Medicine Affiliated Hospitals	M. Fisher, P. Burk				3	4C	011
Bronx Municipal Hospital Center	M. Fisher	4	43	13,000			
Hospital of the Albert Einstein College of Medicine	M. Fisher	1	3	2,500			
Montefiore Hospital and Medical Center	P. G. Burk	2	90	7,500			
Columbia University Affiliated Hospitals							
Presbyterian	L. Harber	11	285	13,152	3	2C	006
Columbia University Affiliated Hospitals							
St. Luke's Hospital Center	A. W. Young, Jr.	2	45	7,388	2	1C	003
Mount Sinai Hospital Training Program	H. Shatin				3	2C	006
Mount Sinai	H. Shatin	1	18	10,646			
Veterans Admin. (Bronx)	H. Shatin	21	168	8,353			
New York Hospital	F. Daniels, Jr.				3	4C	010
New York Medical College—Metropolitan Hospital Center	E. H. Mandel				3	2C	006
Unit 1—Flower and Fifth Avenue Hospitals							
Unit 2—Metropolitan Hospital Center		3	40	8,259			
Unit 3—Bird S. Coler Memorial Hospital and Home		10	100	2,695			
New York University Medical Center	R. L. Baer				3	6*	026
Bellevue Hospital Center		15	179	17,985			
University		16	334	24,397			
Veterans Admin. (Manhattan)		29	432	5,460			
S.U.N.Y. Downstate Medical Center	A. R. Shalita				3	3C	009
Kings County Hospital Center	A. R. Shalita	7	123	9,241			
State University	A. R. Shalita	4	84	1,754			
Veterans Admin. (Brooklyn)	Y. L. Lynfield	8	186	2,460			
NORTH CAROLINA							
CHAPEL HILL							
North Carolina Memorial	C. E. Wheeler, Jr.	4	601	18,448	3	4C	010
DURHAM							
Duke University Affiliated Hospitals	G. S. Lazarus				3	3C	009
Duke University Medical Center	G. S. Lazarus	8	250	20,000			
Veterans Admin.	B. Jegasothy						
OHIO							
CINCINNATI							
University of Cincinnati Hospital Group							
Cincinnati General	G. W. Hambrick	6	222	15,361	3	3C	010
CLEVELAND							
Case Western Reserve University Affiliated Hospitals	D. R. Bickers				3	3C	009
University Hospitals of Cleveland	D. R. Bickers	3	144	4,930			
Veterans Admin.	M. Ahmad			4,838			
Cleveland Clinic	P. L. Bailin	26	640	24,551	3	3*	015
Cleveland Metropolitan General	J. Pomeranz	4	83	9,330	3	2C	008
COLUMBUS							
Ohio State University Hospitals	E. D. Lowney	4	120	19,000	3	2C	004
OKLAHOMA							
OKLAHOMA CITY							
University of Oklahoma Health Sciences Center	M. A. Everett				3	2C	007
University Hospital and Clinics		1	14	1,397		1F	
Oklahoma Children's Memorial		1	5	504			
Veterans Admin.		2	20	2,730			
OREGON							
PORTLAND							
University of Oregon Affiliated Hospitals	W. C. Lobitz				3	4C	012
University of Oregon Health Sciences Center						1F	
Hospital and Clinics	W. C. Lobitz	3	113	9,646			
Veterans Admin.			1	1,028			
PENNSYLVANIA							
DANVILLE							
Geisinger Medical Center	O. F. Miller, 3d.	1	12	24,753	3	2C	006
PHILADELPHIA							
Hahnemann Medical College and Hospital	R. Fleischmajer	24	350	8,300	3	1*	003
Temple University	F. Urbach	6	174	26,075	3	3C	011
Thomas Jefferson University	H. A. Luscombe	1	9	4,877	3	1C	003
University of Pennsylvania Affiliated Hospitals	W. B. Shelley				3	2C	013
Children's Hospital of Philadelphia	A. Gaisin	1	8	2,750			
Graduate Hospital of the University of Pennsylvania	W. B. Shelley						
Hospital of the University of Pennsylvania	W. B. Shelley	4	105	6,906			
Pennsylvania	P. R. Gross	1	29	2,261			
Veterans Admin.	J. W. Petrozzi	4	105	2,125			
PITTSBURGH							
Hospitals of the University Health Center of Pittsburgh	M. L. Nieland				3	1C	005
Children's Hospital of Pittsburgh		1	12	985			
Presbyterian—University		2	104	4,400			
Veterans Admin.		1	12	1,916			
Western Pennsylvania							

7. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
PUERTO RICO							
SAN JUAN University District	J. L. Sanchez			24,210	3	3C 1*	010
RHODE ISLAND							
PAWTUCKET Memorial (See Brown University Affiliated Hospitals, Providence)							
PROVIDENCE Brown University Affiliated Hospitals							
	C. J. Mc Donald				3	3C	009
	Roger Williams General	5	150	8,586			
	Miriam		1	372			
	Rhode Island	1	16	3,120			
	Memorial (Pawtucket)	9	1	193			
TENNESSEE							
MEMPHIS University of Tennessee Affiliated Hospitals							
	E. W. Rosenberg				3	3C 3F	012
	City of Memphis Hospitals	2	44	4,260			
	Veterans Admin.	13	256	4,000			
TEXAS							
DALLAS Parkland Memorial							
	J. H. Herndon, Jr.	18	24	6,618	3	2C	006
GALVESTON University of Texas Medical Branch Hospitals							
	J. F. Mullins	4	103	15,000	3	2C	006
HOUSTON Baylor College of Medicine Affiliated Hospitals							
	J. M. Knox, Jr.				3	5C 2F	015
	Ben Taub General	1	12	6,037			
	Veterans Admin.	10	315	7,812			
SAN ANTONIO University of Texas at San Antonio Teaching Hospitals							
	D. E. Vander Ploeg	3	82	4,790	3	2C	002
	Bexar County Teaching						
	Veterans Admin.						
	L. E. Earley						
VERMONT							
WHITE RIVER JUNCTION Veterans Admin. Center (See Dartmouth Medical School Affil. Hosps., Hanover, N.H.)							
VIRGINIA							
CHARLOTTESVILLE University of Virginia							
	P. E. Weary	3	157	3,729	3	2C	006
RICHMOND Virginia Commonwealth University M.C.V. Affiliated Hospitals							
	W. K. Blaylock	7	203	23,400 5,634	3	3*	009
	Medical College of Virginia Hospitals						
	Veterans Admin.						
WASHINGTON							
SEATTLE University							
	G. F. Odland, W. B. Baker			5,131	3	2C	005
WEST VIRGINIA							
MORGANTOWN West Virginia University							
	W. A. Welton	1	50	5,550	3	1C	003
WISCONSIN							
MADISON University of Wisconsin Affiliated Hospitals							
	D. J. Cripps				3	2C 1F	006
	University Hospitals	4	152	7,210			
	Veterans Admin.	1	35	1,665			
MARSHFIELD Marshfield—University of Wisconsin Affiliated Hospitals							
	W. F. Schorr	2	50	14,855	3	1C	001
	Marshfield Clinic						
MILWAUKEE Medical College of Wisconsin Affiliated Hospitals							
	R. E. Jordan				3	2* 1F	008
	Milwaukee County General	3	30	6,231			
	Veterans Admin. Center (Wood)	2	37	7,712			
	R. E. Jordan						

8. DERMATOPATHOLOGY

Residency programs in the following institutions have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Dermatology, through the Residency Review Committee for Dermatology, or upon recommendation of the American Medical Association and the American Board of Pathology, through the Residency Review Committee for Pathology for ONE or MORE Years of acceptable training in the specialty. See also Lists 7, 24A, 24B, 24C.

	Chief of Service or Program Director	Accessions Derm-Path. Within Hosp.	Accessions Referred to Hosp.	Gross Photos Patients or Specimens	Photomicrographs of Specimens	Positions Offered 1978-1979	
						1st Yrs.	All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION							
MASSACHUSETTS							
BOSTON							
Massachusetts General	M. C. Mihm, Jr.	7,500	1,000	100	1,000	3C	003
MINNESOTA							
MINNEAPOLIS							
University of Minnesota Affiliated Hospitals	R. W. Goltz	1,111	5,263	700	500	2C	002
University of Minnesota Hospitals	R. W. Goltz	981		1,000	100		
Veterans Admin.							
ROCHESTER	H. O. Perry	4,500	550	500	500	1C	001
Mayo Graduate School of Medicine							
Rochester Methodist							
St. Mary's							
NEW YORK							
NEW YORK CITY							
New York University Medical Center	B. Ackerman					4C	004
Bellevue Hospital Center							
University			29,224				
Veterans Admin. (Manhattan)							
NORTH CAROLINA							
DURHAM	B. F. Fetter	1,244	25	500	250	2C	002
Duke University Affiliated Hospitals		250		100	50		
Duke University Medical Center							
Veterans Admin.							
OKLAHOMA							
OKLAHOMA CITY	M. A. Everett	4,300	475	850	312	1C	001
University of Oklahoma Health Sciences Center		1,125	5	360	216		
University Hospital and Clinics		150		15	25		
Oklahoma Children's Memorial							
Veterans Admin.							
PENNSYLVANIA							
PHILADELPHIA	W. Johnson, W. Clark, Jr.	2,000	7,000		100	2C	002
Temple University						2C	002
University of Pennsylvania Affiliated Hospitals	M. G. Wood	10,000		175	200		
Hospital of the University of Pennsylvania	M. G. Wood	76					
Children's Hospital of Philadelphia							
Veterans Admin.					2		
TEXAS							
DALLAS	R. G. Freeman	1,500		30	7,500	1C	001
University of Texas Southwestern Medical School		23,000		100	750		
Affiliated Hospitals							
Parkland Memorial							
Freeman Medical Laboratory							

9. DIAGNOSTIC RADIOLOGY

Residency programs in Diagnostic Radiology that have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Radiology, through the Residency Review Committee for Radiology, are listed following programs in Radiology, and are indicated as List 33B.

10. FAMILY PRACTICE

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Family Practice, and the American Academy of Family Physicians, through the Residency Review Committee for Family Practice, as offering THREE years of training.

	Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
UNITED STATES AIR FORCE				
DISTRICT OF COLUMBIA				
Malcolm Grow U.S.A.F. Medical Center, Washington	C. D. Marquart	37,180	9C	025
FLORIDA				
U.S.A.F. Regional, Eglin A.F.B.	L. J. Ehemann		6C	018
ILLINOIS				
U.S.A.F. Medical Center, Scott A.F.B.	J. N. Dunn	21,385	6C	D20

10. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
UNITED STATES AIR FORCE — Continued				
OHIO				
U.S.A.F. Medical Center, Wright—Patterson A.F.B.	F. W. Calico	35,627	8C 3F	024
TEXAS				
U.S.A.F. Regional, Carswell A.F.B.	M. F. Wildemann	114,482	6C	018
UNITED STATES ARMY				
CALIFORNIA				
Silas B. Hays Army, Fort Ord	L. J. Nevarez		8C	015
GEORGIA				
Martin Army, Fort Benning	K. E. Holtzapple	20,030	6C	018
Dwight David Eisenhower Army Medical Center, Fort Gordon	M. J. Scotti, Jr.	57,600	12C	036
HAWAII				
Tripler Army Medical Center, Honolulu	D. L. Swanson	15,468	6C 3F	017
NORTH CAROLINA				
Womack Army, Fort Bragg	M. T. Smith	23,529	8C	021
VIRGINIA				
De Witt Army, Fort Belvoir	G. E. Varela	25,551	6F	019
WASHINGTON				
Madigan Army Medical Center, Tacoma	A. M. Vazquez	41,412	9C	027
UNITED STATES NAVY				
CALIFORNIA				
Naval Regional Medical Center, Camp Pendleton	S. A. Borel	467,198	9C	028
FLORIDA				
Naval Regional Medical Center, Jacksonville	C. L. Gaudry, Jr.	280,110	9C	027
Naval Aerospace and Regional Medical Center	E. L. Taylor, Jr.	212,262	8C	020
SOUTH CAROLINA				
Naval Regional Medical Center, Charleston	R. W. Higgins	397,285	10C	030
NONFEDERAL AND VETERANS ADMINISTRATION				
ALABAMA				
ANNISTON				
Anniston Family Practice Residency Program Northeast Alabama Regional Medical Center	C. N. Canup	26,116	4C	012
BIRMINGHAM				
Carraway Methodist Medical Center	J. E. Lee		4C 1F 3C	012 009
East End Memorial	J. A. Maloof			
HUNTSVILLE				
University of Alabama Program Huntsville	R. A. Brown	10,090	12C	028
MOBILE				
University of South Alabama Affiliated Hospitals University of South Alabama Medical Center Hospital and Clinics	H. C. Mullins, Jr.		4C	012
SELMA				
Selma Dallas County Family Practice Residency of University of Alabama Selma Medical Center New Vaughan Memorial	D. C. Overstreet	1,380	4C	012
TUSCALOOSA				
University of Alabama Affiliated Hospitals University of Alabama College of Community Health Sciences Druid City	W. F. De Shazo, 3d		12C	036
ARIZONA				
PHOENIX				
Good Samaritan	R. A. Price	15,600	8C 1F	024
St. Joseph's Hospital and Medical Center	D. E. Mc Hard	6,600	4C	012
SCOTTSDALE				
Scottsdale Memorial	J. E. Cook	7,081	6C	018
TUCSON				
University	A. Greensher	1,150	8C	025
ARKANSAS				
FAYETTEVILLE				
Area Health Education Center—Northwest Washington Regional Medical Center Fayetteville City Veterans Admin. Springdale Memorial (Springdale)	J. K. Patrick	10,256 17,385 22,715 20,000	4C	013
FORT SMITH				
Area Health Education Center—Fort Smith St. Edward Mercy Sparks Regional Medical Center	J. D. Busby	17,500 32,237	7C	020
LITTLE ROCK				
University of Arkansas for Medical Sciences Affiliated Hospitals University Arkansas Children's Baptist Medical Center	R. E. Nordling R. Nordling	12,500	12C	034

10. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr.	All Yrs.
ARKANSAS—Continued				
PINE BLUFF Area Health Education Center—Pine Bluff Jefferson	J. A. Lindsey		4C	012
SPRINGDALE Springdale Memorial (See Area Health Education Center—Northwest, Fayetteville)				
CALIFORNIA				
BAKERSFIELD Kern Medical Center	R. N. Neufeld	219	4C	012
DAVIS University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento)	B. D. Burr		37C	111
Davis Community Merced Community Medical Center (Merced) Shasta General (Redding)	B. D. Burr R. G. Clark J. E. Hughell N. T. Woolf	13,000 37,300		
FONTANA Kaiser Foundation	R. W. Pickering	68,000	6C	018
FRESNO University of California (S. F.) Affiliated Hospital Valley Medical Center of Fresno	H. J. Blossom	17,709	6C 2F	028
GLENDALE Glendale Adventist Medical Center	F. J. Gaspar	7,200	7C	018
IRVINE University of California (Irvine) Affiliated Hospitals University of California, Irvine, Medical Center (Orange)	R. Anderson	1,415	17C	051
LANCASTER U. C. L. A.—Antelope Valley Medical Center Program Antelope Valley Hospital Medical Center Cedars—Sinai Medical Center (Los Angeles)	W. Walsh W. Walsh D. A. Lackey	2,500	6C	016
LONG BEACH Memorial Hospital Medical Center	E. D. Beebe	3,668	4C	013
LOS ANGELES Cedars—Sinai Medical Center (See U. C. L. A.—Antelope Valley Med. Ctr. Program, Lancaster)				
Kaiser Foundation King—Drew Medical Center Martin Luther King, Jr. General U. C. L. A. Hospital and Clinics, Center for the Health Sciences	I. Rasgon D. Satcher L. R. Martin	20,617 106 4,120	6C 6C 6C	018 018 016
MARTINEZ Contra Costa County Medical Services	J. L. Aiken	267,306	6C	018
MERCED Merced Community Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)				
MODESTO Scenic General	W. L. Boddie	26,454	5C	015
NORTHBRIDGE Northridge Hospital Foundation	M. C. Greengold		4C	004
ORANGE University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)				
REDDING Shasta General (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)				
RIVERSIDE Riverside General	W. P. Ordelheide	8,054	5C	014
SACRAMENTO University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)				
SALINAS Natividad Medical Center	A. J. Jacklin		6C	018
SAN BERNARDINO San Bernardino County Medical Center	J. R. Crouch	87,870	16C 1F	048
SAN DIEGO University Hospital, U. C. Medical Center, San Diego	E. H. Leigh		6C	018
SAN FRANCISCO San Francisco General (University of California Program)	W. Gerber	14,738	8C 2F	024
University of California Program Valley Medical Center (Fresno) (See Univ. of California (S. F.) Affiliated Hospital, Fresno) San Francisco General (See San Francisco General (Univ. of California Program)) Community Hospital of Sonoma County (Santa Rosa) (See Univ. of Calif. (S. F.) Affiliated Hospital, Santa Rosa)	R. H. Crede			

10. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979	
				1st Yr.	All Yrs.
CALIFORNIA—Continued					
SAN JOSE					
San Jose Hospital and Health Center		W. C. Fowkes, Jr.		10C	010
SANTA MONICA					
Santa Monica Hospital Medical Center		S. Bloom	12,482	7C	021
SANTA ROSA					
University of California (S.F.) Affiliated Hospital Community Hospital of Sonoma County		R. C. Barnett	33,075	8C	028
STOCKTON					
San Joaquin General		F. Fowler	6,728	6C 2F	017
TORRANCE					
Los Angeles County Harbor General		N. Diamond	1,433	3C 3F	012
VENTURA					
General Hospital Ventura County		F. S. Larsen	68,394	9C	030
COLORADO					
DENVER					
Mercy Medical Center		C. Flaxer	6,800	10C 1F	030
St. Joseph		A. P. Miller		3C	009
University of Colorado Affiliated Hospitals		H. R. Brettell		8C	024
University of Colorado Medical Center		H. R. Brettell			
Children's					
Denver General					
Rose Medical Center		H. R. Brettell			
Veterans Admin.		R. P. Hoffmann			
FORT COLLINS					
University of Colorado Affiliated Hospitals Poudre Valley Memorial University of Colorado Medical Center (Denver)		C. E. Basye		4C	012
GRAND JUNCTION					
University of Colorado Affiliated Hospitals St. Mary's Veterans Admin.		L. E. Ellinwood		4C	012
University of Colorado Medical Center (Denver)		L. E. Ellinwood	17,306		
GREELEY					
Weld County General		D. E. Bates	8,141	4C	012
PUEBLO					
Southern Colorado Family Medicine Colorado State St. Mary—Corwin Parkview Episcopal		F. W. Barrows, Jr.	5,792	6C	018
CONNECTICUT					
FARMINGTON					
University of Connecticut Affiliated Hospitals John Dempsey Hartford (Hartford) St. Francis (Hartford)		J. E. Donnelly J. E. Donnelly D. L. Brown A. Berger	8,000	12C	033
HARTFORD					
Hartford (See University of Connecticut Affil. Ho'sps., Farmington)					
St. Francis (See University of Connecticut Affil. Hosps., Farmington)					
MIDDLETOWN					
Middlesex Memorial		D. H. Brown	9,325	6C	018
STAMFORD					
St. Joseph		W. I. Getter	41,953	4C	012
DELAWARE					
WILMINGTON					
Wilmington Medical Center		D. T. Walters	6,028	6C	018
DISTRICT OF COLUMBIA					
WASHINGTON					
Howard University		M. D. Gerald	15,860	12C 1F	036
FLORIDA					
BARTOW					
Polk General		B. Breiter	40,669	6C	014
DAYTONA BEACH					
Halifax Hospital Medical Center		R. W. Dodd	61,239	6C	018
GAINESVILLE					
University of Florida Affiliated Hospitals Alachua General		R. A. Henry	36,000	6C	018
University of Florida Affiliated Hospitals St. Vincent's (Jacksonville)		C. O. Plyler, Jr.	6,739	6C	018
University of Florida Affiliated Hospitals Tallahassee Memorial (Tallahassee)		H. W. Barrick, Jr.		8C	024
JACKSONVILLE					
St. Vincent's (See University of Florida Affiliated Hospitals, Gainesville)					
MIAMI					
University of Miami Affiliated Hospitals Jackson Memorial		L. P. Carmichael	50,000	18C	050
ORLANDO					
Florida		J. M. Garner	10,913	8C	024

10. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979	
				1st Yr.	All Yrs.
FLORIDA—Continued					
ST. PETERSBURG					
Bayfront Medical Center		C. E. Aucremann	2,100	7C	018
TALLAHASSEE					
Tallahassee Memorial (See Univ. of Florida Affiliated Hospitals, Gainesville)					
GEORGIA					
AUGUSTA					
Medical College of Georgia Hospitals		J. C. Calvert		8C 1F	024
Eugene Talmadge Memorial University			10,500		
COLUMBUS					
Medical Center		H. G. Vigrass	36,000	12C 4F	040
MACON					
Medical Center of Central Georgia		D. D. Purdy	14,611	8C 4F	024
ROME					
Floyd Medical Center		M. C. Adair		4C	012
SAVANNAH					
Memorial Medical Center		I. Streiff		4C	011
HAWAII					
HONOLULU					
University of Hawaii Affiliated Hospitals Kaiser Foundation		D. L. Farrell	55,271	3C	009
IDAHO					
BOISE					
Family Practice Residency of Southwest Idaho St. Alphonsus St. Luke's Veteran's Admin. Caldwell Memorial (Caldwell)		O. D. Johnson		4C	012
			34,318		
CALDWELL					
Caldwell Memorial (See Family Practice Residency of Southwest Idaho, Boise)					
ILLINOIS					
BERWYN					
Mac Neal Memorial		K. F. Kessel	11,947	6C	018
CARBONDALE					
Memorial Hospital of Carbondale		R. A. Ferguson	7,500	3C	009
CHICAGO					
Cook County		J. Prieto	25,951	10C	030
Illinois Masonic Medical Center		N. N. Monitz	9,045	4C	012
Resurrection		T. C. Tomasik		5C	015
St. Joseph		B. J. Baltus	5,998	4C	012
St. Mary of Nazareth Hospital Center		R. T. Swastek	87,938	9C	026
South Chicago Community		C. W. Scruggs	33,474	2C 4F	010
Swedish Covenant		P. D. Anderson	8,606	6C	018
University of Illinois Affiliated Hospitals Lutheran General (Park Ridge)		P. Heller	8,704	6C	018
DANVILLE					
East Central Illinois Medical Education Foundation St. Elizabeth Lakeview Medical Center		L. W. Tanner	9,015 45,763	4C	013
HINSDALE					
Hinsdale Sanitarium and Hospital		E. W. Witzel		8C	024
LA GRANGE					
Community Memorial General		R. W. Zitek		3C	006
OAKLAWN					
Christ		R. Heck	6,317	8C	024
OAK PARK					
West Suburban		A. L. Burdick, Jr.	10,634	6C 5F	023
PARK RIDGE					
Lutheran General (See University of Illinois Affiliated Hospitals, Chicago)					
PEORIA					
University of Illinois—Peoria School of Med. Affiliated Institutions Methodist Medical Center of Illinois St. Francis		D. R. Bordeaux C. F. Neuhoff	15,169 28,875	8C 8C	024 026
ROCKFORD					
Rockford Medical Education Foundation Rockford Memorial St. Anthony Swedish—American		L. P. Johnson	32,412	12C	036
SPRINGFIELD					
Southern Illinois University Affiliated Hospitals St. Johns Memorial Medical Center		C. H. Toewe, 2d	14,400	6C	022
URBANA					
Carle Foundation		P. W. Yardy	10,413	4C	012

10. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered	
				1978-1979 1st Yr.	All Yrs.
INDIANA					
BEECH GROVE					
St. Francis Hospital Center (See Indiana University Affiliated Hospitals, Indianapolis)					
EVANSVILLE					
Deaconess		D. C. Buehner	589	4C	012
St. Mary's		R. W. Nicholson	6,803	4C 1F	012
FORT WAYNE					
Fort Wayne Medical Education Program		A. J. Haley	24,779	10C	030
Lutheran Hospital of Fort Wayne		R. Scheeringa, D. Tritch	78,400		
Parkview Memorial		R. Juergens	45,921		
St. Joseph's Hospital of Fort Wayne		R. J. Voorhees	63,059		
GARY					
Methodist Hospital of Gary		D. E. Ross	4,591	4C	012
INDIANAPOLIS					
Community Hospital of Indianapolis		W. Kelly	9,492	5C	015
Indiana University Affiliated Hospitals		A. A. Fischer		5C	015
Indiana University Hospitals Veterans Admin. William N. Wishard Memorial			5,100		
Indiana University Affiliated Hospitals					
St. Francis Hospital Center (Beech Grove)		R. B. Chevalier		6C	010
Methodist Hospital of Indiana		R. G. Blankenbaker	15,345	10C 1F	026
St. Vincent		F. M. Blix	8,500	5C 3F	015
MUNCIE					
Ball Memorial		R. L. Egger	7,537	4C 3F	015
SOUTH BEND					
Memorial Hospital of South Bend		L. L. Frank, Jr.	72,074	7C	021
St. Joseph's		H. R. Stimson, D. G. White		8C 2F	030
TERRE HAUTE					
Union		J. R. Buechler	44,676	4C	012
IOWA					
CEDAR RAPIDS					
Cedar Rapids Family Practice Program		C. R. Aschoff	31,066	8C	024
Mercy			18,293		
St. Luke's Methodist			10,606		
DAVENPORT					
Mercy—St. Luke's Hospitals		F. W. Smith	80,985	7C	014
Mercy			42,240		
St. Luke's			38,745		
DES MOINES					
Broadlawns Polk County		L. F. Parker	82,549	10C 1F	031
Iowa Lutheran		L. E. Masters	13,398	8C	024
IOWA CITY					
University of Iowa Affiliated Hospitals		R. E. Rakek		10C	030
University of Iowa Hospitals		R. E. Rakek	18,500		
St. Joseph Mercy (Mason City)		R. E. Munns	9,500		
MASON CITY					
St. Joseph Mercy (See University of Iowa Affiliated Hospitals, Iowa City)					
SIOUX CITY					
Siouxland Medical Education Foundation		G. J. Mc Gowan		4C	014
St. Luke's Medical Center			38,248		
Marian Health Center—St. Joseph Unit					
St. Vincent					
WATERLOO					
Black Hawk Area Medical Education Foundation		C. A. Waterbury, Jr.		4C	006
Schoitz Memorial					
Allen Memorial					
St. Francis					
KANSAS					
KANSAS CITY					
University of Kansas Medical Center		J. D. Walker	13,600	12C	032
WICHITA					
St. Francis		D. J. Gessler	2,700	6C	018
St. Joseph Medical Center		L. W. Purinton	34,817	6C	022
Wesley Medical Center		S. J. Mosier, V. Voorhees	15,000	8C	024
KENTUCKY					
COVINGTON					
St. Elizabeth		R. A. Allnutt	9,670	6C	016
LEXINGTON					
University of Kentucky Medical Center		E. C. Seeley		8C	024
University		E. C. Seeley			
Central Baptist		J. A. Burdette			
LOUISVILLE					
University of Louisville Affiliated Hospitals		D. R. Dill		16C	048
Louisville General			19,500		
St. Anthony					
MADISONVILLE					
Hopkins County Hospital and Trover Clinic Foundation		D. A. Martin, R. L. Hoffman	250,000	6C	015

10. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979	
				1st Yr.	All Yrs.
LOUISIANA					
BATON ROUGE					
Louisiana State University Affiliated Hospitals Earl K. Long Memorial		V. G. Byars	10,874	8C 6F	024
BOGALUSA					
Louisiana State University Affiliated Hospitals Bogalusa Community Medical Center Washington—St. Tammany Charity Earl K. Long Memorial (Baton Rouge)		R. C. Sanchez R. C. Sanchez R. C. Sanchez V. G. Byars	33,386 10,874	4C	012
LAKE CHARLES					
Lake Charles Charity (See Louisiana State Univ. Affiliated Hosps., New Orleans)					
NEW ORLEANS					
Louisiana State University Affiliated Hospitals Lake Charles Charity (Lake Charles)		E. Sorkow	73,397	5C	015
SHREVEPORT					
L.S.U. (Shreveport) Affiliated Hospitals Confederate Memorial Medical Center Schumpert Medical Center Willis—Knighton Memorial		R. Hahn	6,515	8C	024
MAINE					
AUGUSTA					
Central Maine Family Practice Program Augusta General Central Maine General (Lewiston) St. Mary's General (Lewiston) Veterans Admin. Center (Togus) Mid—Maine Medical Center (Waterville)		H. D. Collins H. D. Collins A. Mc Phedran R. I. Wise H. O. Collins	17,942 24,285 55,000	6C	018
BANGOR					
Eastern Maine Medical Center		A. D. Richards	9,773	6C	019
LEWISTON					
Central Maine General (See Central Maine Family Practice Program, Augusta) St. Mary's General (See Central Maine Family Practice Program, Augusta)					
PORTLAND					
Maine Medical Center		R. M. True	12,000	4C	012
TOGUS					
Veterans Admin. Center (See Central Maine Family Practice Program, Augusta)					
WATERVILLE					
Thayer (See Central Maine Family Practice Program, Augusta)					
MARYLAND					
BALTIMORE					
Franklin Square University of Maryland Affiliated Hospitals University of Maryland		W. Reichel L. T. Davis	120,089 12,562	6C 12C	019 020
CHEVERLY					
Prince George's General		A. Roth	5,000	4C	012
TAKOMA PARK					
Washington Adventist		M. C. Quinnam	15,000	5C	015
MASSACHUSETTS					
HOLDEN					
Holden District (See Univ. of Massachusetts Coordinated Program, Worcester)					
WORCESTER					
University of Massachusetts Coordinated Program Worcester City University of Massachusetts Worcester Hahnemann Holden District (Holden)		J. J. Frey	30,000	12C	031
MICHIGAN					
DEARBORN					
Oakwood		E. M. Wakeman	8,423	7C 2F	021
DETROIT					
Mount Carmel Mercy Hospital and Medical Center St. John Wayne State University Affiliated Hospitals United Hospitals of Detroit—Grace Division		F. E. Caumartin J. L. Lehtinen J. W. Hess	2,030 9,700	4C 3C 8C	004 009 024
FLINT					
St. Joseph		L. E. Simoni		12C 1F	038
GRAND RAPIDS					
Grand Rapids Area Medical Education Center Blodgett Memorial Medical Center Butterworth St. Mary's		C. E. Morrill	8,458 8,456	8C	023
GROSSE POINTE					
Bon Secours		A. W. Bedell	2,291	6C	018

10. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr.	All Yrs.
MICHIGAN—Continued				
KALAMAZOO				
Southwestern Michigan Area Health Education Center Borgess Bronson Methodist	D. E. De Witt		4C	010
LANSING				
Edward W. Sparrow	H. E. Crow	27,271	6C 6F	024
MIDLAND				
Midland Hospital Center	D. W. Knox	12,699	6C	018
PONTIAC				
Pontiac General	E. S. Caldwell, 2d	5,520	4C	008
St. Joseph Mercy	C. Bowers		6C	018
SAGINAW				
Saginaw Cooperative Hospitals Saginaw General St. Luke's St. Mary's	R. J. Toteff	11,539	8C	024
SOUTHFIELD				
Providence	M. Deighton	6,037	6C	018
MINNESOTA				
DULUTH				
Duluth Graduate Medical Educational Council St. Luke's Miller—Dwan Hospital and Medical Center St. Mary's	W. E. Jacott	9,800 30,511	8C	024
MINNEAPOLIS				
Hennepin County Medical Center	E. B. Berglund	18,647	12C	036
University of Minnesota Affiliated Hospitals	E. W. Ciriacy		45C	132
University of Minnesota Hospitals	E. W. Ciriacy	8,980		
Fairview	D. Spencer	16,653		
North Memorial Medical Center	R. F. Avant	11,000		
St. Mary's	D. L. Spencer	16,783		
Methodist (St. Louis Park)	H. Racer	49,855		
Bethesda Lutheran Medical Center (St. Paul)	D. S. Asp	12,313		
St. John's (St. Paul)				
ROCHESTER				
Mayo Graduate School of Medicine Rochester Methodist St. Mary's	G. W. Daugherty		4C	004
ST. LOUIS PARK				
Methodist (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)				
ST. PAUL				
Bethesda Lutheran Medical Center (See University of Minnesota Affil. Hospitals, Minneapolis)				
St. John's (See Univ. of Minnesota Affil. Hospitals, Minneapolis)				
St. Paul—Ramsey	V. R. Hunt	18,000	8C	024
MISSISSIPPI				
JACKSON				
University of Mississippi Medical Center Doctors Hospital of Jackson Hinds General	W. R. Gillis		12C	036
Mississippi Baptist	W. R. Gillis	33,000		
St. Dominic—Jackson Memorial University	W. R. Gillis	10,920		
MISSOURI				
COLUMBIA				
University of Missouri Medical Center	J. M. Colwill	26,600	10C	028
KANSAS CITY				
Baptist Memorial	W. J. Stelmach	16,640	6C	018
NORTH KANSAS CITY				
North Kansas City Memorial	C. W. Chastain	1,616	4C	012
ST LOUIS				
Lutheran Medical Center of St. Louis	A. G. Brody		6C	018
St. John's Mercy Medical Center	J. J. Lauber	12,105	4C 3F	015
NEBRASKA				
LINCOLN				
University of Nebraska Medical Center—Lincoln Program Bryan Memorial Lincoln General St. Elizabeth Community Health Center Veterans Admin.	J. C. Finegan		5C	015
OMAHA				
Creighton University Affiliated Hospitals Creighton Memorial St. Joseph's University of Nebraska	M. J. Haller P. R. Young		10C 20C	030 057
NEW JERSEY				
EDISON				
John F. Kennedy Medical Center	S. D' Ambola	1,086	6C	018
FLEMINGTON				
Hunterdon Medical Center	P. J. Rizzolo	28,520	6C	018

10. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
NEW JERSEY—Continued				
HOBOKEN St. Mary	R. E. Verdon	10,421	4C	012
MONTCLAIR Mountainside	A. R. Dardis	1,113	4C	012
SOMERVILLE Somerset	C. F. Meier	11,137	6C	018
SUMMIT Overlook	D. F. Kent	1,400	6C	018
NEW MEXICO				
ALBUQUERQUE University of New Mexico Affiliated Hospitals Bernalillo County Medical Center	W. H. Heffron	8,400	7C	019
NEW YORK				
BAY SHORE Southside	M. G. Rosen	422	8C	024
BUFFALO S. U. N. Y. at Buffalo Affiliated Hospitals Deaconess Hospital of Buffalo	R. H. Sellar	18,277	12C 1F	041
EAST MEADOW Nassau County Medical Center—Meadowbrook	C. Boccalini	13,782	5C	014
GLEN COVE Community Hospital at Glen Cove	W. R. Smith, Jr.	8,324	6C	018
JOHNSON CITY Charles S. Wilson Memorial	R. S. Heinig	20,000	6C 1F	018
NEW YORK CITY Brookdale Hospital Center Lutheran Medical Center Montefiore Hospital and Medical Center S.U.N.Y. Downstate Medical Center Kings County Hospital Center State University	S. Falkow E. Fanta F. Siegel C. Plotz	5,305 6,922 8,714 2,009	8C 4C 8C 6C	022 011 022 018
NIAGARA FALLS Niagara Falls Memorial Medical Center	M. B. Dyster	289	4C	012
OCEANSIDE S. U. N. Y. (Stony Brook) Affiliated Hospitals South Nassau Communities	M. Goldenhar	40,494	2C	010
PATCHOGUE Brookhaven Memorial	M. Jagust	41,817	4C	012
ROCHESTER Univ. of Rochester Sch. of Medicine—Highland Hosp. of Rochester Highland Hospital of Rochester	E. S. Farley, Jr.	27,120	16C	042
SCHENECTADY St. Clare's	A. C. Nadler	40,000	8C	024
SYRACUSE S. U. N. Y. Upstate Medical Center—St. Joseph's St. Joseph's Hospital Health Center State University	L. T. Wolff J. P. De Simone, J. Potash L. T. Wolff	15,561	12C	036
UTICA St. Elizabeth	R. D. Moore	61,868	4C	008
YONKERS St. Joseph's	A. Marin	90,000	7C	021
NORTH CAROLINA				
ASHEVILLE Mountain Area Health Education Foundation Memorial Mission St. Joseph's	R. F. Walton	5,041	8C	024
CHAPEL HILL North Carolina Memorial	E. J. Shahady	9,580	6C	018
CHARLOTTE Charlotte Memorial Hospital and Medical Center	D. S. Citron	7,812	6C	016
DURHAM Duke University Affiliated Hospitals Duke University Medical Center Durham County General	W. J. Kane	21,000 24,000	12C	036
FAYETTEVILLE Fayetteville Area Health Education Foundation Cape Fear Valley Veterans Admin.	H. J. Koek H. J. Koek K. Sachs	4,122 9,323 12,055	8C	024
GOLDSBORO Wayne County Memorial (See East Carolina University Affil. Hosps., Greenville)				
GREENSBORO Moses H. Cone Memorial	G. T. Wolff	20,784	8C	025
GREENVILLE East Carolina University Affiliated Hospitals Pitt County Memorial Wayne County Memorial (Goldsboro)	J. G. Jones	28,377	8C	014
WINSTON-SALEM Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	C. H. Duckett	6,261	12C	028

10. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979	
				1st Yr.	All Yrs.
NORTH DAKOTA					
BISMARCK					
University of North Dakota Affiliated Hospitals		W. M. Buckingham	3,295	4C	012
Bismarck St. Alexius			3,964		
FARGO					
University of North Dakota Affiliated Hospitals St. Luke's Hospitals		I. L. Silbergleit	99,001	4C	012
GRAND FORKS					
University of North Dakota Affiliated Hospitals United Hospital		A. J. Houglum		4C	012
MINDOT					
University of North Dakota Affiliated Hospitals—Minot Division St. Joseph's Trinity Medical Center		R. E. Hankins	3,695	4C	012
OHIO					
AKRON					
Akron City		D. L. Hoff	16,767	6C	016
Akron General		J. P. Schlemmer	8,260	5C 1F	013
St. Thomas		G. E. East	3,318	4C	012
CANTON					
Aultman		J. W. Mc Fadden	9,866	4C	012
CINCINNATI					
University of Cincinnati Hospital Group Cincinnati General Children's Hospital Medical Center		D. Nunlist-Young D. Nunlist-Young	3,869	6C	018
CLEVELAND					
Cleveland Metropolitan General		J. H. Medalie		6C	018
Fairview General		G. Hahnel	2,769	6C	018
COLUMBUS					
Grant		G. W. Burrier	15,200	12C	036
Mount Carmel Medical Center		H. J. Shaver, W. E. Ferris	14,397	5C	015
Ohio State University Affiliated Hospitals		T. Williams	11,460	6C	012
Ohio State University Hospitals Children's St. Anthony					
Riverside Methodist		D. Rudy	12,964	5C	015
DAYTON					
Wright State University Affiliated Hospitals Good Samaritan Hospital and Health Center		W. A. Stowe	2,522	6C	018
Wright State University Affiliated Hospitals Miami Valley		R. K. Bartholomew	7,800	4C	012
Wright State University Affiliated Hospitals St. Elizabeth Medical Center		T. P. Torbeck	34,974	10C	030
SYLVANIA					
Flower		R. E. Scherbarth	3,381	4C	004
TOLEDO					
Medical College of Ohio at Toledo Associated Hospitals Riverside		R. D. Gillette	3,154	4C	012
Mercy		A. M. Yetis	11,705	5C	015
Toledo		F. F. Snyder	12,028	6C	016
OKLAHOMA					
ENID					
Garfield County Medical Society Program Bass Memorial Baptist St. Mary's		D. C. Karns W. R. Smith	15,797	4C	012
University Hospital and Clinics (Oklahoma City)		D. C. Karns	4,000		
OKLAHOMA CITY					
University Hospital and Clinics (See Also Garfield County Medical Society Program, Enid)					
University of Oklahoma Health Sciences Center University Hospital and Clinics Oklahoma Children's Memorial Presbyterian St. Anthony		N. L. Haug N. L. Haug	40,000	24C	054
TULSA					
University of Oklahoma Tulsa Medical College Affiliated Hospitals Hillcrest Medical Center Doctors St. Francis St. John's Medical Center		R. J. Capehart R. Good R. J. Capehart R. J. Capehart R. J. Capehart		12C	036
OREGON					
PORTLAND					
Emanuel		R. E. Moore	6,437	3C	009
University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospital and Clinics		W. A. Fisher	10,397	8C	024
PENNSYLVANIA					
ABINGTON					
Abington Memorial		F. Lytel	3,902	3C	009
ALLENTOWN					
Sacred Heart		P. L. Hermany	17,485	5C	014
ALTOONA					
Altoona		A. P. Fenello	3,938	3C	009
BRYN MAWR					
Bryn Mawr		D. S. Woodruff	9,453	3C	009

10. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
PENNSYLVANIA—Continued				
DANVILLE Geisinger Medical Center	R. W. Leipold	16,000	5C	015
ERIE Hamot Medical Center	R. E. Miller	1,469	5C	015
St. Vincent Health Center	W. G. Jackson		6C	018
HARRISBURG Harrisburg	B. K. Strock	7,713	6C	018
Harrisburg Polyclinic	P. H. Maguire	5,243	3C	005
HERSHEY Milton S. Hershey Medical Center of the Pennsylvania State University	T. L. Leaman	23,760	6C	018
JEANNETTE Monsour Hospital and Clinic	J. E. Nemeec	68,514	4C	012
JOHNSTOWN Conemaugh Valley Memorial	F. Reeder	11,201	6C	018
KINGSTON Nesbitt Memorial (See United Health and Hospital Services, Wilkes-Barre)				
LANCASTER Lancaster General	N. J. Zervanos	75,844	8C 2F	024
LATROBE Latrobe Area (See Thomas Jefferson Univ. Affil. Hospitals, Philadelphia)				
MC KEESPORT Mc Keesport	R. L. Buck	5,007	6C 4F	028
NANTICOKE Nanticoke State General (See United Health and Hospital Services, Wilkes-Barre)				
NORRISTOWN Montgomery Hospital—Temple University Program Montgomery	R. R. Loughlin	138,581	1C	003
PHILADELPHIA Hahnemann Medical College and Hospital	J. B. J. Rondina	7,038	8C	024
Temple University Affiliated Hospitals				
Northeastern Hospital of Philadelphia	F. H. Rauer	11,482	4C	012
Thomas Jefferson University Affiliated Hospitals Chestnut Hill	W. D. Lambright	8,516	4C 2F	014
Thomas Jefferson University Affiliated Hospitals Thomas Jefferson University	P. C. Brucker	10,218	6C	018
Thomas Jefferson University Affiliated Hospitals Latrobe Area (Latrobe)	R. S. Gordon, J. R. Govi	16,148	4C	012
PITTSBURGH St. Margaret Memorial	P. W. Dishart	47,868	10C	030
Shadyside	M. E. Roth	7,200	6C 4F	020
PITTSSTON Pittston (See United Health and Hospital Services, Wilkes-Barre)				
READING Reading	J. B. Wagner	9,811	3C	009
St. Joseph's	P. A. Mazza	9,353	4C	012
WASHINGTON Washington	G. C. Schmieler	11,243	6C	016
WILKES-BARRE United Health and Hospital Services Mercy	G. H. Earles G. H. Earles		6C	018
Veterans Admin. Wilkes-Barre General	K. Franz	9,000		
Wyoming Valley	G. H. Earles			
Nesbitt Memorial (Kingston)	G. H. Earles			
Nanticoke State General (Nanticoke)	D. W. Kistler			
Pittston (Pittston)				
WILLIAMSPORT Williamsport	A. R. Taylor	13,652	7C	021
YORK York	P. L. Roseberry	17,233	6C 1F	019
PUERTO RICO				
CAGUAS Caguas Regional (See Univ. of Puerto Rico Affil. Hosps., San Juan)				
SAN JUAN University of Puerto Rico Affiliated Hospitals Caguas Regional (Caguas)	F. Betancourt F. Betancourt	4,931	10C	026
San Juan City University District Veterans Admin. Center	J. H. Amadeo	5,506		
RHODE ISLAND				
PAWTUCKET Memorial (See Brown University Affiliated Hospitals, Providence)				

10. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979	
				1st Yr.	All Yrs.
RHOODE ISLAND —Continued					
PROVIDENCE					
Brown University Affiliated Hospitals Memorial (Pawtucket)		D. S. Greer	4,800	12C	036
SOUTH CAROLINA					
ANDERSON					
Anderson Memorial		J. G. Halford	117,614	9C	021
CHARLESTON					
Medical University of South Carolina		H. B. Curry	24,000	15C	045
COLUMBIA					
Richland Memorial		J. R. Hewson	3,549	10C	030
GREENVILLE					
Greenville Hospital System		E. F. Gaynor	18,347	10C 1F	030
SPARTANBURG					
Spartanburg General		D. K. Stokes	38,470	12C 4F	040
SOUTH DAKOTA					
SIOUX FALLS					
Sioux Falls Family Practice Residency		L. J. Sweeney	15,600	8C 8F	032
Mc Kennan Sioux Valley Family Practice Center					
TENNESSEE					
BRISTOL					
Bristol Memorial (See East Tenn. State Univ. Affil. Hosps., Johnson City)					
CHATTANOOGA					
University of Tennessee Clinical Education Center Baroness Erlanger T. C. Thompson Children's		S. L. Weiler S. L. Weiler		6C	014
JACKSON					
Jackson—Madison County General (See University of Tennessee Affiliated Hospitals, Memphis)					
JOHNSON CITY					
East Tennessee State University Affiliated Hospitals Bristol Memorial (Bristol) Veterans Admin. Center (Mountain Home) Watauga Area Mental Health Center		S. A. Garrett	5,116	8C	024
East Tennessee State University Affiliated Hospitals Holston Valley Community (Kingsport)		S. A. Garrett	14,146		
KINGSPORT					
Holston Valley Community (See East Tennessee State Univ. Affil. Hosps., Johnson)					
KNOXVILLE					
University of Tennessee Memorial Research Center and Hospital		G. E. Shacklett	14,400	8C	024
MEMPHIS					
University of Tennessee Affiliated Hospitals Jackson—Madison County General (Jackson)		G. W. Shannon	8,203	8C	020
University of Tennessee Affiliated Hospitals St. Joseph Hospital East		P. J. Murphy		8C	024
MOUNTAIN HOME					
Veterans Admin. Center (See East Tenn. State Univ. Affil. Hosps., Johnson City)					
NASHVILLE					
George W. Hubbard Hospital of the Meharry Medical College		J. E. Arradondo	76,059	12C	036
TEXAS					
AMARILLO					
Regional Academic Health Center (See Texas Tech Univ. Affil. Hosps. Lubbock)					
AUSTIN					
Central Texas Medical Foundation		G. R. Johnson	7,225	5C 2F	011
Brackenridge					
CORPUS CHRISTI					
Memorial Medical Center		E. L. Holt	31,523	6C 5F	023
EL PASO					
El Paso Regional Academic Health Center (See Texas Tech Univ. Affil. Hosps., Lubbock)					
R. E. Thomason General (See Texas Tech Univ. Affil. Hosps., Lubbock)					
FORT WORTH					
John Peter Smith		B. K. Jacobson	122,066	16C 8F	048
GALVESTON					
University of Texas Medical Branch Hospitals		M. L. Ross	12,000	8C	024
HOUSTON					
Baylor College of Medicine Affiliated Hospitals St. Luke's Episcopal Texas Children's Memorial Hospital System		H. Brown C. F. Webber	4,638	20C 10C	051 030

10. FAMILY PRACTICE—Continued

		Annual Outpatient Visits	Positions Offered 1978-1979	
Director of Program			1st Yr.	All Yrs.
TEXAS—Continued				
LUBBOCK				
Texas Tech University Affiliated Hospitals Regional Academic Health Center (Amarillo)	L. W. Patzkowsky	67,033	8C	024
Texas Tech University Affiliated Hospitals	P. E. Wainscott		8C 2F	024
El Paso Regional Academic Health Center (El Paso) R. E. Thomason General (El Paso)		7,895 7,895		
Texas Tech University Affiliated Hospitals South Plains Area Health Education Center	B. N. Souyres	8,513	12C	036
MC ALLEN				
University of Texas Health Sciences Center Mc Allen General	G. E. Henning		4C	012
SAN ANTONIO				
University of Texas at San Antonio Teaching Hospitals	W. R. Lawler		12C	032
Bexar County Teaching Robert B. Green Memorial	W. R. Lawler	57,457		
WACO				
Mc Lennan County Family Practice Program Providence Hillcrest Baptist	C. N. Ramsey, Jr.		6C	018
		13,970 13,709		
WICHITA FALLS				
Wichita Falls—University of Texas Hsc Dallas Program	R. Moore		4C	008
Wichita General Bethania John Peter Smith (Fort Worth)	R. Moore R. Moore B. K. Jacobson			
		122,066		
UTAH				
OGDEN				
Mc Kay—Dee Hospital Center (See University of Utah Affiliated Hospitals, Salt Lake City)				
SALT LAKE CITY				
University of Utah Affiliated Hospitals Mc Kay—Dee Hospital Center (Ogden) Holy Cross Hospital of Salt Lake City	C. H. Castle G. F. Snell B. C. Eliason		12C	036
		18,603 7,865		
VERMONT				
BURLINGTON				
Medical Center Hospital of Vermont	E. E. Friedman	12,000	3C	008
VIRGINIA				
CHARLOTTESVILLE				
University of Virginia	R. W. Lindsay	7,165	6C	018
FALLS CHURCH				
Fairfax (See Va. Commonwealth Univ. M.C.V. Affil. Hosp., Richmond)				
LYNCHBURG				
University of Virginia Family Practice Program Lynchburg General—Marshall Lodge Hospitals Virginia Baptist Roanoke Memorial Hospitals (Roanoke)	J. H. Danby J. H. Danby J. H. Danby G. E. Clapsaddle	13,859 13,859 13,859 48,661	5C	015
NEWPORT NEWS				
Riverside (See Va. Commonwealth Univ. M.C.V. Affil. Hosp., Richmond)				
NORFOLK				
Eastern Virginia Medical School Affiliated Hospitals Norfolk General Children's Hospital of the King's Daughters	R. L. Cassidy	2,089	18C	054
RICHMOND				
Virginia Commonwealth University M.C.V. Affiliated Hospitals Chippenham	D. K. Gilliam		6C	018
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	F. Mayo A. E. Harris, Jr.	26,615	6F	018
Virginia Commonwealth University M. C. V. Affiliated Hospitals Fairfax (Falls Church)	R. K. Quinell		6C	018
Virginia Commonwealth University M. C. V. Affiliated Hospitals Riverside (Newport News)	G. S. Mitchell, Jr.	28,468	12C 7F	036
Virginia Commonwealth University M.C.V. Affiliated Hospitals General Hospital of Virginia Beach (Virginia Beach)	J. P. Charlton	48,000	6C	018
ROANOKE				
Roanoke Memorial Hospitals	G. E. Clapsaddle	48,661	12C 2F	040
Roanoke Memorial Hospitals (See Univ. of Virginia Family Practice Program, Lynchburg)				
VIRGINIA BEACH				
General Hospital of Virginia Beach (See Va. Commonwealth Univ. M.C.V. Affil. Hosp., Richmond)				
WASHINGTON				
SEATTLE				
Doctors	J. N. Scardapane		6C	018
Group Health Medical Center	R. B. Monroe, R. V. Tinker		4C	012

10. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
WASHINGTON, SEATTLE—Continued				
Providence Medical Center	R. H. Layton	8,000	4C	012
University of Washington Affiliated Hospitals University	J. A. Lincoln	15,000	6C	018
SPOKANE				
Deaconess (See Yakima Valley Family Medicine Program, Yakima)				
Inland Empire Hospital Services Association Deaconess Sacred Heart Medical Center St. Luke's Memorial	K. Gudgel D. C. Olson K. E. Gudgel	750	6C	018
YAKIMA				
Yakima Valley Family Medicine Program St. Elizabeth Yakima Valley Memorial Deaconess (Spokane)	D. O. Corpron, Jr. D. O. Corpron, Jr. D. O. Corpron, Jr. O. C. Olson	750	4C	012
WEST VIRGINIA				
CHARLESTON				
Charleston Area Medical Center (See Kanawha Valley Program, South Charleston)				
CLARKSBURG				
United Hospital Center	L. D. Simmons	10,000	6C	014
HUNTINGTON				
Marshall University Affiliated Hospitals St. Mary's Cabell Huntington Veterans Admin.	R. M. Kessel	31,574	4C	012
MORGANTOWN				
West Virginia University	J. W. Traubert	5,720	6C	018
SOUTH CHARLESTON				
Kanawha Valley Program Herbert J. Thomas Memorial Charleston Area Medical Center (Charleston)	C. C. Tully	13,547 35,311	5C	015
WHEELING				
Wheeling	W. P. Sinclair	2,841	6C	016
WISCONSIN				
EAU CLAIRE				
Eau Claire Regional Educational Consortium (See University of Wisconsin Affil. Hosps., Madison)				
Luther (See University of Wisconsin Affil. Hosps., Madison)				
Sacred Heart (See University of Wisconsin Affil. Hosps., Madison)				
LA CROSSE				
St. Francis	D. C. Whitenack	5,570	4C	012
MADISON				
University of Wisconsin Affiliated Hospitals Eau Claire Regional Educational Consortium (Eau Claire)	L. L. Hanley	36,040	6C	014
Luther (Eau Claire) Sacred Heart (Eau Claire)				
University of Wisconsin Affiliated Hospitals St. Marys Hospital Medical Center	J. H. Renner		12C	036
University of Wisconsin Affiliated Hospitals St. Mary's (Milwaukee)	W. F. Cryns	4,692	6C	016
University of Wisconsin Affiliated Hospitals Waukesha Memorial (Waukesha)	J. L. Raschbacher		4C	012
MILWAUKEE				
Medical College of Wisconsin Affiliated Hospitals Deaconess	T. F. Garland	1,100	6C	018
Medical College of Wisconsin Affiliated Hospitals Milwaukee County General	D. J. Welter		8C	024
Medical College of Wisconsin Affiliated Hospitals St. Luke's	J. A. Palese	7,204	6C 2F	018
St. Mary's (See University of Wisconsin Affil. Hosps., Madison)				
St. Michael	N. G. Bauch	13,104	8C	024
WAUKESHA				
Waukesha Memorial (See University of Wisconsin Affil. Hosps., Madison)				

11. FORENSIC PATHOLOGY

Residency programs in Forensic Pathology that have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Pathology through the Residency Review Committee for Pathology, are listed following the programs in Pathology, as List 24C.

12. GENERAL PRACTICE

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Academy of Family Physicians, through the Residency Review Committee for General Practice, as offering acceptable training in this field.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1978-1979 1st Yr.	Positions Offered 1978-1979 All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION							
DISTRICT OF COLUMBIA							
WASHINGTON Capitol Hill	J. H. Choi	170	7,506	15,837	2	10C	016
ILLINOIS							
CHICAGO Grant Hospital of Chicago		463			2	30C	060
Jackson Park	M. I. Shapiro	216	10,262	3,775	2	7C	014
Louis A. Weiss Memorial	H. E. Bessinger	286	11,091	7,628	2	4C	008
Norwegian—American	E. P. Yarzagaray	204	14,707	2,797	2	10C	020
Ravenswood Hospital Medical Center	W. F. Boehm	275	12,540	6,537	2	12*	024
St. Elizabeth's	M. S. Bhorade	234	10,899	9,257	2	5C	010
MARYLAND							
BETHESDA Suburban	L. P. Andrews	140	4,698	1,482	2	3C 7F	016
MICHIGAN							
DETROIT Evangelical Deaconess	J. F. Fennessey	123	5,026	17,000	2	5C	015
Kirwood General	A. R. George	95	3,667	3,491	2	4C	010
NEW JERSEY							
PERTH AMBOY Perth Amboy General	N. F. Kemp	423	18,317		2	5C 5F	009
SOMERS POINT Shore Memorial	J. E. Hyman	202	9,673	2,100	2	5C	010
NEW YORK							
YONKERS Yonkers General	A. A. Migliaccio	140	5,247	62,293	2	9*	013
OHIO							
BARBERTON Barberton Citizens	W. B. Bianconi	316	16,117	5,989	2	15*	029
CINCINNATI University of Cincinnati Hospital Group Cincinnati General	R. C. Levy			138,500	2	6*	018
CLEVELAND Polyclinic	R. V. Bachman	89	6,594	7,510	3	3C	008
St. John's	M. S. Farooqi	189	7,040	9,946	3	11C	033
ELYRIA Elyria Memorial	W. H. Miller	237	15,126	4,752	2	2C 3F	006
EUCLID Euclid General	L. Mascarenhas	329	11,436	62,834	3	10*	014
RAVENNA Robinson Memorial Portage County	D. B. Fraatz	203	12,298	6,285	3	5C	018
YOUNGSTOWN St. Elizabeth Hospital Medical Center	L. Zeller	645	27,071	15,263	2	2* 2F	006
PENNSYLVANIA							
BRISTOL Lower Bucks	H. A. Hidalgo	262	13,717	5,543	2	4*	013
DREXEL HILL Delaware County Memorial	E. D. Arsht	260	10,559	215,034	2	4*	012
NORRISTOWN Sacred Heart	J. O'Brien	127	5,209	3,674	2	4C	006
POTTSVILLE Good Samaritan	N. M. Wall	187	9,196	56,071	2	2C	006
Pottsville Hospital and Warne Clinic	E. W. Cubler	240	11,069	18,386	2	4*	009
VIRGINIA							
SUFFOLK Louise Obici Memorial	B. L. Critzer	186	9,170	2,129	2	2*	005

13. INTERNAL MEDICINE

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee for Internal Medicine, as offering THREE years of training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr. All Yrs.
UNITED STATES AIR FORCE					
MISSISSIPPI					
U.S.A.F. Medical Center, Biloxi	P. J. Phillippi	85	4,134	121,544	4C 4* 018
OHIO					
U.S.A.F. Medical Center, Wright—Patterson A.F.B.	F. G. Jones	69	449	10,849	8* 3F 024
TEXAS					
Wilford Hall U. S. A. F. Medical Center, San Antonio	A. L. Thompson, Jr.	242	7,550	151,000	22C 055
UNITED STATES ARMY					
CALIFORNIA					
Letterman Army Medical Center, San Francisco	M. K. Mc Dowell	76	2,363	59,085	10C 1F 026
COLORADO					
Fitzsimons Army Medical Center, Denver	G. W. Ward, Jr.	111	3,121	113,021	12C 1F 045
DISTRICT OF COLUMBIA					
Walter Reed Army Medical Center, Washington	J. E. Earll	185	5,000	168,000	10C 5F 038
HAWAII					
Tripler Army Medical Center, Honolulu	J. E. Hastings	147	4,734	135,722	8C 2F 020
TEXAS					
William Beaumont Army Medical Center, El Paso	J. L. Pitcher	121	6,594	429,837	8C 2F 025
Brooke Army Medical Center, San Antonio	W. W. Burgin, Jr.	143	5,024	293,355	16C 4F 052
WASHINGTON					
Madigan Army Medical Center, Tacoma	R. B. Gibbons	82	3,587	105,713	8C 1F 023
UNITED STATES NAVY					
CALIFORNIA					
Naval Regional Medical Center, Oakland	J. W. Davis	74	2,244	105,795	5C 5F 014
Naval Regional Medical Center, San Diego	J. D. Bloom	180	5,925	204,205	3C 3F 073
MARYLAND					
National Naval Medical Center, Bethesda	D. O. Castell	92	2,483	138,520	6C 6F 024
VIRGINIA					
Naval Regional Medical Center, Portsmouth	J. W. Lea, Jr.	106	3,244	107,620	18* 13F 041
UNITED STATES PUBLIC HEALTH SERVICE					
CALIFORNIA					
U. S. Public Health Service, San Francisco	G. Grayson	103	2,211	27,678	4C 3F 019
LOUISIANA					
U. S. Public Health Service, New Orleans (See Tulane University Affiliated Hospitals, New Orleans, La.)					
MARYLAND					
U. S. Public Health Service, Baltimore	J. H. Hammann	67	1,625	4,086	5C 1F 015
MASSACHUSETTS					
U. S. Public Health Service, Boston	R. H. Thurm	80	2,508	70,486	6C 3F 011
NEW YORK					
U. S. Public Health Service (Staten Island), New York City	A. B. Barr	132	2,471	47,803	7C 7F 024
WASHINGTON					
U. S. Public Health Service (See University of Washington Affiliated Hospitals, Seattle)					
OTHER FEDERAL					
CANAL ZONE					
Gorgas, Balboa Heights	P. Anderson	67	2,807	28,857	2C 3F 006

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
Baptist Medical Centers	J. Bancroft, J. Mc Mahon				4C 3* 1F	024
Baptist Medical Center—Montclair	J. Bancroft	194	7,782	10,272		
Baptist Medical Center—Princeton	J. Mc Mahon	160	6,356	18,601		
Carraway Methodist Medical Center	E. D. Haigler, Jr.	150	5,903	28,922	6C 6* 1F	030
St. Vincent's	K. W. Berry, Jr.	298	16,679	24,744	8C 8*	020
University of Alabama Medical Center	T. N. James				34C	090
University of Alabama Hospitals	T. N. James	225	5,194	36,448		
Cooper Green Veterans Admin.	T. N. James, T. W. Sheehy	146	53,595	95,417		
FAIRFIELD						
Lloyd Noland	C. E. Porter	113	4,085	51,584	4C 4F	012
MOBILE						
University of South Alabama Affiliated Hospitals						
University of South Alabama Medical Center Hospital and Clinics	R. A. Kreisberg	83	4,049	12,263	10C 2F	035
MONTGOMERY						
Montgomery Area Community Health Sciences Institute—M. R. M. F.					5*	010
Montgomery Baptist Medical Center	J. J. Kirschenfeld		13,347	17,832		
St. Margaret's	J. J. Kirschenfeld	181	7,923	10,565		
ARIZONA						
PHOENIX						
Good Samaritan	W. J. Howard	9	8,674	3,107	18C 6* 1F	034
Maricopa County General	J. W. Heaton, Jr.	110	3,413	60,583	9C 2* 4F	043
St. Joseph's Hospital and Medical Center	E. Murray	116	417	9,329	8*	020
TUCSON						
Tucson Hospitals Medical Education Program	M. Fuchs				6* 8F	026
Kino Community Hospital Division		56	2,256	15,083		
Tucson Medical Center Division		239	8,549	6,949		
University of Arizona Affiliated Hospitals	W. F. Denny				12C	066
University	J. W. Smith	41	2,089	27,506		
Veterans Admin.	W. F. Denny	101	4,817	44,382		
ARKANSAS						
LITTLE ROCK						
University of Arkansas for Medical Sciences Affiliated Hospitals	G. L. Ackerman				16C	050
University	G. L. Ackerman	55	2,458	3,854		
Veterans Admin. Consolidated	J. H. Bates	153	6,026	8,316		
CALIFORNIA						
BAKERSFIELD						
Kern Medical Center	R. S. Mosser	43	2,023	13,161	6C 2F	022
DAVIS						
University of California (Davis) Affiliated Hospitals	R. J. Bolt				10C	054
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		78	4,065	31,512		
FRESNO						
Valley Medical Center of Fresno	R. K. Larson	84	4,604	14,504	7C 2F	031
IRVINE						
University of California (Irvine) Affiliated Hospitals						
University of California, Irvine, Medical Center (Orange)	J. G. Tilles	68	3,367	24,506	29C	103
University of California (Irvine) Affiliated Hospitals Memorial Hospital Medical Center (Long Beach)	M. Cohen		8,750	1,540	8C	029
University of California (Irvine) Affiliated Hospitals Veterans Admin. (Long Beach)	F. A. Wyle	464	15,876	63,100	35C	082
LOMA LINDA						
Loma Linda University Affiliated Hospitals	J. E. Peterson				26C	057
Loma Linda University	J. E. Peterson	153	7,027	80,088		
Riverside General (Riverside)	D. John	50	2,875	12,004		
LONG BEACH						
Memorial Hospital of Long Beach (See Univ. of California (Irvine) Affiliated Hosps., Irvine)						
St. Mary Medical Center Veterans Admin. (See Univ. of California (Irvine) Affiliated Hosps., Irvine)	P. Barrett	147	5,799	1,723	12C	028
LOS ANGELES						
Cedars—Sinai Medical Center	J. R. Klinenberg	202	9,125	12,483	20C 3*	058
Hospital of the Good Samaritan Medical Center	S. Cryst	130	5,246	7,059	6C 2*	016
Kaiser Foundation	F. D. Riley	120	5,379	386,489	4C	024

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA, LOS ANGELES —Continued						
Los Angeles County—U.S.C. Medical Center	A. G. Koerner	492	22,484	25,000	78C 30F	. 222
Martin Luther King, Jr. General	D. D. Ulmer	63	3,397	23,140	14C	042
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	R. G. Schultze	150	5,873	21,814	23C 6*	072
U.C.L.A. San Fernando Valley Program Veterans Admin. (Sepulveda)	S. G. Korenman	664	10,191	192,000	22C	056
Los Angeles County—Olive View Medical Center—Midvalley Unit (Van Nuys)						
Veterans Admin. Center—Wadsworth	S. Dayton	205	9,088	29,351	18C 14*	094
White Memorial Medical Center	H. H. Ricketts	61	3,221	18,903	2F 5C 2F	012
MARTINEZ						
Veterans Admin.	M. C. Geokas	127	3,326	60,211	9C	046
DAKLAND						
Highland General	H. O. Cutting	51	2,826	20,104	6C 6*	029
Kaiser Foundation	M. A. Shearn	47	2,246	211,644	3F 8C	018
ORANGE						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
PANORAMA CITY						
Kaiser Foundation	N. Mondz	121	4,853	239,704	3C	008
PASADENA						
Huntington Memorial	R. J. Bing	155	6,040	9,430	4C 5*	022
RIVERSIDE						
Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)						
SACRAMENTO						
University of Calif. (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
SAN DIEGO						
Mercy Hospital and Medical Center	J. Geller	124	5,894	18,598	5C 9F	028
University of California (San Diego) Affiliated Hospitals	H. Ranney				22C 3*	080
University Hospital, U.C. Medical Center, San Diego	H. Ranney	85	3,687	18,110		
Veterans Admin.	S. Rapaport	140	7,677	57,123		
SAN FRANCISCO						
Children's Hospital of San Francisco	H. I. Griffieath	81	3,333	10,329	8C	021
Kaiser Foundation	M. Janin	80	3,141	171,051	11C	025
Mount Zion Hospital and Medical Center	K. A. Woeber	150	5,888	55,045	6C 6*	024
Pacific Medical Center and Affiliated Hospitals Pacific Medical Center—Presbyterian	J. R. Gamble	220	10,826	7,234	6C 11*	017
St. Mary's Hospital and Medical Center	J. J. Furlong	98	3,744	11,566	12C 3*	035
University of California Program	L. H. Smith				3F 33C 6F	094
H. C. Moffitt—University of California Hospitals San Francisco General	L. H. Smith, Jr.	81	3,442	41,453		
Veterans Admin.	H. Williams M. H. Steisenger	112 91	5,419 3,634	21,060 65,891		
SAN JOSE						
Santa Clara Valley Medical Center	R. A. O'Reilly	61	2,489	45,000	7C 2F	022
SANTA BARBARA						
Santa Barbara General—Cottage Hospitals	C. S. Tyler				1C	003
Santa Barbara General		78	2,657	24,245		
Santa Barbara Cottage		322	15,053	24,000		
SANTA CLARA						
Kaiser Foundation	E. S. Wolfe	59	2,591	269,941	6C	017
SEPULVEDA						
Veterans Admin. (See U. C. L. A. San Fernando Valley Program, Los Angeles)						
STANFORD						
Stanford University Affiliated Hospitals	M. G. Perloth				18C	055
Stanford University	M. G. Perloth	102	3,856	28,669		
Veterans Admin. (Palo Alto)	K. B. Taylor	68	2,597	27,340		
STOCKTON						
San Joaquin General	J. Zener	56	2,984	22,079	3* 1F	011
TORRANCE						
Los Angeles County Harbor General	W. D. Odell	111	6,669	33,981	12C 22*	083

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA—Continued						
VAN NUYS						
Los Angeles County—Olive View Medical Center—Midvalley Unit (See U. C. L. A. San Fernando Valley Program)						
COLORADO						
DENVER						
Presbyterian Medical Center	F. W. Platt, K. H. Shipman	180	7,377	6,484	9*	032
St. Joseph	M. E. Mc Dowell	152	6,520	1,838	4F	022
St. Luke's	J. F. Mueller	142	6,404	2,764	7C	017
University of Colorado Affiliated Hospitals	R. Schrier, C. Scoggin				6*	069
Denver General	A. B. Organick	49	2,743	23,532	24C	
Rose Medical Center	E. S. Miller	152	5,741			
University of Colorado Medical Center	R. Schrier, C. Scoggin	61	2,926	9,150		
Veterans Admin.	F. M. La Force	114	7,124	13,444		
CONNECTICUT						
BRIDGEPORT						
Bridgeport	P. E. Perillie	210	8,034	8,700	7C	025
St. Vincent's Medical Center	E. B. Cooper	141	4,756	1,974	1F	024
DANBURY						
Danbury	J. L. Belsky	105	4,300	3,625	8C	026
DERBY						
Griffin	V. A. De Luca, Jr.	209	3,057	2,332	1F	013
FARMINGTON						
University of Connecticut Affiliated Hospitals	F. Davidoff				5C	039
John Dempsey	F. Davidoff	25	900	10,000	11C	
Veterans Admin. (Newington)	R. Scheig	58	1,911	24,874	4F	
GREENWICH						
Greenwich	J. L. Bernene	105	3,600	7,200	4C	012
HARTFORD						
Hartford	R. F. Reinfrank	250	7,600	45,000	16C	052
Mount Sinai	A. L. Aronson	100	3,802	2,132	2F	027
St. Francis	T. J. Godar	209	6,313	6,730	9C	025
NEW BRITAIN						
New Britain General	H. Levine	130	4,343	2,353	8C	018
NEW HAVEN						
Hospital of St. Raphael	O. S. Dock	147	4,934	5,495	6F	035
Yale—New Haven Medical Center	S. O. Thier				22C	064
Yale—New Haven	S. O. Thier	173	6,300	33,709		
Veterans Admin. (West Haven)	R. M. Donaldson, Jr.	92	5,741	20,961		
NEWINGTON						
Veterans Admin. (See University of Connecticut Affil. Hosps., Farmington)						
NORWALK						
Norwalk	M. H. Floch	337	15,158	11,676	8C	036
STAMFORD						
Stamford	N. I. Robin	12	4,557	23,031	5*	016
WATERBURY						
St. Mary's	R. L. Piscatelli	192	5,390	4,056	6C	025
Waterbury Hospital Health Center	G. F. Thornton	173	6,474	3,525	3*	025
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)					2F	
DELAWARE						
WILMINGTON						
Wilmington Medical Center	L. P. Lang	443	12,271	14,123	9C	027
DISTRICT OF COLUMBIA						
WASHINGTON						
District of Columbia General	L. M. Fox	117	1,929	10,994	16C	034
Georgetown University Service	H. T. Shelby	95	1,525	10,994	16C	035
Howard University Service	D. P. Jackson	304	13,838	49,437	18C	061
Georgetown University	J. C. Rios	154	4,609	74,016	25C	071
George Washington University	J. L. Townsend	100	2,442	12,588	10C	049
Howard University					6F	
Providence	H. Weiss	148	3,913	2,324	7*	018
Veterans Admin.	H. J. Zimmerman	221	10,991	182,819	22C	103
Washington Hospital Center	J. A. Curtin				23C	070
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals	J. E. Mc Guigan				18C	044
William A. Shands Teaching Hosp. and Clinics	J. E. Mc Guigan	54	2,358	13,366		
Veterans Admin.	R. R. Streiff	110	4,041	49,237		
JACKSONVILLE						
Jacksonville Hospitals Educational Program	M. T. Foster				12C	036
Baptist Memorial		63	2,777	4,428		
University Hospital of Jacksonville		63	2,542	20,913		

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
FLORIDA—Continued						
MIAMI						
University of Miami Affiliated Hospitals	L. B. Gardner				48C	187
Jackson Memorial	L. B. Gardner	185	8,492	44,013		
Veterans Admin.	W. J. Harrington	153	5,909	24,696		
MIAMI BEACH						
Mount Sinai Medical Center of Greater Miami	M. A. Sackner	319	10,819	3,906	14C	051
ORLANDO						
Orange Memorial	B. E. Sieger	151	6,280	5,179	4C	015
PENSACOLA						
Pensacola Educational Program	C. J. Kahn, R. D. Collins				2C 2* 4F	012
Baptist		179	7,150			
Sacred Heart		78	7,819	5,517		
University		27	972	11,594		
TAMPA						
University of South Florida Affiliated Hospitals	R. H. Behnke				20C	083
Veterans Admin.		204	7,498	84,668		
Tampa General		192	7,321	4,115		
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	J. W. Hurst				48C 3F	131
Grady Memorial	J. W. Hurst	131	7,123	219,342		
Crawford W. Long Memorial	H. S. Ramos	121	5,442	11,228		
Emory University	J. W. Hurst	152	6,829			
Veterans Admin. (Decatur)	J. E. Hardison	172	7,747	58,294		
Georgia Baptist Medical Center	G. F. Fletcher	132	4,800	1,979	3C 3F	015
AUGUSTA						
Medical College of Georgia Hospitals	J. P. Bailey, Jr.				12C 1F	064
Eugene Talmadge Memorial	J. P. Bailey, Jr.	61	1,882	20,402		
University	J. P. Bailey, Jr.	33	1,350	12,089		
Veterans Admin.	W. L. Moore, Jr.	114	2,416	4,887		
DECATUR						
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)						
SAVANNAH						
Memorial Medical Center	J. T. Waller	75	2,000	35,000	4*	017
HAWAII						
HONOLULU						
University of Hawaii Affiliated Hospitals	I. J. Schatz				20C 4F	058
Queen's Medical Center	J. A. Orbison	60	3,030	10,993		
Kaiser Foundation	J. H. C. Kim	23	1,186	36,015		
Kuakini	M. M. Kaneshiro	91	3,824			
St. Francis	N. C. Bruce	86	3,181	6,168		
Straub Clinic and Hospital		37	1,726	289,628		
ILLINOIS						
BERWYN						
University of Illinois Affiliated Hospitals	L. P. Tremonti				4C	006
Mac Neal Memorial		230	7,779	956		
Veterans Admin. (Hines)	A. Littman					
CHICAGO						
Chicago Medical School Affiliated Hospitals	J. A. Linhart				21C	044
Edgewater	G. Kröll	160	6,146	996		
Veterans Admin. (North Chicago)	J. W. Linhart	491	2,916			
Columbus—Cuneo—Cabrini Medical Center	E. Dordal				11C 1F	034
Columbus		192	7,000	16,125		
Frank Cuneo		111	3,359	1,179		
Cook County	Q. D. Young	275	9,765	112,411	30C 12*	154
Illinois Masonic Medical Center	E. Feldman, S. M. Kahn	194	5,686	6,805	8C 6* 2F	036
Louis A. Weiss Memorial	H. E. Bessinger	206	7,361	4,854	4C 6* 3F	030
Mercy Hospital and Medical Center	H. Dizadji	196	6,607	21,639	7C	020
Michael Reese Hospital and Medical Center	L. M. Sherwood	275	7,700	14,408	21C 7*	070
Mount Sinai Hospital Medical Center of Chicago	P. Freedman	206	4,697	1,700	11C 2* 1F	035
Northwestern University Medical School Affiliated Hospitals	R. Patterson				35C 4F	105
Northwestern Memorial	J. Webster	269	7,652	32,588		
Veterans Admin. Lakeside	M. Levin	200	9,645	17,000		
Ravenswood Hospital Medical Center	J. J. Hines	130	2,305		6C	018
Rush—Presbyterian—St. Luke's Medical Center	T. B. Schwartz	309	8,748	28,000	32C	084
University of Chicago Hospitals and Clinics	P. Gardner	53	1,900	17,000	22C	056
University of Illinois Affiliated Hospitals	R. V. Lourenco				27C	140
University of Illinois	R. V. Lourenco	84	2,642	40,649		
Veterans Admin. (West Side)	C. G. Pilz	205	4,759	25,604		
EVANSTON						
Evanston	T. Killip	208	7,960	7,244	15* 4F	045

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr.	All Yrs.
ILLINOIS, EVANSTON—Continued						
St. Francis	R. E. Casas	191	6,782	6,992	9C 2F	030
HINES						
Veterans Admin. Veterans Admin. (See Also University of Illinois Affil. Hospitals, Berwyn)	A. Littman				20C	089
MAYWOOD						
Loyola University Affiliated Hospitals Foster G. Mc Gaw	J. R. Tobin, Jr.	142	5,271	39,343	12C	045
NORTH CHICAGO						
Veterans Admin. (See Chicago Medical School Affiliated Hospitals, Chicago)						
OAKLAWN						
Christ	F. O. Becker	286	8,293	1,727	15C	028
PARK RIDGE						
Lutheran General	H. A. Shafter	621	23,009	25	10C 2*	032
PEORIA						
St. Francis	D. E. Rager	282	9,427	51,489	5* 2F	018
SPRINGFIELD						
Southern Illinois University Affiliated Hospitals St. Johns Memorial Medical Center	S. Rabinowich	164 167	6,743 5,734	18,000	16C	041
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	W. J. Daly	102	3,889	3,575	32C	089
Indiana University Hospitals Veterans Admin.	W. J. Daly P. J. Snodgrass	211 108	7,041 4,200	23,815 31,510		
William N. Wishard Memorial Methodist Hospital of Indiana	J. Mamin R. W. Campbell	214	6,884	1,918	6* 2F	022
St. Vincent	R. D. Robinson	136	6,988	1,840	8* 3F	024
MUNCIE						
Ball Memorial	J. L. Cullison	198	7,430		4* 3F	012
IOWA						
DES MOINES						
University of Iowa Affiliated Hospitals Iowa Methodist Medical Center Veterans Admin.	C. J. Condon C. J. Condon D. T. Kaung	143 160	13 3,194	543 70,741	8C	021
IOWA CITY						
University of Iowa Affiliated Hospitals University of Iowa Hospitals Veterans Admin.	F. M. Abboud F. M. Abboud G. F. Dibona	133 91	5,099 5,518	32,834 14,778	26C	073
KANSAS						
KANSAS CITY						
University of Kansas Affiliated Hospitals University of Kansas Medical Center Stormont—Vail (Topeka) Veterans Admin. (Kansas City, Mo.)	N. J. Greenberger N. J. Greenberger H. N. Ward D. Huffman	112 141 140	4,345 5,177 5,747	31,000 14,500 12,648	24C	076
TOPEKA						
Stormont—Vail (See University of Kansas Affiliated Hospitals, Kansas City)						
WICHITA						
University of Kansas (Wichita) Affiliated Hospitals St. Francis Wesley Medical Center	D. W. Voth	271 192	13,469 10,559	1,682 10,412	14C	042
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center	J. W. Hollingsworth				17C 3*	020
University Veterans Admin.		89 90	3,500 3,159	25,129 9,341		
LOUISVILLE						
University of Louisville Affiliated Hospitals Louisville General Veterans Admin.	J. C. Johnson J. C. Johnson J. C. Johnson	624 280 126	17,855 12,022 3,183	151,730 94,246 1,346	20C	095
LOUISIANA						
BATON ROUGE						
Earl K. Long Memorial (See La. State Univ. Affil. Hosps. Program 3, New Orleans)						
LAFAYETTE						
Lafayette Charity (See La. State Univ. Affil. Hosps. Program 2, New Orleans)						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals Program 1 Charity Hospital of Louisiana	F. Allison	63	2,106	25,619	13C 6*	049

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
LOUISIANA, NEW ORLEANS—Continued						
Louisiana State University Affiliated Hospitals Program 2	F. Allison				3C	009
Charity Hospital of Louisiana	F. Allison	63	2,106	25,619		
Earl K. Long Memorial (Baton Rouge)	T. B. Cocke	49	2,711	16,568		
Louisiana State University Affiliated Hospitals Program 3	F. Allison				2C 3* 7F	013
Charity Hospital of Louisiana	F. Allison	63	2,106	25,619		
Lafayette Charity (Lafayette)	A. Pitchenik	30	1,110	18,383		
Ochsner Foundation	W. D. Davis, Jr.	141	5,432	85,648	14C 3*	017
Tulane University Affiliated Hospitals	C. T. Ray				38C 8*	120
Tulane University Hospital and Clinics	C. T. Ray					
Charity Hospital of Louisiana	C. T. Ray	79	2,629	20,835		
Touro Infirmary	R. W. Dhurandhar	121	3,706	15,121		
U. S. Public Health Service	E. Michals					
Veterans Admin.	S. A. Threefoot	224	5,863	8,640		
SHREVEPORT						
Confederate Memorial Medical Center	M. D. Hargrove, Jr.	60	2,167	26,689	15C	045
MAINE						
PORTLAND						
Maine Medical Center	A. Aranson	220	8,000	15,000	6C	024
MARYLAND						
BALTIMORE						
Baltimore City Hospitals	P. D. Zieve	104	3,773	30,071	17C	039
Franklin Square	K. B. Lewis	111	3,665	19,601	7C 3*	023
Greater Baltimore Medical Center	T. E. Prout	81	2,665	3,550	8C 7*	015
Johns Hopkins	V. A. Mc Kusick	201	6,799	54,159	32C	083
Good Samaritan						
Maryland General	C. A. Fratto	148	3,855	30,919	10C 2F	031
Mercy	J. S. Goodman	104	3,457	12,362	5C	014
St. Agnes	E. R. Mohler, Jr.	171	4,163	6,597	8C	021
Sinai Hospital of Baltimore	A. I. Mendeloff	171	4,820	7,073	9C 3*	032
South Baltimore General	V. R. Hrehorovich	144	3,898	6,654	9C 3F	022
Union Memorial	J. H. Mulholland	151	4,562	5,853	10C	029
University of Maryland Affiliated Hospitals	T. E. Woodward				29*	120
University of Maryland	T. E. Woodward	130	3,494	22,526		
Veterans Admin.	F. M. Calia	124	4,356	17,132		
CHEVERLY						
Prince George's General	D. Goldman	141	4,192	6,321	10C	030
MASSACHUSETTS						
BOSTON						
Beth Israel	F. H. Epstein	121	4,157	21,492	21C	050
Boston University Affiliated Hospitals Program 1						
Boston City	A. S. Cohen	127	4,978	49,505	33C	089
Program 2						
University	N. G. Levinsky	89	8,889	26,026	16C	052
Carney	F. L. Colpoys	149	4,334	6,945	12C	034
Lemuel Shattuck—Faulkner Affiliated Hospitals	J. L. Cohen				1C 1*	013
Lemuel Shattuck	J. L. Cohen		1,500	5,596		
Faulkner	A. Huvos	102	3,070	52,344		
Massachusetts General	A. Leaf, A. N. Weinberg	239	8,933	87,122	16C 4*	056
New England Deaconess	J. L. Tullis	303	8,771	11,213	17C	066
New England Medical Center	S. W. Wolff	96	3,670	45,000	12C	037
Peter Bent Brigham	E. Braunwald	138	4,614	60,873	24C	058
Veterans Admin. (West Roxbury)	A. A. Sasahara	65	1,700	2,200		
St. Elizabeth's Hospital of Boston	R. E. Flynn	125	4,324	4,801	18C	046
Veterans Admin.	J. G. Caslowitz	375	6,652		15*	015
CAMBRIDGE						
Cambridge	A. N. Weinberg	141	1,853	4,779	6* 2F	008
Mount Auburn	R. A. Arky	103	3,193	23,317	12C	031
FRAMINGHAM						
Framingham Union	I. N. Rosenberg	76	2,878	5,635	5C 4F	018
NEWTON LOWER FALLS						
Newton—Wellesley	L. B. Page	279	10,599	17,551	4C 6*	021
PITTSFIELD						
Berkshire Medical Center	L. H. Seager	152	4,407	13,150	5C 4*	019
SALEM						
Salem	H. L. Cooper	118	3,422	30,767	4C	012
SPRINGFIELD						
Baystate Medical Center	W. M. Davis	222	7,579	9,387	13C	037
WORCESTER						
Memorial	P. H. Levine	125	3,898	3,945	13C	037
St. Vincent	G. E. Levinson	196	5,317	26,073	12C	043
University of Massachusetts	R. B. Hickler				9C	024
Worcester City	J. A. Merritt, Jr.	102	3,447	32,500	12C 3F	016

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MICHIGAN						
ALLEN PARK						
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)						
ANN ARBOR						
St. Joseph Mercy	R. B. Carbeck	203	6,435	12,287	11* 4F 39C	037 112
University of Michigan Affiliated Hospitals University Veterans Admin. Wayne County General (Eloise)	W. N. Kelley W. N. Kelley R. C. Bishop R. Joseph	137 102 103	4,573 7,142 3,481	23,688 6,402 32,892		
DEARBORN						
Oakwood	J. W. Moynihan	243	6,404	3,346	10C 6F	030
DETROIT						
Henry Ford	R. W. Smith, Jr.	385	11,394	252,702	26C 6F	120
Mount Carmel Mercy Hospital and Medical Center	I. D. Fagin	248	10,047	9,353	8C 2* 2F	033
St. John	C. E. Rupe	242	7,347	118,099	6* 5F	023
Sinai Hospital of Detroit	A. Axelrod	248	1,642		15C 3F	045
United Hospitals of Detroit—Grace Division	K. L. Bergsman	191	6,301	28,411	12C 2F	031
Wayne State University Affiliated Hospitals Veterans Admin. (Allen Park) Detroit General Hutzel United Hospitals of Detroit—Harper Division	A. M. Weissler	990	17,255	105,644	64C 5F	222
EAST LANSING						
Michigan State University Associated Hospitals	R. Hoppe				5C 2* 1F	021
Michigan State University Health Center Edward W. Sparrow (Lansing) Ingham Medical Center (Lansing) St. Lawrence (Lansing)		96 82 56	4,026 3,532 1,927	449 1,245 540		
ELOISE						
Wayne County General (See Univ. of Michigan Affil. Hospitals, Ann Arbor)						
FLINT						
Hurley	E. M. Goldberg	159	7,416	3,359	4C 6F	022
GRAND RAPIDS						
Blodgett Memorial Medical Center—St. Mary's	J. R. Horn				8* 1F	032
Blodgett Memorial Medical Center St. Mary's	L. W. Moseley J. D. Pool	108 103	4,481 4,175	2,732 4,968		
Butterworth	L. Feenstra	140	5,081	2,909	10* 2F	030
KALAMAZOO						
Southwestern Michigan Area Health Education Center Bronson Methodist Borgess	D. B. Youel	341	12,126	6,845	8*	030
LANSING						
Edward W. Sparrow (See Michigan State Univ. Associated Hospitals, East Lansing)						
Ingham Medical Center (See Michigan State Univ. Associated Hospitals, East Lansing)						
St. Lawrence (See Michigan State Univ. Associated Hospitals, East Lansing)						
PONTIAC						
St. Joseph Mercy	B. Bercu	202	5,662	3,666	5C 2*	021
ROYAL OAK						
William Beaumont	G. S. Weintraub	248	8,117	6,492	14C 1F	058
SOUTHFIELD						
Providence	E. G. Zobl	143	4,928	3,298	10C	030
MINNESOTA						
MINNEAPOLIS						
Northwestern Hospital of Minneapolis	R. B. Howard	428	15,825	1,700	9C 1*	027
University of Minnesota Affiliated Hospitals Track 1	R. V. Ebert				14C 32*	140
University of Minnesota Hospitals Veterans Admin. St. Paul—Ramsey (St. Paul) United Hospitals (St. Paul) Miller Division (St. Paul)	R. V. Ebert G. Sarosi R. Mulhausen T. J. Rose	92 180 79 471	2,663 6,836 4,351 18,475	19,000 14,185 22,619 7,282		
University of Minnesota Affiliated Hospitals Track 2 Hennepin County Medical Center	A. L. Schultz	113	4,931	25,663	16C	057

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MINNESOTA—Continued						
ROCHESTER						
Mayo Graduate School of Medicine	P. J. Palumbo			480,068	50C	230
Rochester Methodist		150	6,399			
St. Mary's		228	11,492			
ST. PAUL						
Miller Division (See Univ. of Minn. Affil. Hosps. Track 1, Minneapolis)						
St. Paul—Ramsey (See Univ. of Minn. Affil. Hosps. Track 1, Minneapolis)						
United Hospitals (See Univ. of Minn. Affil. Hosps. Track 1, Minneapolis)						
MISSISSIPPI						
JACKSON						
University of Mississippi Medical Center	H. K. Hellems	141	4,898	42,648	20*	060
University	B. B. Johnson					
Veterans Admin. Center	J. L. Glasgow	177	6,347	17,132		
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	J. E. Gray	250	8,000	50,000	22C	060
Veterans Admin.	J. L. Winnacker	127	3,955	22,879		
KANSAS CITY						
Menorah Medical Center	O. M. Spurny	140	5,319	1,715	3C	009
St. Luke's	R. D. Wilber	268	11,078	18,000	6C 2* 1F	027
University of Missouri at Kansas City Affiliated Hospitals	D. R. Santschi	80	2,714	50,000	20C	045
Truman Medical Center	D. R. Santschi	57	1,958			
Research Medical Center	T. L. Minnigerode	240	9,021	23,879		
Trinity Lutheran	T. Coppinger, J. H. Hill					
Veterans Admin. (See Univ. of Kansas Affil. Hosps., Kansas City, Kansas)						
ST. LOUIS						
Barnes Hospital Group	D. M. Kipnis	290	9,806	43,818	30C	104
St. John's Mercy Medical Center	R. A. Reider	196	6,793		6C 3F 30C	022 094
St. Louis University Group of Hospitals	S. M. Ayres	61	1,644	17,180		
St. Louis University	S. M. Ayres	35	1,369	28,417		
St. Louis County	S. M. Ayres	792	13,972	178,001		
Veterans Admin.	B. B. Davis	49	1,737	19,239		
St. Louis City	R. A. Kinsella, Jr.	191	7,032	14,719	8C 4*	030
St. Mary's Health Center	W. A. Knight, Jr.					
Washington University Medical Center	W. A. Peck	207	8,078	10,400	20C	059
Jewish Hospital of St. Louis						
NEBRASKA						
OMAHA						
Creighton University Affiliated Hospitals	G. O. Clifford	105	6,243	3,313	18C	042
Creighton Memorial St. Joseph's		23	788			
Douglas County		23	2,692	6,528		
Veterans Admin.						
University of Nebraska Affiliated Hospitals	R. S. Wigton	70	2,610	20,272	18C 5*	060
University of Nebraska	J. C. Shipp	139	6,079			
Bishop Clarkson Memorial	V. G. Ward	124	4,743	23,157		
Nebraska Methodist	R. Olmhausen	152	6,176	66,094		
Veterans Admin.	J. C. Shipp					
NEW HAMPSHIRE						
HANOVER						
Dartmouth Medical School Affiliated Hospitals	R. Charman	74	3,205	41,186	12C 6*	042
Mary Hitchcock Memorial	R. Charman	68	1,602	12,687		
Veterans Admin. Center (White River Junction, Vt.)	R. P. Mogielnicki					
NEW JERSEY						
ATLANTIC CITY						
Atlantic City	C. L. Delaverdac	235	7,475	6,310	3C	017
CAMDEN						
Cooper	S. M. Levine	269	6,513	3,725	8C 5*	030
EAST ORANGE						
Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosps., Newark)						
ENGLEWOOD						
Englewood	J. T. Kaim, C. D. Roberts	129	3,694	5,151	5C	017
GREEN BROOK						
Raritan Valley (See CMDNJ-Rutgers Med. School Affiliated Hosps., Piscataway)						
HACKENSACK						
Hackensack	M. D. Yablonski	154	5,742	6,589	6C 4* 1F	024
JERSEY CITY						
Jersey City Medical Center	R. P. Wedeen	200	3,253	6,906	15C	015
LIVINGSTON						
St. Barnabas Medical Center	J. A. Hogan	266	9,927	3,927	4C 2F	018

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr.	All Yrs.
NEW JERSEY—Continued						
LONG BRANCH						
Monmouth Medical Center	J. C. Kirby	196	5,335	6,584	8C 4*	030
MORRISTOWN						
Morristown Memorial	A. S. Klainer	172	5,962	3,808	6C 3*	025
NEPTUNE						
Jersey Shore Medical Center—Fitkin	R. Gellene	168	4,867	4,898	7C	021
NEWARK						
CMDNJ—New Jersey Medical School Affiliated Hospitals						
Veterans Admin. (East Orange)	C. M. Leevy	332	10,444	89,204	34C	130
Martland	N. H. Ertel	115	3,654	34,721		
Newark Beth Israel Medical Center	C. M. Leevy	170	16	6,405		
St. Michael's Medical Center	M. A. Kirschner	178	4,894	6,893	15C 6*	065
United Hospitals Medical Center—Presbyterian	L. G. Smith	201	6,426	7,289	6C 12*	022
NEW BRUNSWICK						
New Brunswick Affiliated Hospitals						
Middlesex General	G. N. French	108	3,670	3,323	10C	026
St. Peter's Medical Center		139	4,813	4,463		
PARAMUS						
Bergen Pines County	L. J. Lyon, M. A. Nevins	666	5,338	11,550	10C	034
PATERSON						
St. Joseph's Hospital and Medical Center	K. P. Lance	184	7,243	20,976	12C 1* 1F	032
PISCATAWAY						
CMDNJ—Rutgers Medical School Affiliated Hospitals						
Raritan Valley (Green Brook)	H. L. Conn, Jr.	32	893	7,389	7C 7*	042
Muhlenberg (Plainfield)	H. L. Conn, Jr.	160	5,573	8,815		
Medical Center at Princeton (Princeton)	P. K. Johnson	91	2,939	905		
PLAINFIELD						
Muhlenberg	P. K. Johnson	160	5,573	8,815	6C	014
Muhlenberg (See Also CMDNJ-Rutgers Med. School Affil. Hosp., Piscataway)						
PRINCETON						
Medical Center at Princeton (See CMDNJ-Rutgers Med. School Affiliated Hosp., Piscataway)						
SUMMIT						
Overlook	M. Bernstein	183	5,952	2,514	6C 2F	020
TRENTON						
Trenton Affiliated Hospitals						
Helene Fuld Medical Center	E. German	299	9,518	13,758	17C	042
St. Francis Medical Center	E. German	136	4,024	9,480		
	M. P. Friedman	163	5,494	4,515		
NEW MEXICO						
ALBUQUERQUE						
University of New Mexico Affiliated Hospitals						
Bernalillo County Medical Center	R. C. Williams, Jr.	40	1,878	34,464	12*	042
Veterans Admin.	R. C. Williams, Jr.	97	1,987	5,749		
	D. H. Law					
NEW YORK						
ALBANY						
Albany Medical Center Affiliated Hospitals						
Albany Medical Center	W. N. Jensen	162	4,765	5,968	19C 19*	082
Veterans Admin.	W. N. Jensen	312	5,158	57,900		
	S. Wallach					
BUFFALO						
Mercy						
Millard Fillmore	M. C. Maloney	134	4,018	13,860	6C	015
	L. H. Golden	224	6,725	25,336	5C 7* 2F	029
Sisters of Charity	C. P. Voltz	152	5,084	5,850	2C 2F	016
S.U.N.Y. at Buffalo Affiliated Hospitals	E. Calkins				23C 6* 1F	111
Buffalo General	E. Calkins	185	4,543	39,486		
Edward J. Meyer Memorial	R. V. Lee	463	7,574	13,000		
Veterans Admin.						
COOPERSTOWN						
Mary Imogene Bassett	J. S. Lunn	57	2,111	24,690	6* 4F	020
EAST MEADOW						
Nassau County Medical Center—Meadowbrook	C. Lambrew	186	5,080	6,337	20C	062
JOHNSON CITY						
Charles S. Wilson Memorial	E. N. Zinner	215	7,532	42,343	5C 2F	017
MANHASSET						
North Shore University (See Cornell Cooperating Hospitals, Program 2, New York City)						
MINEOLA						
Nassau	W. C. Hollis	240	7,500	16,259	5C 4* 2F	030

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW YORK—Continued						
MOUNT VERNON						
Mount Vernon	M. A. Goldiner	130	4,603	10,351	7F	015
NEW ROCHELLE						
New Rochelle Hospital Medical Center	F. E. Iaquina	150	4,266	2,898	7C 2F	018
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals	M. Fulop				26C	079
Bronx Municipal Hospital Center		198	6,112	71,826		
Hospital of the Albert Einstein College of Medicine		132	3,440	61,656		
Arthur C. Logan Memorial	B. E. Krentz	194	4,999	26,726	9C	021
Beekman—Downtown	J. T. Flynn	148	3,244	11,526	8C	025
Beth Israel Medical Center	B. Straus	231	3,822	24,175	23C	052
Booth Memorial	J. H. Dwek	145	4,015	7,699	16C	039
Bronx—Lebanon Hospital Center	E. E. Fischel	287	6,334	52,538	16C	053
Brookdale Hospital Center	A. F. Lyon	281	6,396	24,701	14C 14*	052
Brooklyn—Cumberland Medical Center	R. D. Levere	273	7,178	29,512	18C	059
Cabrini Health Care Center—Columbus Hospital Division	A. Taranta	224	5,848	8,056	16C 1F 19C	040 059
Catholic Medical Center of Brooklyn and Queens Mary Immaculate Division	P. Lo Presti A. Parrinello	104	2,277	8,681		
Queens Hospital Center (Catholic Medical Center Affiliation)	W. D' Angelo	64	2,138	10,581		
St. John's Queens Division	N. De Francis	130	4,142	3,587		
St. Mary's Division	J. Seaman	82	2,023	21,490		
City Hospital Center at Elmhurst	S. G. Seckler	172	5,652	70,658	22C	075
Coney Island	S. Friedman	142	4,271	85,518	17C 29C	057 067
Cornell Cooperating Hospitals, Program 1	A. G. Bearn					
New York Hospital	A. G. Bearn	282	6,747	91,457		
Memorial Hospital for Cancer and Allied Diseases	P. Sherlock	173	3,749	53,826		
Cornell Cooperating Hospitals, Program 2	L. Scherr				22C 1F	060
North Shore University (Manhasset)	L. Scherr	162	5,162	26,872		
Memorial Hospital for Cancer and Allied Diseases	P. Sherlock	173	3,749	53,826		
Flushing Hospital and Medical Center	L. H. Pedersen	124	2,880	11,454	5C 2* 1F	023
Harlem Hospital Center	G. E. Thomson	232	4,068	64,399	23C 4F	069
Hospital for Joint Diseases and Medical Center	J. Grossman	111	2,277		6C	015
Jamaica	B. D. Gussoff	103	2,318	10,820	6* 1F	023
Jewish Hospital and Medical Center of Brooklyn	S. L. Lee	262	6,342	21,261	24C	051
Greenpoint	S. L. Lee	49	1,587	130,974		
Kingsbrook Jewish Medical Center—Unity	E. E. Mandel				12C	047
Kingsbrook Jewish Medical Center	E. E. Mandel	174	2,393	8,463		
Unity	V. Ginsberg	69	2,036	4,462		
Lenox Hill	M. S. Bruno	323	7,175	39,698	21C	043
Lincoln	R. F. Gomprecht	61	1,836	29,552	20C	056
Long Island College	J. Edson	250	5,261	13,181	10C 9* 9F	068
Long Island Jewish—Hillside Medical Center					32C	082
Program	E. Meilman					
Long Island Jewish—Hillside Medical Center	E. Meilman	146	3,896	3,500		
La Guardia	M. Jampol	229	9,086			
Queens Hospital Center	H. D. Kolodny	72	2,909	50,834		
Lutheran Medical Center	A. Caccese	121	2,178	49,749	7*	020
Maimonides Medical Center Training Program					25C	055
Maimonides Medical Center	D. Grob	275	6,347	23,329	3*	
Methodist	W. H. Becker	210	4,301	10,525	12*	037
Misericordia Hospital Medical Center	R. F. Gomprecht	151	3,960	12,419	15C	032
Montefiore Hospital Training Program					6*	018
Martin Luther King Jr. Health Center	J. I. Boufford			85,000	36C	092
Montefiore Hospital Training Program	D. Hamerman			12,422		
Montefiore Hospital and Medical Center						
Beth Abraham						
Mount Sinai	R. Gorlin	403	5,197	20,578	23C 7*	123
New York Infirmary	I. Sharkey	77	1,950	6,640	8C	023
New York Medical College—Metropolitan Hospital Center	H. Rubin				36C	086
Unit 1—Flower and Fifth Avenue Hospitals		123	2,994	8,658		
Unit 2—Metropolitan Hospital Center		138	4,062	69,315		
New York University Medical Center					22C	096
Bellevue Hospital Center—University	S. J. Farber	166	3,379	78,238		
Bellevue Hospital Center	S. J. Farber	143	3,319			
University						
New York University Medical Center					14C	051
University Hospital—Veterans Admin. (Manhattan)	N. Spritz	221	6,705	23,036		
Veterans Admin. (Manhattan)	N. Spritz	143	3,319			
University	S. Farber					
Presbyterian	D. V. Kimberg	205	10,361	49,842	20C	053
Roosevelt	N. P. Christy	202	4,292	18,610	12C	031
St. Clare's Hospital and Health Center	R. F. Grady	19	2,609	13,742	13C	029
St. John's Episcopal	F. Taubman	152	3,570	34,106	4C	038
St. Luke's Hospital Center	W. S. Clark	230	6,400	50,000	11C 3*	037

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW YORK, NEW YORK CITY—Continued						
St. Vincent's Hospital and Medical Center of New York	J. T. Mazzara	229	5,130	27,146	12C 9F	040
St. Vincent's Medical Center of Richmond	D. A. Bloomfield	145	2,790	53,345	5C 3*	022
Staten Island	T. G. Mc Ginn	132	3,258	7,490	8C 1*	020
S.U.N.Y. Downstate Medical Center	A. J. Bollet				50C	163
Kings County Hospital Center		237	7,496	76,218		
State University		59	1,298	419		
Veterans Admin. (Bronx)	H. Mark	267	8,666	60,246	9C	033
Veterans Admin. (Brooklyn)	V. Herbert	364	8,448	12,740	9C	068
Wyckoff Heights	V. J. Adams	241	4,994	5,046	8C	024
NORTHPORT						
Veterans Admin. (See S.U.N.Y. at Stony Brook Affil. Hospitals, Stony Brook)						
PLATTSBURGH						
Champlain Valley Physicians Hospital Medical Center (See Medical Center Hospital of Vermont, Burlington, Vt.)						
ROCHESTER						
Genesee	A. L. Ureles	151	5,431	2,300	8C	025
Highland Hospital of Rochester	W. W. Faloon	79	2,599	7,570	4C 2*	010
Rochester General	J. Cohen	149	4,824	7,800	10C 2*	033
St. Mary's	R. J. Napodano	110	3,600	3,800	8C	029
Strong Memorial Hospital of the University of Rochester	W. L. Morgan, Jr.	158	6,215	31,793	18C 1F	056
University of Rochester Associated Hospitals	L. E. Young				15C 1*	050
Genesee	A. L. Ureles	151	5,431	2,300		
Highland Hospital of Rochester	L. E. Young	79	2,599	7,570		
Monroe Community	J. Cohen	149	4,824	7,800		
Rochester General	R. J. Napodano	110	3,600	3,800		
St. Mary's	R. J. Napodano	110	3,600	3,800		
Strong Memorial Hospital of the University of Rochester	W. L. Morgan, Jr.	158	6,215	31,793		
STONY BROOK						
S. U. N. Y. at Stony Brook Affiliated Hospitals Veterans Admin. (Northport)	H. W. Fritts, Jr.	179	4,467	85,661	13C	050
SYRACUSE						
S. U. N. Y. Upstate Medical Center	W. J. Williams				22*	059
Crouse Irving—Memorial	W. Schiess	99	3,331			
State University	W. J. Williams	72	3,388	21,628		
Veterans Admin.	M. Miller	70	1,693	17,266		
VALHALLA						
Westchester County Medical Center	E. E. Gordon	90	2,920	16,092	8C 4*	035
NORTH CAROLINA						
CHAPEL HILL						
North Carolina Memorial	R. L. Ney	121	5,006	43,881	25C 4F	071
CHARLOTTE						
Charlotte Memorial Hospital and Medical Center	M. M. Mc Call, 3d	169	6,100	14,104	5*	016
DURHAM						
Duke University Affiliated Hospitals	J. B. Wyngaarden				25C	057
Duke University Medical Center	J. B. Wyngaarden	208	7,595	36,328		
Veterans Admin.	H. J. Cohen	127	5,526	54,448		
GREENSBORO						
Moses H. Cone Memorial Hospital	W. B. Herring	161	5,960	1,300	2C	007
GREENVILLE						
East Carolina University Affiliated Hospitals Pitt County Memorial	E. Furth				8C	029
WILMINGTON						
New Hanover Memorial	E. E. Werk, Jr.	142	6,986	9,534	4*	014
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	J. E. Johnson, 3d	188	7,726	8,934	18C 2*	067
NORTH DAKOTA						
GRAND FORKS						
University of North Dakota Affiliated Hospitals	L. L. Pelletier, Jr.				8C	028
Veterans Admin. Center (Fargo)	L. L. Pelletier, Jr.	127	2,441	18,217		
St. Luke's Hospitals (Fargo)	L. L. Pelletier, Jr.	101	3,777	43,147		
Dakota (Fargo)	J. B. Harley	137	5,484	23,510		
OHIO						
AKRON						
Akron City	L. Lutwak	151	4,921	5,657	7*	022
Akron General	H. M. Friedman	139	4,641	98,194	8C 2F	025
St. Thomas	R. L. Das Varma	110	3,684	7,793	4C	012
CINCINNATI						
Christ	A. W. Schreiner	139	4,647	797	4C 5*	023

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
OHIO, CINCINNATI—Continued						
Good Samaritan	T. A. Saladin	163	6,624	3,436	6C 5*	027
Jewish	E. G. Margolin	230	7,218	6,469	6C 6*	024
University of Cincinnati Hospital Group Cincinnati General Veterans Admin.	R. W. Vilter	95 105	4,605 4,095	453,341 6,480	25C	059
CLEVELAND						
Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Veterans Admin.	C. C. J. Carpenter, Jr. C. C. J. Carpenter, Jr. J. Kowal	166 148	6,155 3,655	50,858 25,018	30C	120
Case Western Reserve University Affiliated Hospitals Cleveland Metropolitan General	C. Rammelkamp	127	3,712	51,206	18C 4* 2F	054
Case Western Reserve University Affiliated Hospitals Mount Sinai Hospital of Cleveland	V. Vertes	177	5,245	14,955	12C	029
Case Western Reserve University Affiliated Hospitals St. Luke's Cleveland Clinic Lutheran Medical Center	R. G. Wieland R. Farmer, E. Winkelman D. W. Schultz	109 329 139	4,145 14,546 4,022	15,839 140,075 7,734	9C 26C 8C	023 080 028
COLUMBUS						
Mount Carmel Medical Center	M. H. Thomas	110	4,407	5,076	6C 1F	019
Ohio State University Hospitals Riverside Methodist	J. V. Warren D. J. Vincent	277 179	8,594 6,547	56,069 2,703	22C 9C 8F	060 025
DAYTON						
Wright State University Affiliated Hospitals Good Samaritan Hospital and Health Center	D. P. Nicholson	158	5,822	4,462	3C 3F	012
Wright State University Affiliated Hospitals Miami Valley	B. H. Bolton	268	7,801	73,401	7*	016
Wright State University Affiliated Hospitals Veterans Admin. Center	J. T. Taguchi	391	3,681	10,355	8C 3*	020
Wright State University Affiliated Hospitals Charles F. Kettering Memorial (Kettering)	A. A. Brust	183	7,118	2,188	4* 2F	012
KETTERING						
Charles F. Kettering Memorial (See Wright State University Affil. Hosps., Dayton)						
YOUNGSTOWN						
St. Elizabeth Hospital Medical Center	E. Kessler	321	8,492	24,518	6C 6* 2F	028
Youngstown	W. H. Bunn, Jr.	352	11,203	16,711	6C 5* 1F	029
OKLAHOMA						
OKLAHOMA CITY						
University of Oklahoma Health Sciences Center	J. F. Hammersten				28* 5F	133
University Hospital and Clinics Oklahoma Children's Memorial Veterans Admin.		62 1 128	2,639 108 6,493	15,941 3,361 53,330		
TULSA						
University of Oklahoma Tulsa Medical College Affiliated Hospitals Hillcrest Medical Center St. Francis St. John's	F. D. Duffy	187 140	4,998 7,148 6,390	3,780 2,909	13C	039
OREGON						
PORTLAND						
Emanuel	T. A. Andrews	76	3,866	2,031	5C 2* 5F	016
Good Samaritan Hospital and Medical Center	S. F. Rabiner	113	4,792	9,402	7C 2*	020
Providence	D. N. Gilbert	240	7,706	6,793	6C 6*	028
St. Vincent Hospital and Medical Center	K. E. W. Melvin	88	4,566	1,313	3C 2*	010
University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospital and Clinics Veterans Admin.	R. D. Koler R. D. Koler J. R. Walsh	85 170	4,734 8,054	24,293 7,507	14C	058
PENNSYLVANIA						
ABINGTON						
Abington Memorial	W. B. Kinlaw	190	5,477	2,778	9*	021
ALLENTOWN						
Allentown Affiliated Hospitals	D. F. Dimick				8* 2F	024
Allentown and Sacred Heart Hospital Center Allentown		113 116	3,633 3,207	5,466		
BETHLEHEM						
St. Luke's	W. D. Reppert	170	4,851	3,374	4C 1F	012
BRYN MAWR						
Bryn Mawr	J. T. Magee	159	4,961	5,538	4C	012

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
PENNSYLVANIA—Continued						
CHESTER						
Crozer—Chester Medical Center (See Hahnemann Medical Coll. Affil. Hosps., Philadelphia)						
DANVILLE	Geisinger Medical Center	J. A. Collins, Jr.	114	4,568	42,481	12C 040
DARBY	Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)					
EASTON	Easton	R. Relkin	151	4,998	2,969	4* 012
HARRISBURG	Harrisburg	A. T. Andrews	182	5,444	12,509	6* 018
	Harrisburg Polyclinic	J. S. Bray	203	5,638	10,220	3C 009
HERSHEY	Milton S. Hershey Medical Center of the Pennsylvania State University	G. H. Jeffries	60	3,021	24,134	8C 2F 024
JOHNSTOWN	Conemaugh Valley Memorial	T. Cardellino	130	4,929	568	3C 012
MC KEESPORT	Mc Keesport	L. D. Meta	472	18,328	133,597	8C 8* 4F 026
PHILADELPHIA						
	Albert Einstein Medical Center	I. Woldow	275	7,180	2,072	16C 2F 040
	Episcopal	J. Zatuchni	117	3,350	18,000	6C 013
	Graduate Hospital of the University of Pennsylvania	H. F. Zinsner		4,015	7,515	9C 027
	Hahnemann Medical College Affiliated Hospitals	E. L. Coodley				20C 9* 069
	Hahnemann Medical College and Hospital	E. L. Coodley	245	9,000	46,000	
	Crozer—Chester Medical Center (Chester)	J. E. Clark	165	5,744	4,139	
	St. Agnes	J. M. Gambescia	142	7,414	21,571	
	Lankenau	E. M. Brown	165	4,461	9,039	7C 4* 023
	Medical College of Pennsylvania Affiliated Hospitals	D. Kaye				18C 048
	Hospital of the Medical College of Pennsylvania		102	2,858		
	Veterans Admin.		105	1,867	13,512	
	Mercy Catholic Medical Center	N. N. Cohen				11* 1F 036
	Misericordia Division		144	3,473	5,289	
	Fitzgerald Mercy Division (Darby)		180	4,476	3,844	
	Pennsylvania	J. E. Wood	99		9,277	7C 3* 024
	Presbyterian—University of Pennsylvania Medical Center	J. L. A. Roth	126	2,423	15,981	10C 21C 024 057
	Temple University Affiliated Hospitals	S. Sherry				
	Germantown Dispensary and Hospital	W. G. Mc Cune	136	4,125		
	Temple University	H. S. Waxman	190	4,971	23,644	
	Thomas Jefferson University	F. D. Gray, Jr.	228	56	13,119	22C 064
	University of Pennsylvania Affiliated Hospitals	L. E. Earley				22C 2* 066
	Hospital of the University of Pennsylvania	L. E. Earley	133	4,523	25,632	
	Veterans Admin.	I. Singer	92	2,108		
PITTSBURGH						
	Allegheny General	C. R. Joyner	173	6,078	15,912	12C 040
	Hospitals of the University Health Center of Pittsburgh	A. P. Shapiro				25C 2* 074
	Presbyterian—University	A. P. Shapiro	199	6,067		
	Veterans Admin.	B. Postic	107	2,069	22,670	
	Hospitals of the University Health Center of Pittsburgh					
	Montefiore	P. Troen	210	6,486	12,139	16C 6* 1F 050
	Mercy	F. J. Luparello	240	6,510	14,000	15C 2F 048
	St. Francis General	E. J. Holzinger	218	5,131	18,130	6C 5* 023
	Shadyside	T. S. Danowski	180	4,895	8,096	6C 3F 021
	Western Pennsylvania	C. R. Wilson, Jr.	206	5,650	14,200	5C 3* 019
READING						
	Reading	E. A. Hildreth	149	5,203	31,429	4C 014
SAYRE						
	Robert Packer	B. R. Mac Kay	97	4,665	51,124	3C 010
SCRANTON						
	Community Medical Center (See Also Northeastern Pa. Affil. Hosps., Wilkes-Barre)					
	Scranton—Temple Residency Program	R. E. Wright				6C 018
	Community Medical Center		247	11,857		
	Mercy		266	11,295	40,390	
	Moses Taylor		157	6,182	28,939	
WILKES-BARRE						
	Northeastern Pennsylvania Affiliated Hospitals	W. C. Goldstein				6C 006
	Veterans Admin.	W. C. Goldstein	249	2,815	10,175	
	Community Medical Center (Scranton)	R. E. Wright	247	11,857		

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr. All Yrs.
PENNSYLVANIA—Continued					
YORK York	R. J. Gaspari	169	6,289	8,104	3C 2* 1F 019
PUERTO RICO					
CAGUAS Caguas Regional	P. Colon	45	1,643	20,392	6C 018
MAYAGUEZ Mayaguez Medical Center	J. Ramirez-Rivera				3C 2* 6F 013
PONCE Ponce District General	H. F. Rodriguez	103	3,706	22,282	4C 2* 3F 024
SAN JUAN San Juan City	R. A. Del Toro	100	2,953	10,043	8C 2F 035
University District	M. R. Garcia-Palmieri	91	3,216	44,587	12C 055
Veterans Admin. Center	M. Martinez Maldonado	209	11,046	23,760	12C 1F 036
RHODE ISLAND					
PROVIDENCE Brown University Affiliated Hospitals Miriam	H. C. Lichtman	103	3,212	25,953	16C 041
Brown University Affiliated Hospitals Rhode Island	M. W. Hamolsky	219	6,942	26,008	25C 060
Brown University Affiliated Hospitals Roger Williams General	P. Calabresi	94	2,806	9,585	15C 017
Veterans Admin.	S. W. Daum	163	5,741	54,324	9C 032
SOUTH CAROLINA					
CHARLESTON Medical University of South Carolina Teaching Hospitals	J. C. Ross				28C 096
Medical University of South Carolina Charleston County	J. C. Ross	102	2,692	26,873	
Veterans Admin.	J. C. Ross	38	1,342	54,383	
	C. Lamar, Jr.	191	4,006	8,858	
COLUMBIA Richland Memorial	J. A. Mc Farland	146	5,811	3,765	3* 009
GREENVILLE Greenville Hospital System	W. W. Pryor	136	5,365	8,981	5* 015
SOUTH DAKOTA					
YANKTON University of South Dakota Affiliated Hospitals Sacred Heart	R. F. Thompson	136	4,405	70,000	5C 015
TENNESSEE					
CHATTANOOGA University of Tennessee Clinical Education Center Baroness Erlanger	C. E. Richardson	123	6,026	11,361	6C 020
KNOXVILLE University of Tennessee Memorial Research Center and Hospital	A. D. Beasley	152	6,995	6,231	4* 2F 012
MEMPHIS Baptist Memorial	J. P. Milnor, Jr.	540	16,999	22,414	18C 6F 080
Methodist	R. C. Baskin	306	11,658	3,017	5C 5F 013
University of Tennessee Affiliated Hospitals City of Memphis Hospitals	G. H. Stollerman	103	3,928	15,075	24* 101
University of Tennessee Veterans Admin.	H. L. Davis	71	1,085	1,044	
	A. S. Townes	276	7,044	32,895	
NASHVILLE George W. Hubbard Hospital of the Meharry Medical College	E. E. Mays	49	1,582	11,554	5C 015
Vanderbilt University Affiliated Hospitals Nashville Metropolitan General		35	1,328	15,927	32C 093
St. Thomas	C. K. Meador	160	9,303	839	
Vanderbilt University	G. W. Liddle	100	4,249	41,174	
Veterans Admin.	R. M. Des Prez	185	7,389	48,022	
TEXAS					
AUSTIN Central Texas Medical Foundation	T. W. Stevens	66	3,015	11,685	5* 2F 017
Brackenridge					
DALLAS Baylor University Medical Center	R. Tompsett	253	10,702	6,006	7C 3F 021
Methodist Hospital of Dallas	R. P. Norgaard	166	6,018	3,150	5* 015
St. Paul	J. Viroslav	162	7,423	4,183	6C 1F 018
University of Texas Southwestern Medical School Affiliated Hospitals Parkland Memorial Veterans Admin.	D. W. Seldin	176	6,072	64,129	38* 102
	D. W. Seldin	220	9,245	57,411	
	S. Eisenberg				
EL PASO R. E. Thomason General (See Texas Tech Univ. Affil. Hosps., Lubbock)					

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
TEXAS—Continued						
GALVESTON University of Texas Medical Branch Hospitals	W. P. Deiss, Jr.	247	7,013	20,490	20C	051
HOUSTON Baylor College of Medicine Affiliated Hospitals	H. Brown				37C 8* 2F	157
Ben Taub General	A. M. Gotto, Jr.	86	3,369	62,101		
Jefferson Davis	A. M. Gotto, Jr.	36	1,473	14,710		
Methodist	A. Gotto, Jr.	203	7,659			
St. Luke's Episcopal	R. J. Hall	134	7,599	49		
Veterans Admin.	R. J. Luchi	374	10,109	106,831		
University of Texas at Houston Affiliated Hospitals	G. E. Whalen				20C	055
Hermann	G. E. Whalen	80	3,281	21,584		
St. Joseph	E. A. Natelson	197	8,742	430		
University of Texas M.D. Anderson Hospital and Tumor Institute	C. C. Shullenberger	105	2,388	27,891		
LUBBOCK Texas Tech University Affiliated Hospitals' R. E. Thomason General (El Paso)	S. R. Smith	39	1,175	8,759	4C 2*	014
SAN ANTONIO University of Texas at San Antonio Teaching Hospitals	M. Forland				26C	079
Bexar County Teaching Veterans Admin.	M. Forland L. E. Earley	58 92	2,573 6,039	25,217 5,577		
TEMPLE Scott and White Memorial	L. M. Brewer	158	8,445	89,720	8C 2*	026
Veterans Admin.	T. I. Wallace	246	4,931	19,030		
UTAH						
SALT LAKE CITY University of Utah Affiliated Hospitals University Veterans Admin.	G. E. Cartwright G. E. Cartwright G. Tikoff	58 84	2,526 4,866	23,657 7,888	17C	049
University of Utah Affiliated Hospitals LDS Hospital	G. E. Cartwright G. M. Vincent	129	7,880	4,106	8*	024
VERMONT						
BURLINGTON Medical Center Hospital of Vermont Fanny Allen (Winooski) Champlain Valley Physicians Hospital Med. Ctr. (Plattsburgh, N. Y.)	D. Babbott R. E. O'Brien M. J. Moynihan	100 87 377	4,366 3,635 13,327	6,859 10,116	12C	034
WHITE RIVER JUNCTION Veterans Admin. Center (See Dartmouth Med. Sch. Affiliated Hospitals, Hanover, N.H.)						
WINDSOEKI Fanny Allen (See Medical Center Hospital of Vermont, Burlington)						
VIRGINIA						
CHARLOTTESVILLE University of Virginia	E. W. Hook	130	4,830	30,229	15C 4* 2F	028
University of Virginia Affiliated Hospitals	C. L. Crockett, Jr.				6* 2F	018
Roanoke Memorial Hospitals (Roanoke) Veterans Admin. (Salem)	C. L. Crockett, Jr. W. E. Reeve	255 70	8,015 2,689	6,813 5,495		
HAMPTON Veterans Admin. Center (See Eastern Virginia Medical School Affil. Hosps., Norfolk)						
NORFOLK Eastern Virginia Medical School Affiliated Hospitals	R. Manning				18C 2F	050
Norfolk General		241	8,290	13,168		
De Paul		139	5,329			
Veterans Admin. Center (Hampton)		129	3,996			
RICHMOND Virginia Commonwealth University M.C.V. Affiliated Hospitals	H. J. Fallon				36C 3*	144
Medical College of Virginia Hospitals Veterans Admin.	H. J. Fallon D. H. Gregory	193 296	6,390 7,270	21,803 23,754		
ROANOKE Roanoke Memorial Hospitals (See Univ. of Virginia Affil. Hosps., Charlottesville)						
SALEM Veterans Admin. (See Univ. of Virginia Affil. Hosps., Charlottesville)						
WASHINGTON						
SEATTLE University of Washington Affiliated Hospitals Harborview Medical Center University U. S. Public Health Service Veterans Admin. Virginia Mason	R. G. Petersdorf M. Turck R. G. Petersdorf R. Griep P. J. Fialkow P. N. Fredlund	46 37 41 82 110	2,175 1,843 1,591 5,038 5,357	13,009 25,000 1,033 12,820 132,326	34C 6C	101 018

13. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
WEST VIRGINIA						
BECKLEY Marshall University Affiliated Hospitals	G. Hollifield				5C 3*	017
Appalachian Regional Veterans Admin.	G. Hollifield	61	2,658	29,692		
CHARLESTON						
West Virginia University—Charleston Division Charleston Area Medical Center	W. W. Point	225	8,846	6,588	8C	024
HUNTINGTON						
Marshall University Affiliated Hospitals Cabell Huntington St. Mary's Veterans Admin.	M. A. Mufson	231 84 96	15,587 3,633 2,455	128,508 650 31,574	12C	016
MORGANTOWN						
West Virginia University	R. H. Waldman	80	3,433	22,276	10*	040
WHEELING						
Ohio Valley Medical Center	J. Shultz	122	3,011	3,420	6C 1F	015
WISCONSIN						
LA CROSSE						
La Crosse Lutheran Hospital and Gundersen Clinic	E. L. Overholt	131	5,938	134,819	5C 4F	020
MADISON						
University of Wisconsin Affiliated Hospitals	D. T. Graham				21C 6*	071
Madison General University Hospitals Veterans Admin.	E. Ehrlich D. T. Graham C. M. Kunin	106 111 136	4,124 3,793 3,687	29,635 46,761		
MARSHFIELD						
Marshfield—University of Wisconsin Affiliated Hospitals Marshfield Clinic St. Joseph's	G. E. Magnin	115	4,500	66,562	4C	012
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals Milwaukee County General Veterans Admin. Center (Wood) Mount Sinai Medical Center	D. J. Mc Carty J. M. Cerletty G. B. Theil R. E. Rieselbach	137 138 84	8,219 5,080 3,803	58,279 18,717 5,813	25C 6C 6*	080 036

14. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Neurological Surgery, and the American College of Surgeons, through the Residency Review Committee for Neurological Surgery, as offering FOUR years of acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES ARMY						
DISTRICT OF COLUMBIA						
Walter Reed Army Medical Center, Washington	A. N. Martins	65	1,300	1,800	1C	006
UNITED STATES NAVY						
MARYLAND						
National Naval Medical Center	C. B. Early	48	506	1,566	1C 1F	004
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
University of Alabama Medical Center University of Alabama Hospitals Children's Veterans Admin.	J. G. Galbraith	51 9	1,725 339	1,085 740	1C	006
ARIZONA						
PHOENIX						
Barrow Neurological Institute of St. Joseph's	J. R. Green	65	1,926	3,524	2C	008
ARKANSAS						
LITTLE ROCK						
University of Arkansas for Medical Sciences Affiliated Hospitals	S. Flanigan				1C 1F	006
University Veterans Admin. Consolidated		18 30	600 507	1,051 2,177		
CALIFORNIA						
DAVIS						
University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento)	J. R. Youmans	33	925	2,148	1C	005

14. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA—Continued						
IRVINE						
University of California (Irvine) Affiliated Hospitals University of California, Irvine, Medical Center (Orange)	E. Foltz				2C	006
Veterans Admin. (Long Beach)	E. Foltz R. J. Porter	15 27	635 330	805 1,980		
LOMA LINDA						
Loma Linda University Affiliated Hospitals Loma Linda University	G. M. Austin	37	1,353	2,755	1C 1* 1F	007
LONG BEACH						
Veterans Admin. (See Univ. of Calif. (Irvine) Affiliated Hospitals, Irvine)						
LOS ANGELES						
Los Angeles County—U.S.C. Medical Center—Huntington Memorial Program	T. Kurze				3* 1F	018
Los Angeles County—U.S.C. Medical Center Huntington Memorial (Pasadena)		35 18	1,050 632	2,354 185		
U.C.L.A. Affiliated Hospitals U. C. L. A. Hospital and Clinics, Center for the Health Sciences	W. E. Stern				2C	010
Veterans Admin. Center—Wadsworth Los Angeles County Harbor General (Torrance)	W. E. Stern J. W. Renaudin J. Kim	22 15 6	751 484 326	1,120 1,150 1,050		
ORANGE						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
PASADENA						
Huntington Memorial (See Los Angeles County-U.S.C. Medical Center, Los Angeles)						
SACRAMENTO						
University of California (Oavis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
SAN FRANCISCO						
University of California Program H. C. Moffitt—University of California Hospitals San Francisco General Veterans Admin.	C. B. Wilson C. B. Wilson L. Pitts C. B. Wilson	46 12	1,845 538	702 5,160	1C	011
SAN JOSE						
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)						
STANFORD						
Stanford University Affiliated Hospitals Stanford University Veterans Admin. (Palo Alto) Santa Clara Valley Medical Center (San Jose)	J. W. Hanbery J. W. Hanbery F. K. Conley R. D. Hamilton	21 9 11	757 323 511	3,187 565 1,252	1C	005
TORRANCE						
Los Angeles County Harbor General (See U.C.L.A. Affiliated Hospitals, Los Angeles)						
COLORADO						
DENVER						
University of Colorado Affiliated Hospitals University of Colorado Medical Center Veterans Admin.	W. M. Kirsch W. M. Kirsch R. A. W. Lehman	25 14	632 402	2,143 2,080	1C	005
CONNECTICUT						
FARMINGTON						
University of Connecticut Affiliated Hospitals John Dempsey Hartford (Hartford)	M. P. Roberts	41	1,544	160.	1C	004
HARTFORD						
Hartford (See University of Connecticut Affil. Hosps., Farmington)						
Hartford (See Yale-New Haven Medical Center, New Haven)						
NEW HAVEN						
Yale—New Haven Medical Center Yale—New Haven Hartford (Hartford) Veterans Admin. (West Haven)	W. F. Collins, Jr. W. F. Collins, Jr. M. P. Roberts W. F. Collins, Jr.	35 45 9	999 1,544 190	2,276 160 440	1*	006
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
DELAWARE						
WILMINGTON						
Wilmington Medical Center (See Thomas Jefferson University, Philadelphia, Pa.)						
DISTRICT OF COLUMBIA						
WASHINGTON						
Georgetown University Affiliated Hospitals Georgetown University Veterans Admin.	A. J. Luessenhop A. J. Luessenhop A. Luessenhop, G. Mathews	22 14	567 168	2,000 182,819	1C	005

14. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
DISTRICT OF COLUMBIA, WASHINGTON—Continued						
George Washington University Affiliated Hospitals	H. V. Rizzoli				2C	008
George Washington University	H. V. Rizzoli	53	1,375	2,984		
Children's Hospital National Medical Center	T. Milhorat	8	262	456		
Veterans Admin.	G. J. Mathews	14	168	182,819		
Washington Hospital Center						
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals	A. L. Rhoton, Jr.				2*	010
William A. Shands Teaching Hosp. and Clinics		26	872	1,973		
Veterans Admin.		23	410	1,482		
MIAMI						
University of Miami Affiliated Hospitals	H. Rosomoff				2C	010
Jackson Memorial		28	517	683		
Veterans Admin.		15	401	999		
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	G. T. Tindall				2C	008
Emory University	G. T. Tindall	20	627			
Grady Memorial	G. T. Tindall	19	528	1,683		
Henrietta Eggleston Hospital for Children	M. S. O'Brien	8	375			
Veterans Admin. (Decatur)	N. S. Payne	20	452	1,125		
AUGUSTA						
Medical College of Georgia Hospitals	M. B. Allen				1C	004
Eugene Talmadge Memorial	M. B. Allen	17	462	1,891		
Veterans Admin.	R. A. Gindin	11	202	676		
DECATUR						
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)						
ILLINOIS						
CHICAGO						
Northwestern University Medical School Affiliated Hospitals	A. J. Raimondi				2*	015
Northwestern Memorial	D. Ruge	41	855			
Children's Memorial	A. J. Raimondi	26	792	2,877		
Veterans Admin. Lakeside	N. Wetzel	40	312	3,146		
Evanston (Evanston)	J. Tarkington	13	560			
Rush—Presbyterian—St. Luke's Medical Center	W. W. Whisler	26	530	2,800	1*	006
University of Chicago Hospitals and Clinics	J. F. Mullan	45			1C	005
University of Illinois Affiliated Hospitals	O. Sugar				1C	014
					2*	
University of Illinois	O. Sugar	25	386	7,932		
Cook County	R. A. Moody	22	1,049	2,475		
Illinois Masonic Medical Center	O. Sugar	15	600	500		
EVANSTON						
Evanston (See Northwestern Univ. Med. Sch. Affil. Hosps., Chicago)						
HINES						
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)						
MAYWOOD						
Loyola University Affiliated Hospitals	O. H. Reichman				1C	005
Foster G. Mc Gaw	O. H. Reichman	16	604	2,922		
Veterans Admin. (Hines)	R. Manfredi	29	399	1,440		
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	R. L. Campbell				2C	006
Indiana University Hospitals	R. L. Campbell	50	2,005	1,519		
Veterans Admin.	R. Worth	20	378	900		
William N. Wishard Memorial	H. Feuer	11	348	832		
IOWA						
IOWA CITY						
University of Iowa Affiliated Hospitals	J. C. Van Gilder				2C	010
University of Iowa Hospitals	J. C. Van Gilder	37	832	2,805		
Veterans Admin.	D. E. Mc Donnell	9	144	989		
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	C. E. Brackett	20	592	1,351	1C	005
Veterans Admin. (Kansas City, Mo.)	S. Rengachary	20	316	589		
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center	B. Young				1C	004
University		36	909	2,693		
Veterans Admin.		16	603	1,619		
LOUISVILLE						
University of Louisville Affiliated Hospitals	H. D. Garretson				1*	004
Louisville General		12	390	776		
Norton—Children's Hospitals		11	522	347		
Veterans Admin.		16	243	1,299		
LOUISIANA						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals	D. G. Kline	30	500	1,500	1C	005
Charity Hospital of Louisiana	D. G. Kline	11	358	1,406		
Ochsner Foundation	E. S. Connolly	34	893	5,006		

14. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
LOUISIANA, NEW ORLEANS—Continued						
Tulane University Affiliated Hospitals	R. C. Llewellyn				2C	007
Charity Hospital of Louisiana	R. C. Llewellyn	11	355	1,144		
Ochsner Foundation	E. S. Connolly	34	893	5,006		
Veterans Admin.	R. C. Llewellyn	13	426	1,440		
MARYLAND						
BALTIMORE						
Johns Hopkins	D. M. Long	74	2,401	1,189	2C	010
Baltimore City Hospitals	J. D. Mc Queen	11	439	738		
Veterans Admin.	J. D. Mc Queen	7	129	667		
University of Maryland Affiliated Hospitals	T. B. Ducker				2C	010
University of Maryland		50		1,300		
Mercy						
MASSACHUSETTS						
BOSTON						
Children's Hospital Medical Center—Peter Bent Brigham	W. K. Welch				1C	004
Children's Hospital Medical Center		14	559	942		
Peter Bent Brigham		17	340	313		
Massachusetts General	W. H. Sweet	72	26,199	1,071	2C	009
Beth Israel	N. Zervas	13	372	127		
Boston City	V. Mark	12	431	550		
Tufts University Affiliated Hospitals	B. M. Stein				1C	005
New England Medical Center		19	464	1,093		
Carney						
Veterans Admin.		19	492	1,825		
MICHIGAN						
ANN ARBOR						
University of Michigan Affiliated Hospitals	R. C. Schneider				2*	012
St. Joseph Mercy	S. M. Farhat	19	688	1,863		
University	R. C. Schneider	44	11,118	4,535		
Veterans Admin.	D. Freier, R. Schneider	7	160	847		
DETROIT						
Henry Ford	R. Knighton	25	752	4,482	1*	006
Wayne State University Affiliated Hospitals	L. M. Thomas	49	1,350	638	1C	004
Children's Hospital of Michigan						
Detroit General						
United Hospitals of Detroit—Harper Division						
MINNESOTA						
MINNEAPOLIS						
University of Minnesota Affiliated Hospitals	S. N. Chou				2C	010
University of Minnesota Hospitals	S. N. Chou	42	1,670	3,793		
Veterans Admin.		24	390	1,425		
ROCHESTER						
Mayo Graduate School of Medicine	R. H. Miller				4*	020
St. Mary's		65	3,132	5,888		
MISSISSIPPI						
JACKSON						
University of Mississippi Medical Center	O. J. Andy				1*	006
University		28	882	1,010		
Veterans Admin. Center		7	111	1,135		
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	C. Watts	30	513	1,571	1C	005
St. Luke's Hospitals (St. Louis)	G. Routhac	34	1,293			
KANSAS CITY						
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)						
ST. LOUIS						
Barnes Hospital Group	S. Goldring	33	649	666	6*	006
St. Louis University Group of Hospitals	K. R. Smith, Jr.				1C	004
St. Louis University		32	1,330	1,518		
Cardinal Glennon Memorial Hospital for Children			336			
St. Mary's Health Center						
St. Luke's (See University of Missouri Medical Center, Columbia)						
NEW HAMPSHIRE						
HANOVER						
Dartmouth Medical School Affiliated Hospitals	E. Sachs, Jr.				2C	005
Mary Hitchcock Memorial		24	904	2,043		
Veterans Admin. Center (White River Junction, Vt.)		5	125	509		
NEW YORK						
ALBANY						
Albany Medical Center Affiliated Hospitals	R. S. Bourke				1C	005
Albany Medical Center		37	933	1,100		
Veterans Admin.		8	176	480		
BUFFALO						
S. U. N. Y. at Buffalo Affiliated Hospitals	L. Bakay				1C	004
Buffalo General	L. Bakay	14	404	140		
Children's Hospital of Buffalo	D. M. Klein	9	397	138		
Edward J. Meyer Memorial	L. Bakay	3	99	165		
NEW YDRK CITY						
Albert Einstein College of Medicine Affiliated Hospitals	K. Shulman				2C	010
Bronx Municipal Hospital Center		16	425	478		
Hospital of the Albert Einstein College of Medicine		12	314	706		
Montefiore Hospital and Medical Center				424		

14. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr.	All Yrs.
NEW YORK, NEW YORK CITY—Continued						
Cornell Cooperating Hospitals	R. H. Patterson, Jr.				1C	001
New York Hospital	R. H. Patterson, Jr.	30	800			
Memorial Hospital for Cancer and Allied Diseases	J. H. Galicich	10	164	235		
Mount Sinai Hospital Training Program	L. I. Malis				2C	010
Mount Sinai	L. I. Malis	47	986	520		
City Hospital Center at Elmhurst	S. Hollin	13	481	655		
New York University Medical Center	J. Ransohoff				2C	010
Bellevue Hospital Center	J. Ransohoff	35	515	5,366		
St. Vincent's Hospital and Medical Center of New York	R. L. Rovit	17	319	177		
University	J. Ransohoff	42	814			
Veterans Admin. (Manhattan)	J. Ransohoff	11	55	780		
Presbyterian	E. B. Schlessinger	64	2,016	2,407	2*	010
S.U.N.Y. Downstate Medical Center	W. A. Shucart				2C	009
Kings County Hospital Center	W. A. Shucart	25	355	568		
Long Island College	A. W. Cook	50	723	283		
State University	W. A. Shucart	3	40	70		
ROCHESTER						
Strong Memorial Hospital of the University of Rochester	J. V. Mc Donald	25	826	415	1C	004
SYRACUSE						
S.U.N.Y. Upstate Medical Center	R. B. King				2C	009
Crouse Irving—Memorial	R. B. King	30	986			
State University	R. B. King	31	672	281		
Veterans Admin.	L. Modesti	17	244	1,000		
NORTH CAROLINA						
CHAPEL HILL						
North Carolina Memorial	M. S. Mahaley, Jr.	18	532	1,436	1C	005
DURHAM						
Duke University Affiliated Hospitals	R. H. Wilkins				2C	008
Duke University Medical Center	R. H. Wilkins	42	1,274	7,887		
Veterans Admin.	W. A. Cook, Jr.	26	379	1,652		
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals						
North Carolina Baptist	E. Alexander, Jr.	43	1,287	1,175	1*	007
NORTH DAKOTA						
FARGO						
Neuropsychiatric Institute	L. A. Christoferson	97	2,573	2,846	1C	001
OHIO						
CINCINNATI						
Good Samaritan	F. H. Mayfield	40	1,431	300	1*	004
Christ		34	960	24		
University of Cincinnati Hospital Group	R. Mc Laurin				1*	005
Children's Hospital Medical Center		51	2,981	153		
Cincinnati General		10	741	956		
Veterans Admin.		19	295	985		
CLEVELAND						
Case Western Reserve University Affiliated Hospitals	F. E. Nulsen				2*	009
Cleveland Metropolitan General	R. J. White	16	368	1,282		
University Hospitals of Cleveland	F. E. Nulsen	22	554	1,196		
Veterans Admin.	J. S. Brodkey	13	158	750		
Cleveland Clinic	D. F. Dohn	37	1,014	13,409	2*	010
St. Vincent Charity	E. J. Bishop	30	455	301		
COLUMBUS						
Ohio State University Affiliated Hospitals	W. E. Hunt				2C	006
Ohio State University Hospitals	W. E. Hunt	40	883	2,580		
Children's	M. P. Sayers	21	824	543		
Riverside Methodist	J. N. Meagher	40	1,292	39		
OKLAHOMA						
OKLAHOMA CITY						
University of Oklahoma Health Sciences Center	M. Pollay				1C	005
St. Anthony		36	1,685			
University Hospital and Clinics		9	339	579		
Veterans Admin.		6	202	630		
OREGON						
PORTLAND						
Good Samaritan Hospital and Medical Center	J. Raaf				1C	004
University of Oregon Affiliated Hospitals	H. D. Paxton				1C	005
					1F	
University of Oregon Health Sciences Center		14	742	1,244		
Hospital and Clinics		12	209	336		
Veterans Admin.						
PENNSYLVANIA						
CHESTER						
Crozer—Chester Medical Center (See Hahnemann Medical College Affil. Hosps., Philadelphia)						
PHILADELPHIA						
Episcopal	H. Shenkin	14	545		1C	004
St. Christopher's Hospital for Children	R. C. Truex, Jr.	8	252	151		
Hahnemann Medical College Affiliated Hospitals	H. H. Schmidek				1C	005
Hahnemann Medical College and Hospital		30		3,000		
Crozer—Chester Medical Center (Chester)		20		3,000		
Temple University Affiliated Hospitals	W. A. Buchheit				2C	006
Temple University	W. A. Buchheit	30	500	450		
Albert Einstein Medical Center (Northern Division)	M. R. Katz	7	163	70		
St. Christopher's Hospital for Children	R. C. Truex, Jr.	8	252	151		
Thomas Jefferson University	J. L. Osterholm	16	288	200	2C	006
Wilmington Medical Center (Wilmington, Del.)	M. Gibbs	55	1,421	1,266		

14. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered	
					1st Yr.	All Yrs.
PENNSYLVANIA, PHILADELPHIA—Continued						
University of Pennsylvania Affiliated Hospitals	T. W. Langfitt, F. Murtagh				2C	008
Hospital of the University of Pennsylvania	T. W. Langfitt, F. Murtagh	35	985	4,350		
Children's Hospital of Philadelphia	L. Schut	20	600	1,200		
Pennsylvania	F. A. Simeone	13	419			
Veterans Admin.	T. A. Gennarelli	17	221	750		
PITTSBURGH						
Hospitals of the University Health Center of Pittsburgh	P. J. Jannetta				2C	010
Children's Hospital of Pittsburgh	D. H. Reigel	27	1,153	2,698		
Montefiore		14	286	53		
Presbyterian—University	P. J. Jannetta	55	1,518	2,515		
Veterans Admin.	M. Dujovny	24	339	620		
Mercy	G. H. Gray	58	1,622	301	1*	005
PUERTO RICO						
SAN JUAN						
University of Puerto Rico Affiliated Hospitals University District	N. Rifkinson				1C	005
I. Gonzalez Martinez San Juan City		20	606	1,666		
Veterans Admin. Center		17	288	480		
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina Teaching Hospitals	P. Perot				1C	005
Medical University of South Carolina	P. Perot	30	722	2,545		
Veterans Admin.	L. G. Kempe	8	216	807		
TENNESSEE						
MEMPHIS						
University of Tennessee Affiliated Hospitals	J. T. Robertson				2C	006
Baptist Memorial	J. T. Robertson	176	6,496	996		
City of Memphis Hospitals	J. T. Robertson	15	604	1,263		
Le Bonheur Children's						
Methodist	C. D. Hawkes	129	4,852	806		
Veterans Admin.	E. L. Cashion	19	595	2,636		
NASHVILLE						
Vanderbilt University Affiliated Hospitals	W. F. Meacham				2C	008
Nashville Metropolitan General		5	264	710		
Vanderbilt University		65	2,114	1,500		
Veterans Admin.		14	396	2,130		
TEXAS						
DALLAS						
University of Texas Southwestern Medical School Affiliated Hospitals	W. K. Clark				1C	005
Parkland Memorial		17	732	1,705		
Children's Medical Center			86	205		
St. Paul						
Veterans Admin.		12	371	1,719		
GALVESTON						
University of Texas Medical Branch Hospitals	R. G. Grossman	37	866	2,233	1*	005
Hermann (Houston)	P. L. Gildenberg	18	396	103		
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	G. Ehni				3C	012
Ben Taub General	G. J. Ehni	13	556	1,254		
Methodist	J. Greenwood	68	2,297			
Texas Children's	W. R. Cheek	8	237	116		
University of Texas M.D. Anderson Hospital and Tumor Institute	M. E. Leavens	4	106	742		
Veterans Admin.	A. Gol	24	471	1,753		
Hermann (See University of Texas Medical Branch Hosps., Galveston)						
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals	J. L. Story				1C	004
Bexar County Teaching	J. L. Story	25	1,239	1,803		
Veterans Admin.	J. B. Aust	27	322	1,515		
UTAH						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	T. S. Roberts				1C	004
University	T. S. Roberts	7	317	849		
Holy Cross Hospital of Salt Lake City	C. Powell, P. Heilbrun	12	484			
Veterans Admin.	M. P. Heilbrun	14	153	580		
VERMONT						
BURLINGTON						
Medical Center Hospital of Vermont	L. Wallman	26	907	507	1C	003
WHITE RIVER JUNCTION						
Veterans Admin. Center (See Dartmouth Med. School Affil. Hospitals, Hanover, N. H.)						
VIRGINIA						
CHARLOTTESVILLE						
University of Virginia	J. A. Jane	27	1,300	616	1*	006
RICHMOND						
Virginia Commonwealth University M.C.V. Affiliated Hospitals	D. P. Becker				2C	010
Medical College of Virginia Hospitals	D. P. Becker	43	1,106	2,617		
Veterans Admin.	R. Sakalas	15	194	450		
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals	A. A. Ward, Jr.				3C	010
Harborview Medical Center		7	288	465		
University		10	364	1,244		
Veterans Admin.			175	822		

14. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
WEST VIRGINIA						
MORGANTOWN						
West Virginia University	G. R. Nugent	29	1,114	3,437	2C	006
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals	M. J. Javid				1C	005
University Hospitals	M. J. Javid	22	698	1,546		
Madison General	F. Pitts	16	253			
Veterans Admin.	C. C. Kao	9	134	1,318		
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals	S. J. Larson				1C	005
Milwaukee County General		36	1,642	2,310		
Veterans Admin. Center (Wood)		32	602	2,643		

15A. NEUROLOGY

Residency programs in the following hospitals have been accredited for THREE years of training by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three-year level.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES ARMY						
CALIFORNIA						
Letterman Army Medical Center, San Francisco	H. H. Schwamb	14	396	6,253	2C	008
DISTRICT OF COLUMBIA						
Walter Reed Army Medical Center, Washington	D. S. Buchanan	20	475	5,585	1*	008
UNITED STATES NAVY						
MARYLAND						
National Naval Medical Center, Bethesda	W. L. Brannon, Jr.	38	680	9,200	3C 3F	009
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
University of Alabama Medical Center	J. H. Halsey, Jr.				2*	009
University of Alabama Hospitals	J. H. Halsey, Jr.	15	588	2,500		
Veterans Admin.	J. H. Halsey, Jr., S. J. Oh	32	816	2,189		
ARIZONA						
PHOENIX						
St. Joseph's Hospital and Medical Center					2C	006
Barrow Neurological Institute of St. Joseph's	J. C. White, Jr.	41	924	278		
TUCSON						
University of Arizona Affiliated Hospitals	W. A. Sibley				3C	008
University	W. A. Sibley	9	441	3,222		
Tucson Medical Center Division	H. W. Buchsbaum	18	813	2,920		
Veterans Admin.	E. Labadie	12	242	2,180		
ARKANSAS						
LITTLE ROCK						
University of Arkansas for Medical Services					2C	008
Affiliated Hospitals	D. D. Lucy, Jr.				2F	
University		9	317	3,846		
Veterans Admin. Consolidated		9	227	1,974		
CALIFORNIA						
DAVIS						
University of California (Davis) Affiliated Hospitals	P. M. Dreyfus				1*	011
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		12	344	3,967		
IRVINE						
University of California (Irvine) Affiliated Hospitals	A. Starr				3C	009
University of California, Irvine, Medical Center (Orange)		9	296	1,390		
Veterans Admin. (Long Beach)		48	411	3,430		
LONG BEACH						
Veterans Admin.						
(See Univ. of California (Irvine) Affil. Hosps., Irvine)						
LOS ANGELES						
Kaiser Foundation	J. Wagner	13	248	8,924	1C	003
Los Angeles County—U.S.C. Medical Center	J. P. Van Der Meulen	35	1,014	9,315	5C	020
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	R. D. Walter	20	734	5,895	6C	016

15A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA, LOS ANGELES—Continued						
Veterans Admin. Center—Wadsworth	W. W. Tourtellotte	36	650	3,750	3C 2F	015
OAKLAND						
Children's Hospital Medical Center of Northern California (See Pacific Medical Center and Affil. Hosps., San Francisco)						
ORANGE						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
SACRAMENTO						
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hosps., Davis)						
SAN DIEGO						
University of California (San Diego) Affiliated Hospitals University Hospital, U. C. Medical Center, San Diego	W. C. Wiederholt				4*	016
Veterans Admin.		7 30	311 565	2,084 2,193		
SAN FRANCISCO						
Pacific Medical Center and Affiliated Hospitals	A. G. Waltz				1C 1F	003
Pacific Medical Center—Presbyterian Children's Hospital Medical Center of Northern California (Oakland)	A. G. Waltz	5	310	339		
Mount Zion Hospital and Medical Center	E. Senz	100	6,992	1,500		
University of California Program	B. L. Wise, R. A. Burton R. A. Fishman	4	168	159	4C 2F	014
H. C. Moffitt—University of California Hospitals San Francisco General Veterans Admin.	R. A. Fishman J. Caronna J. R. Baringer	12 8 14	618 349 370	4,338 1,677 5,160		
STANFORD						
Stanford University Affiliated Hospitals	D. A. Prince				5C 1*	015
Stanford University Veterans Admin. (Palo Alto)	D. A. Prince R. W. Angel	8 20	377 242	3,209 1,403		
TORRANCE						
Los Angeles County Harbor General	M. Goldberg	10	454	1,735	2* 2F	009
COLORADO						
DENVER						
University of Colorado Affiliated Hospitals University of Colorado Medical Center Denver General Veterans Admin.	J. H. Austin J. H. Austin P. R. Yarnell E. Lewin	9 11 25	396 486 357	3,880 2,042 1,750	4C	011
CONNECTICUT						
FARMINGTON						
University of Connecticut Affiliated Hospitals Hartford (Hartford) John Dempsey	H. G. Thompson	1	398	219	1C	003
NEW HAVEN						
Yale—New Haven Medical Center Yale—New Haven Veterans Admin. (West Haven)	G. H. Glaser G. H. Glaser L. L. Levy	22 29	598 647	4,982 1,056	3C	009
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
DELAWARE						
WILMINGTON						
Veterans Admin. (See Thomas Jefferson Univ. Affil. Hosps., Philadelphia, Pa.) Wilmington Medical Center (See Thomas Jefferson Univ. Affil. Hosps., Philadelphia, Pa.)						
DISTRICT OF COLUMBIA						
WASHINGTON						
Georgetown University Affiliated Hospitals Georgetown University Veterans Admin.	D. S. O' Doherty D. S. O' Doherty J. F. Kurtzke	14 55	529 916	2,088 4,050	4*	016
George Washington University Affiliated Hospitals George Washington University Children's Hospital National Medical Center	G. F. Molinari G. F. Molinari S. Shelbourne	12 4	375 183	890 3,000	2C	007
Howard University Affiliated Hospitals Howard University District of Columbia General	D. H. Wood D. H. Wood N. S. Rao	20 15	525 274	2,519 1,771	2C	6
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals William A. Shands Teaching Hosp. and Clinics Veterans Admin. University Hospital of Jacksonville (Jacksonville)	M. Greer L. S. Russo, Jr.	12 27	568 642	4,794 1,486 264	3C	009

15A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered	
					1978-1979 1st Yr.	All Yrs.
FLORIDA—Continued						
JACKSONVILLE						
University Hospital of Jacksonville (See University of Florida Affil. Hosps., Gainesville)						
MIAMI						
University of Miami Affiliated Hospitals	P. Scheinberg				6C	018
Jackson Memorial		41	1,180	3,440		
Veterans Admin.		20	535	1,296		
TAMPA						
University of South Florida Affiliated Hospitals	L. Prockop				1C	002
Veterans Admin.		16	320	1,931		
Tampa General		7	142	650		
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	H. R. Karp				3C	009
Grady Memorial	H. R. Karp	13	402	2,263		
Emory University	H. R. Karp	12	568			
Henrietta Egleston Hospital for Children	J. F. Schwartz	3	201			
Veterans Admin. (Decatur)	J. C. Ammons			2,070		
AUGUSTA						
Medical College of Georgia Hospitals	J. B. Green				3C	009
Eugene Talmadge Memorial	J. B. Green	19	476	4,642	1F	
University	J. B. Green	4	157	468		
Veterans Admin.	D. B. Smith	18	373	764		
DECATUR						
Veterans Admin. (See Emory University Affil. Hosps., Atlanta)						
ILLINOIS						
CHICAGO						
Michael Reese Hospital and Medical Center	J. Goodwin	20	650	3,000	1C	004
Northwestern University Medical School Affiliated Hospitals	D. H. Harter	38	1,143	4,962	2*	017
Northwestern Memorial	D. H. Harter	4	294	2,835		
Children's Memorial	L. Tomasi	26	314	2,700		
Veterans Admin. Lakeside	H. Koenig	13	400	2,400	2*	007
Rush—Presbyterian—St. Luke's Medical Center	M. M. Cohen	20	180	500	5C	012
University of Chicago Hospitals and Clinics	B. G. Arnason				2C	008
University of Illinois Affiliated Hospitals	J. S. Garvin	12	272	9,079	2*	
University of Illinois	H. Manfredi	20	254	1,380		
Veterans Admin. (West Side)						
HINES						
Veterans Admin. (See Loyola University Affil. Hosps., Maywood)						
MAYWOOD						
Loyola University Affiliated Hospitals	J. Brumlik	18	584	1,154	3*	012
Foster G. Mc Gaw		71	938	3,070		
Veterans Admin. (Hines)						
PEORIA						
University of Illinois—Peoria School of Med. Affiliated Institutions	D. J. Garwacki	80	2,558	15,600	1C	003
St. Francis			300			
Methodist Medical Center of Illinois						
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	M. L. Dyken	19	628	2,449	5C	016
Indiana University Hospitals	M. L. Dyken	32	490	872		
Veterans Admin.	C. Spurgeon	17	447	2,177		
William N. Wishard Memorial	H. Jones					
IOWA						
IOWA CITY						
University of Iowa Affiliated Hospitals	M. W. Van Allen	36	1,272	8,025	3*	012
University of Iowa Hospitals	M. W. Van Allen	15	447	2,599		
Veterans Admin.	L. W. Lyon					
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	D. K. Ziegler	10	471	3,184	3C	009
Veterans Admin. (Kansas City, Mo.)	B. W. Festoff	15	224	3,866		
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center University	D. B. Clark	15	610	4,485	2C	009
LOUISVILLE						
University of Louisville Affiliated Hospitals	E. Roseman	17	810	2,512	6*	006
Louisville General		17	810	2,512		
Veterans Admin.		37	515	1,591		
LOUISIANA						
NEW ORLEANS						
Charity Hospital of Louisiana—Louisiana State University Division	E. R. Hackett	9	324	4,093	2C	009
Tulane University Affiliated Hospitals	R. G. Heath				1*	
Charity Hospital of Louisiana	R. D. Paterson	9	299	3,346	2*	010
Ochsner Foundation	R. E. Barron		9	2,982	2F	
Veterans Admin.	R. G. Heath	15	606	5,568		

15A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered	
					1978-1979 1st Yr.	All Yrs.
MARYLAND						
BALTIMORE						
Johns Hopkins Hospital—Baltimore City Hospitals	G. M. Mc Khann				5C	015
Baltimore City Hospitals	O. S. Marin	15	325	1,913		
Johns Hopkins	G. M. Mc Khann	31	1,327	11,868		
University of Maryland Affiliated Hospitals						
University of Maryland	E. Nelson, R. F. Mayer	20	510	6,316	2*	011
MASSACHUSETTS						
BOSTON						
Boston City	T. D. Sabin	12	294	2,055	2C	006
Boston University Affiliated Hospitals	R. G. Feldman				6C	018
University		24	562	728		
Veterans Admin.		114	906	3,134		
Children's Hospital Medical Center—Peter Bent Brigham—Beth Israel	C. F. Barlow				4C	012
Beth Israel	N. Geschwind	8	296	678		
Children's Hospital Medical Center	C. F. Barlow	11	462	4,457		
Peter Bent Brigham	H. R. Tyler	17	411	4,509		
Massachusetts General	R. D. Adams, G. F. Winkler	51	1,734	8,501	6C	018
New England Medical Center	T. L. Munsat	13	480	3,251	3C	009
St. Elizabeth's Hospital of Boston	R. E. Flynn	5	190	351		
MICHIGAN						
ANN ARBOR						
University of Michigan Affiliated Hospitals	M. Westerberg, K. Magee				4C	012
University	M. Westerberg, K. Magee	32	700	4,862		
Veterans Admin.	E. R. Feringa	18	442	710		
DETROIT						
Henry Ford	R. D. Teasdall	11	313	6,554	2C	006
Wayne State University Affiliated Hospitals	J. Gilroy				5*	013
Detroit General		10	3,393	2,355		
Lafayette Clinic	E. A. Rodin	13	243	1,843		
United Hospitals of Detroit—Harper Division		13	641	954		
MINNESOTA						
MINNEAPOLIS						
University of Minnesota Affiliated Hospitals	J. A. Resch				7*	037
Hennepin County Medical Center	M. G. Ettinger	16	712	3,060		
University of Minnesota Hospitals	J. A. Resch	52	1,493	7,140		
Veterans Admin.	M. Alter	66	1,090	3,760		
St. Paul—Ramsey, (St. Paul)	R. J. Gummit	20	709	3,724		
Veterans Admin.	M. Alter	66	1,090	3,760	3C	010
ROCHESTER						
Mayo Graduate School of Medicine	W. E. Karnes			25,039	4*	031
Rochester Methodist		16	482			
St. Mary's		65	2,567			
ST. PAUL						
St. Paul—Ramsey (See University of Minnesota Affiliated Hosps., Minneapolis)						
MISSISSIPPI						
JACKSON						
University of Mississippi Medical Center	R. D. Currier				2*	008
University	R. D. Currier	17	723	842		
Veterans Admin. Center	S. K. Mishra	17	314	2,388		
MISSOURI						
KANSAS CITY						
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)						
ST. LOUIS						
St. Louis University Group of Hospitals	S. Horenstein				4*	016
St. Louis University		11	335	588		
Cardinal Glennon Memorial Hospital for Children			730			
St. Louis County		5	219	1,501		
Veterans Admin. (Cochran)		20	382	1,392		
Veterans Admin. (Jefferson Barracks)						
Washington University Affiliated Hospitals	W. Landau				3*	027
Barnes Hospital Group	W. Landau	70	1,960	3,554		
St. Louis Children's	A. L. Prenskey, P. R. Dodge	20	819	4,250		
St. Louis City	E. F. Vastola	28	778	3,386		
NEBRASKA						
OMAHA						
Creighton—Nebraska Universities Health Foundation	D. R. Bennett				3C	009
Creighton Memorial—St. Joseph's		7	428	520		
University of Nebraska		15	495	2,768		
Veterans Admin.		15	737	881		
NEW HAMPSHIRE						
HANOVER						
Dartmouth Medical School Affiliated Hospitals	A. G. Reeves				2C	006
Mary Hitchcock Memorial		28	1,370	4,571		
Veterans Admin. Center (White River Junction, Vt.)		7	174	622		
NEW JERSEY						
EAST ORANGE						
Veterans Admin. (See CMDNJ—New Jersey Medical School Affil. Hosps., Newark)						

15A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW JERSEY—Continued						
NEWARK						
CMOJ—New Jersey Medical School Affiliated Hospitals	S. D. Cook				5C	014
Martland	R. Troiano	17	383	744		
Veterans Admin. (East Orange)	S. D. Cook	77	759	89,204		
NEW MEXICO						
ALBUQUERQUE						
University of New Mexico Affiliated Hospitals	J. M. Bicknell				3C	009
Bernalillo County Medical Center	J. M. Bicknell	8	588	4,090		
Veterans Admin.	L. E. Davis	23	529	1,411		
NEW YORK						
ALBANY						
Albany Medical Center Affiliated Hospitals	K. D. Barron	43	821	2,258	4C	012
Albany Medical Center	K. D. Barron	23	687	1,739		
Veterans Admin.	A. H. Koeppe	34	447	2,520		
BUFFALO						
Edward J. Meyer Memorial	B. H. Smith	32	697	2,682	3C	009
Millard Fillmore	W. R. Kinkel	19	788	4,253	2C	008
EAST MEADOW						
Nassau County Medical Center—Meadowbrook	S. Louis	20	360	3,769	2C	006
MANHASSET						
North Shore University (See Cornell Cooperating Hospitals, N. Y. City)						
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals	R. Katzman				9C	030
Bronx Municipal Hospital Center	R. Katzman	25	797	5,538		
Montefiore Hospital and Medical Center	E. Weitzman	46	770	3,335		
Hospital of the Albert Einstein College of Medicine	R. Katzman	20	320	1,514		
Columbia University Affiliated Hospitals	L. P. Rowland				9C	029
Presbyterian		128	2,804	9,263		
Harlem Hospital Center						
Cornell Cooperating Hospitals	F. Plum				5C	015
New York Hospital	F. Plum	29	1,027	4,381		
Memorial Hospital for Cancer and Allied Diseases	J. B. Posner	25	399	2,527		
Cornell Cooperating Hospitals	H. R. Beresford				2C	006
North Shore University (Manhasset)	R. Beresford	25	700	1,500		
Memorial Hospital for Cancer and Allied Diseases	J. B. Posner	25	399	2,527		
Long Island Jewish—Hillside Medical Center Program	M. Nathanson				1C	003
Long Island Jewish—Hillside Medical Center		24	525	1,328		
Queens Hospital Center				1,328		
Montefiore Hospital and Medical Center (See Albert Einstein Coll. of Med. Affiliated Hospitals)						
Mount Sinai Hospital Training Program	M. D. Jahr				9C	025
Mount Sinai	M. D. Jahr	80	1,500	4,750		
City Hospital Center at Elmhurst	N. Christoff	25	488	3,185		
Veterans Admin. (Bronx)	M. D. Jahr	39	182	2,386		
New York Medical College—Metropolitan Hospital Center	R. J. Strobos				4C	014
Unit 1—Flower and Fifth Avenue Hospitals		2	52	739		
Unit 2—Metropolitan Hospital Center		40	746	4,437		
Unit 3—Bird S. Coler Memorial Hospital and Home		24	83			
New York University Medical Center	C. T. Randt				6C	018
University		32	620			
Bellevue Hospital Center		35	515	5,048		
Veterans Admin. (Manhattan)		79	531	6,500		
St. Vincent's Hospital and Medical Center of New York	J. G. Chusid	40	656	2,619	1F	009
S. U. N. Y. Downstate Medical Center	H. S. Schulta				9C	024
State University		7	151	2,773		
Kings County Hospital Center		29	591	4,423		
Veterans Admin. (Brooklyn)—Kingsbrook Jewish Medical Center	I. F. Norstrand	101	821	2,160	2C	006
Veterans Admin. (Brooklyn)						
Kingsbrook Jewish Medical Center						
NORTHPORT						
Veterans Admin.	A. D. Rosen	20	180	750	2C	006
ROCHESTER						
Strong Memorial Hospital of the University of Rochester	R. J. Joynt	22	757	1,254	3C	010
SYRACUSE						
S. U. N. Y. Upstate Medical Center	G. S. Ross				2C	006
Crouse Irving—Memorial		12	389			
State University		10	381	4,368		
Veterans Admin.		24	214	1,620		
NORTH CAROLINA						
CHAPEL HILL						
North Carolina Memorial	J. N. Hayward	13	540	2,972	3C	009
DURHAM						
Duke University Affiliated Hospitals	A. D. Roses				4C	012
Duke University Medical Center	A. D. Roses	44	1,393	7,362		
Veterans Admin.	J. Davis	15	355	1,674		
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals						
North Carolina Baptist	J. F. Toole	37	1,696	6,926	3*	012
NORTH DAKOTA						
FARGO						
Neuropsychiatric Institute	W. H. Olson	17	1,159	742	1C	003

15A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st All Yr. Yrs.
OHIO					
CINCINNATI					
University of Cincinnati Hospital Group	S. A. Trufant				4C 012
Cincinnati General	S. A. Trufant	25	607	3,733	
Children's Hospital Medical Center	M. H. Fogelson			1,038	
Veterans Admin.	S. A. Trufant	26	485	1,505	
CLEVELAND					
Case Western Reserve University Affiliated Hospitals	J. M. Foley				4C 012
University Hospitals of Cleveland	J. M. Foley	17	482	2,108	
Veterans Admin.	R. Bennett	30	411	3,550	
Cleveland Clinic	J. P. Conomy	44	1,260	12,123	4* 016
Cleveland Metropolitan General	M. Victor	16	420	2,661	3C 009
COLUMBUS					
Ohio State University Affiliated Hospitals	J. N. Allen				2C 009
Ohio State University Hospitals	J. N. Allen	25	780	3,119	1F
Children's					
Riverside Methodist	G. W. Paulson	21	770		
TOLEDO					
Medical College of Ohio at Toledo Associated Hospitals	A. M. Iannone				2C 006
Hospital of Medical College of Ohio at Toledo		7	385	2,300	
Mercy		7	256		
Toledo Mental Health Center		29	136		
OKLAHOMA					
OKLAHOMA CITY					
University of Oklahoma Health Sciences Center	J. W. Nelson				2* 009
University Hospital and Clinics		5	229	575	1F
Oklahoma Children's Memorial		1	30	595	
Presbyterian			415		
Veterans Admin.		9	353	2,450	
OREGON					
PORTLAND					
University of Oregon Affiliated Hospitals	F. M. Yatsu				2C 011
Good Samaritan Hospital and Medical Center	R. S. Dow	30	910	1,491	2F
University of Oregon Health Sciences Center Hospital and Clinics	F. M. Yatsu	11	532	3,250	
Veterans Admin.	L. Garcia-Bunuel	27	435	909	
PENNSYLVANIA					
CHESTER					
Crozer—Chester Medical Center (See Hahnemann Medical College Affiliated Hospitals)					
HERSHEY					
Milton S. Hershey Medical Center of the Pennsylvania State University	R. W. Brennan	10	331	1,563	1C 003
PHILADELPHIA					
Hahnemann Medical College Affiliated Hospitals	E. L. Mancall				2C 006
Hahnemann Medical College and Hospital	E. L. Mancall	23	402	1,594	
Crozer—Chester Medical Center (Chester)	L. Green	15	309	1,605	
Medical College of Pennsylvania Affiliated Hospitals	R. A. Burns				1* 007
Hospital of the Medical College of Pennsylvania	R. A. Burns	8	278		
Veterans Admin.	L. Canales	13	178		
Pennsylvania	G. R. Haase	7	246	1,113	2C 005
Temple University Affiliated Hospitals	M. Alter				2* 008
Albert Einstein Medical Center	A. A. Bank	9	226	4,680	
St. Christopher's Hospital for Children	W. D. Grover	11	381	276	
Temple University	M. Alter	20	350	2,700	
Thomas Jefferson University Affiliated Hospitals	R. A. Chambers				2C 009
Thomas Jefferson University	R. A. Chambers	22	497	2,184	1F
Lankenau					
Wilmington Medical Center (Wilmington, Del.)	D. A. Nelson	27	502	1,287	
Veterans Admin. (Wilmington, Del.)	L. Katz	6	53	936	
University of Pennsylvania Affiliated Hospitals	A. K. Asbury				2* 015
Hospital of the University of Pennsylvania	A. K. Asbury	25	765	7,150	
Children's Hospital of Philadelphia	P. H. Berman	8	364	2,758	
Graduate Hospital of the University of Pennsylvania	R. N. Harner	18	390	728	
PITTSBURGH					
Hospitals of the University Health Center of Pittsburgh	O. M. Reinmuth				3C 009
Presbyterian—University	O. M. Reinmuth	18	871	4,412	
Children's Hospital of Pittsburgh	M. J. Painter	8	495	1,869	
PUERTO RICO					
SAN JUAN					
University of Puerto Rico Affiliated Hospitals	L. P. Sanchez-Longo				1C 004
University District		8	200	3,800	1F
San Juan City		3	240	3,000	
Veterans Admin. Center		19	210	1,679	
SOUTH CAROLINA					
CHARLESTON					
Medical University of South Carolina Teaching Hospitals	E. L. Hogan				3C 010
Medical University of South Carolina	E. L. Hogan	13	471	3,820	
Veterans Admin.	P. B. Pritchard, 3d	14	236	604	

15A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
TENNESSEE						
MEMPHIS						
University of Tennessee Affiliated Hospitals	S. E. Pitner				3C 3F	012
City of Memphis Hospitals	S. E. Pitner	12	359	2,469		
Veterans Admin.	E. F. Gonyea, A. F. Heck	23	367	1,216		
NASHVILLE						
Vanderbilt University Affiliated Hospitals	G. M. Fenichel				3C 1*	012
Vanderbilt University	G. M. Fenichel	29	1,077			
Nashville Metropolitan General				735		
Veterans Admin.	F. R. Freeman	19	538	1,750		
TEXAS						
DALLAS						
University of Texas Southwestern Medical School Affiliated Hospitals	R. N. Rosenberg				6*	017
Parkland Memorial	R. N. Rosenberg	18	536	2,766		
Children's Medical Center	R. N. Rosenberg		93	441		
Veterans Admin.	J. E. Walker	33	583	2,043		
GALVESTON						
University of Texas Medical Branch Hospitals	J. R. Calverley	19	509	5,581	2C	006
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	S. H. Appel				9C 1* 2F	028
Ben Taub General	S. H. Appel	15	513	3,509		
Methodist	R. L. Williams	43	1,693	3,371		
Veterans Admin.	R. M. Morrell	31	636	3,232		
University of Texas at Houston Affiliated Hospitals	W. S. Fields				3*	012
Hermann	W. S. Fields	4	272	774		
St. Anthony Center	W. S. Fields	4	34			
University of Texas M. D. Anderson Hospital and Tumor Institute	C. C. Shullenberger			802		
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals	R. E. Mc Masters				2C 1*	007
Bexar County Teaching	R. E. Mc Masters	9	273	2,037		
Veterans Admin.	L. E. Earley	14	211	996		
UTAH						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	L. W. Jarcho				3C	010
University	L. W. Jarcho	10	501	2,190		
Veterans Admin.	E. T. Ajax	33	430	924		
VERMONT						
BURLINGTON						
Medical Center Hospital of Vermont	C. M. Poser	18	917	1,245	2C	007
WHITE RIVER JUNCTION						
Veterans Admin. Center (See Dartmouth Medical School Affil. Hosps., Hanover, N. H.)						
VIRGINIA						
CHARLOTTEVILLE						
University of Virginia	T. R. Johns	22	898	2,201	5C	015
RICHMOND						
Virginia Commonwealth University M.C.V. Affiliated Hospitals	J. W. Harbison				4*	016
Medical College of Virginia Hospitals	J. W. Harbison	36	1,319	5,931		
Veterans Admin.	J. R. Taylor	31	338	2,446		
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals	P. D. Swanson				4C	014
Children's Orthopedic Hospital and Medical Center	C. B. Carlson	5	310	2,331		
Harborview Medical Center	S. M. Sumi	13	606	1,338		
University	P. D. Swanson	6	304	2,103		
Veterans Admin.	W. E. Crill	13	367	1,368		
WEST VIRGINIA						
MORGANTOWN						
West Virginia University	L. Gutmann	17	742	5,069	1*	006
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals	F. M. Forster				3C	013
University Hospitals	F. M. Forster	20	650	2,300		
Veterans Admin.	B. Messert	26	425	1,049		
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals	M. P. Mc Quillen				2* 1F	014
Milwaukee County General	M. P. Mc Quillen	27	300	6,211		
Milwaukee Children's	J. Murphy	1	102	2,515		
Veterans Admin. Center (Wood)	E. Bravo-Fernandez	22	350	1,600		

15B. NEUROLOGY

Residency programs in the following hospitals have been approved for ONE year of training by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three-year level.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered	
					1978-1979 1st Yr.	1979 2nd Yr.
UNITED STATES PUBLIC HEALTH SERVICE						
MARYLAND						
National Institutes of Health—Clinical Center, Bethesda	W. K. Engel	21	317	1,135	8C	008

16. NEUROPATHOLOGY

Residency programs in Neuropathology are accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Pathology, through the Residency Review Committee for Pathology, and are listed following programs in Pathology, as List 24C.

17. NUCLEAR MEDICINE

Residency programs in the following institutions have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Nuclear Medicine (a Conjoint Board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology), through the Residency Review Committee for Nuclear Medicine, for TWO Years of acceptable training in the specialty.

	Chief of Service or Program Director	Total In Vivo Procedures	Total In Vitro Procedures	Total Therapeutic Procedures	Positions Offered	
					1978-1979 1st Yr.	1979 2nd Yr.
UNITED STATES ARMY						
CALIFORNIA						
Letterman Army Medical Center, San Francisco	R. J. Lull	5,011	40,991	23	1C	002
DISTRICT OF COLUMBIA						
Walter Reed Army Medical Center, Washington	M. C. Johnson	9,474	25,167	34,641	2C	003
TEXAS						
William Beaumont Army Medical Center, El Paso	M. L. Nusynowitz	7,800	54,000	40	1C	002
UNITED STATES NAVY						
MARYLAND						
National Naval Medical Center, Bethesda	R. F. Kiepfer	7,942	23,451	47	2C	004
UNITED STATES PUBLIC HEALTH SERVICE						
MARYLAND						
National Institutes of Health—Clinical Center, Bethesda	G. S. Johnston	9,500	6,000	15	2C	002
WASHINGTON						
U.S. Public Health Service (See University of Washington Affil. Hosps., Seattle, Wash.)						
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
University of Alabama Medical Center University of Alabama Hospitals Veterans Admin.	W. N. Tauxe	6,802 69,321	7,213 33,328	29 12	2C	004
ARIZONA						
TUCSON						
University of Arizona Affiliated Hospitals University Veterans Admin.	R. E. Henry D. D. Patton R. E. Henry	4,000 4,547	20,919 279	50 24	1C	001
ARKANSAS						
LITTLE ROCK						
University of Arkansas for Medical Sciences Affiliated Hospitals University Veterans Admin. Consolidated	C. M. Boyd	3,250 5,480	1,824 5,127	21 3	1C	002
CALIFORNIA						
DAVIS						
University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento)	G. L. De Nardo	7,500	9,750	16	1C	008
LONG BEACH						
Memorial Hospital Medical Center Veterans Admin.	E. Dore K. P. Lyons	5,374 9,579	12,909 600	19 18	1C 1C	001 002

17. NUCLEAR MEDICINE—Continued

	Chief of Service or Program Director	Total In Vivo Procedures	Total In Vitro Procedures	Total Therapeutic Procedures	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA—Continued						
LOS ANGELES						
U.C.L.A. Hospital and Clinics, Center for the Health Sciences	D. E. Kuhl	6,915			1C	003
Veterans Admin. Center—Wadsworth	W. H. Bland	9,907	20,711	12	2C	004
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
SACRAMENTO						
University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)						
SAN DIEGO						
University of California (San Diego) Affiliated Hospitals	W. L. Ashburn				1C	002
University Hospital, U.C. Medical Center, San Diego	W. L. Ashburn	4,156	13,153	29		
Veterans Admin.	N. P. Alazraki	7,509	10,300	30		
SAN FRANCISCO						
University of California Program	P. B. Hoffer				3C	005
H. C. Moffitt—University of California Hospitals	P. B. Hoffer	7,965	7,983	72		
Ralph K. Davies Medical Center—Franklin Veterans Admin.	R. R. Cavaliere	8,383	9,594	7		
SEPULVEDA						
Veterans Admin.	M. B. Cohen	7,296	4,549	10	2*	004
STANFORD						
Stanford University Affiliated Hospitals	J. P. Kriss				2C	004
Stanford University	J. P. Kriss	4,540	4,986	23		
Veterans Admin. (Palo Alto)	D. A. Goodwin	1,910	8,068	2		
COLORADO						
DENVER						
University of Colorado Affiliated Hospitals	P. M. Ronai				2C	002
University of Colorado Medical Center	P. M. Ronai	6,234		44		
Presbyterian Medical Center	W. W. Wenzel	6,647	6,336	152		
Veterans Admin.	W. C. Klingensmith, 3d	4,690	528	9		
CONNECTICUT						
FARMINGTON						
University of Connecticut Affiliated Hospitals	R. P. Spencer				2C	004
John Dempsey	R. P. Spencer					
Hartford (Hartford)	J. J. Sziklas	9,250	30,800	55		
Mount Sinai (Hartford)	R. P. Spencer	4,858		23		
Veterans Admin. (Newington)	M. Antar	2,938	14,239	5		
Baystate Medical Center (Springfield, Mass.)	J. W. Turner	4,140	4,963	32		
HARTFORD						
Hartford (See Univ. of Connecticut Affiliated Hospitals, Farmington)						
Mount Sinai (See Univ. of Connecticut Affiliated Hospitals, Farmington)						
NEW HAVEN						
Yale—New Haven Medical Center	R. H. Greenspan				3*	003
Yale—New Haven	A. Gottschalk	8,487	179	42		
Hospital of St. Raphael	E. K. Prokop	5,398	12,200	37		
NEWINGTON						
Veterans Admin. (See Univ. of Connecticut Affiliated Hospitals, Farmington)						
DELAWARE						
WILMINGTON						
Wilmington Medical Center	R. Meckelnberg	8,123	12,940	243	1C	002
Veterans Admin.	V. Sagar	3,500	1,500	2		
Veterans Admin. (Perry Point, Md.)		723	5,415			
DISTRICT OF COLUMBIA						
WASHINGTON						
Georgetown University	J. C. Harbert	5,281	12,464	35	1*	002
George Washington University Affiliated Hospitals	R. C. Reba				1C	002
George Washington University	R. C. Reba	6,628	4,987	27		
Veterans Admin.	B. J. Sauerbrunn	6,375	7,113	18		
Washington Hospital Center	N. G. Nolan					
ILLINOIS						
CHICAGO						
Michael Reese Hospital and Medical Center	S. M. Pinsky	9,394	13,760	49	1C	002
Northwestern University Medical School Affiliated Hospitals	J. L. Quinn, 3d				1C	003
Northwestern Memorial	J. L. Quinn, 3d	8,929	10,187	87		
Children's Memorial	J. J. Conway	1,836			2C	003
Rush—Presbyterian—St. Luke's Medical Center	E. W. Fordham	10,400		92	1*	
University of Chicago Hospitals and Clinics	M. D. Cooper				1C	003
HINES						
Veterans Admin.	E. Kaplan	7,024	30,359	9	1C	002
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	R. G. Robinson	7,534	3,674	18	1C	001
LOUISIANA						
NEW ORLEANS						
Touro Infirmary	R. T. Staub	8,148	8,256	48	2C	004

17. NUCLEAR MEDICINE—Continued

	Chief of Service or Program Director	Total In Vivo Procedures	Total In Vitro Procedures	Total Therapeutic Procedures	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MARYLAND						
BALTIMORE Johns Hopkins	H. N. Wagner, Jr.	13,215	12,234	60	1C 1*	002
CHEVERLY Prince George's General	S. Sugar	18,186	11,120	72	1C	002
PERRY POINT Veterans Admin. (See Wilmington Medical Center, Wilmington, Del.)						
MASSACHUSETTS						
BOSTON Peter Bent Brigham Hospital—Children's Hospital Medical Center Peter Bent Brigham Children's Hospital Medical Center	S. J. Adelstein S. J. Adelstein S. T. Treves	4,711 1,752	5,563		3C	006
SPRINGFIELD Baystate Medical Center (See Univ. of Connecticut Affil. Hosps., Farmington, Conn.)						
MICHIGAN						
ANN ARBOR University of Michigan Affiliated Hospitals University	W. H. Beierwaltes	6,828	12,030	87	1C	003
ROYAL OAK William Beaumont	H. Dworkin	7,908	19,059	26	1C 1*	002
MINNESOTA						
MINNEAPOLIS University of Minnesota Affiliated Hospitals University of Minnesota Hospitals Veterans Admin.	R. Shafer M. Loken R. B. Shafer	26,784	22,823	60	1C	002
MISSOURI						
ST. LOUIS St. Louis University Group of Hospitals St. Louis University David P. Wohl Memorial Mental Health Institute Veterans Admin. Washington University Affiliated Hospitals Barnes Hospital Group Mallinckrodt Institute of Radiology	R. M. Donati, E. A. George R. M. Donati, E. A. George R. M. Donati E. A. George B. A. Siegel	15,081 4,986 6,111 9,095	18,817 2,133 10,968 10,799	24 12 12 60	1C 2C	002 004
NEBRASKA						
OMAHA University of Nebraska	M. Quaife	5,638	2,332	29	1C 1*	002
NEW YORK						
ALBANY Albany Medical Center Affiliated Hospitals Albany Medical Center Veterans Admin.	R. B. Chodos R. B. Chodos R. H. Kihm	4,456 3,713	23,533 10,660	90 10	2C	005
BUFFALO S.U.N.Y. at Buffalo Affiliated Hospitals Roswell Park Memorial Institute Veterans Admin. Mercy Buffalo General	M. A. Bender M. A. Bender J. J. Steinbach J. A. Prezio Y. G. Laor	6,560 4,739 11,500 4,134	123 13,678 6,000 5,634	22 3 68 32	1C	002
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine Montefiore Hospital and Medical Center Memorial Hospital for Cancer and Allied Diseases Mount Sinai Hospital Training Program Mount Sinai Veterans Admin. (Bronx) New York Hospital New York University Medical Center University Bellevue Hospital Center Veterans Admin. (Manhattan) St. Vincent's Hospital and Medical Center of New York Veterans Admin. (Brooklyn)	M. D. Blafox R. S. Benua S. J. Goldsmith J. G. Jacobstein P. Braunstein P. Braunstein P. Braunstein M. Rothschild H. R. Gould M. L. Maayan	5,514 11,334 8,060 10,501 2,776 5,740 6,350 6,150 18,221 8,242 7,258	17,231 6,904 5,427 12,607 14,732 13,119 15,500 24,935 9,063 10,206	50 150 56 23 16 118 30 10 14 45 12	1C 2C 3C 1C 2C	002 002 006 002 004
NORTHPORT Veterans Admin.	W. W. Shreeve	6,054	2,125	12	2C	004
ROCHESTER Strong Memorial Hospital of the University of Rochester	R. E. O' Mara	6,677	82	40	2C	002
SYRACUSE S.U.N.Y. Upstate Medical Center State University	J. G. Mc Afee	13,930	787	132	2C	004
NORTH CAROLINA						
CHAPEL HILL North Carolina Memorial	E. V. Staab	19,583	7,784	50	1*	002

17. NUCLEAR MEDICINE—Continued

	Chief of Service or Program Director	Total In Vivo Procedures	Total In Vitro Procedures	Total Therapeutic Procedures	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NORTH CAROLINA—Continued						
DURHAM						
Duke University Affiliated Hospitals	J. K. Goodrich	6,748	17,298	78	1C	003
Duke University Medical Center Veterans Admin.		3,672	16,598	16		
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	C. D. Maynard	8,784	19,345	115	1*	004
OHIO						
CINCINNATI						
University of Cincinnati Hospital Group	E. B. Silberstein	9,765	18,729	68	2C	004
Cincinnati General	E. B. Silberstein	715	1,229			
Children's Hospital Medical Center	E. Saenger	5,358	6,555	43		
Jewish	E. Saenger	2,466	2,756	5		
Veterans Admin.	E. Saenger					
OKLAHOMA						
OKLAHOMA CITY						
University of Oklahoma Health Sciences Center	C. W. Smith, E. W. Allen	5,637	5,919	38	2C	004
University Hospital and Clinics	E. W. Allen	4,071	6,192	11		
Veterans Admin.	C. W. Smith					
OREGON						
PORTLAND						
University of Oregon Affiliated Hospitals	T. T. Hutchens				1C	002
University of Oregon Health Sciences Center Hospital and Clinics	T. T. Hutchens	2,894	22,000	27		
Veterans Admin.	G. T. Krishnamurthy	2,433	4,507	16		
PENNSYLVANIA						
PHILADELPHIA						
Hahnemann Medical College and Hospital	M. N. Croll	5,467	1,766	107	2C	002
University of Pennsylvania Affiliated Hospitals	A. Alavi				2C	002
Hospital of the University of Pennsylvania	A. Alavi	7,230	1,440	8,670		
Veterans Admin.	J. R. Hansell	4,178	25,265	15		
PITTSBURGH						
Hospitals of the University Health Center of Pittsburgh		5,500		34	1C	002
Presbyterian—University						
PUERTO RICO						
SAN JUAN						
University of Puerto Rico Affiliated Hospitals	J. V. Rivera	5,324	5,776	38	1C	001
Veterans Admin. Center		2,807	1,149	22		
Center for Energy and Environmental Research		4,413	300	10		
University District						
TENNESSEE						
MEMPHIS						
University of Tennessee Affiliated Hospitals	M. Mc Donald	6,962	8,564	18	2C	004
City of Memphis Hospitals	M. Mc Donald	27,767	15,786	60		
Baptist Memorial	J. F. Rockett	5,178	4,231	7		
Veterans Admin.	M. L. Fields					
NASHVILLE						
Vanderbilt University	A. B. Brill	8,590	1,014	33	2C	004
TEXAS						
GALVESTON						
University of Texas Medical Branch Hospitals	R. J. Gorten	8,062	12,307	66	2C	004
HOUSTON						
Baylor College of Medicine Affiliated Hospitals, Program 1	J. A. Burdine, Jr.	4,682	10,672	10	2C	004
St. Luke's Episcopal		4,112	8,258	36		
Ben Taub General		886	1,902	4		
Texas Children's						
Texas Heart Institute						
Baylor College of Medicine Affiliated Hospitals, Program 2	F. J. Pircher	8,987	9,278	147	1C	003
Methodist	P. C. Johnson	8,270	5,381	24		
Veterans Admin.	F. J. Pircher					
University of Texas M.D. Anderson Hospital and Tumor Institute	T. P. Haynie, 3d	14,941	1,222	52		
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals	W. B. Nelp	2,981	10,137	20	3C	006
University	W. B. Nelp					
Harborview Medical Center		1,622	15	14		
U. S. Public Health Service	R. J. Griep	2,951		3		
Veterans Admin.	G. Hamilton					
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals	L. M. Lieberman	6,200	100	55	1C	002
University Hospitals	L. M. Lieberman	3,598	6,614			
Veterans Admin.	I. B. Tyson					
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals	R. C. Meade	5,953	7,444	8	2C	004
Veterans Admin. Center (Wood)	R. C. Meade	5,953	7,444	8		
Milwaukee County General	J. S. Scin	7,055	11,838	38	1C	001
St. Luke's	D. R. Spiegelhoff					

18. OBSTETRICS-GYNECOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Obstetrics and Gynecology and the American College of Obstetricians and Gynecologists through the Residency Review Committee for Obstetrics-Gynecology, as offering full training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979 1st Yr.	All Yrs.
UNITED STATES AIR FORCE							
CALIFORNIA							
David Grant U.S.A.F. Medical Center, Fairfield	J. G. Daley	60	5,173		4	3C	014
U. S. A. F., Mather A. F. B.	P. D. Gleason	18	1,400	24,000			
MISSISSIPPI							
U.S.A.F. Medical Center, Biloxi	D. R. Dunnihoo	40	2,761	38,062	4	3C	012
NORTH DAKOTA							
U. S. A. F. (See Univ. of North Dakota Affil. Hosps., Grand Forks, N.D.)							
OHIO							
U.S.A.F. Medical Center, Wright—Patterson A.F.B. (See Wright State University Affil. Hosps., Dayton)							
TEXAS							
Wilford Hall U. S. A. F. Medical Center, San Antonio	A. L. Brekken	84	3,971	69,306	4	4*	016
UNITED STATES ARMY							
CALIFORNIA							
Letterman Army Medical Center, San Francisco	D. L. Snyder	23	1,620	22,020	3	3C 1F	010
COLORADO							
Fitzsimons Army Medical Center, Denver	K. F. Deubler	38	2,949	53,059	4	1* 1F	012
DISTRICT OF COLUMBIA							
Walter Reed Army Medical Center, Washington	W. E. Patow	42	2,930	39,051	3	1*	013
HAWAII							
Tripler Army Medical Center, Honolulu	S. A. Chaney	64	6,766	68,121	4	6C 2F	023
TEXAS							
William Beaumont Army Medical Center, El Paso	W. N. Otterson	47	4,206	81,336	4	2C 2F	004
Brooke Army Medical Center, San Antonio	A. G. Juden, Jr.	36	3,131	46,835	4	1* 1F	011
WASHINGTON							
Madigan Army Medical Center, Tacoma	D. W. Cox	51	4,989	85,312	3	2C 2F	016
UNITED STATES NAVY							
CALIFORNIA							
Naval Regional Medical Center, Oakland	T. A. Daane	34	2,884	40,212	4	3C 3F	012
Naval Regional Medical Center, San Diego	B. D. Viele	64	6,324	111,304	4	6C 6F	024
MARYLAND							
National Naval Medical Center, Bethesda	R. C. Cefalo	49	2,165	55,737	3	3*	012
VIRGINIA							
Naval Regional Medical Center, Portsmouth	D. W. Cowherd	75	6,378	119,549	3	6*	024
UNITED STATES PUBLIC HEALTH SERVICE							
ARIZONA							
U. S. Public Health Service Indian, Phoenix (See St. Joseph's Hospital and Medical Center, Phoenix, Ariz.)							
LOUISIANA							
U. S. Public Health Service, New Orleans	A. D. Landry, Jr.	15	1,014	13,068	3	1C 2F	005
OKLAHOMA							
U. S. Public Health Service Indian, Claremore (See Tulsa Affiliated Hospitals, Tulsa, Okla.)							
WASHINGTON							
U. S. Public Health Service, Seattle (See Univ. of Washington Affil. Hospitals, Seattle, Wash.)							
OTHER FEDERAL							
CANAL ZONE							
Gorgas, Balboa Heights	A. Sholk	20	1,898	19,174	4	1C 1F	003
NONFEDERAL AND VETERANS ADMINISTRATION							
ALABAMA							
BIRMINGHAM							
Carroway Methodist Medical Center	C. M. Tyndal	18	1,215	11,678	3	2C 2F	008

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
ALABAMA, BIRMINGHAM—Continued							
University of Alabama Medical Center University of Alabama Hospitals	C. E. Flowers, Jr.	35	2,303	10,027	4	6C	021
FAIRFIELD Lloyd Noland	J. P. Hardy	13	998	15,427	4	1C	003
MOBILE							
University of South Alabama Affiliated Hospitals University of South Alabama Medical Center Hospital and Clinics	H. W. Mendenhall	37	3,398	25,000	4	5* 1F	019
MONTGOMERY							
St. Jude Catholic (See G. W. Hubbard Hosp.—Meharry Med. Coll., Nashville, Tenn.)							
ARIZONA							
PHOENIX							
Good Samaritan	W. B. Cherny	68	5,207	8,635	3	3*	016
Maricopa County General	J. V. Kelly	65	5,632	15,633	4	4C 2F	016
St. Joseph's Hospital and Medical Center U. S. Public Health Service Indian	R. J. Jennett D. L. Child	49 21	4,922 1,432	10,448 12,853	4	3C	013
TUCSON							
University of Arizona Affiliated Hospitals Kino Community Hospital Division Tucson Medical Center Division University	C. D. Christian	4 60 24	333 5,694 2,082	9,667 16,862	4	4C	016
ARKANSAS							
LITTLE ROCK							
University	D. L. Barclay	45	4,401	15,922	3	5C	017
CALIFORNIA							
BAKERSFIELD							
Kern Medical Center	L. E. Smale	19	2,395	12,234	4	4*	010
DAVIS							
University of California (Davis) Affiliated Hospitals Sutter Community Hospitals of Sacramento (Sacramento)	K. R. Niswander G. A. Fields		27,458	17,114	4	3*	012
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	K. R. Niswander	24	2,255	11,902			
DOWNEY							
Rancho Los Amigos (See White Memorial Medical Center, Los Angeles, Calif.)							
FONTANA							
Kaiser Foundation (See San Bernardino County Medical Center, San Bernardino)							
FRESNO							
Valley Medical Center of Fresno	G. E. La Croix	29	3,434	17,187	4	3C 2F	019
GLENDALE							
Glendale Adventist Medical Center	B. J. Gregorius	31	2,829	19,838	4	2*	008
IRVINE							
University of California (Irvine) Affiliated Hospitals University of California, Irvine, Medical Center (Orange)	P. J. Di Sala P. J. Di Saia R. Freeman	39 52	4,213 4,951	18,914	4	7*	027
Memorial Hospital Medical Center (Long Beach)							
LOMA LINDA							
Loma Linda University Affiliated Hospitals Loma Linda University Riverside General (Riverside)	R. M. Nelson	28 17	1,983 1,902	19,912 14,407	4	3C	012
LONG BEACH							
Memorial Hospital Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)							
Memorial Hospital Medical Center (See Also Los Angeles County Harbor General Hosp., Torrance)							
LOS ANGELES							
California Hospital Medical Center	K. P. Russell	38	4,200	7,687	3	2*	008
Cedars—Sinai Medical Center	M. E. Wade	84	6,720	11,120	4	4C	016
Kaiser Foundation	H. K. Ziel	77	7,499	93,629	4	4*	016
Los Angeles County—U.S.C. Medical Center Huntington Memorial (Pasadena)	E. J. Quilligan J. S. White	341 36	22,874 3,120	82,287 3,898	4	15C	054
Martin Luther King, Jr. General	E. C. Davidson	48	3,352	17,523	4	6*	023
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	J. G. Moore	61	4,224	18,941	4	6*	020
White Memorial Medical Center	M. Nakamoto	25	2,679	14,868	4	2* 1F	012
Rancho Los Amigos (Downey) Santa Marta Hospital and Clinic	S. Zerne	2	27	815			
OAKLAND							
Kaiser Foundation	G. Hulme	32	3,516	72,020	4	3C	012
ORANGE							
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)							
PASADENA							
Huntington Memorial (See Los Angeles County—U. S. C. Med. Ctr., Los Angeles)							

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979 1st All Yr. Yrs.
CALIFORNIA—Continued						
RIVERSIDE						
Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)						
SACRAMENTO						
Kaiser Foundation	B. R. Marshall	46	4,456	95,370	4	2C 008
Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
SAN BERNARDINO						
San Bernardino County Medical Center	W. J. Spanos	15	1,618	13,368	4	2* 008
Kaiser Foundation (Fontana)	W. G. Mc Cormick			6,000		1F
SAN DIEGO						
Mercy Hospital and Medical Center	J. K. Ahern	33	3,757	10,841	4	1* 008
University Hospital, U. C. Medical Center, San Diego	P. E. Young	29	3,279	16,291	4	1F 4* 017
SAN FRANCISCO						
Kaiser Foundation	G. C. Calderwood	40	4,245	49,108	3	3C 009
Mount Zion Hospital and Medical Center	J. A. Kerner	8	884	4,630	4	2* 004
University of California Program	R. K. Laros, Jr.				4	5* 026
Children's Hospital of San Francisco	G. A. Webb	42	4,864	6,345		2F
H. C. Moffitt—University of California Hospitals	R. K. Laros, Jr.	36	3,103	22,877		
San Francisco General	R. Sweet	18	2,266	10,095		
SAN JOSE						
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)						
SANTA CLARA						
Kaiser Foundation (See Stanford University Affiliated Hospitals, Stanford)						
STANFORD						
Stanford University Affiliated Hospitals	W. L. Heinrichs				3	6C 018
Stanford University	W. L. Heinrichs	38	4,043	9,145		
Santa Clara Valley Medical Center (San Jose)	B. Z. Taber	20	2,224	15,570		
Kaiser Foundation (Santa Clara)	J. Clevenger	55	5,519	70,390		
STOCKTON						
San Joaquin General	H. John	11	1,540	11,931	4	2* 008
TORRANCE						
Los Angeles County Harbor General	J. Marshall	53	5,150	18,011	4	5C 026
Memorial Hospital Medical Center (Long Beach)	R. Freeman	52	4,951	5,207		5F
COLORADO						
St. Joseph	C. H. Alexander	77	6,478	4,833	4	2C 009
University of Colorado Affiliated Hospitals	H. E. Thompson				4	1* 032
University of Colorado Medical Center	E. L. Makowski	42	4,443	28,540		7C
Denver General	H. E. Thompson	35	3,480	20,295		
University of Colorado Community Program	P. Wexler				4	2C 008
Denver General	H. E. Thompson	35	3,480	20,295		
Rose Medical Center	P. Wexler	48	4,459	3,676		
St. Luke's	L. Roessing	44	3,523	4,419		
University of Colorado Medical Center	E. L. Makowski	42	4,443	28,540		
CONNECTICUT						
BRIDGEPORT						
Bridgeport	P. M. La Mastra	36	4,604	7,102	3	2* 008
DANBURY						
Danbury	M. M. Goldberg	16	1,662	2,463	4	2* 008
FARMINGTON						
University of Connecticut Affiliated Hospitals	J. N. Blechner				3	3C 011
John Dempsey		6	450	5,417		
New Britain General (New Britain)		44	4,665	5,057		
HARTFORD						
Hartford	R. C. Burchell	88	8,040	18,228	4	3* 012
Mount Sinai	M. S. Baggish	26	7,691	2,463	4	2* 008
St. Francis	J. M. Gibbons	86	6,879	8,186	4	2* 012
NEW BRITAIN						
New Britain General (See Univ. of Connecticut Affiliated Hospitals, Farmington)						
NEW HAVEN						
Yale—New Haven Medical Center						
Yale—New Haven	N. G. Kase	102	8,853	21,915	4	5* 023
STAMFORD						
Stamford	A. Bellwin	12	1,019	4,754	4	2C 005
DELAWARE						
WILMINGTON						
Wilmington Medical Center	W. Slate	116	10,628	9,372	3	2* 014

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
DISTRICT OF COLUMBIA							
WASHINGTON							
Georgetown University Affiliated Hospitals	J. J. Schrueler				4	6C	017
Georgetown University	J. J. Schrueler	42	3,231	5,051			
District of Columbia General	F. J. Bepko, Jr.	54	3,436	29,346			
Sibley Memorial							
George Washington University Affiliated Hospitals	A. B. Weingold				4	9*	036
George Washington University	A. B. Weingold	68	5,503	12,089			
Columbia Hospital for Women		106	13,934	11,630			
Fairfax (Falls Church, Va.)	J. G. Sites	84	8,362	5,451			
Howard University	C. L. Crocker	59	4,849	40,715	5	6*	030
						1F	
District of Columbia General (Howard University Service)	S. A. Jones	54	3,436	29,346			
Providence	A. F. Robinson	39	2,795	854	3	2*	006
Washington Hospital Center	W. F. Peterson		9,405		4	4C	016
						3F	
FLORIDA							
GAINESVILLE							
William A. Shands Teaching Hosp. and Clinics	W. N. Spellacy	55	3,617	52,400	4	4*	016
JACKSONVILLE							
Jacksonville Hospitals Educational Program	R. J. Thompson				4	6*	024
Baptist Memorial		44	3,993	6,897			
St. Vincent's		41	3,180	6,329			
University Hospital of Jacksonville		46	4,710	23,696			
MIAMI							
University of Miami Affiliated Hospitals							
Jackson Memorial	W. A. Little	115	9,033	23,103	4	12C	038
MIAMI BEACH							
Mount Sinai Medical Center of Greater Miami	H. Kraff	26	2,501	7,057	3	2C	006
ORLANDO							
Orange Memorial	J. R. Jones, Jr.	85	7,301	7,462	4	3*	012
PENSACOLA							
Pensacola Educational Program	D. Mc Mahon, W. H. Mc Caw				4	2*	012
						4F	
Baptist		34	2,837				
Sacred Heart		24	2,248	568			
University		17	1,835	9,462			
ST. PETERSBURG							
Bayfront Medical Center	W. R. Anderson	35	7,602	11,563	4	2C	008
TAMPA							
University of South Florida Affiliated Hospitals							
Tampa General	J. M. Ingram	48	11,996	44,651	4	4*	016
GEORGIA							
ATLANTA							
Emory University Affiliated Hospitals	J. D. Thompson				3	12*	043
						1F	
Grady Memorial	J. D. Thompson	116	8,201	106,811			
Crawford W. Long Memorial	J. R. Mc Cain	46	3,681	3,973			
Emory University	J. D. Thompson	22	1,318				
Georgia Baptist Medical Center	A. H. Ansari	59	3,714	5,829	3	2C	011
						3F	
AUGUSTA							
Medical College of Georgia Hospitals	W. A. Scoggin				4	5*	020
						1F	
Eugene Talmadge Memorial		39	2,136	20,688			
University		21	1,815	19,530			
MACON							
Medical Center of Central Georgia	J. A. Souma			13,825	4	2*	008
						1F	
SAVANNAH							
Memorial Medical Center	Y. S. Cheng	39	3,373	7,719	4	1*	004
HAWAII							
HONOLULU							
University of Hawaii Affiliated Hospitals	R. W. Hale				4	4*	016
						2F	
Kapiolani—Children's Medical Center	R. W. Hale	92	11,451	9,358			
Queen's Medical Center	J. M. Ohtani	17	2,101	4,832			
ILLINOIS							
BERWYN							
Mac Neal Memorial	D. M. Farley	33	2,768	3,534	4	2*	008
CHICAGO							
Columbus—Cuneo—Cabrini Medical Center	E. G. Nora				4	2C	016
						1F	
Columbus		67	3,845	4,524			
Frank Cuneo		24	750	1,040			
Cook County	U. E. Freese	101	24	49,661	3	10*	043
Illinois Masonic Medical Center	J. J. Barton	55	6,254		4	2*	008
						2F	
Mercy Hospital and Medical Center	C. Smith	32	2,716	5,851	3	2*	008
Michael Reese Hospital and Medical Center	A. Scommegna	98	9,180	20,999	4	5C	020
Mount Sinai Hospital Medical Center of Chicago	R. C. Stepto	36	2,257	9,891	3	3*	012
Northwestern University Medical School Affiliated Hospitals	J. J. Sciarra				4	7*	029
Prentice Women's Hospital and Maternity Center	J. J. Sciarra	78	5,861	17,062			
Evanston (Evanston)	T. W. Mc Elin	42	3,274	5,066			
Resurrection							
(See Loyola University Affiliated Hospitals, Maywood)							
Rush Medical College Affiliated Network Hospitals	F. W. Merrick				4	7*	028
Rush—Presbyterian—St. Luke's Medical Center	F. W. Merrick	70	14	19,082			
Christ (Oak Lawn)	V. C. Patel	54	3,745	4,097			
St. Joseph	D. M. Fahrenbach	42	3,276	4,715	4	3*	009

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979 1st Yr.	All Yrs.
ILLINOIS, CHICAGO—Continued							
University of Chicago Hospitals and Clinics	A. L. Herbst	79	6,563	32,793	4	5*	021
University of Illinois Affiliated Hospitals University of Illinois	R. M. Wynn	53	4,033	28,029	4	4*	014
EVANSTON							
Evanston (See Northwestern Univ. Med. Sch. Affil. Hosps., Chicago)							
St. Francis Skokie Valley Community (Skokie)	J. H. Isaacs	23	1,676	4,376	4	2C	008
MAYWOOD							
Loyola University Affiliated Hospitals Foster G. Mc Gaw Resurrection (Chicago)	J. A. O' Leary	55		18,000	4	2C	008
OAK LAWN							
Christ (See Rush Medical College Affiliated Network Hosps., Chicago)							
PEORIA							
St. Francis	C. W. Gibson	66	5,585	6,241	4	3C 3F	009
SKOKIE							
Skokie Valley Community Hospital (See St. Francis Hospital, Evanston)							
SPRINGFIELD							
Southern Illinois University Affiliated Hospitals St. Johns Memorial Medical Center	J. W. Roddick, Jr.	40 20	3,357 2,083	18,500	4	3*	012
INDIANA							
EVANSVILLE							
St. Mary's	H. A. Stallings	45	3,727	8,178	3	2* 1F	008
INDIANAPOLIS							
Indiana University Medical Center	C. E. Hunter				3	7*	028
Indiana University Hospitals	C. A. Hunter	39	2,711	5,621			
William N. Wishard Memorial	J. Pearson	31	4,179	22,496			
Methodist Hospital of Indiana	W. A. Karsell	43	3,865	5,620	4	3* 1F	012
St. Vincent	E. F. Mc Clain	56	4,104	5,620	3	2F	008
IOWA							
IOWA CITY							
University of Iowa Hospitals	W. C. Keettel	83	5,748	23,472	4	6*	022
KANSAS							
KANSAS CITY							
University of Kansas Medical Center	K. E. Krantz	50	4,258	37,385	4	4C	016
WICHITA							
Wesley Medical Center	D. K. Roberts	93	10,921	26,586	4	4C	014
KENTUCKY							
LEXINGTON							
University	J. W. Greene, Jr.	42	3,460	25,921	3	5*	017
LOUISVILLE							
University of Louisville Affiliated Hospitals Louisville General Norton—Children's Hospitals	J. T. Queenan	40 59	3,497 3,785	20,306 485	4	5*	018
LOUISIANA							
LAKE CHARLES							
Lake Charles Charity (See Charity Hosp. of Louisiana-L.S.U. Div., New Orleans)							
NEW ORLEANS							
Charity Hospital of Louisiana—Louisiana State University Division	A. Mickal	100	5,613	34,547	4	10* 3F	042
Lake Charles Charity (Lake Charles)							
Charity Hospital of Louisiana—Tulane University Division	J. H. Collins	102	5,677	33,217	3	6C 4*	040
Ochsner Foundation	J. B. Holland	18	1,200	25,656	3	3*	012
SHREVEPORT							
Confederate Memorial Medical Center	E. E. Dilworth	53	4,659	27,350	3	4*	016
MAINE							
PORTLAND							
Maine Medical Center	B. Miller	41	3,551	6,456	4	2*	008
MARYLAND							
BALTIMORE							
Franklin Square	G. A. Glowacki	37	3,695	25,461	3	4*	014
Greater Baltimore Medical Center	E. S. Driggs	83	8,018	9,711	4	3C 3F	015
Johns Hopkins Affiliated Hospitals	T. M. King				4	8C	028
Baltimore City Hospitals	R. G. Castadot	27	2,357	17,879			
Johns Hopkins	T. M. King	84	7,508	39,202			
Maryland General	G. E. Wells, Jr.	28	2,302	6,737	3	2C 1F	006
St. Agnes	J. E. Toher	63	8,388	5,587	3	4C	016
Bon Secours	J. A. Engers, Jr.	15	1,156	1,704			
St. Joseph	C. E. Ryczynski	53	4,162	5,771	4	3C	009
Sinai Hospital of Baltimore	P. J. Goldstein	67	5,688	9,842	4	3C	012

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
MARYLAND, BALTIMORE—Continued							
South Baltimore General	R. M. Barnett	45	3,302	6,364	4	2C 3F	008
Union Memorial	A. H. Dudley, Jr.	31	2,415	8,715	4	1C	009
University of Maryland Affiliated Hospitals	A. L. Haskins	48	3,800	3,600	3	5C	024
University of Maryland Mercy	J. P. Durkan	36	2,753	8,177			
CHEVERLY							
Prince George's General	S. Forster, R. K. Skipton	49	4,766	5,367	3	2C	010
MASSACHUSETTS							
BOSTON							
Beth Israel	E. A. Friedman	58	4,988	15,126	4	4C	016
Boston City	E. W. Lowe	38	3,341	17,610	4	5*	020
Framingham Union (Framingham)	J. S. Rankin	28	3,401	1,203			
Malden (Malden)	P. G. Fanikos	22					
Waltham (Waltham)	J. L. Morrison						
Boston Hospital for Women	K. J. Ryan	174	16,575		4	4*	018
Massachusetts General	J. H. Nelson			9,184	3	2C	006
St. Elizabeth's Hospital of Boston	J. Whelton	25	2,060	4,563	3	2C	006
Tufts University Affiliated Hospitals Carney	G. W. Mitchell, Jr.	4			4	4*	019
New England Medical Center		25	1,008	16,182			
St. Margaret's Hospital for Women	G. W. Mitchell, Jr.	66	5,208	14,526			
Cambridge (Cambridge)	P. P. Mc Govern, Jr.	22	1,680	5,028			
CAMBRIDGE							
Cambridge (See Tufts University Affiliated Hospitals, Boston)							
FRAMINGHAM							
Framingham Union (See Boston City Hospital, Boston)							
MALDEN							
Malden (See Boston City Hospital, Boston)							
PITTSFIELD							
Berkshire Medical Center	R. J. Haling	16	1,452	2,407	4	1C	004
SPRINGFIELD							
Baystate Medical Center	L. E. Lundy	99	9,443	9,259	4	4*	016
WALTHAM							
Waltham (See Boston City Hospital, Boston)							
WORCESTER							
Memorial	A. R. Jones	42	4,062	6,704	4	4C	016
MICHIGAN							
ANN ARBOR							
St. Joseph Mercy	F. W. Jeffries	52	3,991	6,071	3	2* 2F	009
University of Michigan Affiliated Hospitals	J. R. Willson	62	3,433	17,148	4	6C	024
University	J. R. Willson	26	2,247	16,728			
Wayne County General (Eloise)	J. R. Gosling						
DEARBORN							
Oakwood	W. J. Yetzer	80	6,621	5,643	3	4C	016
DETROIT							
Detroit—Macomb Hospitals	A. A. Hodari				4	3C 7F	030
Detroit Memorial		24	2,665	9,061			
St. Joseph Mercy		35	2,696	3,664			
South Macomb (Warren)		24	2,311				
United Hospitals of Detroit—Grace Division	L. B. Stevenson	58	4,469	389	4	4C 1F	010
Henry Ford	B. H. Drukker	52	3,294	33,293	4	3C	012
Mount Carmel Mercy Hospital and Medical Center (See Providence, Southfield)							
St. John	P. C. Di Loreto	68	5,548	118,099	4	2*	008
Sinai Hospital of Detroit	M. Goldrath		6,251	4,648	3	5C 3F	016
Wayne State University Affiliated Hospitals	T. N. Evans	170	15,652	24,758	4	9C	036
Detroit General							
Hutzel							
United Hospitals of Detroit—Harper Division							
EAST LANSING							
Michigan State University Health Center, (See Lansing Residency Program, Lansing)							
ELOISE							
Wayne County General (See Univ. of Michigan Affiliated Hospitals, Ann Arbor)							
FLINT							
Hurley	C. H. Dowd	28	4,939	3,333	3	2C 1* 2F	011
GRAND RAPIDS							
Blodgett Memorial Medical Center—St. Mary's	H. C. Visscher				3	3* 1F	012
Blodgett Memorial Medical Center	R. D. Visscher	53	3,984	3,008			
St. Mary's	R. D. Eward	33	2,584	2,610			
Butterworth	K. Vänder Kolk	67	5,672	4,502	3	3C 1F	012

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979 1st Yr.	All Yrs.
MICHIGAN—Continued							
LANSING							
Lansing Residency Program	J. Hazen				3	2C 1F	008
Edward W. Sparrow St. Lawrence Michigan State University Health Center (East Lansing)		70	5,605	4,315			
PONTIAC							
Pontiac General	J. W. Gell	23	3,684	1,031	3	2* 1F	008
St. Joseph Mercy	J. F. Marshall	52	4,171	1,818	3	2C 1* 2F	011
ROYAL OAK							
William Beaumont	R. R. Margulis	100	8,083	5,751	3	4* 4F	016
SAGINAW							
Saginaw Cooperative Hospitals	R. K. Barton			11,000	4	2* 1F	010
Saginaw General St. Mary's	R. K. Barton	70	5,643				
SOUTHFIELD							
Providence	D. R. Krohn	69	5,263	5,165	4	4C 2F	016
Mount Carmel Mercy Hospital and Medical Center (Detroit)		431	20,868	12,542			
WARREN							
South Macomb (See Detroit-Macomb Hospitals, Detroit)							
MINNESOTA							
MINNEAPOLIS							
University of Minnesota Affiliated Hospitals	L. L. Adcock				4	8C	032
Hennepin County Medical Center	D. W. Freeman	24	2,076	15,377			
Metropolitan Medical Center	M. Pincus	19	2,619	1,402			
St. Mary's	K. Prem	53	3,096	5,497			
University of Minnesota Hospitals	L. L. Adcock	38	2,057	18,296			
St. Joseph's (St. Paul)	E. Wetzel	35	3,025				
ROCHESTER							
Mayo Graduate School of Medicine	R. D. Kempers			48,096	4	4*	016
Rochester Methodist		25	1,147				
St. Mary's		45	3,141				
ST. PAUL							
St. Joseph's (See University of Minnesota Affiliated Hosps., Minneapolis)							
St. Paul—Ramsey	E. Y. Hakanson		2,120	33,000	4	3*	012
MISSISSIPPI							
JACKSON							
University of Mississippi Medical Center University	W. L. Wiser	77	5,771	12,245	4	5C	020
MISSOURI							
COLUMBIA							
University of Missouri Medical Center	D. G. Hall, 3d	40	2,271	19,566	4	3C	010
KANSAS CITY							
St. Luke's	R. L. Newman	67	5,097	9,615	3	3C 1F	012
University of Missouri at Kansas City Affiliated Hospitals							
Truman Medical Center	H. S. Jonas	31	2,823	18,320	4	5*	018
ST. LOUIS							
Barnes Hospital Group	J. C. Warren	135	8,478	26,000	3	6*	024
Homer G. Phillips	S. Monat	39	2,729	7,171	3	2* 2F	014
St. John's Mercy Medical Center	J. G. Blythe	103	7,663	7,409	4	4F	015
St. Louis University Group of Hospitals	D. Cavanagh				3	6*	024
St. Louis University	D. Cavanagh	9	469	5,053			
St. Louis City	F. Ostapowicz	27	2,421	16,031			
St. Mary's Health Center	H. Ritter	63	4,372	2,153			
Washington University Medical Center							
Jewish Hospital of St. Louis	R. Burstein	46	3,646	6,906	4	3C	012
NEBRASKA							
OMAHA							
Creighton University Affiliated Hospitals	R. J. Luby				4	4C	012
Archbishop Bergan Mercy		28	3,885				
Creighton Memorial St. Joseph's		40	2,139	17,563			
University of Nebraska	J. C. Scott, Jr.	21	2,277	25,540	4	3C	012
NEW JERSEY							
CAMDEN							
Cooper	R. A. Haines	60	4,202	4,878	3	2C	006
JERSEY CITY							
Jersey City Medical Center (See CMDNJ-New Jersey Medical School Affil. Hosps., Newark)							
LIVINGSTON							
St. Barnabas Medical Center	J. L. Breen	91	7,184	26,770	3	4C 3F	016
LONG BRANCH							
Monmouth Medical Center	J. T. Harrigan	40	3,280	6,844	3	2*	008
MORRISTOWN							
Morristown Memorial (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)							

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
NEW JERSEY—Continued							
MDUNT HOLLY							
Burlington County Memorial (See Hahnemann Med. Coll. Affil. Hosps., Philadelphia, Pa.)							
NEPTUNE							
Jersey Shore Medical Center—Fitkin	N. G. O. Tchilinguirian	39	3,007	5,901	4	1C 2*	009
NEWARK							
CMDNJ—New Jersey Medical School Affiliated Hospitals							
Martland	H. Kaminetzky				4	16C	064
Newark Beth Israel Medical Center	H. Caterini	73	4,004	40,389			
St. Michael's Medical Center	P. Pedowitz	50	8,245	9,000			
Jersey City Medical Center (Jersey City)	H. L. Riva	47	2,489	6,065			
St. Joseph's Hospital and Medical Center (Paterson)	H. E. Flood	124	9,537	13,432			
	J. P. Thompson	19	1,823	3,299			
NEW BRUNSWICK							
Middlesex General (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)							
St. Peter's Medical Center (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)							
PATERSON							
St. Joseph's Hospital and Medical Center (See CMDNJ-New Jersey Medical School Affil. Hosps., Newark)							
PISCATAWAY							
CMDNJ—Rutgers Medical School Affiliated Hospitals							
Muhlenberg (Plainfield)	E. W. Page				4	4*	015
Morrisown Memorial (Morristown)	R. L. Malatesta	24	3,321	5,343			
Middlesex General (New Brunswick)	W. E. Jacobowitz	40	3,130	1,074			
St. Peter's Medical Center (New Brunswick)	J. R. Jones	36	3,651	3,120			
	S. E. Yuliano	33	2,973	3,174			
PLAINFIELD							
Muhlenberg	R. L. Malatesta	24	3,321	5,343	4	2C	008
NEW MEXICO							
ALBUQUERQUE							
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center							
	R. R. Murray	35	3,450	30,836	3	3*	015
NEW YORK							
ALBANY							
Albany Medical Center Affiliated Hospitals							
Albany Medical Center	D. P. Swartz	64	5,401	5,709	4	7*	028
St. Peter's	A. Gabriels	57	4,796	2,759			
BUFFALO							
Sisters of Charity							
	A. Macie	66	4,804	2,907	4	2C 2F	012
S.U.N.Y. at Buffalo Affiliated Hospitals							
Buffalo General	N. G. Courey				3	2*	008
Children's Hospital of Buffalo	W. L. Johnson	52	5,977	5,400			
Deaconess Hospital of Buffalo	J. Lippe	55	4,997	14,448			
Edward J. Meyer Memorial Mercy	N. G. Courey	22	2,001				
Millard Fillmore	W. Johnson	103	7,454	3,130			
COOPERSTOWN							
Mary Imogene Bassett							
	O. H. Barns	11	750	11,526	3	1C 2F	002
EAST MEADOW							
Nassau County Medical Center—Meadowbrook Mercy (Rockville Centre)							
	J. Robins	40	3,700	16,000	4	3C	012
	J. B. Tormey	45	2,972	1,506			
MANHASSET							
North Shore University							
	A. N. Fenton	73	6,896	6,435	4	1C 2*	011
MINEOLA							
Nassau							
	V. Alinovi	54	4,157	11,980	4	2* 1F	008
NEW YORK CITY							
Albert Einstein College of Medicine Affiliated Hospitals							
Bronx Municipal Hospital Center	H. Schulman	51	4,415	26,923	4	3C	025
Hospital of the Albert Einstein College of Medicine		29	2,947				
Albert Einstein College of Medicine Affiliated Hospitals							
Lincoln	S. G. Burgess	75	3,783	45,032	3	7C	028
Beth Israel Medical Center	R. Wallach	80	4,933	9,928	4	4*	016
Bronx—Lebanon Hospital Center	G. J. Kleiner	86	6,937	7,204	4	7C	016
Brookdale Hospital Center	M. L. Tancer	101	8,438	17,261	4	5*	020
Brooklyn—Cumberland Medical Center	V. Tricomi	115	8,576	22,487	4	7C	022
Catholic Medical Center of Brooklyn and Queens	B. Sicuranza				4	4*	016
Mary Immaculate Division	D. Connors	26	1,890	2,371			
St. John's Queens Division	D. Paganelli	24	2,033	2,974			
St. Mary's Division	B. Sicuranza	40	1,971	4,748			
Flushing Hospital and Medical Center	D. J. Leahy	32	2,663	2,235	4	2C 1F	008
Harlem Hospital Center	J. A. Batts, Jr.	5,765		50,073	4	5C 1F	021
Jamaica	M. M. Abtibol	31	2,568	4,291	4	2C	008
Jewish Hospital and Medical Center of Brooklyn	M. A. Schiffer	88	6,794	14,970	4	3C	023
Greenpoint	M. A. Schiffer	34	2,939	17,649			
Lenox Hill	H. R. K. Barber	52	3,950	10,324	4	2C	008

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
NEW YORK, NEW YORK CITY—Continued							
Long Island College	H. L. Freedman	43	4,288	4,705	4	2C 2F	010
Long Island Jewish—Hillside Medical Center Program	J. Rovinsky				4	5C	020
Long Island Jewish—Hillside Medical Center	J. Rovinsky	200	5,648	3,716			
La Guardia	J. Rienzo	27	1,783				
Queens Hospital Center	B. A. Krumholz	35	3,033	16,011			
Lutheran Medical Center	G. Zarou	26	3,219	16,392	4	3*	011
Maimonides Medical Center Training Program	N. A. Posner				4	5C 3*	023
Maimonides Medical Center	N. A. Posner	88	7,159	12,711			
Coney Island	A. Vasicka	37	2,675	24,532			
Methodist	C. A. B. Clemetson	52	4,267	9,834	4	3C	012
Misericordia Hospital Medical Center	S. G. Burgess	60	4,063	5,395	3	3C	008
Montefiore Hospital Training Program							
Montefiore Hospital and Medical Center	H. Schulman	11	560	2,038	4	1C	003
Mount Sinai Hospital Training Program	S. B. Gusberg				4	2C 4*	021
Mount Sinai	S. B. Gusberg	104	6,387	31,704			
City Hospital Center at Elmhurst	J. Moshirpur	45	3,096	46,826			
New York Hospital	F. Fuchs	100	8,681	28,848	4	3C 1F	022
New York Infirmary	A. Brockunier, Jr.	61	5,191	4,244	4	3C	012
New York Medical College—Metropolitan Hospital Center	M. L. Stone				4	6C	024
Unit 1—Flower and Fifth Avenue Hospitals		63	4,321	13,998			
Unit 2—Metropolitan Hospital Center		59	4,552	54,764			
New York University Medical Center	G. W. Douglas				4	9*	031
Bellevue Hospital Center		56	3,671	39,117			
Booth Memorial		48	4,052	3,480			
University		51	3,365				
Presbyterian	R. L. Vande Wiele	96	7,335	31,163	4	5*	022
Roosevelt	T. F. Dillon	67	4,712	24,000	4	3C	012
St. John's Episcopal	W. A. Lapp	25	2,073	9,645	4	5F	013
South Shore	C. Dy Reyes	23	1,691	2,107			
St. Luke's Hospital Center	R. S. Neuwirth	48	6,464	30,865	4	5*	015
St. Vincent's Hospital and Medical Center of New York	B. J. Pisani	34	2,257	8,078	4	2C 1F	008
St. Clare's Hospital and Health Center							
St. Vincent's Medical Center of Richmond	J. F. Shanaphy	34	2,830	5,118	4	3*	010
Staten Island	M. S. Rapp	31	3,085	4,703	4	1*	005
S.U.N.Y. Downstate Medical Center	S. G. Kohl				4	7C	028
Kings County Hospital Center		121	11,853	66,772			
State University		46	2,964	11,991			
Unity	H. Barzegar	37	3,112	6,314	3	3C	008
Wyckoff Heights	R. J. Hessekiel	27	2,369	2,779	3	2C	008
ROCHESTER							
Rochester General	D. W. Spratt	50	5,116	6,265	3	2*	008
St. Mary's	J. B. Iuppa	24	2,028	3,751	3	1*	006
University of Rochester Affiliated Hospitals	H. A. Thiede				4	7*	029
Strong Memorial Hospital of the University of Rochester		68	5,644	11,787			
Genesee	R. C. Tatelbaum	45	4,640	6,296			
Highland Hospital of Rochester	G. C. Trombetta	40	3,775	2,582			
ROCKVILLE CENTRE							
Mercy (See Nassau County Med. Ctr.—Meadowbrook Hosp.—East Meadow)							
SCENECTADY							
Scenectady Affiliated Program	W. H. Brown				4	1C 5F	009
Ellis St. Clare's	W. H. Brown	23	1,709	1,962 1,500			
SYRACUSE							
S. U. N. Y. Upstate Medical Center	R. E. L. Nesbitt, Jr.				3	4*	015
State University	R. E. L. Nesbitt, Jr.	15	959	9,609			
Crouse Irving—Memorial		79	7,857				
St. Joseph's Hospital Health Center	R. Zirmmer	32	3,117	4,310			
NORTH CAROLINA							
CHAPEL HILL							
North Carolina Memorial	C. H. Hendricks	56	3,259	29,172	4	5*	020
Wake County Medical Center (Raleigh)	F. G. Wiegand	37	3,191	10,590			
CHARLOTTE							
Charlotte Memorial Hospital and Medical Center	B. A. Rimer	75	6,014	19,919	3	4*	016
DURHAM							
Duke University Medical Center	R. T. Parker	70	4,399	35,971	4	6C	025
RALEIGH							
Wake County Medical Center (See North Carolina Memorial, Chapel Hill)							
WILMINGTON							
New Hanover Memorial	G. F. Rieman	52	4,856	9,815	4	2*	008
WINSTON-SALEM							
Bowman Gray School of Medicine Affiliated Hospitals	F. C. Greiss, Jr.				4	5C	018
North Carolina Baptist	F. C. Greiss, Jr.	28	2,188	31,930			
Forsyth Memorial	J. Fishburne	55	5,072				

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
NORTH DAKOTA							
GRAND FORKS							
University of North Dakota Affiliated Hospitals United	M. E. Yannone	20	1,805	31,000	4	2*	004
U.S.A.F. (Grand Forks A.F.B.)	M. E. Yannone	8	932	12,937			
OHIO							
AKRON							
Akron City	J. J. Dettling	72	5,097	3,645	4	3*	012
Akron General	W. A. Cook	53	3,489	16,317	4	2*	009
St. Thomas	E. F. Hellwig	48	3,492	2,719	3	1F 2*	010
CANTON							
Aultman	A. Langer	71	5,848	4,815	4	2*	008
CINCINNATI							
Bethesda	H. E. Johnstone	436	18,897	8,111	3	3*	012
Good Samaritan	F. S. Mansour	89	7,072	4,676	4	2*	008
University of Cincinnati Hospital Group	A. E. Seeds	58	4,489	16,810	4	5*	020
Cincinnati General	A. Shade	62	4,963	4,538			
Christ	R. E. Johnstone						
CLEVELAND							
Case Western Reserve University Affiliated Hospitals	A. B. Little				4	8*	032
University Hospitals of Cleveland		78	4,852	28,350			
Cleveland Metropolitan General	A. B. Little, M. Rosen	63	4,891	32,465			
Mount Sinai Hospital of Cleveland	M. Linden	55	4,632	8,352	3	3C 2F	009
St. Luke's	R. P. Glove	38	3,111	8,106	3	2C	006
COLUMBUS							
Mount Carmel Medical Center	J. G. Boutselis	54	4,539	8,214	4	2*	008
Ohio State University Hospitals	F. P. Zuspan	64	4,860	25,935	4	1F 4C	017
Riverside Methodist Hospital—St. Ann's Hospital of Columbus	F. D. Bressler				4	4*	016
Riverside Methodist	K. De Voe, Jr.	179	6,523	5,996		4F	
St. Ann's Hospital of Columbus	F. D. Bressler	108	6,547	10,660			
DAYTON							
Wright State University Affiliated Hospitals	N. J. Thompson				4	5C 1F	020
Miami Valley	N. J. Thompson	27,741	5,640	11,123		5C	020
Good Samaritan Hospital and Health Center	J. M. Roll, L. P. Brenner	57	4,407	4,416			
Charles F. Kettering Memorial (Kettering)	R. B. Hilty	48	3,791				
U.S.A.F. Medical Center (Wright—Patterson A.F.B.)	D. D. Barber	24	477	24,946			
KETTERING							
Charles F. Kettering Memorial (See Wright State University Affiliated Hospitals, Dayton)							
TOLEDO							
Medical College of Ohio at Toledo Associated Hospitals	R. W. Muenzer				4	6*	024
Hospital of Medical College of Ohio at Toledo	J. W. Neisler	6	303	4,500		2F	
Mercy	H. F. Schroeder	9	2,662	2,203			
St. Vincent Hospital and Medical Center	R. W. Muenzer	42	3,226	7,928			
Toledo	M. A. Ayers	74	5,742	7,917			
YOUNGSTOWN							
St. Elizabeth Hospital Medical Center	R. Bernstine	73	5,280	8,223	4	3*	012
OKLAHOMA							
OKLAHOMA CITY							
University of Oklahoma Health Sciences Center University Hospital and Clinics	J. A. Merrill	41	3,403	20,140	3	4*	013
TULSA							
University of Oklahoma Tulsa Medical College Affiliated Hospitals	J. B. Nettles				4	4C	016
Hillcrest Medical Center		41	4,041	5,757			
St. Francis				7,602			
St. John's Medical Center							
U. S. Public Health Service Indian (Claremore)							
OREGON							
PORTLAND							
University of Oregon Affiliated Hospitals	L. Speroff				3	6*	026
University of Oregon Health Sciences Center Hospital and Clinics	L. Speroff	40	4,217	23,330			
Emanuel	L. Speroff, P. H. Roberts	35	4,800	3,731			
Good Samaritan Hospital and Medical Center	E. P. Kirk	45	4,774	1,069			
PENNSYLVANIA							
ABINGTON							
Abington Memorial	A. L. Brenner	53	4,286	4,486	4	2*	006
ALLENTOWN							
Allentown	J. A. Miller	57	5,337		3	2*	008
						1F	
BETHLEHEM							
St. Luke's	F. S. Flor	36	2,663	3,897	3	1*	004
						1F	
CHESTER							
Crozer—Chester Medical Center (See Hahnemann Med. Coll. Affiliated Hospitals, Philadelphia)							
DANVILLE							
Geisinger Medical Center	J. S. Bates	25	2,073	24,118	4	2*	008
DARBY							
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)							

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
PENNSYLVANIA—Continued							
HARRISBURG							
Harrisburg (See Pennsylvania State Univ. Affil. Hosps., Hershey)							
Harrisburg Polyclinic (See Pennsylvania State Univ. Affil. Hosps., Hershey)							
HERSHEY							
Pennsylvania State University Affiliated Hospitals Milton S. Hershey Medical Center of the Pennsylvania State University	V. G. Stenger				4	4C	012
Harrisburg (Harrisburg)	D. E. D. Jones	27	1,825	15,655			
Harrisburg Polyclinic (Harrisburg)	K. W. Teich	43	3,230	6,699			
PHILADELPHIA							
Albert Einstein Medical Center	P. M. Wapner	67	5,519	11,439	3	4C	016
Hahnemann Medical College Affiliated Hospitals Hahnemann Medical College and Hospital Episcopal	T. V. Sedlacek T. V. Sedlacek	24	1,634	10,547	4	6C	024
Crozer—Chester Medical Center (Chester)	M. Klavan	42	4,018	10,142			
Burlington County Memorial (Mount Holly, N. J.)	E. Foord	29	2,301	4,610			
Lankenau	K. Smith	47	3,636	3,304	4	2C	008
Medical College of Pennsylvania Affiliated Hospitals Hospital of the Medical College of Pennsylvania Frankford	E. R. Carrington E. R. Carrington S. Huslin	55 24	3,610 2,079	15,000 2,391	4	4*	016
Mercy Catholic Medical Center Misericordia Division	T. F. Toomey, Jr.	6	388	1,450	4	2*	008
Fitzgerald Mercy Division (Darby)		40	3,024	4,079			
Pennsylvania	E. E. Wallach	59		21,302	4	4*	016
Presbyterian—University of Pennsylvania Medical Center	W. D. Chamblin	18	1,374	7,402	3	1C 2F	004
Temple University	M. J. Daly	58	4,557	35,206	3	6C	017
Thomas Jefferson University Affiliated Hospitals Thomas Jefferson University Methodist	J. H. Lee, Jr. J. H. Lee, Jr. W. W. Bare	73 29	5,063 2,688	21,369 4,130	4	4*	022
University of Pennsylvania Affiliated Hospitals Hospital of the University of Pennsylvania	L. Mastroianni, Jr.	20	6,942	50,556	4	6C	024
PITTSBURGH							
Allegheny General Hospitals of the University Health Center of Pittsburgh	J. Gilmore	45	3,207	6,899	4	2*	008
Magee—Womens	T. T. Hayashi	250	18,246	30,032	4	8*	032
Mercy St. Clair Memorial	J. Rivkind	29	354	4,654	3	1F	006
St. Francis General Shadyside	H. R. Dailey O. F. Kessler	39 21	1,597 1,030	2,663 432	3	2*	008
Western Pennsylvania	J. E. Walker	60	3,663	11,826	4	3C	012
READING							
Reading	R. K. Kleppinger	60	4,126	3,805	4	2*	008
YORK							
York	N. V. Simon	38	3,486	5,584	4	2C 1F	009
PUERTO RICO							
CAGUAS							
Caguas Regional	J. J. Vargas Cordero	60	6,635	10,759	4	4C	016
MAYAGUEZ							
Mayaguez Medical Center	V. Luzon				3	3C 1* 5F	012
SAN JUAN							
San Juan City	R. W. Axtmayer	97	9,264	9,351	3	6*	024
University District	C. A. Roure	80	8,159	54,370	4	6*	025
RHODE ISLAND							
PROVIDENCE							
Women and Infants Hospital—Rhode Island Hospital	K. Adamsons	4	9,965	25,832	4	6*	024
Women and Infants Hospital of Rhode Island Rhode Island	K. Adamsons H. C. Mc Duff, Jr.	12	588	1,858			
SOUTH CAROLINA							
CHARLESTON							
Medical University of South Carolina Teaching Hospitals Medical University of South Carolina	L. L. Hester, Jr.	47	4,841	34,545	4	4C	016
COLUMBIA							
Richland Memorial	E. J. Dennis	42	3,776	11,219	4	2C 2F	008
GREENVILLE							
Greenville Hospital System	T. A. Gailey, Jr.	18	6,470	13,530	3	3* 2F	012
SOUTH DAKOTA							
YANKTON							
Sacred Heart	B. Ranney	31	1,399	11,026	3	3C	009
TENNESSEE							
CHATTANOOGA							
University of Tennessee Clinical Education Center Baroness Erlanger	R. D. Braun	70	5,427	15,745	3	4C 4F	016
KNOXVILLE							
University of Tennessee Memorial Research Center and Hospital	M. D. Campbell	15	2,589	4,613	4	2*	008

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
TENNESSEE—Continued							
MEMPHIS							
University of Tennessee Affiliated Hospitals	R. W. Shier				3	8C 11F	033
City of Memphis Hospitals	R. W. Shier	93	8,512	7,560			
Baptist Memorial	B. W. Kincheloe	116	9,763	3,379			
Methodist							
St. Joseph Hospital East							
NASHVILLE							
George W. Hubbard Hospital of the Meharry Medical College	H. W. Foster, Jr.	23	1,751	11,847	4	3C	010
St. Jude Catholic (Montgomery, Ala.)							
Vanderbilt University Affiliated Hospitals	L. S. Burnett				4	6*	024
Baptist	J. Edwards	75	6,443				
Nashville Metropolitan General		20	2,126	12,696			
Vanderbilt University	L. S. Burnett	26	2,416	19,009			
TEXAS							
CORPUS CHRISTI							
Memorial Medical Center	L. S. Archer	39	3,430	3,841	4	1F	004
DALLAS							
Baylor University Medical Center	R. Adams	45	4,932	5,326	3	4*	016
Methodist Hospital of Dallas	D. J. Choi	43	4,517	4,067	3	3*	009
Parkland Memorial	N. F. Gant, Jr.	200	9,000	275,000	3	10*	040
St. Paul	R. J. Worley	58	4,560	10,896	3	3*	012
EL PASO							
R. E. Thomason General	B. D. Reeves	35	3,135	26,163	4	3* 3F	012
FORT WORTH							
Fort Worth Affiliated Hospitals	P. P. Staples				3	3C	012
John Peter Smith	P. P. Staples	46	4,993	26,814			
Harris Hospital—Fort Worth Medical Center	J. E. Mc Coy, Jr.	49	8,382				
GALVESTON							
University of Texas Medical Branch Hospitals	W. Mc Ganity, A. Le Blanc	66	4,624	30,000	3	6C	024
University of Texas Medical Branch Hospitals (See University of Texas Affiliated Systems, Houston)							
HOUSTON							
Baylor College of Medicine Affiliated Hospitals	R. H. Kaufman				4	9C	036
Ben Taub General		26	1,652	12,850			
Jefferson Davis		103	10,915	28,554			
Methodist		56	4,990	389			
St. Luke's Episcopal		26	2,720	298			
Texas Woman's							
University of Texas Affiliated Systems	J. A. Lucci, Jr.				3	1C	009
St. Joseph		76	5,979	6,332			
University of Texas Medical Branch Hospitals (Galveston)		66	4,624	30,000			
University of Texas at Houston Affiliated Hospitals							
Hermann	B. Held	60	4,048	12,827	4	3C	012
SAN ANTONIO							
University of Texas at San Antonio Teaching Hospitals							
Bexar County Teaching	J. Seitchik	75	8,402	40,332	4	6C	022
TEMPLE							
Scott and White Memorial	R. V. Cummings	20	1,963	19,567	4	2C	008
UTAH							
SALT LAKE CITY							
University of Utah Affiliated Hospitals	J. R. Scott				3	2C 2F	016
University	J. R. Scott	31	2,526	17,586			
L D S Hospital	R. M. Hebertson	79	7,639	490			
Holy Cross Hospital of Salt Lake City							
VERMONT							
BURLINGTON							
Medical Center Hospital of Vermont	L. I. Mann	33	3,035	3,824	4	2C	008
VIRGINIA							
CHARLOTTESVILLE							
University of Virginia	W. N. Thornton, Jr.	34	2,500	15,255	4	3*	012
FALLS CHURCH							
Fairfax							
(See Geo. Washington Univ. Affil. Hosps., Washington, D. C.)							
NEWPORT NEWS							
Riverside	C. W. Nickerson	77	4,626	14,688	4	2C 1F	008
NORFOLK							
Eastern Virginia Medical School Affiliated Hospitals	M. Andrews				4	5C 1F	020
Norfolk General		50	4,147	14,580			
De Paul		58	4,530	9,482			
RICHMOND							
Virginia Commonwealth University M.C.V. Affiliated Hospitals							
Medical College of Virginia Hospitals	L. J. Dunn	84	6,856	12,176	3	7*	030
WASHINGTON							
SEATTLE							
University of Washington Affiliated Hospitals	L. R. Spadoni				4	5*	018
Harborview Medical Center	R. N. De Jong, Jr.						
Swedish Hospital Medical Center	L. R. Donohue	13	928	7,581			
U. S. Public Health Service	L. Vontver	7	456	2,942			
University	L. R. Spadoni	28	2,541	6,027			
Virginia Mason	M. R. Smith	26	3,322	17,614			
				18,237			

18. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
WASHINGTON—Continued.							
SPOKANE							
Sacred Heart Medical Center	W. H. Frazier	26	3,218		4	1C 5F	009
WEST VIRGINIA							
CHARLESTON							
Charleston Area Medical Center	N. N. Sehgal	87	7,004	8,378	3	3*	012
MORGANTOWN							
West Virginia University	C. A. White	30	2,619	5,736	4	2*	008
WHEELING							
Ohio Valley Medical Center	J. W. Durkin	73	5,788	8,066	4	2C 1F	009
WISCONSIN							
MADISON							
University of Wisconsin Affiliated Hospitals	B. M. Peckham				4	5*	020
Madison General	P. Henderson	46	4,196				
St. Marys Hospital Medical Center	R. P. Christmann	38	3,134				
University Hospitals	B. M. Peckham	23	1,376	14,456			
MILWAUKEE							
Medical College of Wisconsin Affiliated Hospitals							
Milwaukee County General	R. F. Mattingly	36	3,045	18,155	4	4*	013
Mount Sinai Medical Center	R. G. Holly	51	2,325	4,586	4	2C	008
St. Joseph's	D. V. Foley	83	5,900	3,226	4	2*	011
						3F	
St. Mary's	W. C. Fetherston	45	2,932		4	2*	008

19. OCCUPATIONAL MEDICINE

The programs in Occupational Medicine which have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine. Lists 30 and 30C.

20. OPHTHALMIC FELLOWSHIPS

Ophthalmic Fellowships, formerly listed as accredited by the Liaison Committee on Graduate Medical Education, are not listed in this edition of the Directory, pending development and adoption of criteria for the accreditation of fellowships in all clinical fields of medicine.

21. OPHTHALMOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Ophthalmology through the Residency Review Committee for Ophthalmology, for THREE or MORE Years of acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979		
					1st Yr.	All Yrs.	
UNITED STATES AIR FORCE							
TEXAS							
Willford Hall U. S. A. F. Medical Center, San Antonio	D. E. Shacklett	9	460	16,252		2C	006
UNITED STATES ARMY							
CALIFORNIA							
Letterman Army Medical Center, San Francisco	F. L. Wergeland, Jr.	5	235	13,149		2F	006
COLORADO							
Fitzsimons Army Medical Center, Denver	W. W. Mears	9	431	14,950		1C 1F	005
DISTRICT OF COLUMBIA							
Walter Reed Army Medical Center, Washington	B. Appleton	20	400	70,000		4C	012
HAWAII							
Tripler Army Medical Center, Honolulu	J. J. Kearney	4	312	17,623		1C 1F	003
TEXAS							
Brooke Army Medical Center, San Antonio	J. P. Shock	10	317	48,298		1F	010
UNITED STATES ARMY, NAVY, AND AIR FORCE							
DISTRICT OF COLUMBIA							
Armed Forces Institute of Pathology, Washington (See George Washington Univ. Affil. Hosps., Washington, D. C.)							
UNITED STATES NAVY							
CALIFORNIA							
Naval Regional Medical Center, Oakland	P. T. Briska	4	239	20,796		2C 2F	006
Naval Regional Medical Center, San Diego	O. G. Boyden	9	613	46,096		3C 3F	009

21. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr. All Yrs.
UNITED STATES NAVY—Continued					
MARYLAND					
National Naval Medical Center, Bethesda	L. H. Seaton	15	368	19,511	3C 009 3F
UNITED STATES PUBLIC HEALTH SERVICE					
CALIFORNIA					
U. S. Public Health Service, San Francisco	J. Arrington	5	151	7,620	1* 005 1F
LOUISIANA					
U. S. Public Health Service, New Orleans	C. D. Sanders	4	138	9,822	1C 005 2F
MARYLAND					
U. S. Public Health Service, Baltimore	A. E. Iwantsch	3	152	8,812	1C 007 1F
NEW YORK					
U. S. Public Health Service (Staten Island), New York City	B. F. Bader	6	200	10,000	2C 006 2F
VIRGINIA					
U. S. Public Health Service, Norfolk (See Eastern Virginia Medical School Affil. Hosp., Norfolk)					
WASHINGTON					
U. S. Public Health Service, Seattle (See Univ. of Washington Affiliated Hospitals, Seattle, Wash.)					
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE					
DISTRICT OF COLUMBIA					
St. Elizabeths, Washington (See George Washington Univ. Affil. Hosps., Washington, D. C.)					
OTHER FEDERAL					
CANAL ZONE					
Gorgas, Balboa Heights	R. Rupp	2	141	12,532	1C 003 1F
NONFEDERAL AND VETERANS ADMINISTRATION					
ALABAMA					
BIRMINGHAM					
University of Alabama Medical Center	R. R. Pfister				7C 018
University of Alabama Hospitals		44	3,853	14,925	
Cooper Green					
Eye Foundation		44	3,853	14,925	
Veterans Admin.		7	568	4,000	
TUSKEGEE					
Veterans Admin.	S. H. Settler, Jr.	7	118	2,453	2C 005
ARIZONA					
TUCSON					
University of Arizona Affiliated Hospitals	H. E. Cross				2C 006
University	H. E. Cross		78	2,279	
Veterans Admin.	J. P. Ganley	3	191	2,880	
ARKANSAS					
LITTLE ROCK					
University of Arkansas for Medical Sciences Affiliated Hospitals	F. T. Fraunfelder				3C 014 2F
University		5	335	7,289	
Arkansas Children's			159		
Baptist Medical Center					
Veterans Admin. Consolidated		12	361	8,145	
CALIFORNIA					
BAKERSFIELD					
Kern Medical Center	D. H. Wetterholm		102	2,846	1C 003
DAVIS					
University of California (Davis) Affiliated Hospitals	G. L. Portney				2C 007
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	G. L. Portney	5	198	9,000	
Veterans Admin. (Martinez)	H. Ricci	3	118	1,250	
DOWNEY					
Rancho Los Amigos (See White Memorial Medical Center, Los Angeles)					
FRESNO					
Valley Medical Center of Fresno	R. H. Whitten, Jr.	1	134	5,585	1C 013 1F
GLENDALE					
Glendale Adventist Medical Center (See White Memorial Medical Center, Los Angeles)					
IRVINE					
University of California (Irvine) Affiliated Hospitals	I. H. Leopold				3C 008
University of California, Irvine, Medical Center (Orange)	I. H. Leopold	2	115	5,800	
Veterans Admin. (Long Beach)	M. Kaplan	6	296	4,120	
LOMA LINDA					
Loma Linda University Affiliated Hospitals	P. H. Wallar				2C 006
Loma Linda University	P. H. Wallar	60	643	12,227	
Riverside General (Riverside)	R. H. Joseph	5	48	2,456	

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10
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21. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA—Continued						
LONG BEACH						
Veterans Admin. (See University of California (Irvine) Affil. Hosps., Irvine)						
LOS ANGELES						
Hollywood Presbyterian Medical Center	S. Rome	14	1,211	7,824	2*	006
Los Angeles County—U. S. C. Medical Center	S. J. Ryan	13	929	28,935	4C 5*	018
Martin Luther King, Jr. General	T. V. Scott	20	204	7,412	2C	006
U. C. L. A. Affiliated Hospitals	B. R. Straatsma				5C	014
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	B. R. Straatsma	21	1,812	28,867		
Veterans Admin. (Sepulveda)	S. H. Sloan	5	254	5,682		
Veterans Admin. Center—Wadsworth	R. E. Bartlett	8	628	15,531	1C	005
White Memorial Medical Center	G. K. Kambara	5	297	18,858	2C 2F	009
Santa Fe Memorial		2	104	2,480		
Rancho Los Amigos (Downey)		5	297	18,858		
Glendale Adventist Medical Center (Glendale)						
Los Angeles County—Olive View Medical Center (Sylmar)						
MARTINEZ						
Veterans Admin. (See Univ. of California (Davis) Affil. Hosps., Davis)						
OAKLAND						
Highland General (See Pacific Medical Ctr.—Presbyterian Hosp., San Francisco)						
ORANGE						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
RIVERSIDE						
Riverside General (See Loma Linda University Affil. Hosps., Loma Linda)						
SACRAMENTO						
University of Calif. (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)						
SAN DIEGO						
University of California (San Diego) Affiliated Hospitals	D. M. Worthen				2C	006
University Hospital, U.C. Medical Center, San Diego	D. M. Worthen	2	139	4,273		
Veterans Admin.	P. S. Binder	16		4,116		
SAN FRANCISCO						
Pacific Medical Center—Presbyterian	B. E. Spivey	3	1,062	5,500	3C 2F	009
Highland General (Oakland)	D. W. Vastine	1	85	3,311		
University of California Program	S. G. Kramer				5C	018
H. C. Moffitt—University of California Hospitals	S. G. Kramer	7	458	14,211		
Veterans Admin.	J. A. Stanley	8	338	7,991		
SAN JOSE						
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)						
SEPULVEDA						
Veterans Admin. (See U. C. L. A. Affiliated Hospitals, Los Angeles)						
STANFORD						
Stanford University Affiliated Hospitals	A. R. Rosenthal				3C	009
Stanford University	A. R. Rosenthal	10	737	10,898		
Veterans Admin. (Palo Alto)	M. F. Marmor	3	232	1,767		
Santa Clara Valley Medical Center (San Jose)	R. J. Miller	1	87	6,000		
San Joaquin General (Stockton)	A. R. Rosenthal					
STOCKTON						
San Joaquin General (See Stanford University Affiliated Hospitals, Stanford)						
SYLMAR						
Los Angeles County—Olive View Medical Center (See White Memorial Medical Center, Los Angeles)						
TORRANCE						
Los Angeles County Harbor General	R. Yee	3	202	9,954	1C 1F	006
COLORADO						
DENVER						
University of Colorado Affiliated Hospitals	P. P. Ellis				5C 5F	015
University of Colorado Medical Center	P. P. Ellis	4	325	14,484		
Denver General	B. Wilson	2	149	9,974		
Veterans Admin.	D. S. Ploff	5	180	3,300		

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21. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CONNECTICUT						
FARMINGTON						
University of Connecticut Affiliated Hospitals	J. O' Rourke				1C	004
John Oempsey	J. O' Rourke	1	15	1,500		
Hartford (Hartford)	M. B. Wheeler	14	1,177	1,564		
New Britain General (New Britain)	D. M. Taylor	4	641	415		
Veterans Admin. (Newington)	C. Luthra	6	197	4,512		
HARTFORD						
Hartford						
(See Univ. of Connecticut Affil. Hosps., Farmington)						
NEW BRITAIN						
New Britain General						
(See Univ. of Connecticut Affil. Hosps., Farmington)						
NEW HAVEN						
Yale—New Haven Medical Center	M. L. Sears				4C	012
Yale—New Haven	M. L. Sears	13	900	15,734		
Veterans Admin. (West Haven)						
NEWINGTON						
Veterans Admin.						
(See Univ. of Connecticut Affil. Hosps., Farmington)						
WEST HAVEN						
Veterans Admin.						
(See Yale-New Haven Medical Center, New Haven)						
DELAWARE						
WILMINGTON						
Veterans Admin.						
(See Thomas Jefferson University Affil. Hosps., Philadelphia)						
Wilmington Medical Center						
(See Thomas Jefferson University Affil. Hosps., Philadelphia)						
DISTRICT OF COLUMBIA						
WASHINGTON						
Doctors	G. R. Beauchamp	12	802	3,000	2C	010
Georgetown University Affiliated Hospitals	P. Y. Evans				1C	004
Georgetown University	P. Y. Evans	10	230	2,876		
District of Columbia General	S. Limaye, Z. Srajber	9	189	10,400		
Sibley Memorial	M. Reynolds	10	575	3,612		
Veterans Admin.	P. Evans, A. R. Pilkerton	8	224	12,000		
George Washington University Affiliated Hospitals	M. F. Armaly				3*	009
George Washington University	M. F. Armaly	14	642	14,893		
Armed Forces Institute of Pathology	L. E. Zimmerman					
Children's Hospital National Medical Center	D. Friendly	4	1,366	5,265		
St. Elizabeths	H. S. Wicker	3	98	5,579		
Veterans Admin. Center (Martinsburg, W. Va.)	I. Harrison	4	98	2,249		
Howard University	G.-S. Payseur	22	246	4,700	2C	006
Washington Hospital Center	W. B. Glew		1,913		2*	014
					1F	
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals	H. E. Kaufman				5C	015
William A. Shands Teaching Hosp. and Clinics		21	1,257	23,382		
University Hospital of Jacksonville (Jacksonville)	G. S. Stephenson	5	340	11,371		
Veterans Admin.		8	548	6,086		
JACKSONVILLE						
University Hospital of Jacksonville						
(See University of Florida Affiliated Hospitals, Gainesville)						
MIAMI						
University of Miami Affiliated Hospitals	E. W. D. Norton				6C	018
Jackson Memorial		45	4,000	45,000		
Veterans Admin.		7	325	9,615		
ST. PETERSBURG						
All Children's						
(See University of South Florida Affiliated Hospitals, Tampa)						
TAMPA						
University of South Florida Affiliated Hospitals	W. C. Edwards				3C	009
Tampa General		5	75	1,400		
Veterans Admin.		43	317	10,882		
All Children's (St. Petersburg)		15	199	2,340		
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	F. P. Calhoun, Jr.				4C	012
Grady Memorial	F. P. Calhoun, Jr.	6	380	30,780		
Emory University	F. P. Calhoun, Jr.	4	272			
Veterans Admin. (Decatur)	J. C. Rieser	6	190	2,716		
AUGUSTA						
Medical College of Georgia Hospitals	M. N. Luxenberg				3C	009
Eugene Talmadge Memorial		5	335	9,835		
University				859		
Veterans Admin.		3	102	2,352		
DECATUR						
Veterans Admin.						
(See Emory University Affiliated Hospitals, Atlanta)						
ILLINOIS						
CHICAGO						
Cook County	A. A. Constantaras	9	384	17,682	3*	012
Michael Reese Hospital and Medical Center	M. L. Stillerman	22	1,159	11,505	3*	009

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21. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
ILLINOIS, CHICAGO—Continued						
Northwestern University Medical School Affiliated Hospitals	D. Shoch				4C	012
Children's Memorial	P. Romano	2	291	3,467		
Northwestern Memorial	D. Shoch	14	1,040	3,754		
Veterans Admin. Lakeside	R. Wertz	6	146	4,548		
Rush—Presbyterian—St. Luke's Medical Center	W. F. Hughes	10	500	2,000	2*	006
University of Chicago Hospitals and Clinics	F. Mausolf	9	581	10,743	3C	010
University of Illinois Affiliated Hospitals	M. F. Goldberg				8C	024
University of Illinois	M. F. Goldberg	25	1,589	52,989		
Veterans Admin. (West Side)	G. Wyhinny	8	140	2,548		
EVANSTON						
Evanston	L. Lawson	7	518	2,399	1C	003
HINES						
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)						
MAYWOOD						
Loyola University Affiliated Hospitals	J. E. Mc Donald				3C	009
Foster G. Mc Gaw		3	8	9,982		
Veterans Admin. (Hines)		14	301	5,420		
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	F. M. Wilson				7C	021
Indiana University Hospitals	F. M. Wilson	24	1,526	21,603		
Veterans Admin.	F. Wilson	4	179	3,775		
William N. Wishard Memorial	E. Helveston	18	586	9,714		
IOWA						
DES MOINES						
Veterans Admin. (See University of Iowa Affiliated Hosps., Iowa City)						
IOWA CITY						
University of Iowa Affiliated Hospitals	F. C. Blodi				6C	021
University of Iowa Hospitals	F. C. Blodi	25	2,039	35,336		
Veterans Admin.	J. H. Mensher	5	224	5,584		
Veterans Admin. (Des Moines)	L. T. Palumbo	11	106	2,442		
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	A. N. Lemoine, Jr.	5	635	12,484	2C	008
St. Luke's (Kansas City, Mo.)	J. B. Wurster	5	200	500		
Veterans Admin. (Kansas City, Mo.)	A. N. Lemoine, Jr.	5	251	2,087		
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center	J. D. Wirtschafter				2C	010
University		6	498	10,431		
Veterans Admin.		6	306	3,799		
LOUISVILLE						
University of Louisville Affiliated Hospitals	A. M. Potts				3C	009
Louisville General		7	182	6,724		
Norton—Children's Hospitals		2	213	3,376		
Veterans Admin.		3	121	2,930		
LOUISIANA						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals	G. M. Haik				3C	008
Charity Hospital of Louisiana		12	407	12,140		
George M. Haik Eye Clinic		30	879	33,610		
Hotel Dieu		30	33,610			
Ochsner Foundation	R. A. Schimek	6	437	19,808	3C	009
Tulane University Affiliated Hospitals	R. A. Gordon				3C	008
Charity Hospital of Louisiana	R. A. Gordon	12	383	11,689		
Eye, Ear, Nose and Throat						
Touro Infirmary	M. L. Antony	5	313	2,448		
Veterans Admin.	R. A. Gordon	11	415	8,400		
SHREVEPORT						
L. S. U. (Shreveport) Affiliated Hospitals	L. A. Breffeith				2C 2F	008
Confederate Memorial Medical Center	L. A. Breffeith	5	280	8,760		
Veterans Admin.	J. Berry	4	167			
MARYLAND						
BALTIMORE						
Greater Baltimore Medical Center	R. E. Hoover	24	1,763	23,000	3C	009
Johns Hopkins	A. E. Maurmensee	45	2,500	27,000	5C	016
Maryland General	R. A. Liss	22	1,224	15,609	2C 1F	006
Sinai Hospital of Baltimore	H. K. Goldberg	5	380	1,776	1C	002
University of Maryland Affiliated Hospitals						
University of Maryland	R. D. Richards	12	488	19,032	3C	009
MASSACHUSETTS						
BOSTON						
Boston University Affiliated Hospitals	H. M. Leibowitz, S. Lessell				4C	012
Boston City	S. Lessell			6,650		
University	H. M. Leibowitz	8	450	7,615		
Massachusetts Eye and Ear Infirmary	C. H. Dohlman	95	6,564	56,524	6C	022
Tufts University Affiliated Hospitals	B. Schwartz				2C	014
New England Medical Center	B. Schwartz	2	196	13,000		
Veterans Admin.	J. Weiter	10	510	1,967		

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21. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MICHIGAN						
ALLEN PARK						
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)						
ANN ARBOR						
University of Michigan Affiliated Hospitals	J. W. Henderson				6C	020
University	J. W. Henderson	21	1,444	18,356		
Veterans Admin.	D. Freier, J. Henderson	3	134	2,691		
Wayne County General (Eloise)	J. W. Henderson	2	95	5,245		
DETROIT						
Henry Ford	C. E. Mc Cole	21	908	22,632	4C 4F	020
Sinai Hospital of Detroit	H. S. Sugar		1,013	262	2C	006
Wayne State University Affiliated Hospitals	R. S. Jampel	40	2,600	25,029	6C	020
Veterans Admin. (Allen Park)						
Children's Hospital of Michigan						
Detroit General						
United Hospitals of Detroit—Grace Division						
United Hospitals of Detroit—Harper Division						
ELOISE						
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)						
SOUTHFIELD						
Providence	C. Heyner	10	776	1,854	1C 1F	004
MINNESOTA						
MINNEAPOLIS						
University of Minnesota Affiliated Hospitals	J. E. Harris				1C	020
University of Minnesota Hospitals	J. E. Harris	19	1,060	20,998		
Hennepin County Medical Center	H. A. Shaw	3	238	12,179		
Veterans Admin.	J. E. Harris	14	532	6,220		
St. Paul—Ramsey (St. Paul)	R. H. Monahan	3	231	8,168		
ROCHESTER						
Mayo Graduate School of Medicine	T. J. Kirby			80,811	2*	022
Rochester Methodist		16	1,215			
St. Mary's						
ST. PAUL						
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)						
MISSISSIPPI						
JACKSON						
University of Mississippi Medical Center	S. B. Johnson				4C	012
University		9	505	16,771		
Veterans Admin. Center		5	387	4,969		
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	W. M. Hart	6	450	9,250	3C	009
Veterans Admin.	C. Ide	4	183	2,149		
KANSAS CITY						
University of Missouri at Kansas City Affiliated Hospitals	F. N. Sabates				3C	009
Truman Medical Center	F. N. Sahates	1	117	7,423		
Children's Mercy	L. W. Hamtil	3	246	3,289		
St. Luke's (See University of Kansas Medical Center, Kansas City, Kan.)						
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kan.)						
ST. LOUIS						
Homer G. Phillips	H. P. Venable	4	147	6,043	3C 2F	020
St. Louis University Group of Hospitals	W. R. Stafford				4C	012
St. Louis University	W. R. Stafford	2	155	3,935		
Cardinal Glennon Memorial Hospital for Children	J. D. Catalano		407			
Deaconess	W. H. Lewin	9	616	818		
St. Louis—Little Rock Hospitals						
Washington University Affiliated Hospitals	B. Becker		3,675		9*	025
Barnes Hospital Group	B. Becker					
Jewish Hospital of St. Louis	M. L. Wolf	7	452	295		
St. Louis City						
Veterans Admin.	S. E. Canaan	4	204	4,853		
NEBRASKA						
LINCOLN						
Veterans Admin. (See University of Nebraska Affiliated Hospitals, Omaha)						
OMAHA						
University of Nebraska Affiliated Hospitals	R. E. Records				4C	009
University of Nebraska	R. E. Records	3	255	11,131		
Bishop Clarkson Memorial	C. R. Latta	18	1,301			
Veterans Admin.	R. E. Records	3	162	2,760		
Veterans Admin. (Lincoln)	C. R. Mota	1	16	1,197		
NEW JERSEY						
EAST ORANGE						
Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosp., Newark)						

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21. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW JERSEY—Continued						
JERSEY CITY						
Jersey City Medical Center (See CMDNJ-New Jersey Medical School Affil. Hosp., Newark)						
NEWARK						
CMDNJ—New Jersey Medical School Affiliated Hospitals						
	A. Cinotti	3	83	4,742	6C	D16
	B. A. Maltzman	4	140	5,664		
	W. Grant					
	United Hospitals Medical Center—Newark Eye and Ear Infirmary	33	3,492	6,952		
	A. R. Caputo			89,204		
	J. L. Harris	6	83			
	Veterans Admin. (East Orange)					
NEW YORK						
ALBANY						
Albany Medical Center Affiliated Hospitals						
	R. D. Reinecke	13	805	6,500	4C	O12
	Albany Medical Center Child's Veterans Admin.	7	270	3,680		
BUFFALO						
Deaconess Hospital of Buffalo						
	J. F. Monte	7	429	10,601	2C 1F	O07
	Edward J. Meyer Memorial S.U.N.Y. at Buffalo Affiliated Hospitals	7	427	12,600	2*	O08
	E. Cotlier				7C	O07
	Buffalo General	10	577	3,253		
	E. Cotlier			3,237		
	Children's Hospital of Buffalo	2	350	5,210		
	A. M. Kraus					
	Veterans Admin.	7	153			
	E. Cotlier					
EAST MEADOW						
Nassau County Medical Center—Meadowbrook						
	E. K. Rahn	9	800	16,850	4*	O12
MANHASSET						
North Shore University						
	I. H. Kaufman	5	395	6,067	1C	O03
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals						
	P. Henkind	5	329	19,203	7C	O21
	Bronx Municipal Hospital Center	4	220	2,979		
	Hospital of the Albert Einstein College of Medicine	25	1,372	19,946		
	Montefiore Hospital and Medical Center					
	Beth Israel Medical Center Training Program				3C	O09
	S. Podos	5	307	7,461		
	Beth Israel Medical Center	4	200	3,000		
	Beekman—Downtown					
	M. N. Young	8	393	12,489	2C	O06
	Bronx—Lebanon Hospital Center					
	A. Traykovski	10	675	6,677	2C	O06
	Brookdale Hospital Center				4C	O12
	Brooklyn Eye and Ear	27	1,578	36,389	2C	O06
	S. Capone					
	Catholic Medical Center of Brooklyn and Queens Hospital of the Holy Family Mary Immaculate Division	12	465	3,551 3,382		
	Harlem Hospital Center	5	155	9,793	2C	O06
	R. L. Farris					
	Jewish Hospital and Medical Center of Brooklyn	9	450	6,300	1C	O04
	M. F. Kraushar					
	Lenox Hill	16	742	8,667	2C	O06
	R. S. Coles					
	Long Island Jewish—Hillside Medical Center Program				3C	O09
	P. Ballen	5	407	1,564		
	Long Island Jewish—Hillside Medical Center	4	277	10,390		
	Queens Hospital Center					
	A. I. Turtz	80	4,987	53,958	6C	O18
	Manhattan Eye, Ear and Throat					
	Montefiore Hospital and Medical Center (See Albert Einstein College of Medicine Affiliated Hospitals)					
	Mount Sinai Hospital Training Program				5C	O15
	S. M. Podos	15	250	9,200		
	Mount Sinai	7	306	15,641		
	A. Sugar					
	City Hospital Center at Elmhurst	9	236	4,089		
	S. M. Podos					
	Veterans Admin. (Bronx)	93	6,042	62,708	7C	O21
	G. B. Kara					
	New York Eye and Ear Infirmary					
	Veterans Admin. (Northport)					
	D. M. Shafer	25	996	11,990	2C	O06
	New York Hospital					
	New York Medical College—Metropolitan Hospital Center				3C	O10
	M. W. Dunn	26	1,593	7,254		
	Unit 1—Flower and Fifth Avenue Hospitals	9	220	13,232		
	Unit 2—Metropolitan Hospital Center					
	Unit 3—Bird S. Coler Memorial Hospital and Home	4				
	H. Futterman					
	New York University Medical Center				5C	O20
	G. M. Breinin	14	403	14,409		
	Bellevue Hospital Center	12	763			
	University	17	372	6,500		
	Veterans Admin. (Manhattan)	49	3,448	25,344	3C 1F	O09
	C. J. Campbell					
	Presbyterian					
	St. Clare's Hospital and Health Center	7	807	2,910	1C	O04
	W. J. Maher					
	St. Luke's Hospital Center	10	450	9,087	2C	O06
	J. C. Newton					
	St. Vincent's Hospital—Cabrini Health Care Center—Columbus Division				3C	O09
	R. D'Amico					
	St. Vincent's Hospital and Medical Center of New York	10	577	5,071		
	Cabrini Health Care Center—Columbus Hospital Division	8	443	1,835		
	S.U.N.Y. Downstate Medical Center				7C	O28
	R. C. Troutman	2	217	6,492		
	G. M. Gombos	2	97	9,741		
	Brooklyn—Cumberland Medical Center					
	I. Gerberg	10	402	17,874		
	Coney Island	1	315	2,888		
	R. C. Troutman					
	Kings County Hospital Center	1	505	3,883		
	A. I. Fink					
	Long Island College	1	52	4,270		
	J. Goldstein					
	Maimonides Medical Center	1	298	2,780		
	R. C. Troutman					
	State University					
	A. M. Levine					
	Veterans Admin. (Brooklyn)					

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21. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW YORK—Continued						
NORTHPORT						
Veterans Admin. (See New York Eye and Ear Infirmary, New York City)						
ROCHESTER						
St. Mary's	S. J. Ianacone	5	425	2,865	1C	003
Strong Memorial Hospital of the University of Rochester	A. C. Snell	4	268	7,908	2C	007
SYRACUSE						
S. U. N. Y. Upstate Medical Center	J. L. Mc Graw				2C	006
Crouse Irving—Memorial	J. L. Mc Graw	13	1,039			
State University	J. L. Mc Graw			4,375		
Veterans Admin.	A. J. Dark	4	115	2,930		
VALHALLA						
Westchester County Medical Center	M. W. Dunn	2	210	5,283	1*	.004
NORTH CAROLINA						
CHAPEL HILL						
North Carolina Memorial (See Mc Pherson Hospital—North Carolina Memorial, Durham)						
DURHAM						
Duke University Affiliated Hospitals	A. C. Chandler, Jr.				4*	012
Duke University Medical Center	J. A. C. Wadsworth	22	1,472	11,443		
Veterans Admin.	A. C. Chandler	9	454	7,768		
Mc Pherson Hospital—North Carolina Memorial	S. D. Mc Pherson, Jr.				2C	009
Mc Pherson	S. D. Mc Pherson, Jr.	12	1,036	33,945		
North Carolina Memorial (Chapel Hill)	L. W. Moore, Jr.	5	300	8,300		
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals						
North Carolina Baptist	R. G. Weaver	9	713	13,305	2C	005
OHIO						
AKRON						
Akron City	D. W. Mathias	9	793	2,057	1*	004
CINCINNATI						
University of Cincinnati Hospital Group	J. Sacks				3C	009
Children's Hospital Medical Center	T. Asbury	2	288	1,886		
Cincinnati General	J. Sacks	6	373	11,060		
Veterans Admin.	T. Asbury	5	143	3,094		
CLEVELAND						
Case Western Reserve University Affiliated Hospitals	E. W. Purnell				2*	017
Cleveland Metropolitan General	E. W. Purnell, W. Cappaert	5	295	7,507		
University Hospitals of Cleveland		14	1,100	8,000		
Veterans Admin.		12	363	4,148		
Cleveland Clinic	F. A. Gutman	11	986	25,770	3*	012
St. Vincent Charity	H. S. Siegel	8	578	4,801		
Mount Sinai Hospital of Cleveland	J. A. Gans	10	1,006	5,850	1C 2F	005
St. Luke's	R. J. Nicholl	13	793	4,203	1C	003
COLUMBUS						
Ohio State University Hospitals	W. H. Havener	23	2,532	40,104	5C	015
TOLEDO						
Medical College of Ohio at Toledo Associated Hospitals	C. R. Kollarits				1C	003
Hospital of Medical College of Ohio at Toledo		1	79	2,333		
St. Vincent Hospital and Medical Center		5	307	1,614		
OKLAHOMA						
OKLAHOMA CITY						
University of Oklahoma Health Sciences Center	T. E. Acers				3C	009
University Hospital and Clinics			4	3,625		
Oklahoma Children's Memorial		1	78	3,975		
Veterans Admin.		7	377	6,955		
OREGON						
PORTLAND						
Good Samaritan Hospital and Medical Center	R. G. Chenoweth	21	1,782	6,334	1*	004
University of Oregon Affiliated Hospitals	K. C. Swan				3C 1F	011
University of Oregon Health Sciences Center Hospital and Clinics		9	656	11,842		
Veterans Admin.		10	455	2,564		
PENNSYLVANIA						
DANVILLE						
Geisinger Medical Center	J. L. Curtis	7	685		2C	006
ELKINS PARK						
Rolling Hill Hospital and Diagnostic Center (See Hahnemann Medical College Affil. Hosps., Philadelphia)						
PHILADELPHIA						
Hahnemann Medical College Affiliated Hospitals	D. B. Soll				2C	006
Hahnemann Medical College and Hospital			34	2,000		
Frankford		3	159	2,210		
Rolling Hill Hospital and Diagnostic Center (Elkins Park)		11	606			
Thomas Jefferson University Affiliated Hospitals	E. A. Jaeger				2C 1F	010
Thomas Jefferson University	E. A. Jaeger	5	303	5,314		
Lankenau	W. Annesley	12	882	404		
Wilmington Medical Center (Wilmington, Del.)	A. Weiner	7	749	4,111		
Veterans Admin. (Wilmington, Del.)	P. Morgan	2	68	2,260		

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21. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
PENNSYLVANIA, PHILADELPHIA—Continued						
University of Pennsylvania Affiliated Hospitals	W. C. Frayer				5C	018
Scheie Eye Institute	W. C. Frayer	50	3,000	56,000		
Children's Hospital of Philadelphia	D. B. Schaffer, W. Frayer	2	365	8,079		
Graduate Hospital of the University of Pennsylvania	R. H. Trueman	1	65	1,250		
Hospital of the University of Pennsylvania	T. R. Hedges	2	107	1,551		
Presbyterian—University of Pennsylvania Medical Center	W. C. Frayer	48	2,157	56,000		
Veterans Admin.	H. G. Scheie	9	193	5,000		
Wills Eye Hospital—Temple University	T. D. Duane				11C	033
Wills Eye Hospital and Research Institute	T. D. Duane	93	6,861	105,930		
St. Christopher's Hospital for Children	G. H. Chan	1	204	3,804		
Temple University	G. H. Chan	3	256	9,840		
PITTSBURGH						
Hospitals of the University Health Center of Pittsburgh	S. I. Brown	83	5,292	30,443	6C	022
Allegheny General	D. A. Hiles	1	388	250		
Children's Hospital of Pittsburgh	S. I. Brown	49	4,142	18,495		
Eye and Ear Hospital of Pittsburgh						
Mercy						
Montefiore		11	647	3,868		
Veterans Admin.	R. Lehman	9	298	2,260		
St. Francis General—Western Pennsylvania Hospitals	C. W. Weisser				2*	008
St. Francis General		21	304	6,267		
Western Pennsylvania						
SAYRE						
Robert Packer	E. Kulczycki	23	540	14,828	1C	003
PUERTO RICO						
SAN JUAN						
University of Puerto Rico Affiliated Hospitals	G. Pico				5C 1F	015
University District		13	700	23,796		
San Juan City		52	488	4,631		
Veterans Admin. Center		15	260	8,581		
RHODE ISLAND						
PROVIDENCE						
Rhode Island	R. L. S. Kinder	8	991	6,185	1C	003
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina Teaching Hospitals	W. H. Coles				3C	009
Medical University of South Carolina	W. H. Coles	9	703	17,653		
Charleston County	W. H. Coles		2			
Veterans Admin.	J. K. Chambers	3	227	3,013		
TENNESSEE						
CHATTANOOGA						
University of Tennessee Clinical Education Center	H. M. Lawrence, Jr.				2C 1F	007
Baroness Erlanger		17	1,495	4,841		
T. C. Thompson Children's						
MEMPHIS						
University of Tennessee Affiliated Hospitals	R. L. Hiatt				4* 1F	017
City of Memphis Hospitals	R. L. Hiatt	4	221	9,425		
Methodist	W. R. Morris	21	1,545	6,027		
Veterans Admin.	G. Woodbury, R. Hiatt	8	374	6,806		
NASHVILLE						
George W. Hubbard Hospital of the Meharry Medical College	A. C. Hansen	2	102	4,785	1*	004
Vanderbilt University Affiliated Hospitals	J. H. Elliott				3C	009
Vanderbilt University		14	923	15,100		
Nashville Metropolitan General		1	78	2,356		
Veterans Admin.		5	236	4,725		
TEXAS						
DALLAS						
University of Texas Southwestern Medical School Affiliated Hospitals	J. R. Lynn				3*	018
Parkland Memorial	J. R. Lynn	6	426	11,786		
Veterans Admin.	S. B. Gostin	11	389	7,776		
GALVESTON						
University of Texas Medical Branch Hospitals	E. C. Ferguson, 3d	11	493	10,948	4*	012
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	D. Paton				6C	018
Ben Taub General	D. Paton	6	385	12,349		
Methodist	D. Paton	41	2,666	180		
Texas Children's	G. Von Noorden	2	373	532		
Veterans Admin.	D. B. Jones	15	482	10,178		
University of Texas at Houston Affiliated Hospitals	R. S. Ruiz				3C	009
Hermann	R. S. Ruiz	21	1,312	5,797		
University of Texas M.D. Anderson Hospital and Tumor Institute	S. E. Young	1	13	1,910		
St. Joseph	R. S. Ruiz	8	607	3,800		
LUBBOCK						
Texas Tech University Affiliated Hospitals	J. Price				1C	003
St. Mary of the Plains		4	423			
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals	G. W. Weinstein				3C	009
Baptist Memorial						
Bexar County Teaching	G. W. Weinstein	5	385	11,467		
Veterans Admin.	J. B. Aust	6	257	5,268		

21. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
TEXAS—Continued						
TEMPLE						
Scott and White Memorial	R. D. Cunningham	6	736	21,653	2C	006
UTAH						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	H. J. L. Van Dyk				2C	006
University	H. J. L. Van Dyk	2	175	2,111		
Veterans Admin.	M. S. Kottler	9	406	2,184		
VIRGINIA						
CHARLOTTESVILLE						
University of Virginia	M. K. Humphries, Jr.	8	506	6,451	2*	006
HAMPTON						
Veterans Admin. Center (See Eastern Virginia Medical School Affil. Hosps., Norfolk)						
NORFOLK						
Eastern Virginia Medical School Affiliated Hospitals	W. T. Humphrey				1C	003
Norfolk General		8	548	705		
De Paul		5	326	335		
Children's Hospital of the King's Daughters		1	106	675		
U. S. Public Health Service						
Veterans Admin. Center (Hampton)			48	3,196		
RICHMOND						
Veterans Admin.	G. J. Heyner	9	282	5,706	2C	003
Virginia Commonwealth University M.C.V. Affiliated Hospitals						
Medical College of Virginia Hospitals	W. J. Geeraets	16	376	16,900	4C	012
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals	R. E. Kalina				2*	011
University	R. E. Kalina			2,188		
Harborview Medical Center	D. F. Milam	1	75	5,190		
Children's Orthopedic Hospital and Medical Center	R. H. Johnson	1	262	2,220		
U. S. Public Health Service	P. Kramar	1	73	8,166		
Veterans Admin.			109	2,500		
WEST VIRGINIA						
MARTINSBURG						
Veterans Admin. Center (See George Washington Univ. Affil. Hosps., Washington, D. C.)						
MORGANTOWN						
West Virginia University	R. R. Trotter	5	287	10,528	2*	006
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals	G. H. Bresnick				4C 1F	013
University Hospitals	G. H. Bresnick	17	1,407	18,445		
Veterans Admin.	J. C. Allen	5	78	2,908		
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals	R. D. Schultz				4* 2F	026
Milwaukee County General	R. O. Schultz	18	1,195	20,080		
Milwaukee Children's	H. Fiedler	1	186	3,205		
Veterans Admin. Center (Wood)	R. H. Lehman	11	425	8,289		

22. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult Orthopedics; C—Children's Orthopedics; F—Fractures. Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Orthopaedic Surgery, and the American Academy of Orthopaedic Surgeons, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics, children's orthopedics, and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Hospitals offering intramural programs as well as services collaborating in an integral plan of training are designated by a program number, a list of which follows this list of programs. Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopaedic Surgery, including children's orthopedic surgery.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
UNITED STATES AIR FORCE								
TEXAS								
Willford Hall U. S. A. F. Medical Center, San Antonio	E. T. D' Brien	94	2,493	35,199	ACF	120	4C	016

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Pro- gram No.	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	J. E. Raffety	43	791	13,090	ACF	040	2C 3F	012
Shriners Hospital for Crippled Children, Los Angeles	G. W. Westin	43	311	2,256		003 040 078		
Shriners Hospital for Crippled Children, San Francisco	L. J. Larsen	34	356	3,022		002 040		
Shriners Hospital for Crippled Children (St. Louis, Mo.)	V. M. Badger	48	948	8,019		040 060		
COLORADO								
Fitzsimons Army Medical Center, Denver	A. Ballard	97	1,965	14,863	ACF	091	1* 1F	015
Denver General, Denver	R. Johnston	25	1,216	8,800		004 091		
Scottish Rite Hospital for Crippled Children (Atlanta, Ga.)						039 091 113 145		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	R. L. Reid	80	992	26,350	ACF	075	3C 2F	012
HAWAII								
Tripler Army Medical Center, Honolulu	B. F. Lafollette	101	2,306	54,825	ACF	068 086	3C 2F	012
Tripler Army Medical Center, Honolulu (See University of Hawaii Affiliated Hosp., Honolulu, Hawaii)								
TEXAS								
William Beaumont Army Medical Center, El Paso	R. J. Bagg	72	2,270	30,900	ACF	096 096	3C	009
R. E. Thomason General, El Paso								
Brooke Army Medical Center, San Antonio	G. B. Shaver, Jr.	67	1,169	59,166	ACF	117 117	3F	015
Santa Rosa Medical Center, San Antonio	S. A. Rowland	51	2,305	6,347				
Shriners Hospital for Crippled Children (Shreveport, La.)	B. I. Rambach	45	483	3,050		010 043 117		
WASHINGTON								
Madigan Army Medical Center, Tacoma	H. H. Gamber	44	1,522	24,681	ACF	178	1F	009
UNITED STATES NAVY								
CALIFORNIA								
Naval Regional Medical Center, Oakland	S. D. Harmon	60	1,872	26,100	ACF	020	3C 3F	011
Naval Regional Medical Center, San Diego	P. H. Randels	100	3,091	70,406	ACF	079	4C 4F	016
MARYLAND								
National Naval Medical Center, Bethesda	B. K. Slemmons	58	1,367	23,841	ACF	020	2* 2F	008
James Lawrence Kernan, Baltimore	R. C. Abrams	49	2,088	9,008		020 070 088 121		
SOUTH CAROLINA								
Naval Regional Medical Center (See Med. Univ. of S. C. Teaching Hosps., Charleston, S. C.)								
VIRGINIA								
Naval Regional Medical Center, Portsmouth	J. C. P. Collier, Jr.	108	2,232	37,794	ACF	130	3C 3F	009
UNITED STATES PUBLIC HEALTH SERVICE								
ARIZONA								
U. S. Public Health Service Indian Hospital, Phoenix (See Phoenix Orthopedic Residency Training Program, Phoenix)								
LOUISIANA								
U. S. Public Health Service, New Orleans (See Tulane University Affiliated Hosps., New Orleans)								
NEW YORK								
U. S. Public Health Service (Staten Island), New York City	V. L. Purlia	48	701	11,705	ACF	127	2C 2F	008
St. Charles, Port Jefferson	L. J. Figelman	23	782	3,275		038 127		
OTHER FEDERAL								
CANAL ZONE								
Gorgas, Balboa Heights	R. Travis	34	900	12,147	ACF	131	2C 2F	006

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
CALIFORNIA—Continued								
PALO ALTO								
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
RIVERSIDE								
Riverside General (See Loma Linda Univ. Affil. Hospitals, Loma Linda)								
SACRAMENTO								
Kaiser Foundation (See Univ. of California (Davis) Affiliated Hosps., Davis)								
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hosps., Davis)								
SAN BERNARDINO								
San Bernardino County Medical Center (See Loma Linda University Affiliated Hospitals, Loma Linda)								
SAN DIEGO								
University of California (San Diego) Affiliated Hospitals	W. H. Akeson				ACF	109	4*	016
University Hospital, U.C. Medical Center, San Diego	W. H. Akeson	28	1,087	7,648		109		
Children's Hospital and Health Center	W. H. Akeson	7	582	2,403		109		
Donald N. Sharp Memorial Community Mercy Hospital and Medical Center	P. H. Broadley	44	2,144	1,188		109		
Veterans Admin.	W. H. Akeson	52	912	7,075		109		
SAN FRANCISCO								
San Francisco Orthopedic Residency Training Program	L. W. Taylor				ACF	108	3C	012
Mary's Help (Daly City)	F. R. Schneider	47	1,655	577		108		
Kaiser Foundation	J. J. Brennan	33	1,148	27,848		108		
St. Joseph's	L. W. Taylor	108	4,372	10,547		108		
St. Mary's Hospital and Medical Center	L. W. Taylor					108		
Veterans Admin. (Martinez)	H. Lagerquist	30	500	5,480		108		
Shriners Hospital for Crippled Children (See Letterman Army Med. Ctr., San Fran., Calif., U. S. Army)								
University of California Program	W. R. Murray				ACF	002	8*	049
H. C. Moffitt—University of California Hospitals	W. R. Murray	46	1,454	10,881		002		
Children's Hospital of San Francisco	L. J. Larsen	31	1,542	988		002		
Mount Zion Hospital and Medical Center	R. B. Gordon	18	755	819		002		
Pacific Medical Center—Presbyterian	R. J. Branick	30	907	873		002		
Ralph K. Davies Medical Center—Franklin Hospital	B. H. Maeck	21	636			002		
San Francisco General	E. Bovill	38	1,460	9,898		002		
Shriners Hospital for Crippled Children	L. J. Larsen	34	356	3,022		002		
Veterans Admin.	R. C. Maurer	30	405	5,370		002		
						003		
Children's Hospital Medical Center of Northern California (Oakland)	M. Barer	6	437	2,708		002		
Highland General (Oakland)	T. K. Smith	23	1,237	9,554		002		
						003		
Kaiser Foundation (Oakland)	J. O. Johnston	25	1,091	26,659		002		
Samuel Merritt (Oakland)		71	3,420	5,014		002		
SAN JOSE								
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)								
SANTA CLARA								
Kaiser Foundation (See Stanford University Affiliated Hospitals, Stanford)								
SEPULVEDA								
Veterans Admin. (See Orthopaedic, Los Angeles)								
STANFORD								
Stanford University Affiliated Hospitals	D. A. Nagel				ACF	098	2C	016
							3*	
Stanford University	D. A. Nagel	48	2,135	5,429		098		
Veterans Admin. (Palo Alto)	D. S. Burton	13	387	1,120		098		
Santa Clara Valley Medical Center (San Jose)	R. M. Jameson	22	386	7,709		098		
Kaiser Foundation (Santa Clara)	B. G. Horowitz	30	1,003	12,930		098		
TORRANCE								
Los Angeles County Harbor General	P. H. Johnason	34	1,246	27,292	ACF	119	3F	015
						122		
Orthopaedic (Los Angeles)	J. J. Rieder	103	4,923	122,443		119		
						122		
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals	J. S. Miles				ACF	004	4C	016
University of Colorado Medical Center	J. S. Miles	24	735	8,763		004		
Children's	R. Eilert	14	560	3,432		004		
Denver General	R. Johnston	25	1,216	8,800		004		
						091		
Veterans Admin.	D. Bryan	23	526	4,160		004		
Rancho Los Amigos (Downey, Calif.)	V. Nickel	187	2,187	14,169		004		
						010		
						063		
						064		
Carrie Tingley Crippled Children's (Truth Or Consequences, N. M.)	D. H. Munger	26	530	8,174		004		
						093		
						096		

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered	
							1978-1979 1st Yr.	1979 All Yrs.
CONNECTICUT								
FARMINGTON								
University of Connecticut Affiliated Hospitals	H. R. Gossling				ACF	172	4C	012
John Dempsey	H. R. Gossling	38	187	3,400		172		
Hartford (Hartford)	R. L. Fisher	68	2,931	329		005		
						172		
St. Francis (Hartford)	K. Dowling	40	1,587	1,496		172		
Newington Children's (Newington)	J. M. Cary	38	1,632	8,428		005		
						082		
						172		
Veterans Admin. (Newington)	R. V. Worrell	25	492	6,111		172		
HARTFORD								
Hartford								
(See Univ. of Connecticut Affil. Hosps., Farmington)								
Hartford								
(See Yale-New Haven Medical Center, New Haven)								
St. Francis								
(See Univ. of Connecticut Affil. Hosps., Farmington)								
NEW HAVEN								
Yale—New Haven Medical Center	W. O. Southwick				ACF	005	6C	018
Yale—New Haven	W. O. Southwick	53	1,757	8,570		005		
Hospital of St. Raphael	A. H. Goodman	35	1,064	10,955		005		
Hartford (Hartford)	R. L. Fisher	68	2,931	329		005		
						172		
Newington Children's (Newington)	J. M. Cary	38	1,632	8,428		005		
						082		
						172		
Veterans Admin. (West Haven)	W. O. Southwick	26	453	2,520		005		
NEWINGTON								
Newington Children's								
(See Univ. of Connecticut Affil. Hosps., Farmington)								
Newington Children's								
(See Yale-New Haven Medical Center, New Haven)								
Newington Children's								
(See Dartmouth Medical School Affil. Hosps., Hanover, N. H.)								
Veterans Admin.								
(See Univ. of Connecticut Affil. Hosps., Farmington)								
WEST HAVEN								
Veterans Admin.								
(See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
WILMINGTON								
Alfred I. Dupont Institute of the Nemours Foundation	G. D. Mac Ewen	57	1,053	24,214	C	021	3C	006
						077		
Alfred I. Du Pont Institute of the Nemours Foundation								
(See Thomas Jefferson Univ. Affil. Hosps., Philadelphia, Pa.)								
Veterans Admin.								
(See Thomas Jefferson University Affil. Hosps., Philadelphia)								
DISTRICT OF COLUMBIA								
WASHINGTON								
Georgetown University Affiliated Hospitals	G. W. Hyatt				ACF	014	2*	012
Georgetown University	G. W. Hyatt	27	470	12,204		014		
District of Columbia General (Crippled Children's Unit)	C. H. Epps, Jr.	9	357	4,248		014		
						115		
Sibley Memorial	G. W. Hyatt	50	1,436	1,273		014		
Veterans Admin.	G. Hyatt, P. Kenmore	32	432	182,819		014		
						083		
						115		
Arlington (Arlington, Va.)	L. B. Van Herpe	39	1,392	547		014		
George Washington University Affiliated Hospitals	J. P. Adams				ACF	083	6C	018
George Washington University	J. P. Adams	45	1,450	18,000		083		
Children's Hospital National Medical Center	D. Mc Kay	9	488	8,910		083		
Veterans Admin.	J. Adams, P. Kenmore	32	423	182,819		014		
						083		
						115		
Washington Hospital Center						083		
Howard University Affiliated Hospitals	C. H. Epps, Jr.				ACF	115	4C	016
Howard University	C. H. Epps, Jr.	17	447	2,448		115		
District of Columbia General	M. P. Gladden	39	635	5,802		115		
District of Columbia General Hospital (Crippled Children's Unit)	C. H. Epps, Jr.	9	357	4,248		014		
						115		
Greater Southeast Community	J. Lynn	370	19,591			115		
Providence	C. H. Epps	23	603	1,017		115		
Veterans Admin.	P. Kenmore	32	423	182,819		014		
						083		
						115		
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	W. F. Enneking				ACF	123	3C	012
William A. Shands Teaching Hosp. and Clinics		24	931	7,758		123		
Veterans Admin.		34	706	3,764		123		

22. ORTHOPEDIC SURGERY—C continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered	
							1978-1979 1st Yr.	All Yrs.
FLORIDA—Continued								
JACKSONVILLE								
Jacksonville Hospitals Educational Program	M. Horowitz				ACF	062	3C	012
Hope Haven Children's		20	1,636	6,024		062		
St. Luke's		33	1,439	640		062		
University Hospital of Jacksonville		32	851	8,255		062		
MIAMI								
University of Miami Affiliated Hospitals	A. Sarmiento				ACF	076	6C	024
Jackson Memorial	A. Sarmiento	96	2,910	14,550		076		
Variety Children's	H. Shufflebarger	8	357	6,027		076		
						118		
Veterans Admin.	A. Sarmiento	36	590	4,062		076		
MIAMI BEACH								
Mount Sinai Medical Center of Greater Miami	C. Weiss	46	1,240	1,064	ACF	118	2C	004
Variety Children's (Miami)	H. Shufflebarger	8	357	6,027		076		
						118		
ORLANDO								
Orange Memorial	J. L. Gresham	64	2,965	5,720	ACF	020	2*	010
ST. PETERSBURG								
All Children's (See University of South Florida Affiliated Hospitals, Tampa)								
TAMPA								
University of South Florida Affiliated Hospitals	M. G. Anderson				ACF	180	2C	006
Tampa General		38	1,130	1,797		180		
Veterans Admin.		21	358	2,134		180		
All Children's (St. Petersburg)		5	210	2,098		180		
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	T. E. Whitesides, Jr.				ACF	039	5C	015
Grady Memorial	T. E. Whitesides, Jr.	53	1,774	22,767		039		
Crawford W. Long Memorial	J. W. Gamwell	11	418	418		039		
Emory University	T. E. Whitesides, Jr.	22	692			039		
Henrietta Egleson Hospital for Children	E. W. Schmitt, Jr.	8	363			039		
Scottish Rite Hospital for Crippled Children (Atlanta)						039		
						091		
						113		
						145		
Veterans Admin. (Decatur)	L. Fleming	38	1,925	4,622		039		
Georgia Baptist Medical Center	R. E. King	106	3,616	1,238	ACF	113	3C	012
Scottish Rite Hospital for Crippled Children	W. W. Lovell	30	1,364	8,900		039		
						091		
						113		
						145		
Scottish Rite Hospital for Crippled Children	W. W. Lovell	30	1,364	8,900	C	039		
						091		
						113		
						145		
AUGUSTA								
Medical College of Georgia Hospitals	F. E. Bliven, Jr.				ACF	114	1*	012
Eugene Talmadge Memorial	F. E. Bliven, Jr.	23	726	6,676		114		
University	F. E. Bliven, Jr.	7	245	3,527		114		
Veterans Admin.	N. A. Bhatti	27	393	2,909		114		
COLUMBUS								
Medical Center (See Tulane Univ. Affiliated Hosps., New Orleans, Louisiana)								
DECATUR								
Veterans Admin (See Emory University Affiliated Hosps., Atlanta)								
HAWAII								
HONOLULU								
University of Hawaii Affiliated Hospitals	I. Larsen				ACF	068	2C	006
Queen's Medical Center	L. Gordon	31	1,186	1,566		068		
Shriners Hospital for Crippled Children	I. J. Larsen	27	211	3,315		068		
Tripler Army Medical Center						068		
						086		
ILLINOIS								
CHICAGO								
Cook County	A. M. Pankovich	93	2,676	27,303	ACF	007	2*	010
						047		
						090		
Louis A. Weiss Memorial	R. D. Keagy	27	738	987		090		
Michael Reese Hospital and Medical Center	M. Post	57	1,456	30,000	ACF	135	3C	012
						1*		
Northwestern University Medical School Affiliated Hospitals	W. J. Kane				ACF	007	10*	050
Children's Memorial	M. O. Tachdjian	25	1,206	9,409		007		
Northwestern Memorial	W. J. Kane	82	2,118	4,502		007		
Cook County	A. M. Pankovich	93	2,676	27,303		007		
						047		
						090		
Veterans Admin. Lakeside	N. A. Rana	26	352	5,999		007		
Evanston (Evanston)	H. J. P. Sweeney	57	2,012	1,153		007		
St. Francis (Evanston)	D. Maylahn	43	943	8,660		007		
Lutheran General (Park Ridge)	A. Bunta	90	1,940	2,170		007		
Rush Medical College Affiliated Network Hospitals	J. O. Galante				ACF	174	3*	015
Rush—Presbyterian—St. Luke's Medical Center	J. O. Galante	49	1,500	2,000		174		
Christ (Oak Lawn)	D. Girzadas	71	2,032	5,988		174		
Shriners Hospital for Crippled Children (See Loyola University Affiliated Hospitals, Maywood)								
University of Chicago Hospitals and Clinics Arkansas Children's (Little Rock, Ark.)	G. S. Laros C. Nelson	43	1,200 582	9,000	ACF	136 136	1*	008

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Pro- gram No.	Positions Offered	
							1978-1979 1st Yr.	All Yrs.
LOUISIANA—Continued								
MONROE								
E. A. Conway Memorial (See Ochsner Foundation, New Orleans)								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals	R. D. O' Ambrosia				ACF	141	4C 2F	015
Charity Hospital of Louisiana	R. D. O' Ambrosia	28	929	14,967		141		
Touro Infirmary	R. J. Haddad, Jr.	61	1,997	1,607		010 141 141		
Earl K. Long Memorial (Baton Rouge)	R. D. O' Ambrosia	11	446	4,604		141		
Lafayette Charity (Lafayette)	R. O' Ambrosia	11	367			141		
Ochsner Foundation	A. W. Dunn	31	981	14,767	ACF	056	2*	008
E. A. Conway Memorial (Monroe)	A. W. Dunn	11	285	3,387		056		
Tulane University Affiliated Hospitals	J. K. Wickstrom				ACF	010	6C	032
Charity Hospital of Louisiana	J. K. Wickstrom	32	1,060	16,325		010 110 110		
Veterans Admin. (Alexandria)	J. K. Wickstrom	9	258	3,120		010		
Touro Infirmary	R. J. Haddad, Jr.	61	1,997	1,607		010 141 010		
U. S. Public Health Service	R. G. Clay, Jr.					010		
Veterans Admin.	J. K. Wickstrom	33	645	7,680		010		
Medical Center (Columbus, Ga.)	J. C. Hughston	26	1,123	1,496		010		
Huey P. Long Memorial (Pineville)						010		
Shriners Hospital for Crippled Children (Shreveport)	B. I. Rambach	45	483	3,050		010 043 117		
Rancho Los Amigos (Downey, Calif.)	V. Nickel	187	2,187	14,169		004 010 063 064		
PINEVILLE								
Huey P. Long Memorial (See Tulane University Affiliated Hospitals, New Orleans)								
SHREVEPORT								
L. S. U. (Shreveport) Affiliated Hospitals	C. G. Goodman				ACF	043	2C 3F	015
Confederate Memorial Medical Center	C. G. Goodman	21	766			043		
Shriners Hospital for Crippled Children	B. I. Rambach	45	483	3,050		010 043 117		
Veterans Admin.	C. G. Goodman	24	577			043		
Shriners Hospital for Crippled Children (See Tulane University Affiliated Hospitals, New Orleans)								
Shriners Hospital for Crippled Children (See Brooke Army Medical Center, San Antonio, Tex., U. S. Army)								
MARYLAND								
BALTIMORE								
James Lawrence Kernan	R. C. Abrams	49	2,088	9,008	C	020 070 088 121		
James Lawrence Kernan (See National Naval Medical Center, Bethesda, Md., U. S. Navy)								
James Lawrence Kernan (See Also Mayo Graduate School of Medicine, Rochester, Minn.)								
Johns Hopkins Affiliated Hospitals	R. A. Robinson	47	1,509		ACF	057	4C	012
Johns Hopkins	R. A. Robinson	47	1,509	9,578		057 070 087		
Baltimore City Hospitals	G. Schmeisser	25	676	7,675		057 070 087		
Children's	R. A. Robinson	60	1,819	8,941		057 087		
Good Samaritan						057		
Veterans Admin.	D. S. Hungerford	13	293	1,476		057		
Sinai Hospital of Baltimore	R. E. Zadek	36	1,283	2,171	AF	070	1C	003
Union Memorial	R. H. Michael	45	1,690	11,968	ACF	087	2C	006
University of Maryland Affiliated Hospitals	C. C. Edwards				ACF	088	3C	012
University of Maryland	C. C. Edwards	32	1,065	10,725		088		
Maryland Institute for Emergency Medicine (Trauma Unit)	C. C. Edwards	13	310	405		088		
St. Agnes	J. J. Tansy	28	777	1,104		088		
James Lawrence Kernan	R. C. Abrams	49	2,088	9,008		020 070 088 121		
MASSACHUSETTS								
BOSTON								
Boston University Affiliated Hospitals	R. E. Leach	171	4,400	33,578	ACF	066	4C	016
Lahey Clinic	W. R. Torgerson, Jr.	55	1,114	9,194		066		
Boston City	R. E. Leach	30	915	6,771		045 066		
University	R. E. Leach	29	1,040	1,300		066		
Baystate Medical Center (Springfield)	L. M. Kruger	53	2,089	1,077		066		
Shriners Hospital for Crippled Children (Springfield)	L. M. Kruger	46	415	4,279		066		

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
MASSACHUSETTS, BOSTON—Continued								
Carney	R. M. Kilfoyle	36	959	4,693	ACF	045	2C	006
Boston City	R. E. Leach	30	915	6,771		045 066		
Massachusetts Hospital School (Canton)	R. M. Kilfoyle	120	244	1,705		045 170		
Lakeville (Lakeville)	H. H. Banks	42	121			045		
Harvard Affiliated Hospitals	H. J. Mankin				ACF	011	12C	036
Beth Israel	H. S. Yett	26	726	2,216		011		
Children's Hospital Medical Center	J. E. Hall	62	2,473	12,471		011		
Massachusetts General	H. J. Mankin	138	4,301	16,875		011		
Peter Bent Brigham	C. B. Sledge	34	961	9,825		011		
Robert B. Brigham	C. B. Sledge	48	994	1,500		011		
Veterans Admin. (West Roxbury)	H. Gillies	16	340			011		
Tufts University Affiliated Hospitals	H. H. Banks				ACF	013	8C	032
New England Medical Center	H. H. Banks	47	1,420	7,453		013		
Joseph P. Kennedy Jr. Memorial	M. A. Mital	16	243	2,891		013		
Veterans Admin.	A. A. Thibodeau	39	1,073	2,214		013		
CANTON								
Massachusetts Hospital School (See Carney, Boston)								
Massachusetts Hospital School (See Univ. of Mass. Coordinated Program, Worcester)								
LAKEVILLE								
Lakeville (See Carney, Boston)								
SPRINGFIELD								
Baystate Medical Center (See Boston University Affiliated Hospitals, Boston)								
Shriner's Hospital for Crippled Children (See Boston University Affiliated Hospitals, Boston)								
TEWKSBURY								
Tewksbury Hospital (See Univ. of Mass. Coordinated Program, Worcester)								
WORCESTER								
University of Massachusetts Coordinated Program	A. M. Pappas	319			ACF	170	4C	016
Memorial	N. Cohen	42	1,755	282		170		
St. Vincent	N. E. Beisaw	45	1,100	10,000		170		
Worcester City	N. Malek					170		
Massachusetts Hospital School (Canton)	R. M. Kilfoyle	120	244	1,705		045 170		
Tewksbury (Tewksbury)	R. B. Keller	18	195	1,080		170		
MICHIGAN								
ALLEN PARK								
Veterans Admin. (See Wayne State University Affil. Hosps., Detroit)								
ANN ARBOR								
University of Michigan Affiliated Hospitals	W. S. Smith				ACF	074	6*	030
University	W. S. Smith	44	1,476	15,140		074		
St. Joseph Mercy	L. P. Kivi	45	1,713	7,813		074		
Veterans Admin.	D. T. Freier, W. S. Smith	9	331	2,818		074		
Wayne County General (Eloise)	W. S. Smith	23	763	8,287		074		
DEARBORN								
Oakwood (See Wayne State University Affiliated Hospitals, Detroit)								
DETROIT								
Henry Ford	E. R. Guise	120	2,240	38,200	ACF	142	7C	032
Metropolitan Northwest Detroit Hospitals	M. E. Castle				ACF	177	3*	012
Mount Carmel Mercy Hospital and Medical Center	M. E. Castle	46	1,210	1,598		177		
Sinai Hospital of Detroit	R. S. Kamil		541	75		177		
United Hospitals of Detroit—Grace Division	D. Burnstine	12	482	25		177		
Providence (Southfield)	M. E. Castle	23	878	171		177		
Wayne State University Affiliated Hospitals	H. E. Pedersen	414	4,969	23,769	ACF	012	5*	020
Veterans Admin. (Allen Park)						012		
Oakwood (Dearborn)	H. E. Pederson	49	1,631	209		012		
Children's Hospital of Michigan						012		
Detroit General						012		
United Hospitals of Detroit—Grace Division						012		
United Hospitals of Detroit—Harper Division						012		
ELDISE								
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)								
FLINT								
Mc Laren General	M. D. Wolf	31	1,636	495	ACF	089	1C	004
GRAND RAPIDS								
Blodgett Memorial Medical Center—Butterworth	A. B. Swanson				ACF	159	2*	010
Blodgett Memorial Medical Center		48	2,055	2,263		159		
Butterworth		40	1,461	944		159		
Mary Free Bed Hospital and Rehabilitation Complex						143 159		
St. Mary's	C. D. Edholm	49	2,120	3,275	ACF	143	2*	008
Mary Free Bed Hospital and Rehabilitation Complex						143 159		

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered	
							1978-1979 1st Yr.	1979 All Yrs.
MICHIGAN—Continued								
KALAMAZOO								
Southwestern Michigan Area Health Education Center	C. M. Hanson	81	2,881	1,833	ACF	126	2C	010
Borgess Bronson Methodist						126 126	2F	
ROYAL OAK								
William Beaumont	S. Stanisvljevic	51	2,459	1,839	ACF	173	2*	010
SOUTHFIELD								
Providence (See Metropolitan Northwest Detroit Hospitals, Detroit)								
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	R. C. Thompson, Jr.				ACF	080	4*	017
University of Minnesota Hospitals	R. C. Thompson, Jr.	22	837	5,875		080		
Fairview		43	1,477	5,930		080		
Hennepin County Medical Center	R. B. Gustilo	26	1,147	10,579		016 080		
St. Mary's	R. C. Thompson	40	1,300			080		
Veterans Admin.	R. Premer	75	1,265	4,645		016 080		
Gillette Children's (St. Paul)	R. B. Winter	25	951	30,814		016 080		
St. Paul—Ramsey (St. Paul)	T. H. Comfort	30	1,346	10,396		016 080		
Veterans Admin.	R. F. Premer	75	1,265	4,645	ACF	016 080	2C	013
Hennepin County Medical Center	R. B. Gustilo	26	1,147	10,579		016 080		
Shriners Hospital for Crippled Children	D. R. Lannin	27	270	2,346		016		
Gillette Children's (St. Paul)	R. B. Winter	25	951	30,814		016 080		
St. Paul—Ramsey (St. Paul)	T. H. Comfort	30	1,346	10,396		016 080		
ROCHESTER								
Mayo Graduate School of Medicine	P. J. Kelly			64,379	ACF	121	5*	065
Rochester Methodist		93	2,783	6,832		121		
St. Mary's		158	4,768	6,327		121		
Gillette Children's (St. Paul)	R. B. Winter	25	951	30,814		016 080		
James Lawrence Kernan (Baltimore, Md.)	R. C. Abrams	49	2,088	9,008		121 020 070 088 121		
ST. PAUL								
Gillette Children's (See University of Minnesota Affiliated Hosps., Minneapolis)								
Gillette Children's (See Veterans Admin., Minneapolis)								
Gillette Children's (See Mayo Graduate School of Medicine, Rochester)								
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)								
St. Paul—Ramsey (See Veterans Admin., Minneapolis)								
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	J. L. Hughes, Jr.				ACF	006	8C	008
University	J. L. Hughes, Jr.	20	811	4,668		006		
Veterans Admin. Center	D. T. Imrie	26	449	4,571		006		
MISSOURI								
CDLUMBIA								
University of Missouri Medical Center	W. C. Allen	40	1,258	9,127	ACF	148	2*	010
Veterans Admin.	T. S. Cullley	22	630	3,462		148		
KANSAS CITY								
University of Missouri at Kansas City Affiliated Hospitals	J. L. Barnard				ACF	018	2C	004
Truman Medical Center	J. L. Barnard	7	2,342	4,988		018		
Children's Mercy	J. L. Barnard	6	248	5,046		018		
St. Luke's	J. L. Barnard	65	2,100	2,200		018		
Veterans Admin.	J. L. Barnard, R. Jacobs	23	450	1,696		018		
ST. LOUIS								
St. Louis University Group of Hospitals	D. E. O' Reilly				ACF	046	3*	015
St. Louis University	D. E. O' Reilly	20	520	1,866		046		
Cardinal Glennon Memorial Hospital for Children	D. E. O' Reilly			410		046		
St. Louis City	A. Rao	24	713	6,843				
St. Mary's Health Center	D. E. O' Reilly, R. Funsch	33	1,115	56		046		
Shriners Hospital for Crippled Children (See Letterman Army Med. Ctr., San Fran., Calif., U.S. Army)								
Washington University Affiliated Hospitals	L. A. Whiteside				ACF	60	6*	017
Barnes Hospital Group	L. A. Whiteside		2,172	3,928		060 046		
St. Louis City						060		
Shriners Hospital for Crippled Children	V. M. Badger	48	948	8,019		040 060		
Veterans Admin.	J. C. Ellsasser	15	432	3,289		060		

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
NEBRASKA								
OMAHA								
Creighton University Affiliated Hospitals	R. T. Chiroff				ACF	132	2C	004
Creighton Memorial St. Joseph's		28	894	2,712		132		
Archbishop Bergan Mercy						132		
University of Nebraska Affiliated Hospitals	J. F. Connolly				ACF	001	3*	012
University of Nebraska	J. F. Connolly	14	810	6,758		001		
Nebraska Methodist	L. T. Hood	26	1,314	23,157		001		
Veterans Admin.	J. F. Connolly	11	416	3,350		001		
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals	L. Hall				ACF	082	2C	006
Mary Hitchcock Memorial	L. Hall	39	982	11,722		082		
Newington Children's (Newington, Conn.)	J. M. Cary	38	1,632	8,428		005		
						082		
						172		
Veterans Admin. Center (White River Junction, Vt.)	O. S. Staples	19	352	3,363		082		
NEW JERSEY								
CAMDEN								
Cooper								
(See Thomas Jefferson University Affil. Hosps., Philadelphia)								
EAST ORANGE								
Veterans Admin.								
(See CMDNJ-New Jersey Med. School Affil. Hosps., Newark)								
GREEN BROOK								
Raritan Valley								
(See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)								
JERSEY CITY								
Jersey City Medical Center								
(See CMDNJ-New Jersey Med. School Affil. Hosps., Newark)								
LONG BRANCH								
Monmouth Medical Center	A. J. Lopano	47	1,296	1,605	ACF	146	1C	004
NEWARK								
CMDNJ—New Jersey Medical School Affiliated Hospitals	A. Weiss				ACF	102	8C	038
						6*		
Veterans Admin. (East Orange)	C. K. Lee	35	407	89,204		102		
Jersey City Medical Center (Jersey City)	J. P. Rao	60	698	7,400		102		
Martland	A. Weiss	53	774	7,011		102		
United Hosps. Orthopedic Center—Hosp. for Crippled Children—Adults	S. G. Nakhla	75	1,687	5,150		102		
New Jersey Orthopaedic (Orange)	R. R. Ciccone	45	1,193	13,578		102		
NEW BRUNSWICK								
St. Peter's Medical Center								
(See CMDNJ-Rutger's Medical School Affil. Hosps., Piscataway)								
ORANGE								
New Jersey Orthopaedic Hospital								
(See CMDNJ-New Jersey Med. School Affil. Hosps., Newark)								
PATERSON								
St. Joseph's Hospital and Medical Center	R. V. Holman	48	1,337	1,942	ACF	147	2C	005
PISCATAWAY								
CMDNJ—Rutgers Medical School Affiliated Hospitals	J. P. Zawadsky				ACF	149	3C	006
Raritan Valley (Green Brook)		22	776	1,079		149		
St. Peter's Medical Center (New Brunswick)		35	1,371	7,650		149		
NEW MEXICO								
ALBUQUERQUE								
University of New Mexico Affiliated Hospitals	G. E. Omer, Jr.				ACF	093	3*	016
Bernalillo County Medical Center	G. E. Omer, Jr.	18	935	9,837		093		
Lovelace—Bataan Medical Center	R. S. Turner	20	839	15,263		093		
Veterans Admin.	R. Mc Roberts	41	1,165	3,053		093		
Carrie Tingley Crippled Children's (Truth Or Consequences)	D. H. Munger	26	530	8,174		004		
						093		
						096		
TRUTH OR CONSEQUENCES								
Carrie Tingley Crippled Children's	D. H. Munger	26	530	8,174	C	004	5C	005
						093		
						096		
Carrie Tingley Crippled Children's (See University of Colorado Affil. Hosps., Denver)								
Carrie Tingley Crippled Children's (See Univ. of New Mexico Affiliated Hospitals, Albuquerque)								
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	R. J. Jacobs				ACF	055	4C	016
Albany Medical Center	R. L. Jacobs	90	6	1,882		055		
Veterans Admin.	R. L. Jacobs	21	321	4,600		055		
Ellis (Schenectady)	J. A. Dolan	53	1,347	521		055		
Sunnyside Hospital and Rehabilitation Center (Schenectady)						055		

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
NEW YORK, SCHENECTADY—Continued								
Sunnyview Hospital and Rehabilitation Center (See Albany Medical Center Affiliated Hosps., Albany)								
SYRACUSE								
S. U. N. Y. Upstate Medical Center	D. G. Murray				ACF	048	4C	016
Crouse Irving—Memorial	D. G. Murray	44	1,770			048		
St. Joseph's Hospital Health Center	A. Vercillo, F. Bersani	35	1,256	764		048		
State University	D. G. Murray	30	1,145	3,266		048		
Veterans Admin.	R. O. Becker	26	512	5,340		048		
Children's Hospital and Rehabilitation Center of Utica (Utica)						048		
UTICA								
Children's Hospital and Rehabilitation Center of Utica (See S. U. N. Y. Upstate Medical Ctr., Syracuse)								
WEST HAVERSTRAW								
Helen Hayes	A. Garrett	131	812	7,616	C	128 150	1C	004
Helen Hayes (See Columbia University Affiliated Hospitals, New York City)								
Helen Hayes (See Harlem Hospital Center, New York City)								
NORTH CAROLINA								
ASHEVILLE								
Veterans Admin. (See Duke University Affiliated Hospitals, Durham)								
CHAPEL HILL								
University of North Carolina Affiliated Hospitals	F. C. Wilson	32	911	16,936	ACF	081	4*	016
North Carolina Memorial	F. C. Wilson	41	320	5,537		081		
North Carolina Orthopedic (Gastonia)	G. R. Miller					019		
Wake County Medical Center (Raleigh)	T. B. Dameron, Jr.	42	1,644	850		081		
CHARLOTTE								
Charlotte Memorial Hospital and Medical Center	J. S. Gaul, Jr.	130	4,194	4,900	ACF	104	2* 1F	012
DURHAM								
Duke University Affiliated Hospitals	J. L. Goldner	102	2,930	34,817	ACF	019	4*	036
Duke University Medical Center	J. L. Goldner					019		
Durham County General						019		
Veterans Admin.	R. J. Ruderman	40	790	4,994		019		
North Carolina Orthopedic (Gastonia)	G. R. Miller	41	320	5,537		019		
Veterans Admin. (Asheville)						081		
Shriners Hospital for Crippled Children (Erie, Pa.)	J. J. Monahan	23	366	2,564		019		
Shriners Hospital for Crippled Children (Greenville, S. C.)	F. H. Stelling	55	702	6,378		156		
						019		
						033		
GASTONIA								
North Carolina Orthopedic (See North Carolina Memorial, Chapel Hill)								
North Carolina Orthopedic (See Duke University Affiliated Hospitals, Durham)								
GREENSBORO								
Moses H. Cone Memorial (See Bowman Gray School of Med. Affil. Hosps. Winston-Salem)								
RALEIGH								
Wake County Medical Center (See University of North Carolina Affil. Hosps. Chapel Hill)								
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals	A. G. Gristina				ACF	077	3*	015
North Carolina Baptist		43	1,006	3,125		077		
Moses H. Cone Memorial (Greensboro)		48	1,540	3,033		077		
OHIO								
AKRON								
Akron City Hospital—Children's Hospital of Akron	W. A. Hoyt				ACF	015	3*	015
Akron City		78	2,798	1,164		015		
Children's Hospital of Akron	W. A. Hoyt, Jr.	29	1,648	2,494		015		
Akron General Hospital—Children's Hospital of Akron						058		
Akron General	B. S. Smith	72	2,159	15,982	ACF	058	2*	010
Children's Hospital of Akron	W. A. Hoyt, Jr.	29	1,648	2,494		015		
						058		
CINCINNATI								
University of Cincinnati Hospital Group	E. H. Miller	10	436	2,764	ACF	017	5*	025
Children's Hospital Medical Center	E. H. Miller	45	931	9,352		017		
Cincinnati General	E. H. Miller					017		
Good Samaritan	N. J. Giannestras	107	3,109	732		017		
Jewish	R. Jolson	42	1,413	747		017		
Veterans Admin.	E. H. Miller	17	368	4,196		017		
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	C. H. Herndon	31	787	5,184	ACF	027	4*	028
Cleveland Metropolitan General	C. Herndon, A. Freehafer	72	2,035	8,030		027		
University Hospitals of Cleveland	C. H. Herndon	51	608	4,800		027		
Veterans Admin.	D. Green	63	1,895	23,168	ACF	042	4*	020
Cleveland Clinic	A. H. Wilde	31	1,032	2,472		042		
St. Vincent Charity	K. S. Alfred					042		

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered	
							1978-1979 1st Yr.	All Yrs.
PENNSYLVANIA—Continued								
HERSHEY								
Pennsylvania State University Affiliated Hospitals Milton S. Hershey Medical Center of the Pennsylvania State University	R. B. Greer, 3d				ACF	151	3C	009
Elizabethtown Hospital for Children and Youth (Elizabethtown)	R. B. Greer, 3d	20	880	8,971		151		
	E. P. Schwentker	54	581	6,536		021 092 151 155		
Harrisburg (Harrisburg)* Harrisburg Polyclinic (Harrisburg)	G. A. Berkheimer	39	1,126	968		151 151		
PHILADELPHIA								
Albert Einstein Medical Center	S. Albert	41	1,215	2,499	ACF	157 157	2C	008
Moss Rehabilitation Shriners Hospital for Crippled Children	H. H. Steel	73	501	4,700		029 157		
Hahnemann Medical College Affiliated Hospitals Hahnemann Medical College and Hospital	A. T. Berman	50	600	7,500	ACF	092 092	3C	012
Elizabethtown Hospital for Children and Youth (Elizabethtown)	E. P. Schwentker	54	581	6,536		021 092 151 155		
Hospital of the Medical College of Pennsylvania	J. L. Sbarbaro, Jr.	30	648	6,376	ACF	026	1C	003
Temple University Affiliated Hospitals	J. W. Lachman				ACF	029	4C	016
Temple University	J. W. Lachman	29	827	33,416		029		
St. Christopher's Hospital for Children	J. Lachman	9	260	3,200		029		
Shriners Hospital for Crippled Children	H. H. Steel	73	501	4,700		029 157		
Abington Memorial (Abington)	P. R. Sweterlitsch	33	1,369	1,095		029		
Thomas Jefferson University Affiliated Hospitals	J. J. Gartland				ACF	021	6C 1F	024
Thomas Jefferson University	J. J. Gartland	45	1,392	6,092		021		
Lankenau	J. Dowling	37	1,073	1,557		021		
Methodist	P. J. Marone	12	549	2,460		021		
Bryn Mawr (Bryn Mawr)	H. E. Snedden	35	1,352	715		021		
Elizabethtown Hospital for Children and Youth (Elizabethtown)	E. P. Schwentker	54	581	6,536		021 092 151 155		
Alfred I. Du Pont of the Nemours Foundation (Wilmington, Del.)	G. D. Mac Ewen	57	1,053	24,214		021 077		
Veterans Admin. (Wilmington, Del.)	E. Ger	19	288	2,912		021		
Cooper (Camden, N. J.)	H. H. Sherk	38	1,050	3,792		021		
University of Pennsylvania Affiliated Hospitals	C. T. Brighton				ACF	023	8C	032
Children's Hospital of Philadelphia	S. M. K. Chung		540	5,000		023		
Graduate Hospital of the University of Pennsylvania	J. E. Nixon	22	845	3,306		023		
Hospital of the University of Pennsylvania	C. T. Brighton	45	1,351	4,645		023		
Pennsylvania	R. H. Rothman	40	701	2,106		023		
Presbyterian—University of Pennsylvania Medical Center	E. L. Ralston	9	252	1,750		023		
Veterans Admin.	R. B. Heppenstall	36	459	7,500		023		
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	A. B. Ferguson, Jr.				ACF	030	10C	030
Allegheny General						030		
Children's Hospital of Pittsburgh	A. B. Ferguson	28	1,522	5,836		030		
Mercy						030		
Montetiere		24	891	809		030		
Presbyterian—University	A. B. Ferguson, Jr.	75	2,998	3,662		030		
St. Francis General	H. A. Wissinger	26	1,104	1,253		030		
St. Margaret Memorial	H. Wissinger, C. Eisenbeis	42	1,470	3,492		030		
Veterans Admin.	P. Laing	37	624	2,380		030		
READING								
Reading	L. C. Yund	30	450	2,500	ACF	072	1*	004
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	R. Fernandez-Filiberti				ACF	161	1C 1F	007
University District	R. Fernandez-Filiberti	38	952	19,925		161		
San Juan City	J. A. Abreu	78	4,187	5,283		161		
Veterans Admin. Center	R. Fernandez-Filiberti	18	372	4,375		161		
RHODE ISLAND								
PROVIDENCE								
Rhode Island	A. A. Savastano	73	2,054	13,203	ACF	162	2C	008
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	J. A. Siegling				ACF	052	3C	011
Medical University of South Carolina	J. A. Siegling	16	365	6,277		052		
Charleston County	J. A. Siegling	12	245			052		
Naval Regional Medical Center	J. G. Dewaal	28	1,453	16,521		052		
Veterans Admin.	E. K. Wallace	18	479	3,150		052		
COLUMBIA								
Richland Memorial	N. P. Deb Roy	83	3,152	3,339	ACF	163	2C 2F	010
Veterans Admin.	J. T. Green	36	551	2,975		163		
GREENVILLE								
Greenville Hospital System	F. H. Stelling	10	3,786	3,835	ACF	033	3* 1F	015
Shriners Hospital for Crippled Children	F. H. Stelling	55	702	6,378		019 033		
Shriners Hospital for Crippled Children	F. H. Stelling	55	702	6,378	C	019 033		

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
SOUTH CAROLINA, GREENVILLE —Continued								
Shriners Hospital for Crippled Children (See Duke University Affiliated Hospitals, Durham, N.C.)								
TENNESSEE								
CHATTANOOGA								
University of Tennessee Clinical Education Center	R. C. Coddington				ACF	164	3C 3F	015
Baroness Erlanger T. C. Thompson Children's		80	3,336	4,173		164 164		
KNOXVILLE								
East Tennessee Affiliated Hospitals					ACF	085	3C	009
East Tennessee Baptist Fort Sanders Presbyterian St. Mary's Memorial	J. Luna	54	1,169	2,224		085 085 085		
University of Tennessee Memorial Research Center and Hospital	D. F. Fardon S. L. Wallace	109 34	1,880	4,586		085		
MEMPHIS								
Campbell Foundation and University of Tennessee	A. J. Ingram	345	9,775	58,162	ACF	061	6C 2*	024
Campbell Clinic City of Memphis Hospitals Baptist Memorial Methodist Le Bonheur Children's Veterans Admin. Crippled Children's Hospital School	A. J. Ingram A. J. Ingram M. J. Stewart M. Moore, Jr. A. S. Edmonson C. Metz, Jr., A. J. Ingram F. P. Sage	27 174 86 10 19 28	910 4,706 2,987 405 595 100	40,711 3,272 1,761 722 33 6,449 5,093		061 061 061 061 061 061 061		
NASHVILLE								
Vanderbilt University Affiliated Hospitals		18	671	4,927	ACF	116	5C	018
Nashville Metropolitan General Vanderbilt University Veterans Admin.	P. P. Griffin A. L. Brooks	36 27	1,245 712	12,750 9,201		116 116 116		
TEXAS								
CORPUS CHRISTI								
Ada Wilson Hosp. of Physical Medicine and Rehabilitation (See Scott and White Memorial, Temple)								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals Parkland Memorial Baylor University Medical Center Texas Scottish Rite Hospital for Crippled Children Veterans Admin.	L. H. Paradies L. H. Paradies F. L. Ware B. Carrell R. E. Jones	33 142 37 34	1,116 4,880 946 808	10,436 466 16,520 11,180	AF AF C AF	032 032 032 032	5*	020
EL PASO								
R. E. Thomason General (See Wm. Beaumont Army Med. Center, El Paso, Tex., U.S. Army)								
R. E. Thomason General (See Texas Tech University Affiliated Hospitals, Lubbock)								
FORT WORTH								
Fort Worth Affiliated Hospitals John Peter Smith Fort Worth Children's Hospital—Fort Worth Medical Center Harris Hospital—Fort Worth Medical Center	J. B. Harmon J. B. Harmon J. J. Innis H. E. Block	27 11 50	888 583 2,050	7,754 2,262	ACF	100 100 100 100	4C	016
GALVESTON								
University of Texas Medical Branch Hospitals	E. B. Evans	175	3,356	13,502	ACF	165	4C	015
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	H. S. Tullos				ACF	049	5C 2F	020
Ben Taub General Methodist St. Luke's Episcopal Shriners Hospital for Crippled Children Texas Children's Veterans Admin.	H. S. Tullos H. S. Tullos J. Barnhart R. F. Stanley	27 91 32 83 34	1,427 3,287 384 3,494 1,111	10,411 2,564 3,404 567 8,246		049 049 049 166 049 049		
University of Texas at Houston Affiliated Hospitals Hermann St. Joseph Shriners Hospital for Crippled Children	M. M. Donovan	39 56	2,002 1,984	2,564 2,536	ACF	166 166 166 049 166	3C	012
LUBBOCK								
Texas Tech University Affiliated Hospitals University St. Mary of the Plains West Texas R. E. Thomason General (El Paso)	J. T. Hartman J. T. Hartman R. Bagg	22 14	1,082 1,120	3,254	ACF	160 160 160 160	2C	008
SAN ANTONIO								
Santa Rosa Medical Center (See Brooke Army Med. Center, San Antonio, Tex., U.S. Army)								
University of Texas at San Antonio Teaching Hospitals Baptist Memorial Bexar County Teaching Santa Rosa Medical Center Veterans Admin.	D. P. Green D. P. Green S. A. Rowland J. B. Aust	39 51 42	2,059 2,305 1,013	14,595 6,347 8,670	ACF	095 095 095 117 120 095	6*	030

22. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Type Train- ing	Pro- gram No.	Positions Offered 1978-1979 1st Yr.	All Yrs.
TEXAS—Continued								
TEMPLE								
Scott and White Memorial	D. E. Pizar	39	1,720	19,219	ACF	171	2C 2F	015
Santa Fe Memorial Veterans Admin. Center	R. M. Gingrich	70	1,460	6,591		171 171		
Ada Wilson Hosp. Physical Medicine & Rehabilitation (Corpus Christi)	L. H. Wilk	14	159	2,604		171		
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals University	S. S. Coleman H. K. Dunn	16	680	7,092	ACF	034 034	4C	022
Holy Cross Hospital of Salt Lake City	J. N. Henrie	31	1,519	1,704		034		
LDS Hospital	W. E. Hess	39	1,697	223		034		
Primary Children's Medical Center	S. W. Allred	6	511			034		
Shriners Hospital for Crippled Children	S. S. Coleman					034		
Veterans Admin.	A. C. Ruoff, 3d	18	503	4,500		034		
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	F. T. Hoaglund	53	1,957	2,767	ACF	167	2*	008
WHITE RIVER JUNCTION								
Veterans Admin. Center (See Dartmouth Med. School Affiliated Hosps., Hanover, N. H.)								
VIRGINIA								
ARLINGTON								
Arlington (See Georgetown Univ. Affil. Hosps., Washington, D. C.)								
National Orthopaedic and Rehabilitation	J. W. Leabhart	96	3,423		ACF	168	2C	008
CHARLOTTESVILLE								
University of Virginia Affiliated Hospitals University of Virginia	W. G. Stamp W. G. Stamp	58	1,576	5,716	ACF	129 129	4C	017
Roanoke Memorial Hospitals (Roanoke)	C. B. Bray	36	1,294	2,636		129		
Veterans Admin. (Salem)	P. C. Trout	9	216	3,111		129		
NORFOLK								
Eastern Virginia Medical School Affiliated Hospitals Norfolk General	C. Spears C. Spears	42	1,055	1,537	ACF	103 103	2C	006
Children's Hospital of the King's Daughters	C. Spears	4	172	979		103		
Crippled Children's (Richmond)	B. B. Clary	38	914	16,919		035 103		
RICHMOND								
Crippled Children's (See Eastern Virginia Medical School Affil. Hosps., Norfolk)								
Virginia Commonwealth University M.C.V. Affiliated Hospitals	J. A. Cardea B. B. Clary	115 38	3,000 914	21,000 16,919	ACF	035 035	5C	016
Crippled Children's						103		
Medical College of Virginia Hospitals Veterans Admin.	J. A. Cardea W. M. Deyerle	55 21	1,200 541	7,100 4,395		035 035		
ROANOKE								
Roanoke Memorial Hospitals (See Univ. of Virginia Affiliated Hosps., Charlottesville)								
SALEM								
Veterans Admin. (See Univ. of Virginia Affiliated Hosps., Charlottesville)								
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals University	D. M. Chaplin D. M. Chaplin	16	818	8,470	ACF	036 036	4*	024
Children's Orthopedic Hospital and Medical Center	L. T. Staheli	12	951	6,397		036		
Harborview Medical Center	S. T. Hansen, Jr.	25	1,265	10,528		036		
Swedish Hospital Medical Center	S. E. Newton	71	3,283	266		036		
Veterans Admin.	F. Lippert		570	4,984		036		
Shriners Hospital for Crippled Children (Spokane)	R. W. Maris	27	221	2,646		036		
SPOKANE								
Shriners Hospital for Crippled Children (See University of Washington Affiliated Hospitals, Seattle)								
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Monongalia General	R. N. Clark	30	1,281	7,402	ACF	169 169	2C	008
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals Madison General	A. A. Mc Beath A. C. Cowle	48	2,237		ACF	097 097	4*	020
St. Marys Hospital Medical Center	C. H. Vogt	30	1,591			097		
University Hospitals	A. A. Mc Beath	34	1,150	9,666		097		
Veterans Admin.	S. C. Rogers	30	496	3,622		097		
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals Columbia	B. J. Brewer A. C. Schmidt	49	1,317	1,295	ACF	037 037	5*	025
Milwaukee Children's	R. Zuege	11	403	3,324		037		
Milwaukee County General	B. J. Brewer	25	1,308	12,985		037		
Mount Sinai Medical Center						037		
St. Joseph's	J. O'D. Mc Cabe	56	1,761	4,567		037		
Veterans Admin. Center (Wood)	M. C. Collopy	29	723	9,706		037		

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Nebraska Methodist Hospital	Omaha, Neb.	16.	Hennepin County Medical Center	Minneapolis
	University of Nebraska Hospital	Omaha, Neb.		Shriners Hospital for Crippled Children	Minneapolis
	Veterans Admin. Hospital	Omaha, Neb.		Veterans Admin. Hospital	Minneapolis
2.	H. C. Moffitt-University of California Hospitals	San Francisco	17.	Children's Hospital Medical Center	Cincinnati
	Children's Hospital of San Francisco	San Francisco		Cincinnati General Hospital	Cincinnati
	Mount Zion Hospital and Medical Center	San Francisco		Good Samaritan Hospital	Cincinnati
	Pacific Medical Center-Presbyterian Hospital	San Francisco		Jewish Hospital	Cincinnati
	Ralph K. Davies Medical Center-Franklin Hospital	San Francisco		Veterans Admin. Hospital	Cincinnati
	San Francisco General Hospital	San Francisco	18.	Children's Mercy Hospital	Kansas City, Mo.
	Shriners Hospital for Crippled Children	San Francisco		Kansas City General Hospital and	Kansas City, Mo.
	Veterans Admin. Hospital	San Francisco		Medical Center	Kansas City, Mo.
	Children's Hospital Med. Ctr. of			St. Luke's Hospital	Kansas City, Mo.
	Northern Calif.	Oakland, Calif.		Veterans Admin. Hospital	Kansas City, Mo.
	Highland General Hospital	Oakland, Calif.	19.	Duke University Medical Center	Durham, N.C.
	Kaiser Foundation Hospital	Oakland, Calif.		Durham County General Hospital	Durham, N.C.
	Samuel Merritt Hospital	Oakland, Calif.		Veterans Admin. Hospital	Durham, N.C.
3.	Shriners Hospital for Crippled Children	Los Angeles		Veterans Admin. Hospital	Asheville, N.C.
	Highland General Hospital	Oakland, Calif.		North Carolina Orthopedic Hospital	Gastonia, N.C.
	Veterans Admin. Hospital	San Francisco		Shriners Hospital for Crippled Children	Erie, Pa.
4.	Children's Hospital	Denver		Shriners Hospital for Crippled Children	Greenville, S.C.
	Denver General Hospital	Denver	20.	Naval Regional Medical Center	Oakland, Calif.
	University of Colorado Medical Center	Denver		Orange Memorial Hospital	Orlando, Fla.
	Veterans Admin. Hospital	Denver		James Lawrence Kernan Hospital	Baltimore
	Rancho Los Amigos Hospital	Downey, Calif.		National Naval Medical Center	Bethesda, Md.
	Carrie Tingley Crippled Children's		21.	Alfred I. DuPont Institute	Wilmington, Del.
	Hospital	Truth or Consequences, N.M.		of the Nemours Foundation	Wilmington, Del.
5.	Hartford Hospital	Hartford, Conn.		Veterans Admin. Hospital	Wilmington, Del.
	Hospital of St. Raphael	New Haven, Conn.		Cooper Hospital	Camden, N.J.
	Yale-New Haven Hospital	New Haven, Conn.		Bryn Mawr Hospital	Bryn Mawr, Pa.
	Newington Children's Hospital	Newington, Conn.		Elizabethtown Hospital for	Elizabethtown, Pa.
	Veterans Admin. Hospital	West Haven, Conn.		Children and Youth	Elizabethtown, Pa.
6.	University Hospital	Jackson, Miss.		Lankenau Hospital	Philadelphia
	Veterans Admin. Center	Jackson, Miss.		Methodist Hospital	Philadelphia
7.	Children's Memorial Hospital	Chicago		Thomas Jefferson University Hospital	Philadelphia
	Cook County Hospital	Chicago	22.	Hospital for Special Surgery	New York City
	Northwestern Memorial Hospital	Chicago		New York Hospital	New York City
	Veterans Admin. Lakeside Hospital	Chicago		Veterans Admin. Hospital (Bronx)	New York City
	Evanston Hospital	Evanston, Ill.	23.	Children's Hospital of Philadelphia	Philadelphia
	St. Francis Hospital	Evanston, Ill.		Graduate Hosp. of the Univ. of Pa.	Philadelphia
	Lutheran General Hospital	Park Ridge, Ill.		Hospital of the University of Pennsylvania	Philadelphia
8.	Indiana University Hospitals	Indianapolis		Pennsylvania Hospital	Philadelphia
	Methodist Hospital of Indiana	Indianapolis		Presbyterian-Univ. of Pa. Medical Center	Philadelphia
	St. Vincent Hospital	Indianapolis		Veterans Admin. Hospital	Philadelphia
	Veterans Admin. Hospital	Indianapolis	24.	Buffalo General Hospital	Buffalo
	William N. Wishard Memorial Hospital	Indianapolis		Children's Hospital of Buffalo	Buffalo
9.	Kosair Crippled Children Hospital	Louisville, Ky.		Edward J. Meyer Memorial Hospital	Buffalo
	Louisville General Hospital	Louisville, Ky.		Veterans Admin. Hospital	Buffalo
	Veterans Admin. Hospital	Louisville, Ky.	25.	Children's Hospital	Columbus, Ohio
10.	Rancho Los Amigos Hospital	Downey, Calif.		Mount Carmel Medical Center	Columbus, Ohio
	Charity Hospital of La. (Tulane U. Div.)	New Orleans	26.	Hospital of the Medical College of Pennsylvania	Philadelphia
	Touro Infirmary	New Orleans	27.	Cleveland Metropolitan General Hospital	Cleveland
	U.S. Public Health Service Hospital	New Orleans		University Hospitals of Cleveland	Cleveland
	Veterans Admin. Hospital	New Orleans		Veterans Admin. Hospital	Cleveland
	Veterans Admin. Hospital	Alexandria, La.	28.	Emanuel Hospital	Portland, Ore.
	Huey P. Long Memorial Hospital	Pineville, La.		Shriners Hospital for Crippled Children	Portland, Ore.
	Shriners Hospital for Crippled Children	Shreveport, La.		University of Oregon Health Sciences Center	Portland, Ore.
	Medical Center	Columbus, Ga.		Hospital and Clinics	Portland, Ore.
11.	Beth Israel Hospital	Boston		Veterans Admin. Hospital	Portland, Ore.
	Children's Hospital Medical Center	Boston	29.	St. Christopher's Hospital for Children	Philadelphia
	Massachusetts General Hospital	Boston		Shriners Hospital for Crippled Children	Philadelphia
	Peter Bent Brigham Hospital	Boston		Temple University Hospital	Philadelphia
	Robert B. Brigham Hospital	Boston		Abington Memorial Hospital	Abington, Pa.
	Veterans Admin. Hospital (West Roxbury)	Boston	30.	Allegheny General Hospital	Pittsburgh
12.	Veterans Admin. Hospital	Allen Park, Mich.		Children's Hospital of Pittsburgh	Pittsburgh
	Oakwood Hospital	Dearborn, Mich.		Mercy Hospital	Pittsburgh
	Children's Hospital of Michigan	Detroit		Montefiore Hospital	Pittsburgh
	Detroit General Hospital	Detroit		Presbyterian-University Hospital	Pittsburgh
	United Hospitals of Detroit—Grace Division	Detroit		St. Francis General Hospital	Pittsburgh
	United Hospitals of Detroit—Harper Division	Detroit		St. Margaret Memorial Hospital	Pittsburgh
13.	Joseph P. Kennedy Jr. Memorial Hospital	Boston		Veterans Admin. Hospital	Pittsburgh
	New England Medical Center Hospital	Boston	31.	Genesee Hospital	Rochester, N.Y.
	Veterans Admin. Hospital	Boston		Highland Hospital of Rochester	Rochester, N.Y.
14.	District of Columbia General Hospital	Washington, D.C.		Rochester General Hospital	Rochester, N.Y.
	(Crippled Children's Unit)	Washington, D.C.		Strong Memorial Hospital of the	Rochester, N.Y.
	Georgetown University Hospital	Washington, D.C.		University of Rochester	Rochester, N.Y.
	Sibley University Hospital	Washington, D.C.			
	Veterans Admin. Hospital	Washington, D.C.			
	Arlington Hospital	Arlington, Va.			
15.	Akron City Hospital	Akron, Ohio			
	Children's Hospital of Akron	Akron, Ohio			

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
32.	Baylor University Medical Center	Dallas, Texas	51.	Bellevue Hospital Center	New York City
	Parkland Memorial Hospital	Dallas, Texas		Cabrini Health Care Center	New York City
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas		Columbus Hospital Division	New York City
	Veterans Admin. Hospital	Dallas, Texas		University Hospital	New York City
				Veterans Admin. Hospital (Manhattan)	New York City
33.	Greenville Hospital System	Greenville, S.C.	52.	Charleston County Hospital	Charleston, S.C.
	Shriners Hospital for Crippled Children	Greenville, S.C.		Medical University of South Carolina Hospital	Charleston, S.C.
34.	Holy Cross Hospital of Salt Lake City	Salt Lake City		Naval Regional Medical Center	Charleston, S.C.
	LDS Hospital	Salt Lake City		Veterans Admin. Hospital	Charleston, S.C.
	Primary Children's Medical Center	Salt Lake City	53.	Oklahoma Children's Memorial Hospital	Oklahoma City
	Shriners Hospital for Crippled Children	Salt Lake City		University of Oklahoma Hospital and Clinics	Oklahoma City
	University Hospital	Salt Lake City		Veterans Admin. Hospital	Oklahoma City
	Veterans Admin. Hospital	Salt Lake City	54.	Arizona Children's Hospital	Tempe, Ariz.
35.	Crippled Children's Hospital	Richmond, Va.		University Hospital	Tucson, Ariz.
	Medical College of Virginia Hospitals	Richmond, Va.		Veterans Admin. Hospital	Tucson, Ariz.
	Veterans Admin. Hospital	Richmond, Va.	55.	Albany Medical Center Hospital	Albany, N.Y.
36.	Children's Orthopedic Hospital and Medical Center	Seattle		Veterans Admin. Hospital	Albany, N.Y.
	Harborview Medical Center	Seattle		Ellis Hospital	Schenectady, N.Y.
	Swedish Hospital Medical Center	Seattle		Sunnyview Hospital and Rehabilitation Center	Schenectady, N.Y.
	University Hospital	Seattle	56.	E. A. Conway Memorial Hospital	Monroe, La.
	Veterans Admin. Hospital	Seattle		Ochsner Foundation Hospital	New Orleans
	Shriners Hospital for Crippled Children	Spokane, Wash.	57.	Baltimore City Hospitals	Baltimore
37.	Columbia Hospital	Milwaukee		Children's Hospital	Baltimore
	Milwaukee Children's Hospital	Milwaukee		Good Samaritan Hospital	Baltimore
	Milwaukee County General Hospital	Milwaukee		Johns Hopkins Hospital	Baltimore
	Mount Sinai Medical Center	Milwaukee		Veterans Admin. Hospital	Baltimore
	St. Joseph's Hospital	Milwaukee	58.	Akron General Hospital	Akron, Ohio
	Veterans Admin. Center (Wood)	Milwaukee		Children's Hospital of Akron	Akron, Ohio
38.	Nassau Hospital	Mineola, N.Y.	59.	Shriners Hospital for Crippled Children	Lexington, Ky.
	St. Charles Hospital	Port Jefferson, N.Y.		University Hospital	Lexington, Ky.
39.	Crawford W. Long Memorial Hospital	Atlanta, Ga.		Veterans Admin. Hospital	Lexington, Ky.
	Emory University Hospital	Atlanta, Ga.	60.	Barnes Hospital Group	St. Louis
	Grady Memorial Hospital	Atlanta, Ga.		St. Louis City Hospital	St. Louis
	Henrietta Egleson Hospital for Children	Atlanta, Ga.		Shriners Hospital for Crippled Children	St. Louis
	Scottish Rite Hospital for Crippled Children	Atlanta, Ga.		Veterans Admin. Hospital	St. Louis
	Veterans Admin. Hospital	Decatur, Ga.	61.	Baptist Memorial Hospital	Memphis, Tenn.
40.	Shriners Hospital for Crippled Children	Los Angeles		Campbell Clinic	Memphis, Tenn.
	Letterman Army Medical Center	San Francisco		City of Memphis Hospitals	Memphis, Tenn.
	Shriners Hospital for Crippled Children	San Francisco		Crippled Children's Hospital School	Memphis, Tenn.
	Shriners Hospital for Crippled Children	St. Louis, Mo.		Le Bonheur Children's Hospital	Memphis, Tenn.
41.	House of St. Giles the Cripple (Brooklyn)	New York City		Methodist Hospital	Memphis, Tenn.
	St. Luke's Hospital Center	New York City		Veterans Admin. Hospital	Memphis, Tenn.
42.	Cleveland Clinic Hospital	Cleveland	62.	Hope Haven Children's Hospital	Jacksonville, Fla.
	St. Vincent Charity Hospital	Cleveland		St. Luke's Hospital	Jacksonville, Fla.
43.	Confederate Memorial Medical Center	Shreveport, La.		University Hospital of Jacksonville	Jacksonville, Fla.
	Shriners Hospital for Crippled Children	Shreveport, La.	63.	Rancho Los Amigos Hospital	Downey, Calif.
	Veterans Admin. Hospital	Shreveport, La.		Kaiser Foundation Hospital	Fontana, Calif.
44.	Children's Hospital	Birmingham, Ala.		Loma Linda University Hospital	Loma Linda, Calif.
	University of Alabama Hospitals	Birmingham, Ala.		Riverside General Hospital	Riverside, Calif.
	Veterans Admin. Hospital	Birmingham, Ala.		San Bernardino County Medical Center	San Bernardino, Calif.
	Lloyd Noland Hospital	Fairfield, Ala.	64.	Fairview State Hospital	Costa Mesa, Calif.
45.	Boston City Hospital	Boston		Rancho Los Amigos Hospital	Downey, Calif.
	Carney Hospital	Boston		Veterans Admin. Hospital	Long Beach, Calif.
	Massachusetts Hospital School	Canton, Mass.		Childrens Hospital of Orange County	Orange, Calif.
	Lakeville Hospital	Lakeville, Mass.		University of California, Irvine, Medical Center	Orange, Calif.
46.	Cardinal Glennon Memorial Hospital for Children	St. Louis	65.	City Hospital Center at Elmhurst	New York City
	St. Louis City Hospital	St. Louis		Mount Sinai Hospital	New York City
	St. Louis University Hospital	St. Louis	66.	Boston City Hospital	Boston
	St. Mary's Health Center	St. Louis		Lahey Clinic	Boston
47.	Cook County Hospital	Chicago		University Hospital	Boston
	Ravenswood Hospital Medical Center	Chicago		Baystate Medical Center	Springfield, Mass.
	University of Illinois Hospital	Chicago		Shriners Hospital for Crippled Children	Springfield, Mass.
	Veterans Admin. Hospital (West Side)	Chicago	67.	Flower and Fifth Avenue Hospitals (Unit 1)	New York City
48.	Crouse Irving Memorial Hospital	Syracuse, N.Y.		Metropolitan Hospital Center (Unit 2)	New York City
	St. Joseph's Hospital Health Center	Syracuse, N.Y.	68.	Queens Medical Center	Honolulu
	State University Hospital	Syracuse, N.Y.		Shriners Hospital for Crippled Children	Honolulu
	Veterans Admin. Hospital	Syracuse, N.Y.		Tripler Army Medical Center	Honolulu
	Children's Hospital and Rehabilitation Center of Utica	Utica, N.Y.	69.	Martin Luther King, Jr. General Hospital	Los Angeles
49.	Ben Taub General Hospital	Houston, Texas		Rancho Los Amigos Hospital	Downey, Calif.
	Methodist Hospital	Houston, Texas	70.	Baltimore City Hospitals	Baltimore
	St. Luke's Episcopal Hospital	Houston, Texas		James Lawrence Kernan Hospital	Baltimore
	Shriners Hospital for Crippled Children	Houston, Texas		Johns Hopkins Hospital	Baltimore
	Texas Children's Hospital	Houston, Texas		Sinai Hospital of Baltimore	Baltimore
	Veterans Admin. Hospital	Houston, Texas			
50.	Shriners Hospital for Crippled Children	Chicago			
	Veterans Admin. Hospital	Hines, Ill.			
	Foster G. McGaw Hospital	Maywood, Ill.			

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
71.	Rancho Los Amigos Hospital Childrens Hospital of Los Angeles Los Angeles County-U.S.C. Medical Center	Downey, Calif. Los Angeles Los Angeles	95.	Baptist Memorial Hospital Bexar County Teaching Hospital Santa Rosa Medical Center Veterans Admin. Hospital	San Antonio, Tex. San Antonio, Tex. San Antonio, Tex. San Antonio, Tex.
72.	Reading Hospital	Reading, Pa.	96.	Arizona Children's Hospital Carrie Tingley Crippled Children's Hospital R. E. Thomason General Hospital William Beaumont Army Medical Center	Tempe, Ariz. Truth or Consequences, N. M. El Paso, Tex. El Paso, Tex.
73.	Arizona Children's Hospital Maricopa County General Hospital U. S. Public Health Service Indian Hospital	Tempe, Ariz. Phoenix, Ariz. Phoenix, Ariz.	97.	Madison General Hospital St. Marys Hospital Medical Center University Hospitals Veterans Admin. Hospital	Madison, Wis. Madison, Wis. Madison, Wis. Madison, Wis.
74.	St. Joseph Mercy Hospital University Hospital Veterans Admin. Hospital Wayne County General Hospital	Ann Arbor, Mich. Ann Arbor, Mich. Ann Arbor, Mich. Eloise, Mich.	98.	Stanford University Hospital Veterans Admin. Hospital Santa Clara Valley Medical Center Kaiser Foundation Hospital	Stanford, Calif. Palo Alto, Calif. San Jose, Calif. Santa Clara, Calif.
75.	Walter Reed Army Medical Center	Washington, D.C.	99.	Children's Hospital Ohio State University Hospitals Riverside Methodist Hospital	Columbus, Ohio Columbus, Ohio Columbus, Ohio
76.	Jackson Memorial Hospital Variety Children's Hospital Veterans Admin. Hospital	Miami, Fla. Miami, Fla. Miami, Fla.	100.	Fort Worth Children's Hospital- Fort Worth Medical Center Harris Hospital-Fort Worth Medical Center John Peter Smith Hospital	Fort Worth, Tex. Fort Worth, Tex. Fort Worth, Tex.
77.	Alfred I. DuPont Institute of the Nemours Foundation Moses H. Cone Memorial Hospital North Carolina Baptist Hospitals	Wilmington, Del. Greensboro, N.C. Winston-Salem, N.C.	101.	Mount Sinai Hospital of Cleveland	Cleveland
78.	Shriners Hospital for Crippled Children U.C.L.A. Hospital and Clinics, Center for the Health Sciences Veterans Admin. Center-Wadsworth Hospital	Los Angeles Los Angeles Los Angeles	102.	Veterans Admin. Hospital Jersey City Medical Center Martland Hospital United Hosps. Orthopedic Center- Hosp. for Crippled Children-Adults New Jersey Orthopaedic Hospital	East Orange, N.J. Jersey City, N.J. Newark, N.J. Newark, N.J. Orange, N.J.
79.	Naval Regional Medical Center	San Diego, Calif.	103.	Children's Hospital of the King's Daughters Norfolk General Hospital Crippled Children's Hospital	Norfolk, Va. Norfolk, Va. Richmond, Va.
80.	Fairview Hospital Hennepin County Medical Center St. Mary's Hospital University of Minnesota Hospitals Veterans Admin. Hospital Gillette Children's Hospital St. Paul-Ramsey Hospital	Minneapolis, Minn. Minneapolis, Minn. Minneapolis, Minn. Minneapolis, Minn. Minneapolis, Minn. St. Paul, Minn. St. Paul, Minn.	104.	Charlotte Memorial Hospital and Medical Center	Charlotte, N.C.
81.	North Carolina Memorial Hospital North Carolina Orthopedic Hospital Wake County Medical Center	Chapel Hill, N.C. Gastonia, N.C. Raleigh, N.C.	105.	Children's Medical Center Miami Valley Hospital	Dayton, Ohio Dayton, Ohio
82.	Newington Children's Hospital Mary Hitchcock Memorial Hospital Veterans Admin. Center	Newington, Conn. Hanover, N.H. White River Jct., Vt.	106.	St. Francis Hospital Veterans Admin. Center Wesley Medical Center	Wichita, Kan. Wichita, Kan. Wichita, Kan.
83.	Children's Hospital National Medical Center George Washington University Hospital Veterans Admin. Hospital Washington Hospital Center	Washington, D.C. Washington, D.C. Washington, D.C. Washington, D.C.	107.	Bronx Municipal Hospital Center Coney Island Hospital Maimonides Medical Center	New York City New York City New York City
84.	Jewish Hospital and Medical Center of Brooklyn Kingsbrook Jewish Medical Center	New York City New York City	108.	Mary's Help Hospital Veterans Admin. Hospital Kaiser Foundation Hospital St. Joseph's Hospital St. Mary's Hospital and Medical Center	Daly City, Calif. Martinez, Calif. San Francisco San Francisco San Francisco
85.	East Tennessee Baptist Hospital Fort Sanders Presbyterian Hospital St. Mary's Memorial Hospital University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn. Knoxville, Tenn. Knoxville, Tenn. Knoxville, Tenn.	109.	Children's Hospital and Health Center Donald N. Sharp Memorial Community Hosp. Mercy Hospital and Medical Center University Hospital, U.C. Medical Center, San Diego Veterans Admin. Hospital	San Diego, Calif. San Diego, Calif. San Diego, Calif. San Diego, Calif. San Diego, Calif.
86.	Shriners Hospital for Crippled Children Tripler Army Medical Center	Honolulu Honolulu	110.	St. Johns Hospital Memorial Medical Center	Springfield, Ill. Springfield, Ill.
87.	Baltimore City Hospitals Children's Hospital Johns Hopkins Hospital Union Memorial Hospital	Baltimore Baltimore Baltimore Baltimore	111.	Rancho Los Amigos Hospital Glendale Adventist Medical Center Los Angeles County-U. S. C. Medical Center White Memorial Medical Center	Downey, Calif. Glendale, Calif. Los Angeles Los Angeles
88.	James Lawrence Kernan Hospital University of Maryland Hospital St. Agnes Hospital Maryland Institute for Emergency Medicine	Baltimore Baltimore Baltimore Baltimore	112.	Bronx-Lebanon Hospital Center Bronx Municipal Hospital Center Hospital of Albert Einstein College of Med. Lincoln Hospital	New York City New York City New York City New York City
89.	McLaren General Hospital	Flint, Mich.	113.	Georgia Baptist Medical Center Scottish Rite Hospital for Crippled Children	Atlanta, Ga. Atlanta, Ga.
90.	Cook County Hospital Louis A. Weiss Memorial Hospital	Chicago Chicago	114.	Eugene Talmadge Memorial Hospital University Hospital Veterans Admin. Hospital	Augusta, Ga. Augusta, Ga. Augusta, Ga.
91.	Denver General Hospital Fitzsimons Army Medical Center Scottish Rite Hospital for Crippled Children	Denver Denver Atlanta, Ga.	115.	District of Columbia General Hospital District of Columbia General Hospital (Crippled Children's Unit) Greater Southeast Community Hospital Howard University Hospital Providence Hospital Veterans Admin. Hospital	Washington, D.C. Washington, D.C. Washington, D.C. Washington, D.C. Washington, D.C. Washington, D.C.
92.	Elizabethtown Hospital for Children and Youth Hahnemann Medical College and Hospital	Elizabethtown, Pa. Philadelphia			
93.	Bernalillo County Medical Center Lovelace-Bataan Medical Center Veterans Admin. Hospital Carrie Tingley Crippled Children's Hospital	Albuquerque, N.M. Albuquerque, N.M. Albuquerque, N.M. Truth or Consequences, N.M.			
94.	Arkansas Children's Hospital University Hospital Veterans Admin. Consolidated Hospital	Little Rock, Ark. Little Rock, Ark. Little Rock, Ark.			

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
116.	Nashville Metropolitan General Hospital Vanderbilt University Hospital Veterans Admin. Hospital	Nashville, Tenn. Nashville, Tenn. Nashville, Tenn.	144.	Kings County Hospital Center State University Hospital Veterans Admin. Hospital (Brooklyn) L. I. Jewish-Hillside Medical Center	New York City New York City New York City New York City, N. Y.
117.	Brooke Army Medical Center Santa Rosa Medical Center Shriners Hospital for Crippled Children	San Antonio, Tex. San Antonio, Tex. Shreveport, La.	145.	Scottish Rite Hospital for Crippled Children	Atlanta, Ga.
118.	Variety Children's Hospital Mount Sinai Medical Center of Greater Miami	Miami, Fla. Miami Beach, Fla.	146.	Monmouth Medical Center	Long Branch, N. J.
119.	Orthopaedic Hospital Los Angeles County Harbor General Hospital	Los Angeles Torrance, Calif.	147.	St. Joseph's Hospital and Medical Center	Paterson, N.J.
120.	Santa Rosa Medical Center Wilford Hall U.S.A.F. Medical Center	San Antonio, Tex. San Antonio, Tex.	148.	University of Missouri Medical Center Veterans Admin. Hospital	Columbia, Mo. Columbia, Mo.
121.	Mayo Graduate School of Medicine James Lawrence Kernan Hospital Gillette Children's Hospital Janeway Child Health Center	Rochester, Minn. Baltimore, Md. St. Paul, Minn. St. Johns, Nfld.	149.	Raritan Valley Hospital St. Peter's Medical Center	Green Brook, N.J. Piscataway, N.J.
122.	Orthopaedic Hospital Los Angeles County-U.S.C. Medical Center Los Angeles County Harbor General Hospital Veterans Admin. Hospital	Los Angeles Los Angeles Torrance, Calif. Sepulveda, Calif.	150.	Harlem Hospital Center Helen Hayes Hospital	New York City West Haverstraw, N.Y.
123.	William A. Shands Teaching Hospital and Clinics Veterans Admin. Hospital	Gainesville, Fla. Gainesville, Fla.	151.	Milton S. Hershey Medical Center of the Pennsylvania State University Harrisburg Hospital Harrisburg Polyclinic Hospital Elizabethtown Hospital for Children and Youth	Hershey, Pa. Harrisburg, Pa. Harrisburg, Pa. Elizabethtown, Pa.
124.	Mary Immaculate Division Mary Immaculate Division (St. Charles Unit) St. John's Queens Division St. Mary's Division	New York City New York City New York City New York City	152.	L. I. Jewish-Hillside Medical Center Queens Hospital Center	New York City, N. Y. New York City
125.	Beth Israel Medical Center Hospital for Joint Diseases and Medical Center Montefiore Hospital and Medical Center	New York City New York City New York City	153.	St. Luke's Hospital	Cleveland
126.	Borgess Hospital Bronson Methodist Hospital	Kalamazoo, Mich. Kalamazoo, Mich.	154.	Elyria Memorial Hospital	Elyria, Ohio
127.	St. Charles Hospital U. S. Public Health Service Hospital	Port Jefferson, N. Y. New York City	155.	Geisinger Medical Center Elizabethtown Hospital for Children and Youth	Danville, Pa. Elizabethtown, Pa.
128.	Presbyterian Hospital Helen Hayes Hospital	New York City West Haverstraw, N.Y.	156.	Hamot Medical Center St. Vincent Health Center Shriners Hospital for Crippled Children	Erie, Pa. Erie, Pa. Erie, Pa.
129.	University of Virginia Hospital Roanoke Memorial Hospitals Veterans Admin. Hospital	Charlottesville, Va. Roanoke, Va. Salem, Va.	157.	Albert Einstein Medical Center Moss Rehabilitation Hospital Shriners Hospital for Crippled Children	Philadelphia Philadelphia Philadelphia
130.	Naval Regional Medical Center	Portsmouth, Va.	158.	Brookdale Hospital Center	New York City
131.	Gorgas Hospital	Balboa Heights, C. Z.	159.	Blodgett Memorial Medical Center Butterworth Hospital Mary Free Bed Hospital and Rehabilitation Complex	Grand Rapids, Mich. Grand Rapids, Mich. Grand Rapids, Mich.
132.	Archbishop Bergan Mercy Hospital Creighton Memorial St. Joseph's Hospital	Omaha, Neb. Omaha, Neb.	160.	R. E. Thomason General Hospital St. Mary of the Plains Hospital University Hospital West Texas Hospital	El Paso, Tex. Lubbock, Tex. Lubbock, Tex. Lubbock, Tex.
133.	Kaiser Foundation Hospital U.C. (Davis) Sacramento Medical Center	Sacramento, Calif. Sacramento, Calif.	161.	San Juan City Hospital University District Hospital Veterans Admin. Center	San Juan, P. R. San Juan, P. R. San Juan, P. R.
134.	Bronx-Lebanon Hospital Center	New York City	162.	Rhode Island Hospital	Providence, R.I.
135.	Michael Reese Hospital and Medical Center	Chicago	163.	Richland Memorial Hospital Veterans Admin. Hospital	Columbia, S.C. Columbia, S.C.
136.	Arkansas Children's Hospital University of Chicago Hospitals and Clinics	Little Rock, Ark. Chicago	164.	Baroness Erlanger Hospital T. C. Thompson Children's Hospital	Chattanooga, Tenn. Chattanooga, Tenn.
137.	St. Francis Hospital	Peoria, Ill.	165.	University of Texas Medical Branch Hospitals	Galveston, Tex.
138.	Lutheran Hospital of Fort Wayne St. Joseph's Hospital of Fort Wayne Veterans Admin. Hospital	Fort Wayne, Ind. Fort Wayne, Ind. Fort Wayne, Ind.	166.	Hermann Hospital St. Joseph Hospital Shriners Hospital for Crippled Children	Houston, Tex. Houston, Tex. Houston, Tex.
139.	University of Iowa Hospitals	Iowa City, Ia.	167.	Medical Center Hospital of Vermont	Burlington, Vt.
140.	University of Kansas Medical Center	Kansas City, Kan.	168.	National Orthopaedic and Rehabilitation Hospital	Arlington, Va.
141.	Charity Hospital of Louisiana (L.S.U. Div.) Touro Infirmary Earl K. Long Memorial Hospital Lafayette Charity Hospital	New Orleans New Orleans Baton Rouge, La. Lafayette, La.	169.	Monongalia General Hospital West Virginia University Hospital	Morgantown, W. Va. Morgantown, W. Va.
142.	Henry Ford Hospital	Detroit	170.	Massachusetts Hospital School Tewksbury Hospital Memorial Hospital St. Vincent Hospital Worcester City Hospital	Canton, Mass. Tewksbury, Mass. Worcester, Mass. Worcester, Mass. Worcester, Mass.
143.	St. Mary's Hospital Mary Free Bed Hospital and Rehabilitation Complex	Grand Rapids, Mich. Grand Rapids, Mich.	171.	Ada Wilson Hospital of Physical Medicine and Rehabilitation Santa Fe Memorial Hospital Scott and White Memorial Hospital Veterans Admin. Center	Corpus Christi, Tex. Temple, Tex. Temple, Tex. Temple, Tex.

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
172.	John Dempsey Hospital	Farmington, Conn.	177.	Mount Carmel Mercy Hospital and Medical Center	Detroit
	Hartford Hospital	Hartford, Conn.		Sinai Hospital of Detroit	Detroit
	St. Francis Hospital	Hartford, Conn.		United Hospitals of Detroit-Grace Division	Detroit
	Newington Children's Hospital	Newington, Conn.		Providence Hospital	Southfield, Mich.
	Veterans Admin. Hospital	Newington, Conn.			
173.	William Beaumont Hospital	Royal Oak, Mich.	178.	Madigan Army Medical Center	Tacoma, Wash.
174.	Rush-Presbyterian-St. Luke's Medical Center	Chicago	179.	Nassau County Medical Center-Meadowbrook Hospital	East Meadow, N.Y.
	Christ Hospital	Oak Lawn, Ill			
175.	House of St. Giles the Cripple	New York City	180.	All Children's Hospital	St. Petersburg, Fla.
	Lenox Hill Hospital	New York City		Tampa General Hospital	Tampa, Fla.
				Veterans Admin. Hospital	Tampa, Fla.
176.	Hospital of Medical College of Ohio at Toledo	Toledo, Ohio	182.	Mobile Infirmary	Mobile, Ala.
	St. Vincent Hospital and Medical Center	Toledo, Ohio		University of South Alabama Medical Center Hospital and Clinics	Mobile, Ala.
	Toledo Hospital	Toledo, Ohio			

NOTE: Listings of accredited residencies continue on following pages, beginning with Otolaryngology on Page 216.

23. OTOLARYNGOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Otolaryngology and the American College of Surgeons, through the Residency Review Committee for Otolaryngology, as offering full training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES AIR FORCE						
TEXAS						
Wilford Hall U. S. A. F. Medical Center, San Antonio	F. W. Fite	20	1,122	26,494	2C	008
UNITED STATES ARMY						
DISTRICT OF COLUMBIA						
Walter Reed Army Medical Center, Washington	R. L. Henderson	87	2,548	24,664	3C	012
TEXAS						
Brooke Army Medical Center, San Antonio	S. R. Le May, Jr.	12	777	23,640	1F	009
Brooke Army Medical Center (See Also U. of Tex. at San Antonio Teach. Hsps., San Antonio)						
WASHINGTON						
Mädigan Army Medical Center, Tacoma	L. L. Hays	13	1,072	15,398	1F	005
UNITED STATES NAVY						
CALIFORNIA						
Naval Regional Medical Center, Oakland	T. Miller	31	1,812	26,141	2C	009
Naval Regional Medical Center, San Diego	W. Morioka	25	2,081	51,476	3C 2F 3F	012
MARYLAND						
National Naval Medical Center, Bethesda	H. O. Defries	28	1,000	20,652	2C 2F	008
PENNSYLVANIA						
Naval Regional Medical Center, Philadelphia	F. J. Stucker	57	2,500	18,000	2C 2F	008
UNITED STATES PUBLIC HEALTH SERVICE						
SOUTH DAKOTA						
U.S. Public Health Service Indian, Pine Ridge (See University of Nebraska Affil. Hosps., Omaha, Neb.)						
WASHINGTON						
U. S. Public Health Service, Seattle (See University of Washington Affiliated Hospitals, Seattle)						
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
University of Alabama Medical Center	J. J. Hicks			12,533	4*	013
University of Alabama Hospitals	J. J. Hicks, J. N. Hicks	12	592	1,611		
Children's	J. J. Hicks	2	1,054	2,769		
Cooper Green						
Veterans Admin.	J. J. Hicks	15	631	5,578		
ARKANSAS						
LITTLE ROCK						
University of Arkansas for Medical Sciences Affiliated Hospitals	J. Y. Suen				2C 2F	008
University		8	446	3,553		
Arkansas Children's	J. Suen		437			
Baptist Medical Center						
Veterans Admin. Consolidated		12		4,519		
CALIFORNIA						
DAVIS						
University of California (Davis) Affiliated Hospitals	L. Bernstein				2C	008
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		12	701	7,908		
FRESNO						
Valley Medical Center of Fresno (See Univ. of California Program, San Francisco)						
Veterans Admin. (See Univ. of California Program, San Francisco)						
IRVINE						
University of California (Irvine) Affiliated Hospitals	R. I. Kohut				3C	012
University of California, Irvine, Medical Center (Orange)	R. I. Kohut	7	562	4,295		
Veterans Admin. (Long Beach)	A. Swirsky	21	578	8,120		
LONG BEACH						
Veterans Admin. (See Univ. of California (Irvine) Affiliated Hosps., Irvine)						
LOS ANGELES						
Los Angeles County—U.S.C. Medical Center	C. W. Whitaker	26	1,823	39,506	3* 2F	020
Martin Luther King, Jr. General	G. Gill	12	200	4,357	2C	006

23. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
FLORIDA—Continued						
MIAMI						
University of Miami Affiliated Hospitals	J. R. Chandler				2C	009
Jackson Memorial		15	716	6,057		
Veterans Admin.		9	190	6,753		
TAMPA						
University of South Florida Affiliated Hospitals	J. N. Endicott				3C	009
Tampa General		16	1,625	2,016		
Veterans Admin.		22	434	3,990		
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	J. S. Turner, Jr.				3C	009
Grady Memorial	J. S. Turner, Jr.	8	407	11,511		
Emory University	J. S. Turner, Jr.	3	283			
Henrietta Egleson Hospital for Children	J. H. Per Lee	1	170			
Veterans Admin. (Decatur)	F. Mc Connell	14	457	2,916		
AUGUSTA						
Medical College of Georgia Hospitals	E. S. Porubsky				1C	004
Eugene Talmadge Memorial		15	500	7,000		
University		5	542	364		
Veterans Admin.						
DECATUR						
Veterans Admin.						
(See Emory University Affiliated Hospitals, Atlanta)						
ILLINOIS						
CHICAGO						
Northwestern University Medical School Affiliated Hospitals	G. A. Sisson				6*	031
Children's Memorial	G. F. Tucker, Jr.	2	368	2,690		
Cook County	H. N. Hazenfield			10,638		
Mercy Hospital and Medical Center	J. Ciemis			727		
Northwestern Memorial	G. A. Sisson	19	1,398	1,892		
Veterans Admin. Lakeside	E. L. Applebaum	15	260	3,258		
Evanston (Evanston)	J. J. Ballenger	2	416	515		
Rush—Presbyterian—St. Luke's Medical Center	D. D. Caldarelli	25	937	7,529	1*	003
University of Chicago Hospitals and Clinics	R. F. Naunton	11	754	6,593	2C	008
University of Illinois	D. A. Hilding	22	1,694	35,149	5C	015-
					5*	
EVANSTON						
Evanston						
(See Northwestern Univ. Med. School Affil. Hosp., Chicago)						
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	R. E. Lingeman				4C	012
Indiana University Hospitals	R. E. Lingeman	23	775	13,428		
Methodist Hospital of Indiana	W. F. Fechtman	12	1,978	900		
Veterans Admin.	M. Singer	16	488	3,300		
William N. Wishard Memorial	R. Hamaker	10	438	5,011		
IOWA						
IOWA CITY						
University of Iowa Affiliated Hospitals	B. F. Mc Cabe				5C	020
University of Iowa Hospitals	B. F. Mc Cabe	46	2,459	40,575		
Veterans Admin.	R. W. Babin	15	429	5,428		
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	G. O. Proud				2C	006
Veterans Admin. (Kansas City, Mo.)	H. A. Knäuff	16	652	2,767		
KENTUCKY						
LOUISVILLE						
University of Louisville Affiliated Hospitals	G. Mc Murry				2*	004
Louisville General		2	148	2,034		
Norton—Children's Hospitals		4	398	1,076		
Veterans Admin.		1	11	745		
LOUISIANA						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals	G. D. Lyons				3C	014
					3*	
Charity Hospital of Louisiana		21	679	9,745		
Veterans Admin.		18	550	4,416		
Tulane University Affiliated Hospitals	H. G. Tabb				4*	012
Charity Hospital of Louisiana	H. G. Tabb	24	780	8,686		
Eye, Ear, Nose and Throat						
Ochsner Foundation	F. E. Le Jeune, Jr.	9	794	12,806		
SHREVEPORT						
Confederate Memorial Medical Center	J. W. Pou	7	444	6,616	1C	005
					2F	
MARYLAND						
BALTIMORE						
Greater Baltimore Medical Center	A. P. Wenger	43	5,198	8,086	2C	007
Johns Hopkins Affiliated Hospitals	G. T. Nager				3C	012
Johns Hopkins	G. T. Nager	21	1,428	15,503		
Baltimore City Hospitals	B. Bandy	5	332	3,115		
University of Maryland Affiliated Hospitals	C. L. Blanchard				3C	009
University of Maryland	C. L. Blanchard	10	1,460	3,600		
Maryland General	D. P. Baker	18	2,384	8,249		
MASSACHUSETTS						
BOSTON						
Massachusetts Eye and Ear Infirmary	H. F. Schuknecht	50	4,270	22,024	5C	016

23. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA, LOS ANGELES—Continued						
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	P. H. Ward	21	1,020	14,409	4C	012
Los Angeles County Harbor General (Torrance)	W. Hemenway	5	542	7,431		
Veterans Admin. Center—Wadsworth	M. J. Acquarelli	21	1,559	14,341	3C	009
White Memorial Medical Center	L. R. House	12	1,255	10,515	2C 1F	008
OAKLAND						
Kaiser Foundation	R. L. Hilsinger, K. Adour	5	650	18,424	2C	006
ORANGE						
University of California, Irvine, Medical Center (See Univ. of California (Irvine) Affiliated Hosps., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
SACRAMENTO						
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hosps., Davis)						
SAN DIEGO						
University of California (San Diego) Affiliated Hospitals University Hospital, U.C. Medical Center, San Diego	A. M. Nahum	6	390	4,950	2*	008
SAN FRANCISCO						
University of California Program	R. Boles				4C 4F	012
H. C. Moffitt—University of California Hospitals	R. Boles	11	873	7,505		
San Francisco General	R. Crumley	5	374	3,958		
Veterans Admin.	J. A. T. Ross	23	442	5,402		
Valley Medical Center of Fresno (Fresno)	M. C. Bail	3	259	2,679		
Veterans Admin. (Fresno)	V. S. O'Hara	2	121	1,686		
SAN JOSE						
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)						
STANFORD						
Stanford University Affiliated Hospitals	F. B. Simmons				3C	012
Stanford University	F. B. Simmons	11	1,034	15,343		
Veterans Admin. (Palo Alto)	R. L. Goode	15	552	2,508		
Santa Clara Valley Medical Center (San Jose)	J. B. Shinn	5	337	6,198		
TORRANCE						
Los Angeles County Harbor General (See U. C. L. A. Hospital and Clinics, Los Angeles)						
COLORADO						
DENVER						
University of Colorado Affiliated Hospitals	B. W. Jafek				3C	009
University of Colorado Medical Center	B. W. Jafek	12	608	15,813		
Denver General	A. Meyers	4	327	6,592		
Veterans Admin.	R. P. Wood	14	273	3,120		
CONNECTICUT						
FARMINGTON						
University of Connecticut Affiliated Hospitals	G. G. Snyder, 3d				2*	008
John Dempsey	G. G. Snyder, 3d	8	600	5,000		
Hartford (Hartford)	C. A. Tucker	21	2,130	830		
Veterans Admin. (Newington)	A. El Deiry	9	175	4,063		
HARTFORD						
Hartford (See University of Connecticut Affil. Hosps., Farmington)						
NEW HAVEN						
Yale—New Haven Medical Center	J. A. Kirchner				2*	008
Yale—New Haven	J. A. Kirchner	10	993	7,005		
Hospital of St. Raphael	H. Smith	20	8	1,900		
Veterans Admin. (West Haven)	J. A. Kirchner	10	233	1,170		
NEWINGTON						
Veterans Admin. (See University of Connecticut Affil. Hosps., Farmington)						
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
DELAWARE						
WILMINGTON						
Veterans Admin. (See Thomas Jefferson Univ. Affil. Hosps., Philadelphia, Pa.)						
DISTRICT OF COLUMBIA						
WASHINGTON						
Washington Hospital Center			2,036		3C 3F	009
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals	N. J. Cassisi				2*	006
William A. Shands Teaching Hospital and Clinics		10	748	7,820		
Veterans Admin.		17	532	3,471		

23. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MASSACHUSETTS, BOSTON—Continued						
Tufts University Affiliated Hospitals	W. D. Chasin				2C	006
Boston City	M. S. Strong	7	337	3,763		
New England Medical Center	W. D. Chasin	5	454	8,848		
University Hospital Affiliated Program	M. S. Strong				2C	006
University	M. S. Strong	9	429	6,000		
Lahey Clinic	P. Oliver	6	417	8,007		
Veterans Admin.	M. S. Strong	37	750	1,990		
MICHIGAN						
ALLEN PARK						
Veterans Admin.						
(See Wayne State University Affiliated Hospitals, Detroit)						
ANN ARBOR						
University	W. P. Work	22	1,066	12,227	3C	012
DETROIT						
Henry Ford	R. D. Nichols	12	832	22,000	2*	008
Wayne State University Affiliated Hospitals	P. M. Binns	25	4,161	10,797	3C	010
Children's Hospital of Michigan						
Detroit General						
United Hospitals of Detroit—Harper Division						
Veterans Admin. (Allen Park)						
MINNESOTA						
MINNEAPOLIS						
University of Minnesota Affiliated Hospitals	M. M. Paparella				3C	003
University of Minnesota Hospitals	M. M. Paparella	20	1,143	9,355		
Hennepin County Medical Center	R. H. Mathog	5	349	8,862		
Veterans Admin.	M. M. Paparella	15	530	3,890		
St. Paul—Ramsey (St. Paul)	L. Boies			6,639		
ROCHESTER						
Mayo Graduate School of Medicine	D. T. R. Cody			83,336	4*	020
Rochester Methodist		23	1,860			
ST. PAUL						
St. Paul—Ramsey						
(See Univ. of Minnesota Affiliated Hospitals, Minneapolis)						
MISSISSIPPI						
JACKSON						
University of Mississippi Medical Center	G. E. Arnold				3C	009
University		7	592	3,352		
Veterans Admin. Center		8	322	4,648		
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	D. J. Joseph	18	743	7,201	2*	010
KANSAS CITY						
Veterans Admin.						
(See University of Kansas Medical Center, Kansas City, Kan.)						
ST. LOUIS						
St. Louis University Group of Hospitals	W. B. Harkins				2*	005
St. Louis University	W. B. Harkins	6	401	1,392		
Cardinal Glennon Memorial Hospital for Children	W. Freidman		1,483			
Washington University Affiliated Hospitals		49	2,963	6,480	5C	026
Barnes Hospital Group		16	360	5,288		
Veterans Admin.	S. Thawley					
NEBRASKA						
OMAHA						
University of Nebraska Affiliated Hospitals	A. J. Yonkers				4C	009
University of Nebraska	A. J. Yonkers	6	747	4,630		
Bishop Clarkson Memorial	W. S. Carter	16	1,998			
Veterans Admin.	A. B. Yonkers	11	416	2,244		
U.S. Public Health Service Indian (Pine Ridge, S.D.)	A. J. Yonkers	2	243	2,461		
NEW JERSEY						
MONTCLAIR						
Mountainside						
(See CMDNJ—New Jersey Med. Sch. Affil. Hosps., Newark)						
NEWARK						
CMDNJ—New Jersey Medical School Affiliated Hospitals	M. Shapiro				3C	009
Newark Beth Israel Medical Center	M. J. Shapiro	10	416	2,080		
Martland	S. Raz	6	218	3,312		
United Hospitals Medical Center—Newark Eye and Ear Infirmary	K. H. Han	20	1,216	10,835		
United Hospitals Medical Center—Presbyterian Mountainside (Montclair)	W. A. Petryshyn	11	1,073	360		
NEW YORK						
ALBANY						
Albany Medical Center Affiliated Hospitals	J. C. Goldstein				3C	008
Albany Medical Center		12	770	2,747		
Child's						
Veterans Admin.		24	408	3,200		
BUFFALO						
S.U.N.Y. at Buffalo Affiliated Hospitals	J. M. Lore, Jr.	13	1,259	1,634	2C 1F	010
Buffalo General		10	1,627	1,392		
Children's Hospital of Buffalo		8	2,718	1,242		
Edward J. Meyer Memorial		7	350	2,906		
Sisters of Charity		15	1,087	697		
Veterans Admin.		17	341	3,080		

23. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW YORK—Continued						
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals	R. J. Ruben				4C	011
Bronx Municipal Hospital Center		24	1,220	10,937		
Hospital of the Albert Einstein College of Medicine Lincoln		6	710	5,778		
Montefiore Hospital and Medical Center	B. Borowiecki	7	215	3,596		
Long Island College	I. A. Polisar	10	1,062	5,552	1C 1F	004
Long Island Jewish—Hillside Medical Center Program	A. Abramson				1C	003
Long Island Jewish—Hillside Medical Center		12	675	940		
Queens Hospital Center		11	238	4,199		
Manhattan Eye, Ear and Throat	R. J. Bellucci	22	2,598	44,926	4C	012
Mount Sinai Hospital Training Program	H. F. Biller				4C	012
Mount Sinai	H. F. Biller	30	1,050	6,000		
City Hospital Center at Elmhurst	F. E. Lucente	8	497	12,470		
Veterans Admin. (Bronx)	H. F. Biller	15	213	4,835		
New York Eye and Ear Infirmary	F. De Pinies	35	3,628	33,569	4C	012
New York Hospital	J. A. Moore	25	1,048	11,370	1C	005
New York Medical College—Metropolitan Hospital Center	R. Bellucci, A. Stegnajic	10	405	6,829	1C	003
Unit 1—Flower and Fifth Avenue Hospitals						
Unit 2—Metropolitan Hospital Center						
New York University Medical Center	J. F. Daly				4C	012
Bellevue Hospital Center		16	443	14,299		
University		12	606			
Veterans Admin. (Manhattan)		23	451	4,680		
Presbyterian	R. M. Hui	25	1,885	13,893	2C	006
Roosevelt	J. S. Lewis	6	739	3,566	1C	003
St. Luke's Hospital Center	S. Whitfield	12	516	8,133	1C	003
ROCHESTER						
University of Rochester Affiliated Hospitals	J. P. Frazer				2C	005
Genesee	P. Harrington	5	532			
Rochester General	O. S. Raines	7	1,533	350		
Strong Memorial Hospital of the University of Rochester	J. P. Frazer	5	308	3,129		
SYRACUSE						
S.U.N.Y. Upstate Medical Center	D. D. Rabuzzi				3C	009
State University	D. D. Rabuzzi	9	569	5,230		
Community General Hospital of Greater Syracuse	S. T. Dana	4	747			
Crouse Irving—Memorial	D. O. Rabuzzi	10	1,541			
Veterans Admin.	P. Emko	10	253	2,880		
NORTH CAROLINA						
CHAPEL HILL						
North Carolina Memorial	N. D. Fischer	11	713	10,924	2C	008
DURHAM						
Duke University Affiliated Hospitals	R. W. Hudson				2*	008
Duke University Medical Center	W. R. Hudson	14	711	14,397		
Veterans Admin.	P. Kenan	12	333	4,458		
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals	J. A. Harrill	10	902	5,897	1C	005
North Carolina Baptist						
OHIO						
CINCINNATI						
University of Cincinnati Hospital Group	D. A. Shumrick				5C	015
Cincinnati General		16	796	6,300		
Children's Hospital Medical Center				4,213		
Veterans Admin.		26	479	5,166		
CLEVELAND						
Case Western Reserve University Affiliated Hospitals	W. J. Loeb				3C	009
University Hospitals of Cleveland	W. J. Loeb	12	1,162	3,449		
Cleveland Metropolitan General	W. Loeb	5	316	4,415		
Veterans Admin.	N. P. Amin	14	236	97		
Cleveland Clinic	H. M. Tucker	25	1,120	6,439	3*	012
St. Luke's	T. W. Wykoff	8	748	2,423	1C	004
COLUMBUS						
Ohio State University Affiliated Hospitals	W. H. Saunders				3C	010
Ohio State University Hospitals	W. H. Saunders	18	1,051	13,138		
Children's	H. G. Birck	16	2,978	3,388		
OKLAHOMA						
OKLAHOMA CITY						
University of Oklahoma Health Sciences Center	W. B. Moran, Jr.				2*	008
University Hospital and Clinics		8	354	5,709	1F	
Veterans Admin.		14	398	5,600		
OREGON						
PORTLAND						
University of Oregon Affiliated Hospitals	D. D. De Weese				3C 2F	014
University of Oregon Health Sciences Center Hospital and Clinics		14	1,185	8,197		
Veterans Admin.		8	227	1,873		
PENNSYLVANIA						
DANVILLE						
Geisinger Medical Center	J. M. Cole	13	1,543	26,103	2C 2* 1F	010

23. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
PENNSYLVANIA—Continued						
HERSHEY						
Milton S. Hershey Medical Center of the Pennsylvania State University	G. H. Conner	7	394	7,389	3C	003
PHILADELPHIA						
Temple University	M. L. Ronis	3	400	8,098	3*	009
Thomas Jefferson University Affiliated Hospitals	L. L. Pratt				2C	008
Thomas Jefferson University	L. L. Pratt	10	818	3,000		
Veterans Admin. (Wilmington, Del.)	W. Behringer	17	420	2,550		
University of Pennsylvania Affiliated Hospitals	J. B. Snow, Jr.				4C	012
Children's Hospital of Philadelphia	W. P. Potsic	10	250	6,600		
Graduate Hospital of the University of Pennsylvania	C. Scipione	4	205	703		
Hospital of the University of Pennsylvania	J. B. Snow, Jr.	18	796	5,368		
Presbyterian—University of Pennsylvania Medical Center	J. B. Snow, Jr.	5	514	1,258		
Veterans Admin.	J. B. Snow, Jr.	18	400	3,000		
PITTSBURGH						
Hospitals of the University Health Center of Pittsburgh	E. N. Myers				4C	012
Eye and Ear Hospital of Pittsburgh		68	6,530	685		
Allegheny General						
Children's Hospital of Pittsburgh	C. D. Bluestone	8	1,817	6,081		
Veterans Admin.	V. Schramm	22	398	1,540		
Mercy	S. Arena	24	1,586	3,147	1*	008
PUERTO RICO						
SAN JUAN						
University of Puerto Rico Affiliated Hospitals	A. Rullan				3*	012
University District	A. Rullan	10	327	4,029		
I. Gonzalez Martinez	J. T. Pico	1	36	998		
San Juan City	A. Rullan	19	564	11,774		
Veterans Admin. Center	R. E. Bertran	15		4,668		
RHODE ISLAND						
PROVIDENCE						
Rhode Island	F. L. Mc Nelis	14	2,143	3,356	2C	006
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina Teaching Hospitals	R. W. Hanckel				2C	006
Medical University of South Carolina		8	580	3,200		
Charleston County		10	589	3,306		
Veterans Admin.		9	310	2,669		
TENNESSEE						
MEMPHIS						
University of Tennessee Affiliated Hospitals	W. V. Morrison				6C	017
City of Memphis Hospitals	W. V. Morrison	8	653	6,037		
Methodist	L. D. Wright	11	1,296	2,502		
Veterans Admin.	W. V. Morrison	17	677	7,058		
TEXAS						
DALLAS						
University of Texas Southwestern Medical School Affiliated Hospitals	H. M. Carder				4C	011
Parkland Memorial	H. M. Carder	7	459	7,218		
Children's Medical Center	H. M. Carder			124		
Veterans Admin.	J. F. Sudderth	30	559	8,346		
John Peter Smith (Fort Worth)	C. R. Hamel	4	334	3,698		
FORT WORTH						
John Peter Smith (See Univ. Tex. Southwestern Med. Sch. Affil. Hosp., Dallas)						
GALVESTON						
University of Texas Medical Branch Hospitals	B. J. Bailey	28	926	17,128	3C	009
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	B. R. Alford				5C	015
Ben Taub General		6	606	11,474		
Methodist		16	1,584	238		
Veterans Admin.		23	918	10,616		
University of Texas at Houston Affiliated Hospitals	H. Goepfert				1C	004
Hermann	H. Goepfert	6	504	2,775		
University of Texas M. D. Anderson Hospital and Tumor Institute	R. H. Jesse	31	970	13,249		
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals	G. A. Gates				2*	010
Bexar County Teaching	G. A. Gates	6	524	6,934		
Brooke Army Medical Center						
Santa Rosa Medical Center	J. F. Marlowe, Jr.	7	863	286		
UTAH						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	J. L. Parkin				2C	005
University	J. L. Parkin	4	350	3,385		
Veterans Admin.	M. H. Stevens	15	327	2,860		
VERMONT						
BURLINGTON						
Medical Center Hospital of Vermont	R. Sofferan	7	837	420	1C	003
VIRGINIA						
NORFOLK						
Eastern Virginia Medical School Affiliated Hospitals	G. Schechter				1C	003
Norfolk General		3	234	208		
Children's Hospital of the King's Daughters		2	346			
Ear, Nose and Throat		2	449	219		

23. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
VIRGINIA—Continued						
RICHMOND						
Virginia Commonwealth University M.C.V. Affiliated Hospitals	M. A. Frable				3C	009
Medical College of Virginia Hospitals	M. A. Frable	7		7,791		
Veterans Admin.		7	297	5,568		
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals	J. A. Donaldson				2C	010
University	J. A. Donaldson	3	181	5,126		
Children's Orthopedic Hospital and Medical Center	A. J. Novack	6	1,591	2,645		
Harborview Medical Center	C. J. Smith	2	183	2,871		
Swedish Hospital Medical Center	A. J. Novack	11	992	460		
U. S. Public Health Service	E. Weisberger	6	354	6,099		
WEST VIRGINIA						
MORGANTOWN						
West Virginia University	P. M. Sprinkle	18	1,128	11,652	2*	006
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals	J. H. Brandenburg				2C	008
University Hospitals	J. H. Brandenburg	8	481	6,685		
Madison General	E. Mann	18	2,422			
Veterans Admin.	J. H. Brandenburg	10	151	2,943		
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals	R. H. Lehman				4*	020
Veterans Admin. Center (Wood)	R. H. Lehman	24	521	7,257		
Milwaukee County General	R. H. Lehman	15	416	6,923		
Milwaukee Children's	J. Friedman	10	631	1,276		
St. Luke's	G. L. Schmitz	5	1,240	1,939		

24A. PATHOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, and the American Board of Pathology through the Residency Review Committee for Pathology, as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: A—atomic pathology only; C—clinical pathology only; P—atomic pathology and clinical pathology; SP—Special pathology is a separate category. See also List 24B, Forensic Pathology, List 24C, Neuropathology, List 4, Blood Banking, and List 8, Dermatopathology.

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
UNITED STATES AIR FORCE								
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	C. E. Speicher	259	6,160,953	18,116	18,116	4P	2C	010
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	P. D. Stansifer	169	9,999,999	7,097	6,458	4P	2C	008
COLORADO								
Fitzsimons Army Medical Center, Denver	G. C. Glenn	232	2,400,000	9,531	9,050	4P	2C	009
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	J. M. Hardman	263	9,999,999	18,337	17,300	4P	2C	012
HAWAII								
Tripler Army Medical Center, Honolulu	P. Angritt	161	9,999,999	12,726	11,946	4P	1C 1* 1F	008
TEXAS								
William Beaumont Army Medical Center, El Paso	R. H. Stienmier	212	2,500,000	10,031	8,166	4P	2C 1F	008
Brooke Army Medical Center, San Antonio	L. R. Hieger	261	5,176,432	10,848	10,608	4P	2C	011
WASHINGTON								
Madigan Army Medical Center, Tacoma	M. E. Hinckley	225	3,000,000	10,000	9,600	4P	2C	008
UNITED STATES NAVY								
CALIFORNIA								
Naval Regional Medical Center, Oakland	R. W. Poley	107	2,050,000	10,883	8,706	4P	2C 2F	008
Naval Regional Medical Center, San Diego	C. F. Bishop	308	5,448,000	28,776	26,388	4P	3C 3F	012
MARYLAND								
National Naval Medical Center, Bethesda	C. J. Stahl	223	2,800,000	14,745	12,550	4P	3C	012
SOUTH CAROLINA								
Naval Regional Medical Center, Charleston (See Med. Univ. of S. C. Teaching Hosps., Charleston, S. C.)								
VIRGINIA								
Naval Regional Medical Center, Portsmouth	N. A. D'Amato	236	5,320,281	17,610	17,610	4P	2C	009

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Total		Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979	
		Number of Necropsies	Laboratory Exams.				1st Yr.	All Yrs.
CALIFORNIA—Continued								
PALO ALTO								
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
SACRAMENTO								
University of Calif. (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hosps., Davis)								
SAN DIEGO								
Donald N. Sharp Memorial Community	H. R. Irwin	65	1,250,727	8,825		4P	1C	004
Mercy Hospital and Medical Center	J. L. Heard	169	5,503,395	10,441	9,170	4P	1C	005
University of California (San Diego) Affiliated Hospitals	K. Benirschke					4P	7C	025
University Hospital, U.C. Medical Center, San Diego		281	786,542	5,681	5,545			
Veterans Admin.		356	2,334,789	5,380	5,298			
SAN FRANCISCO								
Kaiser Foundation	M. L. Bassis	186	1,320,322	11,561	10,174	4P	2C	007
Mount Zion Hospital and Medical Center	F. R. Elevitch	234	12,393	6,245	5,654	4P	1C	006
Pacific Medical Center—Presbyterian	R. J. Kleinhenz	180	500,000	5,000	4,000	4P	1C	004
University of California Program	G. Brecher, E. A. Smuckler					4P	5C 2* 2F	026
H. C. Moffitt—University of California Hospitals	G. Brecher, E. A. Smuckler	306	1,070,361	9,239	9,224			
San Francisco General	M. Pollycove, D. Mc Kay	151	1,317,416	4,111	3,888			
Veterans Admin.	S. H. Choy	134	1,595,046	3,460	3,283			
SAN JOSE								
Santa Clara Valley Medical Center	R. S. Cox, Jr.	314	9,999,999	4,569	4,249	4P	2C	008
STANFORD								
Stanford University Affiliated Hospitals	D. Korn	403	1,156,085	16,994	14,603	4P	6C	017
Stanford University	D. Korn							
Veterans Admin. (Palo Alto)	E. C. Friedberg	126	3,335	9,985	8,490			
TORRANCE								
Los Angeles County Harbor General	L. Zamboni	317	4,228,664	9,380	8,257	4P	4C	016
COLORADO								
COLORADO SPRINGS								
Penrose	M. Berthrong	261	1,134,871	8,952	6,952	4P	2C	004
DENVER								
Children's	B. E. Favar	129	298,979	2,275	2,069	1SP	2C	002
Mercy Medical Center	T. Vincent	89	430,000	9,556	8,844	4P	1C	004
Presbyterian Medical Center	A. E. Lubchenco	167	576,108	9,871	8,347	4P	1C	007
St. Anthony	E. R. Minzer	185	1,600,000	11,700	7,635	4P	2C	002
St. Joseph	J. A. Boline	192	1,348,035	29,685	27,527	4P	1C	004
St. Luke's	E. Elzi	190	94,602	9,201	8,729	4P	2C	006
University of Colorado Affiliated Hospitals	G. B. Pierce					4P	7C	039
University of Colorado Medical Center	G. B. Pierce	317	1,048,410	7,565	7,184			
Denver General	R. Lepoff	301	1,600,000	18,500	18,500			
Rose Medical Center	W. R. Adams	93	280,919	8,202	6,930			
Veterans Admin.	W. S. Hammond	204	1,375,662	2,366	2,248			
CONNECTICUT								
BRIDGEPORT								
Bridgeport	R. H. Pope	228	998,016	11,750	10,127	4P	2C	006
BRISTOL								
Bristol (See Univ. of Connecticut Affil. Hosps., Farmington)								
DANBURY								
Danbury	N. E. Herrera	180	910,000	7,950	6,650	4P	2C 1F	008
FARMINGTON								
University of Connecticut Affiliated Hospitals	P. A. Ward					4P	3C 1*	008
John Dempsey	P. A. Ward							
Bristol (Bristol)	L. S. Kish	53	240,747	5,256	4,914			
Mount Sinai (Hartford)	J. Hasson	97	740,335	13,013	8,500			
Middlesex Memorial (Middletown)	S. J. Gallo	166	815,222	8,485	7,073			
New Britain General (New Britain)	T. J. Madden	223	503,875	10,684	8,598			
Veterans Admin. (Newington)	P. Rinaudo	63	443,259	2,761	2,672			
HARTFORD								
Hartford	S. R. Cole	379	1,636,335	24,016	18,283	4P	3C 3F	010
Mount Sinai (See Univ. of Connecticut Affil. Hosps., Farmington)								
St. Francis	E. Sicklick	244	1,426,265	13,780	11,279	4P	1C 1F	005
MIDDLETOWN								
Middlesex Memorial (See Univ. of Connecticut Affil. Hosps., Farmington)								
NEW BRITAIN								
New Britain General (See Univ. of Connecticut Affil. Hosps., Farmington)								
NEW HAVEN								
Hospital of St. Raphael	R. A. Vidone	147	876,444	8,454	7,684	4P	1C	004
Yale—New Haven Medical Center								
Yale—New Haven	V. Marchesi, D. Seligson	589	1,856,690	21,515	20,845	4P	8C	027
Veterans Admin. (West Haven)	L. S. Kaplow	139	2,061,658	4,324	4,194	4P	5C	009

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Total		Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979		
		Number of Necropsies	Laboratory Exams.			1st Yr.	All Yrs.	
CONNECTICUT—Continued								
NEWINGTON								
Veterans Admin. (See Univ. of Connecticut Affil. Hosps., Farmington)								
NORWALK								
Norwalk	R. N. Barnett	353	430,000	10,461	9,958	4P	1C	004
STAMFORD								
Stamford	E. S. Breakell	146	1,155,047	5,762	4,741	4P	1C	003
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
WILMINGTON								
Wilmington Medical Center	P. Ashley	523	2,315,141	24,231	19,622	4P	1C	004
DISTRICT OF COLUMBIA								
WASHINGTON								
District of Columbia General	S. L. Perry	256	2,678,227	5,443	5,443	4P	1C	004
Doctors Hospital—Sibley Memorial	O. B. Hunter, Jr.					4P	1C	004
Doctors		83	300,515	7,619	7,026			
Sibley Memorial		134	556,367	9,567	9,072			
Georgetown University	D. M. Kerwin	224	742,726	8,060	7,980	4P	4C	011
George Washington University Affiliated Hospitals	F. S. Jannotta					4P	2C	018
George Washington University	F. S. Jannotta	284	1,770,000	14,000	13,500			
Veterans Admin.	B. H. Smith	246	2,721,371	3,699	3,699			
Howard University	M. A. Jackson	187	459,960	5,909	5,807	4P	3C	003
Washington Hospital Center						4P	2C	010
							1F	
FLORIDA								
FORT LAUDERDALE								
Broward General	R. J. Poppiti	172	1,366,188	9,322	7,772	4P	1C	004
GAINESVILLE								
University of Florida Affiliated Hospitals	K. K. Pierson					4P	4C	017
William A. Shands Teaching Hosp. and Clinics	K. K. Pierson	282	900,000	8,734	7,794			
Veterans Admin.	R. L. Hackett	171	1,410,563	4,283	3,555			
JACKSONVILLE								
University Hospital of Jacksonville	R. M. Rhatigan	284	1,383,418	6,128	5,946	4P	1C	004
MIAMI								
University of Miami Affiliated Hospitals	A. R. Morales					4P	6C	028
Jackson Memorial	J. B. Miale	559	1,843,775	16,691	15,766			
Veterans Admin.	A. R. Morales	284	2,423,924	6,925	6,897			
MIAMI BEACH								
Mount Sinai Medical Center of Greater Miami	A. M. Rywlin	214	38,355	13,024	12,614	4P	2C	007
ORLANDO								
Orange Memorial	B. C. Willard, Jr.	262	1,607,769	9,803	6,996	4P	2C	008
TAMPA								
University of South Florida Affiliated Hospitals	S. Bloom					4P	5C	014
St. Joseph's		117	1,042,000	10,000	8,500			
Tampa General		249	2,406,000	7,263	7,228			
Veterans Admin.		274	1,367,941	4,655	3,887			
GEORGIA								
ATLANTA								
Crawford W. Long Memorial	J. F. Nickerson	139	1,325,257	7,498	7,350	4P	1C	004
Emory University Affiliated Hospitals	M. B. Gravanis					4P	4C	026
							2*	
							1F	
Grady Memorial	M. B. Gravanis	295	1,429,473	13,720	13,720			
Emory University	W. G. Campbell, Jr.	244	2,907,913	11,199	10,600			
Veterans Admin. (Decatur)	J. Mendelof	119	2,773,877	2,913	2,744			
St. Joseph's Infirmary	J. T. Godwin	59	326,042	13,090	12,043	4P	1C	002
AUGUSTA								
Medical College of Georgia Hospitals	A. B. Chandler					4P	3C	010
Eugene Talmadge Memorial	A. B. Chandler	257	1,488,127	5,790	5,288			
University	A. B. Chandler	188	260,946	8,760	7,237			
Veterans Admin.	L. R. Mills	143	753,926	4,269	3,579			
COLUMBUS								
Medical Center	A. S. Clepper	182	700,000	6,250		4P	1C	004
DECATUR								
Veterans Admin. (See Emory Univ. Affil. Hosps., Atlanta)								
SAVANNAH								
Memorial Medical Center	J. B. Jennings					4P	1C	004
HAWAII								
HONOLULU								
University of Hawaii Affiliated Hospitals	W. S. Hartroft					4P	5C	015
Kaiser Foundation								
Kuakini	G. N. Stemmermann	106	455,393	5,200	4,648			
Queen's Medical Center	D. W. Will	178	809,724	11,823	11,139			
St. Francis	E. T. Nishimura	108	692,118	4,901				
ILLINOIS								
BERWYN								
Mac Neal Memorial	E. M. Tassoni	130	732,457	7,427	6,151	4P	1C	004
CHICAGO								
Columbus—Cuneo—Cabrin Medical Center	C. J. Maso					4P	1C	010
							1F	
Columbus		112	692,323	6,601	6,473			
Frank Cuneo		10	150,455	1,683	1,651			
St. Frances Xavier Cabrini		33	186,022	2,271	2,202			
Cook County	G. M. Novak	356	6,795,217	28,820	28,440	4P	2C	008

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered	
							1978-1979 1st Yr.	All Yrs.
ILLINOIS, CHICAGO—Continued								
Grant Hospital of Chicago	S. S. Barron, J. G. Vega	97	255,000	5,278	4,124	4P	1C	004
Illinois Masonic Medical Center	D. Rhone	150	1,208,669	7,150	6,524	4P	1C	004
Louis A. Weiss Memorial	W. Drwiega	124	495,588	6,182	5,917	4P	2C	009
Mercy Hospital and Medical Center	N. Martinez	137	1,442,315	5,643	5,600	4P	2C	008
Michael Reese Hospital and Medical Center	M. A. Swerdlow	374	1,976,788	14,866	13,398	4P	4C	014
Mount Sinai Hospital Medical Center of Chicago	A. I. Rubenstone	145	730,801	4,982	4,862	4P	1C	007
Northwestern University Medical School Affiliated Hospitals	J. C. Sherrick					4P	9C	030
Children's Memorial	J. D. Boggs	124	227,218	2,154	2,104			
Northwestern Memorial	D. G. Scarpelli	338	727,852	13,537	13,354			
Veterans Admin., Lakeside	R. Eisenstein	237	2,563,282	2,807	2,612			
Evanston (Evanston)	H. H. R. Friederici	317	697,462	8,797	8,797			
Rush—Presbyterian—St. Luke's Medical Center	R. S. Weinstein	422		13,699	12,965	4P	2C	010
St. Joseph	J. R. Kraft	113	829,767	7,990	7,845	4P	2C	007
University of Chicago Hospitals and Clinics	W. H. Kirsten	360	1,700,000	14,611	14,611	4P	3C	019
University of Illinois Affiliated Hospitals	S. T. Nerenberg					4P	7C	021
University of Illinois	S. T. Nerenberg	290	1,239,135	8,444	8,444			
Veterans Admin. (West Side)	J. Mir	249	2,900,000	2,830	2,816			
EVANSTON								
Evanston (See Northwestern Univ. Med. School Affil. Hosps., Chicago)								
St. Francis	J. G. Gooselaw	185	757,272	7,019	6,957	4P	1C	004
							1F	
EVERGREEN PARK								
Little Company of Mary	L. J. Knaff	110	1,000,000	10,332	10,332	4P	1C	004
HINES								
Veterans Admin.	M. E. Rubnitz	470	9,999,999	5,138	4,718	4P	3C	008
MAYWOOD								
Loyola University Affiliated Hospitals Foster G. Mc Gaw	G. Brynjolfsson	259	1,142,920	6,496	5,877	4P	2C	008
OAK LAWN								
Christ	J. Bolanos	284	819,189	10,554	9,366	4P	1C	004
OAK PARK								
West Suburban	F. I. Volini	160	666,522	5,672	5,140	4P	1C	004
PEORIA								
St. Francis	K. G. Kechriotis	335	1,573,369	10,655	7,280	4P	1C	006
University of Illinois—Peoria School of Med. Affiliated Institutions Methodist Medical Center of Illinois	A. C. Campbell	128	938,100	10,435	9,235	4P	1C	004
SPRINGFIELD								
Southern Illinois University Affiliated Hospitals St. Johns	G. Johnson	304	1,124,639	8,630	5,729	4P	1C	004
Memorial Medical Center		185	793,430	9,768	7,756			
INDIANA								
ELKHART								
Elkhart General (See South Bend Medical Foundation Hospitals, South Bend)								
FORT WAYNE								
St. Joseph's Hospital of Fort Wayne	L. A. Schneider	178	663,352	10,992	9,137	4P	2C	004
GARY								
Methodist Hospital of Gary	W. P. Loh, D. Han	373	600,000	8,967	8,000	4P	4C	004
St. Mary Medical Center	E. J. Mason	225	1,235,000	11,980	11,535	4P	1C	004
INDIANAPOLIS								
Indiana University Medical Center	J. Edwards, C. Nordchow					4P	5C	020
Indiana University Hospitals	J. Edwards, C. Nordchow	328	940,000	6,890	6,473			
Veterans Admin.	W. C. Beck	197	1,771,047	4,172	3,842			
William N. Wishard Memorial	J. Benz	536	1,084,754	6,591	5,958			
Methodist Hospital of Indiana	P. V. Evans	332	1,126,167	26,044	21,590	4P	2C	008
St. Vincent	L. N. Foster	195	629,736	14,235	12,238	4P	1C	004
MISHAWAKA								
St. Joseph (See South Bend Medical Foundation Hospitals, South Bend)								
MUNCIE								
Ball Memorial	G. E. Branam	262	412,718	14,542	11,000	4P	2C	007
SOUTH BEND								
South Bend Medical Foundation Hospitals	M. G. Quinn	79	365,093	5,507	5,450	4P	2C	008
Elkhart General (Elkhart)	M. G. Quinn	37	346,401	4,659	3,832			
St. Joseph (Mishawaka)		32	245,281	3,183	2,518			
Memorial Hospital of South Bend		91	433,321	7,217	6,066			
St. Joseph's		32	245,281	3,184	2,519			
IOWA								
DES MOINES								
Mercy (See Creighton University Affil. Hosps., Omaha, Neb.)								
IOWA CITY								
University of Iowa Affiliated Hospitals	G. D. Penick					4P	4C	016
University of Iowa Hospitals	G. D. Penick	437	2,042,989	211	211			
Veterans Admin.	J. A. Koepke	154	1,489,480	2,817	2,285			
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	F. E. Cuppage	293	2,200,000	11,400	11,282	4P	5C	021
Veterans Admin. (Kansas City, Mo.)	T. Sato	188	1,600,000	4,434	4,250			
WICHITA								
St. Francis	R. J. Taylor	358	494,820	11,425	7,533	4P	2C	006

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979 1st Yr.	All Yrs.
KANSAS, WICHITA—Continued								
St. Joseph Medical Center—Veterans Admin. Center	W. J. Reals	79	702,060	6,786	5,534	4P	1C	004
St. Joseph Medical Center Veterans Admin. Center	W. J. Reals W. J. Reals, P. E. Matron	41	211,541	980	980			
Wesley Medical Center	L. P. Cawley	224	642,475	16,250		4P	1C	004
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	A. Golden	323	9,999,999	11,945	11,750	4P	4C	013
University Veterans Admin.		151	2,473,542	5,220	5,220			
LOUISVILLE								
University of Louisville Affiliated Hospitals	G. R. Schrodt	548	895,952	6,527	5,222	4P	3C	012
Louisville General		177	464,258	8,982	8,982			
Norton—Children's Hospitals Veterans Admin.		157	1,201,701	3,187	3,187			
LOUISIANA								
BATON ROUGE								
Earl K. Long Memorial (See Louisiana State Univ. Affiliated Hospitals, New Orleans)								
NEW ORLEANS								
Charity Hospital of Louisiana	J. Strong, H. Johnson	689	4,931,415	4,594	4,594	4P	6C	026
Louisiana State University Affiliated Hospitals	J. P. Strong	234	1,380,605	3,766	3,576	4P	1C	003
Veterans Admin.	J. P. Strong	95	744,490	3,886	3,761			
Earl K. Long Memorial (Baton Rouge)	J. A. Freeman	206	1,485,042	12,837	12,013	4P	2C	008
Ochsner Foundation	C. Genre	129	608,027	6,574	6,149	4P	1C	004
Touro Infirmary	D. M. Bradburn							
SHREVEPORT								
L. S. U. (Shreveport) Affiliated Hospitals	A. G. Smith	178	2,114,853	4,998	4,500	4P	2C	008
Confederate Memorial Medical Center Veterans Admin.		83	1,076,416	1,890	1,890			
MAINE								
PORTLAND								
Maine Medical Center	J. F. Stocks	250	1,400,000	13,040	12,000	4P	1*	004
MARYLAND								
BALTIMORE								
Baltimore City Hospitals	R. Garcia Bunuel	272	1,221,938	5,157	5,114	4P	2C	009
Johns Hopkins	R. Heptinstall, R. Conn	493	1,513,162	21,033	18,535	4P	10C	026
Maryland General	W. B. King, Jr.	144	2,004,621	13,091	11,789	4P	1C 1F	002
St. Agnes	W. J. Hicken	211	1,101,092	10,943	10,579	4P	3C	006
Sinai Hospital of Baltimore	H. D. Dorfman	132	1,167,098	28,533	28,412	4P	2C	007
South Baltimore General	W. Kime	133	899,959	7,207	7,207	4P	1C	004
Union Memorial	D. K. Merenyi	154	1,223,050	9,042	8,814	4P	1C	004
University of Maryland Affiliated Hospitals	B. F. Trump	291	2,600,000	11,600	11,474	4P	4C	020
University of Maryland Veterans Admin.	W. D. Tigertt A. J. Saladino	103	1,134,325	2,269	2,269			
BETHESDA								
Suburban	B. T. Schaeffer	123	918,720	12,180	11,877	4P	1C 1F	004
CHEVERLY								
Prince George's General	I. Mattei	100	2,822,383	10,029	9,671	4P	1C	003
MASSACHUSETTS								
BOSTON								
Beth Israel	D. G. Freiman	253	1,134,924	10,818	10,818	4P	2C	009
Boston City	L. S. Gottlieb	431	12,308	13,473	12,801	4P	8C	024
Boston Hospital for Women	J. M. Craig	166	238,888	15,000	13,000	1SP	4C	004
Carney	H. J. Christian	134	1,183,140	6,404	5,924	4P	1C	004
Children's Hospital Medical Center	L. M. Reid	182	595,992	6,175	6,017	1SP	1*	007
Massachusetts General	R. Mc Cluskey, A. Vickery	671	2,800,000	25,847	25,789	4P	5C	022
New England Deaconess	M. A. Legg	245	906,259	15,373	14,604	4P	2C 2*	015
New England Medical Center—Lynn New England Medical Center Lynn (Lynn)	M. H. Flax, H. J. Wolfe M. H. Flax, H. J. Wolfe H. G. Olken	230 98	1,251,759 853,000	8,950 5,482	8,808 5,482	4P	3C	016
Peter Bent Brigham Hospital—Veterans Admin. (West Roxbury)	R. S. Cotran	350	849,701	9,059	9,059	4P	3C	018
Peter Bent Brigham Veterans Admin. (West Roxbury)	R. S. Cotran G. J. Dammin	82	714,812	1,661	1,542			
St. Elizabeth's Hospital of Boston	J. H. Graham	150	547,358	5,232	4,731	4P	1C	004
University Veterans Admin.	J. S. Abercrombie, Jr. L. D. Berman	227	907,698 3,161,675	4,179	4,179	3C 4P	1C 1C	001 009
CAMBRIDGE								
Mount Auburn	H. A. Bird	135	1,700,000	6,100	6,050	4P	1C	004
LYNN								
Lynn (See New England Medical Center-Lynn, Boston)								
NEWTON LOWER FALLS								
Newton—Wellesley	J. H. Meeker	119	1,021,916	8,255	6,899	4P	1C	004
PITTSFIELD								
Berkshire Medical Center	W. Beautyman	147	1,373,198	9,054	7,500	4P	1C	004
SPRINGFIELD								
Baystate Medical Center	J. P. Sullivan	252	2,488,652	15,910	13,707	4P	1C	004
WORCESTER								
Memorial	R. S. Harper	192	695,721	10,397	8,120	4P	1C	004
St. Vincent	G. H. Friedell	260	1,329,365	7,114	6,205	4P	2C	008
Worcester City	S. W. Chiu	157	727,556	5,409	5,059	4P	1C	004

24A. PATHOLOGY—Continued

Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
MICHIGAN							
ALLEN PARK							
Veterans Admin. (See Wayne State University Affil. Hosps., Detroit)							
ANN ARBOR							
University of Michigan Affiliated Hospitals	A. J. French	472	1,926,760	36,600	36,575	4P	6C 024
University	A. J. French	152	1,080,000	2,277	2,050		
Veterans Admin.	L. Weatherbee	160	825,980	67	67		
Wayne County General (Eloise)	R. W. Schmidt						
DEARBORN							
Oakwood (See Wayne State University Affil. Hosps., Detroit)							
DETROIT							
Detroit—Macomb Hospitals	F. B. Walker	41	1,690,553	4,451	4,230	4P	1C 005
Detroit Memorial		98	949,237	7,603	7,375		
South Macomb (Warren)		400	4,078,065	16,751	16,660	4P	4C 015
Henry Ford	J. Ohorodnik, K. Greenawald	234	1,029,655	7,848	25,669	4P	2C 009
Mount Carmel Mercy Hospital and Medical Center	T. A. Reyman					4P	2F
St. John	J. J. Humes	243	674,287	10,367	9,558	4P	2* 008
Sinai Hospital of Detroit	S. D. Kobernick	336	1,719,134	21,980	18,574	4P	1C 008
United Hospitals of Detroit—Grace Division	G. D. Stobbe	390	2,376,870	17,272	16,686	4P	1C 004
Wayne State University Affiliated Hospitals	W. A. Palutke	1,167	8,923,823	42,401	70,714	4P	4C 012
Veterans Admin. (Allen Park)							
Oakwood (Dearborn)	R. L. Mainwaring	198	1,495,000	11,315	10,983		
Children's Hospital of Michigan							
Detroit General							
Hutzel							
United Hospitals of Detroit—Harper Division							
ELOISE							
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor.)							
FLINT							
Hurley	F. V. Hodges	359	949,587	8,204	8,086	4P	1C 004
St. Joseph	W. L. Eaton	124	773,201	5,003	4,603	4P	1C 004
							1F
GRAND RAPIDS							
Grand Rapids Area Medical Education Center							
						4P	2C 008
Blodgett Memorial Medical Center	D. L. Kessler	385	907,163	13,319	12,452		1F
Butterworth							
St. Mary's	H. E. Bowman	195	2,194,680	12,987	11,667		
KALAMAZOO							
Southwestern Michigan Area Health Education Center							
	R. L. Schuen	348	1,455,624	21,033	13,305	4P	1C 005
							1F
Borgess							
Bronson Methodist							
LANSING							
Edward W. Sparrow	W. E. Maldonado	350	288,847	11,406	10,970	4P	1C 004
							1F
St. Lawrence	L. W. Walker	92	430,414	4,402	4,316	4P	2C 002
PONTIAC							
Pontiac General	J. Libcke	83	1,058,951	11,972	17,266	4P	1F 004
ROYAL OAK							
William Beaumont	E. J. Bernacki, J. Rutzky	295	2,654,098	19,124	17,350	4P	2C 008
							1F
SOUTHFIELD							
Providence	W. J. Shively	149		11,033	11,033	4P	1C 004
WARREN							
South Macomb (See Detroit-Macomb Hospitals, Detroit)							
MINNESOTA							
DULUTH							
St. Mary's	R. C. Flaa	236	456,804	8,401	6,705	4P	1C 004
MINNEAPOLIS							
Hennepin County Medical Center	J. I. Coe	349	800,659	8,882	8,356	4P	1C 008
							2F
Northwestern Hospital of Minneapolis	F. H. Lott	218	723,047	9,090	7,521	4P	1C 004
University of Minnesota Affiliated Hospitals	L. P. Dehner	429	1,996,008	8,899	8,838	4P	5C 008
University of Minnesota Hospitals	L. P. Dehner						
Mount Sinai							
Veterans Admin.	E. Benson	339	2,467,086	5,569	5,472		
ROCHESTER							
Mayo Graduate School of Medicine	K. E. Holley		3,450,506			4P	3C 028
Rochester Methodist		248		21,839	26,630		
St. Mary's		462		21,243	30,781		
ST. PAUL							
St. Paul—Ramsey	E. Haus	391	882,860	8,216	7,758	4P	2* 010
United Hospitals							
Miller Division	J. E. Edwards	94	2,270,980	6,602	6,602	4P	1C 003
MISSISSIPPI							
JACKSON							
University of Mississippi Medical Center	W. N. Bell, C. Goetz					4P	2C 014
							4*
University	W. N. Bell, C. Goetz	300	124,527	9,412	9,412		
Veterans Admin. Center	R. R. Gatling	117	4,924,916	2,763	2,563		

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979 1st Yr.	All Yrs.
MISSOURI								
BRIDGETON								
De Paul Community Health Center	J. D. Bauer	85	152,800	4,379	4,379	4P	1C	004
COLUMBIA								
Ellis Fischel State Cancer	C. M. Perez-Mesa	14	241,750	2,553	2,553	1SP	1C	002
University of Missouri Medical Center	J. F. Townsend	370	1,191,296	9,321	8,144	4P	4C	017
Veterans Admin.	J. F. Townsend	134	421,693					
KANSAS CITY								
St. Luke's	W. G. Wood	238	2,209,358	13,419	11,578	4P	1C	006
Veterans Admin. (See Univ. of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Barnes Hospital Group	P. E. Lacy, L. Jarett	596	1,242,439	22,628	22,628	4P	8C 3*	035
Deaconess	R. W. Brangle	190	756,601	8,099	6,607	4P	1C 6F	010
Missouri Baptist	H. B. Taylor, C. L. Leone	102	261,413	6,689	5,984	4P	1C	004
St. John's Mercy Medical Center	F. T. Kraus	211	1,136,172	11,903	10,099	4P	1C	005
St. Louis City	R. C. McDaniel	264	1,173,308	2,677	2,607	4P	1C	004
St. Louis University Group of Hospitals	H. B. Taylor					4P	4C	016
St. Louis University	H. B. Taylor	149	1,200,000	3,759	3,720			
Cardinal Glennon Memorial Hospital for Children	J. D. Blair	118	585,915	2,976	1,517			
St. Mary's Health Center	H. B. Taylor, E. Tucker	155	1,739,696	9,981	8,272			
Washington University Medical Center, Jewish Hospital of St. Louis	C. W. Pierce	187	821,881	9,726	8,654	4P	2C	008
NEBRASKA								
LINCOLN								
Pathology Medical Service	O. R. Hayes					4P	1C	004
Bryan Memorial		70	327,867					
Lincoln General		70	154,091	3,793	2,753			
St. Elizabeth Community Health Center	L. D. Toalson							
OMAHA								
Creighton University Affiliated Hospitals	J. A. Fierer					4P	4C	006
Creighton Memorial St. Joseph's	J. A. Fierer	140	719,000	6,993	6,874			
Veterans Admin.	J. A. Fierer	157	901,270	3,690	3,623			
Mercy (Des Moines, Ia.)	J. Holthaus, J. Song	168	1,700,000	8,700	6,700			
Nebraska Methodist	J. R. Schenken	154	374,000	14,155	13,000	4P	1C	004
University of Nebraska	C. A. McWhorter	242	568,470	5,747	862	4P	2C	008
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals	G. D. Sorenson					4P	2C 1*	010
Mary Hitchcock Memorial	G. D. Sorenson	308	730,617	7,630	7,139			
Veterans Admin. Center (White River Junction, Vt.)	J. U. Brisbane	92	587,333	1,890	1,472			
NEW JERSEY								
ATLANTIC CITY								
Atlantic City	M. Ackerman	305	1,895,798	10,762	8,319	4P	1C	004
CAMDEN								
Cooper	S. Burrows	133	2,819,476	8,687	7,744	4P	1C	004
Our Lady of Lourdes	W. V. Harrer	99	1,500,000	5,407		4P	1C	002
EAST ORANGE								
Veterans Admin.	D. H. Boehme	251	1,980,553	4,540	21,739	4P	1C	003
ELIZABETH								
St. Elizabeth	D. H. Oreizin	56	58,547	5,209		4P	1C	004
FLEMINGTON								
Hunterdon Medical Center (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)								
GREEN BROOK								
Raritan Valley (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)								
HACKENSACK								
Hackensack	D. E. Brown	167	667,057	10,202	7,191	3A	1C	003
JERSEY CITY								
Jersey City Medical Center	G. M. Mulcahy	170	969,129	5,493	5,424	4P	1C	004
LIVINGSTON								
St. Barnabas Medical Center	R. V. P. Hutter	209	2,690,708	16,340	15,524	4P	2C	008
LONG BRANCH								
Monmouth Medical Center	L. Sylvia	563	9,960,315	8,541	7,823	4P	4C	010
MONTCLAIR								
Mountainside	F. Y. Watson	120	1,067,464	9,775	8,977	4P	1C	004
MORRISTOWN								
Morristown Memorial	H. F. Luddecke	152	3,193,411	15,934	15,781	4P	2C	006
NEWARK								
Martland	M. Lyons	145	1,350,000	3,656	3,300	4P	3C	012
Newark Beth Israel Medical Center	K. Gal	173	2,823,620	11,090	11,090	4P	1C	003
St. Michael's Medical Center	R. E. Carnes	99	1,598,087	4,954	4,913	4P	4C	004
NEW BRUNSWICK								
Middlesex General (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)								
St. Peter's Medical Center (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)								
PATERSON								
St. Joseph's Hospital and Medical Center	P. Steinlauf	236	512,433	9,426	8,812	4P	2C	004

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
NEW JERSEY—Continued								
PERTH AMBOY								
Perth Amboy General	L. Kiefer	425	670,739	10,712	7,243	4P	1C 3F	005
PISCATAWAY								
CMDNJ—Rutgers Medical School Affiliated Hospitals								
Hunterdon Medical Center (Flemington)	A. B. Morrison		4,529	4,004	3,425	4P	3C	012
Raritan Valley (Green Brook)	W. E. Uhlman	148	263,771	2,856	2,610			
Middlesex General (New Brunswick)	B. Bachi	68	622,934	7,772	7,054			
St. Peter's Medical Center (New Brunswick)	D. W. Smith, P. S. Smilow	120	2,196,756	11,115	6,182			
Somerset (Somerville)	V. A. Galdi	109	895,495	7,866				
	A. S. Conston	243						
PLAINFIELD								
Muhlenberg	B. H. Hyun	178	1,198,660	8,597	8,117	4P	2C	006
SOMERVILLE								
Somerset (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)								
SUMMIT								
Overlook	A. Elguezabal	154	1,568,263	11,097	10,206	4P	3C 2F	006
NEW MEXICO								
ALBUQUERQUE								
University of New Mexico Affiliated Hospitals	R. E. Anderson		512,590	5,184	4,531	4P	4C	015
Bernalillo County Medical Center	T. S. Mc Connell	156		5,565	5,500			
Veterans Admin.	R. L. Sopher	161	1,200,241					
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	W. A. Thomas		3,130,972	13,020	13,020	4P	4C	010
Albany Medical Center	W. A. Thomas	313	2,062,727	2,879	2,879			
Veterans Admin.	A. S. Daoud	239	1,308,224	406	7,371	4P	1C	004
St. Peter's	T. S. Beecher	153						
BUFFALO								
Deaconess Hospital of Buffalo	J. B. Sheffer	167	1,184,226	15,488	7,425	4P	1C 1F	004
Millard Fillmore	E. Jenis	129	1,575,312	11,875	11,343	4P	1C	004
Sisters of Charity	C. F. Becker	115	1,450,408	11,585	10,660	4P	1C	004
S.U.N.Y. at Buffalo Affiliated Hospitals								
Buffalo General	A. P. Prezyrna	297	2,392,495	13,660	12,928	4P	5*	020
Children's Hospital of Buffalo	J. R. Wright	153	629,983	5,663	5,102			
Edward J. Meyer Memorial	H. Jockin	148	2,036,317	6,509	5,283			
Roswell Park Memorial Institute	A. Lukas	508	1,174,697	17,692	17,692			
Veterans Admin.	J. W. Pickren	198	7,349	3,236	3,211			
	M. Montes							
COOPERSTOWN								
Mary Imogene Bassett (See Columbia University Affiliated Hospitals, New York City)								
EAST MEADOW								
Nassau County Medical Center—Meadowbrook	V. Palladino	205	2,462,487	11,517	11,328	4P	2C	008
GLEN COVE								
Community Hospital at Glen Cove	A. S. Carlson	91	526,158	7,002	6,339	4P	1C	002
JOHNSON CITY								
Charles S. Wilson Memorial	G. Reynoso	288	1,412,572	8,541	8,114	4P	1C	004
MANHASSET								
North Shore University	S. Gross	277	3,550,779	12,090	11,850	4P	2C	008
MINEOLA								
Nassau	L. R. Ferraro	156	1,035,346	10,211	9,012	4P	1C 1F	004
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals								
Bronx Municipal Hospital Center	R. D. Terry	365	3,627,831	7,400	7,400	4P	1C	020
Hospital of the Albert Einstein College of Medicine		144	1,302,480	7,250	7,250			
Beth Israel Medical Center	R. Stenger	150	1,193,792	16,090	16,090	4P	2C	010
Booth Memorial	A. U. Blaustein	119	1,970,000	7,506	7,506	4P	2C	004
Bronx—Lebanon Hospital Center	L. Reiner	133	1,257,049	8,272	7,784	4P	2C	006
Brookdale Hospital Center	D. Spain	160	1,769,416	17,472	17,472	4P	2C	005
Brooklyn—Cumberland Medical Center	S. M. Farrer	200	900,000	9,000	8,500	4P	4*	010
Catholic Medical Center of Brooklyn and Queens	E. Santora					4P	4C	008
Mary Immaculate Division	P. Remigio	69	698,604	8,353	8,353			
St. Mary's Division	Y. Cho	63	759,306	2,926	2,776			
Columbia University Affiliated Hospitals								
Presbyterian	D. W. King	327	5,156	12,111	12,111	4P	4C	016
Mary Imogene Bassett (Cooperstown)	D. W. King	120	660,195	3,550	3,406			
Coney Island	C. V. Z. Hawn	173	2,238,640	4,834	4,834	4P	2C	006
Harlem Hospital Center	M. Hyman	187	3,709,051	5,858	5,858	4P	3C	012
Hospital for Joint Diseases and Medical Center	T. W. Roberts	57	823,730	2,899	2,702	1SP	2C	002
Jamaica	G. C. Steiner	132	706,543	7,089	7,089	4P	1C	004
Jewish Hospital and Medical Center of Brooklyn	E. Khayat	117	4,680	8,571	8,495	3A	1C	004
Lenox Hill	A. C. Allen	307	1,620,567	10,237	9,902	4P	2C	008
Long Island College	S. C. Sommers	141	1,218,224	7,269	6,861	4P	1C 1F	005
Long Island Jewish—Hillside Medical Center	J. Korzis							
Program	J. Berkman					4P	3C	012
Long Island Jewish—Hillside Medical Center	J. Berkman	288	1,855,017	12,155	10,185			
Queens Hospital Center	J. V. Klavins	268	2,110,718	6,132	28,812			
Maimonides Medical Center	S. Minkowitz	104	2,524,962	9,733	9,733	4P	1C	004
Memorial Hospital for Cancer and Allied Diseases	P. J. Fitzgerald	413	19,571	19,571	19,571	3A	12C	015
Methodist	F. G. Zak	127	907,029	6,370	6,370	4P	5C	005

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
NEW YORK, NEW YORK CITY—Continued								
Misericordia—Lincoln Training Program	P. E. Kalish	110	1,400,000	4,173	4,020	4P	4*	010
Misericordia Hospital Medical Center Lincoln		104	2,800,000	5,392	5,000			
Montefiore Hospital Training Program	L. Koss	312	3,838,451		10,099	4P	3C	012
Montefiore Hospital and Medical Center	S. A. Geller					4P	4C	019
Mount Sinai Hospital Training Program	S. A. Geller	380	3,500,000	20,000	20,000			
Mount Sinai Veterans Admin. (Bronx)	F. Paronetto	185	2,816,949	4,408	3,400			
Mount Sinai Hospital Training Program	W. Mautner	224	3,300,000	4,551	4,551	4P	2C	011
City Hospital Center at Elmhurst	J. T. Ellis	511	2,000,000	21,691	17,507	4P	6C	016
New York Hospital								
New York Medical College—Metropolitan Hospital Center	V. Tchertkoff	94	2,865,646	15,750	15,700	4P	3C	023
Unit 1—Flower and Fifth Avenue Hospitals		148	9,999,999	13,704	13,512			
Unit 2—Metropolitan Hospital Center								
Unit 3—Bird S. Coler Memorial Hospital and Home		97	374,861	692	536			
New York University Medical Center	V. Defendi	196	4,794,914	7,015	7,015	4P	8C	032
Bellevue Hospital Center	M. J. Finegold	151	3,135,378	9,481	8,951			
University	F. Gorstein	142	2,788,735	3,956	3,758			
Veterans Admin. (Manhattan)	N. S. Cooper	159	1,385,563	8,855	8,824	4P	5C	020
Roosevelt	R. Garret	111	712,176	3,971	3,766	4P	1C	004
St. Clare's Hospital and Health Center	J. R. Haddad	243	1,795,160	9,766	9,766	4P	1C	006
St. Luke's Hospital Center	C. F. Begg							
St. Vincent's Hospital and Medical Center of New York	J. F. Gillooley	211	1,327,300	7,021	7,021	4P	1* 1F	006
S.U.N.Y. Downstate Medical Center	V. J. Yermakov	353	2,370,246	19,927	19,927	4P	4C	017
Kings County Hospital Center	V. Yermakov	74	319,468	4,788	4,738			
State University	J. D. Broome	110	1,433,438	4,704	4,500	4P	3C 1*	004
Wyckoff Heights	A. L. Statsinger							
ROCHESTER								
Genesee	B. Brown	237	2,672,387	16,642	14,959	3A	1C	003
Rochester General	Z. M. Tomkiewicz	301	1,650,980	16,600	13,800	4P	2C	008
Strong Memorial Hospital of the University of Rochester	S. F. Patten, Jr.	497	2,122,500	13,657	13,537	4P	4C	016
SCHENECTADY								
Ellis	G. F. Parkhurst	355	1,169,098	11,121	10,123	4P	1C 5F	009
SYRACUSE								
S.U.N.Y. Upstate Medical Center	R. B. Hill, Jr.	141	410,964	7,612	6,158	4P	3C	014
Community General Hospital of Greater Syracuse	J. T. Prior	232	1,288,206	10,487	9,308			
Crouse Irving—Memorial	E. H. Kagan	186	1,724,762	5,160	5,046			
State University	R. B. Hill Jr., J. B. Henry	168	1,269,348	8,539	6,104			
St. Joseph's Hospital Health Center	N. A. Cohen	150	798,446	3,207	3,207			
Veterans Admin.	J. Yourno							
VALHALLA								
Westchester County Medical Center	W. L. Thelmo	94	1,067,936	2,200	2,000	4P	1C	004
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	J. W. Grisham	349	1,164,937	12,439	11,439	4P	4C	016
CHARLOTTE								
Charlotte Memorial Hospital and Medical Center	A. L. Dee	367	605,166	12,529	12,230	4P	1C	002
DURHAM								
Duke University Affiliated Hospitals	R. B. Jennings	569	2,500,000	15,190	15,190	4P	8C	030
Duke University Medical Center	R. B. Jennings	224	9,999,999	4,539	4,514			
Veterans Admin.	P. C. Pratt							
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals	R. W. Prichard	607	2,026,937	12,663	12,663	4P	4C 1F	012
North Carolina Baptist								
NORTH DAKOTA								
GRAND FORKS								
University of North Dakota Affiliated Hospitals United	W. A. Wasdahl	300	300,000	13,000	12,000	4P	1C	004
OHIO								
AKRON								
Akron City	F. P. Urso	287	801,641	14,860	13,916	4P	2C 1*	004
Children's Hospital of Akron	H. J. Igel	102	718,369	4,356	2,207	2SP	1C	002
CANTON								
Aultman	V. T. Mehta	229	1,696,871	19,155	15,692	4P	2C	008
CINCINNATI								
Good Samaritan	J. A. Preston	225	1,600,000	25,377	24,070	4P	1C	004
University of Cincinnati Hospital Group	R. D. Smith					4P	4C 2F	016
Cincinnati General	R. D. Smith	530	1,750,000	16,677	16,677			
Children's Hospital Medical Center	A. J. Mc Adams	149	5,115	5,567	2,784			
Veterans Admin.	R. D. Smith	217	1,567,989	3,184	3,184			
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	J. R. Carter	432	2,872,651	13,286	13,286	4P	6C	026
University Hospitals of Cleveland	J. R. Carter	223	2,920,305	4,609	2,942			
Veterans Admin.	D. Lusted	227	21,279	20,852	19,411	4P	4C	016
Cleveland Clinic	L. J. McCormack	301	2,092,255	10,791	10,399	4P	3C	010
Cleveland Metropolitan General	J. D. Reid	163	2,013,558	8,413	7,911	4P	2C	008
Mount Sinai Hospital of Cleveland	E. Siegler	112	464,518	2,161	2,161	4P	1* 2F	004
St. Alexis	A. F. Naji							
St. Luke's	J. Kleinerman	175	426,079	7,838	7,067	4P	2C	008
St. Vincent Charity	J. S. Mackrell, Jr.	90	1,125,105	4,921	3,919	4P	1C	001

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
OHIO—Continued								
COLUMBUS								
Children's Grant	C. B. Reiner	174	5,365	5,365	186	1SP	2C	002
Ohio State University Hospitals	B. H. Hurd	95	1,133,819	12,108	11,435	4P	1C	004
	D. A. Senhauser	347	4,552,327	11,234	11,122	4P	4C	016
DAYTON								
Wright State University Affiliated Hospitals	J. W. Funkhouser					4P	2C	007
Miami Valley St. Elizabeth Medical Center	J. W. Funkhouser	308	63,860	16,131	16,131			
Wright State University Affiliated Hospitals	W. Abramson	158	738,652	14,000	13,700			
Charles F. Kettering Memorial (Kettering)	E. W. Peterson	162	3,500,000	11,276	10,376	4P	1C 2F	007
ELYRIA								
Elyria Memorial	R. G. Thomas	160	725,529	10,183	8,822	4P	1C 1F	004
KETTERING								
Charles F. Kettering Memorial (See Wright State University Affiliated Hospitals, Dayton)								
TOLEDO								
Medical College of Ohio at Toledo Associated Hospitals	J. R. Patrick	285	613,769	2,348	2,301	4P	1C 1F	004
Hospital of Medical College of Ohio at Toledo								
Mercy	D. J. Hanson	88	555,750	7,091	6,428	4P	2C	005
YOUNGSTOWN								
Youngstown	L. Deppisch	302	1,587,610	14,445	14,301	4P	2C 1F	009
OKLAHOMA								
OKLAHOMA CITY								
Baptist Medical Center of Oklahoma	J. Hensley	137	268,399	8,489	6,550	4P	1C	004
St. Anthony	W. T. Snoddy	147	1,215,481	11,130	11,130	4P	1C 1F	004
University of Oklahoma Health Sciences Center	R. M. O'Neal					4P	2* 1F	008
University Hospital and Clinics		190	316,669	6,707	6,707			
Veterans Admin.		152	1,709,170	4,423	3,743			
TULSA								
Hillcrest Medical Center	D. E. Van Wormer	94	663,747	10,748	10,050	4P	1C	004
St. Francis	R. S. White	180	830,000	13,000	11,050	4P	1C	004
St. John's	B. O. Bliss	225	387,472	11,391	9,100	4P	1C	004
OREGON								
PORTLAND								
Good Samaritan Hospital and Medical Center	D. S. Johnson	177	1,340,522	10,277	9,355	4P	1C	004
Providence	M. Gates	154	600,000	9,042	8,710	4P	1C	004
St. Vincent Hospital and Medical Center	J. E. Nohlgren	205	724,404	11,056	9,454	4P	2C	008
University of Oregon Affiliated Hospitals								
University of Oregon Health Sciences Center Hospital and Clinics	R. D. Moore, T. Hutchens	343	2,270,000	9,312	9,312	4P	1C	016
PENNSYLVANIA								
ALTOONA								
Altoona	E. M. Sneff	84	444,200	5,772	5,772	4P	2C	004
BETHLEHEM								
St. Luke's	E. J. Benz	203	805,285	11,150	9,696	4P	1C	004
BRYN MAWR								
Bryn Mawr	J. J. Mc Graw, Jr.	181	814,228	9,262	9,262	4P	2C 2F	006
DANVILLE								
Geisinger Medical Center	J. J. Moran	266	1,252,171	12,238	10,717	4P	2C	006
DARBY								
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)								
ERIE								
Hamot Medical Center	R. G. Pellizzari	508	668,771	11,195	18,154	4P	2C	004
St. Vincent Health Center	R. T. Renz	115	218,432	11,668	9,346	4P	2F	005
HERSHEY								
Milton S. Hershey Medical Center of the Pennsylvania State University	R. L. Naeye	295	1,209,755	7,500	6,542	4P	3C	008
PHILADELPHIA								
Albert Einstein Medical Center	I. Young	158	2,191,809	13,462	13,012	4P	3C	008
Chestnut Hill	Z. P. Woo	94	5,312,009	5,357	5,357	4P	1C 2F	004
Children's Hospital of Philadelphia	C. L. Witzleben	199		3,352	2,173	1SP	1C	001
Episcopal	H. Watts	149	643,386			4P	1C	004
Graduate Hospital of the University of Pennsylvania	O. Ross, P. Darbouze	137	412,449	4,031	4,031	4P	1C	004
Hahnemann Medical College and Hospital						4P	2C	008
Hospital of the University of Pennsylvania	J. E. Wheeler	237	9,999,999	13,414	12,888	4P	4C	015
Lankenau	I. K. Kline	184	655,000	13,400	13,400	4P	2C	008
Medical College of Pennsylvania Affiliated Hospitals	J. Leighton	137	1,764,790	5,344	5,144	4P	2C	010
Hospital of the Medical College of Pennsylvania	J. Leighton	151	491,117	4,600	4,200			
Germantown Dispensary and Hospital	W. H. Strimel, Jr.							
Mercy Catholic Medical Center	W. H. Miller					4P	2C 2F	008
Misericordia Division	H. E. Marx	133	851,471	2,211	2,211			
Fitzgerald Mercy Division (Darby)	W. H. Miller	167	342,700	6,447	6,375			
Pennsylvania	J. P. Decker	171	88,374	8,024	7,954	4P	1C	004
Presbyterian—University of Pennsylvania Medical Center	G. A. Hermann	128	1,206,914	3,078	2,913	4P	2C 1F	006
St. Christopher's Hospital for Children	J. B. Arey	122		1,850	1,204	1SP	1C	001

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number of Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
PENNSYLVANIA, PHILADELPHIA—Continued								
Temple University	P. B. Putong	234		7,778	7,778	4P	1C	010
Thomas Jefferson University	G. E. Aponte	289	835,458	10,732	10,732	4P	2C	011
PITTSBURGH								
Allegheny General	R. J. Hartsock	178	1,877,934	9,487	9,437	4P	2C	006
Hospitals of the University Health Center of Pittsburgh	T. J. Gill, 3d					4P	5C	038
Children's Hospital of Pittsburgh	E. Yunis	145	225,284	3,675	3,600			
Eye and Ear Hospital of Pittsburgh		274		619	619			
Magee—Womens	B. Klionsky	733	593,295	17,681	17,681			
Montefiore		141	1,703,791	7,130	7,130			
Presbyterian—University	R. E. Lee	246	666,918	11,293	10,728			
Veterans Admin.	H. R. Hellstrom	199	1,880,312	3,363	3,363			
Mercy	J. A. Cooper	279	1,662,533	10,480	8,910	4P	1C	006
Shadyside	E. R. Fisher	131	1,396,558	10,461	10,461	4P	1C	006
Western Pennsylvania	E. R. Erickson	190	1,076,020	11,525	10,218	4P	3C 1F	008
READING								
Reading	M. S. Reed	345	2,321,790	21,739	20,384	4P	1C	004
YORK								
York	J. P. Whiteley	412	1,428,760	14,156	12,099	4P	1C	004
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	R. E. Fiol					4P	2C	008
University District	R. E. Fiol							
San Juan City	R. E. Fiol	443	332,253					
Veterans Admin. Center	G. A. Ramirez De Arellano	220	1,521,539	3,582	3,179			
RHODE ISLAND								
PAWTUCKET								
Memorial (See Brown University Affiliated Hospitals, Providence)								
PROVIDENCE								
Brown University Affiliated Hospitals	H. Fanger					4P	2C	008
Memorial (Pawtucket)	R. G. Mason, Jr.	130	1,200,000	7,000	5,400			
Miriam	S. I. Zacks	119	1,074,470	8,844	6,896			
Rhode Island	H. Fanger	329	2,500,000	14,000	13,580			
Roger Williams General								
St. Joseph's	S. R. Allegra	106	1,389,179	11,369	8,763	4P	1C	004
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	G. R. Hennigar					4P	5C	022
Medical University of South Carolina	G. R. Hennigar	816	5,200,000	23,465	22,292			
Charleston County	G. R. Hennigar	816	5,200,000	23,465	22,292			
Naval Regional Medical Center	F. A. Trefny	65	816,927	9,754	9,754			
Veterans Admin.	F. M. Brown	123	1,745,799	3,350	3,173			
SOUTH DAKOTA								
SIOUX FALLS								
University of South Dakota Affiliated Hospitals								
Sioux Valley	J. F. Barlow	151	381,055	6,185	6,185	4P	1C 1F	004
TENNESSEE								
CHATTANOOGA								
University of Tennessee Clinical Education Center								
Baroness Erlanger	J. Abramson, M. Kosanovich	177	1,264,722	17,660	17,574	4P	1C	007
KNOXVILLE								
University of Tennessee Memorial Research Center and Hospital	F. S. Jones	163	889,443	9,234	7,470	4P	1C 1F	005
MEMPHIS								
Baptist Memorial	E. E. Muirhead	324	4,416,237	30,543	30,173	4P	9C	021
City of Memphis Hospitals	J. T. Francisco	233	1,888,700	9,876	9,876	4P	4C	018
Methodist	A. N. Sollee	128	366,478	14,206	14,206	4P	2C 2F	004
Veterans Admin.	J. Young, J. Francisco	264	1,447,129	5,085	4,992	4P	1C	004
NASHVILLE								
George W. Hubbard Hospital of the Meharry Medical College	L. D. Green	68	460,000	2,500	2,500	4P	1C	004
Vanderbilt University Affiliated Hospitals						4P	5C	020
Vanderbilt University	W. H. Hartmann	285	1,607,286	11,790	10,670			
Veterans Admin.	W. A. Gardner	154	2,088,835	3,996	3,941			
TEXAS								
AUSTIN								
Central Texas Medical Foundation								
Brackenridge	J. L. Spidle	154	681,873	6,646	4,570	4P	1C	003
DALLAS								
Baylor University Medical Center	G. Race	292	1,990,000	23,222	21,668	4P	4C	015
Methodist Hospital of Dallas	G. Noteboom	98	364,542	9,476	8,574	4P	1C	004
Parkland Memorial	V. A. Stembridge	411	3,339,288	11,687	11,432	4P	6C	024
St. Paul	J. H. Childers	141	566,861	11,564	11,564	4P	2C	005
Veterans Admin.	W. W. Sheehan	164	2,802,259	5,088	5,088	4P	1C	004
FORT WORTH								
Harris Hospital—Fort Worth Medical Center	C. B. Mitchell	179	437,402	24,683	19,943	4P	3C	007
GALVESTON								
University of Texas Medical Branch Hospitals	L. C. Stout, Jr.	358	2,169,624	9,713	9,046	4P	4C	010

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Total		Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979	
		Number Necropsies	Laboratory Exams.				1st Yr.	All Yrs.
TEXAS—Continued								
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	J. L. Titus					4P	5C	018
Ben Taub General	J. L. Titus	378	3,411,539	9,126	9,126			
Jefferson Davis	J. L. Titus		820,927					
Methodist	J. L. Titus	272	2,365,197	23,085	17,229			
Texas Children's	H. Rosenberg	169	689,631	4,074	4,074			
Veterans Admin.	F. Gyorkey	276	3,211,555	6,885	6,885			
St. Luke's Episcopal	C. J. Lind	248	1,293,021	12,159	11,831	4P	2C	008
University of Texas at Houston Affiliated Hospitals								
Hermann	D. C. Cannon	184	516,557	8,389	7,550	4P	3C	012
University of Texas M. D. Anderson Hospital and Tumor Institute	F. F. Becker, B. Lichtiger	403	2,527,311	17,576	17,576	4P	3C	017
LUBBOCK								
Methodist	W. H. Long	164	670,632	8,805	6,651	4P	1C	002
SAN ANTONIO								
Baptist Memorial	A. O. Severance	160	1,407,556	16,286	14,874	4P	2C	008
University of Texas at San Antonio Teaching Hospitals								
Bexar County Teaching	J. J. Ghidoni	135	1,032,378	8,412	6,200	4P	5C	014
Santa Rosa Medical Center	J. J. Ghidoni	164	9,999,999	7,786	7,596			
Veterans Admin.	N. H. Jacob, Jr. F. M. Townsend	149	1,734,398	5,714	5,400			
TEMPLE								
Scott and White Memorial	R. F. Peterson	161	1,300,000	8,250	7,726	4P	2C	008
UTAH								
SALT LAKE CITY								
Holy Cross Hospital of Salt Lake City	B. A. Lloyd	102	926,799	9,096	6,915	4P	1C	002
L D S Hospital	F. Miya	188	1,139,120	13,516	11,200	4P	1C	004
University of Utah Affiliated Hospitals								
University	R. P. Mennemeyer	200	1,200,000	6,500	6,175	4P	4C	015
Veterans Admin.	C. R. Kjeldsberg	148	1,416,000	2,399	2,135			
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	J. E. Craighead	291	601,918	12,903	10,498	4P	3C	012
WHITE RIVER JUNCTION								
Veterans Admin. Center (See Dartmouth Medical Sch. Affil. Hosps., Hanover, N. H.)								
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	T. W. Tillack	435	1,821,434		11,000	4P	16C	016
DANVILLE								
Memorial	T. J. Moran	140	911,735	9,249	8,409	4P	1C	004
FALLS CHURCH								
Fairfax	C. B. Cook	98	1,823,111	23,804	22,115	4P	2C	004
NORFOLK								
Eastern Virginia Medical School Affiliated Hospitals								
Norfolk General	D. Cowan	365	1,261,521	16,831	13,831	4P	3C	010
De Paul		147	923,119	14,606	13,546			
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals								
Medical College of Virginia Hospitals	G. P. Vennart	417	3	14,457	11,460	4P	6C	028
Veterans Admin.	G. P. Vennart P. F. Schatzki	192	2,152,242	3,374	3,335			
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals								
Children's Orthopedic Hospital and Medical Center	E. A. Barker					4P	6C	027
Harborview Medical Center	J. B. Beckwith	149	561,314	2,590	1,109			
Swedish Hospital Medical Center	E. A. Barker	229	263,383	3,452	3,452			
U. S. Public Health Service	W. B. Hamlin	206	1,870,546	16,738	14,207			
University	R. Beegle	53	1,018,818	3,692	3,600			
Veterans Admin.	E. A. Barker	1,149	4,270,321	38,355	35,004			
	R. Vracko	155	1,230,949	2,913	2,893			
SPOKANE								
Deaconess	T. E. Ludden	118	354,012	10,391	6,957	4P	1C 2F	004
Sacred Heart Medical Center	J. E. Hill, J. M. Watanabe	280	916,633	10,469	9,037	4P	1C	002
TACOMA								
Tacoma General	M. J. Wicks	318	1,943,658	20,740	15,000	4P	2C	002
WEST VIRGINIA								
BECKLEY								
Appalachian Regional	W. A. Laqueur	134	500,000	5,090	4,790	4P	1C	002
CHARLESTON								
Charleston Area Medical Center	B. Caldwell	404	2,399,878	17,465	15,719	4P	1C	005
HUNTINGTON								
Marshall University Affiliated Hospitals								
Cabell Huntington	S. Werthammer	141	1,542,796	4,993	4,112	4P	1C	004
St. Mary's		68	1,085,588	6,656				
MORGANTOWN								
West Virginia University	N. F. Rodman, Jr.	348	1,157,248	7,375	6,982	4P	4C	012
WHEELING								
Ohio Valley Medical Center	R. O. Bell, Jr.	148	730,845	8,648	6,836	4P	1C	004
WISCONSIN								
MADISON								
Madison General	S. Shih	117	1,590,070	11,235	8,841	4P	1C	004
University of Wisconsin Affiliated Hospitals								
University Hospitals	D. H. Norback	336	1,895,592	25,102	19,877	4P	6C	019
Veterans Admin.	D. H. Norback J. M. B. Bloodworth	178	1,414,327	2,292	2,194			

24A. PATHOLOGY—Continued

	Chief of Service or Program Director	Total		Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1978-1979	
		Number of Necropsies	Laboratory Exams.				1st Yr.	All Yrs.
WISCONSIN—Continued								
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	J. V. Straumfjord, Jr.					4P	3C 1F	004
Milwaukee County General Veterans Admin. Center (Wood)	J. V. Straumfjord, Jr. K. Pintar	232 253	2,137,529 1,632,036	5,251 3,519	5,251			
Mount Sinai Medical Center	J. N. Shanberge	108	862,388	6,448	5,665	4P	1C	004
St. Joseph's	C. H. Altshuler	211	1,345,998	14,939	8,909	4P	1*	005
St. Luke's	G. E. Batayias	184	1,829,205	9,177	8,536	4P	2C 2F	006

24B. PATHOLOGY, FORENSIC

Residency programs in the following institutions and agencies have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Pathology, through the Residency Review Committee for Pathology, as offering acceptable training in Forensic Pathology.

	Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxicological Tests Made	Necropsies on Bodies Exam.*	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
*Examined at Scene by Pathologist							
UNITED STATES ARMY, NAVY AND AIR FORCE							
DISTRICT OF COLUMBIA							
Armed Forces Institute of Pathology, Washington	R. L. Thompson	800	75	3,000	15	4C	4
NONFEDERAL AND VETERANS ADMINISTRATION CALIFORNIA							
LOS ANGELES							
Department of Chief Medical Examiner—Coroner County of Los Angeles	T. T. Noguchi	6,888	1,100	46,000	6,888	1C	006
OAKLAND							
Institute of Forensic Sciences	G. S. Loquvam	1,321	146	18,615	15	1C	001
SACRAMENTO							
Sacramento County Coroner's Office	P. A. Rooney	1,148	87	3,516	1,148	1C	001
SAN FRANCISCO							
University of California Medical Center	E. A. Smuckler					1C	001
SAN JOSE							
Santa Clara County Medical Examiner—Coroner's Office	J. E. Hauser	1,262	77	2,435	75	1C	001
COLORADO							
DENVER							
Denver General	G. Ogura	512	94	2,900		1C	001
DISTRICT OF COLUMBIA							
WASHINGTON							
Office of the Chief Medical Examiner	B. O. Blackburne	1,105	246	9,200	150	2C	002
FLORIDA							
FORT LAUDERDALE							
Office of the Chief Medical Examiner, Broward County	G. T. Mann	800	128	1,750	800	2C	002
MIAMI							
Office of the Medical Examiner of Oade County	J. H. Oavis	1,866	283	179,510	1,866	2C	002
INDIANA							
INDIANAPOLIS							
William N. Wishard Memorial	J. Benz	426	109	1,000	426	2C	002
MARYLAND							
BALTIMORE							
Office of the Chief Medical Examiner—Maryland Medical—Legal Foundation	R. S. Fisher	2,375	285		75	3C	003
MICHIGAN							
DETROIT							
Wayne County Medical Examiners Office	W. U. Spitz	4,000	850	12,000	2,500	3C	003
MINNESOTA							
MINNEAPOLIS							
Hennepin County Medical Center	J. I. Coe	677	39	2,844	677	1C	001
NEW MEXICO							
ALBUQUERQUE							
Office of Chief Med. Investigator—Univ. of New Mexico School of Med.	J. T. Weston	810	152	3,132	406	1C	002
NEW YORK							
EAST MEADOW							
Office of the Medical Examiner, Nassau County	L. Lukash	1,176	31	35,993		1C	001
ROCHESTER							
Office of the Monroe County Medical Examiner	J. F. Edland	610	57	3,800	1,850	1C	001
VALHALLA							
Office of the Medical Examiner	H. Siegel	750	28	3,500	750	1C	001
NORTH CAROLINA							
CHAPEL HILL							
Office of the Chief Medical Examiner	R. P. Hudson, Jr.	3,800	900	6,000	1,444	2C	002

24B. PATHOLOGY, FORENSIC—Continued

Examined at Scene by Pathologist	Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxico- logical Tests Made	Necropsies on Bodies Exam.	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
OHIO							
CINCINNATI Hamilton County Coroner's Office	F. Cleveland, P. Jolly	827	692	1,974	100	2C	002
CLEVELAND Cuyahoga County Coroner's Office	L. Adelson, S. R. Gerber	1,455	305	39,318	125	3C	003
OKLAHOMA							
OKLAHOMA CITY Office of Chief Medical Examiner	A. J. Chapman	1,041	150	2,195		2C	002
PENNSYLVANIA							
PHILADELPHIA Office of the Medical Examiner	M. E. Aronson	1,500	400		1,500	2C	002
PITTSBURGH Office of the Medical Examiner	J. A. Perper	905	93	1,514		2C	002
PUERTO RICO							
RIO PIEDRAS Institute of Legal Medicine, University of Puerto Rico	R. A. Marcial-Rojas	1,464	360	10,800	1,464	2C	002
SOUTH CAROLINA							
CHARLESTON Medical University of South Carolina	G. R. Hennigar	373	104	1,219	137	2C	002
TENNESSEE							
MEMPHIS University of Tennessee—Institute of Pathology	J. T. Francisco	750	115	12,615	25	1C	002
TEXAS							
DALLAS Southwestern Institute of Forensic Sciences	C. S. Petty	1,306	345	5,788	448	2C	002
UTAH							
SALT LAKE CITY Office of the Medical Examiner—University of Utah Medical Center	S. M. Moore	587	54	6,000	587	1C	001
VIRGINIA							
RICHMOND Medical College of Virginia	D. K. Wiecking	607	164	1,516	1,140	1C	002

24C. PATHOLOGY, NEUROPATHOLOGY

Residency programs in the following institutions and agencies have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Pathology, through the Residency Review Committee for Pathology, as offering acceptable training in Neuropathology.

Chief of Service or Program Director	Necropsies with CNS Exams.	Neurosurgical Specimens	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
				1st Yr.	All Yrs.
UNITED STATES ARMY, NAVY, AND AIR FORCE					
DISTRICT OF COLUMBIA					
Armed Forces Institute of Pathology, Washington	V. W. Armbrustmacher	513	1,053	2	3C 1*
NONFEDERAL AND VETERANS ADMINISTRATION					
CALIFORNIA					
DAVIS					
University of California (Davis) Affiliated Hospitals	W. G. Ellis			2	2C
University of California (Davis) Sacramento Med. Center (Sacramento)	W. G. Ellis	261	199		
LOS ANGELES Los Angeles County—U.S.C. Medical Center	R. L. Davis	714	160	2	1C
PALO ALTO					
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)					
SACRAMENTO					
University of California (Davis) Sacramento Medical Center (See University of California (Davis) Affil. Hosps., Davis)					
SAN FRANCISCO					
University of California Program	E. A. Smuckler			2	1C
H. C. Moffitt—University of California Hospitals	E. A. Smuckler	310	384		
San Francisco General	D. Mc Kay	154	44		
Veterans Admin.	J. R. Baringer	126	124		
STANFORD					
Stanford University Affiliated Hospitals	L. J. Rubinstein			2	3C
Stanford University	L. J. Rubinstein	555	81		
Veterans Admin. (Palo Alto)	E. C. Friedberg	123	20		
COLORADO					
DENVER					
University of Colorado Affiliated Hospitals	S. A. Schneck	541	150	2	1C
University of Colorado Medical Center					
Denver General	R. Lepoff		300		
Rose Medical Center					
Veterans Admin.	M. D. Norenberg	194	126		

24C. PATHOLOGY, NEUROPATHOLOGY—Continued

	Chief of Service or Program Director	Necropsies with CNS Exams.	Neurosurgical Specimens	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CONNECTICUT						
NEW HAVEN						
Yale—New Haven Medical Center	V. T. Marchesi			2	1C	001
Yale—New Haven Veterans Admin. (West Haven)		382	291			
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals William A. Shands Teaching Hospital & Clinics Veterans Admin.	R. D. Schimpff	450	325	2	1C	002
MIAMI						
Jackson Memorial	J. B. Miale	557	251	2	1C	001
GEORGIA						
ATLANTA						
Emory University School of Medicine	Y. Takei	526	555	2	1C	002
ILLINOIS						
CHICAGO						
Northwestern University Medical School Affiliated Hospitals	J. E. Leestma			2	2C	004
Northwestern Memorial	D. Scarpelli	300	150			
Veterans Admin. Lakeside	R. Eisenstein	175	50			
MAYWOOD						
Loyola University Affiliated Hospitals Foster G. Mc Gaw	E. R. Ross	361	265	2	1C	002
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	J. Muller			2	2C	002
IOWA						
IOWA CITY						
University of Iowa Affiliated Hospitals	P. A. Cancilla			2	1C	002
University of Iowa Hospitals		244	260			
Veterans Admin.		131	45			
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	J. Kepes	474	360	2	1C	001
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center	W. R. Markesbery	170	200	2	1C	001
LOUISIANA						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals	P. Mc Garry			2	1C	002
Charity Hospital of Louisiana						
Veterans Admin.		177	35			
MARYLAND						
BALTIMORE						
Johns Hopkins	D. L. Price	343	346	2	1C	002
University of Maryland School of Medicine	J. H. Garcia	218	464	2	2C 3* 1F	006
MASSACHUSETTS						
BOSTON						
Beth Israel Hospital—Children's Hospital Medical Center	E. Hedley-Whyte, F. Gilles			2	2C	002
Beth Israel	E. T. Hedley-Whyte	210	69			
Children's Hospital Medical Center	F. Gilles, E. Hedley-Whyte	173	116			
New England Medical Center	L. S. Adelman	234	157	2	1C	001
Peter Bent Brigham	W. C. Schoene	266	94	2	1C	002
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	J. F. Townsend	251	38	2	1C	002
ST. LOUIS						
Barnes Hospital Group	J. S. Nelson	552	285	2	2C	004
St. Louis University Group of Hospitals	S. W. Silbert			2	1C	002
St. Louis University	S. W. Silbert	946	185			
Cardinal Glennon Memorial Hospital for Children	J. D. Blair	51	41			
St. Louis County Veterans Admin.						
NEW YORK						
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals				2		
Bronx Municipal Hospital Center						
Hospital of the Albert Einstein College of Medicine						
Montefiore Hospital and Medical Center	A. Hirano	257	523			
Columbia University College of Physicians and Surgeons						
New York Hospital	C. K. Petito	400	130	2	1C	001
New York University Medical Center	I. Feigin			2	1C	002
University		83	370			
Belleue Hospital Center		134	88			
Goldwater Memorial		40				

24C. PATHOLOGY, NEUROPATHOLOGY—Continued

	Chief of Service or Program Director	Necropsies with CNS Exams.	Neurosurgical Specimens	Length of Approved Program (Yrs.)	Positions Offered 1978-1979 1st Yr.	All Yrs.
NEW YORK, NEW YORK CITY—Continued						
S.U.N.Y. Downstate Medical Center	J. Sher			2	2C	002
Kings County Hospital Center		478	148			
State University		478	148			
ROCHESTER						
Strong Memorial Hospital of the University of Rochester	L. W. Lapham	407	148	2	1C	002
SYRACUSE						
S.U.N.Y. Upstate Medical Center	G. H. Collins	279	112	2	1C	001
State University	G. H. Collins	65	1,500			
Veterans Admin.	R. B. Hill					
NORTH CAROLINA						
DURHAM						
Duke University Medical Center	F. S. Vogel	569	834	2	2C	004
OHIO						
CINCINNATI						
University of Cincinnati Hospital Group	R. D. Smith			2	1C	001
Cincinnati General	R. D. Smith	580	203			
Children's Hospital Medical Center	A. J. Mc Adams	136	136			
Christian R. Holmes		35	29			
CLEVELAND						
Case Western Reserve University Affiliated Hospitals						
University Hospitals of Cleveland	U. Roessmann	279	186	2	2C	002
Cleveland Clinic	M. C. Sternberg	197	449	2	1C	001
Cleveland Metropolitan General	B. Q. Banker	383	57	2	2C	002
PENNSYLVANIA						
PHILADELPHIA						
University of Pennsylvania Affiliated Hospitals	J. E. Wheeler			2	1C	002
Hospital of the University of Pennsylvania	J. E. Wheeler	171	113			
Graduate Hospital of the University of Pennsylvania	N. Gonatas	130	50			
PITTSBURGH						
Hospitals of the University Health Center of Pittsburgh	T. J. Gill, 3d			2	1C	003
Presbyterian—University	J. Moosy	196	307			
Children's Hospital of Pittsburgh	T. J. Gill, 3d	132	558			
Eye and Ear Hospital of Pittsburgh		274	619			
Magee—Womens	J. Moosy	146				
Montefiore		131	1,365			
Veterans Admin.	G. R. Rao	142	99			
RHODE ISLAND						
PROVIDENCE						
Brown University	S. M. Aronson	330	150	2	2C	002
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina	G. Hennigar, J. Balentine	734	285	2	1C	002
TENNESSEE						
MEMPHIS						
University of Tennessee Affiliated Hospitals	E. M. Stadlan			2	1C	002
City of Memphis Hospitals	E. M. Stadlan	627	115			
Veterans Admin.	E. M. Stadlan, J. M. Young	127	123			
NASHVILLE						
Vanderbilt University				2	1C	002
TEXAS						
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	J. L. Titus			2	1C	002
Ben Taub General		17				
Methodist		225	125			
VIRGINIA						
CHARLOTTESVILLE						
University of Virginia	T. W. Tillack	261		2	2C	002
RICHMOND						
Medical College of Virginia	W. I. Rosenblum	400	250	2	1C	002
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals						
University	E. C. Alvord, Jr.	627	148	2	2C	002
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals	D. H. Norback			2	1C	001
University Hospitals	D. H. Norback	213	250			
Veterans Admin.	J. M. B. Bloodworth	158	62			

25. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Academy of Pediatrics, and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatrics, as List 27C. See also List 2 for programs accredited to offer training in Allergy and Immunology.

26. PEDIATRIC CARDIOLOGY

The programs in Pediatric Cardiology, which have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Academy of Pediatrics, and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatric Allergy, as List 27D.

27A. PEDIATRICS

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering approved training in the specialty. See also List 27B.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A.D.C. Newborn Pre- mature	Positions Offered 1978-1979 1st Yr.	All Yrs.
UNITED STATES AIR FORCE								
CALIFORNIA								
David Grant U.S.A.F. Medical Center, Fairfield	V. G. Hemming	28	1,220	38,500	1,2,3	020	4C	012
MISSISSIPPI								
U.S.A.F. Medical Center, Biloxi	C. N. Rieffel, Jr.	16	1,206	38,880	1,2,3	014	4C	012
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	H. H. Johnson	23	1,645	50,180	1,2,3	031	6C	018
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	J. L. Stewart, Jr.	8	459	18,406	1,2,3	009	4C	009
COLORADO								
Fitzsimons Army Medical Center, Denver	J. E. Shira	32	1,123	80,743	ALL	026	4C	015
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	J. W. Bass	21	781	24,806	1,2,3	022	4C	012
HAWAII								
Tripler Army Medical Center, Honolulu	P. H. Patterson	22	2,025	42,139	ALL	044	6C	015
TEXAS								
William Beaumont Army Medical Center, El Paso	R. G. Fearnow	12	906	124,465	ALL	024	8C 2F	024
Brooke Army Medical Center, San Antonio	L. Canales	15	900	56,443	1,2,3	017	4C	012
WASHINGTON								
Madigan Army Medical Center, Tacoma	C. E. Stracener	50	4,327	84,883	ALL	031	6C 2F	018
UNITED STATES NAVY								
CALIFORNIA								
Naval Regional Medical Center, Oakland	V. L. Goller	19	2,561	45,384	1,2,3	014	3C 3F	009
Naval Regional Medical Center, San Diego	J. E. Schanberger	25	1,282	108,970	ALL		5C 5F	015
MARYLAND								
National Naval Medical Center, Bethesda	D. W. Bailey	16	2,000	27,734	1,2,3	015	3C	009
VIRGINIA								
Naval Regional Medical Center, Portsmouth	W. M. Bason	10	872	159,232	1,2,3	059	7C	018
UNITED STATES PUBLIC HEALTH SERVICE								
ARIZONA								
U. S. Public Health Service Indian, Phoenix (See Phoenix Hosps. Affil. Pediatric Program, Phoenix, Ariz.)								
OTHER FEDERAL								
CANAL ZONE								
Gorgas, Balboa Heights	B. Efthimiadis	13	693	23,164	1,2	008	1C 1F	002
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	J. W. Benton, Jr.				ALL		11C	033
Children's	L. Longino, H. Lynn	51	5,253	7,511				
University of Alabama Hospitals	J. W. Benton, Jr.	36	1,800	6,000		015		
FAIRFIELD								
Lloyd Noland	H. L. Crandall	18	1,227	28,778	1,2,3	005	3C 1F	006
MOBILE								
University of South Alabama Affiliated Hospitals Hospital and Clinics	H. P. Bentley, Jr.	26	1,273	3,154	ALL	032	4C	013
ARIZONA								
PHOENIX								
Phoenix Hospitals Affiliated Pediatric Program					ALL		12C	044
Good Samaritan	P. S. Bergeson	22	2,312	4,669				
Maricopa County General	J. K. Charlton	31	1,824	33,830		048		
St. Joseph's Hospital and Medical Center	M. L. Cohen	31	2,454	7,670		041		
U.S. Public Health Service Indian	D. L. Randall	17	1,229	14,903		006		

27A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre- mature	Positions Offered 1978-1979 1st Yr.	All Yrs.
ARIZONA—Continued								
TUCSON								
University of Arizona Affiliated Hospitals	E. S. Lightner			21,871	ALL	0	13C	035
Kino Community Hospital Division		28	1,749	245		054		
Tucson Medical Center Division		30	1,500	18,000		028		
University								
ARKANSAS								
LITTLE ROCK								
University of Arkansas for Medical Sciences	W. T. Dungan			55,685	1,2,3		12C	029
Affiliated Hospitals		23	1,825					
University	H. G. Green		1,812					
Arkansas Children's								
CALIFORNIA								
DAVIS								
University of California (Davis) Affiliated Hospitals	E. Gold			24,000	ALL		6C	020
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		24	1,824			036		
FRESNO								
Valley Medical Center of Fresno	J. Mc Kenna	21	894	24,505	1,2,3	022	6C 1F	022
IRVINE								
University of California (Irvine) Affiliated Hospitals	T. L. Nelson			15,133	ALL		17C	054
Childrens Hospital of Orange County (Orange)	M. J. Carson	80	5,685					
University of California, Irvine, Medical Center (Orange)	T. L. Nelson	31	1,369	21,456				
Memorial Hospital Medical Center (Long Beach)	H. Orme	63	3,431	54,218		026		
LOMA LINDA								
Loma Linda University Affiliated Hospitals	B. L. Behrens	37	1,561	24,000	1,2,3	035	12C	031
Loma Linda University								
LONG BEACH								
Memorial Hospital Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)								
LOS ANGELES								
Cedars—Sinai Medical Center	B. M. Kagan	41	1,401	6,022	ALL	035	6C	014
Childrens Hospital of Los Angeles	C. M. Grushkin	217	12,516	69,972	ALL		26C	066
Kaiser Foundation	M. R. Brody	37	3,097	122,487	1,2,3	053	4C	011
Los Angeles County—U.S.C. Medical Center	P. Wehrle	108	4,813	122,318	ALL		20C	058
Martin Luther King, Jr. General	R. J. Schlegel	54	2,320	34,072	ALL	073	14C	027
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	S. A. Feig	98	6,375	18,512	ALL	032	12C	032
White Memorial Medical Center	N. S. Nation	13	1,126	9,523	1,2,3	016	3C 1F	008
OAKLAND								
Children's Hospital Medical Center of Northern California	R. H. Gerdson	102	6,992	82,410	1,2,3	030	14C	034
Kaiser Foundation	E. Schoen	12	1,248	101,820	1,2,3	025	4C	008
ORANGE								
Childrens Hospital of Orange County (See University of California (Irvine) Affil. Hosps., Irvine)								
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)								
SACRAMENTO								
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)								
SAN DIEGO								
University of California (San Diego) Affiliated Hospitals	W. L. Nyhan				ALL		11C	031
University Hospital, U.C. Medical Center, San Diego	W. L. Nyhan	42	3,428	9,359		013		
Mercy Hospital and Medical Center	L. G. Linarelli	7	621	3,754		017		
SAN FRANCISCO								
Children's Hospital of San Francisco	S. T. Giammond	25	1,510	9,237	ALL	028	5C	015
Kaiser Foundation	H. R. Shinefield	15	1,062	68,245	1,2,3	029	4C	011
Mount Zion Hospital and Medical Center	R. A. Ballard	9	724	13,039	1,2,3	021	4C	014
University of California Program	M. M. Grumbach				ALL		10C 2F	039
H. C. Moffitt—University of California Hospitals San Francisco General	M. M. Grumbach M. Grossman	58 9	3,077 806	20,126 28,033		016		
SAN JOSE								
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)								
STANFORD								
Stanford University Affiliated Hospitals	I. Schulman			55,528	1,2,3		11C	035
Stanford University	I. Schulman	51	14,494			040		
Santa Clara Valley Medical Center (San Jose)	J. R. Maloney	23	1,253	16,605		027		
TORRANCE								
Los Angeles County Harbor General	J. St Geme	48	2,784	10,870	ALL	041	8C	024
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals	F. C. Battaglia			39,765	ALL		22C	067
University of Colorado Medical Center	F. C. Battaglia	27	1,431			063		
Children's	J. K. Todd	117	7,481	89,452		038		
Denver General	A. Silverman	23	1,695	23,713		032		

27A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A.D.C. Newborn Pre- mature	Positions Offered 1978-1979 1st All Yr. Yrs.
CONNECTICUT							
BRIDGEPORT Bridgeport	J. Landwirth	30	2,668	7,934	1,2,3	028	6C 1F 016
FARMINGTON University of Connecticut Affiliated Hospitals	M. Markowitz				ALL		16C 049
John Dempsey	M. Markowitz	13	900	7,200		012	
Hartford (Hartford)	L. Chameides	56	6,748	16,932		035	
Mount Sinai (Hartford)	R. A. Kramer	14	564	1,995		017	
St. Francis (Hartford)	W. E. Hart	13	777	7,689		032	
Newington Children's (Newington)	F. J. Flynn, Jr.	25	466	3,081			
HARTFORD							
Hartford (See Univ. of Connecticut Affil. Hosps., Farmington)							
Mount Sinai (See Univ. of Connecticut Affil. Hosps., Farmington)							
St. Francis (See Univ. of Connecticut Affil. Hosps., Farmington)							
NEW HAVEN Yale—New Haven Medical Center	H. A. Pearson				1,2,3		14C 038
Yale—New Haven Hospital of St. Raphael	H. A. Pearson W. E. Lattanzi	62 14	12 1,635	18,580 5,455		039 008	
NEWINGTON Newington Children's (See Univ. of Connecticut Affil. Hosps., Farmington)							
WATERBURY Waterbury Regional Program	B. C. Berliner				1,2,3		6C 013
Waterbury Hospital Health Center		36	3,235			017	
St. Mary's		7	675	13,650		012	
DELAWARE							
WILMINGTON Wilmington Medical Center	H. Rosenblum	50	3,849	7,987	1,2,3	073	7C 019
DISTRICT OF COLUMBIA							
WASHINGTON District of Columbia General	S. M. Sinkford	26	1,418	34,697	1,2,3	036	9C 022
Georgetown University Affiliated Hospitals	A. R. Colon				ALL		12C 033
Georgetown University	A. R. Colon	41	2,859	7,800		012	
Columbia Hospital for Women							
Arlington (Arlington, Va.)	D. J. Reese	9	852	1,052		012	
Fairfax (Falls Church, Va.)	P. H. Boyer	14	1,279	30		025	
George Washington University Affiliated Hospitals							
Children's Hospital National Medical Center	D. W. Delaney	90	5,120	78,364	1,2,3	075	18C 048
Howard University	M. E. Jenkins	23	1,987	15,857	1,2,3	021	6C 017
FLORIDA							
GAINESVILLE William A. Shands Teaching Hosp. and Clinics	G. L. Schiebler	87	5,067	35,000	ALL	033	11C 042
JACKSONVILLE Jacksonville Hospitals Educational Program	S. Levin	43	2,866	3,975	1,2,3	014	10C 030
Baptist Memorial		34	1,978	16,537		040	
University Hospital of Jacksonville							
MIAMI University of Miami Affiliated Hospitals							
Jackson Memorial	W. W. Cleveland	114	3,956	22,464	ALL		11C 039
Variety Children's	R. B. Lawson	156	6,904	43,640	ALL		8C 018
ORLANDO Orange Memorial	C. J. Condon	72	8,222	16,753	1,2,3		4C 010
PENSACOLA Pensacola Educational Program	J. H. Whitcomb, W. R. Bell				1,2,3		5C 009
Baptist		5	432			009	
Sacred Heart		41	3,568	12,054		029	
University		7	745	2,921		007	
TAMPA University of South Florida Affiliated Hospitals							
Tampa General	L. Barness	40	1,154	11,231	1,2,3	044	10C 021
GEORGIA							
ATLANTA Emory University Affiliated Hospitals	R. W. Blumberg				1,2,3		12C 3F 041
Grady Memorial	R. W. Blumberg	59	3,207	10,823		100	
Henrietta Eggleston Hospital for Children	J. H. Patterson	28	1,345				
AUGUSTA Medical College of Georgia Hospitals	A. F. Robertson, 3d				ALL		7C 1F 021
Eugene Talmadge Memorial		25	1,117	19,580		030	
University		6	493	4,958		027	
HAWAII							
HONOLULU University of Hawaii—Kauaikeolani Children's Kauaikeolani Children's	S. L. Hammar	47	3,364	12,192	1,2,3	055	6C 2F 023
ILLINOIS							
CHICAGO Columbus—Cuneo—Cabrini Medical Center	H. Weiss	16	2,520	2,190	1,2,3	014	3C 1F 012

27A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre- mature	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
ILLINOIS, CHICAGO—Continued								
Cook County	R. A. Miller	165	7,041	123,374	ALL	056	17C	081
Illinois Masonic Medical Center	G. F. Smith	19	1,650	11,093	1,2,3	022	4C 2F	012
Mercy Hospital and Medical Center	V. Mankad	40	2,291	7,618	1,2,3	050	4C	011
Michael Reese Hospital and Medical Center	S. P. Gotoff	62	3,552	39,737	ALL	080	9C	036
Mount Sinai Hospital and Medical Center	L. G. Mc Lain	36	1,178	12,464	1,2,3	017	3C	008
Northwestern University Medical School Affiliated Hospitals	H. L. Nadler				ALL		20C	057
Children's Memorial Evanston (Evanston)	H. L. Nadler D. Ingall	182 30	10,159 2,563	20,646 13,145		061 021		
Rush—Presbyterian—St. Luke's Medical Center	J. R. Christian	64	3,055	49,521	ALL	041	5C	016
St. Joseph	A. Hirschmann	28	2,103	6,630	1,2	016	2C	006
University of Chicago Hospitals and Clinics	J. D. Madden	79	4,031	27,152	ALL	051	12C	041
University of Illinois	I. M. Rosenthal	55	2,011	19,629	ALL	035	7C	024
EVANSTON								
Evanston (See Northwestern Univ. Med. School Affil. Hosps., Chicago)								
St. Francis	J. P. Bicoff	12	750	2,425	1,2,3		3C 1F	005
MAYWOOD								
Loyola University Affiliated Hospitals Foster G. Mc Gaw	L. E. Gibson	39	2,827	12,873	ALL	020	8C	020
OAK LAWN								
Christ	T. Cantez	32	1,705	1,585	1,2,3	040	4C	010
PARK RIDGE								
Lutheran General	S. Metrick	57	6,867	9,253	ALL	050	6C	018
PEORIA								
St. Francis	W. H. Albers	89	8,430	18,559	1,2,3	066	3C 1F	010
SPRINGFIELD								
Southern Illinois University Affiliated Hospitals St. Johns Memorial Medical Center	A. Lascari	42 13	3,422 1,220		1,2,3	039	4C	012
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	M. Green				ALL		13C	039
Indiana University Hospitals	M. Green	83	3,236	15,288		013		
William N. Wishard Memorial	J. Heubi	18	900	25,000				
Methodist Hospital of Indiana	G. J. Rosenberg	24	1,270	6,831	ALL	038	6C 2F	017
IOWA								
DES MOINES								
Iowa Methodist Medical Center (Raymond Blank Mem. Hosp. for Children)	J. Spevak	46	10	16,635	1,2,3		4C	012
IOWA CITY								
University of Iowa Hospitals	F. G. Smith, Jr.	73	2,653	17,600	ALL	039	8C	024
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	B. A. Oudding	33	1,471	16,868	ALL	021	8C	023
WICHITA								
University of Kansas (Wichita) Affiliated Hospitals St. Francis Wesley Medical Center	R. A. Guthrie	49 55	3,764 1,847	1,765 13,107	1,2,3	013 052	3C	009
KENTUCKY								
LEXINGTON								
University	J. A. Noonan	60	1,985	30,217	1,2,3	046	9C	027
LOUISVILLE								
University of Louisville Affiliated Hospitals Louisville General Norton—Children's Hospitals	B. F. Andrews	169	7,468	39,435	ALL	022	14C	046
LOUISIANA								
BATON ROUGE								
Earl K. Long Memorial	L. J. Hebert	24	1,148	10,569	1,2,3	035	3C 1F	008
NEW ORLEANS								
Louisiana State University Affiliated Hospitals Charity Hospital of Louisiana	R. L. Fowler	74	2,993	9,449	ALL	069	8C	029
Ochsner Foundation	D. C. La Garde	40	2,320		1,2,3	007	2C	006
Tulane University Affiliated Hospitals Charity Hospital of Louisiana	W. W. Waring	72	3,322	10,215	1,2,3	066	8C	028
SHREVEPORT								
Confederate Memorial Medical Center	J. A. Little	34	1,905	17,127	1,2,3		4C	012
MAINE								
PORTLAND								
Maine Medical Center	G. W. Hallett	35	2,518	3,014	1,2,3	208	3C	009
MARYLAND								
BALTIMORE								
Baltimore City Hospitals	J. M. Neff	27	1,130	23,558	ALL	016	6C	014
Johns Hopkins	J. W. Littlefield	118	5,780	120,900	ALL	051	20C	056
John F. Kennedy Institute	A. J. Capute	19	338	16,137				
Mercy	S. H. Walker	21	1,696	8,413	1,2,3	019	3C	009
St. Agnes	F. J. Heldrich	34	2,455	16,618	1,2,3	023	4C	016
Sinai Hospital of Baltimore	E. Charney	22	1,221	2,127	1,2,3	034	3C	011
University of Maryland Affiliated Hospitals University of Maryland	M. Corinblath				1,2,3		12C	036

27A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre- mature	Positions Offered 1978-1979 1st All Yr. Yrs.
MINNESOTA, ST. PAUL—Continued							
St. Paul—Ramsey (See University of Minnesota Affiliated Hosps., Minneapolis)							
MISSISSIPPI							
JACKSON							
University of Mississippi Medical Center University	B. E. Batson	45	1,773	9,860	1,2,3	049	8C 024
MISSOURI							
COLUMBIA							
University of Missouri Medical Center	G. J. Barbero	27	2,004	13,823	ALL	033	7C 021
KANSAS CITY							
Children's Mercy	N. W. Smull	115	5,954	132,435	ALL	035	12C 033
ST. LOUIS							
St. Louis Children's	P. R. Dodge	158	6,989	65,049	ALL	025	20C 067
St. Louis University Group of Hospitals Cardinal Glennon Memorial Hospital for Children	A. E. Mc Elfresh	159	10,321	203,942	1,2,3	029	15C 040
NEBRASKA							
OMAHA							
Creighton University Affiliated Hospitals Creighton Memorial St. Joseph's Childrens Memorial	F. M. Fitzmaurice	16 53	1,170 4,579	14,723	ALL	008 032	3C 017
University of Nebraska Affiliated Hospitals University of Nebraska Childrens Memorial	P. K. Mooring G. C. Rosenquist F. M. Fitzmaurice	41 53	1,989 4,579	30,456	ALL		10C 030
NEW HAMPSHIRE							
HANOVER							
Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial	S. Blatman	19	1,475	12,107	1,2,3	015	4C 011
NEW JERSEY							
GREEN BROOK							
Raritan Valley (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)							
JERSEY CITY							
Jersey City Medical Center	S. H. Pierog	50	2,164	11,752	1,2,3	075	6C 018
LIVINGSTON							
St. Barnabas Medical Center	R. Cobrinik	21	2,087	10,269	1,2,3	050	3C 007
LONG BRANCH							
Monmouth Medical Center	J. F. Topilow	30	3,479	3,298	1,2,3	035	4C 013
MORRISTOWN							
Morristown Memorial (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)							
NEPTUNE							
Jersey Shore Medical Center—Fitkin	D. M. Pietrucha	31	2,970	3,241	1,2	019	4C 009
NEWARK							
CMDNJ—New Jersey Medical School Affiliated Hospitals							
Marland	F. C. Behrle	45	1,920	33,500	1,2,3	056	38C 110
Newark Beth Israel Medical Center	F. C. Behrle	32	2,111	17,662		038	
St. Michael's Medical Center	J. A. Titelbaum	53	3,116	9,055		014	
United Hospitals Medical Center—Children's Hospital of Newark	F. Desposito						
NEW BRUNSWICK							
St. Peter's Medical Center (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)							
PISCATAWAY							
CMDNJ—Rutgers Medical School Affiliated Hospitals							
Raritan Valley (Green Brook)	R. H. Rapkin	12	600	1,600	ALL	008	9C 031
Morristown Memorial (Morristown)	R. H. Rapkin	30	10,980	898		022	
St. Peter's Medical Center (New Brunswick)	S. F. Wang	28	2,278	5,067			
Muhlenberg (Plainfield)	J. J. Kangos P. A. Winokur	28	4,644	4,597			
PLAINFIELD							
Muhlenberg (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)							
SUMMIT							
Overlook	G. O. Schragger	37	4,720	25,406	1,2,3	026	4C 2F 012
NEW MEXICO							
ALBUQUERQUE							
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center	R. E. Greenberg	52	2,693	31,555	ALL	016	6C 016
NEW YORK							
ALBANY							
Albany Medical Center Affiliated Hospitals	I. H. Porter	48	4,098	6,998	ALL	028	9C 028
Albany Medical Center	I. H. Porter	24	1,658	12,722		028	
St. Peter's	M. E. Pesnel			6,772			
BUFFALO							
S. U. N. Y. at Buffalo Affiliated Hospitals	E. F. Ellis	120	12,649	83,487	1,2,3	065	13C 034
Children's Hospital of Buffalo		9	768	18,724		006	
Edward J. Meyer Memorial							
EAST MEADOW							
Nassau County Medical Center—Meadowbrook	P. Collipp	75	2,915	1,489	ALL	048	1C 019

27A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A.D.C. Newborn Pre- mature	Positions Offered 1978-1979 1st Yr.	All Yrs.
NEW YORK—Continued								
JOHNSON CITY								
Charles S. Wilson Memorial	V. Prasarn	24	2,040	9,407	1,2,3	023	1C	003
MANHASSET								
North Shore University (See Cornell Cooperating Hospitals, New York City)								
MINEOLA								
Nassau	N. S. Erhart	17	1,673	2,611	1,2,3	023	2C	007
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals								
Bronx Municipal Hospital Center	C. M. Edelmann, Jr.	73	4,025	35,076	ALL	047	20C	057
Hospital of the Albert Einstein College of Medicine	C. M. Edelmann, Jr. I. Greifer	35	3,090	6,723				
Albert Einstein College of Medicine Affiliated Hospitals								
Lincoln	M. Hollander	79	3,659	80,684	1,2,3	064	18C	049
Beth Israel Medical Center	A. Rausen	38	1,991	27,934	1,2,3	036	8C	019
Bronx—Lebanon Hospital Center	M. Davidson	50	2,340	41,314	1,2,3	045	12C	028
Brookdale Hospital Center	R. J. Golinko	59	3,377	24,420	1,2,3	063	12C	031
Brooklyn—Cumberland Medical Center	W. R. Stankewick	87	4,207	79,576	ALL	067	11C	030
Cornell Cooperating Hospitals								
New York Hospital	W. W. Mc Crory	88	2,627	29,099	ALL	075	14C	030
Memorial Hospital for Cancer and Allied Diseases	W. S. Howland	45	1,013	16,534				
Cornell Cooperating Hospitals								
North Shore University (Manhasset)								
Harlem Hospital Center	M. Silverberg	42	2,221	10,420	ALL	060	8C	023
Jewish Hospital and Medical Center of Brooklyn Greenpoint	G. A. Polk H. E. Evans H. E. Evans	49 52 21	2,133 2,400 1,042	33,996 18,040 26,854	1,2,3 ALL ALL	059 068 015	11C 17C	027 037
Lenox Hill	E. A. Davies	19	1,225	9,771	1,2,3	025	4C	012
Long Island College	J. R. Bongiorno	44	2,450	26,450	ALL	024	5C 3F	018
Long Island Jewish—Hillside Medical Center Program								
Long Island Jewish—Hillside Medical Center	P. Lanzkowsky	100	4,124	28,777	ALL	101	19C	042
Queens Hospital Center	P. Lanzkowsky A. J. Aballi	28	1,753	49,878		028		
Lutheran Medical Center	N. J. Chiara	24	2,989	59,061	1,2,3	022	3C	007
Maimonides Medical Center Training Program								
Maimonides Medical Center	F. Feldman	38	7,289	10,321	1,2,3	065	5C	030
Coney Island	J. Cara	20	1,024	32,016		015		
Methodist	B. S. Nangia	28	1,819	8,949	1,2,3	028	4C	012
Misericordia Hospital Medical Center	M. Hollander	30	1,579	12,479	1,2,3	033	6C	015
Montefiore Hospital Training Program								
Montefiore Hospital and Medical Center	L. Finberg	73	3,525	43,360	1,2,3		18C	050
Mount Sinai Hospital Training Program								
Mount Sinai	K. Hirschhorn	84	3,100	65,571	ALL	059	9C	033
Mount Sinai Hospital Training Program								
City Hospital Center at Elmhurst	A. J. Steigman	37	3,655	18,222	1,2,3	036	6C	017
New York Medical College—Metropolitan Hospital Center								
Unit 1—Flower and Fifth Avenue Hospitals	E. Wasserman	18	2,920	5,039	ALL	034	15C	033
Unit 2—Metropolitan Hospital Center		43	3,849	59,598				
New York University Medical Center								
Bellevue Hospital Center	R. Schacht	49	2,300	73,904	ALL	035	18C	059
University		45	2,193			023		
Presbyterian (Babies)	M. Katz	105	6,579	22,657	ALL	057	13C	036
Roosevelt	L. Z. Cooper	26	1,083	40,000	1,2,3	031	6C	020
St. Luke's Hospital Center	D. L. Wethers	35	1,829	35,692	1,2,3	064	4C	015
St. Vincent's Hospital and Medical Center of New York								
	P. R. Scaglione	11	1,899	6,976	1,2,3	028	6C 1F	014
St. Vincent's Medical Center of Richmond Staten Island								
	A. A. Claps	29	3,991	6,358	1,2,3	033	3C	009
	F. U. Abaci	24	1,471	4,517	1,2	013	1C	006
S.U.N.Y. Downstate Medical Center								
Kings County Hospital Center	C. D. Cook	118	5,084	78,274	ALL		16C	053
State University		17	668	11,126		024		
ROCHESTER								
University of Rochester Community Pediatrics Program								
	D. H. Smith				ALL		17C 1F	048
Genesee								
Rochester General	M. Colgan	17	3,404	35,821		021		
Strong Memorial Hospital of the University of Rochester	G. Miller	22	1,536	3,986		031		
	D. H. Smith	73	3,877	17,812		024		
SYRACUSE								
S.U.N.Y. Upstate Medical Center								
Crouse Irving—Memorial	F. A. Oski, H. Weinberger	26	1,680	3,563	ALL	057	11C	032
State University	M. S. Blackman F. A. Oski, H. Weinberger	29	1,701	29,000				
WEST ISLIP								
Good Samaritan	T. G. Mc Loughlin	20	1,689	16,250	1,2	025	3C	005
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	F. W. Denny	33	1,404	19,886	ALL	027	10C 4F	033
CHARLOTTE								
Charlotte Memorial Hospital and Medical Center	J. C. Parke, Jr.	18	767	11,986	1,2,3	052	5C	012
OURHAM								
Duke University Medical Center	S. L. Katz	49	1,783	22,521	ALL	039	11C	029
GREENSBORO								
Moses H. Cone Memorial	M. K. Sharpless	31	2,003	15,000	1,2,3	027	2C	006

27A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A.D.C. Newborn Pre-mature	Positions Offered 1st Yr.	All Yrs.
NORTH CAROLINA—Continued								
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals	J. L. Simon	36	2,104	20,064	ALL	034	9C	027
OHIO								
AKRON								
Children's Hospital of Akron	J. D. Kramer	102	5,463	9,501	1,2,3	035	10C	030
CINCINNATI								
University of Cincinnati Hospital Group	E. L. Pratt	254	13,040	26,209	ALL	049	25C	071
Children's Hospital Medical Center		12	690	9,174		028		
Cincinnati General								
University of Cincinnati Hospital Group	D. J. Frank	49	3,548	6,924	1,2,3	071		000
Good Samaritan Hospital—Community Pediatric Program								
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	G. Nankervis	70	2,034	34,745	ALL	053	9C	022
Cleveland Metropolitan General								
Case Western Reserve University Affiliated Hospitals	R. E. Behrman	180	9,057	58,600	ALL	046	13C	046
University Hospitals of Cleveland	R. Mercer, G. Erenberg	40	1,955	9,692	ALL		4C	011
Cleveland Clinic	A. Friedman	17	1,069	10,542	1,2		3C	007
Mount Sinai Hospital of Cleveland	R. O. Walton	15	1,224	6,049	1,2,3		2C	004
St. Luke's								
COLUMBUS								
Ohio State University College of Medicine	J. F. Sotos	236	14,395	109,873	ALL	076	20C	049
Children's								
DAYTON								
Wright State University Affiliated Hospitals	E. Kauder	102	6,649	42,495	1,2,3		4C	012
Children's Medical Center								
TOLEDO								
Medical College of Ohio at Toledo Associated Hospitals	R. Rodriguez-Torres				ALL		6C	023
Hospital of Medical College of Ohio at Toledo	R. Rodriguez-Torres	18	727	9,622			1F	
Mercy	C. P. Cochran	23	1,760	2,575		014		
St. Vincent Hospital and Medical Center	R. Rodriguez-Torres	45	3,235	8,605		021		
Toledo	H. A. Joos	50	3,232	1,015		051		
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	J. E. Wenzl	60	2,434	17,174	ALL	024	15C	054
Oklahoma Children's Memorial								
TULSA								
University of Oklahoma Tulsa Medical College	D. C. Plunket				ALL		8C	020
Affiliated Hospitals		20	2,038	4,165		020		
Hillcrest Medical Center		36	4,157			042		
St. Francis		26	2,566	2,401		023		
St. John's								
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	R. C. Neerhout	49	3,067	19,067	ALL	016	8C	026
University of Oregon Health Sciences Center								
Hospital and Clinics								
PENNSYLVANIA								
CHESTER								
Crozer—Chester Medical Center								
(See Hahnemann Medical Coll. Affil. Hosps., Philadelphia)								
DANVILLE								
Geisinger Medical Center	T. J. Martin	41	945	22,696	1,2,3	005	4C	012
DARBY								
Fitzgerald Mercy Division								
(See Mercy Catholic Med. Ctr., Philadelphia)								
HARRISBURG								
Harrisburg	B. K. Varma	20	2,933	2,835	1,2,3	023	2C	003
Harrisburg Polyclinic	C. N. Shumway	5	1,448	6,476	1,2,3	017	2C	006
HERSHEY								
Milton S. Hershey Medical Center of the	G. S. Bartlett	22	1,575	12,300	ALL	025	4C	012
Pennsylvania State University								
PHILADELPHIA								
Albert Einstein Medical Center	H. Meyer	17	1,738	18,215	1,2,3	050	4C	010
Children's Hospital of Philadelphia	J. A. Cortner	188	10,407	106,857	ALL		24C	062
Hahnemann Medical College Affiliated Hospitals	J. M. Kaplan	39	1,512	20,000	ALL		6C	015
Hahnemann Medical College and Hospital	J. M. Kaplan	20	1,431	4,358		025		
Crozer—Chester Medical Center (Chester)	D. Baker	25	1,530	20,086	1,2,3	017	5C	014
Hospital of the Medical College of Pennsylvania	S. R. Ziegler				1,2		3C	006
Mercy Catholic Medical Center	A. M. Sesso			4,508				
Misericordia Division				2,560		020		
Fitzgerald Mercy Division (Darby)	D. S. Smith	25	2,086		ALL		16C	041
Temple University Affiliated Hospitals	D. S. Smith	110	7,585	103,624		012		
St. Christopher's Hospital for Children								
Temple University	A. R. Hervada	20	1,051	11,048	1,2,3	027	6C	018
Thomas Jefferson University								
PITTSBURGH								
Hospitals of the University Health Center of	T. K. Oliver, Jr.				ALL		18C	051
Pittsburgh	T. K. Oliver, Jr.	180	11,690					
Children's Hospital of Pittsburgh	P. M. Taylor	209	25,620			121		
Magee—Womens	R. S. Chabon	67	3,710	19,535	1,2,3	011	3C	009
Mercy								
PUERTO RICO								
CAGUAS								
Caguas Regional	C. Feliciano	42	2,258	16,477	1,2,3	038	8C	023

27A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre- mature	Positions Offered 1978-1979 1st Yr.	All Yrs.
PUERTO RICO—Continued								
MAYAGUEZ								
Mayaguez Medical Center	A. Lopez G				1,2,3		3C 5F	012
PONCE								
Ponce District General	F. G. Torres-Aybar	81	3,259	9,669	1,2,3	046	4C 3F	015
SAN JUAN								
San Juan City	J. F. Pascual Baralt	78	4,187	5,283	ALL	063	8C	031
University District	J. E. Sifontes	70	2,120	17,291	1,2,3	066	8C	035
RHODE ISLAND								
PROVIDENCE								
Brown University Affiliated Hospitals	L. Stern	77	4,686	34,797	ALL	091	10C	038
Rhode Island Women and Infants Hospital of Rhode Island		6	5,195	1,864		084		
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	A. R. Hohn	58	1,811	20,716	ALL	050	8C	023
Medical University of South Carolina								
COLUMBIA								
Richland Memorial	T. L. Austin	16	904	4,592	1,2,3	010	2C 2F	008
GREENVILLE								
Greenville Hospital System	J. P. Matthews, Jr.	18	1,160	7,779	1,2,3	060	3C 1F	009
TENNESSEE								
CHATTANOOGA								
University of Tennessee Clinical Education Center T. C. Thompson Children's	H. Massoud	59	4,130	11,806	1,2,3	027	4C	012
KNOXVILLE								
University of Tennessee Memorial Research Center and Hospital	W. T. Dobbins	20	1,250	5,720	1,2,3	035	2C 1F	008
East Tennessee Children's								
MEMPHIS								
St. Jude Children's Research St. Joseph	G. J. Billmeier, Jr.	17	1,036	21,895	1,2,3	005	6C	018
University of Tennessee Affiliated Hospitals City of Memphis Hospitals Le Bonheur Children's	J. F. Griffith	41 96	1,506 8,982	39,357 44,839	1,2,3	067 071	12C	033
NASHVILLE								
George W. Hubbard Hospital of the Meharry Medical College	E. P. Crump	14	878	11,535	1,2,3	012	4C	010
Vanderbilt University Affiliated Hospitals	W. A. Altmeier, 3d				1,2,3		12C	029
Nashville Metropolitan General		6	350	15,899				
Vanderbilt University	O. T. Karzon	42	3,417	24,405		040		
TEXAS								
AUSTIN								
Central Texas Medical Foundation	K. W. Teel	24	1,902	5,938	1,2,3	023	4C 3F	014
Brackenridge								
CORPUS CHRISTI								
Driscoll Foundation Children's		68	4,733	16,723	1,2,3	020	5C	012
DALLAS								
Children's Medical Center	H. F. Eichenwald	148	6,972	59,221	1,2,3	129	16C	042
EL PASO								
R. E. Thomason General	G. A. Handal	51	3,666	8,736	1,2	028	4C 3F	012
GALVESTON								
University of Texas Medical Branch Hospitals	C. W. Daeschner, Jr.	110	2,881	20,079	ALL	041	9C	025
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	R. D. Feigin				ALL		26C	072
Ben Taub General	R. J. Blattner	44	2,287	48,259				
Jefferson Davis	R. J. Blattner	20	378	5,210		155		
Methodist	E. B. Brandes							
Texas Children's	R. J. Blattner	206	12,900	12,998				
University of Texas at Houston Affiliated Hospitals	R. R. Howell				ALL		13C	031
Hermann	R. R. Howell	18	902	8,908				
University of Texas M.D. Anderson Hospital and Tumor Institute	J. Van Eys	21	712	6,644				
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals	P. A. Brunell	25	1,070	10,767	ALL		15C	036
Bexar County Teaching	P. A. Brunell			26,900		040		
Santa Rosa Medical Center	H. A. Britton	134	8,032					
TEMPLE								
Scott and White Memorial	N. G. Lawyer	14	1,620	20,350	1,2	023	2C	006
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	L. A. Glasgow				ALL		9C	024
University	L. A. Glasgow	37	1,280	14,078		031		
Primary Children's Medical Center	L. G. Veasy	5	1,402	2,864				
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	R. J. Mc Kay, Jr.	25	4,089	13,255	1,2,3	030	3C	009

27A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
VIRGINIA								
ARLINGTON								
Arlington (See Georgetown Univ. Affil. Hospitals, Washington, D. C.)								
CHARLOTTESVILLE								
University of Virginia	R. M. Blizzard	20	1,151	20,000	1,2,3		8C	027
FALLS CHURCH								
Fairfax (See Georgetown Univ. Affil. Hosps., Washington, D. C.)								
NORFOLK								
Eastern Virginia Medical School Affiliated Hospitals	F. S. Porter							
Children's Hospital of the King's Daughters	F. S. Porter	68	4,215	18,208	ALL	018	8C	032
RICHMOND								
Virginia Commonwealth University M.C.V. Affiliated Hospitals								
Medical College of Virginia Hospitals	H. M. Maurer	104	3,463	49,203	1,2,3	065	13C	034
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals								
Children's Orthopedic Hospital and Medical Center	B. C. Morgan				ALL		13C	040
Harborview Medical Center	J. M. Docter	119	9,322	62,900				
University	J. J. Mc Cann	1	198	14,532				
	B. C. Morgan			16,476		027		
WEST VIRGINIA								
CHARLESTON								
Charleston Area Medical Center	H. H. Pomerance	25	1,493	1,474	1,2,3	052	4C	012
MORGANTOWN								
West Virginia University	W. G. Klingberg	39	2,805	12,949	1,2,3	011	3C	014
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals								
University Hospitals	W. E. Segar	50	2,056	14,446	ALL		10C	026
Madison General	W. E. Segar	20	2,278			027		
	H. Moffet							
MARSHFIELD								
Marshfield—University of Wisconsin Affiliated Hospitals								
Marshfield Clinic	S. F. Wagner	35	2,000	26,114	1,2,3	023	2C	006
St. Joseph's								
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals								
Milwaukee Children's	D. P. Pinkel	71	5,267	64,882	ALL		12C	036
Milwaukee County General	D. Pinkel	11	1,907	3,768		039		
	G. A. Limbeck							

27B. PEDIATRICS

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics as offering training through affiliation with a fully approved program. See also List 27A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1978-1979	
							1st Yr.	All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION								
LAFAYETTE								
Lafayette Charity	P. Castor	19	929	4,060	1,2		1C 1F	006
NEW YORK								
BUFFALO								
Mercy	J. Mattimore	33	1,819	2,283	1,2	030	3C	007
NEW YORK CITY								
Flushing Hospital and Medical Center								
	J. N. De Hoff	20	1,270	2,581	1,2	026	3C 1F	011
Jamaica	M. L. Blumberg	23	1,105	5,699	1,2	018	1F	006
New York Infirmary	M. W. Weber	13	739	1,749	1,2	025	2C	006
St. John's Episcopal	B. H. Shulman	29	1,557	14,520	1,2	020	4C	014
Wyckoff Heights	A. N. Eden	27	1,397	7,272	1,2	015	4C	008
OHIO								
YOUNGSTOWN								
Youngstown	W. B. Dodgson	43	2,507	2,462	1,2	022	4C 2F	010
WISCONSIN								
LA CROSSE								
La Crosse Lutheran Hospital and Gundersen Clinic	S. C. Copps	8	737	26,287	1,2	012	1C	002

27C. PEDIATRIC ALLERGY

Residency programs in the following hospitals have been accredited for ONE or TWO years of training by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Academy of Pediatrics, and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics. See also List 2 for programs accredited to offer training in Allergy and Immunology.

	Chief of Service or Program Director	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
				1st Yr.	All Yrs.
UNITED STATES AIR FORCE					
TEXAS					
Willford Hall U.S.A.F. Medical Center, San Antonio	B. Q. Lanier			1C	002
UNITED STATES ARMY					
COLORADO					
Fitzsimons Army Medical Center, Denver	H. S. Nelson	144	21,222	3C	006
NONFEDERAL AND VETERANS ADMINISTRATION					
CALIFORNIA					
IRVINE					
University of California (Irvine) Affiliated Hospitals University of California, Irvine, Medical Center (Orange)	S. Galant		2,291	1C	002
LOS ANGELES					
Childrens Hospital of Los Angeles	W. Richards		5,029	1C	002
Kaiser Foundation	J. Easton	200	10,100	1C	002
Los Angeles County—U.S.C. Medical Center	Z. H. Haddad	708	4,235	2C	003
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	E. R. Stiehm		1,835	3C	006
ORANGE					
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)					
SAN DIEGO					
University Hospital, U.C. Medical Center, San Diego	R. N. Hamburger	120	2,100	2C	004
SAN FRANCISCO					
Kaiser Foundation	D. F. German		97,927	1C	002
University of California Program H. C. Moffitt—University of California Hospitals	O. L. Frick			2C	003
STANFORD					
Stanford University Affiliated Hospitals Stanford University	N. Lewiston	307	3,100	4C	004
TORRANCE					
Los Angeles County Harbor General	D. Heiner	110	1,295	2C	004
COLORADO					
DENVER					
National Asthma Center Children's Asthma Research Institute and Hospital	T. D. Bell	1,667	1,941	4C	007
University of Colorado Affiliated Hospitals University of Colorado Medical Center National Jewish Hospital at Denver	R. B. Johnston, Jr.	302		6C	012
			2,052		
DISTRICT OF COLUMBIA					
WASHINGTON					
Children's Hospital National Medical Center Georgetown University	W. A. Howard		6,590	1C	002
Howard University Affiliated Hospitals Howard University District of Columbia General	M. A. Abrishami	229	2,251	2C	004
		58	1,065	1C	002
		180	1,933		
FLORIDA					
GAINESVILLE					
William A. Shands Teaching Hosp. and Clinics	H. J. Wittig	19	2,565	1C 1*	003
MIAMI					
University of Miami Affiliated Hospitals Jackson Memorial	M. Marks, W. W. Cleveland		3,566	1C	003
CHICAGO					
Michael Reese Hospital and Medical Center Northwestern University Medical School Affiliated Hospitals	R. Kretschmer, A. Rosenblum	278	2,407	1C	001
Children's Memorial	R. Patterson	4,800	3,400	2C	005
Rush—Presbyterian—St. Luke's Medical Center	J. S. Hyde	182	4,800	1C	002
KANSAS					
KANSAS CITY					
University of Kansas Medical Center—Children's Mercy University of Kansas Medical Center Children's Mercy (Kansas City, Mo.)	F. Speer F. Speer R. J. Dockhorn		2,817 9,600	2C	003
		125			
KENTUCKY					
LOUISVILLE					
University of Louisville Affiliated Hospitals Louisville General Norton—Children's Hospitals	J. Karibo			1C	002
		200	10,000		

27C. PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
				1st Yr.	All Yrs.
LOUISIANA					
NEW ORLEANS					
Charity Hospital of Louisiana—Louisiana State University Division	R. L. Fowler	55	4,333	2C	002
SHREVEPORT					
L. S. U. (Shreveport) Affiliated Hospitals Confederate Memorial Medical Center	B. C. Hilman	200	890	1C	001
MASSACHUSETTS					
BOSTON					
Children's Hospital Medical Center	R. S. Geha		4,792	3C	005
MICHIGAN					
ANN ARBOR					
University	K. Mathews	75	1,650	1C	001
DETROIT					
Children's Hospital of Michigan	M. A. Facktor			2C	004
Henry Ford	J. A. Anderson	180	15,000	1C	002
MINNESOTA					
ROCHESTER					
Mayo Graduate School of Medicine St. Mary's	E. J. O'Connell		2,309	1C	002
MISSOURI					
KANSAS CITY					
Children's Mercy (See U. Kans. Med. Cntr.—Children's Mercy, Kans. City, Kans.)					
NEW YORK					
BUFFALO					
Children's Hospital of Buffalo	E. Ellis, E. Middleton, Jr.	319	3,660	2C	004
EAST MEADOW					
Nassau County Medical Center—Meadowbrook	N. Weiss	227	2,903	3C	003
NEW YORK CITY					
Long Island College	L. T. Chiaramonte		4,081	2C	004
New York Hospital	I. Rappaport	100	2,550	2C	003
New York Medical College—Metropolitan Hospital Center	A. Ribon	162	2,799	1C	001
Unit 1—Flower and Fifth Avenue Hospitals					
Unit 2—Metropolitan Hospital Center					
Presbyterian (Babies)	W. J. Davis		3,359	2C	002
Roosevelt	M. H. Grieco		12,875	2C	004
St. Vincent's Hospital and Medical Center of New York	P. R. Scaglione	85	1,406	1C	002
ROCHESTER					
Strong Memorial Hospital of the University of Rochester	R. H. Schwartz	136	2,578	1C	002
NORTH CAROLINA					
DURHAM					
Duke University Medical Center	R. H. Buckley	232	4,703	2C	004
WINSTON-SALEM					
Bowman Gray School of Medicine Affiliated Hospitals					
North Carolina Baptist	C. C. Huntley		2,081	1C	002
OHIO					
CINCINNATI					
University of Cincinnati Hospital Group Children's Hospital Medical Center Cincinnati General	J. E. Ghory		5,376	1C	002
PENNSYLVANIA					
PHILADELPHIA					
Children's Hospital of Philadelphia	H. I. Lecks	831	3,360	1C	002
St. Christopher's Hospital for Children	P. A. Nell	221	4,270	1*	002
Thomas Jefferson University	H. C. Mansmann, Jr.	137	3,500	3C	006
PITTSBURGH					
Hospitals of the University Health Center of Pittsburgh					
Children's Hospital of Pittsburgh	P. Fireman	316			
RHODE ISLAND					
PROVIDENCE					
Rhode Island	H. B. Freye		5,589	1C	002
TENNESSEE					
MEMPHIS					
City of Memphis Hospitals (Frank Tobey Memorial Children's Hospital)				1C	001
TEXAS					
GALVESTON					
University of Texas Medical Branch Hospitals	A. S. Goldman	129	612	2C	004
SAN ANTONIO					
University of Texas at San Antonio Teaching Hospitals	W. T. Kniker			2C	004
Bexar County Teaching Robert B. Green Memorial			1,887		
VIRGINIA					
CHARLOTTESVILLE					
University of Virginia	P. Eggleston			1C	001

27C. PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
				1st Yr.	All Yrs.
VIRGINIA—Continued					
RICHMOND					
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	F. S. Massie				1C 002
WASHINGTON					
SEATTLE					
University of Washington Affiliated Hospitals University Children's Orthopedic Hospital and Medical Center Harborview Medical Center	C. W. Bierman		1,803		1C 002
WISCONSIN					
MADISON					
University Hospitals	C. E. Reed	27	950		2C 004
MILWAUKEE					
Medical College of Wisconsin Affiliated Hospitals Milwaukee Children's Milwaukee County General	J. N. Fink, M. M. Soifer R. Weller J. N. Fink	500	3,329 1,403		2C 002

27D. PEDIATRIC CARDIOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Academy of Pediatrics, and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering TWO years of training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION						
CALIFORNIA						
LDS ANGELES						
Childrens Hospital of Los Angeles	P. R. Lurie	10	679	2,305		1C 002
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	J. Isabel-Jones	2	50	1,047		1C 003
SAN DIEGO						
University Hospital, U.C. Medical Center, San Diego	W. F. Friedman	6	284	1,870		1* 003
SAN FRANCISCO						
University of California Program H. C. Moffitt—University of California Hospitals	A. M. Rudolph					3C 007
STANFORD						
Stanford University Affiliated Hospitals Stanford University	D. Baum	6	325	726		1C 002
CONNECTICUT						
NEW HAVEN						
Yale—New Haven Medical Center Yale—New Haven	N. S. Talner	10	480	2,485		2C 004
DISTRICT OF COLUMBIA						
WASHINGTON						
Children's Hospital National Medical Center	L. Scott	6	406	792		1C 002
FLORIDA						
GAINESVILLE						
William A. Shands Teaching Hospital and Clinics	I. H. Gessner	11	915	1,547		2C 004
MIAMI						
University of Miami Affiliated Hospitals Jackson Memorial	H. Gelband			654		1C 002
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals Grady Memorial Henrietta Eggleston Hospital for Children	W. Plauth	6	402	1,051		1C 002
AUGUSTA						
Eugene Talmadge Memorial	W. B. Strong	10	400	2,400		1C 003
ILLINOIS						
CHICAGO						
Cook County	I. Carr	5	345	3,277		1C 1* 003
Northwestern University Medical School Affiliated Hospitals Children's Memorial	M. H. Paul	18	520	3,250		1C 003
Rush—Presbyterian—St. Luke's Medical Center	H. G. Bucheleres	8	319	1,474		1C 002
University of Chicago Hospitals and Clinics	R. A. Arcilla	12	380	1,127		2C 004
University of Illinois	A. R. Hastreiter	6	394	1,478		3C 003
INDIANA						
INDIANAPOLIS						
Indiana University Hospitals	D. A. Girod	10	840	3,200		1C 002
IOWA						
IOWA CITY						
University of Iowa Hospitals	R. M. Lauer	8	438	4,585		1C 001

27D. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
KANSAS						
KANSAS CITY University of Kansas Medical Center	A. M. Diehl	6	216	1,527	1C	001
KENTUCKY						
LOUISVILLE University of Louisville Affiliated Hospitals Norton—Children's Hospitals	F. Eibl F. Eibl, R. E. Solinger	12	506	2,911	1C	002
MARYLAND						
BALTIMORE Johns Hopkins	L. Kidd			1,845	2C	004
MASSACHUSETTS						
BOSTON Children's Hospital Medical Center	A. S. Nadas	20	1,011	3,310	5C	011
MICHIGAN						
ANN ARBOR University of Michigan Affiliated Hospitals University	A. M. Stern				2C	003
MINNESOTA						
MINNEAPOLIS University of Minnesota Hospitals	R. V. Lucas, Jr.					
ROCHESTER Mayo Graduate School of Medicine St. Mary's	R. H. Feldt	5	413	2,538	2C	005
MISSOURI						
KANSAS CITY Children's Mercy	R. V. Canent, Jr.	8	221	1,731	1C	001
ST. LOUIS St. Louis Children's	D. Goldring	17	408	2,040	1C	001
NEW YORK						
ALBANY Albany Medical Center	R. Shafer	5	504	2,000	2C	002
BUFFALO Children's Hospital of Buffalo	P. Vlad	15	660	3,784	1C	002
NEW YORK CITY						
Long Island Jewish—Hillside Medical Center Program	N. Gootman				1C	002
Long Island Jewish—Hillside Medical Center Queens Hospital Center		16	620	2,172 180		
Mount Sinai	L. Steinfeld	16	624	3,200	1C	001
New York Hospital	M. A. Engle	25	461	2,000	1C	003
New York University Medical Center Bellevue Hospital Center University	E. F. Doyle	8	130	3,070	1C	003
		10	305	160		
Presbyterian (Babies)	W. M. Gersony	20	700	2,500	2C	004
ROCHESTER						
University of Rochester School of Medicine Strong Memorial Hospital of the University of Rochester	J. A. Manning	10	292	2,553	1C	002
NORTH CAROLINA						
CHAPEL HILL University of North Carolina School of Medicine North Carolina Memorial	H. S. Harned, Jr.	13	470	1,410	2C	002
DURHAM Duke University Medical Center	M. S. Spach	12	502	1,667	1C	002
OHIO						
CINCINNATI						
University of Cincinnati Hospital Group Children's Hospital Medical Center	S. Kaplan			3,493	1C	002
CLEVELAND						
University Hospitals of Cleveland	J. Liebman	12	516	2,080	2C	004
OREGON						
PORTLAND						
University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospital and Clinics	N. H. Lees	8	355	2,400	1C	002
PENNSYLVANIA						
PHILADELPHIA						
Children's Hospital of Philadelphia	S. Friedman	23	1,725	3,500	2C	004
St. Christopher's Hospital for Children	I. F. S. Black	15	626	2,344	1C	003
PITTSBURGH						
Hospitals of the University Health Center of Pittsburgh Children's Hospital of Pittsburgh	J. R. Zuberbuhler	25	809	3,407	1C	002
SOUTH CAROLINA						
CHARLESTON Medical University of South Carolina	A. R. Hohn	10	730	2,144	1C	002
TENNESSEE						
NASHVILLE						
Vanderbilt University Affiliated Hospitals Vanderbilt University	T. P. Graham, Jr.	12	450	1,620	3C	003

27D. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
TEXAS						
DALLAS Children's Medical Center	D. Fixler		598	562	1C	002
HOUSTON Baylor College of Medicine Affiliated Hospitals Texas Children's	D. G. Mc Namara D. G. Mc Namara	40	1,703	3,227	2C	010
SAN ANTONIO University of Texas at San Antonio Teaching Hospitals Bexar County Teaching Santa Rosa Medical Center	M. Park		70 224	804 908	1C	002
UTAH						
SALT LAKE CITY University of Utah Affiliated Hospitals University Primary Children's Medical Center	H. D. Ruttenberg H. D. Ruttenberg L. G. Veasy	6	344	112 1,391	1C	002
VIRGINIA						
CHARLOTTESVILLE University of Virginia	D. Tompkins		435	2,051	1C	002
RICHMOND Virginia Commonwealth University M. C. V. Affiliated Hospitals Medical College of Virginia Hospitals	C. M. Mc Cue	13	469	2,465	2C	002
WASHINGTON						
SEATTLE University of Washington Affiliated Hospitals University	W. G. Guntheroth	3	155	682	1C	002

28. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering THREE years of acceptable training in the specialty.

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES ARMY						
CALIFORNIA						
Letterman Army Medical Center, San Francisco	D. H. See		60,519	19,464	1C	003
Kaiser Foundation Hospital and Rehabilitation Center (Vallejo)	H. B. Liebgold	487	51,217	1,025		
TEXAS						
Brooke Army Medical Center, San Antonio (See Univ. of Texas at San Antonio Teach. Hosps., San Antonio)						
UNITED STATES PUBLIC HEALTH SERVICE						
WASHINGTON						
U. S. Public Health Service, Seattle (See University of Washington Affil. Hosps., Seattle, Wash.)						
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM University of Alabama Medical Center	S. L. Stover	5,625	70,230	4,745	2C	004
University of Alabama Hospitals Veterans Admin.	S. L. Stover W. C. Fleming	3,151	19,471	2,093		
ARIZONA						
PHOENIX Good Samaritan	J. Pierce	1,380	14,400	990	2* 1F	006
CALIFORNIA						
DAVIS University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento) Veterans Admin. (Martinez)	W. M. Fowler, Jr. W. M. Fowler, Jr. J. M. Mennell	25,308 8,980	37,118 48,275	3,285 5,016	3*	008
IRVINE University of California (Irvine) Affiliated Hospitals University of California, Irvine, Medical Center (Orange) Memorial Hospital Medical Center (Long Beach) Veterans Admin. (Long Beach)	J. S. Tobis J. S. Tobis B. Michela H. Kent	8,088 10,514 6,313	46,930 108,985 260,579	2,166 17,785 87,078	3*	012
LONG BEACH Memorial Hospital Medical Center (See University of California (Irvine) Affil. Hosps., Irvine) Veterans Admin. (See University of California (Irvine) Affil. Hosps., Irvine)						

28. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA—Continued						
LOS ANGELES						
Los Angeles County—U. S. C. Medical Center	R. Cailliet		247,819	19,026	3C	003
Veterans Admin. Center, Wadsworth	R. D. Fusfeld	5,800	128,000	14,300	3*	009
					2F	
MARTINEZ						
Veterans Admin. (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
ORANGE						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
SACRAMENTO						
University of California (Davis) Sacramento Medical Center (See University of Calif. (Davis) Affiliated Hospitals, Davis)						
SAN JOSE						
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)						
STANFORD						
Stanford University Affiliated Hospitals	J. C. Montero				2C	008
Veterans Admin. (Palo Alto)	K. E. Carlson	4,456	96,600	15,004	2*	
Santa Clara Valley Medical Center (San Jose)	G. G. Reynolds	251	89,859	2,664		
VALLEJO						
Kaiser Foundation Hospital and Rehabilitation Center (See Letterman Army Medical Center, San Francisco, U. S. Army)						
COLORADO						
DENVER						
University of Colorado Medical Center	F. Cenkovich, J. Gersten	5,761	34,331	34,331	1*	005
DISTRICT OF COLUMBIA						
WASHINGTON						
George Washington University	M. Mourad	5,718	17,334	5,778	2C	006
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	J. R. De Andrade				4C	012
Grady Memorial	J. R. De Andrade	6,799	32,435	46,564	1F	
Emory University	R. L. Bennett	20,284	28,719			
Veterans Admin. (Decatur)	R. L. Bennett	8,316	73,230			
DECATUR						
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)						
ILLINOIS						
CHICAGO						
Mount Sinai—Schwab Rehabilitation Hospitals	P. Sundaram	3,018	103,900	8,806	3C	008
Mount Sinai Hospital Medical Center of Chicago						
Schwab Rehabilitation						
Northwestern University Medical School Affiliated Hospitals	I. C. Mac Lean	1,126	27,796	2,346	10*	025
Rehabilitation Institute of Chicago	I. C. Mac Lean	4,680	49,604	5,716		
Veterans Admin. Lakeside	J. Stratigos					
University of Illinois Affiliated Hospitals	R. S. Oryshkevich	3,779	63,039	13,072	3C	009
Michael Reese Hospital and Medical Center	K. H. Kohn	3,677	43,070	28,586		
University of Illinois	R. S. Oryshkevich	3,219	84,789	8,410		
Veterans Admin. (West Side)	R. S. Oryshkevich					
HINES						
Veterans Admin.	M. Gratzler	11,468	403,618	8,346	1C	005
PEORIA						
University of Illinois—Peoria School of Med. Affiliated Institutions Institute of Physical Medicine and Rehabilitation	R. O. Mc Morris	8,502	102,738	19,926	1*	003
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	J. B. Redford	14,020	28,605	2,748	1C	004
Veterans Admin. (Kansas City, Mo.)	J. Harris	1,902	47,562	5,290		
KENTUCKY						
LOUISVILLE						
University of Louisville Affiliated Hospitals Institute of Physical Medicine and Rehabilitation	T. A. Kelley, Jr.	754	28,011	6,573	2*	008
LOUISIANA						
NEW ORLEANS						
Charity Hospital of Louisiana	J. J. Biundo	20,093	45,533	13,703	3C	009
Veterans Admin. Center (Biloxi, Miss.)	J. C. Tanner	16,217	92,596	2,146		

28. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MARYLAND						
BALTIMORE						
Sinai Hospital of Baltimore	B. S. Cohen	3,700	147,780	48,243	1*	002
University of Maryland Affiliated Hospitals	P. F. Richardson				2*	006
University of Maryland	P. F. Richardson	23,616	33,847	7,437		
Veterans Admin. (Fort Howard)	K. Raab	765	73,600	11,180		
FORT HOWARD						
Veterans Admin. (See University of Maryland Affiliated Hospitals, Baltimore)						
MASSACHUSETTS						
BOSTON						
Tufts University Affiliated Hospitals	D. M. O' Toole				4*	011
New England Medical Center	K	4,633	97,342	14,133		
Veterans Admin.	D. M. O' Toole	3,050	84,000	2,600		
University	M. M. Freed	6,407	88,523	8,317	1F	003
MICHIGAN						
ANN ARBOR						
University	J. W. Rae, T. Cole		86,405	16,283	2C	006
DETROIT						
Wayne State University Affiliated Hospitals Rehabilitation Institute	L. Bender, F. Blumenthal	5,332	110,627	56,451	3C	012
MINNESOTA						
MINNEAPOLIS						
University of Minnesota Affiliated Hospitals	F. J. Kottke				6*	018
University of Minnesota Hospitals	F. J. Kottke	3,905	65,309	8,257		
Hennepin County Medical Center	A. B. Quiggle	16,577	20,627	6,458		
Sister Kenny Institute		461		4,408		
Veterans Admin.	F. J. Kottke	4,279	139,432	652		
ROCHESTER						
Mayo Graduate School of Medicine	G. K. Stillwell	15,100	48,900	48,900	3*	009
Rochester Methodist		3,345	48,085			
St. Mary's		6,735	102,180			
MISSISSIPPI						
BILOXI						
Veterans Admin. Center (See Charity Hospital of Louisiana, New Orleans, La.)						
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	C. R. Peterson	4,441	46,417	10,224	1*	004
Howard A. Rusk Rehabilitation Center—Univ. of Missouri Medical Center	C. R. Peterson	4,401	73,631	9,323		
Veterans Admin.	L. Rittenhouse	3,940	30,264	1,840		
KANSAS CITY						
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)						
ST. LOUIS						
Washington University Medical Center Jewish Hospital of St. Louis	F. U. Steinberg	5,296	46,733	5,437	1C	003
NEW JERSEY						
EAST ORANGE						
Veterans Admin.	L. Stefaniwsky	4,459	124,301	89,204	1C	003
NEW YORK						
ALBANY						
Albany Medical Center Affiliated Hospitals	R. I. Ghiulamila	39,905	145,923	19,644	2C	007
Albany Medical Center	R. I. Ghiulamila	5,740	38,145	4,603		
St. Peter's	E. Poskanzer	4,645	55,575	8,335		
Veterans Admin.	J. A. Tionson	48,163	69,573	1,756		
Sunnyview Hospital and Rehabilitation Center (Schenectady)						
BUFFALO						
S. U. N. Y. at Buffalo Affiliated Hospitals	W. Georgi				4*	008
Veterans Admin.	K. H. Lee	6,606	137,720	27,860		
Buffalo General						
Children's Hospital of Buffalo	W. Georgi	312	12,627	12,627		
Edward J. Meyer Memorial	W. P. Walsh	2,767	39,509	9,241		
EAST MEADOW						
Nassau County Medical Center—Meadowbrook	L. Friedmann	4,347	58,784	21,329	3C	007
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals	A. S. Abramson				3C	012
Bronx Municipal Hospital Center		3,862	92,014	9,460		
Hospital of the Albert Einstein College of Medicine Lincoln		4,009	67,329	10,361 6,627		
Columbia University Affiliated Hospitals	J. A. Downey				3C 2F	010
Presbyterian	J. A. Downey	10,658	162,021	9,435		
Harlem Hospital Center		6,000	162,925	14,829		
Blythedale Children's (Valhalla)	J. A. Downey	298	31,445	4,415		
Helen Hayes (West Haverstraw)	R. L. Reyes	620	94,789	7,616		
Cornell Cooperating Hospitals						
New York Hospital	W. Nagler	8,158	53,593	13,855	1C	004
Kingsbrook Jewish Medical Center	H. Rosner	62,824	98,292	9,730	2C	008
Long Island Jewish—Hillside Medical Center Program	A. Fisher				1C	004
Long Island Jewish—Hillside Medical Center	A. Fisher	4,184	30,472	2,806		
Queens Hospital Center	A. Murnane	4,952	105,289	31,547		

28. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW YORK, NEW YORK CITY—Continued						
Montefiore Hospital Training Program Montefiore Hospital and Medical Center	S. S. Bluestone	3,278	54,435	14,783	2C	008
Mount Sinai Hospital Training Program Mount Sinai	L. H. Wisham	22,179	36,195	6,496	4C	011
Beth Israel Medical Center	J. Demopoulos	8,262	64,386	2,478		
City Hospital Center at Elmhurst	L. I. Kaplan	2,204	157,210	11,170		
Hospital for Joint Diseases and Medical Center	J. Demopoulos	3,951	31,412	5,337		
New York Medical College—Metropolitan Hospital Center	C. Hinterbuchner				5C	015
Unit 1—Flower and Fifth Avenue Hospitals	D. Sorell	1,145	15,856	5,919		
Unit 2—Metropolitan Hospital Center	C. Hinterbuchner	6,564	82,190	5,558		
Unit 3—Bird S. Coler Memorial Hospital and Home	J. B. Rogoff	8,520	153,184			
Westchester County Medical Center (Valhalla)	E. Moskowitz	5,238	86,415	5,538	15C	045
New York University Medical Center Institute of Rehabilitation Medicine	H. A. Rusk	7,709	292,255	50,838		
Bellevue Hospital Center	H. A. Rusk	38,382	159,720	8,236		
Brookdale Hospital Center	L. M. Rothman	1,006	10,199	1,369		
Goldwater Memorial	M. Lee	543	118,271			
St. Barnabas	V. A. Ribera	424	39,307	352		
Veterans Admin. (Manhattan)	H. A. Rusk	223		6,583		
St. Vincent's Hospital and Medical Center of New York	S. S. Sverdlik	30,243	43,947	12,005	2C	006
S.U.N.Y. Downstate Medical Center	J. G. Benton				7C	020
Kings County Hospital Center		8,468	70,730	9,510		
State University		4,613	56,211	14,231		
Veterans Admin. (Bronx)	H. J. Lindenauer	2,349	158,788	20,307	1C	003
Veterans Admin. (Brooklyn)	L. C. Y. Chen	6,683	102,615	3,440	2C	005
ROCHESTER						
Strong Memorial Hospital of the University of Rochester	C. J. Gibson	3,574	43,260	422	1C	005
Monroe Community	C. J. Gibson	997	35,617	174	1*	
SCHENECTADY						
Sunnyview Hospital and Rehabilitation Center (See Albany Medical Center Affil. Hosps., Albany)						
VALHALLA						
Blythedale Children's (See Columbia University Affiliated Hospitals, New York City)						
Westchester County Medical Center (See N. Y. Med. Coll.—Metropolitan Hosp. Ctr., New York City)						
WEST HAVERSTRAW						
Helen Hayes (See Columbia Univ. Affiliated Hosps., New York City)						
OHIO						
CINCINNATI						
University of Cincinnati Hospital Group	J. A. Schuchmann				4*	008
Children's Hospital Medical Center	R. L. Braddom	1,216	17,463	3,170		
Cincinnati General	R. L. Braddom	12,227	37,078	5,967		
Veterans Admin.	R. L. Braddom	25,938	103,752	1,143		
CLEVELAND						
Case Western Reserve University Affiliated Hospitals	C. Long, 2d	44,826	496,749	15,037	2C	006
Cleveland Metropolitan General						
Highland View		12,543	251,561	3,350		
COLUMBUS						
Ohio State University Affiliated Hospitals	N. S. Checkles				5C	017
Ohio State University Hospitals	N. S. Checkles	3,440	5,440	2,950		
Grant						
Mount Carmel Medical Center						
Riverside Methodist	G. Waylonis	3,000	3,000	1,800		
OREGON						
PORTLAND						
Veterans Admin.	P. S. King	4,560	152,643	4,634	2*	005
PENNSYLVANIA						
PHILADELPHIA						
Temple University Affiliated Hospitals	D. O. Glass				4C	013
Albert Einstein Medical Center						
Moss Rehabilitation		7,540	61,405	9,313		
Temple University		3,650	40,820	1,000		
Thomas Jefferson University	J. F. Oitunno, Jr.	3,200	35,139	6,739	4*	011
University of Pennsylvania Affiliated Hospitals	W. J. Erdman, 2d				5C	014
Hospital of the University of Pennsylvania	W. J. Erdman, 2d	45,850	50,696	4,846		
Veterans Admin.	J. Eshleman	4,352	85,316	2,622		
PITTSBURGH						
St. Francis General	R. L. Zimmerman	11,822	80,000	12,412	2*	008
PUERTO RICO						
SAN JUAN						
University of Puerto Rico Affiliated Hospitals	H. J. Flax				1*	006
University District	R. Berrios-Martinez	3,335	72,421	12,758		
Puerto Rico Rehabilitation Center	H. J. Flax	20,109	281,372	31,971		
Veterans Admin. Center	H. J. Flax	20,109	281,372	31,971	1*	006
					1F	
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina Teaching Hospitals						
Medical University of South Carolina	H. W. Mims				1C	002

28. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
TEXAS						
DALLAS						
Baylor University Medical Center	E. Krusen	128,505	219,706		2C 2F	006
Parkland Memorial	T. P. Rajashekhar	11,168	72,933	23,591		
University of Texas Southwestern Medical School Affiliated Hospitals	T. P. Rajashekhar				4C	010
Parkland Memorial	T. P. Rajashekhar	11,168	72,933	23,591		
Caruth Memorial	J. Johnson	402	29,707	3,342		
Presbyterian Hospital of Dallas	E. R. Johnson					
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	M. Grabois				4C 2F	012
Ben Taub General	M. Grabois	1,483	2,522	3,611		
Jefferson Davis	M. Grabois	4,780		525		
Methodist	M. Grabois	5,366	33,742	810		
St. Luke's Episcopal	B. Bowser	39,262	84,027	1,713		
Texas Children's	B. Bowser	9,608	13,864	290		
Texas Institute for Rehabilitation and Research	M. Grabois	2,566	39,411	12,939		
Veterans Admin.	W. P. Blocker, Jr.	5,708	245,434	30,566		
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals	A. E. Grant				3*	009
Bexar County Teaching		10,165	96,430	23,378		
Brooke Army Medical Center		163	23,070	1,006		
Santa Rosa Medical Center		6,446	115,958	20,096		
Veterans Admin.						
UTAH						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	J. R. Swenson	2,132	38,627	1,780	1*	003
University						
VIRGINIA						
RICHMOND						
Virginia Commonwealth University M.C.V. Affiliated Hospitals	E. R. Griffith				2C 2*	006
Medical College of Virginia Hospitals	E. R. Griffith	211				
Veterans Admin.	A. W. Zalis	2,956	94,488	6,355		
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals	J. F. Lehmann				8C	025
Children's Orthopedic Hosp and Medical Center	B. M. Gans	3,393	11,691	3,889		
Harborview Medical Center	B. J. De Lateur	130	24,456	370		
U. S. Public Health Service	C. Patout			1,656		
University		3,283	57,374	15,034		
Veterans Admin.	E. Halar	202	51,132	897		
WISCONSIN						
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals	J. L. Melvin				4C	009
Veterans Admin. Center (Wood)	M. Mantione	144,300	191,924	17,964		
Curative Workshop of Milwaukee	J. L. Melvin	2,413	62,108	62,108		
Milwaukee Children's	J. L. Melvin	6,612	20,657	3,649		
Milwaukee County General	R. W. Boyle	11,675	60,774	3,846		

29A. PLASTIC SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Plastic Surgery and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering acceptable training in the specialty. See also List 29B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
UNITED STATES AIR FORCE							
TEXAS							
Wilford Hall U. S. A. F. Medical Center, San Antonio	L. W. Dennis	20	651	7,175	2	2C	004
UNITED STATES ARMY							
COLORADO							
Fitzsimons Army Medical Center, Denver	J. R. Zbyski	14	418	7,005	2	1C	001
DISTRICT OF COLUMBIA							
Walter Reed Army Medical Center, Washington	R. W. Parsons	15	546	5,496	2	2C	003
UNITED STATES NAVY							
VIRGINIA							
Naval Regional Medical Center, Portsmouth	N. R. Wall	26	481	4,603	2	1C	002
UNITED STATES PUBLIC HEALTH SERVICE							
ARIZONA							
U.S. Public Health Service Indian, Phoenix (See Phoenix Plastic Surgery Residency, Phoenix, Ariz.)							

29A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
UNITED STATES PUBLIC HEALTH SERVICE—Continued							
LOUISIANA							
U. S. Public Health Service, New Orleans (See Tulane University Affiliated Hospitals, New Orleans)							
NONFEDERAL AND VETERANS ADMINISTRATION							
ARIZONA							
PHOENIX							
Phoenix Plastic Surgery Residency	R. A. Peterson				2	3C	006
Arizona Children's (Tempe)	R. A. Peterson	7	363	2,732			
Good Samaritan	R. A. Peterson	5	329	302			
Maricopa County General	R. A. Peterson		492	3,592			
U.S. Public Health Service Indian	R. E. G. Norton	8	187	1,661			
TEMPE							
Arizona Children's (See Phoenix Plastic Surgery Residency, Phoenix)							
TUCSON							
University of Arizona Affiliated Hospitals University Veterans Admin.		4	287	4,337 260	2	2C	004
CALIFORNIA							
DOWNEY							
Rancho Los Amigos (See U. C. L. A. Affiliated Hospitals, Los Angeles)							
IRVINE							
University of California (Irvine) Affiliated Hospitals University of California, Irvine, Medical Center (Orange) Veterans Admin. (Long Beach)	D. W. Furnas D. W. Furnas I. R. Rappaport				2	2C	004
		4	243	1,806			
		12	312	390			
LONG BEACH							
Veterans Admin. (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)							
LOS ANGELES							
U. C. L. A. Affiliated Hospitals U. C. L. A. Hospital and Clinics, Center for the Health Sciences Veterans Admin. Center—Wadsworth Rancho Los Amigos (Downey) Veterans Admin. (Sepulveda) Los Angeles County Harbor General (Torrance)	H. A. Zarem H. A. Zarem T. A. Miller G. Brody H. K. Kawamoto M. A. Lesavoy				2	3C	006
		10	708	4,727			
		11	394	1,404			
		14	314	1,460			
		8	237	508			
		4	186	1,343			
ORANGE							
University of California, Irvine, Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)							
PALO ALTO							
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)							
SAN DIEGO							
University of California (San Diego) Affiliated Hospitals University Hospital, U. C. Medical Center, San Diego Veterans Admin.	J. C. Fisher J. C. Fisher R. Rudolph				2	1C	002
		3	205	3,750			
		14	375	428			
SAN FRANCISCO							
St. Francis Memorial University of California Program H. C. Moffitt—University of California Hospitals Ralph K. Davies Medical Center—Franklin San Francisco General Veterans Admin.	M. Gorney W. Morris				3 2	2C 2C	006 004
		18	927	493			
		3	253	3,600			
		4	420				
		2	132	807			
		6	215	316			
SAN JOSE							
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)							
SEPULVEDA							
Veterans Admin. (See U. C. L. A. Affiliated Hospitals, Los Angeles)							
STANFORD							
Stanford University Affiliated Hospitals Stanford University Veterans Admin. (Palo Alto) Santa Clara Valley Medical Center (San Jose)	D. R. Laub D. R. Laub L. M. Vistnes R. Pardoe				2	4C	008
		10	982	5,186			
		12	353	1,043			
		13	389	4,300			
TORRANCE							
Los Angeles County Harbor General (See U. C. L. A. Affil. Hospitals, Los Angeles)							
COLORADO							
DENVER							
University of Colorado Affiliated Hospitals University of Colorado Medical Center Children's Denver General Veterans Admin.	R. J. Hoehn R. J. Hoehn J. D. Burrington B. Eiseman R. J. Hoehn				2	2C	004
		25	437	3,440			
		3	238	34			
		22	220	1,560			
CONNECTICUT							
NEW HAVEN							
Yale—New Haven Medical Center Yale—New Haven Newington Children's (Newington) Veterans Admin. (West Haven)	T. J. Krizek T. J. Krizek L. K. Smith T. J. Krizek				2	2C	004
		35	961	3,050			
		3	188	249			
		8	243	1,070			
NEWINGTON							
Newington Children's (See Yale—New Haven Medical Center, New Haven)							

29A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
CONNECTICUT—Continued							
WEST HAVEN							
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)							
DELAWARE							
WILMINGTON							
Wilmington Medical Center	D. Saunders	13	473	967	2	1C	002
DISTRICT OF COLUMBIA							
WASHINGTON							
Georgetown University Affiliated Hospitals	A. F. Fleury	9	913	492	2	1C	001
Georgetown University Veterans Admin.	A. F. Fleury			182,819			
George Washington University Affiliated Hospitals	L. W. Thompson	20	576	8,389	2	1C	002
George Washington University		3	140	665			
Children's Hospital National Medical Center Washington Hospital Center		8	557	280			
FLORIDA							
GAINESVILLE							
University of Florida Affiliated Hospitals	H. G. Bingham	10	455	3,519	2	2C	004
William A. Shands Teaching Hosp. and Clinics Veterans Admin.				2,628			
JACKSONVILLE							
Jacksonville Hospitals Educational Program	B. L. Morgan	5	471	246	2	2C	004
Baptist Memorial	B. L. Morgan			415			
St. Vincent's	B. L. Morgan			2,688			
University Hospital of Jacksonville	I. Dushoff						
MIAMI							
University of Miami Affiliated Hospitals	D. R. Millard	30	1,236	6,892	2	3C	006
Jackson Memorial Veterans Admin.				92				657
ORLANDO							
Orange Memorial	R. J. Bartels	17	920	10,550	2	2C	002
GEORGIA							
ATLANTA							
Emory University Affiliated Hospitals	M. J. Jurkiewicz	16	672	6,027	2	2C	004
Grady Memorial	M. J. Jurkiewicz						
Emory University	M. J. Jurkiewicz						
Henrietta Egleston Hospital for Children Veterans Admin. (Decatur)	M. J. Jurkiewicz R. Brown							241	1,199
AUGUSTA							
Medical College of Georgia Hospitals	K. S. Given	14	408	1,674	2	2C	004
Eugene Talmadge Memorial University							
Veterans Admin.							
DECATUR							
Veterans Admin. (See Emory Univ. Affil. Hosps., Atlanta)							
ILLINOIS							
CHICAGO							
Cook County (See Loyola University Affil. Hosps., Maywood)							
Northwestern University Medical School Affiliated Hospitals	B. H. Griffith	12	393	924	2	2C	006
Children's Memorial	D. A. Kernahan			6,500			
Northwestern Memorial	B. H. Griffith			550			
Veterans Admin. Lakeside	N. E. Hugo			4,000			
Evanston (Evanston)	F. W. Pirruccello			704			
Rush—Presbyterian—St. Luke's Medical Center	J. W. Curtin			592			
St. Joseph (See Loyola University Affil. Hosps., Maywood)	M. C. Robson	20	750	3,600	2	1C	002
University of Chicago Hospitals and Clinics	R. C. Schultz	7	283	3,133	2	2C	004
University of Illinois Affiliated Hospitals	R. C. Schultz						
University of Illinois Lutheran General (Park Ridge)	R. Schultz			85			
EVANSTON							
Evanston (See Northwestern Univ. Med. School Affil. Hosps., Chicago)							
St. Francis (See Loyola University Affil. Hosps., Maywood)							
HINES							
Veterans Admin. (See Loyola University Affil. Hosps., Maywood)							
MAYWOOD							
Loyola University Affiliated Hospitals	R. L. Warpeha	20	700	4,866	3	2C	006
Foster G. Mc Gaw	R. L. Warpeha						
Cook County (Chicago)	C. Tasche						
St. Joseph (Chicago)	R. Warpeha						
St. Francis (Evanston)	R. L. Sperling						
Veterans Admin. (Hines)	A. Badri							14	294	1,210
PARK RIDGE							
Lutheran General (See Univ. of Illinois Affil. Hosps., Chicago)							
SPRINGFIELD							
Southern Illinois University Affiliated Hospitals	E. Zook			4,500	2	1C	002
St. Johns Memorial Medical Center							

29A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
INDIANA							
INDIANAPOLIS							
Indiana University Medical Center	J. E. Bennett				2	3C	006
Indiana University Hospitals	J. E. Bennett	22	772	1,489			
Veterans Admin.	J. Bennett	12	208	1,133			
William N. Wishard Memorial		7	309	1,491			
KANSAS							
KANSAS CITY							
University of Kansas Medical Center	F. W. Masters	17	1,133	9,184	2	2C	004
KENTUCKY							
LEXINGTON							
University of Kentucky Medical Center					2	1C	002
University	E. A. Luce	12	468	2,598			
St. Joseph	A. M. Moore	9	583				
Veterans Admin.	E. A. Luce	9	246	521			
LOUISVILLE							
University of Louisville Affiliated Hospitals	L. J. Weiner				2	2*	004
Jewish		37	1,574	2,117			
Louisville General		24	269	2,140			
Norton—Children's Hospitals		43	679	625			
Veterans Admin.	L. J. Weiner	5	156	549			
LOUISIANA							
NEW ORLEANS							
Louisiana State University Affiliated Hospitals	G. W. Hoffman				2	2C	004
Charity Hospital of Louisiana		7	239	1,463			
Southern Baptist		11	565	1,984			
Veterans Admin.		5	140	384			
Tulane University Affiliated Hospitals	R. F. Ryan				2	2C	004
Charity Hospital of Louisiana	R. F. Ryan	5	154	2,422			
Touro Infirmary	R. F. Ryan	3	306	436			
U. S. Public Health Service	R. G. Clay, Jr.						
MARYLAND							
BALTIMORE							
Johns Hopkins Affiliated Hospitals	J. E. Hoopes				2	2C	004
Johns Hopkins	J. E. Hoopes	13	636	2,997			
Baltimore City Hospitals	C. T. Su	18	677	3,200			
Children's	J. E. Hoopes	8	523	1,022			
MASSACHUSETTS							
BOSTON							
Boston University Affiliated Hospitals	G. W. Anastasi				2	2C	003
Boston City	G. W. Anastasi			474			
University	G. W. Anastasi	5	10	1,560			
Veterans Admin.	D. C. Nabseth						
Massachusetts General	J. Remensnyder	34	1,010	3,895	2	1C	002
Peter Bent Brigham Hospital—Children's Hospital							
Medical Center	J. E. Murray	1	295	734	2	1C	002
Peter Bent Brigham				1,290			
Children's Hospital Medical Center							
CAMBRIDGE							
Cambridge	F. G. Wolfort	9	610	13,500	2	1C	002
MICHIGAN							
ALLEN PARK							
Veterans Admin.							
(See Wayne State University Affiliated Hospitals, Detroit)							
ANN ARBOR							
University of Michigan Affiliated Hospitals	W. C. Grabb				2	3C	006
St. Joseph Mercy	R. M. Oneal	7	796	46			
University	W. C. Grabb	9	524	2,766			
Veterans Admin.	D. T. Freier, W. C. Grabb			123			
Wayne County General (Eloise)	W. C. Grabb	1	55	553			
DETROIT							
Mount Carmel Mercy Hospital and Medical Center							
(See Providence, Southfield)							
Sinai Hospital of Detroit							
(See Providence, Southfield)							
Wayne State University Affiliated Hospitals	J. H. Binns	41	3,437	1,748	2	2C	004
Veterans Admin. (Allen Park)							
Children's Hospital of Michigan							
Detroit General							
United Hospitals of Detroit—Grace Division							
United Hospitals of Detroit—Harper Division							
ELOISE							
Wayne County General							
(See University of Michigan Affiliated Hospitals, Ann Arbor)							
GRAND RAPIDS							
Grand Rapids Area Medical Education Center	R. Blocksma				2	2C	004
Butterworth	R. Blocksma	7	278	223			
Blodgett Memorial Medical Center	W. D. Simpson	6	293	74			
St. Mary's	B. H. Birkbeck	2	155				
ROYAL OAK							
William Beaumont	R. Pool	8	452	2,198	2	1C	001
SOUTHFIELD							
Providence	B. Newby	5	347	1,016	2	1C	003
Mount Carmel Mercy Hospital and Medical Center							
(Detroit)	A. A. Stefani	7	417				
Sinai Hospital of Detroit (Detroit)	B. Newby		232				
MINNESOTA							
ROCHESTER							
Mayo Graduate School of Medicine	J. E. Woods			15,361	2	2C	004
Rochester Methodist		15	763				
St. Mary's		10	401				

29A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979 1st Yr.	All Yrs.
MISSISSIPPI							
JACKSON							
University of Mississippi Medical Center	M. E. Jabaley				2	2C	004
Mississippi Baptist University	H. C. Ehridge	9	718	1,604			
Veterans Admin. Center	M. E. Jabaley	8	427	2,552			
	M. E. Jabaley	6	139	1,925			
MISSOURI							
COLUMBIA							
University of Missouri Medical Center	C. L. Puckett	15	419	2,915	2	1C	002
Veterans Admin.	C. L. Puckett	6	169	493			
KANSAS CITY							
University of Missouri at Kansas City Affiliated Hospitals	F. J. Mc Coy	4			2	2C	004
Truman Medical Center	F. J. Mc Coy	5	1,592	4,233			
Children's Mercy	F. J. Mc Coy	4	292	1,463			
Research Medical Center	T. L. Minnigerode	10	623				
St. Mary's Health Center (St. Louis)							
ST. LOUIS							
St. Louis University Group of Hospitals	F. X. Paletta			3,000	2	3C	006
St. Louis University		65	1,560	3,000			
Cardinal Glennon Memorial Hospital for Children			544				
Veterans Admin.		22	363	1,238			
St. Mary's Health Center (See Univ. of Mo. at Kansas City Affil. Hosps., Kansas City)							
Washington University Affiliated Hospitals Barnes Hospital Group	P. M. Weeks	20	1,026	7,053	2	3C	006
NEW JERSEY							
LIVINGSTON							
St. Barnabas Medical Center	A. Mancusi-Ungaro	32	1,800	1,147	2	2C	004
NEW MEXICO							
ALBUQUERQUE							
University of New Mexico Affiliated Hospitals	R. A. Gooding				2	2C	003
Bernalillo County Medical Center		4	358	1,454			
Presbyterian Hospital Center		517	33,260	42,193			
Veterans Admin.		3	92	594			
NEW YORK							
ALBANY							
Albany Medical Center Affiliated Hospitals	W. B. Macomber				2	3C	005
Albany Medical Center		26	719	1,792			
Child's Memorial		8	293				
St. Peter's		8	140	520			
Veterans Admin.							
BUFFALO							
Buffalo General	C. A. De Felice	5	508	349	2	1C	002
Veterans Admin.		1	19	364			
Mercy	J. Connelly	9	370	325	2	2C	002
EAST MEADOW							
Nassau County Medical Center—Meadowbrook	L. Rubin	22	480	4,500	2	2C	005
Nassau (Mineola)	R. H. Walden	12	433				
MINEOLA							
Nassau (See Nassau County Medical Center—Meadowbrook, East Meadow)							
NEW YORK CITY							
Albert Einstein College of Medicine Affiliated Hospitals	M. L. Lewin	7	565	4,434	3	2C	006
Bronx Municipal Hospital Center		5	320	2,220			
Hospital of the Albert Einstein College of Medicine Lincoln							
Cornell Cooperating Hospitals	D. Goulian, Jr.				2	3C	006
New York Hospital	D. Goulian, Jr.	19	772	2,665			
Memorial Hospital for Cancer and Allied Diseases	T. A. Chaglassian	3	117	925			
Harlem Hospital Center	A. L. Garnes	24	288	3,423	2	1C	002
Lenox Hill	E. P. Berry	4	293	1,697	2	2C	004
Methodist	H. B. Rasi	7	263	1,359	2	1C	002
Montefiore Hospital Training Program							
Montefiore Hospital and Medical Center	M. L. Lewin	9	750	3,500	2	2C	004
Mount Sinai Hospital Training Program	B. E. Simon				3	3C	005
Mount Sinai	B. E. Simon	10	450	1,750			
Beth Israel Medical Center	S. Kahn	9	391	609			
City Hospital Center at Elmhurst	O. R. Wesser	5	258	1,875			
Veterans Admin. (Bronx)	B. E. Simon	15	242	303			
New York University Medical Center	J. M. Converse				2	4C	008
Bellevue Hospital Center		15	529	4,490			
Manhattan Eye, Ear and Throat University		15	1,718	1,233			
Veterans Admin. (Manhattan)		23	1,202	2,341			
Presbyterian		10	167	780			
St. Luke's Hospital Center	F. C. Symonds			2,993	2	4C	004
S.U.N.Y. Downstate Medical Center	R. B. Stark	20	1,352	1,346	2	1C	002
Kings County Hospital Center	I. C. Song				2	3C	006
State University		14	469	3,833			
Veterans Admin. (Brooklyn)		1	51	156			
		9	200	375			
ROCHESTER							
Strong Memorial Hospital of the University of Rochester	R. M. Mc Cormack	11	608	802	2	2C	004

29A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
NEW YORK—Continued							
SYRACUSE							
S.U.N.Y. Upstate Medical Center	A. Lehrman				2	1C	002
State University	A. Lehrman	6	322	1,256			
Crouse Irving—Memorial	A. Lehrman	2	155				
St. Joseph's Hospital Health Center	A. Vercillo, A. Lehrman	2	90				
Veterans Admin.	A. Lehrman	5	89	740			
NORTH CAROLINA							
CHAPEL HILL							
North Carolina Memorial	A. G. Bevin	15	526	4,032	2	2C	004
OURHAM							
Duke University Affiliated Hospitals	N. G. Georgiade				2	4C	008
Duke University Medical Center	N. G. Georgiade	34	1,624	13,359			
Veterans Admin.	D. Serafin	20	378	1,076			
WINSTON-SALEM							
Bowman Gray School of Medicine Affiliated Hospitals							
North Carolina Baptist	J. A. Howell	8	550	6,192	2	1C	002
OHIO							
AKRON							
Akron City	J. A. Lehman, Jr.	12	408	180	2	1C	002
Akron General	J. A. Lehman, Jr.	8	347	116			
Children's Hospital of Akron	J. A. Lehman, Jr.	6	335	104			
CINCINNATI							
Christ	J. B. Kahl	9	467	400	2	1C	002
CLEVELAND							
Case Western Reserve University Affiliated Hospitals	M. A. Mandel				2	3C	006
University Hospitals of Cleveland		16	938	7,575			
Cleveland Metropolitan General		8	312	920			
Veterans Admin.		9	146	225			
Cleveland Clinic	R. Anderson	15	854	8,508	2	2C	003
St. Luke's Hospital—St. Vincent Charity	D. T. Shaw				2	1C	002
St. Luke's		6	245	848			
St. Vincent Charity		9	390	670			
COLUMBUS							
Ohio State University Affiliated Hospitals	R. B. Berggren				2	2C	003
Ohio State University Hospitals		10	386	2,352			
Children's		3	290	646			
Riverside Methodist	L. R. Mohler	23	831	229	2	1C 1F	002
DAYTON							
Wright State University Affiliated Hospitals	T. C. Graul				2	2C	004
St. Elizabeth Medical Center							
Charles F. Kettering Memorial (Kettering)		7	462	492			
KETTERING							
Charles F. Kettering Memorial (See Wright State University Affiliated Hospitals, Dayton)							
TOLEDO							
Medical College of Ohio at Toledo Associated Hospitals	J. C. Kelleher				2	2C	004
Hospital of Medical College of Ohio at Toledo		4	36	120			
St. Vincent Hospital and Medical Center		14	762	541			
OKLAHOMA							
OKLAHOMA CITY							
University of Oklahoma Health Sciences Center	J. M. Kelly				2	1C	002
University Hospital and Clinics		7	210	998			
Oklahoma Children's Memorial		2	104	769			
Presbyterian							
Veterans Admin.		8	245	960			
PENNSYLVANIA							
ALLENTOWN							
Allentown Affiliated Hospitals	A. E. Trevaskis				2	1C	002
Allentown				847			
Allentown and Sacred Heart Hospital Center		15	148	3,000			
			699	3,000			
BRYN MAWR							
Bryn Mawr (See Univ. of Pennsylvania Affil. Hospitals, Philadelphia)							
ERIE							
Hamot Medical Center (See Pennsylvania State Univ. Affil. Hosps., Hershey)							
HARRISBURG							
Harrisburg (See Pennsylvania State Univ. Affil. Hosps., Hershey)							
Harrisburg Polyclinic (See Pennsylvania State Univ. Affil. Hosps., Hershey)							
HERSHEY							
Pennsylvania State University Affiliated Hospitals	W. P. Graham, 3d				2	2C	004
Milton S. Hershey Medical Center of the Pennsylvania State University	W. P. Graham, 3d	10	576	8,814			
Hamot Medical Center (Erie)	C. R. Bales	13	839	621			
Harrisburg (Harrisburg)	S. J. Herceg	5	382	422			
Harrisburg Polyclinic (Harrisburg)							
PHILADELPHIA							
Temple University	S. J. Hulnick	8	412	2,596	2	3C	006

29A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered	
						1978-1979 1st Yr.	All Yrs.
PENNSYLVANIA, PHILADELPHIA—Continued							
University of Pennsylvania Affiliated Hospitals	H. B. Lehr				2	3C	006
Hospital of the University of Pennsylvania	H. B. Lehr	15	652	1,307			
Children's Hospital of Philadelphia	H. B. Lehr	2	535	832			
Graduate Hospital of the University of Pennsylvania	H. B. Lehr, L. A. Whitaker		103	699			
Lankenau Pennsylvania	P. Randall	4	284	349			
Bryn Mawr (Bryn Mawr)	R. B. Noble	5	193	1,500			
PITTSBURGH							
Hospitals of the University Health Center of Pittsburgh	W. L. White				2	3C	006
Children's Hospital of Pittsburgh	W. L. White	5	358	718			
Presbyterian—University	W. L. White	16	1,163	1,235			
Veterans Admin.	P. Antypas	14	211	910			
Western Pennsylvania	D. C. Hanna	21	1,293	852	2	2C	004
RHODE ISLAND							
PROVIDENCE							
Rhode Island	A. D. Versaci	11	1,010	1,536	2	1C	003
SOUTH CAROLINA							
CHARLESTON							
Medical University of South Carolina Teaching Hospitals	J. S. Harvin				2	2C	010
Medical University of South Carolina Charleston County		7	244	3,825			
Veterans Admin.		4	57				
		9	219	1,325			
TENNESSEE							
CHATTANOOGA							
University of Tennessee Clinical Education Center Barones Erlanger	C. W. Hayes, Jr.	19	1,396	1,413	2	2C	004
MEMPHIS							
University of Tennessee Affiliated Hospitals	J. H. Hendrix, Jr.				2	1C	004
Baptist Memorial	R. C. Reeder	24	1,515	503			
City of Memphis Hospitals	J. H. Hendrix, Jr.	4	183				
Veterans Admin.	J. J. Mc Caughan, Jr.	3	105	482		1C	004
NASHVILLE							
Vanderbilt University Affiliated Hospitals	J. B. Lynch				2	2C	004
Vanderbilt University	J. B. Lynch	9	488	3,100			
Baptist	G. Ricketson	9	648				
Nashville Metropolitan General		4	129	1,623			
Veterans Admin.	D. G. Bowers	12	307	1,900			
TEXAS							
DALLAS							
University of Texas Southwestern Medical School Affiliated Hospitals	K. E. Salyer				2	3C	006
Parkland Memorial	K. E. Salyer	9	394	2,856			
Baylor University Medical Center	D. C. Kipp	3	428				
Presbyterian Hospital of Dallas		4	478				
Veterans Admin.	H. T. Newsom	14	349	2,600			
John Peter Smith (Fort Worth)	R. W. Atkins	2	72	469			
FORT WORTH							
John Peter Smith (See U. of Tex. Southwestern Med. Sch. Affil. Hosps., Dallas)							
GALVESTON							
University of Texas Medical Branch Hospitals	S. R. Lewis	77	1,932	14,269	3	3C	009
HOUSTON							
Baylor College of Medicine Affiliated Hospitals	M. Spira				2	4C	008
Ben Taub General	M. Spira	13	467	4,609			
Methodist	M. Spira	11	818				
St. Luke's Episcopal	T. D. Cronin	2	144				
Texas Children's	T. Cronin	2	128	28			
Veterans Admin.	S. B. Hardy	27	400	3,152			
St. Joseph	T. D. Cronin	11	1,000	13,473	2	2C	004
University of Texas at Houston Affiliated Hospitals	R. J. Wise				2	2C	004
Hermann	R. J. Wise	6	265	351			
University of Texas M. D. Anderson Hospital and Tumor Institute	R. H. Jesse						
SAN ANTONIO							
University of Texas at San Antonio Teaching Hospitals	D. M. Greer, Jr.				2	1C	002
Bexar County Teaching	D. M. Greer, Jr.	27	1,069	770			
Veterans Admin.	J. B. Aust						
UTAH							
SALT LAKE CITY							
University of Utah Affiliated Hospitals	C. C. Snyder				2	3C	006
L D S Hospital	T. R. Broadbent	5	490	26			
Primary Children's Medical Center	T. R. Broadbent	4	332	51			
University	C. C. Snyder	7	433	2,182			
Veterans Admin.	C. C. Snyder	15	412	1,768			
VIRGINIA							
CHARLOTTESVILLE							
University of Virginia	M. T. Edgerton	34	1,263	1,838	2	2*	004
HAMPTON							
Veterans Admin. Center (See Eastern Virginia Medical School Affil. Hosps., Norfolk)							
NORFOLK							
Eastern Virginia Medical School Affiliated Hospitals	J. Carraway				2	4C	008
Norfolk General		17	654	626			
Veterans Admin. Center (Hampton)			258	901			

29A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
VIRGINIA—Continued							
RICHMOND							
Virginia Commonwealth University M. C. V. Affiliated Hospitals	I. K. Cohen				2	4C	004
Medical College of Virginia Hospitals	I. K. Cohen	15	1,100	6,000			
Richmond Memorial	C. C. Coleman	12	573	229			
WISCONSIN							
MADISON							
University Hospitals	D. G. Dibbell	11	466	3,346	2	2C	004
MILWAUKEE							
Medical College of Wisconsin Affiliated Hospitals	R. P. Gingrass				2	2C	004
Milwaukee County General	R. P. Gingrass	8	481	3,816			
Milwaukee Children's	W. Wiviott	2	175	136			
Veterans Admin. Center (Wood)	P. Natvig	15	179	1,393			

29B. PLASTIC SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Plastic Surgery, and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering training which may complement or supplement that provided by approved residency programs. See also List 29A.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979		
					1st Yr.	All Yrs.	
NONFEDERAL AND VETERANS ADMINISTRATION							
MICHIGAN							
SOUTHFIELD							
Straith Memorial	R. E. Straith	26	2,119	843		1C	001
NEW YORK							
BUFFALO							
Roswell Park Memorial Institute	D. Shedd	16	346	2,817		3C	003

ACCREDITED RESIDENCIES

30. PREVENTIVE MEDICINE

30A. AEROSPACE MEDICINE

The following programs in Aerospace Medicine have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, as offering acceptable training in the specialty.

School	Location	Director	Length of Approved Program (Years)
UNITED STATES AIR FORCE			
U.S. Air Force School of Aerospace Medicine	Brooks Air Force Base, Texas	K. D. Kable, Col., USAF, M. C.	2
Other Federal affiliated training sites for the third year are: U.S. Army Aviation Center, Fort Rucker, Alabama; Civil Aeromedical Research Institute, Federal Aviation Agency, Oklahoma City, Oklahoma; National Aeronautics and Space Administration Manned Spacecraft Center, Houston, Texas; and several other U.S.A.F. medical facilities.			
UNITED STATES NAVY			
U.S. Naval Aerospace Medical Institute, U.S. Naval Aerospace and Regional Medical Center	Pensacola, Florida	F. E. Dully, Jr., Capt., M. C., USN	3
Other affiliated training sites for the third year are: Aerospace Medical Research Dept., and Aerospace Crew Equipment Dept., NADMC, Ivyland, Pa.; Naval Safety Center, NAS, Norfolk, Virginia; Naval Aerospace Medical Research Laboratory, Michoud Detachment, New Orleans, La.			
NONFEDERAL			
Stanford University School of Medicine, 300 Pasteur Drive	Stanford, Calif. 94305	R. R. Beard	3
Ohio State University Department of Preventive Medicine Training during second and third years is offered at affiliated training sites: NASA Ames Research Center, Moffett Field, Calif.; NASA L. B. Johnson Space Center, Houston, Texas.			

30B. GENERAL PREVENTIVE MEDICINE

The following institutions and agencies have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for THREE years of training in General Preventive Medicine.

Institution or Agency	Physician in Charge	Areas of Emphasis
UNITED STATES AIR FORCE		
TEXAS		
Brooks Air Force Base U.S. Air Force School of Aerospace Medicine	W. C. Barnes, Jr., Col. USAF, MC	Military Preventive Medicine, Epidemiology
UNITED STATES ARMY		
DISTRICT OF COLUMBIA		
Washington Walter Reed Army Institute of Research	O. C. Dobbs, Col., MC	Military Preventive Medicine, Epidemiology
MARYLAND		
Aberdeen Proving Ground U.S. Army Environmental Hygiene Agency	J. A. Hathaway	Environmental Health
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE		
GEORGIA		
Atlanta Center for Disease Control, Health Services and Mental Health Administration	W. N. Davey	Epidemiology
NONFEDERAL		
ALABAMA		
Birmingham University of Alabama Medical Center	A. Oberman	General Preventive Medicine, Epidemiology
Tuscaloosa University of Alabama College of Community Health Sciences	T. R. Collins	Epidemiology, Health Services Administration
ARIZONA		
Tucson University of Arizona College of Medicine, Department of Family and Community Medicine	H. K. Abrams	Health Services Administration; Epidemiology
CALIFORNIA		
Berkeley University of California School of Public Health Division of Epidemiology	H. M. Wallace	Epidemiology, Health Services Administration, Maternal and Child Health, Environmental Health
Los Angeles Charles R. Drew Postgraduate Medical School, Department of Community Medicine University of California School of Medicine and School of Public Health	A. E. Ifekwunigwe M. I. Roemer	Health Services Administration Epidemiology, Health Services Administration

ACCREDITED RESIDENCIES

30. PREVENTIVE MEDICINE—Continued

30B. GENERAL PREVENTIVE MEDICINE—Continued

Institution or Agency	Physician in Charge	Areas of Training
CONNECTICUT		
New Haven Yale University Department of Epidemiology and Public Health.....	J. F. Jekel.....	Epidemiology, Health Services Administration
HAWAII		
Honolulu University of Hawaii School of Public Health.....	E. Voulgaropoulos.....	Epidemiology, International Health, Population Dynamics, Family Planning
KENTUCKY		
Lexington University of Kentucky College of Medicine, Department of Community Medicine.....	P. G. Weiler.....	Community Medicine
LOUISIANA		
New Orleans Tulane University School of Public Health and Tropical Medicine.....	P. R. Beckjord.....	International Health, Nutrition, Maternal and Child Health, Epidemiology, Clinical Preventive Medicine, Population Dynamics
MARYLAND		
Baltimore Johns Hopkins University School of Hygiene and Public Health.....	G. M. Matanoski.....	Epidemiology, International Health, Maternal and Child Health, Health Services Administration, Population Dynamics
University of Maryland School of Medicine.....	N. D. List.....	Epidemiology, Health Services Administration
MASSACHUSETTS		
Boston Harvard University School of Public Health.....	B. MacMahon..... R. H. Morrow..... A. S. Yerby.....	Epidemiology International Health Health Services Administration
MICHIGAN		
Ann Arbor University of Michigan School of Public Health.....	M. E. Wegman.....	Community Health Services, Epidemiology, Environmental Medicine, Maternal and Child Health, Medical Care Administration, Population Dynamics
MISSOURI		
Columbia University of Missouri-Columbia School of Medicine, Department of Community Health and Medical Practice.....	W. C. Allen.....	Community Medicine
NEW HAMPSHIRE		
Hanover Dartmouth Medical School, Department of Community Medicine.....	J. Kirk.....	Health Services Administration
NEW YORK		
New York City Cornell University Medical College, Dept. of Public Health.....	D. Schottenfeld.....	Epidemiology, Biostatistics, Medical Care
Mount Sinai School of Medicine of the City University of New York, Dept. of Community Medicine.....	K. W. Deuschle.....	Epidemiology, Environmental Health, Community Medicine
Rochester University of Rochester School of Medicine and Dentistry.....	J. G. Zimmer.....	Community Health
NORTH CAROLINA		
Chapel Hill University of North Carolina School of Medicine and School of Public Health.....	W. P. Richardson.....	Epidemiology, Maternal and Child Health
OHIO		
Columbus Ohio State University College of Medicine, Department of Preventive Medicine.....	M. D. Keller.....	Epidemiology, Community Health
TENNESSEE		
Nashville Meharry Medical College School of Medicine, Division of Community Medicine.....	R. A. Carter.....	Medical Care
UTAH		
Salt Lake City University of Utah Department of Community and Family Medicine.....	E. A. Isaacson.....	Community Health
WASHINGTON		
Seattle University of Washington School of Public Health and Community Medicine, Department of Preventive Medicine.....	R. W. Day.....	Epidemiology, Community Medicine, International Health, Environmental Health, Health Services Administration
WISCONSIN		
Milwaukee Medical College of Wisconsin Department of Preventive Medicine.....	S. Shindell.....	Epidemiology, Community Medicine, Health Services Administration

ACCREDITED RESIDENCIES

30. PREVENTIVE MEDICINE—Continued

30C. OCCUPATIONAL MEDICINE (Academic)

The following educational institutions have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for TWO years of training in Occupational Medicine. The academic portion of these residencies will be given in the institutions listed. The in-plant training is being arranged, and a separate listing of such programs is published in this issue immediately following the list of institutions giving the academic portion.

Institution or Agency	Physician in Charge	1st Year	2nd Year	Total All Years Residencies Offered 1978-1979
CALIFORNIA				
Irvine University of California, Irvine, College of Medicine, Department of Community and Environmental Medicine	B. D. Culver.....	4	4	8
MASSACHUSETTS				
Boston Harvard University, School of Public Health.....	J. L. Whittenberger.....	4	4	8
NEW YORK				
New York Mount Sinai School of Medicine, Dept. of Community Medicine.....	I. J. Selikoff.....	4	4	8
OHIO				
Cincinnati University of Cincinnati Department of Environmental Health.....	R. R. Suskind.....	10	10	20
OKLAHOMA				
Oklahoma City University of Oklahoma Health Sciences Center, Department of Environmental Health.....	C. Lynn.....	2	2	4
TEXAS				
Houston University of Texas Health Sciences Center, School of Public Health.....	M. M. Key.....	2	2	4

30D. OCCUPATIONAL MEDICINE (In-Plant)

The following plants and agencies have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for ONE year of training to cover the requirement for in-plant training as the third year of a residency in Occupational Medicine. For further detailed information concerning a program, it is suggested that the applicant write to the physician in charge of the particular program concerned.

Institution or Agency	Physician in Charge	Residencies Offered 1978-1979 Total All Years	
UNITED STATES ARMY			
MARYLAND			
Aberdeen Proving Ground U.S. Army Environmental Hygiene Agency, Edgewood Arsenal.....	J. A. Hathaway.....	2	
UNITED STATES NAVY			
OHIO			
Cincinnati Navy Environmental Health Center.....	W. L. Smith.....	4	
UNITED STATES PUBLIC HEALTH SERVICE			
OHIO			
Cincinnati U.S. Public Health Service, Health Services and Mental Health Administration, National Institute for Occupational Safety and Health.....	R. N. Ligo.....	1	
UNITED STATES TENNESSEE VALLEY AUTHORITY			
TENNESSEE			
Chattanooga Tennessee Valley Authority Division of Medical Services, Chattanooga.....	R. L. Craig.....	1	
NONFEDERAL			
CALIFORNIA			
Fontana Kaiser Steel Corporation.....	S. L. Watson.....	1	
DELAWARE			
Wilmington E. I. duPont de Nemours & Company.....	B. Karrh.....	1	
MASSACHUSETTS			
Cambridge Harvard University Health Services, Division of Environmental Health and Safety.....	B. G. Ferris, Jr.....	1	
MICHIGAN			
Dearborn Ford Motor Company.....	D. L. Block.....	0	
Detroit General Motors Corporation.....	R. G. Wienczek.....	2	
Midland Dow Chemical Company.....	H. L. Gordon.....	1	
NEW JERSEY			
Passaic American Telephone & Telegraph Company and Subsidiaries.....	M. B. Bond.....	1	
NEW YORK			
Rochester Eastman Kodak Company.....	N. J. Ashenburg.....	2	

ACCREDITED RESIDENCIES

30. PREVENTIVE MEDICINE—Continued

30D. OCCUPATIONAL MEDICINE (In-Plant)—Continued

WASHINGTON

Richland	Hanford Environmental Health Foundation.....	P. A. Fuqua.....	1
Seattle	Boeing Company.....	S. M. Williamson.....	2

30E. PUBLIC HEALTH

Residency programs in Public Health in the following states and cities have been accredited by the Liaison Committee on Graduate Medical Education upon recommendation of the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine.

Department of Health	Location	Director	Local Areas	*Population	Length of Approved Program (Years)
U.S. Army	U.S. Army, Silas B. Hays Army Hospital, Fort Ord, California.....	H. A. Leighton.....	Military Post—Fort Ord.....	100,000*	2
State of California	Sacramento, California.....	P. H. Raymond.....	Alameda County..... Berkeley City..... Contra Costa County..... Los Angeles County..... Orange County..... Riverside County..... Sacramento County..... San Diego County..... San Francisco County..... San Mateo County..... Santa Clara County..... Santa Cruz..... Yolo County.....	1,095,400* 109,300* 597,900* 7,004,600* 1,755,600* 543,000* 712,000* 1,623,400* 665,000* 581,200* 1,198,900* 162,900* 104,700*	2
State of Florida	Jacksonville, Florida.....	M. J. Ford.....	Dade-Miami..... Hillsborough-Tampa..... Palm Beach-West Palm Beach..... Escambia-Pensacola..... Orange-Orlando..... Broward-Fort Lauderdale..... Brevard-Rockledge..... Lee-Fort Myers..... Florida State Division.....	1,405,200* 558,800* 422,100* 220,600* 423,200* 793,400* 252,900* 140,500*	2
State of Illinois	Springfield, Illinois.....	P. Q. Peterson.....	Cook County (Suburban)..... DuPage County..... Peoria City and County.....	..... ..... .....	2
State of Kentucky	Frankfort, Kentucky.....	W. P. McElwain.....	Lexington-Fayette County..... Louisville-Jefferson County.....	176,400 707,300	2
State of Maryland	Baltimore, Maryland.....	J. R. Stifer.....	Anne Arundel County..... Baltimore County..... Baltimore City..... Montgomery County..... Prince George's County..... Washington County.....	331,400* 660,000* 882,300* 607,000* 743,100* 106,300	2
State of Massachusetts	Boston, Massachusetts.....	D. Robinson.....	State of Massachusetts.....	5,689,170	2
State of Minnesota	Minneapolis, Minnesota.....	W. R. Lawson.....	State of Minnesota.....	3,896,000*	2
State of Mississippi	Jackson, Mississippi.....	W. E. Riecken, Jr.....	Mississippi State Board of Health.....	.....	2
State of New Jersey	Trenton, New Jersey.....	D. S. Kwalick.....	Northern District..... Southern District.....	5,000,000 3,000,000	2
U.S. Army	U.S. Army, Medical Department Activity, Walston Army Hospital, Fort Dix, New Jersey.....	J. D. Bartley.....	Fort Dix Military Reservation.....	103,500*	2
State of New York	Albany, New York.....	J. L. Freitag.....	Selected local health departments.....	.....	2
New York City	New York City.....	S. A. Mayer.....	New York City.....	7,896,000*	2
State of North Carolina Dept. of Human Resources	Raleigh, North Carolina.....	I. C. Grant.....	Charlotte-Mecklenburg County..... Guilford County (Greensboro)..... Orange-Person-Chatham-Lee-Caswell District Health Dept..... Gaston County (Gastonia)..... North Carolina State Board of Health.....	500,000 350,000 185,000 175,000	2
State of Oklahoma	Oklahoma City, Oklahoma.....	T. N. Lynn.....	University of Oklahoma Health Sciences Center..... Tulsa City-County Health Department..... Cleveland County Health Department.....	..... 500,000* 70,000*	2

ACCREDITED RESIDENCIES

30. PREVENTIVE MEDICINE—Continued

30E. PUBLIC HEALTH—Continued

Department of Health	Location	Director	Local Areas	*Population	Length of Approved Program (Years)
State of Oregon	Portland, Oregon	H. T. Osterud	Lane County Jackson County Multnomah County State of Oregon		2
State of Tennessee	Nashville, Tennessee	H. Packer	Chattanooga-Hamilton County Memphis-Shelby County Nashville-Davidson County		2
State of Texas	Austin, Texas	F. L. Duff			2
State of Utah	Salt Lake City	E. A. Isaacson	Salt Lake City-County Health Department Utah State Division of Health Bear River District Weber River District Great Salt Lake District Central Utah District Southwestern District Uintah Basin District Southeastern District	495,000* 79,200* 139,100* 41,100* 41,900* 28,300* 41,300*	2
State of Virginia	Richmond, Virginia	R. L. Wood	Richmond and selected rural areas		2
University of Washington School of Public Health, School of Public Health and Community Medicine	Seattle	R. W. Day	Seattle-King County	1,155,700	
State of Wisconsin	Madison, Wisconsin	E. R. Larkin	Wisconsin State		2

NOTE: Rounded figures in population columns usually indicate estimates. Consult program director for additional information on fringe benefits, citizenship requirements, provision for additional academic training, and for current salary information.

31A. PSYCHIATRY

Residency programs in the following hospitals have been accredited for THREE years of training by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two- or three-year level. See also List 31B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES AIR FORCE						
TEXAS						
Wilford Hall U. S. A. F. Medical Center, San Antonio	J. C. Sparks	65	1,223	41,290	6*	026
UNITED STATES ARMY						
CALIFORNIA						
Letterman Army Medical Center, San Francisco	T. Chamberlain	37	464	15,072	8C	021
DISTRICT OF COLUMBIA						
Walter Reed Army Medical Center, Washington	D. W. Morgan	115	884	28,287	4*	023
GEORGIA						
Dwight David Eisenhower Army Medical Center, Fort Gordon	D. T. Armitage	50	620	18,015	6*	024
UNITED STATES NAVY						
CALIFORNIA						
Naval Regional Medical Center, Oakland	G. A. Conkey	69	933	7,530	3* 3F	012
MARYLAND						
National Naval Medical Center, Bethesda	O. L. Royal	65	631	15,386	4* 2F	016
VIRGINIA						
Naval Regional Medical Center, Portsmouth	H. J. T. Sears	50	712	12,740	4*	016
Naval Regional Medical Center, Portsmouth (See Also Eastern Va. Med. School Affil. Hosps., Norfolk, Va.)						
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE						
DISTRICT OF COLUMBIA						
St. Elizabeths, Washington	H. Steinberg	694	1,778	13,782	8C	024
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
University of Alabama Medical Center	T. B. Vaughan, Jr.	52	1,310	19,002 5,826	6*	015
University of Alabama Hospitals	T. B. Vaughan, Jr.					
Veterans Admin.	P. H. Linton, W. D. Bond					
ARIZONA						
PHOENIX						
Good Samaritan	H. L. Cozzi	19	575	7,000	3* 1F	012
Maricopa County General	H. E. Wulsin	51	2,044	17,311	5* 2F	024
Arizona State	H. E. Wulsin	656	1,343	34,162		
	H. E. Wulsin	660	1,530	23,343		
TUCSON						
University of Arizona Affiliated Hospitals	S. C. Scheiber	15	348	6,825	4*	022
University	S. C. Scheiber					
Veterans Admin.	R. D. Martin	41	654	14,600		
ARKANSAS						
LITTLE ROCK						
Arkansas State	E. P. Eckart	319	2,765	16,668	3*	012
University of Arkansas for Medical Sciences						
Affiliated Hospitals	R. F. Shannon	14	277	9,668	6F	018
University	R. F. Shannon					
Veterans Admin. Consolidated (North Little Rock Division)	R. H. Harrison	853	3,763	78,780		
NORTH LITTLE ROCK						
Veterans Admin. Consolidated (North Little Rock Division) (See Univ. Ark. for Med. Sciences Affil. Hosps., Little Rock)						
CALIFORNIA						
BERKELEY						
Herrick Memorial	W. R. Sheehy	51	1,831	5,081	3C 3F	011
CAMARILLO						
Camarrillo State	R. E. Moebius	1,860	7,080		4C	012
DAVIS						
University of California (Davis) Affiliated Hospitals	J. P. Tupin				12*	042
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		25	1,000	132,000		
Stockton State Hospital—San Joaquin County Mental Health (Stockton)						

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA—Continued						
FRESNO						
Fresno County Department of Health, Mental Health Services	G. F. Solomon	27	1,459		5*	009
Fresno County Department of Health Valley Medical Center of Fresno		23	1,379	45,399		
IMDLA						
Napa State	M. J. Ortega	1,804	4,980		5*	015
IRVINE						
University of California (Irvine) Affiliated Hospitals University of California, Irvine, Medical Center (Orange)	L. A. Gottschalk				19*	046
Veterans Admin. (Long Beach)	R. Pantano	51	1,029	22,000		
		92	2,838	25,079		
LOMA LINDA						
Loma Linda University Affiliated Hospitals Loma Linda University	H. S. Evans	16	411	13,000	4C 4*	020
LONG BEACH						
Veterans Admin. (See Univ. of California (Irvine) Affil. Hosp.s., Irvine)						
LOS ANGELES						
Cedars—Sinai Medical Center	S. L. Brown	43	512	49,102	4C	021
Los Angeles County—U. S. C. Medical Center	S. M. Woods	176	3,281	90,037	20*	085
Martin Luther King, Jr. General	J. A. Whiten	36	1,298	13,302	5*	015
U. C. L. A. Affiliated Hospitals	J. Yager				3*	076
					13F	
U. C. L. A. Neuropsychiatric Institute Veterans Admin., Brentwood		35 418	466 4,026	12,708 189,777		
OAKLAND						
Highland General	P. Lowinger	33	1,536	8,097	3* 3F	009
ORANGE						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosp.s., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
SACRAMENTO						
University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hosp.s., Davis)						
SAN DIEGO						
University of California (San Diego) Affiliated Hospitals University Hospital, U. C. Medical Center, San Diego Veterans Admin.	L. L. Judd	31 89	484 1,127	20,668 11,583	12C	036
SAN FRANCISCO						
Mount Zion Hospital and Medical Center	E. M. Weinsel	19	843	23,086	5*	017
Pacific Medical Center—Presbyterian	A. D. Whyman	17	586	5,736	2* 2F	009
St. Mary's Hospital and Medical Center	M. T. Khlentzos	42	733	23,098	6* 2F	018
University of California Program	F. Amini				12* 2F	048
Langley Porter Neuropsychiatric Institute Veterans Admin.	F. Amini I. Feinberg	33 1	510 8	13,354 20,160		
SAN JOSE						
Santa Clara Valley Medical Center (See Stanford Univ. Affil. Hosp.s., Stanford)						
SAN MATEO						
San Mateo Community Mental Health Services	P. I. Wachter	29	1,153	75,953	6*	015
SEPULVEDA						
Veterans Admin.	G. Saslow, M. Brown	165	3,978	53,061	8*	025
STANFORD						
Stanford University Affiliated Hospitals	P. H. Leiderman				8C 4*	036
Stanford University Veterans Admin. (Palo Alto) Santa Clara Valley Medical Center (San Jose)	P. H. Leiderman J. R. Tinklenberg L. Koran	19 219 39	599 1,694 2,562	10,324 8,240		
STOCKTON						
Stockton State Hospital—San Joaquin County Mental Health (See University of California (Davis) Affil. Hosp.s., Davis)						
SYLMAR						
Los Angeles County—Olive View Medical Center	R. R. Koegler	52	2,016	65,291	3*	009
TORRANCE						
Los Angeles County Harbor General	B. Krout	20	289	25,048	4*	020
COLORADO						
DENVER						
Denver General Fort Logan Mental Health Center	E. Casper	35 200	1,955 10	29,496 360	5C 1C	010 003
University of Colorado Affiliated Hospitals University of Colorado Medical Center Veterans Admin.	D. B. Carter D. B. Carter D. E. Starrett	33 76	1,618 1,402	35,246 67,356	16*	072

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CONNECTICUT						
FARMINGTON						
University of Connecticut Affiliated Hospitals	A. Rothenberg				6C	012
John Dempsey	A. Rothenberg	15	92	5,554		
Hartford (Hartford)	C. Boelhouwer	35	772	12,284		
Veterans Admin. (Newington)	L. Oxley	17	270	9,800		
HARTFORD						
Hartford (See University of Connecticut Affil. Hosps., Farmington)						
Institute of Living	W. W. Zeller	377	601	15,502	8*	032
MIDDLETOWN						
Connecticut Valley	S. Glasner	806	4,193	10,531	5*	016
NEW HAVEN						
Yale—New Haven Medical Center	L. S. Zegans				16*	091
Yale—New Haven	L. S. Zegans	35	535	10,889		
Yale Psychiatric Institute	C. W. Gardner, Jr.	50	40			
Yale University Health Service, Div. of Mental Hygiene	L. S. Zegans			10,869		
Connecticut Mental Health Center	L. S. Zegans	34	848	55,065		
Veterans Admin. (West Haven)	P. Errera	109	503	16,326		
Yale—New Haven Medical Center						
Veterans Admin. (West Haven)	P. Errera	109	503	16,326	2*	006
NEWINGTON						
Veterans Admin. (See University of Connecticut Affil. Hosps., Farmington)						
NEWTOWN						
Fairfield Hills	D. W. Thomas	940	3,831		6*	024
NORWICH						
Norwich	C. D. Van Der Velde	836	4,502	3,085	8C	016
STAMFORD						
Stamford (See N. Y. Med. Coll.—Dept. Psych. Consortium, Valhalla, N.Y.)						
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
DELAWARE						
NEW CASTLE						
Delaware State	R. Winkelmayer	581	1,212		4*	016
DISTRICT OF COLUMBIA						
WASHINGTON						
Georgetown University Affiliated Hospitals	R. A. Steinbach				6*	025
Georgetown University	R. A. Steinbach	11	121	19,170		
Veterans Admin.	R. Siegel	166	1,423	69,942		
George Washington University	S. Perlin	25	496	8,646	6C	018
Howard University	S. C. Bullock	20	360	3,500	2*	010
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals	M. G. Ashamalla				4*	027
William A. Shands Teaching Hosp. and Clinics	M. G. Ashamalla	26	172	5,613		
Veterans Admin.	H. J. Lyons	74	925	5,370		
Anclote Manor (Tarpon Springs)						
MIAMI						
University of Miami Affiliated Hospitals	R. L. Bragg				10*	044
Jackson Memorial	R. L. Bragg	134	2,741	14,143		
Veterans Admin.	J. N. Sussex	144	2,267	43,341		
TAMPA						
University of South Florida Affiliated Hospitals	G. K. Arthur				6*	018
Tampa General		60	1,264	400		
St. Joseph's		36	450	1,750		
Veterans Admin.		125	1,250	11,753		
TARPON SPRINGS						
Anclote Manor (See University of Florida Affil. Hosps., Gainesville)						
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	B. Holland				14*	056
Emory University	B. Holland	10	232			
Grady Memorial	B. Holland	32	1,863	69,293		
Georgia Mental Health Institute	B. Holland	126	2,128	562		
Veterans Admin. (Decatur)	T. E. Fulmer	95	1,502	18,904		
AUGUSTA						
Medical College of Georgia Hospitals	E. J. Mc Cranie				2*	013
Eugene Talmadge Memorial	E. J. Mc Cranie	25	242	3,469	1F	
Veterans Admin.	C. A. Meyer, Jr.	431	3,664	5,000		
DECATUR						
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)						
HAWAII						
HONOLULU						
University of Hawaii Affiliated Hospitals	J. F. Mc Dermott, Jr.				4*	018
Hawaii State (Kaneohe)					2F	
Queen's Medical Center		35	1,415	2,953		
St. Francis	R. Markoff	5	236	60		
University of Hawaii, Leahi	J. F. Mc Dermott, Jr.					

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
HAWAII—Continued						
KANE OHE						
Hawaii State (See Univ. of Hawaii Affiliated Hospitals, Honolulu)						
ILLINOIS						
CHICAGO						
Chicago Medical School Affiliated Hospitals	M. A. Taylor				2C	030
Veterans Admin. (North Chicago)	M. A. Taylor	809	2,141			
Cook County						
George J. London Memorial Forest (Des Plaines)	E. Gomez	60	1,363	2,519		
Illinois State Psychiatric Institute	L. D. Weiss	149	1,265	10,357	8*	044
Michael Reese Hospital and Medical Center	S. H. Weissman	76	445	22,342	7*	021
Mount Sinai Hospital Medical Center of Chicago	J. E. Patterson	17	497		3C	009
Northwestern University Medical School Affiliated Hospitals	L. Diamond				8*	030
Northwestern Memorial	L. Diamond	103	14,044	75,000		
Veterans Admin. Lakeside	J. Gerber	26	474			
Evanston (Evanston)	R. Eisenstein	33	401	17,828		
Rush—Presbyterian—St. Luke's Medical Center	M. Prosen	70	585	4,573	2C 2*	012
St. Joseph (See Loyola University Affiliated Hospitals, Maywood)						
University of Chicago Hospitals and Clinics	P. J. Schwab	24	350	17,000	8*	024
University of Illinois Affiliated Hospitals	J. A. Winer				6*	017
University of Illinois	J. A. Winer	7	115	12,798		
Veterans Admin. (West Side)	J. A. Flaherty	80	2,017	42,205		
DES PLAINES						
Forest (See Chicago Medical School Affiliated Hospitals, Chicago)						
ELK GROVE VILLAGE						
Alexian Brothers Medical Center (See Loyola University Affiliated Hospitals, Maywood)						
EVANSTON						
Evanston (See Northwestern Univ. Med. Sch. Affil. Hosps., Chicago)						
HINES						
John J. Madden Zone Center (See Loyola University Affil. Hosps., Maywood)						
Veterans Admin. (See Loyola University Affil. Hosps., Maywood)						
JOLIET						
St. Joseph (See Loyola University Affiliated Hospitals, Maywood)						
MAYWOOD						
Loyola University Affiliated Hospitals	J. A. Smith				6C	022
Foster G. Mc Gaw	J. A. Smith	30		1,600		
St. Joseph (Chicago)	B. Shulman	35	646	8,588		
Alexian Brothers Medical Center (Elk Grove Village)	M. Rogers	37	1,025	856		
John J. Madden Zone Center (Hines)						
Veterans Admin. (Hines)	G. Borge	204	3,536	18,116		
St. Joseph (Joliet)	A. J. Spadoni	50	1,050	1,000		
NORTH CHICAGO						
Veterans Admin. (See Chicago Medical School Affiliated Hospitals, Chicago)						
SPRINGFIELD						
Southern Illinois University Affiliated Hospitals	E. L. Loschen			12,000	4*	016
St. Johns		42	1,559			
Andrew Mc Farland Mental Health Center	A. L. Horkstra	130	576			
Memorial Medical Center		56	1,180			
Mental Health Association						
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	H. C. Hendrie				15*	060
Indiana University Hospitals	H. C. Hendrie	15	167	6,133		
Larue D. Carter Memorial	O. F. Moore	86	326	5,679		
Veterans Admin.	E. Carrasco	91	1,121	23,902		
William N. Wishard Memorial	J. J. Wright	35	1,100	30,000		
IOWA						
CHEROKEE						
Mental Health Institute	E. A. Kjenaas	250	1,464	8,319	5C	015
INDEPENDENCE						
Mental Health Institute	S. M. Korson	303	1,906	2,362	4C	012
IOWA CITY						
University of Iowa Hospitals	G. Winokur	53	1,058	8,572	7*	026
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	D. W. Goodwin	37	521	14,225	3*	026
Veterans Admin. (Kansas City, Mo.)	F. V. Smith	61	764	7,326		

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
KANSAS—Continued						
NEWTON						
Prairie View Mental Health Center (See Univ. of Kansas (Wichita) Affil. Hosps., Wichita)						
TOPEKA						
Menninger School of Psychiatry	N. Wong				12*	048
C. F. Menninger Memorial	A. Namnum	149	298	55,467		
Topeka State	W. W. Menninger	352	1,300	8,348		
Veterans Admin.	S. L. Bradshaw, Jr.	781	4,723	82,023		
WICHITA						
University of Kansas (Wichita) Affiliated Hospitals	M. D. George				4*	014
St. Francis	M. D. George	94	2,151	249		
St. Joseph Medical Center	K. L. Hull	20	593	34,817		
Sedgwick County Department of Mental Health	S. S. Jehan					
Veterans Admin. Center	G. Dyck			9,950		
Wesley Medical Center	M. D. George	52	1,797			
Prairie View Mental Health Center (Newton)	V. Yoder	40	413	12,472		
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center	A. W. Ludwig				6*	022
University	A. W. Ludwig	24	457	20,451		
Veterans Admin.	P. A. Mansky	51	959	15,387		
LOUISVILLE						
University of Louisville Affiliated Hospitals					9*	036
Bingham Child Guidance Clinic	P. L. Adams	10	145	16,722		
Louisville General	P. L. Adams	17	3	5,034		
Norton—Children's Hospitals	P. L. Adams	33	282	3,690		
Veterans Admin.	J. Schwab	48	739	20,395		
LOUISIANA						
MANDEVILLE						
Southeast Louisiana (See Tulane University Affiliated Hospitals, New Orleans)						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals	F. A. D'Anzi				4C	016
Charity Hospital of Louisiana	W. M. Easson	43	1,115			
Touro Infirmary	T. J. Conklin	24	523	16,791		
Tulane University Affiliated Hospitals	R. G. Heath				4*	028
Charity Hospital of Louisiana	R. G. Heath	44	1,129		2F	
New Orleans Mental Health Institute						
Veterans Admin.	D. K. Winstead	56	778	27,973		
Southeast Louisiana (Mandeville)	R. G. Heath	473	2,765			
SHREVEPORT						
L.S.U. (Shreveport) Affiliated Hospitals	J. N. Richie				3*	012
Confederate Memorial Medical Center	J. N. Richie	18	881			
Veterans Admin.	J. T. Brauchi	70	1,511			
MAINE						
PORTLAND						
Maine Medical Center	A. M. Elkins	26	826	34,752	4C	012
MARYLAND						
BALTIMORE						
Johns Hopkins Affiliated Hospitals	J. H. Stephens				9C	028
Johns Hopkins	J. H. Stephens	71	757	18,681		
Baltimore City Hospitals	C. W. Schmidt, Jr.	16	194	9,310		
University of Maryland Affiliated Hospitals						
University of Maryland	W. Weintraub	51	480	10,259	8*	030
CHEVERLY						
Prince George's General	C. Keller	50	1,818		2C	006
CROWNSVILLE						
Crownsville Hospital Center	J. S. Wright	687	2,856	50	2C	006
TOWSDN						
Sheppard and Enoch Pratt	W. N. Adler	247	686	7,873	6*	024
MASSACHUSETTS						
BEDFORD						
Veterans Admin. (See Boston University Affiliated Hospitals, Boston)						
BELMONT						
McLean	P. L. Isenberg	241	1,073	15,949	8C 6*	029
BOSTON						
Beth Israel	H. G. Altman	13	176	10,131	5*	015
Boston State	H. L. Goldberg	230	750	120,000	2C	006
Boston University Affiliated Hospitals	R. Goldman	74	880	37,800	9*	040
Boston City	J. C. Skinner			26,500	7F	
University	R. Goldman	23	280			
Veterans Admin. (Bedford)	C. A. Pinderhughes	749	2,298	100,094		
Massachusetts General	J. F. Borus	24	301	31,264	12C 6*	042
Massachusetts Mental Health Center	R. I. Shader	93	602	41,189	6*	040
Veterans Admin. (Brockton)						
St. Elizabeth's Hospital of Boston	J. H. Brennan	50	639	647	2C	006
Tufts University Affiliated Hospitals	G. Adler				12*	048
New England Medical Center	G. Adler	20	155	9,000		
Veterans Admin.	R. Blacher	97	540			

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MASSACHUSETTS—Continued						
BROCKTON						
Veterans Admin. (See Massachusetts Mental Health Center, Boston)						
CAMBRIDGE						
Cambridge	J. E. Mack	20	307	13,464	3C 3*	016
WALTHAM						
Metropolitan State	A. N. Papas	552	1,551	16,355	1*	002
WORCESTER						
Worcester State	H. G. Reiss	452	1,666	45,387	4*	012
MICHIGAN						
ANN ARBOR						
University of Michigan Affiliated Hospitals						
University	M. M. Brode					8*
Veterans Admin.	M. M. Brode	27	329	22,056		038
	R. J. Ging	62	879	4,497		
DETROIT						
Detroit Psychiatric Institute						
Lafayette Clinic	B. Choderkoff	121	931	22,045	5*	015
Sinai Hospital of Detroit	S. I. Dobie	38	369	26,168	8*	008
	N. Rosenzweig	36	701	13,277	5*	020
					2F	
EAST LANSING						
Michigan State University Associated Hospitals						
Michigan State University Health Center	L. Rosen, R. Garrett					
Genesee County Community Mental Health Services (Flint)		202	9,742	62,175		
St. Lawrence Community Mental Health Center (Lansing)	L. Rosen					4*
Clinton Valley Center (Pontiac)		597	2,393			012
ELOISE						
Wayne County General	M. Minui	171	2,204	21,847	1C	009
FLINT						
Genesee County Community Mental Health Services (See Michigan State Univ. Associated Hosps., East Lansing)						
LANSING						
St. Lawrence Community Mental Health Center (See Michigan State Univ. Associated Hosps., East Lansing)						
NORTHVILLE						
Northville State	D. S. Nair	555	3,033	29,315	4C	016
PONTIAC						
Clinton Valley Center (See Michigan State Univ. Associated Hosps., East Lansing)						
TRAVERSE CITY						
Traverse City State	P. E. Kauffman	446	581	5,639	5*	020
YPSILANTI						
Ypsilanti State	N. C. Ellis	940	1,020	996	6C	018
MINNESOTA						
MINNEAPOLIS						
University of Minnesota Affiliated Hospitals						
University of Minnesota Hospitals	D. B. Marcotte					7C
Hennepin County Medical Center	D. B. Marcotte	38	395			027
St. Paul—Ramsey (St. Paul)	W. W. Jepson	24	727	35,904		
Veterans Admin.	V. B. Tuason	73	2,309	26,000		
	W. Hausman	90	1,147	20,625		
ROCHESTER						
Mayo Graduate School of Medicine						
Rochester Methodist	N. E. Krupp			10,615	6*	020
Rochester State	N. E. Krupp	20	316			
St. Mary's	G. M. Duncan	477	1,722	2,510		
	N. E. Krupp	49	978			
ST. PAUL						
St. Paul—Ramsey (See Univ. of Minn. Affiliated Hosps., Minneapolis)						
MISSISSIPPI						
JACKSON						
University of Mississippi Medical Center						
University	E. Draper					5*
Veterans Admin. Center	J. F. Suess, E. Draper	15	390	1,912		016
Mississippi State (Whitfield)	S. C. Russell	65	902	7,631		
	A. G. Anderson	2,582	2,468			
WHITFIELD						
Mississippi State (See Univ. of Mississippi Medical Center, Jackson)						
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	K. E. Callen	123	1,886	24,352	6*	024
KANSAS CITY						
University of Missouri at Kansas City Affiliated Hospitals						
Western Missouri Mental Health Center	R. K. Hornstra	129	7,262	69,475	6*	019
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)						
ST. LOUIS						
Malcolm Bliss Mental Health Center						
Missouri Institute of Psychiatry—St. Louis State	C. J. Tomelleri	175	2,416	83,786	12*	051
	I. W. Sletten	493	4,728	83,508	8C	024

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MISSOURI, ST. LOUIS—Continued						
St. Louis University Group of Hospitals	C. K. Hofling				6*	024
St. Louis University	C. K. Hofling	41	754	3,152		
Cardinal Glennon Memorial Hospital for Children	R. J. Corday					
David P. Wohl Memorial Mental Health Institute	C. K. Hofling	41	754	3,152		
Veterans Admin.	T. M. Moran	242	2,291	7,274		
Washington University Affiliated Hospitals Barnes Hospital Group	S. B. Guze	96	1,431	11,430	12*	012
NEBRASKA						
OMAHA						
Creighton University Affiliated Hospitals	E. M. Kenney				3C	008
Creighton Memorial St. Joseph's Douglas County		75	1,440	721		
		41	1,821	5,247		
University of Nebraska Affiliated Hospitals	J. A. Davis, Jr.				5*	030
Nebraska Psychiatric Institute	J. A. Davis, Jr.	50	790	5,564		
Veterans Admin.	M. T. Eaton	58	635	8,376		
NEW HAMPSHIRE						
HANOVER						
Dartmouth Medical School Affiliated Hospitals	G. Tucker				6C	021
Mary Hitchcock Memorial	G. Tucker	23	690	14,420		
Veterans Admin. Center (White River Junction, Vt.)	A. Nies	18	204	7,560		
NEW JERSEY						
EAST ORANGE						
Veterans Admin. (See CMDNJ-New Jersey Med. Sch. Affil. Hosps., Newark, N.J.)						
FLEMINGTON						
Hunterdon Medical Center (See CMDNJ-Rutgers Medical School Affil. Hosps., Piscataway)						
HAMMONTON						
Ancora Psychiatric	S. C. Yu	1,429	3,472	9,967	5C	015
NEWARK						
CMDNJ—New Jersey Medical School Affiliated Hospitals	W. Layman				8*	032
Martland	W. Layman	35	1,076	4,500		
Newark Beth Israel Medical Center	S. Olgiati	6	241	5,774		
St. Michael's Medical Center	H. J. Shwed	16	650	4,500		
Veterans Admin. (East Orange)	P. E. Schneck	121	1,682	89,204		
PARAMUS						
Bergen Pines County	M. J. Iqbal	259	2,846	15,080	6C	018
PISCATAWAY						
CMDNJ—Rutgers Medical School Affiliated Hospitals	A. Kallen				2C	014
Rutgers Psychiatric Institute	A. Kallen	25	23	39,498		
Hunterdon Medical Center (Flemington)	R. E. Adams	10	336	9,918		
TRENTON						
Trenton Psychiatric	R. V. Gabriel	1,335	2,768	2,858	4*	016
NEW MEXICO						
ALBUQUERQUE						
University of New Mexico Affiliated Hospitals	R. L. Bergman				4C	024
Bernalillo County Medical Center		35	1,848	55,000	2*	
Veterans Admin.		35	986	12,000		
NEW YORK						
ALBANY						
Albany Medical Center Affiliated Hospitals	A. Kraft				6C	024
Albany Medical Center	A. Kraft	60	1,200	8,000	6*	
Veterans Admin.	B. C. Burris	101	1,136	20,240		
BUFFALO						
Buffalo Psychiatric Center	P. F. Regan, 3d	637	971	39,915		
S. U. N. Y. at Buffalo Affiliated Hospitals	P. F. Regan, 3d				7*	030
Edward J. Meyer Memorial	P. F. Regan, 3d	60	1,785	16,850		
CENTRAL ISLIP						
Central Islip Psychiatric Center (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)						
COOPERSTOWN						
Mary Imogene Bassett	H. Gurian	18	317	4,396	2C 2F	008
EAST MEADOW						
Nassau County Medical Center—Meadowbrook	M. W. Long	80	2,956	18,537	6*	023
HARRISON						
St. Vincent's Hospital and Med. Center of New York, Westchester Branch (See St. Vincent's Hsp. & Med. Ctr. of New York, N.Y.C.)						
KINGS PARK						
Kings Park Psychiatric Center (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)						
MANHASSET						
North Shore University	T. Vandersall	21	415	16,500	2*	011
MIDDLETOWN						
Middletown Psychiatric Center	A. Del Giudice	1,071	961	40,536	4C	011
MDNTROSE						
Veterans Admin. (See N. Y. Med. Coll.—Metropolitan Hosp. Ctr., New York City)						
Veterans Admin. (See N. Y. Med. Coll.—Dept. of Psych. Consortium, Valhalla)						

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW YORK—Continued						
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals						
Bronx Municipal Hospital Center	W. Bridger	72	1,206	82,658	9*	042
Hospital of the Albert Einstein College of Medicine	W. Bridger		23	1,261		
Albert Einstein College of Medicine Affiliated Hospitals						
Bronx Psychiatric Center	E. J. Hornick	107	397	30,785	8C	028
Albert Einstein College of Medicine Affiliated Hospitals						
Lincoln	L. D. Hankoff	94	146	18,429	6*	014
Beth Israel Medical Center	R. Senescu	32	720	9,169	4C	017
Bronx—Lebanon Hospital Center	H. Bluestone	14	570	34,000	4C	012
Brookdale Hospital Center	J. Frosch	46	704	72,157	6*	024
Cabrini Health Care Center—Columbus Hospital Division	A. Calobrisi	24	439	12,700	2* 5F	008
Catholic Medical Center of Brooklyn and Queens Corona—Elmhurst Guidance Center Creedmoor Psychiatric Center, South Shore—Woodridge Units	J. Alfano				2C	006
South Shore—Rockaway Mental Health Center		110	144			
Columbia University Affiliated Hospitals	M. L. Sheehy				10C 1F	030
New York State Psychiatric Institute Presbyterian		72 12	540 219	5,678 9,240		
Creedmoor Psychiatric Center	G. Seaman	2,129	1,952	250,000	8*	024
Harlem Hospital Center	E. B. Davis	47	1,287	50,740	4* 1F	021
Kingsboro Psychiatric Center	L. Urcuyo	1,150	2,488	69,000	4* 10F	032
Long Island Jewish—Hillside Medical Center Program	R. M. Chalfin				10C 10*	040
Hillside Hospital Division	R. M. Chalfin	195	1,398	11,332		
Queens Hospital Center	C. Tolk	23	229	16,605		
Maimonides Medical Center	N. Sher	24	405	35,000	4C	010
Meyer—Dunlap Psychiatric Centers	A. N. Avella				18C	036
Meyer—Manhattan Psychiatric Center		405	3	11		
Dunlap—Manhattan Psychiatric Center		421	3	350		
Montefiore Hospital and Medical Center	J. L. Katz				6C	018
Mount Sinai Hospital Training Program Mount Sinai	M. Stein	83	942	20,500	6C 6*	035
City Hospital Center at Elmhurst	M. Wachspress	119	3,785	10,535	9C	025
New York Hospital	A. M. Cooper	98	1,006	24,042	9*	046
New York Medical College—Metropolitan Hospital Center	S. H. Nagler	68	1,448	80,619	9*	031
Unit 1—Flower and Fifth Avenue Hospitals	S. H. Nagler					
Unit 2—Metropolitan Hospital Center	S. H. Nagler					
Veterans Admin. (Montrose)	P. Singer	1,139	949	78,070		
New York University Medical Center	G. Ginsberg				16*	064
University		20	315			
Bellevue Hospital Center		287	8,239	38,547		
Veterans Admin. (Manhattan)		163	1,788			
Roosevelt	J. M. Oldham	41	656	26,640	5C 5*	020
St. Luke's Hospital Center	E. B. Feigelson	33	425	46,042	4C	016
St. Vincent's Hospital and Medical Center of New York	J. T. English	85	1,362	23,361	4* 2F	032
St. Vincent's Hsp. & M. C. of N.Y., Westchester Br. (Harrison)	E. Hanin	88	1,002	6,730		
Staten Island Mntl. Hlth. Society—St. Vincent's Med. Ctr. of Richmond	R. L. Pearlman				3C	009
Staten Island Mental Health Society						
St. Vincent's Medical Center of Richmond		27	694	18,488		
S.U.N.Y. Downstate Medical Center	R. Dickes				10C	063
Kings County Hospital Center		167	7,878	26,153		
State University		25	216	1,635		
Veterans Admin. (Bronx)	R. B. Cornfield	71	997	29,410	3C	007
NORTHPORT						
Veterans Admin. (See S.U.N.Y. at Stony Brook Affil. Hosp., Stony Brook)						
ORANGEBURG						
Rockland Psychiatric Center (See N.Y. Med. Coll.-Dept. of Psych. Consortium, Valhalla)						
PLATTSBURGH						
Champlain Valley Physicians Hospital Medical Center (See Medical Center Hospital of Vermont, Burlington, Vt.)						
POUGHKEEPSIE						
Hudson River Psychiatric Center	H. B. Snow	1,851	1,124	37,613	4C	012
ROCHESTER						
Rochester Psychiatric Center	R. T. Kraus	1,348	2,043	40,530	4*	012
Strong Memorial Hospital of the University of Rochester	J. Racy	93	1,786	14,395	10*	040

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW YORK—Continued						
STONY BROOK						
S. U. N. Y. at Stony Brook Affiliated Hospitals	L. Shapiro				4F	016
Central Islip Psychiatric Center (Central Islip)	B. Tomim	2,185	4,877	45,460		
Veterans Admin. (Northport)	R. M. Derman	360	659	110,000		
Kings Park Psychiatric Center (Kings Park)	G. V. Laury	2,997	447	17,994		
Pilgrim Psychiatric Center (West Brentwood)	B. Chaudhary	4,000	1,295	38,551		
SYRACUSE						
S. U. N. Y. Upstate Medical Center	D. Oken				8*	030
Richard H. Hutchings Psychiatric Center	C. V. Haldipur	124	1,210	6,200		
State University	E. Kaplan	21	179	5,731		
Veterans Admin.	J. J. Danehy	70	517	17,065		
UTICA						
Utica Psychiatric Center	G. Volow, J. Bamdad	1,253	574	18,095	5C	011
VALHALLA						
New York Medical College—Department of Psychiatry Training Consortium	H. M. Babikian				10*	040
Westchester County Medical Center	H. M. Babikian	80	1,953	5,953		
Veterans Admin. (Montrose)	P. Singer	1,139	949	78,070		
Rockland Psychiatric Center (Orangeburg)	P. Loffler	1,969	1,170	36,000		
Stamford (Stamford, Conn.)						
WEST BRENTWOOD						
Pilgrim Psychiatric Center (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)						
WHITE PLAINS						
New York Hospital—Cornell Medical Center (Westchester Division)	O. F. Kernberg	242	1,044	10,807	12*	060
NORTH CAROLINA						
BUTNER						
John Umstead	A. Verwoerd	899	4,032		4*	017
CHAPEL HILL						
North Carolina Memorial	P. A. Walker	46	715	24,476	6C 9*	055
OURHAM						
Duke University Affiliated Hospitals	J. M. Rhoads				8*	048
Duke University Medical Center	J. M. Rhoads	72	607	8,605		
Veterans Admin.	J. O. Cavenar	67	607	5,782		
GREENVILLE						
East Carolina University Affiliated Hospitals	J. L. Mathis				3C	009
Pitt County Memorial						
Pitt County Mental Health Center						
Walter B. Jones Alcoholic Rehabilitation Center						
RALEIGH						
Dorothea Dix	P. A. Walker	975	4,259	4,647	10* 5F	015
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals						
North Carolina Baptist	W. S. Pearson	18	377	3,063	4C 2*	016
OHIO						
CINCINNATI						
Rollman Psychiatric Institute	K. F. Finnen	108	1,152	15,364	7C	021
University of Cincinnati Hospital Group	D. G. Langsley				14*	056
Cincinnati General		47	780	36,205		
Veterans Admin.		69	995	3,285		
CLEVELAND						
Case Western Reserve University Affiliated Hospitals	L. D. Lenkoski				10*	037
University Hospitals of Cleveland	L. D. Lenkoski	62	779	7,323		
Veterans Admin.	H. S. Sudak	31	236	9,562		
Cleveland Clinic	R. M. Steinhilber	42	505	7,790	3*	012
Cleveland Psychiatric Institute	I. M. Rosen	121	1,797	11,994	6C	015
Fairhill Mental Health Center	D. D. Brown	97	1,525	7,887	5C	014
COLUMBUS						
Central Ohio Psychiatric	S. Karolin	771	1,605		3C	012
Ohio State University Hospitals	I. W. Gregory	98	1,390	9,896	8*	022
CUYAHOGA FALLS						
Fallsview Psychiatric	M. R. Babai	153	107	1,550	4C	012
TOLEDO						
Medical College of Ohio at Toledo Associated Hospitals	M. E. Gottlieb				1C 2* 1F	015
Hospital of Medical College of Ohio at Toledo	M. E. Gottlieb	1	24	4,483		
St. Vincent Hospital and Medical Center	M. E. Gottlieb	46	858			
Toledo Mental Health Center	S. Ferguson	25	230			
WORTHINGTON						
Harding	G. T. Harding, Jr.	96	420	5,700	3*	009
OKLAHOMA						
NORMAN						
Central State Griffin Memorial	H. H. Donahue	442	4,797	28,301	5C	015
OKLAHOMA CITY						
University of Oklahoma Health Sciences Center	H. Von Brauchitsch				6* 2F	024
University Hospital and Clinics	H. Von Brauchitsch	20	300	2,822		
Veterans Admin.	H. K. Von Brauchitsch	100	1,648	33,013		
OREGON						
PORTLAND						
University of Oregon Affiliated Hospitals	J. H. Shore				6C 1F	025
University of Oregon Health Sciences Center						
Hospital and Clinics	J. H. Shore	27	1,094	5,388		
Veterans Admin.	J. O. Lipkin	27	404	276		

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
OREGON —Continued						
SALEM						
Oregon State	N. B. Jetmalani	549	2,710		4*	010
PENNSYLVANIA						
COATESVILLE						
Veterans Admin.	J. E. Carson	894	2,525	37,061	3*	008
HERSHEY						
Milton S. Hershey Medical Center of the Pennsylvania State University	F. J. Humphrey, 2d	18	192	2,450	3*	012
NORRISTOWN						
Norristown State	R. M. Catton	1,227	785	5,325	7C	028
PHILADELPHIA						
Albert Einstein Medical Center	J. L. Solomon	37	601	3,182	4*	017
Eastern Pennsylvania Psychiatric Institute	A. Lubizka	86	387	5,658	3C	010
Hahnemann Medical College Affiliated Hospitals	G. M. Abrams				9*	036
Hahnemann Medical College and Hospital	G. M. Abrams	32	662	26,409		
St. Luke's and Children's Medical Center	J. H. Davidson	172	8,364	59,716		
Veterans Admin. (Wilkes-Barre)				9,700		
Hospital of the Medical College of Pennsylvania	L. A. Leaff	8	322	2,086	6*	018
Institute of the Pennsylvania Hospital	J. M. Myers	175	1,279	5,966	6*	024
Philadelphia Psychiatric Center	K. D. Cohen	110	1,899	1,755	3C	011
Philadelphia State	D. M. A. Freeman	1,072	677		4C	030
					3*	
Temple University	A. H. Cristol	20	263	4,323	5*	018
Thomas Jefferson University	P. J. Fink	31	634	44,560	3*	018
University of Pennsylvania Affiliated Hospitals	E. Foulks				4C	028
Hospital of the University of Pennsylvania	E. Foulks	92	1,809	7,873		
Veterans Admin.	J. N. Di Giacomo	32	513			
PITTSBURGH						
Hospitals of the University Health Center of Pittsburgh						
Western Psychiatric Institute and Clinic	P. B. Henderson	76	1,386	99,596	8C	058
					8*	
St. Francis General	A. J. Twerski	203	2,827	37,879	4*	012
WARREN						
Warren State	R. E. Mesmer	794	399		10C	027
WILKES-BARRE						
Veterans Admin. (See Hahnemann Medical College Affil. Hosps., Philadelphia)						
PUERTO RICO						
SAN JUAN						
Puerto Rico Institute of Psychiatry	V. Bernal		900	3,000	5C	011
Univ. of Puerto Rico School of Medicine (Department of Psychiatry)	G. Santiago	865	1,486	40,299	1C	009
Veterans Admin. Center	R. M. De Guzman	239	2,000	36,000	3C	012
					1F	
PROVIDENCE						
Brown University Affiliated Hospitals	T. J. Scaramella				6C	021
Butler	T. J. Scaramella	77	1,325	6,165		
Miriam	D. R. Fowler			200		
Rhode Island	J. R. Ruggiano	21	378			
Emma Pendleton Bradley (Riverside)						
RIVERSIDE						
Emma Pendleton Bradley Hospital (See Brown University Affiliated Hospitals, Providence)						
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina Teaching Hospitals	R. L. Mc Curdy	25	290	6,981	6*	024
Medical University of South Carolina	R. L. Mc Curdy			6,138		
Veterans Admin.	J. D. Sexauer	52	733			
COLUMBIA						
William S. Hall Psychiatric Institute	J. M. Foxworth	92	744	9,818	8*	032
TENNESSEE						
MEMPHIS						
University of Tennessee Affiliated Hospitals	G. H. Aivizian				8C	030
City of Memphis Hospitals		16	605	2,513		
Memphis Mental Health Institute		98	14,035	21,322		
Veterans Admin.	J. H. Druff	155	1,838	42,482		
NASHVILLE						
George W. Hubbard Hospital of the Meharry Medical College	W. E. Coopwood	19	759	14,568	2*	006
Vanderbilt University Affiliated Hospitals						
Vanderbilt University	M. H. Hollender	22	360	5,834	6*	025
TEXAS						
AUSTIN						
Austin State	A. P. Rousos	925	5,959		4*	020
DALLAS						
Timberlawn Psychiatric	J. M. Lewis	154	305		5C	015
University of Texas Southwestern Medical School						
Affiliated Hospitals	A. W. De Loach			3,824	6*	030
Parkland Memorial	A. W. De Loach	15	337	7,490		
Presbyterian Hospital of Dallas		24	320			
Veterans Admin.	I. Kimbell, Jr.	122	1,923	64,678		
Terrell State (Terrell)	L. M. Cowley	1,547	3,034	3,330		
GALVESTON						
University of Texas Medical Branch Hospitals	D. L. Creson	240	2,268	8,000	10*	035

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
TEXAS—Continued						
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	R. L. Williams				3C 10* 2F	040
Ben Taub General Methodist	R. L. Williams	24 38	1,012 681	6,682		
Texas Research Institute of Mental Sciences Veterans Admin.	E. E. Johnstone W. E. Fann	359	2,531	96,738		
Texas Research Institute of Mental Sciences University of Texas at Houston Affiliated Hospitals Hermann	E. E. Johnstone L. A. Faillace			297	6C 4C	010 012
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching Veterans Admin.	M. B. Giffen	15 90	566 1,298	10,289 10,800	7*	027
TERRELL						
Terrell State (See U. of Texas Southwestern Med. Sch. Affil. Hosps., Dallas)						
UTAH						
PROVO						
Utah State (See University of Utah Affiliated Hospitals, Salt Lake City)						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	E. L. Bliss				2C 2F	016
University Salt Lake Community Mental Health Center Veterans Admin. Utah State (Provo)	E. L. Bliss L. J. Schmidt R. S. Kiger, Jr.	25 110 346	613 1,976 603	10,000 46,669		
VERMONT						
BURLINGTON						
Medical Center Hospital of Vermont Champlain Valley Physicians Hospital Med. Ctr. (Plattsburgh, N.Y.)	S. Weiner	27	492	7,153	4*	012
WHITE RIVER JUNCTION						
Veterans Admin. Center (See Dartmouth Medical School Affil. Hosps., Hanover, N.H.)						
VIRGINIA						
CHARLOTTESVILLE						
University of Virginia	J. Buckman	29	640	2,405	8* 4F	012
FALLS CHURCH						
Northern Virginia Mental Health Institute	M. A. Jacobson	95	1,473	758	3C 3F	012
HAMPTON						
Bayberry Psychiatric (See Eastern Virginia Medical School Affil. Hosps., Norfolk) Veterans Admin. Center (See Eastern Virginia Medical School Affil. Hosps., Norfolk)						
NORFOLK						
Eastern Virginia Medical School Affiliated Hospitals	P. Mozley				8* 1F	032
Community Mental Health Center and Psychiatric Institute De Paul Norfolk General Tidewater Psychiatric Institute Bayberry Psychiatric (Hampton) Veterans Admin. Center (Hampton) Naval Regional Medical Center (Portsmouth) Portsmouth Psychiatric Center (Portsmouth)	P. Mozley P. Mozles D. N. Ratnavale H. J. T. Sears P. Mozley	42 12 53 95 56 69 50 80	913 349 961 972 894 537 712 749	823 4,388 12,740		
PETERSBURG						
Central State	H. Sormus	1,389	2,355		3*	015
PORTSMOUTH						
Portsmouth Psychiatric Center (See Eastern Virginia Medical School Affil. Hosps., Norfolk)						
RICHMOND						
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals Veterans Admin.	H. K. Silberman H. K. Silberman R. V. Pierson	38 20	485 130	10,500	5*	020
WILLIAMSBURG						
Eastern State	L. A. Garcia	1,598	2,353		5C	016
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals	P. E. Maxim				6C 8*	042
Harborview Medical Center University Veterans Admin.	L. S. Sata P. E. Maxim M. H. Johnson	41 27 61	1,396 696 771	20,755 9,072 66,471		

31A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
WEST VIRGINIA						
CHARLESTON						
Charleston Area Medical Center (See West Virginia University Medical Center, Morgantown)						
MORGANTOWN						
West Virginia University Medical Center	W. W. Spradlin				4*	016
West Virginia University	J. M. Stevenson		934	5,170		
Charleston Area Medical Center (Charleston)	J. M. Stevenson	18	625	5,748		
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals						
	R. J. Thurrell				8*	030
					1F	
University Hospitals Mendota Mental Health Institute	R. J. Thurrell L. A. Ecklund	166	769	11,782		
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals						
	H. R. Spiro				7*	036
					2F	
Milwaukee Psychiatric (Wauwatosa)	M. Josephson	99	606			
Milwaukee Children's						
Milwaukee County Mental Health Center	H. R. Spiro	420	5,266	8,103		
Veterans Admin. Center (Wood)	J. W. Hamilton	184	1,869	9,903		
WAUWATOSA						
Milwaukee Psychiatric (See Medical College of Wisconsin Affil. Hosps., Milwaukee)						
WINNEBAGO						
Winnebago Mental Health Institute	E. C. Ping, Jr.	253	933	577	4*	009

31B. PSYCHIATRY

Residency programs in the following hospitals have been accredited for ONE year of training by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two- or three-year level. See also List 31A.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES PUBLIC HEALTH SERVICE						
MARYLAND						
National Institutes of Health, Clinical Center, Bethesda						
	R. A. Cohen	44	175	1,949	4C	024
NONFEDERAL AND VETERANS ADMINISTRATION						
MARYLAND						
ROCKVILLE						
Chestnut Lodge						
	J. L. Cameron	88	73	3,955	2C	005
MASSACHUSETTS						
BOSTON						
Peter Bent Brigham						
	P. Reich			2,402	3C	003
STOCKBRIDGE						
Austen Riggs Center						
	O. A. Will, Jr.	41	35	1,489	2C	005

31C. CHILD PSYCHIATRY

The following residency training programs in Child Psychiatry are accredited for TWO years of training in the sub-specialty of Child Psychiatry by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology should refer to the Information for Applicants published by the American Board of Psychiatry and Neurology.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES ARMY						
CALIFORNIA						
Letterman Army Medical Center, San Francisco						
	C. K. Cordes			7,674	3C	005
DISTRICT OF COLUMBIA						
Walter Reed Army Medical Center, Washington						
	J. A. Shaw			4,084	2C	004

31C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
University of Alabama Hospitals	T. B. Vaughan, Jr.	20	402	1,225	1C	003
CALIFORNIA						
CAMARILLO						
Camarillo State	S. T. Bushi	1,860	7,080		3C	006
DAVIS						
University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento)	I. N. Berlin	1	25	10,000	5C	008
IMOLA						
Napa State	S. W. Grinnell	120	60		2C	004
IRVINE						
University of California (Irvine) Affiliated Hospitals University of California, Irvine, Medical Center (Orange)	J. Call	8	53	4,946	2C	005
LOS ANGELES						
Cedars—Sinai Medical Center	S. L. Brown	240	210	15,000	3C	003
Childrens Hospital of Los Angeles	H. E. Hansen	15	51	1,561	4C	004
Los Angeles County—U. S. C. Medical Center	J. D. Teicher	60	661	17,228	6C	012
Reiss—Davis Child Study Center	P. D. Landres	34	223	8,749	2C	002
U.C.L.A. Neuropsychiatric Institute	J. Yager	56	143	8,739	12C	024
ORANGE						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
PASADENA						
Pasadena Child Guidance Clinic	J. M. Mead	45	3	13,000	1C	002
SACRAMENTO						
University of California (Davis) Sacramento Medical Center (See University of California (Davis) Aff. Hosps., Davis)						
SAN DIEGO						
University of California (San Diego) Affiliated Hospitals University Hospital, U.C. Medical Center, San Diego	L. L. Judd	16	9	11,731	2C	004
SAN FRANCISCO						
Children's Hospital of San Francisco	J. Oremland			11,228	1C	002
Mount Zion Hospital and Medical Center	P. M. Spielman	14	20	5,568	2C	004
St. Mary's Hospital and Medical Center	M. T. Khlentzos	25	366	6,229	3C	006
University of California Program Langley Porter Neuropsychiatric Institute	I. Philips	8	6	4,648	2C	004
STANFORD						
Stanford University Affiliated Hospitals Stanford University	T. F. Anders	1	90	3,800	4C	009
TORRANCE						
Los Angeles County Harbor General	R. Rogers	46		12,311	2C	004
COLORADO						
DENVER						
University of Colorado Medical Center	D. G. Prugh	10	102	11,005	4C	008
CONNECTICUT						
HARTFORD						
Hartford Child Psychiatry Training Consortium	P. N. Graffagnino				3C	005
Institute of Living—Child Psychiatric Services	I. N. Orgun	55	125	5,122		
Child and Family Services of Connecticut	M. B. Rosenthal	45	258	5,461		
Mount Sinai	R. A. Kramer	16	120	1,040		
John Dempsey (Farmington)	P. N. Graffagnino			400		
NEW HAVEN						
Yale University Child Study Center	J. E. Schowalter			6,405	4C	008
DISTRICT OF COLUMBIA						
WASHINGTON						
Children's Hospital National Medical Center	J. Wiener	43		4,610	4C	008
Georgetown University	E. S. Kessler			5,592	4C	006
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals William A. Shands Teaching Hosp. and Clinics	E. A. Baum	18	47	2,200	2C	006
MIAMI						
University of Miami Affiliated Hospitals Jackson Memorial	M. C. Hughes	19	15	2,050	1C	006
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals Georgia Mental Health Institute Grady Memorial	B. C. Holland R. Ward B. C. Holland	47	140	2,868	4C	008
HAWAII						
HONOLULU						
University of Hawaii Affiliated Hospitals University of Hawaii, Leahi Kauaikealani Children's	J. F. Mc Dermott, Jr.	25	60	1,000	3C	006

31C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered	
					1st Yr.	All Yrs.
ILLINOIS						
CHICAGO						
Institute for Juvenile Research	F. T. Rafferty			5,000	5C	010
Michael Reese Hospital and Medical Center	S. C. Feinstein	32	125	9,639	1C	003
Northwestern University Medical School Affiliated Hospitals						
Children's Memorial	S. B. Eisen	13	36	15,702	2C	004
Rush—Presbyterian—St. Luke's Medical Center					1C	002
University of Chicago Hospitals and Clinics	J. F. Kenward			2,100	1C	002
MAYWOOD						
Loyola University Affiliated Hospitals					1C	002
Foster G. McGaw						
John J. Madden Zone Center (Hines)						
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	J. E. Simmons				8C	016
Indiana University Hospitals	J. E. Simmons			2,987		
Larue D. Carter Memorial	T. Sato	39	81	1,389		
IOWA						
IOWA CITY						
University of Iowa Hospitals	M. A. Stewart	12	110	314	2C	004
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	P. C. Loybourne, Jr.			4,484	4C	008
TOPEKA						
Children's Division, the Menninger Foundation	J. T. Morrow, Jr.	60	74	14,260	3C	012
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center	R. G. Aug				3*	006
University		5	63	4,956		
Children's Treatment Center (Anchorage)	H. M. Gray	29	39			
LOUISVILLE						
Bingham Child Guidance Clinic	P. L. Adams	10	145	16,722	2C	004
LOUISIANA						
NEW ORLEANS						
Louisiana State University Medical Center	P. E. Dorsett			832	2C	005
Tulane University Affiliated Hospitals	R. W. Brunstetter	20			2C	004
Southeast Louisiana (Mandeville)						
MAINE						
PORTLAND						
Maine Medical Center	G. A. Heath	3	146	23,726	1C	001
MARYLAND						
BALTIMORE						
Johns Hopkins	A. Rodriguez	11	197	4,438	2C	004
University of Maryland Affiliated Hospitals						
University of Maryland	S. B. Friedman	18	100	2,011	3C	005
TOWSON						
Sheppard and Enoch Pratt	J. J. Gibbs	81	187	2,078	2C	004
MASSACHUSETTS						
BELMONT						
Mc Lean Hospital, Hall—Mercer Children's Center	S. J. Onesti	36	100	3,700	6C	012
BOSTON						
Beth Israel	J. H. Backman			6,261	2C	004
Boston University Medical Center, Children's Ambulatory Services	S. Kaplan			825	3C	005
Douglas A. Thom Clinic for Children	B. Scherz	20	97	4,044		
Putnam Children's Center	J. L. Brown		110	4,500		
Children's Hospital Medical Center/Judge Baker Guidance Center	J. J. Mullen			9,231	5C	012
Massachusetts General	N. R. Bernstein			2,972	1C	001
Massachusetts Mental Health Center	S. L. Mogul	12	3	3,167	2C	004
New England Medical Center	K. S. Robson	29	84	15,000	4C	008
CAMBRIDGE						
Cambridge	J. E. Mack			14,500	2C	004
Cambridge—Somerville Mental Health and Retardation Center	J. E. Mack					
WALTHAM						
Metropolitan State	W. M. Hanna	37	74	742	2*	004
WORCESTER						
Worcester Youth Guidance Center	H. L. Wylie			11,419	2C	004
MICHIGAN						
ANN ARBOR						
University	A. Watson	48	39	18,134	7C	013
DETROIT						
Lafayette Clinic	C. B. Simson	45	204	2,933	5C 5F	010
NORTHVILLE						
Hawthorn Center	H. L. Wright	151	212	9,170	3C	006
PONTIAC						
Clinton Valley Center	I. B. Sendi	123	410	16,400	1C	003
YPSILANTI						
York Woods Center	W. E. Kirk	53	93	6,644	3*	006

31C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MINNESOTA						
MINNEAPOLIS University of Minnesota Hospitals	L. M. Greenberg	18	75	2,100	1C	004
ROCHESTER Mayo Graduate School of Medicine	A. R. Lucas	13	82	3,150	3C	006
MISSOURI						
COLUMBIA University of Missouri Medical Center	J. L. Chapel	28	72	6,467	3C	006
KANSAS CITY Grtr. Kansas Cty. Mntl. Hlth. Fndn., U. Mo. Sch. Med., Kans. City Div.	J. R. Harte	40	485		3*	005
ST. LOUIS William Greenleaf Eliot Div. of Child Psych.—Wash. U. Sch. of Med.	E. J. Anthony	34	132	22,564	6C	012
NEBRASKA						
OMAHA Creighton University Affiliated Hospitals Creighton Memorial St. Joseph's Creighton University Child and Family Psychiatry Service	P. Fine	12	142	3,240	2C	004
University of Nebraska Affiliated Hospitals Nebraska Psychiatric Institute	J. Y. Donaldson	15	48	1,574	1C	004
NEW HAMPSHIRE						
HANOVER Dartmouth Medical School Affiliated Hospitals Dartmouth—Hitchcock Mental Health Center Mary Hitchcock Memorial	H. Krell	2	43	2,856	2C	004
NEW JERSEY						
PISCATAWAY CMDN.—Rutgers Medical School, Department of Psychiatry	L. B. Silver	15	75	20	2C	004
NEW YORK						
ALBANY Albany Medical Center	W. Braga	1	9	150	2C	002
BUFFALO S.U.N.Y. at Buffalo Affiliated Hospitals Children's Hospital of Buffalo	G. N. Cohen			14,597	4C	004
MANHASSET North Shore University	T. Vandersall			1,600	2C	004
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals						
Bronx Municipal Hospital Center	P. F. Kernberg	14	83	10,544	9C	016
Brookdale Hospital Center	J. Frosch			19,325	3C	006
City Hospital Center at Elmhurst	D. Schulman	44	432	2,856	4C	008
Columbia University Affiliated Hospitals	K. Puig-Antich				4C	008
New York State Psychiatric Institute		10	21	878		
Presbyterian		16	153	1,862		
Harlem Hospital Center	V. N. Wilking			21,981	2C	004
Long Island Jewish—Hillside Medical Center Program	L. Sheff				3C	006
Hillside Hospital Division				2,835		
Queens Hospital Center				7,162		
Madeteine Borg Child Guidance Institute	A. H. Esman			9,500	2C	004
Maimonides Medical Center	N. Sher			27,000	1C	001
Mount Sinai	M. Stein	12	63	1,515	2C	004
New York Hospital	E. G. Dabbs				1C	002
New York Medical College—Metropolitan Hospital Center	R. La Vietes				3C	006
Unit 1—Flower and Fifth Avenue Hospitals				155		
Unit 2—Metropolitan Hospital Center				7,181		
New York University Medical Center Bellevue Hospital Center University	S. Chess	30	435	6,931	4C	008
Postgrad. Ctr. for Mntl. Hlth., Clin. for Children and Adolescents	B. B. Pfeffer	40		40	2C	002
Roosevelt	B. L. Pacella	15	5	3,470	2C	002
St. Luke's Hospital Center	E. B. Feigelson			10,375	3C	006
St. Vincent's Hospital and Medical Center of New York	J. D. O'Brien			3,300	3C	006
Staten Island Mntl. Hlth. Society—St. Vincent's Med. Ctr. of Richmond	N. Smith	3	48	45,844	3C	006
Staten Island Mental Health Society St. Vincent's Medical Center of Richmond						
S.U.N.Y. Downstate Medical Center Kings County Hospital Center State University	A. E. Christ	39	323	19,054	1C	002
ROCHESTER						
Strong Memorial Hospital of the University of Rochester	S. W. Munson	1	14	2,300	2C	004
SYRACUSE						
S.U.N.Y. Upstate Medical Center State University	L. Roberge			2,980	2C	004
VALHALLA						
Westchester County Medical Center	R. L. La Vietes	31	283	2,286	3C	006
WHITE PLAINS						
New York Hospital—Cornell Medical Center (Westchester Division)	J. Egan			4,754	4C	006

31C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st All Yr. Yrs.	
NORTH CAROLINA						
BUTNER John Umstead Hospital, Children's Psychiatric Institute	C. Guajardo	46	96	13,816	2C	004
CHAPEL HILL University of North Carolina Affiliated Hospitals North Carolina Memorial Dorothea Dix (Raleigh)	H. P. Lineberger H. P. Lineberger P. A. Walker	8 90	30 70	1,320 6,500	2C	007
DURHAM Durham Child Guidance Clinic, Duke University Medical Center	H. J. Harris			10,378	2C	004
RALEIGH Dorothea Dix (See University of North Carolina Affil. Hosps., Chapel Hill)						
OHIO						
CINCINNATI University of Cincinnati Hospital Group Central Psychiatric Clinic, Children's Psychiatric Center of the Jewish Hospital	O. Krug				7C	013
CLEVELAND Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Cleveland Guidance Center	C. A. Malone	15	21	11,283		
CLEVELAND Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Cleveland Guidance Center	C. A. Malone	10	45	5,768	4C	008
COLUMBUS Ohio State University Hospitals	L. E. Arnold	15	85	2,599	3C	004
TOLEDO Medical College of Ohio at Toledo	C. W. Davenport	18	78	2,855	1C	002
OKLAHOMA						
OKLAHOMA CITY University of Oklahoma Health Sciences Center	P. W. Toussieng	14		2,808	1C	006
OREGON						
PORTLAND University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospital and Clinics	W. H. Sack	3	65	2,100	2C	004
PENNSYLVANIA						
PHILADELPHIA Albert Einstein Medical Center	L. Magran			7,320	2C	002
Hahnemann Medical College and Hospital	W. C. Adamson	73	933	17,410	4C	009
Medical College of Pa.—Eastern Pennsylvania Psychiatric Institute	R. C. Prall	12	49	41,092	5C	010
Philadelphia Child Guidance Clinic	L. Combrinck-Graham	21	258	15,023	3C	009
St. Christopher's Hospital for Children	W. H. Hetznecker			8,485	1C	001
Thomas Jefferson University	G. A. D' Amato				2C	004
PITTSBURGH Hospitals of the University Health Center of Pittsburgh Western Psychiatric Institute and Clinic	P. B. Henderson	20	37	11,000	8C 8*	016
PUERTO RICO						
SAN JUAN Puerto Rico Institute of Psychiatry, Child Psychiatry Division Univ. of Puerto Rico School of Medicine (Department of Psychiatry)	E. Rivera Romero		360	3,000 7,989	2C 2C	008 004
RHODE ISLAND						
RIVERSIDE Emma Pendleton Bradley	N. R. Bernstein	51		5,967	1C	002
SOUTH CAROLINA						
COLUMBIA William S. Hall Psychiatric Institute	R. C. Schnackenberg	12	24	4,644	4C	008
TENNESSEE						
MEMPHIS University of Tennessee Affiliated Hospitals City of Memphis Hospitals Memphis Mental Health Institute University of Tennessee Mental Health Center	C. H. Brunt				1C	002
		45	173	21,322		
		25	360	7,000		
NASHVILLE Vanderbilt University	R. W. Waggoner, Jr.	13	22	3,122	2C	004
TEXAS						
AUSTIN Austin State Hospital—Children's Psychiatric Unit	B. Sutton	56	75	2,349	4C	008
DALLAS University of Texas Southwestern Medical School Child Psychiatry Clinic Dallas Child Guidance Clinic	J. H. Forgotson J. H. Forgotson L. Claman			2,211 5,902	3C	006
GALVESTON University of Texas Medical Branch Hospitals	L. G. Hornsby	32	120	1,554	2C	006
HOUSTON Baylor College of Medicine Affiliated Hospitals Ben Taub General Children's Mental Health Services Texas Children's	D. B. Hansen D. B. Hansen	400 1	800 20	27,000 4,610	5C	010

31C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
TEXAS—Continued						
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals Community Guidance Center of Bexar County	A. C. Serrano	30	60	14,885	3*	006
UTAH						
SALT LAKE CITY						
University of Utah Affiliated Hospitals University Primary Children's Medical Center (Psychiatric Center) Salt Lake Community Mental Health Center	P. L. Whitehead		16	1,200	2C	004
		24	162	15,338		
VERMONT						
BURLINGTON						
Medical Center Hospital of Vermont	B. Nurcombe				1C	002
VIRGINIA						
ANNANDALE						
Woodburn Center for Community Mental Health	S. L. Auster			33,555	1C	002
CHARLOTTESVILLE						
University of Virginia	A. Derdeyn			4,774	2C	004
RICHMOND						
Virginia Commonwealth University M.C.V. Affiliated Hospitals Virginia Treatment Center for Children	W. Draper	34	73	3,923	2C	004
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals University	R. J. Reichler R. J. Reichler	22	166	5,445	4C	008
WEST VIRGINIA						
CHARLESTON						
Charleston Area Medical Center (See West Virginia University Medical Center, Morgantown)						
MORGANTOWN						
West Virginia University Medical Center West Virginia University Charleston Area Medical Center (Charleston)	J. F. Kelly J. F. Kelly J. M. Stevenson	4	114	1,649 634	1C	002
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals University Hospitals Mendota Mental Health Institute	J. M. Green J. M. Green			655	3C	006
MILWAUKEE						
Milwaukee Children's	D. Sackin			11,675	1C	001

32. PUBLIC HEALTH

The programs in Public Health which have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, as List 30E.

33A. RADIOLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and American Board of Radiology through the Residency Review Committee for Radiology. All programs listed offer THREE years of training in all phases of Radiology, intramurally, or on an integrated basis, or through affiliation with another approved institution. See also Lists 33B and 33C.

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1978-1979	
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION							
CALIFORNIA							
LONG BEACH							
Veterans Admin.	H. F. W. Pribram	104,729	562	39	617	5C	021
LOS ANGELES							
White Memorial Medical Center	E. Braun	57,158	33	260		1C	003
DELAWARE							
WILMINGTON							
Wilmington Medical Center	E. Renzi	127,905	282		1,642	2*	008
DISTRICT OF COLUMBIA							
WASHINGTON							
District of Columbia General	B. Gondos	133,689	247	12	247	4C	006
ILLINOIS							
CHICAGO							
Columbus—Cuneo—Cabrini Medical Center Columbus	H. P. Girard	66,296				3C 1F	014

33A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examina- tions	New Patients Treated With			Positions Offered 1978-1979	
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho- Voltage Equipment	Mega- voltage Treatment Equipment	1st Yr.	All Yrs.
ILLINOIS, CHICAGO—Continued							
Illinois Masonic Medical Center	R. H. Schmidt	72,669	264	38	226	3C 1F	003
Mercy Hospital and Medical Center	B. J. Hill	109,807	26	19	249		009
EVERGREEN PARK							
Little Company of Mary	J. H. Uhrich	116,457	39	79	608	1C	004
HINES							
Veterans Admin.	A. Seitam	92,430				6*	006
DAK PARK							
West Suburban	H. A. Lerner	61,629	348	252	348	1F	003
PARK RIDGE							
Lutheran General	S. J. Mulopulos	120,000	636	41	595	1C	004
PEORIA							
St. Francis	D. F. Anderson	110,146	118	274	682	1C	003
LOUISIANA							
NEW ORLEANS							
Touro Infirmary	A. R. Payzant	57,043	218	12		1C	003
MARYLAND							
HAGERSTOWN							
Washington County	S. H. Macht	62,305	20	6,010	173	3C	003
MICHIGAN							
DETROIT							
Mount Carmel Mercy Hospital and Medical Center	K. D. Mc Ginnis	91,215	13	92	509	2C	006
Hurley	R. S. Ormond	67,662	757	119			004
GRAND RAPIDS							
Blodgett Memorial Medical Center	W. W. Laidlaw	69,955	44	27	354	1C 1F	001
LANSING							
Edward W. Sparrow	R. Bethards	52,640	414	36	36	1C	003
SOUTHFIELD							
Providence	T. James	99,377	34	629	7,677	1C 1F	005
MINNESOTA							
ST. PAUL							
St. Joseph's	A. Veinbergs	34,237	29	126	639	1C	003
MISSISSIPPI							
JACKSON							
University	R. D. Sloan	100,358	209	31	572		004
NEBRASKA							
OMAHA							
University of Nebraska Affiliated Hospitals	H. A. Baltaxe					1C	003
University of Nebraska	H. A. Baltaxe	56,419	351	35	316		
Veterans Admin.	G. L. Wolf		130				
NEW JERSEY							
ATLANTIC CITY							
Atlantic City	S. S. Rutkowski	52,564	87	75	489	2C	007
ENGLEWOOD							
Englewood	J. J. Gallagher	59,326	7	10	310	2C	005
LIVINGSTON							
St. Barnabas Medical Center	W. E. Matthey	96,437	269	45	413	1C	004
LONG BRANCH							
Monmouth Medical Center	S. Schultz	67,191	25	10	390	2C	006
NEW YORK							
BUFFALO							
Buffalo General							003
EAST MEADOW							
Nassau County Medical Center—Meadowbrook	A. Zilkha	139,330	63	17	281	4C	016
MINEOLA							
Nassau	H. Chiat, D. Faegenburg	61,000				1C 1* 1F	004
NEW YORK CITY							
Harlem Hospital Center	C. A. Johnson	101,629	143	9	134	3C	009
Lenox Hill	E. E. Brant	112,657	40	1	446	1C	004
Long Island College	R. L. Pinck	113,599	218	20		1C	003
Long Island Jewish—Hillside Medical Center Program	M. Baron					6C	016
Long Island Jewish—Hillside Medical Center	M. Baron	112,762	42	54	534		
Queens Hospital Center	N. Kaplan	88,159	36		177		
Misericordia Hospital Medical Center	D. B. Hayt	51,895	302	31	269		005
St. Luke's Hospital Center	N. Finby	96,842	57	168	198	3C	009
Veterans Admin. (Manhattan)	D. J. Principato	78,405				4C	012
OHIO							
CLEVELAND							
University Hospitals of Cleveland Veterans Admin.	G. Krause	79,671	229	7	6,298		003
DAYTON							
Wright State University Affiliated Hospitals Miami Valley	D. H. Wolf	111,542	1,077	170	957	1C	003
ELYRIA							
Elyria Memorial (See St. Joseph-Elyria Memorial Hospitals, Lorain)							

33A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1978-1979	
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.
OHIO—Continued							
LORAIN							
St. Joseph—Elyria Memorial Hospitals	C. F. Pena	58,645	3	706	5,466	1C	004
St. Joseph Elyria Memorial (Elyria)	C. F. Pena L. G. Thorley	58,060	24	194	130		
YOUNGSTOWN							
St. Elizabeth Hospital Medical Center	W. Crawford	144,494	285	96			005
Youngstown	L. Slusher	138,677		92	482	5C 1F	009
PENNSYLVANIA							
PHILADELPHIA							
Germantown Dispensary and Hospital	R. B. Funch	40,552	14	57	183	2C	004
Hospital of the Medical College of Pennsylvania	G. L. Popky	54,041	39	21	348	2C	008
Pennsylvania	W. J. Tuddenham	75,509	15	7	249	2*	006
PITTSBURGH							
Western Pennsylvania	W. S. Mellon, Jr.	106,000	12	16	318	2C	006
SAYRE							
Robert Packer	K. Kikkawa	56,334	225	19	205	1C	001
SOUTH CAROLINA							
CHARLESTON							
Medical University of South Carolina Teaching Hospitals	P. Ross					2C	D17
Medical University of South Carolina Charleston County	P. Ross		155	33	874		
Veterans Admin.	C. N. Griffin, Jr.	40,868	155	33	874		
TENNESSEE							
CHATTANOOGA							
University of Tennessee Clinical Education Center Barness Erlanger	H. C. Blount, Jr.	84,141	17	111	233	1C	004
KNOXVILLE							
University of Tennessee Memorial Research Center and Hospital	E. Buonocore					1F	003
MEMPHIS							
Baptist Memorial	J. L. Booth	180,103	75	68	845	2* 2F	012
Methodist	E. H. Mabry, Sr.	134,995	335	57	285	2C	008
NASHVILLE							
George W. Hubbard Hospital of the Meharry Medical College	G. J. Tarleton	21,000	1		53	2C	002
TEXAS							
DALLAS							
University of Texas Southwestern Medical School Affiliated Hospitals	R. N. Berk					6C	021
Parkland Memorial	R. N. Berk	229,958	311	47	311		
Children's Medical Center	G. Currarino	24,586					
Veterans Admin.	G. E. Williams, Jr.	101,006	1,383	36		3C	007
SAN ANTONIO							
Baptist Memorial	H. E. Elmendorf	79,633	319			1C	003
VIRGINIA							
NORFOLK							
De Paul						3C	009
WEST VIRGINIA							
WHEELING							
Ohio Valley Medical Center	J. N. Aceto	65,731	43	202	376	1C	004

33B. RADIOLOGY, DIAGNOSTIC

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in Diagnostic Radiology. See also Lists 33A and 33C.

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
UNITED STATES AIR FORCE				
CALIFORNIA				
David Grant U. S. A. F. Medical Center, Fairfield	R. M. Allman	65,459	3C	012
TEXAS				
Wilford Hall U. S. A. F. Medical Center, San Antonio	A. S. Hale	216,312	5*	025
UNITED STATES ARMY				
U. S. Army Coordinated Program				
Letterman Army Medical Center, San Francisco, Calif.	D. T. Mc Cann	68,020	1* 2F	015
Fitzsimons Army Medical Center, Denver, Colo.	P. E. Sieber	112,805	3C 1F	008
Walter Reed Army Medical Center, Washington, D. C.	M. M. Reeder	100,000	2*	014
Tripler Army Medical Center, Honolulu, Hawaii	B. A. Mazat		2* 2F	016
Brooke Army Medical Center, San Antonio, Tex.	R. O. Hagen	129,670	2C 1F	015

33B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
UNITED STATES NAVY				
U. S. Navy Coordinated Program				
Naval Regional Medical Center, Oakland, Calif.	M. Nieves, Jr.	345,623	3C	009
Naval Regional Medical Center, San Diego, Calif.	F. H. Gerber	333,551	3F	018
National Naval Medical Center, Bethesda, Md.	C. W. Ochs	85,251	6C 4C 4F	012
UNITED STATES PUBLIC HEALTH SERVICE				
NEW YORK				
U. S. Public Health Service, New York City	H. Y. Mang	61,000	2C 2F	006
NON FEDERAL AND VETERANS ADMINISTRATION				
ALABAMA				
BIRMINGHAM				
Baptist Medical Centers	F. T. Henley, J. W. Ballard		1C 1F	006
Baptist Medical Center—Montclair	F. T. Henley	72,897		
Baptist Medical Center—Princeton	J. W. Ballard	63,086		
University of Alabama Medical Center	D. M. Witten		6C	022
University of Alabama Hospitals	D. M. Witten			
Children's	G. Hicks	47,204		
Veterans Admin.	D. M. Witten, R. Luna	63,342		
MOBILE				
University of South Alabama Medical Center Hospital and Clinics	A. E. Robinson	70,000	2C 1F	008
ARIZONA				
PHOENIX				
Maricopa County General	A. R. Sandrock	87,694	3C	009
St. Joseph's Hospital and Medical Center	R. E. Stejskal	81,723	2*	008
TUCSON				
University of Arizona Affiliated Hospitals	I. M. Freundlich		4*	012
University	I. M. Freundlich	53,907		
Veterans Admin.	H. Claypool	42,355		
ARKANSAS				
LITTLE ROCK				
University of Arkansas for Medical Sciences Affiliated Hospitals	W. C. Diner		4C 2F	015
University	W. C. Diner	62,143		
Veterans Admin. Consolidated	J. E. Caignet	85,222		
CALIFORNIA				
DAVIS				
University of California (Davis) Affiliated Hospitals	P. E. S. Palmer		3*	015
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	P. E. S. Palmer	130,000		
Sutter Community Hospitals of Sacramento (Sacramento)	B. A. Swerdloff	36,417		
IRVINE				
University of California (Irvine) Affiliated Hospitals	E. N. C. Milne		8*	033
University of California, Irvine, Medical Center (Orange)	E. N. C. Milne	110,000		
Memorial Hospital Medical Center (Long Beach)	W. Wilson	72,996		
Veterans Admin. (Long Beach)	H. F. W. Pribram	143,359		
LOMA LINDA				
Loma Linda University	M. P. Judkins	92,029	9C	025
LONG BEACH				
Memorial Hospital Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)				
St. Mary Medical Center	R. M. Taketa	75,000	1C	001
Veterans Admin. (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)				
LOS ANGELES				
Cedars—Sinai Medical Center	N. Zheutlin	80,000	2*	008
Hospital of the Good Samaritan Medical Center	G. B. Iba	55,000	1C	003
Kaiser Foundation	M. Kleinman	220,835	1C	004
Los Angeles County—U. S. C. Medical Center	H. I. Meyers	443,058	5*	035
Martin Luther King, Jr. General	J. A. Campbell	100,002	3*	015
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	E. G. Theros	157,500	8C	026
Veterans Admin. Center—Wadsworth	J. Jorgens	130,000	6* 2F	025
White Memorial Medical Center	I. Sanders	57,158	3* 2F	010
MARTINEZ				
Veterans Admin.	S. R. Reuter	42,212	3C	009
ORANGE				
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)				
PALO ALTO				
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)				

33B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
CALIFORNIA—Continued				
SACRAMENTO				
Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)				
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)				
SAN DIEGO				
University of California (San Diego) Affiliated Hospitals	J. R. Amberg		5C	026
University Hospital, U.C. Medical Center, San Diego		82,798		
Veterans Admin.		85,000		
SAN FRANCISCO				
Children's Hospital of San Francisco	H. J. Burhenne	31,793	1C	002
Mount Zion Hospital and Medical Center	A. J. Davidson	48,009	3*	012
St. Mary's Hospital and Medical Center	J. C. Bennett	46,107	2C	005
			1F	
University of California Program	A. R. Margulis	176,881	2*	041
H. C. Moffitt—University of California Hospitals	A. R. Margulis	105,380		
San Francisco General	W. Coulson	76,654		
Veterans Admin.	C. O. Ovenfors			
SAN JOSE				
Santa Clara Valley Medical Center	K. E. Fraker	82,555	1C	009
			2*	
			1F	
SANTA BARBARA				
Santa Barbara General—Cottage Hospitals	P. A. Riemenschneider		1*	004
Santa Barbara General		18,063		
Santa Barbara Cottage		49,749		
Cancer Foundation of Santa Barbara				
STANFORD				
Stanford University Affiliated Hospitals	J. F. Silverman		7C	025
			1*	
Stanford University	J. F. Silverman	108,000		
Veterans Admin. (Palo Alto)	L. M. Zatz	47,367		
TORRANCE				
Los Angeles County Harbor General	J. Tabrisky	148,916	5C	019
			1*	
COLORADO				
DENVER				
Presbyterian Medical Center	W. F. Manke	66,236	1C	006
			1F	
St. Joseph	J. L. Eller	73,486	1*	004
University of Colorado Affiliated Hospitals	M. L. Daves		12C	033
University of Colorado Medical Center	M. L. Daves	82,008		
Denver General	M. L. Daves	104,393		
Rose Medical Center	S. B. Reich	49,854		
Veterans Admin.	M. L. Daves	56,044		
CONNECTICUT				
BRIDGEPORT				
Bridgeport	E. G. Bradley	77,558	2C	006
St. Vincent's Medical Center	R. D. Russo	50,047	2C	005
HARTFORD				
Hartford	F. M. Ziter, Jr.	113,900	3C	008
			3F	
NEW HAVEN				
Hospital of St. Raphael	R. Shapiro	65,580	3C	009
Yale—New Haven Medical Center	R. Greenspan		5*	022
			3F	
Yale—New Haven	R. Greenspan	185,995		
Veterans Admin. (West Haven)	M. F. Keohane	43,767		
WEST HAVEN				
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)				
DELAWARE				
WILMINGTON				
Wilmington Medical Center	E. M. Renzi	127,905	2C	008
			1F	
DISTRICT OF COLUMBIA				
WASHINGTON				
Georgetown University	H. L. Twigg, Jr.	76,219	3C	013
George Washington University Affiliated Hospitals	S. D. Rockoff		1C	015
George Washington University		240,000		
Washington Hospital Center				
Howard University	H. C. Press, Jr.	66,311	3*	008
FLORIDA				
GAINESVILLE				
University of Florida Affiliated Hospitals	O. F. Agee		6C	018
William A. Shands Teaching Hosp. and Clinics	O. F. Agee	75,670		
Veterans Admin.	F. C. Clore	56,028		
MIAMI				
Jackson Memorial	M. Viamonte, Jr.	214,610	6C	017
MIAMI BEACH				
Mount Sinai Medical Center of Greater Miami	M. Viamonte, Jr.	93,437	4C	015

33B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
FLORIDA—Continued				
TAMPA				
University of South Florida Affiliated Hospitals	A. G. Graham		3*	011
Tampa General		69,484		
St. Joseph's		98,712		
Veterans Admin.		64,191		
GEORGIA				
ATLANTA				
Emory University Affiliated Hospitals	T. F. Leigh		4C 2*	048
Grady Memorial	W. H. Shuford	160,000		
Emory University	J. V. Rogers	65,000		
Henrietta Eggleston Hospital for Children	B. B. Gay	20,000		
Veterans Admin. (Decatur)	R. W. Eells	50,000		
AUGUSTA				
Medical College of Georgia Hospitals				
Eugene Talmadge Memorial	W. H. Pool, Jr.	70,000	3C 1F	010
DECATUR				
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)				
SAVANNAH				
Memorial Medical Center	W. A. Miller	69,247	2*	009
ILLINOIS				
CHICAGO				
Cook County	R. D. Pinc	315,821	4*	024
Mercy Hospital and Medical Center	B. J. Hill	109,807	3C	010
Michael Reese Hospital and Medical Center	B. Levin	130,000	4C 1*	017
Mount Sinai Hospital Medical Center of Chicago	G. B. Greenfield	72,000	2C	008
Northwestern University Medical School Affiliated Hospitals	L. F. Rogers		6*	024
Northwestern Memorial	L. F. Rogers	136,188		
Children's Memorial	H. White	46,486		
Veterans Admin. Lakeside	D. Baker	76,509		
Evanston (Evanston)	G. Ghahremani	97,555		
Rush—Presbyterian—St. Luke's Medical Center	R. E. Buenger	140,000	4C	019
University of Chicago Hospitals and Clinics	J. J. Fennessy	132,629	4*	019
University of Illinois Affiliated Hospitals	V. Capek		3*	017
University of Illinois	V. Capek	102,170		
Veterans Admin. (West Side)	G. A. Espinosa	80,709		
EVANSTON				
Evanston (See Northwestern University Med. Sch. Affil. Hosp., Chicago)				
St. Francis	R. L. Del Fava	81,000	2* 2F	008
MAYWOOD				
Loyola University Affiliated Hospitals				
Foster G. Mc Gaw	L. Love		3C	009
SPRINGFIELD				
Southern Illinois University Affiliated Hospitals	P. F. Mahon	153,009	2*	008
St. Johns		17,351		
Memorial Medical Center		69,269		
INDIANA				
INDIANAPOLIS				
Indiana University Medical Center	E. C. Klatte		10C	030
Indiana University Hospitals	E. C. Klatte	115,000		
Veterans Admin.	E. M. Cockerill, Jr.	64,561		
William H. Wishard Memorial	E. Klatte	123,309	3*	012
Methodist Hospital of Indiana	J. L. Kight	202,062	1F	
IOWA				
IOWA CITY				
University of Iowa Affiliated Hospitals	R. L. Schapiro		2C	019
University of Iowa Hospitals		123,902		
Veterans Admin.		41,878		
KANSAS				
KANSAS CITY				
University of Kansas Medical Center	A. W. Templeton	100,000	5C	017
WICHITA				
Wesley Medical Center	W. T. Braun, 3d	106,265	2C	006
KENTUCKY				
LEXINGTON				
University	H. D. Rosenbaum	76,247	5C	015
LOUISVILLE				
University of Louisville Affiliated Hospitals	J. T. Ling		4C	016
Louisville General		75,600		
Norton—Children's Hospitals		72,306		
Veterans Admin.		48,374		
LOUISIANA				
NEW ORLEANS				
Ochsner Foundation	C. R. B. Merritt	146,503	4*	016
SHREVEPORT				
L. S. U. (Shreveport) Affiliated Hospitals				
Confederate Memorial Medical Center	M. J. Wood	76,214	3C 3F	012
MAINE				
PORTLAND				
Maine Medical Center	J. F. Gibbons	85,902	2*	008

33B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
MARYLAND				
BALTIMORE				
Johns Hopkins	S. S. Siegelman	178,715	4C	015
Sinai Hospital of Baltimore	J. O. Salik	71,962	2C	006
University of Maryland Affiliated Hospitals University of Maryland	J. N. Diaconis	131,819	4C	013
MASSACHUSETTS				
BOSTON				
Beth Israel	M. Simon	74,481	4C	012
Boston University Affiliated Hospitals Boston City University	J. H. Shapiro	126,976 45,000	7C	021
Pondville (Norfolk)	J. E. Meyer	10,699		
Lahey Clinic—New England Baptist Lahey Clinic New England Baptist	R. E. Wise	110,693	2C	006
Massachusetts General	J. M. Taveras	235,024	9C 2*	034
New England Deaconess	M. E. Clouse	52,000	1C 1F	002
Peter Bent Brigham Children's Hospital Medical Center	H. L. Abrams J. A. Kirkpatrick	81,474 74,000	5C	016
Tufts University Affiliated Hospitals New England Medical Center	J. P. Moore J. P. Moore	109,748	2C	024
Lemuel Shattuck Veterans Admin.	S. M. Wetzner A. H. Robbins	8,405 71,328		
CAMBRIDGE				
Mount Auburn	S. C. Schatzki	71,718	1C	003
NORFOLK				
Pondville (See Boston University Affiliated Hospitals, Boston)				
SPRINGFIELD				
Baystate Medical Center	R. A. Grugan	70,519	2C	006
WORCESTER				
St. Vincent	M. L. Janower	79,039	2C	006
MICHIGAN				
ALLEN PARK				
Veterans Admin. (See Wayne State Univ. Affil. Hosps., Detroit)				
ANN ARBOR				
University of Michigan Affiliated Hospitals University Veterans Admin. Wayne County General (Eloise)	W. M. Whitehouse W. M. Whitehouse W. M. Whitehouse, R. Rapp W. M. Whitehouse	144,000 29,921 93,999	10C	033
DEARBORN				
Oakwood	A. T. Hennessey	112,957	3C 2F	011
DETROIT				
Henry Ford	W. R. Eyler	243,785	4C 2*	018
Mount Carmel Mercy Hospital and Medical Center	K. D. Mc Ginnis	91,215	2C	002
Sinai Hospital of Detroit	S. G. Pope	83,180	2C	006
Wayne State University Affiliated Hospitals Children's Hospital of Michigan Detroit General Hutzel United Hospitals of Detroit—Grace Division United Hospitals of Detroit—Harper Division Veterans Admin. (Allen Park) Bon Secours (Grosse Pointe)	K. L. Krabbenhoff F. P. Shea	119,514 40,819	8C	036
EAST LANSING				
Michigan State University Associated Hospitals Michigan State University Health Center Blodgett Memorial Medical Center (Grand Rapids) Butterworth (Grand Rapids) St. Mary's (Grand Rapids)	E. J. Potchen E. J. Potchen W. W. Laidlaw E. Wahby C. F. Krecke	33 69,955 60,637	3*	012
ELDOISE				
Wayne County General (See Univ. of Michigan Affiliated Hospitals, Ann Arbor)				
GRAND RAPIDS				
Blodgett Memorial Medical Center (See Michigan State Univ. Assoc. Hosps., East Lansing)				
Butterworth (See Michigan State Univ. Assoc. Hosps., East Lansing)				
St. Mary's (See Michigan State Univ. Assoc. Hosps., East Lansing)				
GROSSE POINTE				
Bon Secours (See Wayne State Univ. Affil. Hosps., Detroit)				
PONTIAC				
St. Joseph Mercy	R. Steele	81,022	1C 1* 2F	009

33B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
MICHIGAN—Continued				
ROYAL OAK				
William Beaumont	J. Farah	167,299	2C 2* 2F	014
SOUTHFIELD				
Providence	T. P. James	87,667	2C	008
MINNESOTA				
MINNEAPOLIS				
University of Minnesota Affiliated Hospitals	E. Gedgaudas		6*	036
University of Minnesota Hospitals	E. Gedgaudas	113,993		
Veterans Admin.	E. Gedgaudas	89,835		
Hennepin County Medical Center	S. H. Tsai	111,080		
St. Paul—Ramsey (St. Paul)	R. G. B. Bjornson	96,339		
ROCHESTER				
Mayo Graduate School of Medicine	G. W. Hartman	371,324	5C	032
Rochester Methodist		67,417		
St. Mary's		134,127		
ST. PAUL				
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)				
United Hospitals	D. B. Ketcham	67,371	2C	002
Miller Division				
St. Luke's Division				
MISSISSIPPI				
JACKSON				
University of Mississippi Medical Center University	R. D. Sloan	100,358	4C	008
MISSOURI				
CDLUMBIA				
University of Missouri Medical Center	G. S. Lodwick	98,332	4C	014
Veterans Admin.	C. R. Markivee	35,825		
KANSAS CITY				
St. Luke's	D. R. Germann	81,062	1*	008
Children's Mercy	T. H. Smith	25,000		
ST. LOUIS				
St. Louis University Group of Hospitals	A. E. Brodeur		7C	023
St. Louis University		56,000		
Cardinal Glennon Memorial Hospital for Children		47,115		
St. Louis City (St. Louis Univ. Service)				
Veterans Admin.		69,636		
Washington University Affiliated Hospitals	R. G. Evens		10C	035
Barnes Hospital Group		217,585		
Jewish Hospital of St. Louis				
Mallinckrodt Institute of Radiology				
St. Louis Children's				
NEBRASKA				
OMAHA				
University of Nebraska Affiliated Hospitals	H. A. Baltaxe		3*	016
University of Nebraska	H. A. Baltaxe	56,419		
Veterans Admin.	G. L. Wolf	43,542		
NEW HAMPSHIRE				
HANOVER				
Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial	R. F. Jeffery	78,000	2C	006
NEW JERSEY				
HACKENSACK				
Hackensack	Y. S. Chang	48,813	1F	004
MORRISTOWN				
Morristown Memorial	D. L. Bloom	94,079	2*	009
NEWARK				
CMDNJ—New Jersey Medical School Affiliated Hospitals			7C	021
Martland	G. T. Curtis	84,000		
Newark Beth Israel Medical Center	L. N. Spindell	69,550	2C	006
SUMMIT				
Overlook	R. P. Cavallino	90,000	2* 1F	008
NEW MEXICO				
ALBUQUERQUE				
University of New Mexico Affiliated Hospitals	R. D. Moseley, Jr.		4C	015
Bernalillo County Medical Center	R. D. Moseley, Jr.	66,317		
Lovelace—Bataan Medical Center	J. H. Feist	40,083		
Veterans Admin.	R. D. Moseley, Jr.	44,898		
NEW YORK				
ALBANY				
Albany Medical Center	J. F. Roach	120,540	4C	010
BUFFALO				
S. U. N. Y. at Buffalo Affiliated Hospitals	E. V. Leslie	258,463	2C	021
Edward J. Meyer Memorial	E. V. Leslie	76,449		
Buffalo General	G. J. Culver	77,836		
Deaconess Hospital of Buffalo	R. E. Seibel, Sr.	68,500		
Millard Fillmore	F. R. Sheehan	105,215		
EAST MEADOW				
Nassau County Medical Center—Meadowbrook	A. Zilkha	113,035	2C	006
MANHASSET				
North Shore University	H. L. Stein	87,770	3C	009

33B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
NEW YORK—Continued				
MINEOLA				
Nassau	H. Chiat, D. Faegenburg	63,230	1C 1* 1F	004
NEW YORK CITY				
Albert Einstein College of Medicine Affiliated Hospitals	M. Elkin		6C	018
Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine		153,118		
Beth Israel Medical Center	J. Smulewicz	109,617	4C	011
Bronx—Lebanon Hospital Center	H. Miller	88,582	1C	006
Cornell Cooperating Hospitals	J. P. Whalen		8C	024
New York Hospital	J. P. Whalen	150,031		
Memorial Hospital for Cancer and Allied Diseases	R. C. Watson	98,848		
Hospital for Special Surgery	R. H. Freiburger	47,329		
Jewish Hospital and Medical Center of Brooklyn	D. Bryk	64,230	2C	006
Long Island College	R. L. Pinck	94,767	4C 2F	012
Long Island Jewish—Hillside Medical Center Program	M. Baron		1C	003
Long Island Jewish—Hillside Medical Center Queens Hospital Center	M. Baron N. Kaplan	112,762 88,159		
Methodist	R. V. Grieco	75,368	3C	008
Montefiore Hospital and Medical Center	H. G. Jacobson	201,561	6C	016
Mount Sinai Hospital Training Program Mount Sinai	B. S. Wolf	150,000	6C	016
New York Medical College—Metropolitan Hospital Center	R. M. Friedenberg		8*	019
Unit 1—Flower and Fifth Avenue Hospitals		63,802		
Unit 2—Metropolitan Hospital Center		116,213		
New York University Medical Center Bellevue Hospital Center	A. F. Keegan	174,381 91,453	8C	028
University Presbyterian	W. B. Seaman	195,903	7C 1F	021
Roosevelt	H. L. Stitt	90,000	2C	006
St. Luke's Hospital Center	N. Finby	96,842	3C	009
St. Vincent's Hospital and Medical Center of New York	A. R. Clemett	94,903	4* 2F	016
St. Vincent's Medical Center of Richmond	O. L. Manfredi	61,908	2C	006
S. U. N. Y. Downstate Medical Center	J. A. Becker		5C	020
Kings County Hospital Center		192,015		
Brooklyn—Cumberland Medical Center		102,621		
State University		38,877		
Veterans Admin. (Bronx)	K. F. Chan	63,579	4C	012
ROCHESTER				
Rochester General	T. F. Van Zandt	86,589	2*	008
Strong Memorial Hospital of the University of Rochester	H. W. Fischer	111,602	4*	018
SYRACUSE				
S. U. N. Y. Upstate Medical Center State University	E. R. Heitzman	75,094	2C 2*	022
NORTH CAROLINA				
CHAPEL HILL				
North Carolina Memorial	J. H. Scatliff	119,243	4C	017
OURHAM				
Duke University Affiliated Hospitals	R. P. Rice		5C	035
Duke University Medical Center	C. Putman	189,400		
Veterans Admin.	R. H. Daffner	72,000		
WINSTON-SALEM				
Bowman Gray School of Medicine Affiliated Hospitals				
North Carolina Baptist	G. W. Friedland	124,268	6C	022
OHIO				
AKRON				
Akron City (See Northeastern Ohio U. Coll. Med. Affil. Hosp., Canton)				
Akron General (See Northeastern Ohio U. Coll. Med. Affil. Hosp., Canton)				
Children's Hospital of Akron (See Northeastern Ohio U. Coll. Med. Affil. Hosp., Canton)				
St. Thomas (See Northeastern Ohio U. Coll. Med. Affil. Hosp., Canton)				
CANTON				
Northeastern Ohio Universities College of Medicine Affil. Hosp.	W. J. Howland	864,541	6C 3*	021
Aultman	W. J. Howland	114,012		
Akron City (Akron)	R. H. Hamor	114,021		
Akron General (Akron)	C. J. Miller	96,000		
Children's Hospital of Akron (Akron)	G. E. Lerner	65,888		
St. Thomas (Akron)	F. F. Somma	85,570		
Timken Mercy				
St. Elizabeth Hospital Medical Center (Youngstown)	W. Crawford	144,494		
Youngstown (Youngstown)	L. Slusher	138,677		

33B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
OHIO—Continued				
CINCINNATI				
University of Cincinnati Hospital Group Cincinnati General Veterans Admin.	J. F. Wiot	125,217 48,595	8C	024
CLEVELAND				
Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Veterans Admin.	H. L. Friedell H. L. Friedell G. Krause	161,494 79,671	4*	026
Cleveland Clinic	T. F. Meaney	210,378	5*	020
Mount Sinai Hospital of Cleveland	M. Lubert, S. Wiener	85,882	2C 2F	008
COLUMBUS				
Ohio State University Hospitals	A. K. Freimanis	132,665	5C	015
TOLEDO				
Medical College of Ohio at Toledo Associated Hospitals Hospital of Medical College of Ohio at Toledo St. Vincent Hospital and Medical Center	A. J. Christoforidis	41,317 88,826	3C	004
YOUNGSTOWN				
St. Elizabeth Hospital Medical Center (See Northeastern Ohio U. Coll. of Med. Affil. Hosps., Canton)				
Youngstown (See Northeastern Ohio U. Coll. of Med. Affil. Hosps., Canton)				
OKLAHOMA				
NORMAN				
Central State Griffin Memorial Hospital (See University of Oklahoma Health Sciences Center, Oklahoma)				
OKLAHOMA CITY				
Baptist Medical Center of Oklahoma	G. B. Carter	52,350	1C	004
University of Oklahoma Health Sciences Center University Hospital and Clinics	S. P. Traub S. P. Traub	51,214	7C	028
Oklahoma Children's Memorial Presbyterian St. Anthony Veterans Admin. Central State Griffin Memorial (Norman)	E. H. Kalmon S. P. Traub S. P. Traub	22,921 40,928 58,013		
OREGON				
PORTLAND				
University of Oregon Affiliated Hospitals University of Oregon Health Sciences Center Hospital and Clinics	C. T. Dotter	85,000	5C	014
PENNSYLVANIA				
BRYN MAWR				
Bryn Mawr	J. T. Murphy	63,900	2C 2F	008
St. Christopher's Hospital for Children (Philadelphia)	M. A. Capitanio	25,029		
DANVILLE				
Geisinger Medical Center	J. D. Shoop	122,000	2C	006
DARBY				
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)				
HARRISBURG				
Harrisburg (See Pennsylvania State University Affil. Hosps., Hershey)				
Harrisburg Polyclinic (See Pennsylvania State University Affil. Hosps., Hershey)				
HERSHEY				
Pennsylvania State University Affiliated Hospitals Milton S. Hershey Medical Center of the Pennsylvania State University Harrisburg (Harrisburg) Harrisburg Polyclinic (Harrisburg)	W. A. Weidner W. A. Weidner B. B. Giuliani	62,925 61,510	2C	008
PHILADELPHIA				
Albert Einstein Medical Center	B. J. Ostrum	100,000	3C	010
Episcopal	S. Berger	58,242	2C	005
Germantown Dispensary and Hospital	R. B. Funch	36,587	1C	004
Hahnemann Medical College and Hospital	M. E. Kricun	90,000	4C	013
Mercy Catholic Medical Center	D. Ritchie		3C 3F	009
Misericordia Division Fitzgerald Mercy Division (Darby)		41,755 56,580		
Pennsylvania Presbyterian—University of Pennsylvania Medical Center	W. J. Tuddenham G. N. Stein	75,509 42,350	2* 2C 2F	006 008
St. Christopher's Hospital for Children (See Bryn Mawr Hospital, Bryn Mawr)				
Temple University	M. S. Lapayowker	92,735	2C	015
Thomas Jefferson University	S. A. Feig	100,000	6C	018
University of Pennsylvania Affiliated Hospitals Hospital of the University of Pennsylvania Graduate Hospital of the University of Pennsylvania Veterans Admin.	S. Baum S. Baum A. Chait S. Baum	108,927 39,093 45,386	5C	017

33B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
PENNSYLVANIA—Continued				
PITTSBURGH				
Allegheny General Hospitals of the University Health Center of Pittsburgh	J. W. Ambrose	82,288	3*	009
Children's Hospital of Pittsburgh	B. R. Girdany		5C	027
Magee—Womens	L. W. Young	56,869		
Montefiore	J. Mazer	26,000		
Presbyterian—University		90,286		
Veterans Admin.	M. Arbitman	112,648		
Mercy	J. R. Lewin	49,386	3C	009
St. Francis General	J. A. Marasco, Jr.	100,000	3*	012
83,894				
READING				
Reading	G. A. Goodman	120,000	1C	008
			1*	
PUERTO RICO				
SAN JUAN				
University of Puerto Rico Affiliated Hospitals	H. Pagan-Saez	191,602	6C	024
			2F	
Industrial				
San Juan City	H. Pagan-Saez	65,659		
University District	H. Pagan-Saez	191,602		
Veterans Admin. Center	J. M. Gonzalez	65,301		
RHODE ISLAND				
PROVIDENCE				
Rhode Island	J. J. Lambiase	125,000	3C	009
SOUTH CAROLINA				
CHARLESTON				
Medical University of South Carolina Teaching Hospitals	P. Ross		5C	020
Medical University of South Carolina		90,203		
Charleston County		39,519		
Veterans Admin.		46,044		
TENNESSEE				
KNOXVILLE				
University of Tennessee Memorial Research Center and Hospital	E. Buonocore	63,310	2C	006
MEMPHIS				
Baptist Memorial	J. L. Booth	192,133	2*	012
			2F	
Methodist	E. H. Mabry, Sr.	134,995	4C	010
			4F	
University of Tennessee Affiliated Hospitals	J. G. Rabinowitz		3C	024
			3F	
City of Memphis Hospitals	J. G. Rabinowitz	126,309		
Veterans Admin.	G. Farrell, J. Rabinowitz	81,198		
NASHVILLE				
Vanderbilt University Affiliated Hospitals			8C	032
Nashville Metropolitan General		53,815		
Vanderbilt University	R. M. Heller			
Veterans Admin.	D. A. Krause	59,972		
TEXAS				
DALLAS				
Baylor University Medical Center	A. D. Sears	126,469	2C	011
			1F	
St. Paul	J. E. Miller	77,671	2C	008
University of Texas Southwestern Medical School Affiliated Hospitals	R. N. Berk		6C	021
Parkland Memorial	R. N. Berk	229,958		
Children's Medical Center	G. Currarino	24,586		
University of Texas Southwestern Medical School Affiliated Hospitals				
Veterans Admin.	G. E. Williams	98,455	3C	009
GALVESTON				
University of Texas Medical Branch Hospitals	M. H. Schreiber	130,000	4C	019
HOUSTON				
Baylor College of Medicine Affiliated Hospitals	J. E. Harrell		2C	021
			2F	
Ben Taub General	J. E. Harrell	143,668		
Jefferson Davis	J. E. Harrell	33,000		
Methodist	J. E. Harrell	156,504		
St. Luke's Episcopal	E. B. Singleton	95,218		
Texas Children's	E. B. Singleton	40,870		
Veterans Admin.	J. W. Connelly	130,845		
University of Texas at Houston Affiliated Hospitals	T. S. Harle		8C	032
			8F	
Hermann	T. S. Harle	69,024		
St. Joseph				
University of Texas M.D. Anderson Hospital and Tumor Institute	G. D. Dodd	82,828		
SAN ANTONIO				
University of Texas at San Antonio Teaching Hospitals	M. D. Jones		2*	019
Bexar County Teaching	M. D. Jones	166,158		
Santa Rosa Medical Center	R. M. Maurer	89,062		
Veterans Admin.	M. D. Jones	61,358		
TEMPLE				
Scott and White Memorial	E. J. Schoolar	143,855	2C	008

33B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1978-1979	
			1st Yr.	All Yrs.
UTAH				
SALT LAKE CITY				
University of Utah Affiliated Hospitals	D. G. Bragg		3C 2F	014
Primary Children's Medical Center	V. R. Condon	19,582		
University	D. G. Bragg	67,285		
Veterans Admin.		36,954		
VERMONT				
BURLINGTON				
Medical Center Hospital of Vermont	J. P. Tampas	94,975	3*	010
VIRGINIA				
CHARLOTTESVILLE				
University of Virginia	T. E. Keats	146,000	4C	019
NORFOLK				
Eastern Virginia Medical School Affiliated Hospitals	P. Williams		3*	012
Norfolk General		134,556		
Children's Hospital of the King's Daughters				
De Paul		90,839		
RICHMOND				
Virginia Commonwealth University M. C. V. Affiliated Hospitals	F. S. Vines		6C	023
Medical College of Virginia Hospitals	F. S. Vines	156,000		
Veterans Admin.	W. R. Fields	66,000		
WASHINGTON				
SEATTLE				
Swedish Hospital Medical Center	R. F. Roedel	53,120	1*	004
University of Washington Affiliated Hospitals	R. H. Troupin		3*	015
University	R. H. Troupin	44,000		
Children's Orthopedic Hospital and Medical Center	B. H. Ward	27,986		
Harborview Medical Center	J. W. Loop	50,159		
Swedish Hospital Medical Center		53,120		
Veterans Admin.	J. Harley	41,664		
Virginia Mason	W. Bush	119,861	1C 1F	004
SPOKANE				
Sacred Heart Medical Center	C. A. Stevenson	57,905	1* 5F	008
WEST VIRGINIA				
MORGANTOWN				
West Virginia University	O. F. Gabriele		3*	012
WISCONSIN				
MADISON				
University of Wisconsin Affiliated Hospitals	F. F. Ruzicka, Jr.		3C	015
University Hospitals	F. F. Ruzicka, Jr.	86,792		
Veterans Admin.	J. H. Juhl	20,592		
MILWAUKEE				
Medical College of Wisconsin Affiliated Hospitals	J. E. Youker		3* 1F	019
Milwaukee Children's	J. E. Youker	133,315		
Milwaukee County General	G. F. Unger	70,588		
Veterans Admin. Center (Wood)	J. F. Wepfer	90,526	2* 2F	010
St. Joseph's			2* 2F	008
St. Luke's	A. Fueredi	132,500		

33C. RADIOLOGY, THERAPEUTIC

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in Therapeutic Radiology. See also Lists 33A and 33B.

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatments	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES NAVY						
CALIFORNIA						
Naval Regional Medical Center, San Diego	F. G. Sanford	581	15,410	14	1C 1F	003
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
University of Alabama Medical Center	R. E. Roth				1C	004
University of Alabama Hospitals		864	22,776	124		
Veterans Admin.		202	4,873	5		
ARIZONA						
TUCSON						
University of Arizona Affiliated Hospitals	M. L. M. Boone	1,175	23,524	122	2*	008
University						

33C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- cavitary Treatments	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
ARKANSAS						
LITTLE ROCK						
University of Arkansas for Medical Sciences Affiliated Hospitals	D. R. Harris				1C	002
University Veterans Admin. Consolidated		993 262	36,064 3,981	16		
CALIFORNIA						
DAVIS						
University of California (Davis) Affiliated Hospitals	A. Raventos	1,801	34,396	111	1C	003
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	A. Raventos			22		
Sutter Community Hospitals of Sacramento (Sacramento)	D. A. Deer	1,205	34,779	107		
DUARTE						
City of Hope Medical Center (See Los Angeles County Harbor General, Torrance)						
IRVINE						
University of California (Irvine) Affiliated Hospitals	H. Vermund				2C	004
University of California, Irvine, Medical Center (Orange)	H. Vermund	245	5,575			
Childrens Hospital of Orange County (Orange)	M. J. Carson	33				
St. Joseph (Orange)	J. Harrison	176	5,920	45		
Veterans Admin. (Long Beach)	J. J. Stein	731	9,454			
LOMA LINDA						
Loma Linda University	J. M. Slater	488	11,489	94	1C	004
LONG BEACH						
Veterans Admin. (See University of Calif. (Irvine) Affil. Hospitals, Irvine)						
LOS ANGELES						
Los Angeles County—U. S. C. Medical Center	F. W. George	584	19,500	142	3*	012
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	E. A. Langdon	831	11,868	41	2C	006
Veterans Admin. Center—Wadsworth	Z. Petrovich	518	19,567	21	2C	002
ORANGE						
Childrens Hospital of Orange County (See University of Calif. (Irvine) Affil. Hospitals, Irvine)						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
St. Joseph (See University of Calif. (Irvine) Affil. Hospitals, Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford Univ. Affil. Hospitals, Stanford)						
SACRAMENTO						
Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
SAN DIEGO						
University Hospital, U.C. Medical Center, San Diego	C. F. Von Essen	492	7,285	180	2*	003
SAN FRANCISCO						
Mount Zion Hospital and Medical Center	J. R. Castro	593	10,551	39	1C	003
St. Mary's Hospital and Medical Center Affiliated Hospitals	J. M. Vaeth				1C	001
St. Mary's Hospital and Medical Center	J. M. Vaeth	350	5,586	5		
Pacific Medical Center—Presbyterian						
St. Francis Memorial	J. P. Green			2		
Santa Rosa Radiation Therapy Center (Santa Rosa)						
University of California Program	T. L. Phillips				1* 4F	011
H. C. Moffitt—University of California Hospitals	T. L. Phillips	797	17,843	575		
Ralph K. Davies Medical Center—Franklin San Francisco General	L. Margolis, R. Evans	387	14,900	20		
SAN JOSE						
Santa Clara Valley Medical Center (See Stanford Univ. Affil. Hospitals, Stanford)						
SANTA ROSA						
Santa Rosa Radiation Therapy Center (See St. Mary's Hospital and Med. Ctr. Affil. Hosps., S.F.)						
STANFORD						
Stanford University Affiliated Hospitals	M. A. Bagshaw				3C 2*	015
Stanford University	M. A. Bagshaw	1,440	24,592	75		
Veterans Admin. (Palo Alto)	L. M. Zatz					
Santa Clara Valley Medical Center (San Jose)	T. J. Barclay	220	3,914	8		
TORRANCE						
Los Angeles County Harbor General	R. Small	271	6,166	31	1C	002
City of Hope Medical Center (Duarte)	M. L. Jacobs					
COLORADO						
DENVER						
Presbyterian Medical Center	W. W. Wenzel	892	28,489	55	1* 1F	004

33C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatments	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CONNECTICUT						
NEW HAVEN						
Yale—New Haven Medical Center	J. J. Fischer	1,700	27,500	200	1*	008
Yale—New Haven Veterans Admin. (West Haven)		104	1,736	5		
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
DELAWARE						
WILMINGTON						
Wilmington Medical Center	E. Schubert	1,642	26,489	282	1*	003
DISTRICT OF COLUMBIA						
WASHINGTON						
Georgetown University	A. Scheer	307	4,530	32	1F	003
George Washington University Affiliated Hospitals	J. G. Maier	620	12,720	51	1*	003
George Washington University Children's Hospital National Medical Center						
Howard University	U. K. Henschke	413	6,633	111	1C 1F	006
FLORIDA						
GAINESVILLE						
William A. Shands Teaching Hosp. and Clinics	R. R. Million	1,100	18,000	110	2*	009
MIAMI						
University of Miami Affiliated Hospitals	M. Viamonte, Jr.				4*	024
Jackson Memorial		766	15,563	110		
Mount Sinai Medical Center of Greater Miami (Miami Beach)	I. Fix	1,531	21,289	25		
MIAMI BEACH						
Mount Sinai Hospital of Greater Miami (See University of Miami Affiliated Hospitals, Miami)						
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	J. R. Mc Laren				2C	006
Emory University	J. R. Mc Laren	651	10,116	90		
Grady Memorial	A. B. Kirchner	426	7,689	53		
Veterans Admin. (Decatur)						
AUGUSTA						
Medical College of Georgia Hospitals, Eugene Talmadge Memorial University	A. E. Fiveash, Jr.	916	13,709	101	1C	003
Veterans Admin.		916	14,662	101		
DECATUR						
Veterans Admin. (See Emory University Affil. Hosps., Atlanta)						
ILLINOIS						
CHICAGO						
Michael Reese Hospital and Medical Center	L. Cohen	444	7,853	42	2C	005
Northwestern University Medical School Affiliated Hospitals	W. N. Brand				2*	006
Northwestern Memorial	W. N. Brand	900	29,000	34		
Rush—Presbyterian—St. Luke's Medical Center	M. S. Lee	1,150	13,742	55	2*	008
University of Chicago Hospitals and Clinics	M. L. Griem	1,148	14,034	49	2*	006
University of Illinois Affiliated Hospitals	E. J. Liebner				1*	005
University of Illinois	E. J. Liebner	365	15,865	76		
Columbus	D. J. Lochman					
Mercy Hospital and Medical Center	J. Chao	285	8,443	50		
HINES						
Veterans Admin.	S. Stefani	921	23,160	1	2C	009
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	N. B. Hornback				2C	008
Indiana University Hospitals	N. B. Hornback	805	15,000	125		
Veterans Admin.	E. M. Cockerill					
William N. Wishard Memorial						
IOWA						
IOWA CITY						
University of Iowa Affiliated Hospitals	H. B. Latourette				1C	003
University of Iowa Hospitals		666	12,538	115		
Veterans Admin.		256	204			
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	C. M. Mansfield	823	10,823	2	1C	003
KENTUCKY						
LEXINGTON						
University	Y. Maruyama	1,500	16,000	204	1*	007
LOUISVILLE						
University of Louisville Affiliated Hospitals	R. M. Scott				2*	004
Louisville General		1,211	27,106	84		
Norton—Children's Hospitals						
Veterans Admin.						
LOUISIANA						
NEW ORLEANS						
Ochsner Foundation	D. Bush	694	8,700	77	1*	002

33C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial Intra- Cavitary Treatments	Positions Offered 1978-1979 1st All Yr. Yrs.
MAINE					
PORTLAND Maine Medical Center	J. F. Gibbons	799	13,308	62	2* 008
MARYLAND					
BALTIMORE Johns Hopkins	S. E. Order	900	30,000	150	1* 005
University of Maryland Affiliated Hospitals University of Maryland	R. G. Slawson	816	16,320	80	2C 006
MASSACHUSETTS					
BOSTON Boston University Affiliated Hospitals	M. I. Feldman				1C 004
Boston City University	M. I. Feldman	407 483	74 7,977	59	
Pondville (Norfolk)	R. J. Messer	325	9,568	41	
Joint Center for Radiation Therapy	S. Hellman	2,071	31,549	221	3* 012
Massachusetts General	H. D. Suit	1,565	48,782	145	3C 011 3* 008
Tufts University Affiliated Hospitals New England Medical Center	A. J. Piro	845	19,690	190	
Lemuel Shattuck Veterans Admin.	A. Piro A. Ucmakli	250 344	150 17,716	1 10	
NORFOLK					
Pondville (See Boston University Affiliated Hospitals, Boston)					
MICHIGAN					
ANN ARBOR University of Michigan Affiliated Hospitals	J. Fayos				1C 003
University Veterans Admin.	J. Fayos W. M. Whitehouse, R. Rapp	733 50	19,168	88 2	
Wayne County General (Eloise)	J. V. Fayos	134	3,228	15	
DETROIT Henry Ford	M. Boles	663	14,152	125	2C 004
Sinai Hospital of Detroit	H. Perry	665	16,670	104	1C 002
United Hospitals of Detroit—Harper Division	G. Kling				2C 005
ELOISE					
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)					
ROYAL OAK					
William Beaumont	R. Bloor	483	16,718	29	1C 002 1F
MINNESOTA					
MINNEAPOLIS University of Minnesota Affiliated Hospitals	S. H. Levitt	256	8,689		1* 004
University of Minnesota Hospitals Veterans Admin.		992 162	15,607 5,011	120 1	
ROCHESTER Mayo Graduate School of Medicine Rochester Methodist	J. D. Earle	1,997	27,748	164	2C 006
MISSOURI					
COLUMBIA Ellis Fischel State Cancer University of Missouri Medical Center	N. R. Canoy R. Abadir	629 600	21,988 8,922	109 49	1C 002 1C 003
Veterans Admin.					
ST. LOUIS Washington University Affiliated Hospitals Barnes Hospital Group Mallinckrodt Institute of Radiology	C. A. Perez	1,252	27,018	223	2C 005
NEBRASKA					
OMAHA University of Nebraska Affiliated Hospitals University of Nebraska Veterans Admin.	H. A. Baltaxe	351	10,430	33	1C 003
NEW HAMPSHIRE					
HANOVER Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial	W. L. Eaton, Jr.	533	11,705	21	1C 004
NEW JERSEY					
LIVINGSTON St. Barnabas Medical Center	L. San Filippo	811	27,986	85	1C 003
NEW MEXICO					
ALBUQUERQUE University of New Mexico Affiliated Hospitals Bernalillo County Medical Center University of New Mexico Cancer Research and Treatment Center	M. M. Kligerman				2C 006
		1,200	12,461	90	
NEW YORK					
BUFFALO Buffalo General Roswell Park Memorial Institute	Y. G. Laor R. J. R. Johnson	927 700	36,638	65 100	1C 001 2* 004
NEW YORK CITY					
Albert Einstein College of Medicine Affiliated Hospitals	N. A. Ghossein				2C 006
Bronx Municipal Hospital Center	N. A. Ghossein	152	4,944		
Hospital of the Albert Einstein College of Medicine	N. A. Ghossein	400	16,119	100	
Montefiore Hospital and Medical Center	C. Botstein	647	961	45	

33C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Teletherapy Treatments	Interstitial, Intra-Cavitary Treatments	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW YORK, NEW YORK CITY—Continued						
Memorial Hospital for Cancer and Allied Diseases	B. Hilaris	2,800	36,614	578	5C	019
Methodist	S. Rafla	504	10,169	57	1C	003
Mount Sinai	J. Boland	1,371	16,239	69	1C	003
New York Medical College—Metropolitan Hospital Center	M. Rotman				1C	003
Unit 1—Flower and Fifth Avenue Hospitals		198	6,086	284		
Unit 2—Metropolitan Hospital Center		47	1,864	2		
Unit 3—Bird S. Coler Memorial Hospital and Home						
Westchester County Medical Center (Valhalla)		133	3,235	17		
New York University Medical Center	J. Newall				2C	006
Bellevue Hospital Center		199	5,711	10		
University		496	10,162	13		
Presbyterian	C. H. Chang	1,204	1,204	25	2C	006
St. Vincent's Hospital and Medical Center of New York	G. Schwarz	378	6,583	31	1C 1F	003
S. U. N. Y. Downstate Medical Center	J. Bohorquez				2C	006
Kings County Hospital Center		263				
State University		404	8,819	91		
ROCHESTER						
Strong Memorial Hospital of the University of Rochester	P. Rubin	1,000	20,000	50	2*	008
SYRACUSE						
S. U. N. Y. Upstate Medical Center					2C	008
State University	R. H. Sagerman	1,075	17,430	116		
VALHALLA						
Westchester County Medical Center (See N. Y. Med. Coll.—Metropolitan Hosp. Ctr., New York City)						
NORTH CAROLINA						
CHAPEL HILL						
North Carolina Memorial	E. E. Rogoff	783	12,203	137	1C	003
DURHAM						
Duke University Affiliated Hospitals	L. S. Miller				2C	007
Duke University Medical Center		844	15,226	156		
Veterans Admin.		278	6,982			
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals					1*	004
North Carolina Baptist	M. Raben	962	18,414	104		
OHIO						
CINCINNATI						
University of Cincinnati Hospital Group	B. S. Aron				1C	005
Children's Hospital Medical Center	B. S. Aron	46	1,117			
Christian R. Holmes		276	8,270	20		
Cincinnati General	B. S. Aron	763	8,624	64		
Jewish	B. S. Aron, H. Horwitz	398	17,956	29		
CLEVELAND						
Case Western Reserve University Affiliated Hospitals	J. P. Storaasli				1C	003
University Hospitals of Cleveland	J. P. Storaasli	855	25,161	100		
Veterans Admin.	L. Olmsted	229	6,298			
Cleveland Clinic	A. R. Antunez	690	15,082	32	2*	008
COLUMBUS						
Ohio State University Hospitals	F. Batley	1,050	14,488	75	1C	005
OKLAHOMA						
OKLAHOMA CITY						
University of Oklahoma Health Sciences Center University Hospital and Clinics	C. R. Bogardus, Jr.	759	30,480	51	1C	007
OREGON						
PORTLAND						
University of Oregon Affiliated Hospitals	W. T. Moss				2C 2F	005
University of Oregon Health Sciences Center Hospital and Clinics	W. T. Moss	667	23,276	24		
St. Vincent Hospital and Medical Center	R. O. Lowy	395	10,700	12		
PENNSYLVANIA						
PHILADELPHIA						
Albert Einstein Medical Center	D. M. Sklaroff	814	22,202	95	1C	003
American Oncologic	J. J. Young	784	20,459	28	1C 1*	003
Hahnemann Medical College and Hospital	J. R. Glassburn	977	16,171	170	2*	006
Temple University	R. Robbins	620	11,000	40	1C	003
Thomas Jefferson University	S. Kramer	1,122	36,146	79	2C 1F	009
University of Pennsylvania Affiliated Hospitals	R. Goodman	785	13,951	73	1C	001
Hospital of the University of Pennsylvania	R. Goodman	785	13,951	73		
Veterans Admin.	S. Baum	266	8,595			
PITTSBURGH						
Allegheny General	J. P. Concannon	800	5	15	1C	003
Hospitals of the University Health Center of Pittsburgh	J. A. Parsons				1C	003
Presbyterian—University		818	14,093	5		
Magee—Womens		248	5,628	75		
St. Francis General	J. D. Mc Allister	616	25,515	94	1*	004

33C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatments	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
PUERTO RICO						
SAN JUAN University of Puerto Rico Affiliated Hospitals Center for Energy and Environmental Research	V. A. Marcial	356	17,045	26	1C 1F	003
SOUTH CAROLINA						
CHARLESTON Medical University of South Carolina	P. Ross	907	24,144	166	2C	017
TENNESSEE						
MEMPHIS University of Tennessee Affiliated Hospitals City of Memphis Hospitals	J. J. Nickson	340	12,329	158	1C	003
NASHVILLE Vanderbilt University	S. L. Stroup	781	28,580	61	1*	003
TEXAS						
DALLAS Baylor University Medical Center	R. Collier	966	38,931	228	2C	004
University of Texas Southwestern Medical School Affiliated Hospitals	H. W. C. Ward				1C	003
Parkland Memorial Children's Medical Center	H. W. C. Ward	301	245	27		
St. Paul	D. Fuller	707		192		
GALVESTON University of Texas Medical Branch Hospitals	M. H. Olson	809	21,902	34	1C	004
HOUSTON Baylor College of Medicine Affiliated Hospitals	P. T. Hudgins				2C 2F	004
Ben Taub General	J. E. Harrell	443	5,057	52		
Methodist	P. T. Hudgins	1,384	26,231	282		
Veterans Admin.	P. T. Hudgins	498	7,880	16		
University of Texas M.D. Anderson Hospital and Tumor Institute	G. H. Fletcher	2,612	58,807	458	2C	020
SAN ANTONIO University of Texas Health Science Center at San Antonio	M. D. Jones		6,455	24	1C	004
UTAH						
SALT LAKE CITY L O S Hospital	H. P. Plenk	794	14,164	68	1C 1* 1F	003
University	J. R. Eltringham	737	12,699	63	1C	004
VERMONT						
BURLINGTON Medical Center Hospital of Vermont	G. S. Brown	410	17,861	56	2C	002
VIRGINIA						
CHARLOTTESVILLE University of Virginia	W. C. Constable	773	14,168	69	2C	006
RICHMOND Virginia Commonwealth University M. C. V. Affiliated Hospitals						
Medical College of Virginia Hospitals	T. A. Hazra	1,150	16,234	110	1*	002
WASHINGTON						
SEATTLE University of Washington Affiliated Hospitals University Children's Orthopedic Hospital and Medical Center	A. J. Gerdes A. J. Gerdes	805	30,437	39	2*	008
Swedish Hospital Medical Center	G. G. Hibbs	4,858	23,423	55		
Virginia Mason	W. J. Taylor	711	15,085	27		
WISCONSIN						
MADISON University Hospitals	W. L. Caldwell	1,120	22,100	108	2C	008
MILWAUKEE Medical College of Wisconsin Affiliated Hospitals	J. D. Cox				1* 1F	008
Milwaukee County General	J. D. Cox	740	26,721	65		
Milwaukee Children's Veterans Admin. Center (Wood)						
St. Joseph's	S. A. Marks	502	13,161	88	1*	004

34A. SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Surgery and the American College of Surgeons, through the Residency Review Committee for Surgery, for FOUR OR MORE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group I candidate. See also List 34C.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st All Yr. Yrs.
UNITED STATES AIR FORCE					
CALIFORNIA					
David Grant U. S. A. F. Medical Center, Fairfield	R. M. Takamoto	99	3,579	42,054	2C 4* 014
MISSISSIPPI					
U.S.A.F. Medical Center, Biloxi	L. J. Fontenelle	51	1,706	17,267	8C 020
TEXAS					
Wilford Hall U. S. A. F. Medical Center, San Antonio	C. J. Buckley	100	3,540	54,134	12* 032
UNITED STATES ARMY					
CALIFORNIA					
Letterman Army Medical Center, San Francisco	J. E. Hutton, Jr.	81	2,349	28,183	3C 3F 012
COLORADO					
Fitzsimons Army Medical Center, Denver	L. A. Mologne	34	1,194	16,221	1* 1F 016
DISTRICT OF COLUMBIA					
Walter Reed Army Medical Center, Washington	R. W. Muir	70	1,800	9,080	8C 020
HAWAII					
Tripler Army Medical Center, Honolulu	J. E. Major, D. E. Waugh	214	6,999	90,595	5C 4F 025
TEXAS					
William Beaumont Army Medical Center, El Paso	T. M. Geer	48	2,582	15,976	3C 3F 018
Brooke Army Medical Center, San Antonio	M. G. Zeigler	39	1,593	11,869	3C 3F 1F 016
WASHINGTON					
Madigan Army Medical Center, Tacoma	J. T. Gillespie	45	1,850	23,300	3C 2F 015
UNITED STATES NAVY					
CALIFORNIA					
Naval Regional Medical Center, Long Beach (See Memorial Hospital Medical Center, Long Beach, Calif.)					
Naval Regional Medical Center, Oakland	R. M. Deaner	49	2,089	18,259	3C 4F 010
Naval Regional Medical Center, San Diego	C. C. Atkins	126	5,316	35,151	4C 4F 037
MARYLAND					
National Naval Medical Center, Bethesda	W. J. Fouty	60		13,000	3C 3F 021
VIRGINIA					
Naval Regional Medical Center, Portsmouth	G. H. Cross	120	4,016	28,618	4C 4F 016
UNITED STATES PUBLIC HEALTH SERVICE					
ARIZONA					
U. S. Public Health Service Indian, Phoenix (See Phoenix Integrated Sur. Res., Phoenix Ariz.)					
CALIFORNIA					
U. S. Public Health Service, San Francisco	J. Tovey	76	1,730	13,805	3* 2F 013
LOUISIANA					
U. S. Public Health Service, New Orleans	R. G. Clay, Jr.	52	1,045	5,169	4C 2F 017
MARYLAND					
U. S. Public Health Service, Baltimore	H. A. Ramsey	52	1,366	22,773	2C 2* 008
WASHINGTON					
U. S. Public Health Service, Seattle (See University of Washington Affiliated Hospitals, Seattle)					
OTHER FEDERAL					
CANAL ZONE					
Gorgas, Balboa Heights	P. Vose	25	1,125	9,434	3C 3F 009

34. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
Baptist Medical Centers	J. M. Akin, W. T. Edge				5C 1F	014
Baptist Medical Center—Montclair	J. M. Akin	192	6,836	10,272		
Baptist Medical Center—Princeton	W. T. Edge	159	7,905	18,601		
Carroway Methodist Medical Center	W. C. Tucker	62	2,436	19,700	2C 4* 1F	018
University of Alabama Medical Center	J. W. Kirklin	198	6,686	20,782	12C	045
University of Alabama Hospitals	J. W. Kirklin	69	5,157	4,104		
Veterans Admin.	J. Kirklin, W. Holdefer					
FAIRFIELD						
Lloyd Noland	J. M. Slaughter	59	2,979	43,247	4C 3F	008
MOBILE						
University of South Alabama Affiliated Hospitals						
University of South Alabama Medical Center Hospital and Clinics	A. J. Donovan	71	2,608	6,694	6C	019
ARIZONA						
PHOENIX						
Maricopa County General	H. W. Hale, Jr.	126	3,794	14,951	8C 4F	032
St. Joseph's Hospital and Medical Center	H. W. Hale, Jr.	100	36,733	253		
Phoenix Integrated Surgical Residency	J. L. Mc Phail	85	4,180	1,300	5C	020
Good Samaritan	R. B. Gilsdorf	34	1,184	4,084		
U. S. Public Health Service Indian Veterans Admin.	F. L. Zwemer	74	2,494	5,627		
J. L. Mc Phail						
TUCSON						
Tucson Hospitals Medical Education Program	E. G. Ramsay				3* 7F	022
Kino Community Hospital Division		41	1,420	15,056		
Tucson Medical Center Division		189	7,685	2,334		
University of Arizona Affiliated Hospitals	S. L. Wangenstein	26	861	5,389	6*	011
University Veterans Admin.	S. L. Wangenstein	33	1,257	3,860		
L. F. Peltier						
ARKANSAS						
LITTLE ROCK						
University of Arkansas for Medical Sciences Affiliated Hospitals	G. S. Campbell				6C 2* 7F	029
University Veterans Admin. Consolidated		60	2,129	8,108		
		92	1,510	4,205		
CALIFORNIA						
BAKERSFIELD						
Kern Medical Center	J. H. Bloch	59	3,351	19,980	2C 2* 2F	018
DAVIS						
University of California (Davis) Affiliated Hospitals	E. F. Wolfman, Jr.				10C	038
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	E. F. Wolfman, Jr.	45	1,386	7,990		
Kaiser Foundation (Sacramento)	D. B. Moore	36	2,924	37,357		
Sutter Community Hospitals of Sacramento (Sacramento)	G. Babbitt		17,114			
FRESNO						
Valley Medical Center of Fresno	E. T. Peter	77	3,555	14,723	2C 2* 2F	026
IRVINE						
University of California (Irvine) Affiliated Hospitals	J. E. Connolly				18C	045
Childrens Hospital of Orange County (Orange)	M. J. Carson	70	1,952	652		
University of California, Irvine, Medical Center (Orange)	J. E. Connolly	35	1,500	7,888		
Veterans Admin. (Long Beach)	J. E. Connolly, E. Stemmer	83	1,725	9,335		
LOMA LINDA						
Loma Linda University Affiliated Hospitals	D. B. Hinshaw				6C 4*	034
Loma Linda University	D. B. Hinshaw	91	3,712	17,400		
Riverside General (Riverside)	J. K. Longerbeam	60	3,798	16,951		
LONG BEACH						
Memorial Hospital Medical Center	S. Ede	115	3,000	173	4*	012
Naval Regional Medical Center	N. D. Broussard	38	1,633	20,626		
Veterans Admin. (See U. of Calif. (Irvine) Affiliated Hosps., Irvine)						
LOS ANGELES						
California Hospital Medical Center	K. L. Senter	41	3,233	1,260	2C	006
Cedars—Sinai Medical Center	L. Morgenstern	262	9,500	5,100	8C	017
Kaiser Foundation	R. Dorazio	62	3,546	73,765	3C	015
Los Angeles County—U.S.C. Medical Center	L. Rosoff, Sr.	146	6,369	17,640	38*	074
Martin Luther King, Jr. General	M. Atik	82	3,267	29,886	10C	023
Queen of Angels	K. J. Schmutzer	39	2,620	188	2C	008
U. C. L. A. Affiliated Hospitals	J. V. Maloney, Jr.				28*	078
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	J. V. Maloney, Jr.	69	2,417	15,124		
Veterans Admin. Center—Wadsworth	S. E. Wilson	166	4,370	308		
San Bernardino County Medical Center (San Bernardino)	E. A. Dainko	98	3,045	21,469		
Veterans Admin. (Sepulveda)	J. D. Baker	73	1,816	5,028		
White Memorial Medical Center	S. H. Fritz	39	1,609	4,152	5C 2F	015
MARTINEZ						
Veterans Admin.	C. F. Frey	91	1,285	3,600	5*	016

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA—Continued						
OAKLAND						
Highland General	B. H. Burch	53	3,055	29,418	6*	021
Kaiser Foundation	H. D. Grant	50	2,788	28,000	8F 4C	012
ORANGE						
Childrens Hospital of Orange County (See University of California (Irvine) Affil. Hosps., Irvine)						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						
PANORAMA CITY						
Kaiser Foundation	D. L. Dean	111	4,653	74,508	2C	006
PASADENA						
Huntington Memorial	E. N. Snyder	131	6,135	3,907	3C	011
RIVERSIDE						
Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)						
SACRAMENTO						
Kaiser Foundation (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)						
SAN BERNARDINO						
San Bernardino County Medical Center (See U.C.L.A. Affiliated Hospitals, Los Angeles)						
SAN DIEGO						
University of California (San Diego) Affiliated Hospitals	M. J. Orloff				30*	059
University Hospital, U. C. Medical Center, San Diego	M. J. Orloff	105	4,567	41,206		
Veterans Admin.	G. W. Peskin	175	5,226	56,500		
SAN FRANCISCO						
Kaiser Foundation	P. D. Smith, Jr.	84	3,888	82,102	4C	016
Mount Zion Hospital and Medical Center	J. Abouav	143	6,559	2,136	5*	012
St. Mary's Hospital and Medical Center	A. Cohen	108	3,974	1,332	4* 2F	023
University of California Program	P. Ebert				10C 14*	054
H. C. Moffitt—University of California Hospitals	P. Ebert	95	2,951	7,949		
Children's Hospital of San Francisco	V. Richards	59	3,940	3,685		
San Francisco General	F. W. Blaisdell	81	4,006	20,385		
Veterans Admin.	L. W. Way	31	989	17,360		
SAN JOSE						
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)						
SANTA BARBARA						
Santa Barbara General—Cottage Hospitals	F. W. Preston	188	8,513	6,183	5*	011
Santa Barbara General						
Santa Barbara Cottage						
SEPULVEDA						
Veterans Admin. (See U. C. L. A. Affiliated Hospitals, Los Angeles)						
STANFORD						
Stanford University Affiliated Hospitals	H. A. Oberhelman, Jr.				8C 3*	037
Stanford University	H. A. Oberhelman, Jr.	155	2,579	5,112		
Veterans Admin. (Palo Alto)	S. Kohatsu	27	1,268	1,790		
Santa Clara Valley Medical Center (San Jose)	P. A. De Vries	15	863	6,106		
STOCKTON						
San Joaquin General	W. Brock	32	1,813	20,891	1C 2F	008
TORRANCE						
Los Angeles County Harbor General	D. State	61	3,701	10,504	10C 4F	042
COLORADO						
DENVER						
St. Joseph Hospital—Colorado State	H. T. Robertson				4C 2*	020
St. Joseph Colorado State (Pueblo)	H. T. Robertson					
University of Colorado Affiliated Hospitals	T. J. Fogel	18	617	8,032		
	T. E. Starzl				18C 6*	066
Denver General	B. Eiseman	41	2,111	12,224		
Presbyterian Medical Center	J. R. Spencer	174	7,404	6,484		
Rose Medical Center	J. L. Glaser	75	3,372			
University of Colorado Medical Center	T. E. Starzl	92	2,689	2,652		
Veterans Admin.	I. Penn	52	1,156	3,952		
PUEBLO						
Colorado State (See St. Joseph Hospital—Colorado State, Denver)						

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CONNECTICUT						
BRIDGEPORT						
Bridgeport	A. J. Panettieri	205	9,832	8,429	6C	019
St. Vincent's Medical Center	P. W. Brown	133	7,240	717	3C	012
FARMINGTON						
John Dempsey (See University of Connecticut-Hartford, Hartford)						
John Dempsey (See Univ. of Connecticut-New Britain General, New Britain)						
HARTFORD						
University of Connecticut—Hartford	J. H. Foster				10C	030
Hartford	J. H. Foster	190	7,716	7,432		
John Dempsey (Farmington)						
Veterans Admin. (Newington)	A. A. Anderson	21	297	3,021		
University of Connecticut—St. Francis	H. Mannix, Jr.				5C 1F	017
St. Francis	H. Mannix, Jr.	218	9,964	5,316		
Mount Sinai	J. Deutsch	62	5,446	1,889		
NEW BRITAIN						
University of Connecticut—New Britain General	C. A. Smith				6*	019
New Britain General	C. A. Smith	152	8,199	699		
John Dempsey (Farmington)						
Veterans Admin. (Newington)	A. A. Anderson	21	297	3,021		
NEW HAVEN						
Hospital of St. Raphael	O. Pelliccia	189	7,190	9,121	8C 8F	026
Yale—New Haven Medical Center	H. K. Wright				6C 11*	041
Yale—New Haven	H. K. Wright	315	12,525	52,117		
Veterans Admin. (West Haven)	E. H. Storer	44	1,807	3,280		
NEWINGTON						
Veterans Admin. (See University of Connecticut-Hartford, Hartford)						
Veterans Admin. (See Univ. of Connecticut-New Britain General, New Britain)						
STAMFORD						
Stamford	J. F. Rogers	87	3,656	3,545	5C	014
WATERBURY						
St. Mary's	W. F. Quigley	119	4,906	1,345	3C	009
Waterbury Hospital Health Center	E. Dunn	114	4,558	1,548	2C 2*	012
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
DELAWARE						
WILMINGTON						
Veterans Admin. (See Bryn Mawr, Bryn Mawr, Pa.)						
Wilmington Medical Center	H. Rafal	240	10,511	5,129	3*	021
DISTRICT OF COLUMBIA						
WASHINGTON						
Georgetown University Affiliated Hospitals	C. A. Hufnagel				12C	042
District of Columbia General	H. H. Balch	94	828	4,286		
Georgetown University	C. A. Hufnagel	610	17,200	55,000		
Veterans Admin.	G. A. Higgins	87	1,142	182,819		
Arlington (Arlington, Va.)	F. Cardenas	43	1,556	1,474		
Fairfax (Falls Church, Va.)	A. Hall	181	9,197			
George Washington University Affiliated Hospitals	G. A. Higgins, Jr.				12C	034
George Washington University	P. J. Shorb, Jr.	73	2,811	12,705		
Veterans Admin.	G. A. Higgins	87	1,142	182,819		
Howard University Affiliated Hospitals	L. H. Kurtz				9C 1F	027
Howard University	L. O. Leffall, Jr.	55	2,022	4,749		
District of Columbia General	L. H. Kurtz	35	754	4,286		
Greater Southeast Community	W. Lyons	370	19,591			
Washington Hospital Center	P. H. Philbin		3,569		5C 13* 5F	042
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals	E. Woodward, W. Pfaff				15*	035
William A. Shands Teaching Hosp. and Clinics	E. Woodward, W. Pfaff	73	2,830	10,335		
Veterans Admin.	E. I. Weinschelbaum	43	1,136	3,165		
Veterans Admin. (Lake City)	E. R. Woodward	40	1,120	3,336		
JACKSONVILLE						
Jacksonville Hospitals Educational Program	S. E. Stephenson, Jr.				10*	032
Baptist Memorial		37	2,356	4,719		
St. Luke's		43	1,548			
St. Vincent's		67	3,322	7,086		
University Hospital of Jacksonville		59	2,537	18,748		
LAKE CITY						
Veterans Admin. (See University of Florida Affiliated Hospitals, Gainesville)						
MIAMI						
University of Miami Affiliated Hospitals	R. Zeppa				6C 14*	056
Jackson Memorial		385	13,624	24,936		
Veterans Admin.		54	132	3,393		

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr.	All Yrs.
FLORIDA—Continued						
MIAMI BEACH						
Mount Sinai Medical Center of Greater Miami	F. Ackroyd	60	2,361	708	9*	018
ORLANDO						
Orange Memorial	D. J. Davis	90	3,897	2,259	5C	015
PENSACOLA						
Pensacola Educational Program	G. L. Carr				1C 1*	008 2F
Baptist		115	4,687			
Sacred Heart		96	5,769	4,222		
University		19	880	4,140		
TAMPA						
University of South Florida Affiliated Hospitals	R. T. Sherman				6*	026
Tampa General		63	2,041	2,179		
Veterans Admin.		140	2,594	8,399		
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	W. D. Warren				20C 10*	078
Grady Memorial	J. R. Amerson	102	3,732	112,268		
Crawford W. Long Memorial	J. N. Mc Clure, Jr.	99	4,203	7,345		
Emory University	W. D. Warren	58	2,361			
Henrietta Eggleston Hospital for Children	W. H. Williams	15	905			
Veterans Admin. (Decatur)	R. B. Smith, 3d	53	1,270	3,794		
Georgia Baptist Medical Center	P. E. Stanton, Jr.	122	6,168	2,329	3C 3F	014
Piedmont	H. R. Gertner, Jr.	164	8,454	1,484	1C	006
AUGUSTA						
Medical College of Georgia Hospitals	A. R. Mansberger, Jr.	58	1,429	7,655	10*	032
Eugene Talmadge Memorial	A. R. Mansberger, Jr.	21	860	3,927		
University	A. R. Mansberger, Jr.	47	987	3,045		
Veterans Admin.	W. D. Jennings, Jr.					
DECATUR						
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)						
MACON						
Medical Center of Central Georgia	R. O. Schoffstall			8,853	4* 1F	012
SAVANNAH						
Memorial Medical Center	R. Gongaware, J. Winburn	67	2,473	3,121	4*	014
HAWAII						
HONOLULU						
University of Hawaii Affiliated Hospitals	T. J. Whelan, Jr.				3C 7* 4F	030
Queen's Medical Center	J. J. Mc Namara	168	9,925	1,668		
Kaiser Foundation	C. J. Straehley, Jr.	123	7,435	281,518		
Kauaikeolani Children's						
Kuakini	P. W. Hong	94	3,880			
St. Francis	G. K. T. Chung	91	4,531	1,524		
Straub Clinic and Hospital						
ILLINOIS						
BERWYN						
Mac Neal Memorial (See Univ. of Illinois Metropolitan Hospital Group, Chicago)						
CHICAGO						
Columbus—Cuneo—Cabrini Medical Center	P. F. Nora				4C 1F	013
Columbus		162	4,562	1,399		
Frank Cuneo		47	1,694	1,073		
Cook County	A. R. Kraft	169	8,500	27,215	10C	049
Cook County (See Chicago Medical School Affiliated Hosps., North Chicago)						
Illinois Central Community	W. R. Lawrence	146	2,025	14,350	5*	010
Michael Reese Hospital and Medical Center	G. S. Moss	118	4,227	5,961	4C	020
Mount Sinai Hospital Medical Center of Chicago	T. G. Baffes, M. C. Airan	108	2,965	2,440	7C 3* 1F	022
Northwestern University Medical School Affiliated Hospitals	J. M. Beal				9C	041
Northwestern Memorial	J. M. Beal	175	5,678	1,468		
Veterans Admin. Lakeside	T. W. Shields	64	1,013	4,747		
Evanston (Evanston)	E. F. Scanlon	62	2,450	864		
Rush—Presbyterian—St. Luke's Medical Center	H. W. Southwick	78	2,175	1,966	5C 2*	027
St. Joseph	E. Del Beccaro	156	5,188	7,288	5C	015
University of Chicago Hospitals and Clinics	D. B. Skinner	118	4,100	28,968	12*	032
University of Illinois Affiliated Hospitals	L. M. Nyhus				5C	048
University of Illinois	L. M. Nyhus	170	14,000			
Veterans Admin. (West Side)	P. A. Thomas	74	976	3,469		
University of Illinois Metropolitan Hospital Group	R. Schmitz	154	2,203	5,982	8C	028
Illinois Masonic Medical Center	C. T. Drake	57	2,000	600		
Louis A. Weiss Memorial	J. M. Silver	151	2,395	8,443		
Mercy Hospital and Medical Center	R. Schmitz	65	3,348	108		
Mac Neal Memorial (Berwyn)	R. G. Mrazek	220	9,720	6,740		
Lutheran General (Park Ridge)	C. J. Staley					

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
ILLINOIS—Continued						
EVANSTON						
Evanston (See Northwestern Univ. Med. School Affil. Hosp., Chicago)						
St. Francis	J. H. Mason	125	4,067	8,399	6C 1F	014
EVERGREEN PARK						
Little Company of Mary	E. J. Rooney	171	5,824	5,339	5C	016
HINES						
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)						
MAYWOOD						
Loyola University Affiliated Hospitals	R. J. Freeark				9C 5*	052
Foster G. Mc Gaw Veterans Admin. (Hines)	R. J. Freeark H. Greenlee	49 167	1,672 1,907	5,500 3,620		
NORTH CHICAGO						
Chicago Medical School Affiliated Hospitals Veterans Admin. Cook County (Chicago)	W. Schumer	50	463		1C	007
DAK LAWN						
Christ	E. C. Tsai	172	5,621	1,817	10C	025
PARK RIDGE						
Lutheran General (See Univ. of Illinois Metropolitan Hospital Group, Chicago)						
PEORIA						
St. Francis	S. S. Roberts	178	7,824	18,876	3C 3F	011
SPRINGFIELD						
Southern Illinois University Affiliated Hospitals St. Johns Memorial Medical Center	A. G. Birtch	100 159	3,230 8,643		6*	018
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	J. E. Jessep				10C 11*	045
Indiana University Hospitals Veterans Admin. William N. Wishard Memorial Methodist Hospital of Indiana	J. E. Jessep R. E. Lempke J. L. Glover W. S. Sobat	56 54 19 125	1,613 935 1,633 4,218	472 3,900 6,942 1,842		018
IOWA						
DES MOINES						
Iowa Methodist Medical Center Broadlawn Polk County Veterans Admin.	D. H. Watkins D. H. Watkins L. T. Palumbo	92 26 107	12 1,606 4,086	1,778 14,272 4,213	4*	012 015
IOWA CITY						
University of Iowa Affiliated Hospitals University of Iowa Hospitals Veterans Admin.	S. E. Ziffren S. E. Ziffren L. Denbesten	200 41	6,069 3,137	36,817 4,067	8C	040
KANSAS						
KANSAS CITY						
University of Kansas Medical Center Veterans Admin. (Kansas City, Mo.)	F. W. Masters R. A. Boudet	56 65	1,825 1,335	6,439 2,040	4C 4*	029
LEAVENWORTH						
Veterans Admin. Center	M. P. Mc Anaw	95	1,421	28,716	2C	005
WICHITA						
St. Francis Hospital—Veterans Admin. Center St. Francis Veterans Admin. Center Wesley Medical Center	G. J. Farha G. J. Mastio	195 56 168	10,045 800 12,054	818 1,333 2,580	6*	021 010
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center University Veterans Admin.	W. O. Griffen, Jr.	57 51	1,918 3,005	7,120 4,883	16C	043
LOUISVILLE						
University of Louisville Affiliated Hospitals Jewish Louisville General Norton—Children's Hospitals Veterans Admin.	H. C. Polk, Jr.	54 127 247 66	2,179 5,172 8,892 1,603	247 27,804 9,294 5,124	14*	047
LOUISIANA						
ALEXANDRIA						
Veterans Admin. (See Tulane University Affiliated Hospitals, New Orleans)						
BATON ROUGE						
Earl K. Long Memorial (See Louisiana State Univ. Affil. Hosp., New Orleans)						
INDEPENDENCE						
Lallie Kemp Charity (See Tulane Univ. Affiliated Hospitals, New Orleans)						

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered	
					1978-1979 1st Yr.	All Yrs.
LOUISIANA—Continued						
LAFAYETTE						
Lafayette Charity (See Louisiana State Univ. Affil. Hosps., New Orleans)						
MONROE						
E. A. Conway Memorial (See Ochsner Foundation, New Orleans)						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals	I. Cohn, Jr.				20C	050
Charity Hospital of Louisiana	I. Cohn, Jr.	66	2,183	23,158		
Veterans Admin.	B. G. Taylor	181	5,872	6,240		
Earl K. Long Memorial (Baton Rouge)	I. Cohn, Jr.	50	1,968	7,200		
Lafayette Charity (Lafayette)	T. P. Walton	27	1,145			
Ochsner Foundation	J. L. Ochsner	71	2,496	26,573	10*	034
E. A. Conway Memorial (Monroe)	J. L. Ochsner	26	1,046	5,150		
Tulane University Affiliated Hospitals	W. R. Webb				13C	045
Charity Hospital of Louisiana	W. R. Webb	73	2,444	25,243		
Veterans Admin. (Alexandria)	W. R. Webb	59	1,902	4,160		
Lallie Kemp Charity (Independence)						
Huey P. Long Memorial (Pineville)						
PINEVILLE						
Huey P. Long Memorial (See Tulane Univ. Affiliated Hospitals, New Orleans)						
SHREVEPORT						
L.S.U. (Shreveport) Affiliated Hospitals	J. C. Mc Donald				6*	024
Confederate Memorial Medical Center		71	2,748			
Veterans Admin.		57	1,699			
MAINE						
PORTLAND						
Maine Medical Center	R. C. Britton	226	10,500	4,618	4*	017
MARYLAND						
BALTIMORE						
Franklin Square	P. J. Ferris	108	4,230	30,757	8C	023
Johns Hopkins Affiliated Hospitals	G. D. Zuidema				9C	052
					10*	
Johns Hopkins	G. D. Zuidema	107	3,553	10,060		
Baltimore City Hospitals	G. W. Smith	36	1,014	7,099		
Veterans Admin.	R. E. Kieffer, Jr.	88	2,508	16,072		
Lutheran Hospital of Maryland	M. Fraiman			3,174	2C	008
Maryland General	F. A. Clark, Jr.	90	2,935	15,141	2C	012
					1F	
St. Agnes	S. L. Minken	148	6,345	5,606	5C	019
St. Joseph	B. Del Carmen	171	6,891	2,920	6C	020
Sinai Hospital of Baltimore	J. C. Handelsman	126	4,466	2,388	10C	021
South Baltimore General	N. Novin	128	4,912	10,206	6C	021
					3F	
Union Memorial	T. H. Wilson, Jr.	116	4,613	21,726	7C	022
University of Maryland Affiliated Hospitals	G. R. Mason				12*	030
University of Maryland	G. R. Mason	133	1,594	11,240		
Mercy	T. B. Hubbard, Jr.	132	4,419	9,800		
CHEVERLY						
Prince George's General	J. T. Estes, W. Hagan	139	5,251	3,704	8C	022
MASSACHUSETTS						
BOSTON						
Beth Israel	W. Silen	74	2,457	3,108	12C	034
Boston University Affiliated Hospitals	L. F. Williams, Jr.				18C	063
University	L. F. Williams, Jr.	124	1,834	676		
Boston City	L. F. Williams, Jr.	70	2,457	14,186		
Carney						
Veterans Admin.	D. C. Nabeth	32	1,145	3,021		
Brockton (Brockton)	F. D. Cogliano	132	5,336	17,341		
Framingham Union (Framingham)						
Massachusetts General	L. W. Ottinger	365	9,450	20,540	12C	056
New England Deaconess Hospital—Harvard Surgical Service	W. V. Mc Dermott, Jr.	1,400	35,822	306,556	8*	038
Faulkner	M. Osborne	72	2,166			
New England Deaconess	M. A. Ailiapoulos	60	2,155	8,664		
Cambridge (Cambridge)	W. J. Mc Dermott			2,200		
Mount Auburn (Cambridge)	J. A. Lynch	187	3,672	59,237		
Veterans Admin. (Manchester, N. H.)	R. J. Cleveland	64	2,081	42,268	10C	037
New England Medical Center	D. C. Nabeth	32	1,123	3,021		
Veterans Admin.	J. A. Mannick	167	5,823	32,090	8*	033
Peter Bent Brigham	E. M. Barsamian	41	674	5,000		
Veterans Admin. (West Roxbury)	R. H. Stanton	101	4,097	7,161	8C	020
St. Elizabeth's Hospital of Boston	S. R. Gargano	26	699	3,684		
Lawrence F. Quigley Memorial (Chelsea)						
BROCKTON						
Brockton (See Boston University Affiliated Hospitals, Boston)						
CAMBRIDGE						
Cambridge (See New England Deaconess Hosp.-Harvard Surg. Serv., Boston)						
Mount Auburn (See New England Deaconess Hosp.-Harvard Surg. Serv., Boston)						
CHELSEA						
Lawrence F. Quigley Memorial (See St. Elizabeth's Hospital of Boston, Boston)						

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MASSACHUSETTS—Continued						
FRAMINGHAM						
Framingham Union (See Boston University Affiliated Hospitals, Boston)						
PITTSFIELD						
Berkshire Medical Center	R. J. Tracy	146	6,845	18,979	4C	012
SPRINGFIELD						
Baystate Medical Center	P. Friedmann	226	9,741	3,536	7*	023
WORCESTER						
University of Massachusetts Coordinated Program	H. B. Wheeler				10C 6*	043
University of Massachusetts Memorial	H. B. Wheeler	8	890	577		
St. Vincent	W. T. Small	75	3,186	452		
Worcester City	M. A. Aliapoulos	162	5,636	554		
	J. B. Hermann	115	5,702	7,817		
MICHIGAN						
ALLEN PARK						
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)						
ANN ARBOR						
St. Joseph Mercy	R. O. Kraft	80	3,195	31,654	3C 3*	021
University of Michigan Affiliated Hospitals	J. G. Turcotte				9*	050
University	J. G. Turcotte	96	2,283			
Veterans Admin.	D. Freier, J. Turcotte	41	948	2,034		
Wayne County General (Eloise)	D. P. Horan	44	1,421	5,330		
DETROIT						
Detroit—Macomb Hospitals	P. T. Lee				3C 8F	025
Detroit Memorial		44	1,664	529		
South Macomb (Warren)		125	5,629			
Henry Ford	M. Block	182	5,836	51,544	6C 3*	036
Mount Carmel Mercy Hospital and Medical Center	W. S. Carpenter	173	8,133	3,854	6C 4*	020
St. John	J. A. Grady	135	5,690	118,099	3* 4F	019
St. Joseph Mercy (See Providence, Southfield, Mich.)						
Sinai Hospital of Detroit	S. Sakwa		5,901	2,404	5C 2F	018
United Hospitals of Detroit—Grace Division	D. Burnstine	96	3,978	355	7C 1F	023
Wayne State University Affiliated Hospitals	A. J. Wait	274	10,417	18,326	7C 12* 5F	050
Veterans Admin. (Allen Park) Detroit General Hutzel						
United Hospitals of Detroit—Harper Division						
EAST LANSING						
Michigan State University Associated Hospitals						
Ingham Medical Center (Lansing)	J. M. Harkema	92	5,080	1,846	4C	010
Edward W. Sparrow (Lansing)						
St. Lawrence (Lansing)						
ELDISE						
Wayne County General (See U. of Mich. Affil. Hosps., Ann Arbor)						
FLINT						
Hurley	A. E. Nehme	126	5,467	4,213	3C 4F	019
Mc Laren General	L. H. Hudson	119	7,007	2,712	3C	014
GRAND RAPIDS						
Bodgett Memorial Medical Center	R. A. Wehrenberg	116	6,647	2,194	2* 2F	011
Butterworth	R. Dean	60	3,325	1,126	8C 1F	023
St. Mary's	F. S. Gillett	64	2,540	5,623	1* 2F	005
KALAMAZOO						
Southwestern Michigan Area Health Education Center Bronson Methodist Borgess	J. B. Kilway	218	10,818	631	4*	014
LANSING						
Edward W. Sparrow (See Michigan State Univ. Assoc. Hosps., East Lansing)						
Ingham Medical Center (See Michigan State Univ. Assoc. Hosps., East Lansing)						
St. Lawrence (See Michigan State Univ. Assoc. Hosps., East Lansing)						
PONTIAC						
Pontiac General	S. Schwartz	86	5,529	712	2C 1*	015
Oakland Medical Center	Y. Lakra	22	250	204		
St. Joseph Mercy	A. Silbergleit	123	3,169	1,390	3C 2* 2F	017

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MICHIGAN—Continued						
ROYAL OAK William Beaumont	R. J. Lucas	141	5,664	4,862	4C 2* 2F	030
SAGINAW						
Saginaw Cooperative Hospitals	J. E. Manning			324	4* 3F	014
Saginaw General		90	4,145			
St. Luke's		82	4,377			
St. Mary's		60	3,572			
SOUTHFIELD						
Providence	J. Pfeifer	37	1,619	572	5C	019
St. Joseph Mercy (Detroit)	F. R. Jackson	73	2,690	1,196		
WARREN						
South Macomb (See Detroit-Macomb Hospitals, Detroit)						
MINNESOTA						
MINNEAPOLIS						
Hennepin County Medical Center	C. R. Hitchcock	107	4,221	18,526	12* 4F	040
University of Minnesota Affiliated Hospitals Mount Sinai	E. W. Humphrey				23C	066
University of Minnesota Hospitals	J. S. Najarian	128	2,130	10,261		
Veterans Admin.	J. S. Najarian	105	2,449	4,060		
ROCHESTER						
Mayo Graduate School of Medicine	R. B. Wallace	85	2,700	79,359	12*	068
Rochester Methodist		83	3,787			
St. Mary's						
ST. PAUL						
St. Paul—Ramsey	J. F. Perry, Jr.	72	4,405	8,848	5*	018
MISSISSIPPI						
JACKSON						
University of Mississippi Medical Center	J. D. Hardy				8*	030
University	J. D. Hardy	74	2,513	5,546		
Veterans Admin. Center	J. H. Conn	68	1,547	2,854		
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	D. Silver	57	1,608	6,764	12*	034
Veterans Admin.	W. F. Keitzer	34	1,087	3,179		
KANSAS CITY						
Menorah Medical Center	E. E. Haith	91	4,092	628	2C	010
University of Missouri at Kansas City Affiliated Hospitals						
Truman Medical Center	W. R. Snider	26	2,049	6,086	3C	016
University of Missouri at Kansas City Affiliated Hospitals						
St. Luke's	P. G. Koontz, Jr.	171	4,742	1,940	2C 2* 1F	010
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)						
ST. LOUIS						
Homer G. Phillips	A. D. Spencer	117	5,512	12,240	4* 8F	034
St. Louis University Group of Hospitals	V. L. Willman				9C	031
St. Louis University	V. L. Willman	49	1,600	1,605		
Cardinal Glennon Memorial Hospital for Children	J. E. Lewis, V. L. Willman		1,404			
St. Louis City	R. M. Kettner, Jr.	21	689	3,756		
St. Mary's Health Center	V. L. Willman, T. Dubuque	82	2,799	106		
Veterans Admin.	J. E. Codd	33	768	1,802		
Washington University Affiliated Hospitals	W. F. Ballinger				15*	047
Barnes Hospital Group	W. F. Ballinger	165	4,383	5,468		
St. Louis City	J. D. Halverson	21	630	3,287		
St. Louis County	W. Ballinger	33	1,250	23,778		
Veterans Admin.	W. T. Newton	30	672	1,832		
Washington University Medical Center						
Jewish Hospital of St. Louis	G. Philpott	152	6,398	8,915	7C	018
NEBRASKA						
LINCOLN						
Veterans Admin.	C. R. Mota	56	1,444	5,810	2*	010
St. Elizabeth Community Health Center	R. W. Gillespie			192		
OMAHA						
Creighton University Affiliated Hospitals	C. H. Organ, Jr.				8C	021
Creighton Memorial St. Joseph's		87	3,597	2,860		
Veterans Admin.		20	950	2,016		
University of Nebraska Affiliated Hospitals	P. E. Hodgson				6C 3*	021
University of Nebraska		11	471	7,095		
Veterans Admin.		29	1,521	1,956		
NEW HAMPSHIRE						
HANOVER						
Dartmouth Medical School Affiliated Hospitals	R. C. Karl				12C	031
Mary Hitchcock Memorial	R. C. Karl	158	6,756	9,236		
Veterans Admin. Center (White River Junction, Vt.)	W. B. Crandell	30	671	6,556		
MANCHESTER						
Veterans Admin. (See N. E. Oseconess Hosp.—Harvard Surg. Svc., Boston, Mass.)						

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st All Yr. Yrs.
NEW JERSEY					
ATLANTIC CITY Atlantic City	M. J. Elovitz	169	8,350	4,900	2C 014 3F
CAMDEN Cooper Our Lady of Lourdes (See Thomas Jefferson Univ. Affil. Hosps., Philadelphia, Pa.)	L. Pierucci, Jr.	90	3,112	1,425	2C 011 1*
EAST ORANGE Veterans Admin. (See CMDNJ-New Jersey Med. School Affil. Hosps., Newark)					
ENGLEWOOD Englewood	P. A. Mele, G. O. Halsted	136	7,113	1,243	2C 015 2*
FLEMINGTON Hunterdon Medical Center (See C M D N J-Rutgers Med. School Affil. Hosps., Piscataway)					
GREEN BROOK Raritan Valley (See CMDNJ-Rutgers Med. School Affil. Hospitals, Piscataway)					
HACKENSACK Hackensack (See C M O N J-New Jersey Med. School Affil. Hosps., Newark)					
JERSEY CITY Jersey City Medical Center	J. J. Timmes	72	2,926	5,672	7C 017
LIVINGSTON St. Barnabas Medical Center	A. H. Islami	216	7,515	22,993	5C 022 2F
LONG BRANCH Monmouth Medical Center Program Monmouth Medical Center Jersey Shore Medical Center—Fitkin (Neptune)	C. S. Arvanitis C. S. Arvanitis J. W. Knecht	188 107 150	6,177 6,959 6,177	1,215 3,191 1,215	6C 016
MONTCLAIR Mountainside (See St. Joseph's Hospital and Medical Center, Paterson)					
MORRISTOWN Morristown Memorial	A. L. Filippone	159	6,894	1,007	6C 016
MOUNT HOLLY Burlington County Memorial (See Hahnemann Medical College Affil. Hosps., Philadelphia)					
NEPTUNE Jersey Shore Medical Center—Fitkin (See Monmouth Medical Center Program, Long Branch)					
NEWARK CMDNJ—New Jersey Medical School Affiliated Hospitals Martland Newark Beth Israel Medical Center St. Michael's Medical Center Veterans Admin. (East Orange) Hackensack (Hackensack)	B. F. Rush, Jr. K. G. Swan V. Parsonnet A. R. Wychulis R. W. Hobson, 2d A. A. Alessi	106 30 30 99 214 114	2,441 10,431 3,381 3,425 5,426	6,087 2,684 1,136 89,204 1,331	28C 087
NEW BRUNSWICK Middlesex General	N. Rosenberg	100	4,922	2,900	4C 015
PATERSON St. Joseph's Hospital and Medical Center Mountainside (Montclair)	J. T. Farrell S. R. Silver	69 96	3,592 3,061	1,367 414	4C 014 1F
PISCATAWAY CMDNJ—Rutgers Medical School Affiliated Hospitals Raritan Valley (Green Brook) Hunterdon Medical Center (Flemington) Medical Center at Princeton (Princeton)	J. H. Landor J. H. Landor R. S. Weeder J. J. Chandler	60 28 60	2,405 1,247 5,349	2,832 4,296 42	6* 016
PLAINFIELD Muhlenberg	R. G. Fisher	152	7,749	3,598	4C 009
PRINCETON Medical Center at Princeton (See C M D N J-Rutgers Med. School Affil. Hosps., Piscataway)					
TRENTON St. Francis Medical Center	G. J. Paul	155	5,484	3,200	6* 014
NEW MEXICO					
ALBUQUERQUE University of New Mexico Affiliated Hospitals Bernalillo County Medical Center Lovell—Bataan Medical Center Veterans Admin.	W. S. Edwards W. S. Edwards J. D. Mc Carthy D. E. Smith	50 14 37	2,361 794 1,159	13,688 5,457 1,673	5* 021
NEW YORK					
ALBANY Albany Medical Center Affiliated Hospitals Albany Medical Center St. Peter's Veterans Admin.	S. R. Powers S. R. Powers J. Phelan H. D. Gullick	103 140 59	3,090 4,636 1,851	1,184 906 3,220	10C 032

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st All Yr. Yrs.
NEW YORK —Continued					
BUFFALO					
Deaconess Hospital of Buffalo	D. R. Becker	110	3,930	22,890	8C 031 2F
Millard Fillmore	P. B. Wels	229	8,022	26,949	3C 018 3*
Sisters of Charity	F. Zaepfel	175	5,635	1,676	2C 016 2F
Emergency Hospital	F. M. Zaepfel	48	1,062	3,497	
S. U. N. Y. at Buffalo Affiliated Hospitals, Program 1	J. H. Siegel				13* 040
Buffalo General	J. H. Siegel	145	4,614	1,670	
Veterans Admin.	A. A. Gage	40	678	1,820	
S.U.N.Y. at Buffalo Affiliated Hospitals, Program 2	W. G. Schenk, Jr.				5C 031 3*
Edward J. Meyer Memorial	W. G. Schenk, Jr.	92	2,228	3,392	
Veterans Admin.	A. A. Gage	39	678	1,820	
CASTLE POINT					
Veterans Admin. (See New Rochelle Hospital Medical Center, New Rochelle)					
COOPERSTOWN					
Mary Imogene Bassett	D. A. Blumenstock	54	1,745	17,253	4* 015 2F
EAST MEADOW					
Nassau County Medical Center—Meadowbrook	A. Di Benedetto	80	2,360	10,870	8C 027
HUNTINGTON					
Huntington (See S. U. N. Y. at Stony Brook Affil. Hospitals, Stony Brook)					
JOHNSON CITY					
Charles S. Wilson Memorial	F. W. Wood	106	4,539	4,629	3C 009
MANHASSET					
North Shore University (See Cornell Cooperating Hosps., N. Y. City)					
MINEOLA					
Nassau (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)					
MOUNT VERNON					
Mount Vernon	S. Kaplan	124	4,669	5,093	3C 014 6F
NEW ROCHELLE					
New Rochelle Hospital Medical Center	W. J. Mc Cann	150	5,415	1,801	5C 017 2F
Veterans Admin. (Castle Point)	B. Y. Lee	64	708	2,600	
NEW YORK CITY					
Albert Einstein College of Medicine Affiliated Hospitals	M. L. Gliedman				20* 057
Bronx Municipal Hospital Center	M. L. Gliedman	103	3,076	21,956	
Hospital of the Albert Einstein College of Medicine		104	2,489	4,198	
Lincoln	B. M. Reynolds	100	2,292	10,412	
Beekman—Downtown	R. B. Nolan	135	3,047	24,659	6* 014
Beth Israel Medical Center	L. Venet	129	4,072	4,406	12* 038
Booth Memorial	J. L. Chassin	113	4,350	3,660	3C 016
Bronx—Lebanon Hospital Center	P. H. Gerst	150	2,725	9,789	9C 031
Brookdale Hospital Center	B. S. Levowitz	126	4,903	8,981	12C 035
Brooklyn—Cumberland Medical Center	H. R. Freund	199	6,184	29,158	9C 033
Cabrini Health Care Center—Columbus Hospital Division	R. D. La Raja	139	4,429	6,201	12C 029 10C 023
Catholic Medical Center of Brooklyn and Queens	A. Klaum				
Mary Immaculate Division	J. Lundie	89	2,510	2,605	
St. John's Queens Division	S. Pascale	110	3,042	3,518	
St. Mary's Division	B. Savits	62	2,161	5,833	
Cornell Cooperating Hospitals	G. T. Shires				14C 050
New York Hospital	G. T. Shires	259	7,839	19,223	
Memorial Hospital for Cancer and Allied Diseases	N. Martini	295	8,191	51,476	
Cornell Cooperating Hospitals					10C 029
North Shore University (Manhasset)	A. R. Beil, Jr.	138	6,223	4,063	5C 021 3*
Flushing Hospital and Medical Center	J. J. Creedon	125	3,317	3,034	1F
Harlem Hospital Center	H. P. Freeman	62	2,105	7,235	19* 059
Hospital for Joint Diseases and Medical Center	J. R. Wilder	82	2,250	16,400	5C 014
Jamaica	H. Barber	105	2,779	6,294	4C 012
Jewish Hospital and Medical Center of Brooklyn	L. J. Koven	211	9,553	5,906	10C 027
Greenpoint	L. J. Koven	45	1,686	27,394	
Jewish Memorial	L. Bergner	77	2,811	9,192	3C 015 1*
Lenox Hill	J. O. Vieta	170	5,421	22,372	11C 025 6F
Long Island College	R. Mainzer	72	2,162	4,984	8C 017 4F
Long Island Jewish—Hillside Medical Center					16C 030
Program	L. Wise				
Long Island Jewish—Hillside Medical Center	L. Wise	100	4,638	1,240	
Queens Hospital Center	I. Teicher	31	1,267	4,826	
Lutheran Medical Center	C. A. Lian	106	3,187	11,277	6* 017
Maimonides Medical Center Training Program	G. Degenshein				5C 048 4*
Maimonides Medical Center	G. Degenshein	220	4,143	24,299	
Coney Island	A. Kane	83	1,759	9,178	
Methodist	I. F. Enquist	115	2,880	9,050	6C 024

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW YORK, NEW YORK CITY—Continued						
Misericordia Hospital Medical Center	B. M. Reynolds	120	3,412	6,610	17C	038
Montefiore Hospital Training Program Montefiore Hospital and Medical Center	M. Gliedman			8,970	5C 15*	040
Mount Sinai Hospital Training Program	A. H. Aufses, Jr.				35C	070
Mount Sinai	A. H. Aufses, Jr.	265	7,900	7,417		
City Hospital Center at Elmhurst	U. Kim	68	2,383	10,898		
Veterans Admin. (Bronx)	A. H. Aufses, Jr.	95	1,336	4,773		
New York Infirmary	H. Richman	57	1,876	1,583	4C	011
New York Medical College—Metropolitan Hospital Center	L. R. M. Del Guercio				16*	049
Unit 1—Flower and Fifth Avenue Hospitals		65	2,314	1,097		
Unit 2—Metropolitan Hospital Center		127	3,200	20,080		
Unit 3—Bird S. Coler Memorial Hospital and Home		14	101	776		
New York University Medical Center	F. C. Spencer				20*	068
Bellevue Hospital Center		149	4,372	27,517		
University		152	3,469			
Veterans Admin. (Manhattan)		111	1,890	4,940		
Presbyterian	K. Reemtsma	188	7,209	20,698	12C	037
Roosevelt	W. A. Wichern, Jr.	193	4,250	26,350	10C	031
St. Clare's Hospital and Health Center	W. F. Mitty, Jr.	40	4,447	3,710	4C 4*	023
St. John's Episcopal	J. E. Mule	83	3,539	12,597	4C 8F	028
St. Luke's Hospital Center	H. F. Fitzpatrick	132	1,598	79,234	9C	034
St. Vincent's Hospital and Medical Center of New York	T. F. Nealon, Jr.	227	6,098	13,945	13* 1F	040
St. Vincent's Medical Center of Richmond	W. C. Frederick	100	3,948	2,890	6C	015
Staten Island	G. J. Lustig	104	2,637	3,527	3C 1F	009
S.U.N.Y. Downstate Medical Center	S. L. Kountz				20C	065
Kings County Hospital Center	S. L. Kountz	293	4,205	31,538		
Kingsbrook Jewish Medical Center	J. C. Powers	63	1,826	1,587		
State University	S. L. Kountz	65	2,132	3,379		
Veterans Admin. (Brooklyn)	H. H. Le Veen	241	4,863	6,760		
Unity	G. Koota	51	2,532	4,412	3C	009
Wyckoff Heights	L. F. Nadrowski	121	3,593	4,962	4C	018
NORTHPORT						
Veterans Admin. (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)						
ROCHESTER						
University of Rochester Affiliated Hospitals, Program 1	C. G. Rob				12C	033
Strong Memorial Hospital of the University of Rochester	C. G. Rob	75	2,260	4,722		
Highland Hospital of Rochester	H. D. Kingsley	102	4,836	10,683		
University of Rochester Affiliated Hospitals, Program 2	C. G. Rob				9*	053
Rochester General	J. R. Hinshaw	146	7,016	3,083		
Genesee	R. Menguy	102	5,046	2,410		
St. Mary's	A. J. Graziani	99	3,919	2,908		
ROSLYN						
St. Francis (See S. U. N. Y. at Stony Brook Affil. Hosps., Stony Brook)						
STONY BROOK						
S.U.N.Y. at Stony Brook Affiliated Hospitals	H. S. Soroff				12C	042
Veterans Admin. (Northport)						
Huntington (Huntington)						
Nassau (Mineola)	D. E. Janelli	79	4,022	9,151		
St. Francis (Roslyn)	C. Rogers, N. Thomson, Jr.	184	6,713			
SYRACUSE						
St. Joseph's Hospital Health Center	A. Vercillo	181	8,715	1,388	2* 2F	007
S. U. N. Y. Upstate Medical Center	W. R. Webb				14C	041
Community General Hospital of Greater Syracuse	B. E. Chamberlain	85	4,352			
Crouse Irving—Memorial	W. R. Webb	54	2,802			
State University	W. R. Webb	43	1,346	2,387		
Veterans Admin.	L. S. Rogers	52	989	8,925		
VALHALLA						
Westchester County Medical Center	M. Rohman	52	2,082	13,007	4C	016
NORTH CAROLINA						
CHAPEL HILL						
North Carolina Memorial	C. G. Thomas, Jr.	50	1,750	17,075	15*	040
CHARLOTTE						
Charlotte Memorial Hospital and Medical Center	H. F. Hamit	63	2,459	6,410	2* 1F	010
DURHAM						
Duke University Affiliated Hospitals	D. C. Sabiston, Jr.				5C	049
Duke University Medical Center	D. C. Sabiston, Jr.	82	2,684	21,393		
Veterans Admin.	R. W. Postlethwait	78	1,517	4,866		
WILMINGTON						
New Hanover Memorial	L. B. Mason	175	8,715	4,687	2*	007
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals					8C	041
North Carolina Baptist					7*	

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
OHIO						
AKRON						
Akron City	C. W. Loughry	127	4,126	978	3*	003
Akron General	D. M. Evans	112	3,813	16,039	3*	013
St. Thomas	R. J. Burkhard	156	5,375	1,795	3*	021
					6F	
CINCINNATI						
Good Samaritan Hospital Training Program	J. J. Cranley				5C	029
					5*	
Good Samaritan	J. J. Cranley	130	4,989	581		
Providence	F. E. Ellis, J. J. Cranley	165	8,187	1,139		
Jewish	H. J. Heimlich	261	9,520	2,723	6C	018
Deaconess						
University of Cincinnati Hospital Group	W. A. Altemeier				8*	049
Children's Hospital Medical Center		76	3,468	5,468		
Cincinnati General		199	6,125	38,543		
Veterans Admin.		60	1,066	5,436		
CLEVELAND						
Case Western Reserve University Affiliated Hospitals	C. A. Hubay				9*	039
University Hospitals of Cleveland	W. O. Holden	115	4,962	5,679		
Cleveland Metropolitan General	J. Ankeney	55	2,029	9,382		
Veterans Admin.	J. W. Benson	82	1,297	4,250		
Cleveland Clinic—St. Vincent Charity	R. E. Hermann				6*	036
Cleveland Clinic	R. E. Hermann	270	3,828	27,197		
St. Vincent Charity	L. B. Langsam	90	3,394	4,878		
Fairview General	S. O. Hoerr	136	5,008	24,992	6*	018
Robinson Memorial Portage County (Ravenna)	C. C. Voorhis	98	5,871	2,441		
St. John's	C. N. Hinman	118	4,225	1,546		
Huron Road	M. D. Ram	161	5,938	6,143	4*	014
Lutheran Medical Center	J. C. Avellone	94	3,542	676	2*	007
Mount Sinai Hospital of Cleveland	J. Berk	114	4,638	4,151	4*	023
					3F	
St. Alexis	J. Lopez				1*	020
					6F	
St. Luke's	F. S. Cross	99	3,444	2,707	4C	012
COLUMBUS						
Mount Carmel Medical Center	R. W. Zollinger	115	4,075	1,455	2C	014
					2*	
					1F	
Ohio State University Hospitals	L. C. Carey	96	2,696	7,505	6C	030
					6*	
Riverside Methodist	R. Patton	126	4,596	869	2C	010
					1F	
DAYTON						
Wright State University Affiliated Hospitals					6C	015
Good Samaritan Hospital and Health Center	W. A. Reiling, Jr.	230	8,816	1,488	2F	
Wright State University Affiliated Hospitals					2C	010
Miami Valley	R. K. Finley, Jr.	549	21,935	3,099		
Wright State University Affiliated Hospitals					6*	013
Veterans Admin. Center	C. L. Cogbill	130	1,877	3,531		
Wright State University Affiliated Hospitals					2C	010
Charles F. Kettering Memorial (Kettering)	R. J. Ireton	160	6,674	704	2F	
KETTERING						
Charles F. Kettering Memorial (See Wright State University Affil. Hosps., Dayton)						
RAVENNA						
Robinson Memorial Portage County (See Fairview General, Cleveland)						
TOLEDO						
Medical College of Ohio at Toledo Associated Hospitals	W. S. Blakemore				5C	041
					3*	
					4F	
Hospital of Medical College of Ohio at Toledo	W. S. Blakemore	47	1,372	4,645		
Mercy	R. A. Gandy, Jr.	106	4,249	926		
St. Vincent Hospital and Medical Center	W. S. Blakemore	87	2,776	916		
Toledo	J. B. Rank	268	12,019	427		
YOUNGSTOWN						
St. Elizabeth Hospital Medical Center	R. Abdu	200	8,902	17,652	6C	021
Youngstown	S. Binder	335	14,137	4,201	4C	022
					4*	
					1F	
OKLAHOMA						
NORMAN						
Central State Griffin Memorial (See Univ. of Oklahoma Health Sciences Center, Oklahoma City)						
OKLAHOMA CITY						
St. Anthony	L. L. Long	51	2,390	1,311	1C	004
					1F	
University of Oklahoma Health Sciences Center	G. R. Williams				6*	027
					2F	
University Hospital and Clinics		35	1,302	11,179		
Veterans Admin.		122	1,324	4,765		
Central State Griffin Memorial (Norman)						
TULSA						
University of Oklahoma Tulsa Medical College					6C	014
Affiliated Hospitals	J. M. Guernsey					
Hillcrest Medical Center		154	5,315	1,199		
St. Francis		244	12,750			
St. John's			10,106	989		

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
OREGON						
PORTLAND						
Emanuel	B. L. Bachulis	72	3,189	1,096	2C 2F	008
Good Samaritan Hospital and Medical Center	D. K. Crystal	129	6,420	4,533	2C 1*	012
St. Vincent Hospital and Medical Center	G. H. Lawrence	186	8,409	474	3C	012
University of Oregon Affiliated Hospitals	W. W. Krippaehne				8*	033
University of Oregon Health Sciences Center						
Hospital and Clinics	W. W. Krippaehne	67	3,439	15,606		
Veterans Admin.	R. M. Vetto	78	1,221	1,943		
PENNSYLVANIA						
ABINGTON						
Abington Memorial	A. S. Frobese	77	3,556	721	6*	015
ALLENTOWN						
Allentown Affiliated Hospitals	D. H. Gaylor				4* 1F	016
Allentown		51	2,772	177		
Allentown and Sacred Heart Hospital Center		170	7,604	162		
BETHLEHEM						
St. Luke's	C. K. Zug, 3d	161	5,972	3,956	2C 2* 1F	010
BRYN MAWR						
Bryn Mawr	G. E. Heggstad	135	7,949	9,128	6C	015
Veterans Admin. (Wilmington, Del.)	D. Pecora	119	1,898	2,830		
CHESTER						
Crozer—Chester Medical Center (See Hahnemann Medical College Affil. Hosps., Philadelphia)						
DANVILLE						
Geisinger Medical Center	H. M. Klinger	88	3,044	19,329	3* 1F	011
DARBY						
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)						
EASTON						
Easton	L. S. Serfas	108	5,506	1,775	4*	014
ERIE						
Hamot Medical Center	F. C. Mischler	162	9,076	4,197	3C 2* 4F	012
HARRISBURG						
Harrisburg (See Pennsylvania State University Affiliated Hosps., Hershey)						
Harrisburg Polyclinic	L. T. Patterson	147	7,234	5,420	2C 2*	010
HERSHEY						
Pennsylvania State University Affiliated Hospitals	J. A. Waldhausen				9C 2F	023
Milton S. Hershey Medical Center of the Pennsylvania State University Harrisburg (Harrisburg)	J. A. Waldhausen R. P. Dutlinger	108	4,267			
JOHNSTOWN						
Conemaugh Valley Memorial	M. Azer	153	6,131	320	4C	012
MC KEESPORT						
Mc Keesport	F. R. Bondi	134	6,160	2,338	4C 4F	016
NORRISTOWN						
Sacred Heart	R. A. Buyers	136	4,801	9,293	3*	007
PHILADELPHIA						
Albert Einstein Medical Center	A. D. Bannett	87	3,577	3,534	3C 4* 2F	019
Episcopal	L. H. Stahlgren	35	1,342	5,946	4C 2*	010
Graduate Hospital of the University of Pennsylvania Hahnemann Medical College Affiliated Hospitals	P. Nemir, Jr. T. Matsumoto	5	1,549	2,192	5C 12C	017 042
Hahnemann Medical College and Hospital	T. Matsumoto	417	13,909	2,645		
St. Agnes	F. E. Mele	70	7,414	21,571		
Crozer—Chester Medical Center (Chester)	H. V. Armitage	101	4,015	1,917		
Burlington County Memorial (Mount Holly, N.J.)	W. R. Muir	122	4,514	1,500		
Hospital of the Medical College of Pennsylvania	D. R. Cooper				4C 4*	020
Veterans Admin.	J. E. Rhoads, Jr.	36	661	1,750		
Lankenau	E. W. Shearburn	59	5,964	2,154	2C 2* 2*	012
Mercy Catholic Medical Center	J. J. Mc Keown				2C 2* 1F	014
Misericordia Division	E. D. Mc Laughlin	52	2,483	9,400		
Fitzgerald Mercy Division (Darby)	E. C. Meyer	111	4,074	3,661		
Pennsylvania	D. A. De Laurentis	53	1,588	8,418	4C	012
Presbyterian—University of Pennsylvania Medical Center	L. W. Stevens	55	2,506	11,499	4C	012
Temple University Affiliated Hospitals	J. H. Hall				4C 9*	025
Temple University	J. H. Hall	70	1,966	4,222		
Germantown Dispensary and Hospital	J. S. C. Harris	90	2,750			
Veterans Admin. (Wilkes-Barre)	J. J. Hall	96	1,253	2,000		

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
PENNSYLVANIA, PHILADELPHIA—Continued						
Thomas Jefferson University Affiliated Hospitals	F. B. Wagner				6C	024
Thomas Jefferson University Chestnut Hill	F. B. Wagner	60	2,146	2,615		
Methodist	J. W. Stayman, Jr.	76	3,461	1,216		
Our Lady of Lourdes (Camden, N. J.)	J. J. De Tuerk	32	1,546	1,498		
University of Pennsylvania Affiliated Hospitals.	F. E. Barse	298	11,728	104,359		
Hospital of the University of Pennsylvania	L. D. Miller				20*	059
Fox Chase Center for Cancer and Medical Sciences Veterans Admin.	L. D. Miller	219	6,348	7,372		
	E. F. Rosato	36	661	2,450		
PITTSBURGH						
Allegheny General	D. H. Brooks	159	5,468	5,606	6C	018
Hospitals of the University Health Center of Pittsburgh	H. T. Bahnsen				12C	038
Children's Hospital of Pittsburgh	W. B. Kieseewetter	30	2,177			
Montefiore	H. T. Bahnsen	107	3,493			
Presbyterian—University	H. T. Bahnsen	15	2,569			
Veterans Admin.	F. Steichen	62	1,246	2,800		
Mercy	C. E. Copeland	120	3,822	3,297	5*	018
					1F	
St. Francis General	E. B. Smith	143	5,475	3,544	3*	012
Shadyside	W. E. Novogradac	121	1,377	4,305	6C	016
					2F	
Western Pennsylvania	J. C. Gaisford	157	5,668	9,239	3C	021
					3*	
SAYRE						
Robert Packer	J. M. Thomas	92	3,708	52,116	1C	007
					1*	
WILKES-BARRE						
Veterans Admin. (See Temple University Affiliated Hospitals, Philadelphia)						
YORK						
York	W. C. Davis	198	9,084	4,315	2C	012
					2*	
					1F	
PUERTO RICO						
CAGUAS						
Caguas Regional	F. Santiago	34	1,729	28,342	4C	012
SAN JUAN						
San Juan City	I. M. Marquez	40	2,491	35,828	8C	028
					2F	
University of Puerto Rico Affiliated Hospitals	G. Blanco				8C	039
					4*	
University District	G. Blanco	104	4,432	60,933		
Veterans Admin. Center.	J. H. Amadeo	70	1,683	5,506		
RHODE ISLAND						
PROVIDENCE						
Brown University Affiliated Hospitals	H. T. Randall				8C	041
					8*	
Rhode Island	H. T. Randall					
Miriam	M. T. Mc Enany	115	4,387	1,115		
Roger Williams General						
Veterans Admin.	H. Harrower, H. T. Randall	76	1,587	12,108		
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina Teaching Hospitals	C. P. Artz				12*	035
Medical University of South Carolina	C. P. Artz	106	3,058	11,270		
Charleston County	C. P. Artz	30	993			
Veterans Admin.	L. D. Hanback, Jr.	43	1,033	3,602		
COLUMBIA						
Richland Memorial	H. C. Mc Gown	93	3,723	4,046	2C	010
					2F	
GREENVILLE						
Greenville Hospital System	L. W. Stoneburner	31	11,276	6,093	4*	016
					1F	
SPARTANBURG						
Spartanburg General	J. E. Bottsford	24	8,701	6,322	2C	016
					2*	
					2F	
SOUTH DAKOTA						
SIOUX FALLS						
Veterans Admin. Center (See University of South Dakota Affil. Hosps., Yankton)						
YANKTON						
University of South Dakota Affiliated Hospitals	C. B. Mc Vay				3C	013
Sacred Heart	C. B. Mc Vay	123	4,140	6,929		
Veterans Admin. Center (Sioux Falls)	C. A. Assimacopoulos	78	1,428	2,529		
TENNESSEE						
CHATTANOOGA						
University of Tennessee Clinical Education Center Baroness Erlanger	R. P. Burns	190	8,288	5,441	4C	017
					1*	
KNOXVILLE						
University of Tennessee Memorial Research Center and Hospital	H. A. Blake	80	344	2,299	2F	008

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
TENNESSEE—Continued						
MEMPHIS						
Baptist Memorial	R. M. Miles	255	9,805	1,897	4C 4* 4F	028
Methodist	T. V. Stanley	94	3,361	2,191	3C 5F	011
University of Tennessee Affiliated Hospitals	J. W. Pate				7C 3*	040
City of Memphis Hospitals	J. W. Pate	72	2,667	14,411		
Veterans Admin.	J. J. Mc Caughan, Jr.	69	2,260	6,870		
NASHVILLE						
Baptist	J. K. Wright	501	26,564	747	4C	011
George W. Hubbard Hospital of the Meharry Medical College	L. J. Bernard	49	1,459	10,546	4C	016
Vanderbilt University Affiliated Hospitals					24C	068
Nashville Metropolitan General		36	1,511	4,437		
St. Thomas	R. A. Daniel	160	7,210	268		
Vanderbilt University	H. W. Scott, Jr.	66	1,578	14,657		
Veterans Admin.	R. E. Richie	86	1,831	10,146		
TEXAS						
AUSTIN						
Central Texas Medical Foundation (See St. Joseph, Houston)						
DALLAS						
Baylor University Medical Center	R. Sparkman	140	5,017	2,227	10*	028
John Peter Smith (Fort Worth)	C. A. Crenshaw	48	1,880	8,084		
Methodist Hospital of Dallas	W. H. Gossard	139	8,771	1,078	5*	009
St. Paul	E. Poulos	224	9,397	2,177	4C	014
University of Texas Southwestern Medical School Affiliated Hospitals					27*	067
Parkland Memorial	W. J. Fry	91	3,863	17,835		
Veterans Admin.	J. L. Hunt	68	1,577	12,000		
FORT WORTH						
John Peter Smith (See Baylor University Medical Center, Dallas)						
GALVESTON						
University of Texas Medical Branch Hospitals	J. C. Thompson	69	2,395	5,906	17*	037
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	M. E. De Bakey				14C 10* 2F	066
Ben Taub General	M. E. De Bakey	83	4,342	13,916		
Methodist	J. Overstreet	152	6,424			
St. Luke's Episcopal	W. D. Seybold	56	2,223	46		
Texas Children's	F. J. Harberg	19	1,167	62		
Veterans Admin.	P. H. Jordan, Jr.	78	2,596	7,352		
St. Joseph	D. L. Moore	242	7,940	752	4C 2* 3F	018
Central Texas Medical Foundation (Austin)	C. D. Smith	27	934	2,800		
Brackenridge (Austin)						
University of Texas at Houston Affiliated Hospitals						
Hermann	S. J. Dudrick	70	2,750	2,988	15*	042
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals						
Bexar County Teaching	J. B. Aust	77	3,142	13,790	15*	042
TEMPLE						
Scott and White Memorial	C. W. Broders	79	5,146	22,486	2C	010
Veterans Admin. Center	A. S. Haisten	172	3,000	1,325		
UTAH						
OGDEN						
Mc Kay—Dee Hospital Center (See University of Utah Affiliated Hosps., Salt Lake City)						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	F. G. Moody				17C	051
University	F. G. Moody	34	1,153	5,254		
L D S Hospital	C. R. Smart	201	10,145	160		
Holy Cross Hospital of Salt Lake City	D. Albo, Jr.	29	1,618	2,876		
Veterans Admin.	H. M. Lazarus	24	875	5,252		
Mc Kay—Dee Hospital Center (Ogden)						
VERMONT						
BURLINGTON						
Medical Center Hospital of Vermont	J. H. Davis	67	2,652	11,670	9C	023
WHITE RIVER JUNCTION						
Veterans Admin. Center (See Dartmouth Medical School Affil. Hosps., Hanover, N.H.)						
VIRGINIA						
ARLINGTON						
Arlington (See Georgetown University Affil. Hosps., Washington, D.C.)						
CHARLOTTESVILLE						
University of Virginia Affiliated Hospitals	W. H. Muller, Jr.				14C	034
University of Virginia	W. H. Muller, Jr.	49	2,036	7,729		
Veterans Admin. (Salem)	R. C. Chakravorty	37	1,038	4,908		

34A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr.	All Yrs.
VIRGINIA—Continued						
FALLS CHURCH						
Fairfax (See Georgetown University Affil. Hosps., Washington, D. C.)						
HAMPTON						
Veterans Admin. Center (See Eastern Virginia Med. Sch. Affil. Hosps., Norfolk)						
NORFOLK						
Eastern Virginia Medical School Affiliated Hospitals	F. Rosato				15C 1F	035
Norfolk General		198	5,039	3,562		
De Paul		132	5,104			
Veterans Admin. Center (Hampton)		84	1,782	4,874		
RICHMOND						
Virginia Commonwealth University M.C.V. Affiliated Hospitals	L. J. Greenfield				14C 4*	051
Medical College of Virginia Hospitals	L. J. Greenfield	243	7,694	76,091		
Richmond Memorial	N. E. Hutcher	108	5,372			
Veterans Admin.	H. H. Mc Guire, Jr.	55	837	5,029		
ROANOKE						
Community Hospital of Roanoke Valley	A. Donato	184	8,842	7,269	6*	015
Roanoke Memorial Hospitals	R. E. Berry	201	10,283	5,204	2C 2* 2F	016
SALEM						
Veterans Admin. (See University of Virginia Affil. Hosps., Charlottesville)						
WASHINGTON						
SEATTLE						
Providence Medical Center	H. H. Olson	20	7,170	6,107	2C	006
Swedish Hospital Medical Center	J. R. Cantrell	187	9,684	2,736	4*	013
University of Washington Affiliated Hospitals	C. J. Carrico				12*	040
Harborview Medical Center	C. J. Carrico	47	1,208	6,435		
U. S. Public Health Service	W. Sikkema	33	863	7,134		
University	C. J. Carrico	44	1,579	8,219		
Veterans Admin.	H. M. Radke	96	2,196	2,500		
Virginia Mason	P. C. Jolly	98	4,411	42,767	5*	020
WEST VIRGINIA						
BECKLEY						
Appalachian Regional	G. J. Hill, 2d	68	1,545	25,533	5*	015
CHARLESTON						
Charleston Area Medical Center	J. P. Boland	156	9,275	1,884	6C	018
CLARKSBURG						
Veterans Admin. (See West Virginia Univ. Medical Center, Morgantown)						
MORGANTOWN						
West Virginia University Medical Center	A. L. Watne				6*	012
West Virginia University	A. L. Watne	75	2,114	7,548		
Veterans Admin. (Clarksburg)						
WHEELING						
Ohio Valley Medical Center	C. D. Hershey	147	4,823	1,895	4* 1F	013
WISCONSIN						
LA CROSSE						
La Crosse Lutheran Hospital and Gundersen Clinic	W. A. Kiskan	168	9,526	102,140	1C 2* 4F	011
MADISON						
University of Wisconsin Affiliated Hospitals	F. D. Belzer				4C 2*	030
Madison General	E. Boldon	57	3,187			
Methodist						
St. Marys Hospital Medical Center	R. J. Botham	58	2,436			
University Hospitals	F. O. Belzer	49	1,390	5,007		
Veterans Admin.	J. T. Mendenhall	45	657	3,648		
MARSHFIELD						
Marshfield—University of Wisconsin Affiliated Hospitals	W. M. Toyama	135	3,500	10,912	2C	004
Marshfield Clinic						
St. Joseph's						
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals	J. J. De Cosse				10C	041
Milwaukee County General	J. J. De Cosse	53	2,855	7,626		
Veterans Admin. Center (Wood)	R. E. Condon	52	1,696	6,282		
Lutheran Hospital of Milwaukee	D. E. Koepke	46	1,592	1,722		
Columbia	W. J. Boulanger	86	4,230	6,779		
Milwaukee Childrens	M. Glicklich	12	753	2,367		
Mount Sinai Medical Center	E. C. Saltzstein	109	4,940	3,744	2*	010
St. Joseph's	W. Weisel	157	8,693	5,094	2* 3F	013
St. Luke's	T. M. O' Connor	158	2,065	2,844	2* 2F	002

34B. SURGERY

Institutions offering ONE year of training as an integral part of an accredited program of four or more years' duration are no longer listed separately. Such institutions may be included as part of a program listed under 34A.

34C. SURGERY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Surgery, and the American College of Surgeons, through the Residency Review Committee for Surgery, for additional training following the completion of an approved residency.

		Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
						1st Yr.	All Yrs.
NONFEDERAL AND VETERANS ADMINISTRATION							
CALIFORNIA							
DUARTE	City of Hope Medical Center	R. L. Byron	40	1,454	18,025	4C	007
DISTRICT OF COLUMBIA							
WASHINGTON	Children's Hospital National Medical Center	J. G. Randolph	40	3,650	9,000	1C 4*	005
ILLINOIS							
CHICAGO	Children's Memorial	J. G. Raffensperger	10	1,309	3,600	1C	001
MASSACHUSETTS							
BOSTON	Children's Hospital Medical Center	J. Folkman	54	3,004	8,082	5C	007
	Lahey Clinic	A. V. Persson	80	1,200	4,000	5C	005
NORFOLK	Pondville	M. Yatsuhashi	623	1,185	16,873		004
MICHIGAN							
DETROIT	Children's Hospital of Michigan	J. H. Hertzler	45	1,800	3,500	1C	002
MISSOURI							
COLUMBIA	Ellis Fischel State Cancer	W. D. Johnston	34	1,215	8,132	2C	002
NEW YORK							
BUFFALO	Children's Hospital of Buffalo	T. C. Jewett	15	2,388	3,507	1C	001
	Roswell Park Memorial Institute	E. D. Holyoke	133	3,572	16,266	5C	010
NEW YORK CITY	Memorial Hospital for Cancer and Allied Diseases	N. Martini	295	8,191	51,476	7C	012
	Presbyterian	T. V. Santulli	188	7,209	20,698	1C	002
OHIO							
COLUMBUS	Children's	E. T. Boles, Jr.	37	1,890	3,833	1C	002
PENNSYLVANIA							
PHILADELPHIA	American Oncologic	P. Grotzinger, J. Strawitz	39	1,406	10,681	1C	001
	Children's Hospital of Philadelphia	C. E. Koop	40	1,654	2,125	1C	002
	St. Christopher's Hospital for Children	L. A. Somers	7	982	1,660	1C	002
PITTSBURGH	Hospitals of the University Health Center of Pittsburgh						
	Children's Hospital of Pittsburgh	W. B. Kiesewetter	30	2,177	2,487	3C	004
PUERTO RICO							
SAN JUAN	I. Gonzalez Martinez	R. E. Llobet	15	459	3,407	1C	001
TEXAS							
HOUSTON	University of Texas M. D. Anderson Hospital and Tumor Institute	R. G. Martin	49	1,316	12,173	6C	018
WASHINGTON							
SEATTLE	Children's Orthopedic Hospital and Medical Center	A. H. Bill	31	4,139	1,594	1C	001

35. THERAPEUTIC RADIOLOGY

Residency programs that have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association and the American Board of Radiology, through the Residency Review Committee for Radiology, are listed under Radiology, List 33C.

36. THORACIC SURGERY

Residency programs in the following hospitals have been accredited for TWO or MORE years of training by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Thoracic Surgery, and the American College of Surgeons, through the Residency Review Committee for Thoracic Surgery, as offering acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES AIR FORCE						
TEXAS						
Wiford Hall U. S. A. F. Medical Center, San Antonio	W. Stanford	36	453	714	1C	002
UNITED STATES ARMY						
CALIFORNIA						
Letterman Army Medical Center, San Francisco	A. C. Gomez	13	250	402	1C	002
DISTRICT OF COLUMBIA						
Walter Reed Army Medical Center, Washington	D. C. Green	28	441	1,010	2C	004
TEXAS						
Brooke Army Medical Center, San Antonio	R. L. Treasure	22	334	524	1C	002
UNITED STATES NAVY						
CALIFORNIA						
Naval Regional Medical Center, San Diego	B. L. Aaron	22	412	1,611	1C 1F	002
MARYLAND						
National Naval Medical Center, Bethesda	M. Mills	14	355	750	1C	002
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
University of Alabama Medical Center	J. W. Kirklin	54	1,806	1,335	2C	002
University of Alabama Hospitals	J. W. Kirklin	13	896	606		
Veterans Admin.	J. W. Kirklin					
ARKANSAS						
LITTLE ROCK						
University of Arkansas for Medical Sciences	G. S. Campbell				1C	002
Affiliated Hospitals						
University						
Veterans Admin. Consolidated		8	250	917		
CALIFORNIA						
DAVIS						
University of California (Davis) Affiliated Hospitals	E. J. Hurley					
University of California (Davis) Sacramento Medical Center		14	571	1,577	1C	002
IRVINE						
University of California (Irvine) Affiliated Hospitals	J. E. Connolly				2C	004
University of California, Irvine, Medical Center (Orange)	J. E. Connolly	5	132	315		
Veterans Admin. (Long Beach)	E. A. Stemmer	10	125	630		
LONG BEACH						
Veterans Admin. (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)						
LOS ANGELES						
Hospital of the Good Samaritan Medical Center	R. Hughes	14	405	29	2C	004
Los Angeles County—U. S. C. Medical Center	J. H. Kay	16	1,383	1,793	2C	002
U. C. L. A. Hospital and Clinics, Center for the Health Sciences	D. G. Mulder	11	316	334	2C	004
Veterans Admin. Center—Wadsworth	R. A. Cukingnan	4	100	400		
ORANGE						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
SACRAMENTO						
University of California (Davis) Sacramento Medical Center (See University of California (Davis) Affil. Hosps., Davis)						
SAN DIEGO						
University of California (San Diego) Affiliated Hospitals	R. M. Peters, P. O. Daily				1C	002
University Hospital, U.C. Medical Center, San Diego		8	204	96		
Veterans Admin.						
SAN FRANCISCO						
University of California Program	P. A. Ebert	10	284	1,153	1C	002
H. C. Moffitt—University of California Hospitals	P. A. Ebert	26	412	2,040		
Veterans Admin.	D. J. Ulyot					
SAN JOSE						
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)						
STANFORD						
Stanford University Affiliated Hospitals	J. B. D. Mark, N. Shumway	70	2,227	3,864	4C	008
Stanford University	J. B. D. Mark, N. Shumway					
Santa Clara Valley Medical Center (San Jose)	P. A. De Vries	5	700	820		

36. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
COLORADO						
DENVER						
University of Colorado Affiliated Hospitals	T. E. Starzl				1C	002
University of Colorado Medical Center	T. E. Starzl	12	285	105		
Denver General	B. Eiseman	5	255	410		
Veterans Admin.	J. T. Anderson	20	500	312		
CONNECTICUT						
NEW HAVEN						
Yale—New Haven Medical Center	A. E. Baue				2C	004
Yale—New Haven	A. E. Baue	29	669	2,003		
Hospital of St. Raphael	M. G. Carter	25	500	384		
Veterans Admin. (West Haven)	A. E. Baue	8	246	430		
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
DELAWARE						
WILMINGTON						
Wilmington Medical Center (See Thomas Jefferson Univ. Affil. Hosps., Philadelphia, Pa.)						
DISTRICT OF COLUMBIA						
WASHINGTON						
George Washington University Affiliated Hospitals	J. G. Randolph				1C	002
George Washington University	P. C. Adkins	19	548	1,125		
Children's Hospital National Medical Center	J. G. Randolph	6	180	600		
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals	G. R. Daicoff				2C	003
William A. Shands Teaching Hosp. and Clinics	G. R. Daicoff	15	524	830		
Veterans Admin.	P. V. Moulder	24	449	1,066		
MIAMI						
University of Miami Affiliated Hospitals	G. A. Kaiser				2C	004
Jackson Memorial	G. A. Kaiser	16	281	478		
Mount Sinai Medical Center of Greater Miami (Miami Beach)	J. J. Greenberg	5	232	14		
Veterans Admin.	G. A. Kaiser	12	124	813		
MIAMI BEACH						
Mount Sinai Medical Center of Greater Miami (See University of Miami Affiliated Hospitals, Miami)						
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	C. R. Hatcher, Jr.	47	1,447		3C	007
Emory University						
Grady Memorial	C. R. Hatcher, Jr.	12	406	1,221		
Veterans Admin. (Decatur)	J. I. Miller	14	295	650		
AUGUSTA						
Medical College of Georgia Hospitals	R. G. Ellison				2C	004
Eugene Talmadge Memorial	R. G. Ellison	19	550	1,500		
Veterans Admin.	J. W. Rubin	15	272	580		
Memorial Medical Center (Savannah)	T. J. Yeh	30	840	156		
DECATUR						
Veterans Admin. (See Emory Univ. Affil. Hosps., Atlanta)						
SAVANNAH						
Memorial Medical Center (See Medical College of Georgia Hosps., Augusta)						
ILLINOIS						
CHICAGO						
Cook County	C. J. Tatroles	29	1,139	1,171	1C	002
Northwestern University Medical School Affiliated Hospitals	L. L. Michaelis				1C	002
Northwestern Memorial	L. L. Michaelis	35	693	500		
Children's Memorial	F. Idriss	8	409	365		
Veterans Admin. Lakeside	T. W. Shields	15	198	250		
Rush—Presbyterian—St. Luke's Medical Center	H. Najafi	80	2,100	5,500	2C	005
University of Chicago Hospitals and Clinics	D. B. Skinner	31	790	1,668	2C	004
University of Illinois Affiliated Hospitals	S. Levitsky				2C	004
University of Illinois	S. Levitsky	11	265	495		
Veterans Admin. (West Side)	P. A. Thomas	14	150	1,040		
HINES						
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)						
MAYWOOD						
Loyola University Affiliated Hospitals	R. Pifarre				2C	004
Foster G. Mc Gaw		25	362	267		
Veterans Admin. (Hines)		15	91	1,580		
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	H. King				2C	004
Indiana University Hospitals	H. King	25	689	271		
Veterans Admin.	C. Pollack	17	408	352		
IOWA						
IOWA CITY						
University of Iowa Affiliated Hospitals	J. L. Ehrenhaft				2C	004
University of Iowa Hospitals		44	1,336	3,701		
Veterans Admin.						

36. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	D. A. Barnhorst	7	229	158	1C	002
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center	J. R. Utley				1C	002
University	J. W. Mc Roberts	20	532	1,493		
Veterans Admin.		11	425	612		
LOUISVILLE						
University of Louisville Affiliated Hospitals	L. Gray, Jr.				2*	004
Jewish		6	171			
Louisville General		21	234	1,941		
Norton—Children's Hospitals		21	234	1,943		
Veterans Admin.		10	146	568		
LOUISIANA						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals	J. Cohn, Jr.				1C	002
Charity Hospital of Louisiana	L. R. Bryant	6	183	621		
Veterans Admin.	L. R. Bryant	8	370	1,152		
Ochsner Foundation	J. L. Ochsner				1C	002
MARYLAND						
BALTIMORE						
Johns Hopkins Affiliated Hospitals						
Johns Hopkins	V. L. Gott	29	683	1,622	1C	002
University of Maryland Affiliated Hospitals						
University of Maryland	J. S. Mc Laughlin	37	1,095	2,410	1C	002
MASSACHUSETTS						
BOSTON						
Boston University Affiliated Hospitals	R. L. Berger				1C	002
Boston City	R. L. Berger	5	168	413		
Children's Hospital Medical Center	A. Castaneda			231		
University	R. L. Berger	18	355			
Massachusetts General	H. Grillo, M. J. Buckley	83	2,100	4,280	2C	004
New England Deaconess	F. H. Ellis, Jr.	45	863	6,152	1C	002
New England Medical Center	R. J. Cleveland	32	850	1,766	1C	002
St. Elizabeth's Hospital of Boston	B. Daly	8	160	174		
Peter Bent Brigham Hospital—Children's Hospital						
Medical Center	J. J. Collins, Jr.				1C	002
Peter Bent Brigham	J. J. Collins, Jr.	21	548	1,838		
Children's Hospital Medical Center	A. Castaneda			231		
MICHIGAN						
ALLEN PARK						
Veterans Admin.						
(See Wayne State University Affiliated Hospitals, Detroit)						
ANN ARBOR						
University	H. Sloan	29	686	1,428	3C	006
DETROIT						
Wayne State University Affiliated Hospitals	R. F. Wilson	50	1,095	777	1C	004
Children's Hospital of Michigan						
Detroit General						
United Hospitals of Detroit—Harper Division						
Veterans Admin. (Allen Park)						
MINNESOTA						
MINNEAPOLIS						
University of Minnesota Affiliated Hospitals	R. L. Varco				1C	001
University of Minnesota Hospitals	R. L. Varco	29	884	636		
Veterans Admin.		15	397	525		
ROCHESTER						
Mayo Graduate School of Medicine	D. C. Mc Goon			4,287	3C	005
Rochester Methodist		18	572			
St. Mary's		52	1,878			
MISSISSIPPI						
JACKSON						
University of Mississippi Medical Center	J. D. Hardy				1C	002
University	J. D. Hardy	5	169			
Veterans Admin. Center	J. H. Conn	8	220	987		
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	D. Silver	20	465	748	2C	004
Missouri State Chest (Mount Vernon)	C. H. Almond	290	1,468	5,143		
KANSAS CITY						
St. Luke's	W. A. Reed	46	470	780	1C	002
MOUNT VERNON						
Missouri State Chest						
(See University of Missouri Medical Center, Columbia)						
ST. LOUIS						
Barnes Hospital Group	C. S. Weldon				2C	004
St. Louis University Group of Hospitals	G. C. Kaiser				1C	002
St. Louis University						
Cardinal Glennon Memorial Hospital for Children						
Veterans Admin.						

36. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr. All Yrs.
NEW JERSEY					
BROWNS MILLS					
Deborah Heart and Lung Center (See Temple University Affiliated Hospitals, Philadelphia)					
EAST ORANGE					
Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosp., Newark)					
NEWARK					
CMDNJ—New Jersey Medical School Affiliated Hospitals					
	W. E. Neville	4	180	260	1C 002
	W. E. Neville	3	90		
	St. Michael's Medical Center A. R. Wychulis	8	94	89,204	
	Veterans Admin. (East Orange) J. S. Sarkaria				
	Newark Beth Israel Medical Center I. Gielchinsky	55	900	2,800	1C 004 2*
NEW MEXICO					
ALBUQUERQUE					
University of New Mexico Affiliated Hospitals					
	W. S. Edwards	2	192	332	1C 002
	Bernalillo County Medical Center Veterans Admin.	6	77	134	
NEW YORK					
ALBANY					
Albany Medical Center Affiliated Hospitals					
	R. D. Alley	23	711	2,000	2C 004
	Albany Medical Center Veterans Admin.	15	247	460	
BUFFALO					
S. U. N. Y. at Buffalo Affiliated Hospitals					
	R. H. Adler	19	445	425	2C 004
	Buffalo General R. H. Adler	8	180	250	
	Children's Hospital of Buffalo S. Subramanian	12	423	800	
	Veterans Admin. J. N. Bhayana				
NEW YORK CITY					
Albert Einstein College of Medicine Affiliated Hospitals					
	R. W. M. Frater	13	397	514	1C 002
	Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine	11	300		
	Columbia University Affiliated Hospitals				
	J. R. Malm	10	188	452	2C 004
	Presbyterian J. R. Malm				
	Harlem Hospital Center D. M. Carberry				
	Cornell Cooperating Hospitals				
	W. A. Gay, Jr.	39	900	547	2C 004
	New York Hospital W. A. Gay, Jr.	40	826	3,347	
	Memorial Hospital for Cancer and Allied Diseases N. Martini	24	450	659	1C 002
	Jewish Hospital and Medical Center of Brooklyn E. Senderoff	20	286	1,597	
	Maimonides Medical Center M. Cerruti				
	Long Island Jewish—Hillside Medical Center Program				
	B. G. Wisoff	38	1,088	1,189	1C 002
	Long Island Jewish—Hillside Medical Center B. G. Wisoff	13	491	267	
	Queens Hospital Center J. Garvey	35			2C 004
	Montefiore Hospital and Medical Center G. Robinson	52	829	1,762	1C 002
	Mount Sinai R. S. Litwak				3C 006
	New York University Medical Center F. C. Spencer			4,461	
	Bellevue Hospital Center University	19	209	2,924	
	Veterans Admin. (Manhattan)			780	
	S. U. N. Y. Downstate Medical Center R. B. Griep	15	155	518	2C 004
	Kings County Hospital Center State University	9	149	544	
ROCHESTER					
University of Rochester Affiliated Hospitals					
	J. A. De Weese	27	764		2C 004
	Rochester General R. S. Weiner				
	Strong Memorial Hospital of the University of Rochester	15	307	1,300	
SYRACUSE					
S. U. N. Y. Upstate Medical Center					
	W. R. Webb	15	671		2C 004
	Crouse Irving—Memorial W. R. Webb	11	459	761	
	State University W. R. Webb	6	136	750	
	Veterans Admin. C. E. Bredenberg				
NORTH CAROLINA					
CHAPEL HILL					
North Carolina Memorial					
	B. R. Wilcox	21	718	1,589	1C 002
CHARLOTTE					
Charlotte Memorial Hospital and Medical Center					
	F. Robicsek	48	1,562	452	2C 004
DURHAM					
Duke University Affiliated Hospitals					
	R. W. Postlethwait	30	804	3,431	3C 009
	Duke University Medical Center D. Sabiston, W. Sealy				
	Veterans Admin.				
WINSTON-SALEM					
Bowman Gray School of Medicine Affiliated Hospitals					
	F. R. Johnston	16	394	85	1C 002
	North Carolina Baptist				
OHIO					
CINCINNATI					
University of Cincinnati Hospital Group					
	J. A. Helmsworth	5		341	1C 002
	Cincinnati General				
	Children's Hospital Medical Center				
	Good Samaritan	39	790		

36. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
OHIO—Continued						
CLEVELAND						
Case Western Reserve University Affiliated Hospitals	J. L. Ankeney				2C	004
University Hospitals of Cleveland	J. L. Ankeney	22	575	190		
Cleveland Metropolitan General		12	453	678		
Veterans Admin.	J. Clayman	11	183	480		
Cleveland Clinic	F. D. Loop	136	3,144	1,058	2C	004
St. Vincent Charity	H. Naraghipour	32	662	532	1C	002
COLUMBUS						
Ohio State University Affiliated Hospitals	J. W. Kilman				2C	004
Ohio State University Hospitals		53	1,220	3,486		
Children's		10	215	220		
OKLAHOMA						
OKLAHOMA CITY						
University of Oklahoma Health Sciences Center	R. C. Elkins				1C	002
University Hospital and Clinics		4	92	173		
Oklahoma Children's Memorial		4	14			
Veterans Admin.		3	196	330		
OREGON						
PORTLAND						
University of Oregon Affiliated Hospitals	A. Starr				2C	004
University of Oregon Health Sciences Center						
Hospital and Clinics	A. Starr	9	443	1,072		
Veterans Admin.	B. J. Harlan	9	61	525		
PENNSYLVANIA						
HERSHEY						
Milton S. Hershey Medical Center of the Pennsylvania State University	J. A. Waldhausen	19	510	1,183	2C	003
PHILADELPHIA						
Temple University Affiliated Hospitals	G. M. Lemole	17			2C	004
Temple University	G. M. Lemole	17	500	600		
Episcopal						
St. Christopher's Hospital for Children	R. K. Balsara	5	136	360		
Deborah Heart and Lung Center (Browns Mills, N.J.)	G. M. Lemole	32	512	1,870		
Thomas Jefferson University Affiliated Hospitals	S. K. Brockman				1C	002
Thomas Jefferson University	S. K. Brockman	16	384	1,040		
Wilmington Medical Center (Wilmington, Del.)	M. Oz	35	952	246		
University of Pennsylvania Affiliated Hospitals	L. H. Edmunds, Jr.				1C	003
Hospital of the University of Pennsylvania						
Children's Hospital of Philadelphia		7	239	438		
Graduate Hospital of the University of Pennsylvania						
Veterans Admin.			306	512		
PITTSBURGH						
Allegheny General	G. J. Magovern	55	1,616	1,040	2C	004
Hospitals of the University Health Center of Pittsburgh	H. T. Bahnson				2C	004
Presbyterian—University	H. T. Bahnson	8	203	876		
Children's Hospital of Pittsburgh	H. T. Bahnson	10	287	190		
Veterans Admin.	F. Steichen	8	66	210		
Shadyside	W. B. Ford	81	1,265	823	1C	002
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina Teaching Hospitals	E. F. Parker				2C	004
Medical University of South Carolina		18	529	1,009		
Charleston County		3	74			
Veterans Admin.		13	230	697		
TENNESSEE						
MEMPHIS						
University of Tennessee Affiliated Hospitals	J. W. Pate				3C	006
City of Memphis Hospitals	J. W. Pate	6	209			
University of Tennessee	F. H. Cole	3	355	143		
Veterans Admin.	C. E. Eastridge	12	342	322		
NASHVILLE						
Vanderbilt University Affiliated Hospitals					2C	004
Vanderbilt University	H. W. Bender, Jr.	20	605	497		
St. Thomas	R. A. Daniel	47				
Veterans Admin.	R. D. Fisher	10	271	1,591		
TEXAS						
DALLAS						
University of Texas Southwestern Medical School Affiliated Hospitals	M. R. Platt				2C	004
Parkland Memorial	M. R. Platt	8	446	981		
Baylor University Medical Center	B. Mitchel	51	1,376	94		
Children's Medical Center	M. R. Platt		28	5		
Veterans Admin.	M. R. Platt	12	216	1,560		
GALVESTON						
University of Texas Medical Branch Hospitals	G. F. O. Tyers	17	558	651	2C	002
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	M. E. De Bakey				3C	006
Ben Taub General	M. E. De Bakey	15		349		
Methodist	M. E. De Bakey	205	2,570			
Veterans Admin.	G. A. Guinn	8	175	1,300		
Texas Heart Institute	D. A. Cooley	184	4,928	4,486	2C	004
St. Luke's Episcopal	W. D. Seybold	161	4,385			
Texas Children's	L. W. Able	23	545			
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals	J. K. Trinkle				1C	002
Bexar County Teaching	J. K. Trinkle	8	310	682		
Veterans Admin.	J. B. Aust	10	102	702		

36. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UTAH						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	R. M. Nelson				3C	006
University	R. M. Nelson	1	49	31		
L D S Hospital	R. M. Nelson	57	1,141	120		
Primary Children's Medical Center	C. B. Jenson	8	107			
Veterans Admin.	M. W. Wolcott	5	50	310		
VIRGINIA						
CHARLOTTESVILLE						
University of Virginia	S. P. Nolan	38	1,260	2,246	1C	002
RICHMOND						
Virginia Commonwealth University M. C. V. Affiliated Hospitals	R. R. Lower				1C	002
Medical College of Virginia Hospitals	R. R. Lower	32	865	1,600		
Veterans Admin.	S. Szentpetery	13	85	505		
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals	D. H. Dillard			562	2C	002
University	D. H. Dillard	8	198			
Children's Orthopedic Hospital and Medical Center	A. H. Bill	31	4,139	1,594		
Harborview Medical Center						
U. S. Public Health Service						
Veterans Admin.						
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals	D. R. Kahn				2C	004
University Hospitals	D. R. Kahn	29	631	2,251		
Veterans Admin.	G. M. Kroncke		2	11		
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals	L. I. Bonchek				3C	006
Milwaukee County General	L. I. Bonchek	10	350	842		
Milwaukee Children's	S. B. Litwin	8	245	102		
St. Luke's	R. Flemma	15	450			
Veterans Admin. Center (Wood)	G. N. Olinger	18	231	976		

37. UROLOGY

Residency programs in the following hospitals have been accredited by the Liaison Committee on Graduate Medical Education, upon recommendation of the American Medical Association, the American Board of Urology, and the American College of Surgeons, through the Residency Review Committee for Urology. These programs are approved for THREE years of training. All hospitals listed offer three years of training intramurally or on an integrated basis through affiliation with another approved institution.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
UNITED STATES AIR FORCE						
TEXAS						
Wilford Hall U. S. A. F. Medical Center, San Antonio	T. P. Ball	22	1,027	9,250	2C	006
UNITED STATES ARMY						
CALIFORNIA						
Letterman Army Medical Center Program, San Francisco	R. Agee				1C 1F	004
Letterman Army Medical Center, San Francisco U.S. Public Health Service, San Francisco	R. Agee	15	432	8,571		
COLORADO						
Fitzsimons Army Medical Center, Denver	R. M. Dobbs	14	627	12,802	1* 1F	006
DISTRICT OF COLUMBIA						
Walter Reed Army Medical Center, Washington	B. T. Mittemeyer	45	700	10,800	2C 2F	011
HAWAII						
Tripler Army Medical Center, Honolulu	E. M. Blight, Jr.	14	780	13,932	1C 1F	004
TEXAS						
Brooke Army Medical Center, San Antonio	M. P. Gangai	17	660	20,515	1C 1F	009
WASHINGTON						
Madigan Army Medical Center, Tacoma	J. N. Wettlaufer	21	989	24,554	1F	005
UNITED STATES NAVY						
CALIFORNIA						
Naval Regional Medical Center, Oakland	W. L. Meehan	16	603	13,510	1C 1F	004
Naval Regional Medical Center, San Diego	C. R. Sargent	32	1,550	15,961	2C 2F	008
MARYLAND						
National Naval Medical Center, Bethesda	M. Edson	25	680	20,400	1C	004

37. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr.	All Yrs.
UNITED STATES NAVY—Continued						
VIRGINIA						
Naval Regional Medical Center, Portsmouth	O. W. Chenault, Jr.	52	1,587	22,257	2F	008
UNITED STATES PUBLIC HEALTH SERVICE						
CALIFORNIA						
U. S. Public Health Service (See Letterman Army Med. Center Program, Calif., U. S. Army)						
LOUISIANA						
U. S. Public Health Service, New Orleans (See Tulane University Affiliated Hospitals, New Orleans)						
NEW YORK						
U.S. Public Health Service (Staten Island), New York City	E. L. Cohen	33	515	5,086	1C 1F	003
OTHER FEDERAL						
CANAL ZONE						
Gorgas, Balboa Heights	J. K. Hull	15	711	8,648	1C 1F	003
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
Carraway Methodist Medical Center	H. C. Hudson	28	1,315	8,991	1F	003
University of Alabama Medical Center	A. J. Bueschen				2C	009
University of Alabama Hospitals Children's	E. V. Scott	14 3	501 859	2,755 578		
Veterans Admin.	A. J. Bueschen	25	1,411	3,582		
MOBILE						
University of South Alabama Medical Center Hospital and Clinics (See Ochsner Foundation, New Orleans, La.)						
ARIZONA						
TUCSON						
University of Arizona Affiliated Hospitals	G. W. Drach				1C 1*	005
University Veterans Admin.	G. W. Drach D. B. Lewis	8 17	334 700	1,995 1,320		
ARKANSAS						
LITTLE ROCK						
University of Arkansas for Medical Sciences Affiliated Hospitals	J. F. Redman				2C 2F	010
Arkansas Children's University	J. Redman	11	296 424	2,923		
Veterans Admin. Consolidated		35	1,189	3,051		
CALIFORNIA						
DAVIS						
University of California (Davis) Affiliated Hospitals Kaiser Foundation (Sacramento)	J. M. Palmer M. A. Russo	9	844	14,191	2C	007
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	J. M. Palmer	18	817	4,205		
Veterans Admin. (Martinez)	D. Merrill	24	517	2,860		
IRVINE						
University of California (Irvine) Affiliated Hospitals University of California, Irvine, Medical Center (Orange)	D. C. Martin	5 28	283 906	1,916 6,840	2C	008
Veterans Admin. (Long Beach)						
LOMA LINDA						
Loma Linda University Affiliated Hospitals Loma Linda University Riverside General (Riverside)	H. L. Hadley H. L. Hadley J. Lyons	14 3	770 192	7,057 878	1C	004
LONG BEACH						
Veterans Admin. (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)						
LOS ANGELES						
Kaiser Foundation	J. F. Cooper	22	1,627	21,085	2C	006
Los Angeles County—U.S.C. Medical Center	R. Mendez	30	764	12,000	4C 4F	015
U. C. L. A. Affiliated Hospitals U. C. L. A. Hospital and Clinics, Center for the Health Sciences	J. J. Kaufman				3C	012
Veterans Admin. Center—Wadsworth	J. J. Kaufman	33	1,704	6,020		
Veterans Admin. (Sepulveda)	R. B. Smith	25	1,548	11,000		
Los Angeles County Harbor General (Torrance)	A. N. Lupu	12	410	1,217		
White Memorial Medical Center	S. Brosman	9	504	5,090		
	R. T. Bergman	7	375	3,900	1F	004
MARTINEZ						
Veterans Admin. (See Univ. of Calif. (Davis) Affil. Hosps., Davis)						
ORANGE						
University of California, Irvine, Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)						

37. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
CALIFORNIA—Continued						
RIVERSIDE						
Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)						
SACRAMENTO						
Kaiser Foundation (See Univ. of Calif. (Davis) Affil. Hosps., Davis)						
University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affil. Hosps., Davis)						
SAN DIEGO						
University of California (San Diego) Affiliated Hospitals	J. D. Schmidt				2C	008
Mercy Hospital and Medical Center	V. E. Haynes	22	1,315	365		
University Hospital, U. C. Medical Center, San Diego		6	366	2,935		
Veterans Admin.		22	1,028	3,525		
SAN FRANCISCO						
University of California Program	E. A. Tanagho				3*	015
H. C. Moffitt—University of California Hospitals	E. A. Tanagho	12	574	3,900		
San Francisco General	F. Hinman	5	340	1,609		
Veterans Admin.	E. Meares	20	526	4,900		
SAN JOSE						
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)						
SANTA CLARA						
Kaiser Foundation (See Stanford University Affiliated Hospitals, Stanford)						
SEPULVEDA						
Veterans Admin. (See U. C. L. A. Affiliated Hospitals, Los Angeles)						
STANFORD						
Stanford University Affiliated Hospitals	T. A. Stamey				2C	008
Stanford University	T. A. Stamey	20	1,141	4,769		
Veterans Admin. (Palo Alto)	J. S. Elliot	11	517	1,484		
Santa Clara Valley Medical Center (San Jose)	R. U. Anderson, Jr.	6	315	1,800		
Kaiser Foundation (Santa Clara)	L. L. Smith	7	524	8,690		
TORRANCE						
Los Angeles County Harbor General (See U.C.L.A. Affiliated Hospitals, Los Angeles)						
COLORADO						
DENVER						
University of Colorado Affiliated Hospitals	R. R. Pfister				2C	005
University of Colorado Medical Center	R. R. Pfister	25	397	3,471		
Denver General	N. Peterson	4	200	1,775		
Veterans Admin.	O. G. Stonington	14	619	2,600		
CONNECTICUT						
FARMINGTON						
University of Connecticut Affiliated Hospitals	E. M. Sigman				2C	006
Hartford (Hartford)	R. J. Spillane	31	2,218	675		
St. Francis (Hartford)	D. Gorman	20	1,055	400		
New Britain General (New Britain)	G. S. Slater	15	802	242		
Newington Children's (Newington)	G. T. Klauber	4	265	483		
Veterans Admin. (Newington)	J. Jefferies	8	204	4,992		
HARTFORD						
Hartford (See University of Connecticut Affil. Hospitals, Farmington)						
St. Francis (See University of Connecticut Affil. Hospitals, Farmington)						
NEW BRITAIN						
New Britain General (See University of Connecticut Affil. Hospitals, Farmington)						
NEW HAVEN						
Yale—New Haven Medical Center	B. Lytton				2C	006
Yale—New Haven	B. Lytton	37	1,768	4,366		
Veterans Admin. (West Haven)	B. Lytton	13	631	1,700		
Waterbury Hospital Health Center (Waterbury)	A. Traurig	22	935	108		
NEWINGTON						
Newington Children's (See University of Connecticut Affil. Hospitals, Farmington)						
Veterans Admin. (See University of Connecticut Affil. Hospitals, Farmington)						
WATERBURY						
Waterbury (See Yale-New Haven Medical Center, New Haven)						
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
DELAWARE						
WILMINGTON						
Veterans Admin. (See Thomas Jefferson University Affil. Hosps., Philadelphia)						

37. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st All Yr. Yrs.
DISTRICT OF COLUMBIA					
WASHINGTON					
Georgetown University Affiliated Hospitals	W. C. Maxted				2C 008
Georgetown University	W. C. Maxted	32	587		
Sibley Memorial	W. Maxted	15	1,165	136	
Veterans Admin.	B. Azoury	27	518	182,819	
Arlington (Arlington, Va.)	R. Byrne	8	550	210	
George Washington University Affiliated Hospitals	H. C. Miller, Jr.				2C 007
George Washington University	H. C. Miller, Jr.	25	4		
Children's Hospital National Medical Center	A. B. Belman	3	356	357	
Veterans Admin.	H. Miller, B. Azoury	27	518	182,819	
Fairfax (Falls Church, Va.)	P. A. Carroll		1,684		
Howard University Affiliated Hospitals	G. W. Jones	19	460	4,595	1C 004 1F
Howard University	G. W. Jones	16	621	5,588	
District of Columbia General	A. G. Jackson	19	485	4,595	
Washington Hospital Center			1,605		2C 006 2F
Children's Hospital National Medical Center	A. B. Belman	3	356	357	
FLORIDA					
GAINESVILLE					
University of Florida Affiliated Hospitals	D. M. Drylie				2C 006
William A. Shands Teaching Hospital and Clinics		8	596	6,008	
Veterans Admin.		15	669	3,608	
JACKSONVILLE					
Jacksonville Hospitals Educational Program	C. W. Lewis, Jr.				1C 003
University Hospital of Jacksonville		8	377	3,023	
St. Vincent's		20	1,498	906	
MIAMI					
University of Miami Affiliated Hospitals	V. A. Politano				6C 015
Jackson Memorial		37	1,391	3,411	
Veterans Admin.		29	779	5,793	
MIAMI BEACH					
Mount Sinai Medical Center of Greater Miami	S. B. Goldman	31	1,141	492	1C 003
TAMPA					
University of South Florida Affiliated Hospitals	R. P. Finney				2C 006
Tampa General		24	993	960	
Veterans Admin.		38	585	1,442	
GEORGIA					
ATLANTA					
Emory University Affiliated Hospitals	K. N. Walton				3C 009
Crawford W. Long Memorial	J. W. Morgan	28	1,854	369	
Emory University	K. N. Walton	21	1,138		
Grady Memorial	K. N. Walton	15	702	9,762	
Henrietta Egleson Hospital for Children	J. R. Woodard	8	662		
Veterans Admin. (Decatur)	E. Haltiwanger	14	692	2,501	
AUGUSTA					
Medical College of Georgia Hospitals	R. Witherington				2C 006
Eugene Talmadge Memorial	R. Witherington	19	572	6,795	
Veterans Admin.	A. G. Franceschi	14	459	2,586	
DECATUR					
Veterans Admin. (See Emory Univ. Affil. Hosps., Atlanta)					
SAVANNAH					
Memorial Medical Center	P. L. Scardino	36	1,768	1,578	1C 003
ILLINOIS					
CHICAGO					
Cook County	P. Guinan	60	1,792	10,087	3* 015
Michael Reese Hospital and Medical Center	D. Presman	35	1,446	1,611	2* 010
Mercy Hospital and Medical Center	E. Wilson		323	837	
Mount Sinai Hospital Medical Center of Chicago	N. Sadoughi	25	1,340	1,210	1C 004
Louis A. Weiss Memorial	R. Firfer	20	978	297	
Northwestern University Medical School Affiliated Hospitals	J. T. Grayhack				3* 018
Northwestern Memorial	J. T. Grayhack	28	1,082	560	
Children's Memorial	L. King	12	900	1,500	
Veterans Admin. Lakeside	J. T. Grayhack	25	545	2,934	
Evanston (Evanston)	J. Graham	11	609	250	
Rush—Presbyterian—St. Luke's Medical Center	C. F. Mc Kiel, Jr.	25	1,016	939	2* 006
University of Chicago Hospitals and Clinics	H. W. Schoenburg	18	457	4,026	1C 004
University of Illinois Affiliated Hospitals	S. S. Clark				2* 006
University of Illinois		8	400	4,923	
Veterans Admin. (West Side)		35	1,209	3,484	
EVANSTON					
Evanston (See Northwestern University Med. Sch. Affil. Hosps., Chicago)					
HINES					
Veterans Admin.	J. Canning	44	602	3,930	2C 006
SPRINGFIELD					
Southern Illinois University Affiliated Hospitals	A. D. Beck			375	1C 003
St. Johns		31	1,205		
Memorial Medical Center		25	893		
INDIANA					
INDIANAPOLIS					
Indiana University Medical Center	J. P. Donohue				3C 008
Indiana University Hospitals	J. P. Donohue	20	759	1,004	
Veterans Admin.	A. Melman	15	419	1,962	
William N. Wishard Memorial	L. Gott	11	370	2,136	
Methodist Hospital of Indiana	D. M. Newman	60	3,251	631	1F 003

37. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
IOWA						
IOWA CITY						
University of Iowa Affiliated Hospitals	D. A. Culp				4C	020
University of Iowa Hospitals	D. A. Culp	64	2,309	12,965		
Veterans Admin.	W. W. Bonney	20	628	4,752		
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	W. K. Mebust	17	927	4,082	3C	008
Veterans Admin. (Kansas City, Mo.)	J. D. Foret	29	603	2,204		
KENTUCKY						
LEXINGTON						
University of Kentucky Medical Center	J. W. Mc Roberts				2C	008
St. Joseph	E. H. Ray, Jr.	14	842			
University	J. W. Mc Roberts	16	672	3,215		
Veterans Admin.	J. W. Mc Roberts	15	871	2,807		
LOUISVILLE						
University of Louisville Affiliated Hospitals	M. Amin				3*	009
Louisville General		16	995	5,311		
Norton—Children's Hospitals		14	948	1,017		
Veterans Admin.		15	439	3,394		
LOUISIANA						
BATON ROUGE						
Earl K. Long Memorial (See Louisiana State Univ. Affil. Hosps., New Orleans)						
MONROE						
E. A. Conway Memorial Hospital (See Ochsner Foundation Hosp., New Orleans)						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals	G. C. Tomskey				2C	010
Charity Hospital of Louisiana		21	687	8,976		
Earl K. Long Memorial (Baton Rouge)		7	272	2,053		
Ochsner Foundation	W. Brannan	16	728	16,721	2C	008
E. A. Conway Memorial (Monroe)	W. Brannan	9	271	2,075		
Univ. of South Alabama Med. Center Hosp. and Clinics (Mobile, Ala.)	D. Mc Cullough, W. Brannan	9	52	1,616		
Tulane University Affiliated Hospitals	J. U. Schlegel				4C	020
Charity Hospital of Louisiana	J. U. Schlegel	16	535	9,705		
Touro Infirmary	J. L. Fischman	15	793	1,295		
U. S. Public Health Service	R. G. Clay, Jr.					
Veterans Admin.	J. U. Schlegel	26	608	4,992		
SHREVEPORT						
L. S. U. (Shreveport) Affiliated Hospitals	R. W. Turner				1*	009
Confederate Memorial Medical Center		18	656	5,645		
Veterans Admin.		17	653			
MARYLAND						
BALTIMORE						
Johns Hopkins	P. C. Walsh	31	1,240	6,186	3C	008
Sinai Hospital of Baltimore	M. A. Robbins	18	847	741		002
University of Maryland Affiliated Hospitals	J. D. Young, Jr.				3C	009
University of Maryland	J. O. Young, Jr.	19	725	12,749		
Sinai Hospital of Baltimore	M. A. Robbins	18	847	741		
Veterans Admin.	H. C. Kramer	14	739	5,841		
MASSACHUSETTS						
BOSTON						
Boston University Affiliated Hospitals	C. A. Olsson				3C	010
Boston City	C. A. Olsson	28	575	500		
University	C. A. Olsson	28	575	500		
Veterans Admin.	G. Austen	29	1,074	2,214		
Harvard Affiliated Hospitals	R. F. Gittes				3C	012
Peter Bent Brigham	R. F. Gittes	16	625	1,512		
Beth Israel	L. Klein	15	599	870		
Children's Hospital Medical Center	A. B. Retik			942		
Lahey Clinic	L. Zinman	67	2,900	8,100	2C	006
New England Deaconess	L. M. Woodruff	45	987			
Lawrence F. Quigley Memorial (Chelsea)	L. M. Woodruff	7	163	1,366		
Massachusetts General	G. R. Prout, Jr.	59	2,043	4,880	2C	007
New England Medical Center	E. M. Meares, Jr.	20	669	3,018	1C	003
CHELSEA						
Lawrence F. Quigley Memorial (See Lahey Clinic, Boston)						
MICHIGAN						
ALLEN PARK						
Veterans Admin. (See Wayne State University Affiliated Hospitals, Detroit)						
ANN ARBOR						
University of Michigan Affiliated Hospitals	J. Lapidés				4*	020
University	J. Lapidés	31	1,393	5,642		
St. Joseph Mercy	R. P. Dorr	23	1,692	6,503		
Veterans Admin.	D. T. Freier, J. Lapidés	18	1,065	1,634		
Wayne County General (Eloise)	J. Lapidés	12	461	2,360		
DETROIT						
Henry Ford	J. C. Cerny	40	1,600	12,000	1*	006
United Hospitals of Detroit—Harper Division	E. Shumaker	39	1,199		1*	003
Wayne State University Affiliated Hospitals	J. M. Pierce, Jr.	105	2,048	11,837	3C	009
Children's Hospital of Michigan						
Detroit General						
Hutzel						
Veterans Admin. (Allen Park)						

37. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
MICHIGAN—Continued						
ELOISE						
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)						
GRAND RAPIDS						
Butterworth	J. Irwin	22	1,184	872	1C 1F	005
ROYAL OAK						
William Beaumont	H. E. Lichtwardt	40	2,162	1,737	1C 1* 1F	006
SAGINAW						
Veterans Admin. (See Michigan State University Assoc. Hosps., East Lansing)						
MINNESOTA						
MINNEAPOLIS						
Hennepin County Medical Center (See St. Paul-Ramsey Hosp.—Hennepin County Med. Ctr. St. Paul)						
University of Minnesota Affiliated Hospitals	E. E. Fraley	19	789	2,377	3C	011
University of Minnesota Hospitals	E. E. Fraley	39	958	6,495		
Veterans Admin.	E. E. Fraley					
ROCHESTER						
Mayo Graduate School of Medicine	F. J. Leary			54,463	4*	020
Rochester Methodist		28	1,466			
St. Mary's		39	2,009			
ST. PAUL						
St. Paul—Ramsey Hospital—Hennepin County Medical Center	A. S. Cass	11	835	5,067	1C	006
St. Paul—Ramsey	A. S. Cass	9	585	3,488		
Hennepin County Medical Center (Minneapolis)						
MISSISSIPPI						
JACKSON						
University of Mississippi Medical Center	W. L. Weems				2C	008
University				2,939		
Veterans Admin. Center		26	564	6,296		
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	G. Ross, Jr.	40	1,394	6,811	2*	006
Veterans Admin.	J. E. Montie	18	699	2,425		
KANSAS CITY						
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)						
ST. LOUIS						
Homer G. Phillips	M. Abrams	14	365	2,258	2C	005
St. Louis University Group of Hospitals	J. G. Gregory				1C	002
St. Louis University	J. G. Gregory					
Cardinal Glennon Memorial Hospital for Children	J. G. Gregory		355			
St. Louis City	J. G. Gregory	11	332	1,925		
St. Mary's Health Center	J. G. Gregory, W. Melick	16	754	39		
Washington University Affiliated Hospitals	W. R. Fair	49	1,880	7,498	3C	009
Barnes Hospital Group	W. R. Fair					
Veterans Admin.	D. R. Crane	19	533	2,295		
NEBRASKA						
OMAHA						
Creighton University Affiliated Hospitals	M. P. Walzak, Jr.	11	496	2,613	1C	003
Creighton Memorial St. Joseph's		3	35			
Douglas County		13	495	2,090		
Veterans Admin.						
University of Nebraska Affiliated Hospitals	F. F. Bartone	4	219	1,594	1C	003
University of Nebraska	F. F. Bartone	21	844			
Bishop Clarkson Memorial	E. M. Malashock	3	35			
Douglas County	M. P. Walzak, Jr.	21	975	23,157		
Nebraska Methodist	H. Kammandel	15	639	1,764		
Veterans Admin.	F. F. Bartone					
NEW HAMPSHIRE						
HANOVER						
Dartmouth Medical School Affiliated Hospitals	L. J. Morin	16	1,018	3,874	1C	003
Mary Hitchcock Memorial		9	404	987		
Veterans Admin. Center (White River Junction, Vt.)						
NEW JERSEY						
EAST ORANGE						
Veterans Admin. (See CMDNJ-New Jersey Med. School Affil. Hosps., Newark)						
JERSEY CITY						
Jersey City Medical Center (See CMDNJ-New Jersey Med. School Affil. Hosps., Newark)						
NEWARK						
CMDNJ—New Jersey Medical School Affiliated Hospitals	J. J. Seebode	18	405	1,670	3C	012
Martland	J. J. Seebode	32	639	89,204		
Veterans Admin. (East Orange)	A. Sporer	15	520	3,380		
Jersey City Medical Center (Jersey City)	J. J. Hosay					

37. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NEW JERSEY—Continued						
SUMMIT						
Overlook (See Columbia University Affiliated Hospitals, New York City)						
TRENTON						
St. Francis (See Hahnemann Medical College Affil. Hosps., Philadelphia)						
NEW MEXICO						
ALBUQUERQUE						
University of New Mexico Affiliated Hospitals	T. A. Borden				2C	006
Bernalillo County Medical Center	T. A. Borden	6	300	2,191		
Lovelace—Bataan Medical Center	R. Conn	2	155	3,523		
Veterans Admin.	T. A. Borden	21	488	2,039		
NEW YORK						
ALBANY						
Albany Medical Center Affiliated Hospitals	M. W. Woodruff				2C	006
Albany Medical Center		26	1,171	3,032		
Veterans Admin.		18	685	2,140		
BUFFALO						
Millard Fillmore	P. A. Greco	46	1,417	4,885	1C	005
S. U. N. Y. at Buffalo Affiliated Hospitals	W. J. Staubitz				4C	012
					1F	
Buffalo General	W. J. Staubitz	30	1,130	3,562		
Children's Hospital of Buffalo	W. J. Staubitz	9	1,108	583		
Deaconess Hospital of Buffalo	T. F. Kaiser	14	594	433		
Edward J. Meyer Memorial	W. J. Staubitz	18	462	2,202		
Roswell Park Memorial Institute	C. Merrin	16	542	2,991		
Veterans Admin.	W. J. Staubitz	33	665	4,130		
EAST MEADOW						
Nassau County Medical Center—Meadowbrook	D. S. Mc Cally	17	726	4,000	1*	003
MINEOLA						
Nassau	S. Rudansky	26	1,247	757	1*	005
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals	H. R. Newman				4C	013
Bronx Municipal Hospital Center	H. R. Newman	28	604	4,875		
Hospital of the Albert Einstein College of Medicine	H. R. Newman	20	1,043	2,090		
Lincoln	P. Tucci	23		1,737		
Beth Israel Medical Center	L. Orkin	46	1,305	1,307	2C	008
Brookdale Hospital Center	S. Wax	33	1,604	1,572	1C	004
Columbia University Affiliated Hospitals	J. K. Lattimer				4C	011
Presbyterian	J. K. Lattimer	68	2,915	6,574		
Overlook (Summit, N. J.)						
Harlem Hospital Center	H. A. Garnes	30	511	2,673	2C	004
Jewish Hospital and Medical Center of Brooklyn	M. E. Klinger	44	1,391	1,205	1C	003
Lenox Hill	J. H. Mc Govern	14	652	1,432	1C	003
Long Island College	J. J. Ippolito	24	1,041	58,174	1C	005
					1F	
Methodist	J. J. Ippolito	12	522	836		
Long Island Jewish—Hillside Medical Center Program	A. Sutton				2C	006
Long Island Jewish—Hillside Medical Center		20	850	631		
Queens Hospital Center		14	467	3,569		
Maimonides Medical Center Training Program	G. Wise				2C	006
Maimonides Medical Center,	G. Wise	45	1,080	1,361		
Coney Island	G. Lindsay	16	369	2,969		
Kings County Hospital Center	K. Waterhouse	17	557	6,667		
Misericordia Hospital Medical Center	P. Tucci	26	509	1,090	3C	005
Montefiore Hospital Training Program						
Montefiore Hospital and Medical Center	S. Z. Freed	41	1,277	2,612	3C	009
Mount Sinai Hospital Training Program					8C	016
Mount Sinai	H. Brendler	44	1,473	3,492		
City Hospital Center at Elmhurst	H. Brendler	14	379	3,537		
Veterans Admin. (Bronx)	M. B. Pincus	32	638	4,339		
New York Hospital	H. Brendler	77	3,076	5,719	3C	009
New York Medical College—Metropolitan Hospital Center	E. C. Muecke					
Unit 1—Flower and Fifth Avenue Hospitals	J. E. Davis	30	743	580	3C	009
Unit 2—Metropolitan Hospital Center	J. E. Davis	15	409	4,778		
Unit 3—Bird S. Coler Memorial Hospital and Home	C. Mallouh					
	J. E. Davis	10	39	1,017		
New York University Medical Center	P. Morales				4C	016
University	P. Morales	31	1,238			
Veterans Admin. (Manhattan)	P. Morales	65	927	3,120		
Bellevue Hospital Center	P. Morales	32	50	5,803		
Cabrini Health Care Center—Columbus Hospital Division	A. W. Zorngiotti	25	1,132	530		
Roosevelt	W. J. Nelson	25	888	2,708	1C	003
St. Luke's Hospital Center	R. W. Lavengood, Jr.	50	630	6,720	1C	004
S. U. N. Y. Downstate Medical Center	K. Waterhouse				4C	014
Brooklyn—Cumberland Medical Center	P. Finkelstein	18	664	312		
Kings County Hospital Center	K. Waterhouse	17	557	6,667		
State University	K. Waterhouse	13	723	3,000		
Veterans Admin. (Brooklyn)	J. I. Abrahams	37	1,559	2,180		
ROCHESTER						
Strong Memorial Hospital of the University of Rochester	A. T. K. Cockett	17	644	1,064	2C	008
SYRACUSE						
S. U. N. Y. Upstate Medical Center	O. M. Lilien				2C	006
Crouse Irving—Memorial	I. Goldman	21	629			
State University	O. M. Lilien	13	719	1,560		
Veterans Admin.	D. Krauss	18	394	2,070		

37. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
NORTH CAROLINA						
ASHEVILLE						
Veterans Admin. (See Duke University Affiliated Hospitals, Durham)						
CHAPEL HILL						
North Carolina Memorial		F. A. Fried	13	584	5,024	2*
Wake County Medical Center (Raleigh)		D. T. Lucey	17	884	2,164	006
CHARLOTTE						
Charlotte Memorial Hospital and Medical Center		H. W. Johnston	55	2,601	1,635	1C 003
DURHAM						
Duke University Affiliated Hospitals		J. F. Glenn				2*
Duke University Medical Center		J. F. Glenn	38	1,496	17,231	012
Veterans Admin.		J. E. Dees	19	530	3,914	
Veterans Admin. (Asheville)						
RALEIGH						
Wake County Medical Center (See North Carolina Memorial Hospital, Chapel Hill)						
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals						
North Carolina Baptist		W. H. Boyce	28	1,072	2,257	1* 007
OHIO						
AKRON						
Akron City		M. L. Ford	37	1,782	534	1* 006
Akron General		L. D. Arbuckle, Jr.	27	1,321	6,487	1* 006 1F
CINCINNATI						
Good Samaritan		H. W. Ratledge	36	1,400	568	1C 003
University of Cincinnati Hospital Group		A. T. Evans				3C 012
Cincinnati General			18	1,124	3,999	
Children's Hospital Medical Center			6	521	418	
Christ			51	3,276	227	
Veterans Admin.			23	613	3,730	
CLEVELAND						
Case Western Reserve University Affiliated Hospitals		L. Persky				3*
University Hospitals of Cleveland		L. Persky	45	2,538	2,242	009
Cleveland Metropolitan General		L. Persky	4	100	2,752	
Veterans Admin.		K. R. Kedia	33	681	2,190	
Cleveland Clinic		R. A. Straffon	58	2,367	10,447	3* 015
St. Vincent Charity		J. A. Kmieck	10	347	948	
Huron Road		P. F. Boyd	16	649	528	1C 002
COLUMBUS						
Ohio State University Affiliated Hospitals		C. C. Winter				2C
Ohio State University Hospitals		C. C. Winter	20	815	6,481	006
Children's		J. P. Smith	9	487	572	
Riverside Methodist		W. Whitehouse	25	903	150	
DAYTON						
Wright State University Affiliated Hospitals						
Veterans Admin. Center		B. Pilloff	22	324	2,282	1C 003
TOLEDO						
Medical College of Ohio at Toledo Associated Hospitals		K. A. Kropp				2C
Hospital of Medical College of Ohio at Toledo		K. A. Kropp	11	411	1,115	006
St. Vincent Hospital and Medical Center		K. A. Kropp	26	1,136	595	
Toledo		G. K. Emmert	35	1,713	103	
OKLAHOMA						
OKLAHOMA CITY						
University of Oklahoma Health Sciences Center		J. R. Geyer				3* 015 1F
University Hospital and Clinics		W. L. Parry	9	385	2,520	
Oklahoma Children's Memorial		J. R. Geyer	3	230	1,150	
Veterans Admin.		J. R. Geyer	17	834	3,340	
OREGON						
PORTLAND						
University of Oregon Affiliated Hospitals		C. V. Hodges				2C 014 2F
University of Oregon Health Sciences Center Hospital and Clinics		C. V. Hodges	21	1,028	3,356	
Veterans Admin.		E. Fuchs	18	561	751	
PENNSYLVANIA						
ABINGTON						
Abington Memorial (See Hahnemann Med. College Affiliated Hosps., Philadelphia)						
BRYN MAWR						
Bryn Mawr (See Thomas Jefferson Univ. Affil. Hosps., Philadelphia)						
CHESTER						
Crozer—Chester Medical Center (See Hahnemann Medical College Affil. Hospitals, Philadelphia)						
DANVILLE						
Geisinger Medical Center		H. E. Brown	17	900	14,668	2* 005 1F
ERIE						
Hamot Medical Center—St. Vincent Health Center		H. J. Mc Laren				3C 009 3F
Hamot Medical Center		J. H. Petre	30	1,544	10,565	
St. Vincent Health Center		H. J. Mc Laren	30	1,471	15,805	

37. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
PENNSYLVANIA—Continued						
HARRISBURG						
Harrisburg (See Milton S. Hershey Med. Ctr. of Pa. State Univ., Hershey)						
HERSHEY						
Milton S. Hershey Medical Center of the Pennsylvania State University Harrisburg (Harrisburg)	T. J. Rohner, Jr. L. V. Kost	12 14	642 599	3,938 401	1C	003
PHILADELPHIA						
Albert Einstein Medical Center	A. L. Schneeberg	26	1,127	749	1C	005
Graduate Hospital of the University of Pennsylvania	H. M. Burros	4	312	2,650	1C	003
Hahnemann Medical College Affiliated Hospitals	P. Gonick				1*	006
Hahnemann Medical College and Hospital	P. Gonick	7	320	2,325		
Abington Memorial (Abington)	G. J. Gislason	18	813	254		
St. Francis Medical Center (Trenton, N.J.)						
Pennsylvania	T. R. Malloy	15	627	1,104	1C	002
Temple University-Affiliated Hospitals	A. R. Kendall				2C	007
Temple University	A. R. Kendall	28	421	4,218		
Episcopal						
Hospital of the Medical College of Pennsylvania	L. Karafin	6	181	628		
St. Christopher's Hospital for Children	A. R. Kendall	2	134	318		
Thomas Jefferson University Affiliated Hospitals	J. A. Bogaev				2C	007
Thomas Jefferson University	J. A. Bogaev	21	763	1,627		
Bryn Mawr (Bryn Mawr)	G. L. Tobias	18	983			
Veterans Admin. (Wilmington, Del.)	A. Raney	16	380	1,490		
University of Pennsylvania Affiliated Hospitals	J. J. Murphy, Jr.				3C	009
Hospital of the University of Pennsylvania	J. J. Murphy, Jr.	20	875	2,800		
Children's Hospital of Philadelphia	J. W. Duckett, Jr.	8	400	1,600		
Veterans Admin.	A. J. Wein	31	677	4,200		
PITTSBURGH						
Hospitals of the University Health Center of Pittsburgh	T. R. Hakala				2C	006
Presbyterian—University		18	596	1,290		
Children's Hospital of Pittsburgh	S. E. Price	7	505			
Veterans Admin.	W. F. O' Donnell	19	427	3,540		
Mercy	N. J. Mc Cague	20	908	713	1F	004
Western Pennsylvania	S. H. Johnson, 3d	17	781	1,043	1C	003
PUERTO RICO						
CAGUAS						
Caguas Sub—Regional (See University of Puerto Rico Affiliated Hospitals, San Juan)						
SAN JUAN						
University of Puerto Rico Affiliated Hospitals	R. F. Fortuno				5C	015
I. Gonzalez Martinez	B. Gonzalez Flores	9	183	1,593		
San Juan City	R. F. Fortuno	13	386	3,348		
University District	R. F. Fortuno	17	362	8,093		
Veterans Admin. Center	R. Fortuno	28	589	54,000		
Caguas Regional (Caguas)	C. R. Bernard			4,524		
RHODE ISLAND						
PROVIDENCE						
Brown University Affiliated Hospitals	J. B. Lawlor				2C	006
Rhode Island	J. B. Lawlor	22	1,048	1,385		
Roger Williams General						
Veterans Admin.	W. S. Klutz, J. B. Lawlor	9	324	1,836		
SOUTH CAROLINA						
CHARLESTON						
Medical University of South Carolina Teaching Hospitals	S. N. Rous				2C	006
Medical University of South Carolina	S. N. Rous	18	600	6,000		
Charleston County	S. N. Rous	11	208	3,000		
Veterans Admin.	R. P. Nelson	12	418	2,578		
TENNESSEE						
MEMPHIS						
University of Tennessee Affiliated Hospitals	C. E. Cox				4C	016
City of Memphis Hospitals	C. E. Cox	10	420	4,790		
Veterans Admin.	W. P. Jordan, Jr.	25	1,046	4,376		
NASHVILLE						
Vanderbilt University Affiliated Hospitals	R. K. Rhamy				2C	008
Baptist	R. K. Rhamy	51	2,535			
Nashville Metropolitan General		5	247	2,214		
Vanderbilt University	R. K. Rhamy	86	4,347	13,146		
Veterans Admin.	B. I. Turner	26	696	4,928		
TEXAS						
DALLAS						
University of Texas Southwestern Medical School Affiliated Hospitals	P. C. Peters				3C	015
Parkland Memorial	P. C. Peters	11	529	4,958		
Baylor University Medical Center	W. W. Hoffman	63	2,875	497		
Children's Medical Center	P. C. Peters			383		528
Presbyterian Hospital of Dallas	M. C. Kadesky	18	1,130			
Veterans Admin.	T. D. Allen	34	725	4,187		
John Peter Smith (Fort Worth)	G. F. Begley	5	247	1,586		
FORT WORTH						
John Peter Smith (See U. of Tex. Southwestern Med. Sch. Affil. Hosps., Dallas)						
GALVESTON						
University of Texas Medical Branch Hospitals	M. M. Warren	23	625	4,800	1C	004

37. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979 1st Yr.	All Yrs.
TEXAS—Continued						
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	C. E. Carlton, Jr.				4C 2F	016
Ben Taub General	C. E. Carlton, Jr.	12	488	8,449		
St. Luke's Episcopal	F. B. Scott	54	3,065	87		
Texas Children's	E. Gonzalez	14	1,514	229		
Veterans Admin.	P. D. Beach	30	709	9,295		
University of Texas at Houston Affiliated Hospitals	J. N. Corriere, Jr.				2C	008
Hermann	J. N. Corriere, Jr.	21	1,096	1,050		
St. Joseph	J. N. Corriere, Jr.	32	726	106		
University of Texas M. D. Anderson Hospital and Tumor Institute	D. E. Johnson	21	673	3,843		
SAN ANTONIO						
University of Texas at San Antonio Teaching Hospitals	H. M. Radwin				2*	010
Bexar County Teaching	H. M. Radwin	11	487	5,398		
Santa Rosa Medical Center	H. L. Wolff	20	1,147	127		
Veterans Admin.	J. B. Aust	18	470	2,840		
TEMPLE						
Scott and White Memorial	P. S. Nussbaum	11	963	10,122	1C 1F	005
Veterans Admin. Center	O. C. Berg	22	1,095	2,587		
UTAH						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	R. G. Middleton				2C	006
University	R. G. Middleton	6	375	2,515		
Veterans Admin.	D. S. Dahl	17	477	1,976		
VERMONT						
BURLINGTON						
Medical Center Hospital of Vermont	G. Leadbetter, Jr.	13	906	364	1C	003
WHITE RIVER JUNCTION						
Veterans Admin. Center (See Dartmouth Med. School Affil. Hospitals, Hanover, N.H.)						
VIRGINIA						
ARLINGTON						
Arlington (See Georgetown University Affil. Hosps., Washington, D.C.)						
CHARLOTTESVILLE						
University of Virginia Affiliated Hospitals	J. Y. Gillenwater				2C	008
University of Virginia	J. Y. Gillenwater	28	918	10,800		
Veterans Admin. (Salem)	W. W. S. Butler, 3d	8	187	1,764		
DANVILLE						
Memorial	R. R. Landes	45	2,800	30,000	1F	004
FALLS CHURCH						
Fairfax (See George Washington Univ. Affil. Hosps., Washington, D.C.)						
NORFOLK						
Norfolk General—Children's Hospital of the King's Daughters	C. Devine				2C	006
Children's Hospital of the King's Daughters		4	421	525		
Norfolk General		23	1,003	1,040		
RICHMOND						
Virginia Commonwealth University M.C.V. Affiliated Hospitals	W. W. Koontz, Jr.				3C	009
Medical College of Virginia Hospitals	W. W. Koontz, Jr.	35	992	7,438		
Richmond Memorial	M. J. V. Smith	14	518	299		
Veterans Admin.	R. H. Hackler	33	782	3,693		
SALEM						
Veterans Admin. (See Univ. of Virginia Affil. Hosps., Charlottesville)						
WASHINGTON						
SEATTLE						
University of Washington Affiliated Hospitals	J. S. Ansell				2F	008
Children's Orthopedic Hospital and Medical Center	M. Palken	5	499	634		
Harborview Medical Center	M. E. Mayo	1	135	1,787		
University	J. S. Ansell	39	1,064	17,312		
Veterans Admin.	J. Tremann		344	2,450		
Virginia Mason	R. J. Correa, Jr.	17	1,549	8,199		
WEST VIRGINIA						
CHARLESTON						
Charleston Area Medical Center	A. T. Mc Coy	28	1,975	682	1C	003
CLARKSBURG						
Veterans Admin. (See West Virginia University Medical Center, Morgantown)						
MORGANTOWN						
West Virginia University Medical Center	D. F. Milam				2C	006
West Virginia University	D. F. Milam	15	656	2,870		
Veterans Admin. (Clarksburg)						
Ohio Valley Medical Center (Wheeling)	B. M. Mc Cuskey	19	645	158		
WHEELING						
Ohio Valley Medical Center (See West Virginia University Medical Center, Morgantown)						

37. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1978-1979	
					1st Yr.	All Yrs.
WISCONSIN						
LA CROSSE						
La Crosse Lutheran Hospital and Gundersen Clinic (See University of Wisconsin Affiliated Hospitals, Madison)						
MADISON						
University of Wisconsin Affiliated Hospitals	J. B. Wear, Jr.				2*	010
Madison General	A. Schoenenberger	13	758			
Methodist						
St. Mary's Hospital Medical Center	A. M. Sonneland	12	761			
University Hospitals	J. B. Wear, Jr.	15	658	4,816		
Veterans Admin.	P. O. Madsen	26	795	2,119		
La Crosse Lutheran Hospital and Gundersen Clinic (La Crosse)	C. A. Natoli	18	1,018	7,454		
MILWAUKEE						
Medical College of Wisconsin Affiliated Hospitals	R. K. Lawson				2*	011
Milwaukee County General	R. K. Lawson	6	349	4,266		
Columbia	J. W. Kearns	7	381			
Lutheran Hospital of Milwaukee	N. B. Hodgson	6	267	63		
Milwaukee Children's	N. Hodgson	3	371	182		
Mount Sinai Medical Center						
St. Joseph's	D. W. Calvy	27	917	205		
Veterans Admin. Center (Wood)	R. B. Bourne	12	657	6,101		

Essentials of Accredited Residencies*

REVISED TO JULY 30, 1977
INTRODUCTION

Residencies in the clinical divisions of medicine, surgery, and other special fields provide advanced training in preparation for the practice of a specialty. Approval for residency training in the clinical specialties is limited to programs conducted in general or special hospitals. However, the term residency training is also applied to certain non-clinical programs in graduate medical education which may be conducted in organized medical facilities outside of a hospital.

It is desirable, for the purpose of clarification, to differentiate between two terms commonly used in referring to higher medical education. Graduate training, as used in these Essentials, refers to the various recognized plans of training which lead to qualification in a specialty. Postgraduate training in contrast, refers to formally organized shorter courses, offered by medical schools, hospitals, clinics and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. Residencies in the following branches of medicine are approved by the Liaison Committee on Graduate Medical Education (LCGME).

- | | |
|-------------------------------|------------------------------|
| 1. Allergy and Immunology | 17. Pediatrics |
| 2. Anesthesiology | Pediatric Allergy |
| 3. Colon and Rectal Surgery | Pediatric Cardiology |
| 4. Dermatology | 18. Physical Medicine and |
| Dermatopathology | Rehabilitation |
| 5. Family Practice | 19. Plastic Surgery |
| 6. General Practice | 20. Preventive Medicine |
| 7. General Surgery | General Preventive |
| Pediatric Surgery | Medicine |
| 8. Internal Medicine | Aerospace Medicine |
| 9. Neurological Surgery | Occupational Medicine |
| 10. Neurology | Public Health |
| 11. Nuclear Medicine | 21. Psychiatry and Neurology |
| 12. Obstetrics and Gynecology | 22. Radiology |
| 13. Ophthalmology | Diagnostic Radiology |
| 14. Orthopedic Surgery | Therapeutic Radiology |
| 15. Otolaryngology | Nuclear Radiology |
| 16. Pathology | 23. Thoracic Surgery |
| Blood Banking | 24. Urology |
| Dermatopathology | |
| Forensic Pathology | |
| Neuropathology | |
| Radioisotopic Pathology | |

It is recognized that while some hospitals may be unable to meet the educational standards for graduate training in the specialties, as set forth in the Essentials, they may be able to offer experience of value to young physicians. These hospitals may well consider the appointment of paid house physicians to assist in conducting the professional work of the hospital. Experience of this type does not ordinarily carry credit towards certification in the specialties or towards qualification for membership in special societies.

I. GENERAL REQUIREMENTS

Hospitals conducting or applying for approved residency programs should be accredited by the Joint Commission on Accreditation of Hospitals.

This implies that the hospital must be properly organized, staffed, and equipped and that its activities are conducted primarily for the welfare of the patient. While the educational program is supplementary to the primary purpose of the hospital, *i.e.*, the care and management of patients, it is directly related to this function in that it serves to improve the quality of medical care offered.

Size and Type.—The size of the institution is not a primary consideration. The clinical material, however, should be of sufficient scope and diversity to enable residents to observe the principal manifestations of the disease conditions, in the understanding and management of which they are acquiring additional experience. The number of service or ward beds,

rather than the total bed capacity, is of significance in this connection. In hospitals admitting principally private patients, the availability of these patients for teaching purposes is an essential consideration.

Official approval is extended to general and special hospitals offering acceptable programs in the various specialty fields. Programs conducted in hospitals associated with medical schools are ordinarily of three or more years in duration and offer special facilities for progressively graded, comprehensive training. A number of hospitals not directly affiliated with medical schools, have organized programs of graduate training which comply with all the requirements of the Essentials of Approved Residencies. Some of these hospitals, utilizing their own facilities to the fullest extent, have developed acceptable, fully approved programs. Other hospitals of this type, have supplemented their educational program through affiliation with medical and graduate schools, or with other hospitals which are able to augment the resident's training in those phases which might otherwise be considered deficient. The rotation of residents from an approved hospital to an affiliated institution which is able to provide experience lacking to the parent hospital is often desirable, when properly supervised.

Plant and Equipment.—The physical plant should be adequately constructed and planned to assure proper medical and hospital care as well as safety and comfort for the patient. Equipment, appliances, and apparatus such as are commonly employed in the practice of modern, scientific medicine, should be available. In those departments in which residencies are being offered, space and equipment should be made available for the use of the resident staff in addition to that ordinarily required by the service.

1. STAFF

The teaching staff should be composed of physicians and other health professionals qualified on the basis of educational background and professional accomplishment, oriented to the requirements and responsibilities of the teaching appointment, and motivated to assign acceptable priority to teaching duties. A well organized and well qualified staff is one of the most important requisites in a hospital assuming responsibility for residency training. It may well be the determining factor in the development and approval of a graduate training program. There should be an educational committee of the staff which is responsible for the organization of the residency program, for the supervision and direction of the residency program, and for correlating the activities of the resident staff in various departments of the hospital. The committee might well include the pathologist, the radiologist, and other department heads who, because of the inherent relationship of the departmental work will be called on to assist in the training program.

The particular specialties in which residents are being trained should be represented in the staff by well qualified, experienced, and proficient physicians, whether or not they hold membership in special societies and colleges or are certified in their specialty. Adequate organization of the medical staff presupposes careful selection of the head of the department and of the chiefs of the various services. In addition to their qualifications in the specialty, they should have high professional standing, and possess the attributes of the teacher. Being responsible for the training of residents, they should be chosen on the basis of ability, aptitude, and interest.

Members of the attending staff should be assigned by the department head to specific responsibility as far as the work

*Previous versions of this document were entitled "Essentials of Approved Residencies" and "Essentials of Approved Residencies and Fellowships." Because of the multiple meanings of "Fellowship," this part of the title was deleted a number of years ago. The word "Accredited" has recently been adopted instead of "Approved."

of the services is concerned. The service of each attending physician should include an adequate number of patients and extend over a sufficient period to elicit his full interest and attention while on service. On the other hand the service should not be so large as to be a burden to the attending staff and thus result in reduced attention to the educational program. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

The staff must hold an adequate number of regularly scheduled clinical pathological conferences and other staff conferences, in addition to meetings of the staff at which the histories, clinical observations, laboratory studies, and pathology of selected cases are reviewed. Scientific meetings at which papers are presented by members of the staff or guest speakers are considered commendable but do not serve to meet the requirements of these scheduled conferences. In addition to meetings of the staff as a whole, it is expected that departmental conferences will be conducted in which residents should take an active part, so that the quality of the service given by that department to its patients may be recurrently evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section I-7, I-9) and under Special Requirements (Section VI).

2. DEPARTMENT OF RADIOLOGY

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

3. DEPARTMENT OF PATHOLOGY

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the laboratory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no responsibilities outside the hospital that would prevent his being available for consultation and for guidance of the resident's work.

The department should provide adequate space and equipment for the resident's use in addition to that required for the proper functioning of the service. Apparatus, reagents, and materials necessary for the operation of a modern clinical and pathological laboratory should be available. The department should be organized to provide a high quality of service for the clinical departments and to permit of its active participation in the educational program. An efficient system of records including cross indices should be maintained, to assure proper functioning of the laboratory and to facilitate investigative work. This department should assume much of the responsibility for the clinical pathological conferences and other educational activities of the staff.

The facilities of the autopsy room should be ample enough to permit participation by the resident staff. Thoroughness in postmortem examination should be emphasized. Complete necropsy records should be kept on file and each should

contain a summary of the clinical record and detailed description of both the gross and microscopic observations. Residents of all departments should attend postmortem examinations unless other important duties prevent. They may, with value, participate in the performance of necropsies, including the preparation of the protocol, and in the review of microscopic findings on materials derived from their own and other services.

It is expected that hospitals assuming responsibility for resident training will maintain a high autopsy rate. It is felt that the autopsy rate is a reliable gauge of the staff's interest in scientific advancement. (A description of the special requirements for an approved residency in pathology is given in Section VI.)

4. BIOMEDICAL INFORMATION

Institutions offering approved residencies should provide access to biomedical information including carefully selected, authoritative medical textbooks and monographs, recent editions of the Index Medicus, and current medical journals in the various branches of medicine and surgery in which training is being conducted, as well as other learning resources (e.g. audiovisuals). The information resources should be properly supervised.

5. MEDICAL RECORDS DEPARTMENT

The record department should be adequately supervised, preferably by a qualified medical record librarian. An efficient record system should be maintained, including alphabetical and diagnostic patient indices. Operative reports, roentgenological, and pathological records should be properly classified, permitting a ready reference. The employment of the Standard Nomenclature of Diseases and Operations is recommended for all medical records, although Current Medical Terminology may provide an additional useful tool in the management and utilization of clinical records. For coding or indexing, either the Standard Nomenclature of Diseases and Operations (SNDO) or the International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases and Operations (ICDA) may be used.

Clinical records must be completed and include the patient's chief complaint, case history, physical examination on admission, a provisional diagnosis, record of laboratory examinations, therapy employed, descriptions of operations if performed, adequate progress notes, consultation remarks, a final diagnosis, condition on discharge, necropsy observations in case of death if postmortem examination is performed, and an appropriate summary. The records should show by signatures or at least initials, the names of all physicians writing the record in whole or part, as well as the names of the staff members by whom the records are verified. Each completed record should be verified by a responsible staff member.

In a hospital assuming responsibility for graduate training, it is expected that the clinical records be sufficiently comprehensive to permit of their use for teaching purposes. While responsibility for the preparation of parts of the record, such as the admission work-up, may be delegated to the intern or resident assigned to the case, the ultimate responsibility for the completed record lies with the staff member in charge.

There should be a records committee of the staff which will meet periodically with the record librarian to review the clinical charts and report their findings. This committee may be empowered to make recommendations concerning the disciplinary measures necessary to assure the maintenance of adequate clinical records on a current basis. Satisfactory records can be maintained only through the continuous and cooperative efforts of the staff, the medical records department, and the hospital administration.

6. SELECTION OF RESIDENTS

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the resi-

dent staff. The hospital administration and medical staff, through appropriate review of credentials, should ascertain that the personal and medical qualifications of applicants selected for residency positions are satisfactory. There should be confidence that the residents appointed have the high standards of integrity, motivation, industry, resourcefulness, health and basic medical knowledge necessary to take full advantage of the further educational experience offered. This should include assignment of carefully graded and progressive responsibility for patient care. The qualifications of the resident staff should leave no doubt as to their competence to accept this assignment, since the primary obligation of the hospital must be for the patients' welfare.

For those applicants who have had their prior medical training in the United States or Canada, evaluation of qualifications is usually not difficult. Personality characteristics can be assessed through interview, letters of recommendation, and communication with the hospital where internship was served, and the dean's office of the medical school. The medical school accreditation and internship review programs of the Council on Medical Education of the American Medical Association renders reasonable assurance in regard to medical qualifications which can be augmented through communication with the hospital and school concerned. Such candidates for appointment should be graduates of approved schools. (See pertinent sections under Special Requirements.)

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Commission for Foreign Medical Graduates, 3624 Market St., Philadelphia, Pa., 19104, has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Commission.

[Beyond July 1, 1961, no hospital should expect to maintain an approved residency program unless its appointees who are graduates of foreign medical schools either:

1. Have a full and unrestricted state license to practice, or
2. Have secured a standard certificate from ECFMG.
3. In the case of United States citizens, have successfully passed the complete licensure examination in any state or other licensing jurisdiction in which the law or regulations provide that a full and unrestricted license to practice medicine in that state or jurisdiction will be issued to the physician after satisfactory completion of his internship or residency in that state, without further examination.
4. In the case of students who have completed, in an accredited American College or university, undergraduate pre-medical work of the quality acceptable for matriculation in an accredited U.S. medical school, have studied medicine at a medical school located outside the United States, Puerto Rico, or Canada but which is recognized by the World Health Organization, have completed all of the formal requirements of the foreign medical school except internship and/or social service, may substitute for an internship required by a foreign medical school, an academic year of supervised clinical training (such as a clinical clerkship or junior internship) on or after July 1, 1971, prior to entrance into the first year of AMA approved graduate medical education. The supervised clinical training must be under the direction of a medical school approved by the Liaison Committee on Medical Education. Before beginning the supervised clinical training, also known as the "Fifth Pathway," students must have their academic records reviewed and approved by the medical schools supervising their clinical training and must attain a score satisfactory to the sponsoring medical school on a screening examination acceptable to the Council on Medical Education.

After July 1, 1961, the Council will recommend to the Residency Review Committees the disapproval of those training programs whose rosters contain graduates of foreign medi-

cal schools who do not satisfy requirement 1, 2 or 3 above.

Even though a foreign medical graduate may possess a full and unrestricted state license, ECFMG certification may be necessary if he expects to be licensed in another state by reciprocity or endorsement; furthermore, such certification may be necessary as a requirement for qualification for specialty certification by the majority of American specialty boards.]

Graduates of schools of osteopathy who hold only the D.O. degree are eligible for appointment to residencies only in those specialties for which the corresponding specialty board has established conditions under which the D.O. will be acceptable to the Board for examination for certification. (Most, but not all, specialty boards have an established policy under which they will accept former Doctors of Osteopathy who now hold an M.D. degree from the University of California College of Medicine, Irvine.)

7. TRAINING PROGRAM

Duration.—Graduate training in the various branches of medicine should be of sufficient duration and educational content to enable the resident on completion of his training, to begin the practice of his specialty in a scientific manner. With the exception of a few specialties, *e.g.*, pediatrics, a fully organized, comprehensive program should include three or more years of formal residency training. Not all hospitals, however, are able to develop programs of this type. A given approved residency may not provide complete training in a specialty field but if properly organized can make a substantial contribution to the resident's advanced training. It is desirable that hospitals, which cannot, for one reason or another, develop a fully approved program, integrate their training plan with that of other approved hospitals to assure the resident of the opportunity of completing his training, during which he is given progressively graded responsibility.

Part-Time Programs.—While internship and residency programs have ordinarily been considered as full-time activities, there are particular circumstances under which physicians can undertake graduate medical education programs only on a part-time basis. It is highly desirable that these physicians be encouraged to proceed as far as possible with the necessary training to prepare them for licensure and medical practice.

It is incumbent upon the responsible program director to arrange a program which meets the educational needs of the trainee and at the same time includes in its total extent the sum of clinical experience and responsibilities acquired by a trainee on a normal schedule. Such a part-time plan must be fair to the other trainees and fully compatible with the hospital's training program and responsibilities in the care of patients.

The responsible program director must be prepared to justify to the appropriate review committee, as well as to state boards of licensure and specialty boards, the manner in which the program will be arranged so as to provide the equivalent of a full-time appointment, and the manner in which the trainee's experience and responsibilities will be documented. Of great importance is documentation of the manner in which the trainee's patient-care responsibilities will be discharged during those periods off duty. If two half-time trainees were to assume responsibility for the care of the same group of patients, this would not be unlike the manner in which patient care is delivered in some private practice situations.

Supervision.—The educational effectiveness of a residency depends largely on the quality of its supervision and organization. The responsibility for these important functions lies with the department heads and a representative committee of the medical staff. Heads of departments should be responsible for their own services, the committee assuming a larger role in directing and correlating the various aspects of the educational program. The department head should have qualifications and breadth of experience which will enable him to carry out an effective training program. Those members of the attending staff who assist in supervising the resident's work should also have had acceptable training in the specialty and

should demonstrate an interest and ability in teaching. In some hospitals, where the number of men on the staff who have had advanced training in the specialty is limited, it may be desirable to assign responsibility for the supervision of the training program to physicians recognized in their field, on a consulting basis. In such instance, it is expected that the consultant assuming this responsibility will devote sufficient time to the residency program to assure the close and continuing supervision of all phases of the resident's work.

Resident Responsibility.—Aside from the daily contact with patients and the attending staff, and participation in the organized educational program, the assumption of responsibility is a most important aspect of residency training. Accordingly, as ability is demonstrated, an increasing amount of reliance should be placed in the judgment of residents in diagnosis and in treatment, as well as in the teaching of interns and medical students. In surgery and the surgical specialties, the resident should be given ample opportunity to perform major surgical procedures under supervision, particularly in the later stages of his training, in order that he may acquire surgical skill and judgment.

Methods of Instruction.—It is important that methods of instruction be employed in the training program which are best suited to the special field. Emphasis should be placed on personal instruction at the bedside, in the operating room and in the delivery room, on related laboratory studies, teaching rounds, departmental conferences or seminars, clinical-pathological conferences, demonstrations and lectures.

Clinical-pathological conferences should be held preferably each week for the general staff, or, in larger hospitals it may be advisable to arrange separate meetings for each of several departments in order that all of the available material may be presented properly. The program should include the demonstration of pathological material from the operating room and from autopsies. The amount of material to be reviewed will usually require a weekly meeting and permit the more extensive use of the fresh and frozen specimens which are preferred to fixed specimens for demonstration and study. Details of the program and its manner of presentation may vary but the following procedure represents the plan followed in many hospitals:

- a. Presentation of abstract reports of selected cases.
- b. Demonstration of gross and microscopic pathology.
- c. Correlation of clinical and pathological findings.
- d. Comparison of reports with the literature.
- e. Summary of findings and conclusions.

The success of the clinical-pathological conference lies chiefly in the ability of the pathologist to teach and to interpret pathological lesions in terms of clinical manifestations of the disease.

A record of all conferences of the medical staff should be kept by every hospital for both current and future reference.

Journal Club.—Familiarity with the critical analysis of pertinent medical literature is an important feature of medical training. The journal club or seminar is an excellent means of stimulating interest in scientific literature. In smaller hospitals, it may be conducted as a joint activity of several departments. Particularly in larger hospitals where the number of residents justify, separate meetings of this type for each service is considered advantageous. There are several methods of conducting a successful journal club. Each member of the resident staff can be requested to make a comprehensive review of the important articles contained in one or more current medical journals, reporting regularly at these meetings. The plan may be supplemented by assignment of a specific subject or disease entity to one or more of the participants for a complete review of the related past and current literature. Other plans for stimulating study of this nature may be arranged in conjunction with medical staff conferences, or through clinical research pertaining to problems under discussion, or in connection with patients under treatment in the hospital. A successful journal club will prove stimulating not only to the resident staff, but to the attending staff as well.

Resident Assignments, Hospital Service.—The resident staff should be assigned to a sufficient number and variety of hospital patients to assure a broad training and experience. However, hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program. The completeness of the preliminary study of all patients, necessary in arriving at a correct diagnosis, should be emphasized. The variety of the pathological conditions encountered are also of primary importance.

Outpatient Department.—The importance of the outpatient department and its role in the training of the resident staff should be emphasized. Here there is opportunity for acquiring further knowledge and experience, particularly in differential diagnosis and follow-up observation. Study of end results in patients operated upon is of primary importance. The resident staff should have a definite assignment to the scheduled clinics. They should be required either to attend all clinics of the hospital service to which they are assigned or, to devote full or part time to a series of clinics during a certain period of their training. The former plan is considered more satisfactory because it provides a longer contact with the same patients, including the periods before and after hospitalization. Other activities should not be allowed to conflict with the work of the resident staff in the outpatient department.

The major responsibilities of carrying on outpatient department work should not be given over entirely to the resident staff. The educational value of work in the outpatient department is largely dependent on the amount of interest displayed by heads of departments and high ranking members of the attending staff. In any acceptable plan of graduate training, they should be in regular attendance at the diagnostic and follow-up clinics for supervision and instruction of the assigned personnel working under their direction.

Emergency Service.—All hospitals are called on to care for a certain number of patients who present themselves for treatment in case of accidents or other emergencies. The service may vary from a few patients seen in emergency in the outpatient department to the extensive and well organized accident wards which care for traumatic cases in connection with the ambulance services of larger hospitals. Regardless of the size of the service, advantage should be taken of this opportunity for the resident staff to obtain experience in the care of these types of cases. Being available in the hospital at all times, they may be called on to take the initiative in making differential diagnosis, rendering first aid treatment, and assuming the major responsibility for the immediate care of a variety of traumatic conditions. They must also decide when patients should be admitted to the hospital. Under proper supervision of the attending staff, assignment to the emergency service is a valuable experience for the residents.

Operating Room Assignment.—In surgery and the surgical specialties, work in the operating room constitutes an important part of the resident's responsibility. During the course of his training, the resident should be given sufficient operating responsibility to acquire surgical skill and judgment. This experience should be progressively graded to the end that, on completion of his training, the resident is able to assume individual responsibility for major surgical procedures. A more detailed discussion of this phase of the resident's training is found under the appropriate sections of the specialties concerned.

Teaching and Investigation.—Residents should be assigned to teaching responsibilities as their experience increases. The stimulating teacher-student relationship should be part of the resident's experience, not only as a student of the attending physician, but as a teacher of interns and nurses and, in hospital affiliated with medical schools, of junior and senior medical students.

When the facilities of an institution permit, and when the residents are competent and interested, they should be encouraged to engage in investigative work. Such investigation may take the form of research in the hospital laboratories or wards, comprehensive summaries of medical literature, or the prepara-

tion of statistical analyses based on clinical case records. The interests of the various members of the resident staff should be carefully considered when arranging assignments to this activity, inasmuch as ability and desire to do this type of work differ widely. Intelligent direction and supervision should be provided in selecting the project to be undertaken and in its development. It is realized that only an occasional individual will make contributions or discoveries of lasting value to the medical profession. However, those who undertake and pursue a research problem receive a stimulus which can be obtained in no other way. An understanding of the methods and problems involved in research leads to a better interpretation of the great mass of current scientific literature which must be constantly reviewed by the progressive physician or surgeon.

When feasible each member of the resident staff, either individually or in collaboration with other members of the department, should be encouraged to prepare a formal paper suitable for publication.

It is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and amount of experience obtained.

Preparation for Practice.—It is essential that the house officer before completing his period of formal graduate medical education in the hospital and its ambulatory facilities be exposed to the variety of methods by which he will apply his knowledge in the practice situation. If adequate models do not exist within the hospital environment, then a formal plan must be developed to expose the house officers to meaningful experience in health and medical service under a representative variety of patterns now developing throughout the nation. Inherent in this experience is an opportunity to become oriented to the social and economic aspects of medical practice. Preceptorial experience, seminars, or investigative projects on the relationship of medicine to the needs of society should be an essential part of the house officer's experience before he is considered to have completed his graduate medical education.

Special Requirements for Programs of International Educational Exchange in Medicine.—In addition to the foregoing requirements for all residents, those programs which accept graduates of foreign medical schools should contain certain special additional features which are essential to the effective education and training of such individuals.

(a) An orientation program for the foreign medical graduate should include thorough familiarization with patterns of American hospital and clinical practice, organizational responsibilities of hospital personnel, legal as well as moral and ethical concepts of physician-patient relationships, and the varying patterns of graduate medical education which lead to competence in practice.

(b) While the ECFMG resources described in Section 6, "Selection of Residents," are intended to provide reasonable assurance regarding the medical qualifications of foreign medical school graduates, many such individuals have deficits in background education and experience not ordinarily found in graduates of United States or Canadian medical schools. Special educational activities should be designed to correct these deficits in the area of professional medical knowledge, and in some cases in the use of the English language.

(c) Effective participation in the medical management of patients is impossible without an appropriate degree of appreciation by the foreign trained physicians of the cultural backgrounds of their patients. Such appreciation is unlikely to develop in the absence of carefully planned and conscientiously conducted programs of contact with a wide cross-section of American family life and of other non-medical activities characteristic of the American way of life.

(d) The countries of origin of foreign medical graduates have widely-varying needs for health and medical care, and the programs for individual foreign physicians should reflect an interest in those features of clinical practice most essential to the foreign physician upon return to his own country.

8. COLLABORATING AND AFFILIATING PROGRAMS

Some hospitals that have excellent facilities and clinical material for the greater part of an approved training program may be deficient in some particular phase of the work that can be well provided in another hospital of graduate training caliber. In such instances the hospital which has the greater part of the required clinical material and facilities may become the parent institution and collaborate with the second institution to provide a well rounded and complete program of training in a given specialty.

In other instances, especially on university connected services, the chief of an approved service may elect to augment the opportunity afforded his trainees for clinical experience by rotating them to a smaller affiliated institution for short periods of service. Such short-term services need not be independently approved. However, their contribution to the resident's training is taken into consideration and recognized when evaluating the over-all program of which it is a part. The departmental staff of the parent institution sponsoring the program must assume responsibility for the resident's training during the period he is assigned to the affiliating service, as well as when he is serving at the parent hospital. Under arrangements of this nature, it is not intended that the resident be assigned to affiliating services without supervision even though he may obtain extensive experience in this way. The resident's work must be properly supervised at all stages of his training. In general, affiliated services should not constitute more than a third of the training period. Hospitals which can offer satisfactory training for more than this period can probably develop acceptable programs of their own.

9. BASIC SCIENCE TRAINING

Competence in any of the various specialties in clinical medicine requires a knowledge of the basic medical sciences as related to that specialty. Therefore, acceptable residency programs must provide for training in the applied basic medical sciences. Such training does not necessitate formal course work, specific assigned laboratory exercises, or affiliation of the residency hospital with a medical school; it should be distinctly of an applied nature, closely integrated with the clinical experience of the resident.

Any resident seeking competence or certification in a specialty must be able to apply at least the following basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

Anatomy.—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the pathological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross and microscopic anatomy from clinical and pathological material. Opportunities of anatomical dissection, when available, may be utilized for supplementary training.

Bacteriology.—Hospital laboratories should have adequate facilities and personnel qualified to carry out diagnostic bacteriological studies, and those in the allied fields of parasitology, mycology, immunology, and serology. The resident staff should make use of the educational opportunity provided through the study of bacteriological material from the

hospital services, correlating the laboratory study with its clinical application. Members of the resident staff who exhibit a particular interest in this field might well be assigned to the department for additional investigative work.

Biochemistry.—The hospital biochemistry laboratory should provide the resident with opportunities to broaden his knowledge of biochemistry as related to such clinical problems as he may encounter in his specialty; for example, water balance, acid-base equilibrium, glucose tolerance, and blood or urine levels of significant metabolic, nutritional, or therapeutic element. Such applied basic science work in biochemistry is far more valuable than a formal review course in the field.

Pathology.—In a well conducted department of pathology of an approved hospital there is opportunity for correlating much basic medical science material with problems of clinical medicine. Applied gross and microscopic anatomy may be effectively learned from necropsy and surgical specimens. The clinical-pathological conference should and can be one of the most effective devices for correlation of the basic sciences with clinical medicine.

Pharmacology.—Since the principles of pharmacology are involved in every therapeutic administration of chemical substances to patients, the wards of the residency hospitals provide very suitable opportunities for the resident to apply and expand the knowledge of pharmacology previously gained in medical school.

Physiology.—Historically, one of the most fruitful fields of investigation into the normal functions of the body has been the study of abnormality of function to which the resident in clinical medicine is constantly exposed. Clinical medicine affords a rich field for the study of physiology and a potent stimulus to the resident to apply the basic principles of this science. Much of the equipment and special apparatus employed in clinical studies of the patient are likewise used in physiology, so that clinical studies provide ample opportunity and stimulation for the resident to supplement his knowledge of physiology with applications of the science to clinical problems. Encouragement and opportunity for an enlarged understanding of body function in health and disease should be part of the experience of the resident in any of the specialties in the course of his clinical work.

10. HOSPITAL-RESIDENT AGREEMENT

A formal agreement in which mutual obligations are defined should be entered into between the hospital and the applicant at the time of his appointment. This agreement must be honorably fulfilled by both parties and when terminated by mutual consent, the hospital should provide a statement of release from the agreement or contract. Contracts for one year, renewable by mutual consent, are preferable.

The Council urges that all inducements, representations, and agreements made with respect to the offer and acceptance of a residency be embodied in the terms of a written agreement which should specify at a minimum the following:

1. The term of the residency.
2. The salary.
3. The conditions under which living quarters, meals, and laundry or their equivalent are to be provided.
4. Whether the hospital will provide professional liability (malpractice) insurance for the resident, or whether he will be expected to provide such insurance at his own cost if he desires this coverage.
5. Whether the hospital will provide hospitalization and health insurance for the resident and his family.
6. Vacation periods.
7. Hours of duty, or the method by which this is to be determined.
8. The content of the educational phase of the residency, including duration and sequence of the specified as-

signments to clinical, laboratory or ambulatory care facilities.

The residency agreement imposes ethical, moral and legal obligations upon both the hospital and the resident. No residency should be terminated prior to its expiration date without the opportunity for both parties to discuss freely any differences or grievances that may exist.

Under particular circumstances, the hospital or the resident may be justified in terminating a residency prior to the expiration of its term. If the resident fails to perform the normal and customary services of a residency or fails to comply with the reasonable rules that are necessary in the orderly operation of the hospital, the hospital may be justified in taking such action. Likewise, a physician should be entitled to rely upon representations with respect to opportunity for educational experience, conditions of service, living quarters, agreed vacation periods, etc., that are made to induce him to apply for the residency.

A breach of the agreement by either a hospital or a resident is not condoned by the Council.

Whenever complaint of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and hospital's records, and are made available upon request to authorized agencies.

11. EMPLOYMENT RELATIONS OF HOUSE OFFICERS

The primary purpose of intern and resident programs is professional education. Supervised service to patients is an essential part of intern and resident training, and it benefits both trainee and patient.

The accreditation process should include evidence that the employment agreements with interns and residents provide appropriate safeguards for the educational component of the program as follows:

1. There must be a mechanism for satisfactory intra-institutional communication between the governing board, the professional staff, and house officers with respect to service, research, and educational problems.
2. There must be a clearly-stated basis for annual reappointment. This must be based on evidence of progressive scholarship and professional growth of the trainee as demonstrated by his ability to assume graded and increasing responsibility for patient care. This determination is the responsibility of the program director, with advice from members of his teaching staff, and cannot be delegated to a professional or non-professional staff member who is primarily concerned with the service needs of the institution. A primary objective of the accreditation process is determination of the excellence of the experience as an exercise in professional education. Since supervised service to patients is an essential part of intern and resident training, these aspects of the program as measured by satisfactory performance of service functions should be considered in determining continued tenure.
3. There must be an equitable and satisfactory mechanism, involving the participation of the medical staff, for the redress of grievances. Although final responsibility rests with the institution's governing body, the latter should rely upon the determinations of the medical staff in professional and educational matters.

It is inappropriate that house officers be expected to assume increasing responsibility for patient care, while not at the same time participating effectively in communications which contribute ultimately to policy-making decisions. The intern and resident must be integrated into the medical staff as true colleagues in order that effective programs of medical education and patient care be carried out.

NOTE: Certain sections of this document have been renumbered, and "Special Requirements" is now Section VI.

II. PERSONAL RECORD

It is considered desirable that a personal record of the resident be maintained by the department responsible for his training. This should include a record of his assignments, results of examinations, personal evaluation by attending staff members who intimately supervise his work, and such detailed information as may be necessary in rating the resident's total accomplishment at the end of his training. The close personal contact which exists between department heads and resident staff is usually sufficient of itself to make possible an accurate evaluation of the resident's judgment and professional progress. All records relating to the resident's work in the hospitals should be preserved and should be made available to examining boards and other responsible agencies if requested.

III. MISCELLANEOUS

Intern-Resident Relationships.—Those hospitals training both residents and interns should recognize their obligation to both groups and should plan their programs so that both interns and residents have opportunities for training and experience. The residents should participate in the teaching of the interns and in the supervision of their activities. Residents should not, however, act so as to diminish the contact of the interns with the attending men or assume the supervisory or disciplinary functions of the staff.

IV. RECORDING OF CREDIT

The successful completion of a residency is recorded in the biographic files of physicians maintained by the American Medical Association. It is important, therefore, that all institutions approved for residencies in specialties make an annual report to the Council on Medical Education of the American Medical Association. Periods of service in institutions approved by the Council for residencies in specialties are given full credit in the biographic files without further inquiry. Services in unapproved institutions are recorded as unclassified assignments.

There is an extensive interchange of information and close collaboration between the Council on Medical Education, the various American Boards responsible for the examination and certification of the specialists, and the American Board of Medical Specialties. In this way the study and appraisal of residencies leads to the formulation of lists approved by the Council and acceptable to the respective boards. These lists may be obtained from the Council on request. In most instances, there is indicated for the hospitals on the approved lists the amount of credit (one to three or more years) which is allowed by the appropriate American board toward qualifying for the certification examination.

The specialty boards listed below have been approved by the Council in collaboration with the American Board of Medical Specialties, through the Liaison Committee on Specialty Boards in accordance with the following resolutions of the House of Delegates:

Resolved, That the Council on Medical Education and Hospitals is hereby authorized to express its approval of such special examining boards as conform to the standards of administration formulated by the Council; and be it further

Resolved, That the Board of Trustees of the American Medical Association be urged to use the machinery of the American Medical Association, including the publication of its Directory, in furthering the work of such examining boards as may be accredited by the Council. (See the Council's "Essentials for Approval of Examining Boards in Medical Specialties.")

American Board of Allergy and Immunology
(*a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics*)

Herbert C. Mansmann, Jr., M.D., Executive Secretary
3930 Chestnut Street, Philadelphia, Pa. 19104

American Board of Anesthesiology

E. S. Siker, M.D., Secretary-Treasurer
100 Constitution Plaza, Hartford, Conn. 06103

American Board of Colon and Rectal Surgery

Norman D. Nigro, M.D., Secretary
615 Griswold, Suite 516, Detroit, Mich. 48226

American Board of Dermatology

Clarence S. Livingood, M.D., Executive Secretary
Henry Ford Hospital, Detroit, Mich. 48202

American Board of Family Practice

Nicholas J. Pisacano, M.D., Secretary
University of Kentucky Medical Center
Lexington, Kentucky, 40506

American Board of Internal Medicine

John A. Benson, Jr., M.D., President
3930 Chestnut St., Philadelphia, Pennsylvania 19104

American Board of Neurological Surgery

Robert B. King, M.D., Secretary
750 E. Adams Street, Syracuse, N.Y. 13210

American Board of Nuclear Medicine

(*a Conjoint Board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology*)

S. James Adelstein, M.D., Secretary
475 Park Avenue South, New York, N.Y. 10016

American Board of Obstetrics and Gynecology

James A. Merrill, M.D., Secretary-Treasurer
Univ. of Okla. Health Sciences Center
P.O. Box 26901, Oklahoma City, Okla. 73190

American Board of Ophthalmology

Francis H. Adler, M.D., Secretary-Treasurer
8870 Towanda St., Philadelphia, Pa. 19118

American Board of Orthopaedic Surgery

William A. Larmon, M.D., Executive Secretary
430 N. Michigan Ave., Chicago, Ill. 60611

American Board of Otolaryngology

Walter Work, M.D., Executive Secretary-Treasurer
220 Collingwood Ave., Suite 130
Ann Arbor, Michigan 48103

American Board of Pathology

A. James French, M.D., Executive Director
Office of Board, Suite 780
5401 West Kennedy Blvd., Tampa, Fla. 33609

American Board of Pediatrics

Robert C. Brownlee, M.D., Executive Secretary
Children's Hospital of Philadelphia, 34th St. and
Civic Center Blvd., Philadelphia, Pa. 19104

American Board of Physical Medicine and Rehabilitation

Gordon M. Martin, M.D., Secretary-Treasurer
Suite D, IA Kahler East, Rochester, Minn. 55901

American Board of Plastic Surgery

John B. Lynch, M.D., Secretary-Treasurer
4647 Pershing Ave., St. Louis, Mo. 63108

American Board of Preventive Medicine

Raymond Seltser, M.D., Secretary-Treasurer
615 N. Wolfe St., Baltimore, Md. 21205

American Board of Psychiatry and Neurology

Lester H. Rudy, M.D., Executive Secretary-Treasurer
1603 Orrington Avenue, Evanston, Ill. 60201

American Board of Radiology

C. Allen Good, M.D., Secretary
Kahler East, Rochester, Minn. 55901

American Board of Surgery

James W. Humphreys, Jr., M.D., Secretary-Treasurer
1617 John F. Kennedy Blvd., Philadelphia, Pa. 19103

American Board of Thoracic Surgery

Herbert Sloan, M.D., Secretary-Treasurer
14624 East Seven Mile Rd., Detroit, Michigan 48205

American Board of Urology

William L. Valk, M.D., Secretary-Treasurer
4121 W. 83d Street, Suite 124
Prairie Village, Kansas 66208

Certain of the boards certify physicians in subspecialties, as follows: Internal Medicine, in allergy, cardiovascular disease, gastroenterology, and pulmonary disease; Pediatrics, in allergy and cardiology; Psychiatry and Neurology, in child psychiatry. Candidates for certification in these special fields should communicate with the secretary of the American Board concerned, concerning the prerequisites.

The two conjoint Boards now approved (The American Board of Allergy and Immunology and the American Board of Nuclear Medicine) will certify physicians as specialists in the field indicated by their names, following the requisite training obtained in the primary fields of internal medicine or pediatrics, in the case of the American Board of Allergy and Immunology; and in the primary fields of internal medicine, radiology, or pathology in the case of the American Board of Nuclear Medicine.

Physicians who take hospital residencies and who anticipate certification by an American board should communicate with the secretary of the board at the outset of the residency training to be fully conversant with all the requirements.

V. ADMISSION TO THE ACCREDITED LIST

On January 1, 1975, the Liaison Committee on Graduate Medical Education, which has as its sponsoring bodies the American Medical Association, the American Board of Medical Specialties, the American Hospital Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies, assumed the responsibility for accreditation of programs in graduate medical education. The Residency Review Committees will continue their function of detailed review of specialty programs, based on the information provided by program directors, surveys by the Field Representatives of the Department of Graduate Medical Education of the American Medical Association, specialist site visits requested by the Residency Review Committees, and other pertinent information concerning the program.

Prior to the formation of the Liaison Committee on Graduate Medical Education, the American Medical Association bore most of the cost of assembling information and the survey of programs, as well as costs associated with the review and evaluation, notification, record keeping, and publication of the annual Directory of Approved Internships and Residencies. With the assumption of responsibility by the Liaison Committee on Graduate Medical Education (LCGME) for accreditation of residency programs, a fee of \$300 will be charged for the evaluation of each program for accreditation, effective January 1, 1975. Details of methods of billing and of payment will be included with the application and survey forms forwarded to an institution or agency that has requested approval of its residency program, or at the time of the regular periodic review of a residency program.

Procedures for considering an institution for approval of a residency to offer training in a recognized specialty are as follows:

The institution should make application to the Liaison Committee on Graduate Medical Education, in care of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610. The staff of the Department of Graduate Medical Evaluation of the American Medical Association, which provides the secretariat for the Residency Review Committees, will provide application blanks and arrange to conduct a survey of the institution or institutions to determine whether the residency complies with the standards set forth in these "Essentials," including both the section on "General Requirements" and the section on "Special Requirements" pertaining to the residency for which application is made.

Individual Residency Review Committees, representing the Council on Medical Education of the American Medical Association, the specialty boards, and certain other national organizations, will review the programs and recommend to the

LCGME the action to be taken, including for accredited programs the manner in which they should be listed in the Directory of Accredited Residencies, published annually.

As indicated elsewhere in these "Essentials," recognition may be withdrawn whenever the training program no longer conforms to the "Essentials," or when the positions in a residency remain vacant for a period of two or more years.

VI. SPECIAL REQUIREMENTS

The following regulations pertaining to individual specialties describe the special training in addition to the foregoing, required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

1. Special Requirements for Residencies in Allergy and Immunology

The discipline of allergy and immunology reaches into a wide variety of clinical problems and is likely to become even more wide-ranging in the future. Therefore, rigid criteria for graduate medical education in this discipline are not appropriate. A variety of educational options can be approved if certain basic requirements are met. The objective of intensive education in allergy and immunology is to prepare the physician for the most effective practice, teaching, and research in the specialty. This preparation requires the acquisition of specialized knowledge and particular skills which will entitle the physician to be consulted and serve as an expert.

A graduate medical education program in allergy and immunology must offer a minimum of two years of full-time graduate medical education under competent supervision, after completion of primary education. In this connection, candidates for positions in programs offering specialized education in allergy and immunology should have fulfilled the basic requirements of at least one of the parent boards prior to undertaking the two year specialized program. Trainees should be given thorough training in the fundamentals of human and animal hypersensitivity through clinical studies and laboratory experiments. In both inpatient and outpatient settings, trainees should be given progressive responsibility for diagnosis and management of various disease entities of allergy and clinical immunology, as well as opportunities to gain experience in teaching and consultation as they demonstrate capabilities for such activities. The program should offer and encourage trainees to participate in clinical or laboratory research in allergy and immunology as a means of developing special competencies and stimulating inquiring and critical attitudes.

The program director, although not necessarily full-time, should be able to develop close and continuous contacts with trainees, and be available to provide advice and instruction on a daily basis. The staff of the teaching program should be devoted to education and be adequate in number to provide immediate consultation to trainees when needed. The director and the staff should be recognized for proficiency in allergy and immunology and should demonstrate those special competencies in teaching and research needed to provide a valuable educational experience for all trainees.

Allergy and immunology programs should be offered only in institutions with approved graduate medical education programs in pediatrics and internal medicine, and should develop affiliations which ensure graduate education in the broad fields of both pediatric and adult allergy and immunology. Exceptions will be considered for innovative programs based in private clinics which demonstrate educational equivalency. The clinical allergy portion of the program should provide an adequate number and variety of ambulatory patients. Inpatient services should provide consultative oppor-

tunities sufficiently comprehensive to assure a broad experience in clinical immunology. The program should have full laboratory services available, including special methodology required in the field; for example, immunologic, physiologic, pharmacologic, pathologic, and bacteriologic techniques.

The provisions of the General Requirements must also be met for approval of the program.

2. Special Requirements for Residency Training in Anesthesiology

Objectives.—An approved three-year training program in anesthesiology is expected to provide instruction and experience of such a nature and in such an atmosphere that the physician so engaged will be prepared and inclined to employ his knowledge and talents as a physician in the field of anesthesiology. It is essential that the physician who desires to be qualified in anesthesiology be thoroughly familiar not only with applied anatomy, physiology, pharmacology and biochemistry, but also with the patient in health and disease. Only by acquisition of such knowledge can he be expected not only to predict the influence of anesthesia and surgery upon the patient and adjust for it, but also to interpret and treat, as well, the unanticipated changes that occur. Although technical proficiency in the management of anesthesia is essential, a director of a program warranting sustained approval should strive to teach more than the development of technical skill.

It is not the intent to dictate the teaching methods employed in accomplishing the objectives outlined. It is recognized that there are many approaches to the development of a qualified anesthesiologist and these *Essentials* set forth only certain minimum standards.

General Considerations for an Approved Three-Year Program.—After July 1, 1973, the Residency Review Committee for Anesthesiology will approve only those programs adjudged to have the educational resources to provide three years of training in this specialty. Institutions presently offering two years of training and wishing to qualify for the three-year program should expand the scope of education to include a more thorough preparation in the pertinent basic sciences and related fields of general medicine which are mentioned in succeeding paragraphs than is possible in two-year programs presently being offered. Requests for three-year approval which do not conform to this purpose will not be favorably considered.

Institutions presently approved for two years which wish to qualify for three-year approval should supply a prospectus for a three-year program with the application. The educational experience permitted by the added year need not, and perhaps should not, comprise the third chronologic year of the program. Those portions of the program designed to increase the scope of training beyond the usual clinical anesthesia experience should be described in some detail, specifying time allotment, place, names of instructors, and such other information as may be of importance in assessing the training value of the program.

Programs approved for three years of training may continue to offer the minimum two years of clinical training in accordance with the requirements set forth by the American Board of Anesthesiology. After July 1, 1969, no applications will be accepted for consideration of a new program, reactivation of a program or for reapproval of a disapproved program which cannot meet the standards to offer three years of training even though it intends to offer only two years of training. Applications for new programs should supply a prospectus for an added third year above the two-year minimum requirements set forth by the American Board of Anesthesiology.

The Residency Review Committee anticipates the transition from two-year approval to a three-year approval of programs to commence by 1970. Only programs approved according to this plan will be listed after July 1, 1973.

General Considerations for a Program Approved for One

Year of Specialized Clinical Training.—Certain hospitals have unusual facilities and clinical material for specialized training in anesthesiology after residents have completed at least two years of approved clinical training in another program in anesthesiology; such hospitals are eligible for approval for one year of specialized clinical training. To qualify for this category of approved training, a hospital must demonstrate that it offers an educational experience which is substantially different from, and not generally available in, the first two years of clinical training. The requirements outlined under "General Considerations for an Approved Three-Year Program" apply also to programs offering one year of specialized training.

Staff.—The most important element in the staffing of a training program is the genuine interest of the staff in instruction of residents in all the aspects of the field of anesthesiology. The need and desire to teach must be the primary motive for the development of a training program. Those programs in which the evidence points toward the acquisition of residents primarily to satisfy the needs of the clinical work load will be seriously questioned as will those programs in which the number and variety of patients available to the resident are limited. The staff should be of sufficient number so that any resident may expect direct supervision at any time. The ratio of staff to residents is subject to so many variables that a fixed number cannot be assigned. Ordinarily, a program in which there is only one functioning staff person as far as the training program is concerned will not be approved.

The staff should ideally be composed of physicians with different interests and capabilities. Included should be those who are interested in and proficient in clinical management of anesthesia, the basic sciences, general medicine, and research.

The director should be capable of administering the program and given the power to do so. His position as director should be determined on the basis of his interest and facility as a teacher and not primarily upon the basis of his seniority or control of private practice.

Clinical Material.—Through the parent hospital and/or the affiliated hospital, a sufficient variety of anesthetic problems should be available to the resident to provide the basis for instruction and experience in anesthetic management of patients undergoing thoracic, pediatric, obstetrical and neurosurgical procedures, as well as in problems arising from all other types of surgical cases.

No fixed total number of anesthetics is required, nor is any fixed number required in any category. It is the responsibility of the director to adjust the instruction and experience of each resident according to his needs. Each resident should keep a record of the number and types of anesthetic procedures he has performed.

It is essential that during the period of residency training the resident be instructed and given experience in all accepted methods of anesthesia. The resident should not be exposed only to limited types of anesthetic procedures regardless of the standard practices in the community.

In addition to clinical material of a surgical nature, the program should provide instruction and experience in related fields, such as diagnostic and therapeutic nerve blocks, problems in resuscitation and airway management, problems in sedation, and in the technic of bronchoscopy. The resident should be acquainted also with basic factors associated with the use of blood and blood substitutes. It is assumed that in the development of practice as a physician in the field of anesthesia the resident will be expected to participate in the care of the patient outside of the operating room. This means that the resident will be expected to have instruction and experience in the pre-anesthetic preparation and evaluation of the patient, as well as in the postanesthetic and post-

operative care of the patient. Because of the obvious value of personal identification of doctor with patient, the practices of delegating pre-anesthetic visits and pre-anesthetic medication and of visiting only those patients with complications in the postoperative period is discouraged.

The resident should participate directly in the management of anesthesia in those cases available to him for instruction and experience. Instruction and experience gained from observation only is of minimal value. Furthermore, use of a resident as an instructor for junior colleagues should not be a substitute for adequate senior staff.

Didactic Program.—The manner in which the resident is taught is the prerogative of the director and his staff. However, it is anticipated that regularly scheduled and held teaching sessions are necessary. These sessions should have well established priority to the extent that residents may be freed of clinical service responsibilities, with minimal exceptions, in order to attend.

The resident should have access to a library in which material pertinent to anesthesia is available.

The resident should be given time in which to acquire the large body of knowledge necessary to the practice of high grade anesthesia. This means that suitable balance between clinical service responsibilities and time for reading teaching sessions, and discussions with the staff must be established. The resident should be encouraged to spend an appreciable amount of time in these endeavors and also be directed in the most efficient use of this time.

Since anesthesiology is considered a field of medicine, the resident training program should provide instruction in the following general areas:

a. *The Basic Sciences (physiology, pharmacology, anatomy, biochemistry).* The instruction should not be based only on its relationship to a limited technical practice of anesthesia; instruction should be broadened to provide the opportunity for a thorough understanding of the processes of respiration, circulation, kidney function, liver function, etc. The instruction in anatomy, for example, should not be restricted to that associated with nerve block procedures. Likewise, instruction in pharmacology should not be limited to a recounting of the properties of the various drugs, but extended, for example, to include an understanding of the mechanisms by which the drugs produce their effects.

b. *General Medicine.* The instruction in this area should emphasize the importance of acquaintance with the fundamental aspects of various disorders of the patients. The resident should know how these disorders affect the patient and what impact therapy may have in order to adjust appropriately his management of anesthesia. He should receive instruction in the interpretation of electrocardiograms and electroencephalograms. He should become an expert consultant in the fields of respiration, drug depression, shock and pain relief.

c. *Technic.* Instruction should be provided in such areas as fire and explosion hazards, the physics and mechanics of equipment employed, and in the field of inhalation therapy.

d. In communities in which didactic programs are combined, the staff of the sponsoring hospital should actively and consistently participate in the combined didactic effort.

Research.—A program in which research is an active effort is considered to provide the sort of environment conducive to the learning process of the resident.

Records.—An adequate anesthetic record form should be kept for each patient. This record should be executed during the administration of the anesthetic, or other procedure, and thereafter should be available for future reference and study. In any circumstances in which there is participation in the care of a patient, appropriate notes should be entered in the patient's hospital record. As indicated earlier, each resident is required to keep a record of all procedures in which

he has participated. The director of the program must validate this record.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

3. Special Requirements for Residency Training in Colon and Rectal Surgery

The scope of training in colon and rectal surgery should include experience with and responsibility for patients with disease and abnormalities of the anus, rectum, and colon. An adequate number and variety of patients should be available. Under ordinary circumstances, a general hospital, to support a residency, should have annual admissions to the department of colon and rectal surgery of at least 200, including a minimum of 50 patients with disease of the large bowel.

The program should be under the direction of a well-qualified colon and rectal surgeon, preferably one who is certified by the American Board of Colon and Rectal Surgery. Those members of the attending staff who assist in supervising the resident's work should have had acceptable training in the specialty, should demonstrate an interest and ability in teaching, and should enjoy high professional standing. In some hospitals, where the number of men on the staff who have had advanced training in colon and rectal surgery is limited, it may be desirable to assign responsibility for the supervision of the training program to recognized specialists on a consulting basis. In such instances, it is expected that the consultant will devote sufficient time to the residency program to assure its effectiveness. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

Through appropriate arrangements with other services, the resident should have access to the records of all cases of colon and rectal surgery in the hospital. He should be held responsible for all histories, physical examinations, ordering of laboratory and roentgen-ray studies, preoperative orders, a preoperative summary for the operative record, assisting at time of operation, postoperative orders, dictation of operative records of operations performed by him, progress notes, and postoperative dressings and care. He should make daily rounds with the head of the department as well as his own individual rounds. He shall assist in the outpatient department. He should participate in the consultations with other departments so as to supplement the volume of work on his service. He should assist in the organized educational program such as the teaching of interns, students, and nurses. He shall prepare material for and assist at clinics and demonstrations on colon and rectal surgery.

Attendance should be required at all autopsies, clinicopathologic conferences, hospital staff meetings, departmental meetings, general surgical ward rounds, follow-up clinics, and surgical or medical clinics pertaining to colon and rectal surgery. The resident should spend sufficient time in the department of anesthesia to become familiar with anesthetic procedures such as local infiltration, sacral block, caudal block, and spinal block.

Increased responsibilities should be delegated to the resident as his ability is demonstrated and he shall be given opportunity to perform minor and major surgical procedures under supervision in order that he may develop surgical judgment and increase his surgical skill. He should keep a personal file of all cases on which he was the first assistant or the responsible surgeon.

The importance of complete studies of all patients must be emphasized. The head of the department must provide

personal instruction and conduct teaching rounds, departmental conferences, and seminars.

There should be frequent informal discussions and demonstrations of technics.

Research activities in the fields of experimental medicine, experimental surgery, and the basic sciences should be encouraged.

It is recommended that comprehensive summaries of medical literature, or statistical analyses based on clinical case records, or a thesis should be prepared by a resident before he completes his service. Careful direction and supervision of this study should be provided by a member of the staff.

Radiological Training shall include the demonstration of current x-ray films for correlation with the pathological, physiological, or clinical subjects, as well as study by the resident, in conjunction with the roentgenologist, of all x-ray films on patients for which he is responsible and observation and discussion of radiologic therapy if available.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

4. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that an active outpatient service be available to furnish sufficient clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving lecturers, seminars, clinical demonstrations and laboratory assignments, especially in histopathology, parasitology, mycology, and immunology. To facilitate clinical and laboratory teaching it is essential that the department have ready access to an adequate supply of classified anatomic and pathologic material including histologic and lantern slides for demonstrations. Projection apparatus should be available and also facilities for clinical photography.

Applied Basic Science Instruction.—The residency should include organized study in the various applied basic sciences: as related to clinical dermatology, especially in bacteriology, immunology, mycology, parasitology, serology, biochemistry, embryology, histology, pathology, pharmacology, and physiology, as well as physics as related to therapy by physical agents. See Section I-9 of these Essentials for a discussion of applied basic medical science instruction.

Requirements for Training Programs in Dermatopathology.—The training program shall include all aspects of dermatopathology, including the gross and microscopic diagnosis of skin disorders by means of direct visual inspection and by light and fluorescence microscopy, as well as histochemistry, together with the relevant aspects of electron microscopy, cutaneous mycology, bacteriology, and entomology. Furthermore, the program should provide the trainee with the ability to set up and operate a laboratory to perform the applicable procedures, including supervision and training of personnel.

In order to provide such training the program shall be directed and closely supervised by a physician qualified in dermatopathology and devoting his major activities to the specialty of dermatopathology. The training institution should be of such size and composition as to provide not only ample dermatologic clinical material but possess all the supporting facilities necessary to accomplish the objectives of the program. Ordinarily, the institution would have approved residency programs in both dermatology and pathology.

The minimum training period in dermatopathology shall be one year in addition to the completion of acceptable residency training in an approved program of either dermatology or pathology as outlined in the "Directory of Accredited Residencies."

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

5. Special Requirements for Residency Training in Family Practice

Residencies in family practice should be specifically designed to meet the needs of graduates intending to become family physicians. The family physician is defined as one who: 1) serves as the physician of first contact with the patient and provides a means of entry into the health care system; 2) evaluates the patient's total health needs, provides personal medical care within one or more fields of medicine, and refers the patient when indicated to appropriate sources of care while preserving the continuity of his care; 3) develops a responsibility for the patient's comprehensive and continuous health care and when needed acts as a coordinator of the patient's health services; and 4) accepts responsibility for the patient's total health care, including the use of consultants, within the context of his environment, including the community and the family or comparable social unit. In short, family physicians must be prepared to fill a unique and specific functional role in the delivery of modern comprehensive health services.

DURATION OF TRAINING.—The duration of the program should usually be a total of three years following graduation from medical school.

Family practice residency programs should provide for experience and responsibility for each resident in those areas of medicine which will be of importance to him in his future practice.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies adopt exactly the same program, nor that they offer a rigidly uniform sequence of experience. It is essential, however, that all programs for graduate training in family practice be able to meet the fundamental requirements for an approved program and the hospitals involved must individually or collaboratively attain comparable quality results in the training.

It is necessary that the family practice resident retain his identity as such throughout his graduate training period. He will need to learn appropriate skills, techniques and procedures of certain other specialties, as well as those of family practice. Such instruction should be under the supervision of qualified specialists in those fields. The resident's program should be planned so that he can discharge his continuing responsibilities to a selected group of patients under the supervision of experienced family physicians.

If the resident plans to practice another specialty in depth in addition to family practice, he should obtain appropriate additional training beyond that provided in the family practice residency.

The spectrum of knowledge and skills involved in the field of family practice will, as in other disciplines, usually exceed in scope those possessed by any individual physician.

CONTENT.—The following covers the general content of family practice, and, as such, should be available to the resident although certain portions may be optional, depending upon the knowledge and skill obtained by the resident in medical school, his interests, and the character of his anticipated practice.

Family Medicine.—The family practice unit should consist of a clinical service, the content of which is determined

by the needs of a representative population of patients rather than the particular skills of the physician. The patient composition of the family practice service should be such that continuity of care is a reasonable probability for most patients and continuity of experience by the resident will result.

This service should include not only patients of all income levels in the acute general hospital but also ambulatory patients, patients at home, and patients in institutions such as nursing homes. This should also include emergency care of patients. Residents assigned to the family practice service may spend a period of time outside the family medicine facility as necessary to meet the needs of his patients. Furthermore, when deemed desirable by the program director the resident may be assigned to other institutions or settings to acquire additional types of experience. This approach should help to focus attention upon the ambulatory patient, the diseases of high prevalence, patients with long-term illness and those with problems of adjustment, anxiety, depression and other emotional stresses. It should also facilitate emphasis upon preventive medicine, health maintenance, rehabilitation counseling and the use of all relevant community resources.

Internal Medicine.—Internal Medicine by nature of its integrative functions is recognized as a major foundation for programs in family practice. The resident should receive regular instruction and gain experience that will permit him to develop judgment in assessing the condition of the patient, in the use and interpretation of laboratory procedures and in applying the principles of differential diagnosis, as well as proper therapeutic management of the patient. Emphasis should be placed upon the history and cause of disease and should provide the resident an opportunity to become familiar with the major causes of disease and the principles of rational therapy.

Pediatrics.—There is much overlap and reinforcement between internal medicine and pediatrics, but the special contributions of pediatrics relate to the problems of the newborn, to congenital malformation, to growth and development through adolescence, to nutrition, mental retardation and the behavioral and emotional problems of children and their management. Modern pediatrics includes a large component of preventive medicine and emphasizes care of the ambulatory patient and the patient at home. Pediatrics should offer opportunity for learning the diagnosis and care of infectious diseases. It should also provide study of the position of the child in the social systems of family, school and community.

Psychiatry.—This discipline is one of the necessary bases for a family practice program. The resident should learn how to diagnose and manage most psychosomatic and emotional problems. He should become competent to deal with the common tensions, anxieties and depressions that initiate or complicate a substantial proportion of the problems with which the family physician will be faced. The resident should learn to recognize the neuroses and psychoses and to provide for the aftercare which many patients require following discharge from a mental institution.

In the family practice unit, most of the pertinent knowledge and skill can best be acquired through a program in which psychiatry is integrated with medicine, pediatrics, and other disciplines. In addition, experience on a specialized psychiatry service with responsibility for the care of serious illness under supervision may be desirable. This will enable the resident to recognize major psychoses and to deal with the psychiatric emergencies which constitute a major problem for family physicians.

Obstetrics and Gynecology.—The resident should be provided the instruction necessary to understand the biological and psychological impact of pregnancy, delivery and care of the newborn, upon a woman and her family. He should acquire skill in the provision of antepartum and postpartum care and the normal delivery process. He should also have an under-

standing of the complications of pregnancy and their management. He should become adept at managing the problems of medical and office gynecology. Marriage counseling and sex education are important areas of responsibility for the family physician and the training program should afford an opportunity for the development of skills in these areas.

Surgery.—The resident should acquire competence in recognizing surgical emergencies and when appropriate referring them for necessary specialized care, an ability to evaluate conditions that require elective surgical management, an understanding of the kinds of surgical treatment that might be employed and the problems that may result from surgical procedures and their management. He should have sufficient knowledge of these procedures to give proper advice, explanation, and emotional support to his patients. He should be trained in basic surgical principles by recognized surgical specialists and acquire from them the technical proficiency required to manage those limited surgical procedures a first contact (family) physician may be called upon to perform. If he expects to include major surgery as a part of his regular practice, he should obtain additional training.

Community Medicine.—Community medicine is one of the unique components of family practice. Through proper instruction, the resident should be provided with an understanding of the principles of epidemiology and environmental health, familiarity with the health resources of a community and community organization for health. He should appreciate the roles and the interrelationships of persons in the various professional and technical disciplines which provide health services.

Community medicine should provide the resident with an approach to the evaluation of the health problems and needs of a community and to the improvement of resources to meet community needs more adequately. The experience should assist the resident to understand the role of private enterprise, voluntary organizations and government in modern health care. The social and behavioral sciences should be used to provide the resident with an understanding of the research tools and methodologies which will be of use to the family physician in discharging his integrative functions.

Electives.—It is desirable that a training program in family practice provide the resident with experience in other specialties such as anesthesiology, radiology, dermatology, ENT, ophthalmology, urology, orthopedics, et cetera. This may be acquired through electives, included directly in the curriculum, or obtained through proper utilization of consultations.

Research.—The participation of the resident in an active research program should be encouraged. Generally this should be concurrent with other assignments, provided the responsibilities of the resident are adjusted during such assignments to permit reasonable time for research activity. Investigative work is permissible as an integral part of the three-year program, provided the research topic relates to problems involving the delivery of health care or is otherwise of special relevance to family practice. Assignments to other types of research activities, if they are desired by the resident, should be in addition to, rather than in lieu of, clinical instruction.

CATEGORIES OF PROGRAMS.—There is a wide variety of circumstances under which the family physician will function, both geographically and in his association with other physicians. His educational program is to be designed in conformity with the general principles set forth in the following basic program. Flexibility is necessary and the program may be adjusted according to his predicted needs and should be carried out under the guidance and control of his program director.

Though it need not be followed in a rigid or restricted manner, the suggested basic program will normally consist of two parts:

- A. The resident's base of practice will be in a model family practice unit, where he will usually spend a portion of each day. Over the three-year period a major portion of his training will be devoted to this aspect of the field.

B. In addition, education and supervised training in the following disciplines should be available during the three-year period: medicine, pediatrics, surgery, obstetrics-gynecology, psychiatry, community medicine, and electives; examples of these programs might be:

PROGRAM I

Medicine	33%
Pediatrics	16%
Surgery	16%
Obstetrics-Gynecology	16%
Psychiatry	8%
Community Medicine & Electives	11%

PROGRAM II

Medicine	50%
Pediatrics	16%
Psychiatry	16%
Community Medicine & Electives	18%

PROGRAM III

Medicine	33%
Pediatrics	16%
Psychiatry	16%
Community Medicine & administrative services, including health service administration, & electives	35%

These are only examples both as to content and percentages. Many other variations are possible and will be given consideration for approval by the Residency Review Committee, provided they comply with the intent and concept of Paragraphs A and B above. It is intended that all the disciplines mentioned in Paragraph B should be covered either in the family practice model or in the various specialty departments listed in that paragraph.

Since a residency program in family practice requires cooperation and assistance from other specialty services, the program director will need to work out in advance the assignments and responsibilities of the various services.

For those residents desirous of additional skills in one or more particular fields, the hospital is encouraged to provide advanced training beyond the third year.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

6. Special Requirements for Residency Training in General Practice

Residencies in general practice should be specifically designed to meet the needs of graduate intending to enter general practice. General practice residency programs should provide for experience and responsibility in those branches of medicine which are of primary importance to the general practitioner.

Duration and Scope of Training.—General practice residencies should be flexible, both as to content and duration, depending upon the special needs of the individual resident. It is recommended that residency programs be of at least two years' duration.

In a two-year residency, not less than fifty per cent of the time should be devoted to general medicine: i.e., internal medicine, the medical specialties, psychiatry, and pediatrics (including contagious diseases). The remainder of the time may be devoted to training in surgery, obstetrics, and gynecology. The surgical fields to be covered ordinarily should include general surgery, the surgery of trauma, fractures, and operative gynecology. Any service offered should be of sufficient duration to afford a significant learning experience. Short, episodic exposures are considered undesirable unless organized in close coordination with longer assignments in other disciplines.

Time devoted to general surgery and the surgical special-

ties should emphasize diagnosis, preoperative and postoperative care, minor surgery, and emergency care but should also offer an increasing opportunity to assist with and perform common emergency and elective operative procedures. It should be recognized that there is limited educational value in this type of residency in assisting with highly specialized surgical procedures of an advanced nature. There should be a reasonable balance between the time allocated to assignment in the operating room and other aspects of patient care.

Out-Patient Experience.—An important consideration in evaluating a residency program in general practice is the availability of adequate experience in the total care of ambulatory patients. This experience should occupy at least 25 per cent of the resident's time and should run concurrently with the inpatient services. The following statement is taken from the "Essentials of an Approved Internship," Section X, paragraph 8, "Special Requirements for Teaching with Ambulatory Patients," "Although experience with ambulatory patients is an essential part of all graduate programs, it need not be scheduled necessarily during the first year if it is provided by the hospital later as a part of a total integrated program." Thus, paragraph 8 of the above Essentials will apply in evaluating this aspect of the residency program in general practice.

General Requirements.—Hospitals requesting approval for residencies in general practice must comply with the general provisions for training described in Section 1 of these "Essentials" including the principle expressed in paragraph 2, subsection 1—Staff. General practitioners on the staff should participate in the teaching program whenever qualified.

These hospitals should have at least 2,500 annual admissions and maintain a minimum autopsy rate of 25 per cent.

For those residents desirous of developing additional skill in one or more particular fields, the hospital is encouraged to provide advanced training beyond the second year.

Regular conferences and seminars, conducted by competent teachers, and adequate laboratory facilities are absolute requisites to an adequate residency program. See Sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

As stated in the general requirements, it is not essential or even desirable that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program, and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

7. Special Requirements for Residency Training in General Surgery

General Characteristics of Approved Programs: Residencies in surgery which are designed to meet the requirements of the Council on Medical Education of the AMA, the American College of Surgeons, and the American Board of Surgery should provide education in the basic biologic phenomena which constitute the foundations of surgical practice and an increasing degree of responsibility for and experience in the application of these principles to the management of clinical entities. Adequate opportunity must be provided for the trainee, under guidance and supervision of a qualified teaching staff, to develop a satisfactory level of clinical maturity, surgical judgment, and technical skill which will, upon completion of the program, render him fit for the safe and independent practice of surgery.

The basic areas of education should include, but not be limited to, wound healing; hemostasis and blood disorders; immunobiology; oncology and transplantation; shock; circulatory physiology; surgical bacteriology; muscle and bone mechanics and physiology; respiratory physiology; genito-

urinary physiology; gastrointestinal physiology; surgical endocrinology; surgical nutrition; fluid and electrolyte balance; metabolic response to injury; applied surgical anatomy; and surgical pathology.

The trainees must be provided with the opportunity for direct and responsible patient management experience so that they may attain detailed knowledge of congenital, degenerative, neoplastic, infective, and other surgical diseases of the gastrointestinal tract, of abdominal conditions, of the breast, of the head and neck, of the peripheral vascular system, of the endocrine system, and of the surgical management of trauma including musculoskeletal and head injuries. The above are considered to be the primary components of General Surgery. In addition they must gain an adequate understanding of the principles of and experience in the management of more common problems in cardiothoracic, gynecologic, neurologic, orthopaedic, plastic, pediatric and urology surgery.

Programs of graduate education in surgery must be so constructed that there is a clear demonstration by the trainee of competence in basic surgical knowledge prior to progression to the level of supervised, semi-independent patient management and operative experience. A further demonstration of competence in clinical surgery prior to completion of the program is required. Any program which does not establish a system of trainee evaluation which clearly demonstrates that each trainee has or has not successfully passed each of the milestones mentioned above, cannot be considered to be an adequate program. The American Board of Surgery in-training examination is an example of an acceptable test mechanism.

It is urged that the performance of each house officer be reviewed by the teaching staff each six months and that a documented record of his performance be prepared and retained for review by appropriate accrediting and credentialing bodies. It is suggested that comments be included from other departments or services involved in his training.

A satisfactory training program cannot be conducted in the absence of programs in other disciplines in the same institution. An absolute minimum is an approved program in a primary care specialty but programs in pathology, radiology, pediatrics, and other surgical specialties are highly desirable.

It is strongly recommended that, in order to insure the proper relationship of basic sciences and other clinical disciplines to surgery, a program be conducted in those institutions having a training committee advising and appraising all programs. Where possible, the committee should be composed of representatives speaking for surgery, internal medicine, radiology, anatomy, and both clinical and anatomic pathology.

Duration and Scope of Training: The exact amount of time required for acquisition of the necessary knowledge, judgment and technical skill cannot be specified for all, but experience has demonstrated that in most instances five years post medical school is the minimum required. It is recognized that under exceptional educational circumstances, a minimum four-year program may be acceptable.

The minimally acceptable program must provide at least four years of clinical experience after graduation from medical school. Of these four years at least three and one-half years must be devoted to clinical surgery, three of which, including the final or Chief Resident year, must be in those fields designated as the primary components of "General" Surgery. No more than six months of the three and one-half years may be spent in any one surgical specialty other than general surgery. The remaining six months of the four clinical years may be devoted to either clinical surgery or to one of the other clinical disciplines such as Internal Medicine, Pediatrics, Anesthesiology or to Surgical Pathology. Any additional full-time assignments, other than surgical, such as research, radiology, etc., must be in addition to the four years.

A program of five or more years duration must include at least four years of clinical experience, three and one-half of which must be in clinical surgery. Three of those years, including the final Chief Resident year, must be devoted to the primary components of general surgery. In a five-year program, no more than one year may be spent in any single surgical specialty other than General Surgery. Assignments may be

made to research, basic sciences or other electives provided the basic requirements above are met.

Assignments for education in other specialty fields of surgery should be arranged in each program according to local conditions so as to provide the broadest and most effective training possible for general surgeons.

Staff: The staff responsible for the direction and execution of the program must be well qualified and diversified so as to represent the many facets of surgery. The program director should be an institutionally based, highly qualified, preferably certified, dedicated surgeon who is responsible for the work done in the department and for the teaching activities.

There should be at least one individual primarily involved in the administration and supervision of the program, and in carrying out his responsibility, the director of the program should have an equally qualified surgeon to supervise no more than three residents at the senior level when there are more than three senior residents in the program.

It is essential that key staff members have a real interest in teaching, be willing to give the necessary time and effort to the educational program and be engaged in scholarly activities such as (1) participation in regional or national scientific societies; (2) participation in their own continuing surgical education; (3) engage in scientific publications and presentations; and (4) show active interest in research as it pertains to their specialty. A staff which does not exhibit such characteristics will be cause for grave concern as to its adequacy and suitability for conducting a program of graduate surgical education.

The staff must be organized and at least the key members should be appointed for duration long enough to insure adequate continuity in the supervision of the house staff. Persons elected or appointed for short durations in an "honorary" capacity cannot be considered adequate to serve as program directors or key teaching staff.

Patient Population: An institution, to be approved to conduct graduate education in surgery, must be able to provide an adequate number and variety of surgical patients for which the resident has appropriate responsibility.

It is not sufficient that the house staff be involved only with those patients in hospital, but an adequate out-patient clinic or service in which patients may be seen pre-admission and in follow-up is considered necessary.

Institutions which cannot provide totally adequate material within their walls should seek other hospitals, perhaps those which limit their clientele to special type cases, to become "affiliates" of the program or even to join as integral parts of the parent program. Such affiliations must be approved by the Residency Review Committee for Surgery.

Special Information: Graduate education in surgery must be a continuum with undergraduate education. Therefore, the first post M.D. year should be an integral part of the process. Internships either "Categorical" or "Flexible" are not required, but if offered should be a part of the continuum.

Broad training in general surgery is recommended as a preliminary to graduate education in most special fields of surgery. For some surgical specialties a definite amount of preliminary training in general surgery is required. This type of preliminary surgical education should be obtained in the regular approved general surgical programs, the duration and content being determined by the program director in accordance with the requirements of the Specialty Board concerned.

As stated in the General Requirements for Residencies, it is not essential, or even desirable, that all institutions adopt exactly the same program content and structure, but it is essential that all institutions participating in graduate education be able to meet the requirements for approval and either alone or in collaboration with other institutions, attain comparable results in the quality of education and experience obtained.

One measurement of the quality of a program is the performance of its graduates on the examinations of the American Board of Surgery.

All of the provisions of the General Requirements (Sections

1 to 10) must also be met for approval.

Note: Residents who plan to seek Certification by an American Board in Surgery should communicate with the Secretary of the appropriate Board, as listed in Section IV, to obtain the full requirements for Certification.

Training in Pediatric Surgery

General Characteristics of Approved Programs:—Graduate programs in Pediatric Surgery should be designed to provide education in the principles of pediatric surgical practice.

There must be a clear demonstration by the trainee of competence in basic surgical knowledge prior to progression to the senior year level of supervised and semi-independent patient management and operative experience. Demonstration of competence in Clinical Pediatric Surgery prior to completion of the program is required. Any program which does not establish an effective system of in-training evaluation cannot be considered to be adequate.

It is urged that the performance of each house officer be reviewed by the teaching staff at six month intervals and that a documented record of his performance be prepared and retained for review by appropriate accrediting and credentialing bodies. It is suggested that comments be included from other departments or services involved in his training.

It is strongly recommended that, in order to insure the proper relationship of basic sciences and other clinical disciplines to surgery the program be conducted in those institutions having a training committee advising and appraising all of its programs. Where possible, the committee should be composed of representatives speaking for Pediatric Surgery, Pediatrics, Radiology, Pathology and Infectious Disease.

Duration of Training:—At least two years of specialized training in Pediatric Surgery must be acquired in addition to that training required for qualification in General Surgery. Eighteen months of the two years must be devoted to Clinical Pediatric Surgery including the surgical specialties. Twelve months of this clinical training must be at the "Senior or Chief" Pediatric Surgical Resident level with a high degree of responsibility for patient management and operative experience. The remaining six months of the two years may be devoted to Clinical Pediatric Surgery or related disciplines or may be allocated to research.

Rotations of not more than three months of the total required twenty-four may be made to other institutions at the discretion of the Program Director. Rotations outside the parent program in excess of three months and not to exceed six months may be made only with the approval of the Residency Review Committee for Surgery. Assignment of residents outside the parent institution for periods of greater than six months, requires that the participating institution(s) receive prior approval of the Residency Review Committee for Surgery as "Affiliates" of the parent program.

Scope of Training:—The trainees must be provided with the opportunity for direct and responsible patient management experience so that they may attain detailed knowledge of congenital, neoplastic, infective and traumatic conditions of the gastrointestinal system and other abdominal organs; of the blood and vascular system; of the integument; of the respiratory system; of the endocrine glands; in gynecology; and of the head and neck. The trainee must gain an adequate understanding of the principles of and experience in the management of musculoskeletal trauma; of head injuries; and of the more common problems in cardi thoracic, neurologic, orthopedic, plastic and urologic surgery in the pediatric age group.

It is expected that every trainee will have previously acquired adequate knowledge in the fundamental areas specified for general surgery. Additional education should be provided by the pediatric surgery program to include, but not be limited to, embryology; genetics; wound healing; hemostasis and blood disorders; immunobiology; oncology; transplantation; shock; circulatory physiology; muscle and bone mechanics and physiology; respiratory physiology; gastrointestinal physiology; genitourinary physiology; surgical bacteriology; surgi-

cal endocrinology; surgical nutrition; fluid and electrolyte balance; metabolic response to injury; applied surgical anatomy; pediatric pathology and antibiotic therapy as pertaining to the pediatric age group.

Surgical Staff:—The staff which is responsible for the direction and execution of the pediatric surgical program must be well qualified and diversified so as to represent the many facets of Pediatric Surgery. The staff should be composed of qualified surgeons under the direction of a Chief of Service or Training Director who is institutionally based and certified by the American Board of Surgery as having "Special Competence in Pediatric Surgery." There should be at least one individual spending full time in the supervision and administration of the program regardless of the number of trainees.

It is essential that key staff members have a real interest in teaching, be willing to give the necessary time and effort to the educational program and be engaged in scholarly activities such as (1) participation in appropriate regional or national scientific societies; (2) participation in their own continuing pediatric surgical education; (3) engage in scientific publications and presentations; and (4) show an active interest in research as it pertains to pediatric surgery. A staff which does not exhibit such characteristics will be cause of grave concern as to its adequacy and suitability for conducting a program of graduate pediatric surgical education.

The staff must be organized and at least the key members should be appointed for durations long enough to insure adequate continuity in the supervision of house staff. Persons elected or appointed for short durations in an "honorary" capacity cannot be considered adequate to serve as program directors or key teaching staff.

The Institution:—An institution to have an approved pediatric surgical program must meet all requirements specified in the "General Essentials." In addition it must have intensive care facilities for the pediatric age group; a pediatric emergency facility; designated pediatric surgical beds; and pediatric anesthesiology capability. The institution should have a burn unit; inhalation therapy services; and social and physical medicine services. There should also be nuclear medicine support and the capability to carry out microanalytic determinations.

The Training Program:—An acceptable program in Pediatric Surgery should include but not be limited to, the following structural educational activities on a regular basis: (1) Proper emphasis on teaching rounds and bedside teaching; (2) Supervision of residents' operative experience; (3) Grand rounds; (4) Weekly teaching conferences; (5) Morbidity and mortality conferences; (6) Chief of Service rounds; and (7) Other pertinent clinical conferences such as pediatric radiology, pediatric pathology and tumor board, etc.

Patient Volume:—To be approved for training in Pediatric Surgery, an institution must provide an adequate number and variety of pediatric surgical patients. Arbitrary figures cannot reflect these conditions accurately, however under usual circumstances, the general pediatric surgical service should perform at least 750 operations per year. The senior resident must be provided with a broad and varied experience. It is expected that he will be the responsible surgeon for at least 120 major pediatric surgical operations during his senior year.

Special Information: As stated in the General Requirements for Residencies, it is not essential, or even desirable, that all institutions adopt exactly the same program content and structure. It is essential that all institutions participating in graduate education in pediatric surgery be able to meet the requirements for approval and either alone or in collaboration with other institutions, attain comparable results in the quality of education and experience obtained.

An important measurement of the quality of a program is the performance of its graduates on the examinations of the American Board of Surgery for Special Competence in Pediatric Surgery.

NOTE: All questions concerning the examination, or Certi-

fication for Special Competence in Pediatric Surgery should be addressed to The Secretary, American Board of Surgery, Inc.

8. Special Requirements for Residency Training in Internal Medicine

Residencies should be organized to provide experience in the broad field of internal medicine. This necessitates a well organized, well qualified, and diversified staff which adequately represents internal medicine and its various subspecialties. The Chief of the Service or Program Director must be a highly qualified and dedicated physician who is responsible for the work done in the department and the teaching performed. The strength of a medical service is directly related to the professional competence and leadership qualities of the Chief of the Service or Program Director. This same concept applies to the section heads. The position of Chief of Service or Program Director should therefore not be an honorary one and its duration should be such as to insure continuity of the Program. The Chief or Program Director must also be willing and able to spend the many hours required to organize, supervise, and implement a good training program. He may be on a full-time or part-time basis, but an increasing number of institutions are finding a full-time Chief of Service or Program Director to be a major asset to the training program.

It is essential that the key professional personnel in the department shall (1) have adequate special training and experience, (2) actively participate in appropriate national scientific societies, (3) participate in their own continuing medical education, (4) engage in scientific presentations as appropriate, and (5) exhibit active interest in medical research related to their specialties.

A residency program in internal medicine should have access to an adequate number and variety of medical admissions. Particular emphasis should be placed on the study of the etiology, pathogenesis, symptoms, signs, and courses of various diseases so that the residents may develop skill and accuracy in diagnosis as well as mature judgment and resourcefulness in therapy. It is of the utmost importance that the residency be primarily an educational experience; service responsibilities of residents must be limited to patients for whom they bear major diagnostic and therapeutic responsibility.

It is essential that, under the supervision of properly qualified members of the staff, residents assume individual responsibility in actual case management. This applies regardless of the economic status of the patient on the teaching service or the method of payment for his medical care. The overall training of the resident must include a minimum of 24 months of meaningful patient responsibility. This responsibility must be relevant to the attainment of clinical competence in the broad field of internal medicine. The degree of responsibility must be progressively increased during the residency.

Daily disposition or business rounds conducted by a physician are essential to patient care and can be a valuable educational experience. However, fundamental to a good teaching program are frequent, regularly scheduled bedside rounds, during which both resident and attending staff are active participants. The major emphasis in these rounds should be the patient and the clinical problem he presents. Scheduled teaching rounds should be conducted by attending physicians assigned to this responsibility for periods of time sufficient to insure a meaningful and continuous teaching relationship. These principles apply to all patients on the teaching service.

Geographical concentration of patients assigned to a resident is highly desirable, promotes effective teaching, improves patient care and fosters effective interaction with nurses and other allied health personnel.

Active resident participation in well-structured departmental seminars and clinical conferences is essential, as are reviews of the pertinent literature with respect to such conferences and particularly to current clinical problems.

Evaluation of pathological material from the resident's patients, both at the autopsy table and in the clinical pathological laboratory, is a requisite part of his training. Regularly scheduled clinical pathological conferences and death conferences are highly advisable.

Training in internal medicine should place emphasis upon the patient as a whole, and must continue to do so. This should include experience in the social, ambulatory, and preventive aspects of medicine, as well as in rehabilitation. Furthermore, it is essential that there be available expertise and facilities in such areas as allergy, cardiology, endocrinology, gastroenterology, hematology, infectious diseases, metabolism, nephrology, nuclear medicine, oncology, pulmonary diseases and rheumatology. A reasonable amount of experience is also desirable in dermatology, neurology and psychiatry, even though these may be organized as individual residencies. It is not essential or even desirable that each resident rotate through all of these subspecialty areas, but it is important that he be trained in the specialized knowledge and methods of operation of a significant number of the recognized major subspecialties. Vital to the success of such subspecialty activity are well-qualified subspecialists with leadership ability who devote sufficient time to all aspects of their service, have adequate, in-depth assistance by well-trained colleagues, and have access to appropriate clinical laboratories.

Not every hospital with an approved medical residency need have programs and special laboratories for each of the subspecialties, but there must be appropriate laboratory facilities available for those represented. Facilities may be shared, as by cardiology and pulmonary diseases, and nearby hospitals may develop and share laboratory facilities.

Programs offering training designed to qualify individuals as subspecialists must have an adequate patient population and appropriately developed staff and facilities to support such training with requisite depth and sophistication. It is desirable that the trainees obtain 24 months of meaningful patient responsibility as previously defined in the broad field of internal medicine prior to embarking on such subspecialty training.

A good residency program in internal medicine requires the support of strong services in other specialties, notably surgery, radiology, and pathology, even though approved residencies in those specialties are not necessarily required. In addition, the number of residents should be large enough to permit intellectual exchange and sharing of experiences, both within the medical service and with other services.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by the American Board of Internal Medicine should communicate with the Secretary of the Board. Those who wish certification by a subspecialty board in medicine must first qualify in internal medicine and should then apply to the Secretary of the subspecialty board, through the office of the American Board of Internal Medicine.

9. Special Requirements for Residency Training in Neurological Surgery

Approved training in neurological surgery in programs certified by the American Board of Neurological Surgery dates to 1940. At that time, guides for duration of training, clinical resources, and designation of the program director were written. In the ensuing years, the Board entered into a bilateral agreement with the Council on Medical Education of the American Medical Association to form the Residency Review Committee for Neurological Surgery. This Committee was formed in 1956; however, the Board maintained final ap-

proval of residency programs until 1972, when a tripartite arrangement was entered into with the American College of Surgeons. This historical background is worthy of note, as the current Essentials, as revised, deviate only slightly from the original ones.

1. Institutional resources: A training program in neurological surgery must have a parent institution. As a general rule, affiliations with other hospitals should be based on a clear understanding of the value of such affiliation to the training program as a whole. Affiliations at a distance from the parent institution, which makes attendance at conferences and teaching rounds difficult, similarly, are not favored.

2. Inpatient facilities available for the training program in neurological surgery should be geographically identifiable and adequate, both by number of beds, support personnel, and proper equipment to insure quality education. For instance, the presence of a neurosurgical operating room, with microsurgical capabilities, is an example. Similarly, an intensive care unit specifically for the care of neurosurgical patients is considered as a definite asset.

3. Clinical resources available: There shall be an adequate number of neurosurgical patients admitted each year, to insure that the resident trainee is exposed to a broad variety of types of neurosurgical disease. This includes participation in decisions, operative procedures, etc.

4. Other clinical training resources should be considered in the accreditation of a neurosurgical training program. Recognizing the nature of the specialty, it is likely that an institution, to mount an adequate volume of educational experience, should have educational programs in general surgery, medicine, pediatrics, and neurology in parallel to the neurosurgical training program. To insure the quality of education of the neurosurgical trainee, educational programs for neuroradiologic study and teaching, neuropathology, and neuroanesthesia should be present.

5. The program director and staff should be well qualified neurosurgeons. The program director must assume responsibility for all aspects of the training program. In each affiliate hospital, a designated chief of neurosurgery should be appointed for a period of one year with provision for reappointment. This individual will be responsible for carrying out the educational goals of that affiliated institution and, in the accomplishment thereof, will be responsible to the program director.

6. Basic science resources: It is highly desirable that contact with basic science and basic scientists be available to the neurosurgical trainee.

7. Research resources: It is desirable that the neurosurgical department sponsoring a neurosurgical training program shall have designated research laboratory space, personnel, and interests. This space and these interests should be available to the neurosurgical trainee.

University medical school affiliation is desirable, and participation in the undergraduate medical education of students in that school by the neurosurgical faculty is to be encouraged.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

10. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

11. Special Requirements for Residency Training in Nuclear Medicine

Nuclear Medicine is concerned with the diagnostic, therapeutic, and investigational uses of radionuclides.

Training Goal.—Residencies should provide training and experience in all divisions of the specialty of nuclear medicine, including diagnostic and therapeutic applications of radionuclides, and those fields of basic science relevant to the attainment of competence in the broad field of nuclear medi-

cine.

Training Duration.—The minimum training period in nuclear medicine shall be two years following an approved preparatory post-doctoral period of at least two years duration, as outlined in the American Board of Nuclear Medicine requirements for certification as stated in the current *Directory of Accredited Internships and Residencies*. The program will ensure that during the total post-doctoral training the candidate will have the equivalent of two years in which the primary emphasis is on the patient and his clinical problems.

Training Content.—At the completion of the total training program the trainee should have a broad knowledge of medicine, with the ability to obtain a pertinent history, perform an appropriate physical examination, and arrive at a differential diagnosis. The trainee should be able to plan and perform appropriate nuclear medicine, procedures, to interpret the results, and to arrive at a logical diagnosis. He should be qualified to recommend therapy or further studies. If radionuclide therapy is indicated, he should be capable of assuming responsibility for patient care.

The trainee should have received adequate instruction in the theoretical and practical aspects of diagnostic and therapeutic nuclear medicine, including education in the relevant basic sciences. The trainee must have participated in a suitably organized and conducted institutional program which must have included medical nuclear physics, radiation biology, radiation protection, instrumentation, radiopharmaceutical chemistry, and statistics.

The program should be structured so that the trainee's responsibilities in nuclear medicine increase progressively during the residency. The program should be sufficiently adaptable so that at completion of the residency the trainee will be knowledgeable in the relevant aspects of clinical medicine, including patient care.

The trainee should become familiar with the methods of investigation, with special emphasis on the use of radionuclides, and should be encouraged to participate in research of his own under adequate supervision.

Program Director and Staff.—The Program Director must be a highly qualified physician, full-time in the specialty of nuclear medicine or otherwise acceptable to the Residency Review Committee for Nuclear Medicine. The Director must be responsible for all aspects of the training program.

The teaching staff assisting the Program Director should have a breadth of experience which is sufficient to assure adequate education in all areas of the broad field of nuclear medicine.

The ratio of teaching staff to trainees should be sufficient to ensure adequate supervision and training.

Institutional Requirements.—The medical facilities within which a residency in nuclear medicine is offered should be of such size and composition as to provide ample clinical material. The program should provide adequate opportunity for trainees to participate and study personally patients with scanning procedures, *in vitro* and *in vivo* laboratory studies, and nuclear medicine therapy. The program should be of sufficient magnitude and diversity to provide a broad experience in the diagnosis, treatment, and follow-up of various types of clinical applications of radionuclides. There must be an adequate mechanism for recording case records and results and to facilitate follow-up and teaching. The number of nuclear medicine technologists must be adequate for the workload of the facility.

Space must be adequate for both educational and clinical functions of the nuclear medicine service. This may be accomplished by sharing of facilities. An active medical library should be available within easy commuting distance of the nuclear medicine facility used for residency training.

The provisions of the General Requirements, I (Sections 1 to 11), and the other provisions of the *Essentials of Accredited Residencies* must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

12. Special Requirements for Residency Training in Obstetrics and Gynecology

Residency programs in obstetrics and gynecology should constitute a structured educational experience, planned in continuity with undergraduate medical education, in the health care area encompassed by this specialty. While such residency programs contain a patient service component, they must be designed to provide education first and not function primarily to provide hospital service.

The Program Director should be familiar with:

- (1) The principles set forth under General Requirements;
- (2) "Guide for Residency Programs in Obstetrics and Gynecology," a document prepared by the Residency Review Committee to amplify these Special Requirements;
- (3) "Contents of a Residency in Obstetrics and Gynecology," prepared as a general guide by the Council on Resident Education in Obstetrics and Gynecology (CREOG);
- (4) The consultation services to proposed or existing residency program available by request to CREOG.

Length of Graduate Medical Education.—The minimum requirement for residency education acceptable for American Board certification is clearly stated—36 months of progressive clinical experience in obstetrics and gynecology with the usual time as a chief resident.

Residency programs must be of 36 months or longer duration. Most are planned to provide either three or four years of experience. Two programs of different lengths are not approvable in the same institution. A graduate may enter residency directly after receiving the M.D. degree or its equivalent. Physicians beginning graduate medical education after 1976, in order to assure eligibility for examinations of the American Board of Obstetrics and Gynecology, must have a minimum of four years of approved clinically oriented graduate medical education of which three years must be in the specialty. Longer programs are permissible.

After July 1, 1975, the *Categorical* first year of graduate medical education will be comparable to the previous straight internship. It must be conducted in conjunction with an approved residency, and must have the same Program Director. It may be structured in any of several ways desired by the Program Director, subject to the approval of the Residency Review Committee. The *Flexible* first postgraduate year requires establishment, direction, and approval by *two or more* different specialties and their respective Residency Review Committees. It is unlikely that the *Flexible* first postgraduate year will have frequent applicability or direct relationship to obstetrics and gynecology residency programs, although individuals completing such a first postgraduate year could enter an obstetrics and gynecology residency.

The policy of the Residency Review Committee is to approve only parallel (non-pyramidal) residency assignments. During the *Categorical* or *Flexible* first postgraduate year a program may have more appointees than can be appointed into the 36 months of clinical residency training. No more residents should be appointed to begin their required 36 months of clinical training than can be accommodated in the final or chief resident year.

As noted in the General Requirements, it is not expected that all residencies will adopt the same rotations or a rigid uniform sequence of experience. Rotation or experience in other disciplines such as pediatrics, anesthesia, general surgery, internal medicine, pathology, or urology may be desirable. Such rotations however cannot be counted as a formal part of the required 36 months of clinical experience in obstetrics and gynecology.

Number of Residents.—The question of the exact number of

residents in a given training program cannot be answered precisely. The maximum number of residents that can be adequately and responsibly trained at one time depends on several interrelated factors. Large programs may lose their effectiveness if the number of residents exceeds 30. The minimum number of residents approved is one in each year of a three-year program. These small programs are reviewed most critically by the Residency Review Committee, which looks, among other factors, for a full complement of residents in the obstetrics and gynecology program, adequate numbers of residents in other approved residency training programs in the same hospital, and sufficient total responsibility, including operative and outpatient experience, to enable him to adequately practice his specialty on graduation from the program. This responsibility must progress in an orderly fashion culminating in the chief resident year. Each resident must have sufficient independent operating experience to make him competent, and total responsibility for a sufficient number of patients to enable him to possess those diagnostic and treatment skills that are demanded in the wide area of medical and surgical problems for which an obstetrician and gynecologist is responsible in both his office and hospital practice.

Clinical responsibility alone does not constitute a suitable educational experience. It is also very important that each program have a sufficient number of interested and competent teaching staff. The staff must be sufficient to supervise the residents at all levels and in all aspects of the specialty. It is also the responsibility of the program to maintain a continuous evaluation of each resident and to be sufficiently flexible to respond to and accommodate the varied backgrounds and needs of individual residents so as to graduate capable and competent specialists.

Staff.—It is desirable that the Chief of Service of the Department be certified by the American Board of Obstetrics and Gynecology. In the absence of such certification, the Residency Review Committee may approve programs when the chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

There should be definite assignments of the responsibilities for resident training, preferably by the chief of the service or his designated representative (such as a departmental program director). To assure continuity of teaching effort and departmental policy the chief of service should hold office for at least three years.

Where the services of obstetrics and gynecology are separate in any given hospital, the chief of each service seeking residency approval, and at least one subordinate must be certified or otherwise qualified as outlined above. If obstetrics and gynecology are separate services, combined approval can be granted only if arrangements are made for rotation of residents between the two services to provide graded and progressive responsibility.

Approval cannot be granted for residency training in gynecology if the service is a subdivision or subservice of general surgery, unless the subdivision of gynecology is headed and staffed by a chief and at least one other individual certified by the American Board of Obstetrics and Gynecology or otherwise qualified as specialists in this field as specified above.

In addition to these Special Requirements as set forth, all provisions of the General Requirements (Sections 1-10) must also be met for approval of a residency program.

Residents who plan to seek certification by the American Board of Obstetrics and Gynecology should communicate with the Secretary of the Board, as listed in Section IV, to obtain the latest information regarding current requirements for certification.

13. Special Requirements for Residency Training in Ophthalmology

Duration of Training.—Residencies in ophthalmology which are designed to meet the requirements of the Council on Medical Education, and the American Board of Ophthalmology

mology, should include, after one year of internship, three years of progressive training in the specialty. Part of one of these years may be spent in a basic science course in ophthalmology. If this course is of less than one year's duration it should be supplemented by additional training to make up a full 12 months; that is, courses of eight or nine months' duration must be supplemented by additional clinical or other training to make up a full year.

Residencies of five years' duration, which include training in both otolaryngology and ophthalmology, may be approved provided at least 36 months' training is in ophthalmology.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training program be organized by the parent hospital with responsibility for progressive training of the residents. Collaborative programs may be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program. For example, specialized hospitals which do not admit patients for medical and neurological diseases might well provide temporary service in a general hospital.

Scope of Training.—Residencies in ophthalmology should offer a broad training and should preferably include some experience in closely related fields of medicine and surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available including commonly used special apparatus. Adequate library facilities should be available and residents should be urged to use the library frequently. An informal journal club is suggested as a stimulus to use of library facilities. The training should include a systematic course of instruction with demonstration on clinical and technical subjects pertinent to the various phases of ophthalmology. Cases should be presented and discussed during ward rounds at least twice a week. Residents should have daily contact with at least one staff man.

Instruction in surgical technique should be sufficient to enable residents to undertake operative work under supervision, especially toward the end of the residency program. Presentation of cases by the resident to the attending ophthalmologist at ward rounds and in the clinic should be routine procedures at least once a week.

Basic Medical Sciences.—There should be laboratory training in anatomy of the eye and adnexa and the related nervous system, also in microbiology, biochemistry, embryology, pathology, optics, pharmacology, and physiology. These studies should be closely correlated with the clinical experience. The resident should be assigned for a period of service in pathology and bacteriology. It is important that frequent departmental conferences are held for detailed discussion of problem cases. Clinical pathological conferences should be so conducted that the residents are able to study and discuss with the pathologist and the staff all tissues removed at operations, and all autopsy material, from patients on their services.

Surgical anatomy should be demonstrated by the attending surgeons in discussing surgical cases with the resident. Opportunity for the residents to work out special anatomical problems, by performing regional dissections should, if possible, be provided. Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the resident should be provided, together with stimulating guidance and supervision during the latter part of his training.

Staff.—The staff should be composed of highly qualified teachers who have skill and judgment. They should be properly organized with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment but should be held by

the ophthalmologist best fitted for this responsibility. The members of the staff should have a sincere interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Clinical Material.—The hospital must be able to provide a satisfactory number and variety of patients. Statistical data alone cannot reveal these considerations adequately. During the residency program an adequate operative responsibility must be provided the resident staff. Such experience is essential to give the progressive experience, both as assistant and operator, necessary for the development of surgical judgment and skill by the resident. The residency program should be so organized that the resident will hold positions of increasing responsibility for the care and management of patients. The residents shall have sufficient operative experience under supervision to acquire surgical skills and judgment through the performance of surgical operations with a high degree of responsibility. The residents must be held responsible for the recording of complete and adequate case records for both in-patients and outpatients. These case records should be reviewed and utilized by the attending ophthalmologist whenever consultations are required by the resident.

An approved residency, in ophthalmology should include a well organized and supervised active outpatient service supervised daily by an attending ophthalmologist.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

14. Special Requirements for Residency Training in Orthopedic Surgery

Surgical and orthopedic facilities must be satisfactory and clinical material sufficient to afford residents adequate experience in the correction of congenital and acquired deformities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures, or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

Quantitative Requirements.—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

Applied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

15. Special Requirements for Residency Training in Otolaryngology

Duration of Training: Residencies in otolaryngology, which are designed to meet the requirements of the Council on Medical Education of the American Medical Association, the American College of Surgeons, and the American Board of Otolaryngology, must be of at least four years' duration, of which three must be progressive training in the specialty. The four years must include one year in an approved residency in general surgery, preferably before the special training but not as the final year. It is emphasized that the above are minimal requirements for certification and are necessary to provide a foundation for further development in the broad field of otolaryngology.

Scope of Training: As stated in the general requirements (Section 7, Training Program), it is not essential or even desirable that all residency programs should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all institutions participating in graduate training in otolaryngology should be able to meet the fundamental requirements for an approved program and, either alone or in collaboration, should obtain comparable results in the quality of training and in the experience obtained.

Residencies in otolaryngology should offer broad training and should preferably include some experience in closely related fields of surgery. Adequate educational content and overall clinical and operative experience should be provided to enable the resident on completion of his training to begin the practice of his specialty in a scientific and competent manner. Residencies in otolaryngology must provide in-depth training and experience in medicine and regional surgery. Essential equipment for diagnosis and treatment should be available, including all special apparatus. The clinical material should be sufficient in variety and amount to provide adequate training in the various divisions of the specialty. The program director should provide training in the following areas:

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, immunology, allergy and neurology relevant to the head and neck; the air and food passages; the communication sciences, including a working knowledge of audiology and speech; the endocrine disorders as they relate to otolaryngology.
2. The recognition and management of congenital anomalies, abnormal function, trauma and disease in the regions and systems enumerated in item one above.
3. The recognition and medical management of diseases and abnormality of function of the ears, upper and lower respiratory tract and food passages.
4. The recognition, technique and surgical management of congenital, inflammatory, neoplastic and traumatic states, including among others:
 - a. Temporal bone surgery
 - b. Paranasal sinus and nasal septum surgery
 - c. Maxillofacial, plastic and reconstructive surgery of head and neck
 - d. Surgery of the salivary glands
 - e. Head and neck oncologic surgery
 - f. Head and neck reconstructive surgery particularly as it relates to the restoration of function in congenital anomalies; following extensive surgery and complications of head and neck trauma
 - g. Peroral endoscopy, both diagnostic and therapeutic
 - h. Surgery of lymphatic tissues of the pharynx
 - i. Pre- and post-operative care
5. Diagnosis and diagnostic methods including related laboratory procedures.
6. Diagnostic and therapeutic radiology, including the interpretation of roentgenograms of the nose, accessory sinuses, salivary glands, temporal bone, skull, neck, larynx, lungs and esophagus.
7. Awareness of the current literature especially pertain-

ing to the areas mentioned in item one above.

8. Awareness of the habilitation and rehabilitation techniques and procedures pertaining to otolaryngology.

A more detailed list of the procedures to be performed by residents may be obtained by reviewing AMA Council on Medical Education, Residencies in Otolaryngology Operative Experience Classification List. The training shall include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of otolaryngology. Adequate experience should be provided in office practice procedures and management.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training programs be organized by the parent institution with progressive responsibility for the residents. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

Application of the Basic Medical Sciences: There should be training in the concepts and technique of allergy therapy, and in audiology and speech and language disorders. There should be applied training in hearing, hearing evaluation, hearing aid use, hearing conservation, hearing rehabilitation, and the effects of noise on hearing. There should be instruction in the recognition and management of such disorders as aphasia, articulation, dysfluency and voice disorders as well as in normal and abnormal language development. Also, there should be applied training in vestibular function evaluation and vestibular disabilities.

Frequent departmental conferences for a detailed discussion of problem cases are important, as are also clinicopathological conferences. The residents should study and discuss with the pathologist all tissues removed at operation and all autopsy material from patients on their services. It is desirable to have the residents assigned for a period of service in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is possible, in the performing of autopsies. In addition, opportunity for the residents to work out special anatomic problems by performing dissections in the laboratory should be provided.

Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the residents should be provided, together with stimulating guidance and supervision.

Staff: The chief of the training program should be certified by the American Board of Otolaryngology, in the interests of the proper teaching of the specialty of otolaryngology. At least one other member of the staff should be similarly qualified. The chief of service must devote sufficient time to the program to insure that adequate supervision and organization of residents' clinical and basic science activities exist.

Surgical Staff: The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be properly organized and harmonious, with the designated head or chief of service responsible for the quality of work done in the department, and he should be the surgeon best fitted for this responsibility. The members of the staff should have a sincere interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Approval cannot be granted for residency training in otolaryngology if the service is a division of the department of surgery unless that division is headed and staffed by qualified otolaryngologists as specified above.

Clinical Material: The institution must be able to provide an adequate number and variety of otolaryngic medical and surgical patients. Arbitrary figures cannot reveal these considerations accurately. The surgical cases provided by the hospital should reflect a broad range of pathological problems and clinical experience pertinent to otolaryngology. This is

essential to give the progressive operative experience necessary for the resident. The residency program should be organized so that the residents will hold positions of increasing responsibility for the care and management of patients.

An approved residency in otolaryngology should include a well-organized and well-supervised active outpatient service.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

16. Special Requirements for Residency Training in Pathology

Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, forensic pathology, and neuropathology. Training programs or courses of study intended to qualify applicants for certification in other special fields of pathology by the American Board of Pathology are approved by the Board on an individual basis.

Scope of Training.—The training program in pathology should be designed to acquire a broad knowledge of the subject matter in the fields of clinical and anatomical pathology, as well as the techniques and methodology required to gain this information. Experience in interpretation of laboratory data, in directing a laboratory, in teaching, and in investigation are all objectives of a good program.

Every attempt should be made to gain correlative experience in anatomic pathology and clinical pathology in addition to relating these experiences to the patient.

Systematic instruction in anatomic pathology should be accomplished primarily through the use of fresh tissues, microscopic slides, and photographs, supplemented by museum specimens and seminar material when available. Proficiency in frozen-section diagnosis, in exfoliative cytology, in electron and other forms of microscopy, histo-chemistry, and in cytogenetics are important aims. The teaching material must be sufficient in quantity and variety to afford adequate training in gross and microscopic pathology. Special emphasis, however, should be placed on the quality of the supervision and instruction rather than the quantity of material.

The training in clinical pathology should emphasize methodology and techniques because the result of a laboratory test is no more valuable than the accuracy of performance. Interpretation of these tests for assistance in the diagnosis and management of patients, and the development of administrative ability are of special value in the division of clinical pathology.

Instruction should include, but not be limited to, training in medical microbiology, immunohematology-blood banking, medical chemistry, medical parasitology, hematology, endocrinology, medical microscopy, and the application of the physical and biological sciences in the diagnosis, prognosis, and treatment of diseases.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and his associates and assistants, the supervision of work of the trainee, the quality of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of medical and non-medical personnel in relation to the volume of work.

In general, the qualitative standards will determine whether a laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of training.

It is expected that the director of the program be a fully qualified specialist in the branches of the specialty for which training is approved, and that he provide adequate supervision of the hospital laboratory. Adequate supervision is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program. In special instances, the equivalent of full time direction by two or more qualified persons will be accepted, and one person need not spend the entire working day in the laboratory. Similarly, in special instances, two or more hospitals will be approved as a unit with a single, full-time director of laboratories if it is apparent that a satisfactory training program can be conducted.

It is expected that the number of medical technologists and their qualifications will be proportional to the volume of work in the laboratory.

Sufficient laboratory and office space, as well as equipment, should be provided to enable the department to function efficiently. There should be facilities in all hospitals for tests usually performed in clinical pathology, for the study of surgical and cytologic specimens, and for the performance of necropsies. In larger hospitals the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of patients.

Fixed anatomic and pathological specimens in proportion to the size of the hospital, should be available for study by the staff. Properly filed and indexed color photographs may in part be substituted for museum specimens.

The work of the trainee must be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of the material and the size of the staff justifies. A clinicopathologic-correlative conference should be held regularly to review deaths.

In institutions offering training in both anatomic and clinical pathology, the program should be so arranged as to assure even division of the residents' training and experience in anatomic and clinical pathology. Ordinarily, this can best be achieved by a series of exclusive, or nearly exclusive, assignments to the various departments of the laboratory.

Requirements for Training Programs in Neuropathology.—It is expected that the program will be directed and adequately supervised by a qualified neuropathologist.

The neuropathology program should be associated with the Department of Pathology in which during each year at least 200 necropsies, with examination of the nervous system, are performed, and 100 neurosurgical specimens from operative procedures are examined for diagnosis. The number of residents in neuropathology should not exceed one for each fifty such annual necropsies.

Adequate facilities and competent personnel should be available and properly utilized for the conduct of the special procedures customarily employed in neuropathology.

There should be teaching material in the form of slide collections augmented by photographs or museum specimens sufficient to provide adequate study by the residents of conditions and diseases not frequently encountered in the routine necropsies and surgical specimens.

Teaching conferences in neuropathology, conferences with the general pathology service and conferences with the clinical services of neurology, psychiatry and neurology should be regularly scheduled and attended.

It is expected that residents in neuropathology will participate in research and will be provided with adequate facilities.

Requirements for Training Programs in Forensic Pathology.—Institutions or offices may apply for approval of training programs in the special field of forensic pathology.

It is expected that the program will be directed and adequately supervised by a qualified forensic pathologist.

The approved institution or office should conduct at least 150 medical legal necropsies per year. Of these, 50 or more should be in cases in which death is due to the immediate (within 24 hours) and direct effects of physical or chemical injury. Twenty-five or more of these autopsies in which death is the immediate result of violence, the investigation by the pathologist should include an examination of the body at the scene of death before it has been disturbed.

Adequate facilities and competent personnel shall be available and properly utilized for the conduct of all bacteriological, biochemical, toxicological, firearms, trace element, and other scientific studies as may be needed to insure complete postmortem investigation.

Quantitative Requirements.—In the field of anatomic pathology there should be sufficient volume and variety of necropsy, surgical and cytological material (except in special programs) to insure adequate education, training, and experience in this branch of the specialty. There are no absolute criteria but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of anatomic material does not exist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should be sufficient volume to provide training and experience. There are no absolute criteria but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

Requirements for Training Programs in Blood Banking.—It is expected that the program will be directed and adequately supervised by a physician qualified in blood banking.

The training program shall include all aspects of blood banking, i.e., administration, medical, technical, and research. The program must be conducted in institutions where blood is regularly drawn and processed and also must include training and experience in an active transfusion service of a hospital.

The administrative experience should include donor recruitment and processing as well as logistical aspects of blood banking. The scientific segments of the program should provide adequate study of the technical and laboratory facets of transfusion and transplantation. The hospital training should include clinical experience in the use of blood and blood components. It is expected that the resident in blood banking will participate in research or development activities and that adequate facilities will be provided.

In order to obtain adequate training in a blood bank program, a sufficient number of blood donations and transfusions to provide the required skills should be performed in the participating institution(s). Also, an active teaching program in laboratory medicine and pathology, as well as a training program or school for blood bank technologists, in one or all of the institutions in the training of blood bank physicians is considered to be desirable.

Requirements for Training Programs in Radioisotopic Pathology.—The training program shall include all aspects of the use of radionuclides in the study of body fluids, excreta, or tissues quantified outside the body. The training program should provide the trainee adequate information regarding the basic theory and physics of radiation, isotope production and labeling, radiation protection, appropriate instrumentation, a broad spectrum of *in vitro* analyses and their interpretation, autoradiography, quality control, and other related topics. Furthermore, the program should provide the trainee with the ability to set up and operate a laboratory to perform the applicable procedures, including supervision and training of personnel.

In order to provide such training, the program shall be directed and closely supervised by a physician qualified in radioisotopic pathology and devoting his major activities to the specialty of radioisotopic pathology. The training institution should be of such size and composition as to provide not only ample radioisotopic clinical material but possess all the supporting facilities necessary to accomplish the above objectives of the program.

The minimum training period in radioisotopic pathology shall be one year in addition to the completion of acceptable residency training in an approved program of either anatomic and/or clinical pathology as outlined in the Directory of Accredited Residencies.

Requirements for Training Programs in Dermatopathology.—The training program shall include all aspects of dermatopathology, including the gross and microscopic diagnosis of skin disorders by means of direct visual inspection and by light and fluorescence microscopy, as well as histochemistry, together with the relevant aspects of electron microscopy, cutaneous mycology, bacteriology, and entomology. Furthermore, the program should provide the trainee with the ability to set up and operate a laboratory to perform the applicable procedures, including supervision and training of personnel.

In order to provide such training the program shall be directed and closely supervised by a physician qualified in dermatopathology and devoting his major activities to the specialty of dermatopathology. The training institution should be of such size and composition as to provide not only ample dermatologic clinical material but possess all the supporting facilities necessary to accomplish the objectives of the program. Ordinarily, the institution would have approved residency programs in both dermatology and pathology.

The minimum training period in dermatopathology shall be one year in addition to the completion of acceptable residency training in an approved program of either dermatology or pathology as outlined in the "Directory of Accredited Residencies."

Approval is granted for residency training in pathology in the following categories:

Category APCP-4. In both anatomic and clinical pathology for a total of four years.

Category AP-3. In anatomic pathology only for three or more years.

Category CP-3. In clinical pathology only for three or more years.

Category APFP-4. In both anatomic pathology and forensic pathology, two years in each, for a total of four years.

Category APNP-4. In both anatomic pathology and neuropathology, two years in each, for a total of four years.

Category SP-1. In special pathology, usually for only one year. Programs in this category are ordinarily approved in highly specialized hospitals of acknowledged excellence which because of the limitations of their clinical material cannot provide general training in anatomic or clinical pathology. Residents receiving part of their training in such programs should consult with the American Board of Pathology as to what other training is necessary to provide acceptable breadth of experience.

Category FP-1. In forensic pathology for one year.

Category FP-2. In forensic pathology for two years.

Category NP-1. In neuropathology for one year.

Category NP-2. In neuropathology for two years.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek clarification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

17. Special Requirements for Residency Training in Pediatrics

Clinical training should be obtained in general medical pediatrics, nutritional disorders, care of new-born infants, preventive pediatrics, and outpatient clinics in the various departments of medical pediatrics. Correlative studies are recommended especially in contagious diseases, in clinics for well babies, the mentally deficient and in those with neurological disorders or who present problems in behavior. In the wards and in the clinics the residents should be permitted to assume individual responsibility in diagnostic and therapeutic procedures and case management. They should actively participate in teaching rounds, clinicopathological conferences, departmental seminars, and all other functions designed to improve the quality of the clinical and educational service. Although the training need not be continuous or in the same institution, it is desirable that the educational program be systematized in the form of residencies of one to three years' duration.

Quantitative Requirements.—The resident staff should be assigned a sufficient number and variety of hospital patients to assure a broad training and experience. The number of patients considered adequate varies with the number of residents, length of patient stay, and other factors. Hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program.

Applied Basic Science Instruction.—Sufficient time should be devoted to studies in applied basic sciences, especially in embryology, growth and development, nutrition and other fields in physiology bearing upon pediatrics. This work should be closely correlated with clinical experience. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Pediatric Allergy—Note: *This Section of the Essentials will be deleted effective July 31, 1981; therefore, no residency programs in Pediatric Allergy will continue in accredited status after that date. Accordingly, applications for accreditation of new residency programs in Pediatric Allergy will no longer be accepted. In the interim, accredited Pediatric Allergy programs are encouraged to meet the new "Special Requirements for Residency Training in Allergy and Immunology" and apply for accreditation in Allergy and Immunology.*—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. An allergy residency should be at least one year, though preferably two years, of full-time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy and for the teaching of interns, medical students, and nurses, as capability has been demonstrated. Problems in clinical or laboratory allergy should be utilized to develop an interest in research.

If the allergy service is a separate department, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the pediatric (or general medical) services through ward rounds, clinicopathological conferences, staff meetings, and so forth. The service should admit 200 to 300 ambulatory patients yearly and have facilities for hospitalizing bed patients, in addition to cases seen in consultation with other services. It should have adequate laboratory facilities for those special chemical-immunological, pathological and bacteriological

procedures required in its field. The training of residents in allergy should be arranged to fit into the established programs of the American Boards of Pediatrics or Internal Medicine. Candidates for positions offering specialized training in allergy should previously have fulfilled the basic requirements of the parent board before undertaking study in the special field.

Certification in allergy is granted only to those who have previously fulfilled all the requirements for certification in pediatrics or internal medicine, including the examination.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Pediatric Cardiology.—Residencies in pediatric cardiology should be closely associated with approved residency training programs in pediatrics, thereby assuring availability of all facilities and personnel necessary for the complete care of the infant and child. Thorough understanding of human growth and development and the response of the young patient to environmental factors, both intrinsic and extrinsic, is a fundamental prerequisite for the proper management of infants and children with cardiovascular problems. The purpose of a residency in pediatric cardiology is to equip the trainee to manage children with problems of a cardiovascular nature, whether congenital or acquired, in relation to the patient's rehabilitation and with emphasis on the adaptation of the whole individual rather than the specific disease process or the body system involved.

Duration of Training.—Two years of training in an approved pediatric cardiology training center are required to meet the minimal standards of the Sub-Board of Cardiology of the American Board of Pediatrics. Training need not be confined to a single approved center, although it is essential that the resident who splits his training between two approved residencies in pediatric cardiology receive progressive education, experience and responsibilities in the specialty rather than two years as a beginner with virtual duplication of instruction at an elementary level.

Scope of Training.—Residencies in pediatric cardiology should offer broad and inclusive training in the specialty. This should include fundamentals of clinical diagnosis with special emphasis on auscultation and physical examination and the role of roentgenology and roentgenoscopy, electrocardiography, vectocardiography, phonocardiography and other laboratory tests used in diagnosis and management. Thorough understanding of embryology and anatomy of the normal heart and vascular system as well as the deviations from normal that may occur should be mastered. Knowledge of normal and abnormal cardiovascular physiology should be required. Experience and instruction in technics of and understanding of the limitations of cardiac catheterization and selective angiocardiography are necessary. Experience with pre- and post-operative care of patients having cardiac surgery, both by closed and open methods, in close cooperation with the cardiovascular surgical staff is required. Opportunity for long-term follow-up observation of post-operative patients must be afforded the trainee. Study of rheumatic fever and other infections and metabolic conditions resulting in abnormalities in cardiovascular function should be combined with experience in management of patients in sufficient numbers to demonstrate the typical and atypical features of each.

Basic Medical Sciences.—The resident should be assigned for a period of service in pathology with instruction by a qualified pathologist. Specimens demonstrating the various types of congenital cardiovascular anomalies should be classified and readily available for study. Conferences involving current pathological material should be held regularly and closely correlated with clinical experience; such conferences

should include clinicians, surgeons, physiologists, roentgenologists and pathologists. Thorough training in cardiovascular physiology is essential and participation by the resident in cardiac catheterization procedures is necessary. Such experience should be intimately related to clinical diagnosis and management. Regularly scheduled conferences involving clinicians, surgeons, roentgenologists and cardiovascular physiologists should be an integral part of the residency teaching program. Residency programs should provide ample opportunities for basic research, and participation in a specific laboratory or clinical research project should be encouraged.

Staff.—Highly qualified teachers should be available in pediatric cardiology as well as in roentgenology, pathology and physiology. The chief of service should be certified by the Sub-Board of Cardiology of the American Board of Pediatrics or, lacking such certification, should be of recognized ability and possess high professional standing in the specialty. The educational value of a residency depends largely on the quality and extent of supervision of the residents by teachers who are not only fully qualified but who are interested in teaching and willing to devote adequate time to this endeavor.

Clinical Material and Facilities.—A satisfactory number of patients must be available to provide the resident with a wide variety of cardiovascular problems in children. While there is no need to perform special tests such as cardiac catheterization or angiocardiology on all patients with cardiac problems there should be a sufficient number of diagnostic problems to justify such procedures in an adequate number of patients per year, thus reflecting a reasonably large case load, in-patient and out-patient, during the course of a year. A minimum number of cardiac operations in children is required to provide depth of experience in pre- and post-operative management needed by a properly trained resident in pediatric cardiology. If these minimal numbers of special procedures and operations are reached or exceeded, the total number of clinical cases should be adequate for proper instruction of a resident.

Equipment, staff and availability of ancillary services such as good nursing care, properly staffed post-operative units, social service facilities, etc., should conform to the recommendations of the Council of Rheumatic Fever and Congenital Heart Disease of the American Heart Association in "Standards for Centers Caring for Patients with Congenital Cardiac Defects," published in *Circulation*, Vol. XXI, April, 1960.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

18. Special Requirements for Residency Training in Physical Medicine and Rehabilitation

Scope of Training.—Residencies in this specialty should include training in the clinical and diagnostic uses of the physical procedures and in the various aspects of medical rehabilitation. The service is particularly concerned with the treatment and restoration of the convalescent and the physically handicapped patient. A complete program should include the availability and the use of the paramedical services related to the field.

Duration of Training.—A minimum of three years of residency training is considered necessary to train a physician contemplating specialization in the field. It is desirable, if not essential, that the training be under the supervision of one approved institution. The Department of Physical Medicine and Rehabilitation should be organized as a major service, with a qualified head of the department and associates, as well as trained personnel in the various paramedical areas.

The department should operate as a service department to the broad fields of medicine and surgery. Sufficient space and equipment must be provided to carry out a comprehensive program of training. In order to provide complete training, it is necessary to have beds assigned. The number of beds on the Physical Medicine and Rehabilitation Service should be adequate to make training of this type meaningful.

Quantitative Requirements.—To supply an adequate amount and variety of teaching material, there should be a minimum of 500 admissions and 7,500 patient visits annually.

The trainee should have the opportunity to learn to become proficient in prescribing and supervising all types of physical therapy, occupational therapy, and rehabilitative procedures for outpatients as well as patients on the hospital services. There should be an experience in evaluation, including electromyography and other electrodiagnostic procedures, and care of patients having conditions or disabilities such as may be seen in all phases of medical practice. There should be the opportunity for learning to co-operate with and utilize the services of other medical specialists and paramedical personnel.

Applied Basic Science Instruction.—Training in the allied basic sciences should be closely correlated with the clinical experience. Training in these subjects should be on a graduate level and include functional anatomy and kinesiology; physics, including radiation physics related to the field, electronics and instrumentation; physiology as applied to the various physical agents, particularly; and pathology.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

19. Special Requirements for Residency Training in Plastic Surgery

Duration of Training.—Residency training programs which are designed to meet the requirements of the American Board of Plastic Surgery, the American College of Surgeons, and the Council on Medical Education of the American Medical Association must be of at least two years' duration, after completion of at least three years of training in a residency in general surgery in a program approved by the Residency Review Committee for Surgery.

Scope of Training.—Adequate training in plastic and reconstructive surgery should include experience in the various methods of excisional reparative surgery of the scalp, face, orbits, nose, oral cavity, neck, trunk, and extremities. The resident should obtain experience in the management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of hands, burns, and congenital abnormalities of the extremities and genitalia. This training must be graduated and progressive.

Applied Basic Sciences.—The study of anatomy, bacteriology, biochemistry, physiology, and pathology as related to plastic and reconstructive surgery should be closely related to clinical experience. Research offers an important opportunity for the application of the basic sciences to clinical problems. Reasonable facilities for clinical and animal research by the residents should be provided with stimulating guidance and supervision.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Where the program may be strengthened thereby, collaborative programs can be approved after affiliation of institutions with complementary clinical and research facilities.

Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the Secretary before beginning training in the specialty to be certain

that the requirements as to training in general surgery have been met.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

20. Special Requirements for Residency Training in Preventive Medicine

I. Preventive Medicine is a specialized field of medical practice:

1. The primary focus of which is health and disease as these occur in communities and in defined population groups.
2. Which seeks to promote those practices with respect to the community and the individual which will advance health, prevent disease, make possible early diagnosis and treatment and foster rehabilitation of those with disabilities.
3. In addition to the basic knowledge and skills required of a physician, the basic disciplines of the specialty are biostatistics, epidemiology, administration, and environmental sciences.

II. Preventive medicine as a specialized field of medical practice is conceived to have a common group of basic components, whatever the specific subspecialty or area of practice. These components are listed below. It is obvious that a given component may be of major importance in some areas of practice and of relatively minor importance in others, but all are represented in some measure in each area.

1. Biostatistical principles and methodology.
2. Epidemiological principles and methodology.
3. Planning, administration and evaluation of health and medical programs.
4. Environmental hazards to health and principles of their control.
5. Social, cultural and behavioral factors in medicine.
6. Applications of primary, secondary and tertiary preventive principles and measures in clinical practice, including genetic factors in disease and disability.

To acquire this knowledge and these skills, graduate education in Preventive Medicine shall include three years, one of which shall be an academic year, one a clinical year, and one a year of practical training.

Residencies in Preventive Medicine are accredited by the Liaison Committee on Graduate Medical Education upon the recommendation of the Residency Review Committee for Preventive Medicine.

While not all the provisions of the section on "General Requirements" (Sections 1 to 10) are directly pertinent to residencies in Preventive Medicine, the underlying principles do apply and should be followed.

GENERAL PREVENTIVE MEDICINE

Residencies in preventive medicine should be organized on a broad basis to furnish instruction in the various special fields which combine to form the foundation of the total field of preventive medicine. Any given residency may place emphasis upon a special field, e.g., epidemiology. Residency training in preventive medicine may be offered by Schools of Public Health, organized Departments of Preventive Medicine in Medical Schools, other appropriate Graduate Schools in Universities, or other appropriate institutions or agencies in which an established component of their program is the graduate training of physicians. Institutions seeking approval of residency training in preventive medicine must provide evidence that the resident in training is assured of a supervised, comprehensive and progressively graded educational experience over a period of at least three years. One institution or agency, preferably one with a primary interest in graduate

education, must assume overall responsibility for directing and supervising the preventive medicine residency training program. The residency program need not be encompassed within a single institution or agency, however, but may be constructed by formal programming and coordinated supervision of the educational and training experience of the residency by two or more institutions or agencies.

A formal training program in General Preventive Medicine should include:

1. A graduate year of clinical training and experience involving direct patient care.
2. A year of academic training in the fundamental disciplines of Preventive Medicine and Public Health.
3. A graduate year of planned and supervised experience in a residency program approved for General Preventive Medicine.

A fourth year of training, teaching, practice and/or research in General Preventive Medicine is required before a candidate becomes eligible to take the Board examinations.

Clinical Training: A clinical year should provide experience in direct patient care including ambulatory and inpatient experience. This clinical year can be provided in an accredited program in one of the recognized clinical specialties or through a clinical year sponsored by Preventive Medicine.

If it is a Preventive Medicine clinical year, it must provide experience in direct patient care and include at least four months of Internal Medicine and three months in a hospital setting.

Academic Training: Courses should be such as to satisfy requirements for the Master of Public Health Degree or its equivalent. These courses should include the following fields:

1. Epidemiology: the study of disease and injury in human populations, the factors contributing to increase or spread, and means of control.
2. Public health administration or practice: organization and administration of programs for promotion of health.
3. Evaluation and control of environmental hazards.
4. Statistical methods applicable to the study of disease or injury and the evaluation of control procedures.
5. Such other subjects as may be required for the Master of Public Health Degree or equivalent and such desired elective subjects as may be applicable to General Preventive Medicine.

These academic requirements may be met before or after graduation from medical school, or by course work taken in conjunction with the medical curriculum.

Field Training: In selecting field training experience for the resident, the training institution may use a field training area partially or entirely under its own jurisdiction and supervision or it may use an affiliated organization or agency most suitable to the needs of the individual resident. The resources and organization of the affiliated agency must satisfy basic requirements for graduate training purposes; the caliber of supervisory professional staff members and their competence and interest in residency level training should be the determining factors in the assignment of residents to their charge.

Facilities: The facilities of the training institution need not conform to any rigid pattern; educational institutions, research centers or operating agencies may qualify, provided the residency program is appropriately affiliated with and supervised by an accredited academic institution. A plan of affiliation between two or more of these categories will be necessary in most instances. In every case, the combination must provide:

1. An educational environment capable of providing the breadth of instruction outlined above;
2. Laboratory space, supplies, and technical assistance for research by the resident;
3. A well-stocked, up-to-date medical library;
4. Facilities for field training of sufficient size and scope to provide experience in each of the major areas of preventive medicine and to exemplify good administrative

organization. The staff members associated with residency programs should have demonstrable interest in and capacities for teaching, as well as high competence in their respective fields.

Personnel and Organization: The Director of the residency training program should be qualified in preventive medicine and have established competence in teaching and graduate training. There should be at least one person on the training staff who has established competence and continuing experience in each of the major fields of instruction. The training staff members should be selected by the Director and should be directly responsible to him for their participation in the program. There should be specific commitments concerning the time to be contributed by each staff member and the content of training which he is to provide. There should be a Residency Advisory Committee composed of the Director and the heads of the departments primarily concerned with the training of the resident, and selected consultants. This Committee should concern itself with the development, content and improvement of the training program, the policies, procedures and conduct of the program inclusive of instructional techniques, and the periodic evaluation of all phases of the resident's training. It should report periodically, at least annually, to the head of the training institution.

OCCUPATIONAL MEDICINE

A formal training program in Occupational Medicine should include:

1. Academic training in the fundamental disciplines of Preventive Medicine and Public Health.
2. Training and experience in the basic clinical sciences related to Occupational Medicine.
3. Clinical training and experience involving direct patient care.
4. Training in the Administration of Occupational Medicine programs.

The formal residency training program should be of at least three years duration. One year should be devoted to academic study in Preventive Medicine and Public Health. The clinical year should provide experience in direct patient care including ambulatory and inpatient experience. Another year should be devoted to training and experience-related Occupational Medicine programs, including the administrative aspects of such programs. The order in which these elements are provided can be varied.

The residency should include an academic component and an applicatory component; the entire residency should normally be under the sponsorship of a medical school or a school of public health. Under such sponsorship and direction, an approved industrial organization may serve as the site for the year of practical training and experience in Occupational Medicine.

Academic Program: Courses should be such as to satisfy requirements for the Master of Public Health Degree or its equivalent. These courses should include the following fields:

1. Epidemiology: the study of disease and injury in human populations, the factors contributing to increase or spread, and means of control.
2. Public health administration or practice: organization and administration of programs for promotion of health.
3. Evaluation and control of environmental hazards.
4. Statistical methods applicable to the study of disease or injury and the evaluation of control procedures.
5. Such other subjects as may be required for the Master of Public Health Degree or equivalent and such desired elective subjects as may be applicable to Occupational Medicine.

Applicatory Program: The residency should provide approved clinical training involving direct patient care and didactic training and experience in the principles of Preventive Medicine as applied to Occupational Medicine, the environments in which they work, and the protection of all

concerned from the hazards which may be encountered.

The clinical training component should provide a variety of patients and responsibility for comprehensive evaluation and treatment in a supervised clinical setting. The didactic component should cover:

1. Environmental physiology: responses of the body to changes in temperature, noise, and other stresses related to work environment.
2. Selection and appropriate placement of workers.
3. Maintenance of physical and emotional health of workers.
4. Toxicology: basic principles, clinical management and prevention of health problems associated with chemical agents in the work environment.
5. Industrial hygiene: principles of evaluation and control of toxic or physical agents in the work environment.
6. Safety, including accident prevention and medical support of accident investigation.
7. Interpretation of laboratory data from either biological or environmental monitoring and their application to medical surveillance.

The program should provide an opportunity for the planned and supervised application of the knowledge and concepts of Preventive Medicine and Occupational Medicine gained in the didactic phases of the program. The program should impose definite responsibilities upon the resident. It should encompass experience in the following fields:

1. Clinical Occupational Medicine: diagnosis, prevention and treatment of disorders arising from work, and the evaluation of fitness to continue at work in specific jobs. This will require some knowledge of job requirements.
2. Administrative Occupational Medicine: planning, administration and supervision of a broad health program for workers, including worker's compensation and the regulatory requirements under the Occupational Safety and Health Act.

The entire residency training program should be under the supervision of a Director of Training who is certified, or otherwise qualified, in Occupational Medicine and a Residency Advisory Committee. The professional qualifications of the Director of Training should meet the standards required of the staff of institutions approved for residency training in other specialties (General Requirements, Section 1). The Committee should be made up of persons of recognized capabilities in Occupational Medicine and/or related medical fields. Should the practical year be arranged in an industrial organization, the resident should during such period be under the direct supervision of an individual certified or otherwise qualified, in Occupational Medicine and/or a related clinical specialty. Under these circumstances, the supervisor should be furnished a clearly defined statement of the program to be followed by the resident during the period of affiliation.

AEROSPACE MEDICINE

A formal training program in Aerospace Medicine should include:

1. Academic training in the fundamental disciplines of Preventive Medicine and Public Health.
2. (Applicatory component) Training and experience in the basic clinical sciences related to aerospace operations and ground support.
3. Clinical training and experience involving direct patient care.
4. Training in the Administration of support of Aerospace Medicine programs.

The formal residency training program should be of at least three year's duration. One year should be devoted to academic study in Preventive Medicine and Public Health. The clinical year should provide experience in direct patient care including ambulatory and inpatient experience. Another year should be devoted to training and experience related to aerospace operations, ground support of flight operations and the administrative applications of Aerospace Medicine programs. The

order in which these elements are provided can be varied.

The residency program, including the academic and applicatory components, should normally be under the sponsorship of a school of aerospace medicine, a medical school, a school of public health, or a graduate school. An approved government or civilian agency or institution may also serve as the agency responsible for residency training. The sponsoring organization should normally be responsible for the maintenance of the health of a sufficiently large number of flying and ground support personnel to provide the residents with broad experience in the various phases of the specialty. There should be a sufficient amount and variety of aeronautical equipment available to enable the resident to familiarize himself with its use. A well-staffed hospital to which aerospace medicine problems are referred should be available. If not, such training should be provided through affiliation. Experience in the examination, care, and management of ambulatory patients should be provided through the facilities of an adequately staffed and well-equipped outpatient department. The agency should have access to an adequately equipped laboratory in which studies on problems relating to aircraft accidents and hazards of flight can be carried out. The applicatory component may be secured in another agency affiliated with the sponsoring organization.

Academic Program: Courses should be such as to satisfy requirements for the Master of Public Health Degree or its equivalent. These courses should include the following fields:

1. Epidemiology: the study of disease and injury in human populations, the factors contributing to increase or spread, and means of control.
2. Public health administration or practice: organization and administration of programs for promotion of health.
3. Evaluation and control of environmental hazards.
4. Statistical methods applicable to the study of disease or injury and the evaluation of control procedures.
5. Such other subjects as may be required for the Master of Public Health Degree or equivalent and such desired elective subjects as may be applicable to Aerospace Medicine.

Applicatory Program: The residency should provide clinical and didactic training and experience in the principles of preventive medicine as applied to flying personnel, those engaged in ground support of flight or aerospace operations, the environments in which they work, and the protection of all concerned from the hazards which may be encountered.

The clinical training component should provide a variety of patients and responsibility for comprehensive evaluation and treatment in a supervised clinical setting, including the following topics in clinical Aerospace Medicine: diagnosis, prevention, and treatment of disorders resulting from flight or ground support activities; evaluation of disorders having a bearing on capabilities or qualification for duties in aviation or ground support.

The didactic component should cover the following subjects:

1. Aviation physiology: responses of the body to changes in temperature, pressure, and ambient gas tensions, acceleration forces, and other stresses occasioned by aerobatics and space flight.
2. Selection of aircrews: medical examination and selection of persons to be trained for flying or other aerospace activities.
3. Maintenance of aircrews: recognition, prevention and treatment of disorders related to flight; influence of specific disorders on fitness for flying; consideration of these problems from viewpoints of clinical specialties such as internal medicine, surgery, ophthalmology, otorhinolaryngology, neurology and psychiatry.
4. Flying safety, including accident prevention and medical support of accident investigation (aviation pathology).
5. Environmental (including toxicologic) hazards faced by flyers and ground support workers; devices, equipment,

and procedures for protection of personnel concerned.

6. Aerial transportation of patients: contraindications for air travel by patients; medical problems in movement of patients by air.
7. Human factors, medical aspects of design of flight systems and equipment, and medical problems pertaining to man-machine interfaces.

The program should provide an opportunity for the planned and supervised application of the knowledge and concepts of preventive medicine and aerospace medicine gained in the didactic phases of the program. Finally, concepts in administrative aerospace medicine should be considered, including: planning, administration and supervision of a broad health program for flight and/or ground support personnel. Significant responsibilities should be assumed by the resident. The training may be in a civilian or military organization having responsibility for the health of a reasonable number of flight personnel and/or personnel concerned with ground support of aeronautical or space operations.

The entire residency training program should be under the supervision of a Director of Training who is certified, or otherwise qualified, in Aerospace Medicine. The professional qualifications of the Director of Training should meet the standards required of the staff of institutions approved for residency training in other specialties (General Requirements, Section 1). The Committee should be made up of persons of recognized capabilities in Aerospace Medicine and/or related medical fields. Should any portion of the program be arranged through affiliation, the resident should during such period be under the direct supervision of an individual certified in Aerospace Medicine and/or a related clinical specialty. Under these circumstances the supervisor should be furnished a clearly defined statement of the program to be followed by the resident during the period of affiliation.

PUBLIC HEALTH

A formal training program in Public Health should include:

1. A graduate year of clinical training and experience in direct patient care.
2. A year of academic training in Preventive Medicine and Public Health.
3. A year of planned and supervised field training and experience.

Clinical Year: A clinical year should provide experience in direct patient care including ambulatory and inpatient experience. This clinical year can be provided in an accredited program in one of the recognized clinical specialties or through a clinical year sponsored by Preventive Medicine.

If it is a Preventive Medicine clinical year, it must provide experience in direct patient care and include at least four months of Internal Medicine and three months in a hospital setting.

Academic Year: Courses should be such as to satisfy requirements for the Master of Public Health Degree or its equivalent. These courses should include the following fields:

1. Epidemiology: the study of disease and injury in human populations, the factors contributing to increase or spread, and means of control.
2. Public health administration or practice: organization and administration of programs for promotion of health.
3. Evaluation and control of environmental hazards.
4. Statistical methods applicable to the study of disease or injury and the evaluation of control procedures.
5. Such other subjects as may be required for the Master of Public Health Degree or equivalent and such desired elective subjects as may be applicable to Public Health.

Field Training and Experience: The year of supervised training and experience should be provided in a health department and should include all aspects of general public health practice, including communicable and chronic disease control, community health organization (public, private, and profes-

sional), medical care administration, health protection and promotion, maternal and child health (including school health), environmental health and sanitation, mental health, epidemiology, dental health, health education, public health nursing, health care services in homes and nursing homes as well as hospitals, program planning, health legislation, and fiscal, personnel, and administrative policies and procedures.

Residency training in Public Health may be provided by a state health agency, a large and well organized local health agency, a federal health agency, a school of public health or a medical school.

The health agency in which field training is given should be well-established and should serve an area large enough to offer comprehensive experience in the several aspects of community health. A program of sufficient scope and diversity is not likely to be provided in communities of less than 50,000 population.

The agency should be efficiently organized on a basis which will assure the provision of public health services of a superior quality as well as proper supervision of residents' training. It should cooperate actively with other agencies, official and non-official, in the development and conduct of a community-wide health program.

The facilities of the health agency, including office and laboratory space, should be adequate for the efficient functioning of the public health service. When the work of the resident involves considerable travel, adequate transportation should be provided. The agency should maintain a basic collection of reference texts and periodicals in Public Health and associated fields, even if more complete library facilities are available outside the agency.

An efficient system of records must be maintained. Since much of the resident's later responsibility is likely to be administrative in nature, it is essential that he has a thorough indoctrination in the preparation and maintenance of reports, registers, and other required records.

The residency program should be under the direction of a qualified physician (certified by the American Board of Preventive Medicine or otherwise qualified) who has demonstrated his ability to administer a comprehensive program. His professional qualifications should meet the standards required of the staff of hospitals approved for residency training in other specialties (General Requirements, Section 1). His staff should include a sufficient number of well-trained personnel to provide adequate health service to the community and assistance in the training program. Additional consultative service in the several basic and special public health fields should be available.

There should be an affiliation agreement with a school of medicine or public health that assures an educational partnership in the conduct of the residency programs. This action should be considered to be effective June 1, 1980.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

21. Special Requirements for Residency Training in Psychiatry and Neurology

Residencies in Psychiatry and Neurology are offered separately.

Training in Psychiatry

I. INTRODUCTION

An approved residency program in psychiatry must demonstrate that it provides an educational experience of such quality and excellence as to assure that its graduates will possess mature clinical judgment and a high order of knowledge about the diagnosis, etiology, treatment, and prevention of all psychiatric disorders and the common neurological disorders. While residents cannot be expected to achieve in three years of training the highest possible degree of expertise in all of the diagnostic and treatment procedures used in psychiatry, those individuals who satisfactorily complete residency programs

in psychiatry must be competent to render effective professional care to patients. Furthermore, they must have a keen awareness of their own strengths and limitations and of the necessity for continuing their own professional development.

The philosophy and organization of the residency program should make the resident aware that there are no short cuts to clinical competence, and no substitutes for hard individual study. The initiative and originality of all residents should be stimulated; their independence of mind promoted; and their ability to appraise critically the various schools of thought about human behavior should be encouraged.

Both the didactic and clinical curriculum must provide a thorough and well balanced presentation of all of the generally accepted theories, schools of thought, and diagnostic or therapeutic procedures in the field of psychiatry and it must avoid indoctrinating residents in any single point of view. Thoughtful and informed appraisal of all of the major theories and viewpoints in psychiatry, together with a thorough grounding in the generally accepted facts, are fundamental to a sound professional education.

With rare exceptions, only those programs are eligible for approval which:

- (1) Currently provide at least three years of residency education and as of July 1, 1977, provide four years of graduate education following receipt of the M.D. degree. (See regulations of the American Board of Psychiatry and Neurology.¹)
- (2) Are conducted under the sponsorship of a hospital which meets the General Requirements that apply to residency programs in all specialties as outlined in Sections I, II, III, and IV of Accredited Residencies;
- (3) Meet all of the Special Requirements of Residency Training in Psychiatry.

Under rare and unusual circumstances programs of either one year or two years duration may be approved, even though they do not meet all of the General Requirements or all of the Special Requirements for Psychiatry. Such one- or two-year programs will be approved only if they provide some highly specialized educational program of great excellence and outstanding value.

A minimum number (or "critical mass") of residents should be enrolled in a program at all times in order to insure the stimulating educational atmosphere that a good peer group provides. It is impossible to define exactly how many residents constitute the "critical mass" necessary to maintain the vitality of a program and insure a satisfactory educational climate. However, all programs must have at least two trainees in each year of training at all times if the program is to maintain full approval. Failure to recruit any new trainees for two consecutive years will result in disapproval of the program.

II. EDUCATIONAL PROGRAMS

Formal educational activity shall have high priority in the allotment of the resident's time and energies. The clinical responsibilities of residents must not infringe unduly on didactic educational activities and formal instruction.

However, the clinical care of patients is the heart of an adequate program since the chief objective of residency education is the development of a high order of clinical competence in its graduates. The attainment of this chief objective must not be attenuated by the participation of residents in other activities such as hospital administration, ward management, the teaching of other hospital personnel, or research. Nevertheless, residents should obtain adequate and super-

¹The regulations of the American Board of Psychiatry and Neurology, referred to in (1) above state that two patterns of training are acceptable:

1. Prior to entering an approved Psychiatry or Neurology training program, a physician must have completed one year of approved training after receiving the degree of Doctor of Medicine. This year of clinical experience should emphasize internal medicine or pediatrics or family practice.
2. A four-year training program in Psychiatry or in Neurology would be acceptable with the provision that at least one year be spent in an approved program providing direct responsibility for the general medical care of children and/or adults.

vised experience in administration, ward management and teaching (hospital personnel, more junior residents, medical students, etc.).

Residents should also learn about research methodology, and develop the ability to appraise critically professional and scientific literature. Approved programs should provide opportunities for actual participation in clinical or basic research by residents, but, at the same time, research activity should not interfere with the development of clinical competence or residents.

Clinical and didactic teaching must be of sufficient breadth to insure that all residents become thoroughly acquainted with the major methods of diagnosis and treatment of mental illness which are recognized as significant both in this country and abroad.

Didactic instruction must be well organized, thoughtfully integrated, based on sound educational principles, and carried out on a regularly scheduled basis. In a progressive fashion it should expose residents to topics appropriate to their level of training. Systematically organized formal instruction (prepared lectures, seminars, assigned reading, etc.) must be an essential part of the residency. Staff meetings, clinical case conferences, journal clubs, and lectures by visitors are desirable adjuncts, but must not be used as substitutes for an organized didactic curriculum.

The faculty must provide instruction to help the resident develop the ability to interview patients effectively, to perform a comprehensive psychiatric examination and evaluation of mental status, to write histories clearly and in good detail, to produce a meaningful continuous record of the patient's illness, background and course of treatment, and to present or discuss the case in a lucid and thoughtful manner.

All residents must participate to a significant degree in regularly scheduled clinical case conferences in which the resident is responsible for presenting case material and discussing the relevant theoretical and practical issues. A significant proportion of the psychiatrists, psychologists, and other mental health professionals on the full-time faculty should attend these conferences as well as the residents and other personnel who have responsibility for the care of patients.

The curriculum must include adequate and systematic instruction in such basic sciences relevant to psychiatry and neurology, and neuroanatomy, neurophysiology, neuropathology, neurochemistry, pharmacology, genetics, psychopathology, nosology, psychodynamics, and sufficient material from the social and behavioral sciences (such as psychology, anthropology, sociology) to help the resident understand the importance of economic, ethnic, social and cultural factors in mental health and mental illness. The curriculum must also provide a thorough grounding in medical ethics and in the history of psychiatry and its relation to the evolution of modern medicine.

The clinical portion of the curriculum must provide experience in:

- (1) Psychiatric care of adults, children, and adolescents in both inpatient and outpatient settings;
- (2) Clinical psychophysiology or psychosomatic medicine;
- (3) Psychiatric consultation or liaison psychiatry involving patients hospitalized on other clinical services such as pediatrics, medicine, surgery, obstetrics and gynecology;
- (4) Hospital emergency room (or some equivalent experience in emergency care);
- (5) Crisis intervention;
- (6) Community psychiatry;
- (7) Neurology; and
- (8) Forensic psychiatry.

The clinical services must be organized so that residents have basic responsibility for the care of a significant proportion of all patients assigned to them, and so that they have an appropriate amount of supervision by the staff. Resi-

dents must have the major responsibility for the diagnosis and treatment of a reasonable number of patients suffering from all of the major categories of psychiatric illness and ample experience in the diagnosis and management of the more common neurological disorders. They must have experience in the care of patients of both sexes, patients of various ages from childhood to senility, and patients from a wide variety of ethnic, social, and economic backgrounds.

Clinical training must include regularly scheduled individual supervision and teaching rounds. In addition, all programs should provide some scheduled time for residents to pursue individually chosen electives.

The amount and type of basic responsibility for patient care that a resident assumes must increase as the resident advances in training. Responsibility must at all times be commensurate with the resident's abilities and clinical competence.

The training program must include a significant amount of time spent in the care of hospitalized patients. It is recommended that residents devote at least one-third of their resident experience to work with hospitalized patients. It is undesirable for a program to devote more than two-thirds of a resident's time to the care of hospitalized patients.

The number of patients in the care of a resident at any one time must be sufficiently small to permit adequate study and treatment of each patient on an individual basis. At any given time the resident should have primary clinical responsibility for no more than approximately 20 inpatients.

Clinical assignments for residents must provide experience in the continuous care of a significant number of patients (approximately ten) for at least a year or more. A portion (approximately five) of the patients for whom the resident has responsibility for such continuous care must be patients suffering from chronic psychotic illnesses.

A significant amount of the resident's clinical work must involve active collaboration with psychologists, psychiatric nurses, social workers and other professional and para-professional mental health personnel.

Diagnostic skills in psychiatry should include active familiarity with all the generally accepted psychometric techniques and instruments. A reasonable amount of the resident's clinical work must involve the use of the more common psychological test procedures sufficient to give the resident an understanding of the clinical usefulness of these procedures, and the correlation of psychological test findings with clinical data. Under the supervision of a qualified clinical psychologist residents should have some experience in the administration, scoring, and interpretation of the psychological tests in most common use. Some of the experience residents have in administering psychological tests should be with their own patients.

Through the didactic and clinical curriculum, the program must provide all residents with sound instruction and clinical experience in neurology. The psychiatry resident must be able to obtain a thorough history regarding neurological disease, perform a competent neurological examination, make a differential neurological diagnosis, and, under supervision, plan and carry out the treatment of the common, clinically important neurological diseases. This requires a substantial and specific assignment during which each resident has clinical responsibility for the diagnosis and treatment of neurological patients. This requirement is particularly important because of the natural blend of the manifestations of psychiatric illness and neurological disease, and the frequent complications of one by the other.

The curriculum must involve a significant number of clinical conferences and didactic seminars in which psychiatric faculty members collaborate with neurologists, internists, and colleagues from other medical specialties.

The clinical training in community psychiatry should include experience in a community mental health center or some equivalent setting, and consultation to at least one community agency such as a school, court, or police department.

Training in forensic psychiatry must involve more than solely didactic instruction. It should include supervised clinical experiences such as consultative work with judges, attorneys, police, probation officers, and other professionals in the legal field, and, wherever possible, actual experience in courtroom testimony.

All programs must contain substantial didactic education and supervised clinical experience in the inpatient and outpatient treatment of children and adolescents. The resident should gain a thorough understanding of the biological, psychological, social, economic, ethnic and family factors that significantly influence physical and psychological development in infancy, childhood, and adolescence.

III. DIRECTOR OF RESIDENCY PROGRAM AND PARTICIPATING FACULTY

Each residency program must be under the direction of a fully qualified psychiatrist whose primary responsibility on the staff is to maintain an educational program of excellence. The training director should be responsible for maintaining:

- (1) A process for selecting as residents physicians who are personally and professionally suited for training in psychiatry;
- (2) Well-planned and systematic educational activities of excellent quality;
- (3) Regular and systematic evaluation of the progress of each resident, including complete records of evaluations containing explicit statements on the resident's progress and his major strengths and weaknesses;
- (4) A program of regularly scheduled meetings with each resident, of sufficient frequency, length and depth to insure that the resident is continually aware of the quality of his progress toward attainment of professional competence;
- (5) Procedures for helping the resident obtain appropriate help for significant personal or professional problems;
- (6) Procedures for the proper and judicious resolution of problems that occur when a resident's performance does not meet required standards. These procedures should be fair to the resident, the patient under his care, the training program, and to the profession; and
- (7) A written record of the educational responsibilities of all staff and faculty members (whether full-time or part-time) who participate directly in the education of residents, including the nature, frequency, and amount of time involved in the teaching activity of each.

The residency program director must accept only those applicants whose qualifications for residency include sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers. All residents must have continuous review and assessment of their language and other communication skills needed to treat effectively the patients for whom the resident has clinical responsibility during his residency. Appropriate records must be kept regarding the communication skill of all residents and special instruction must be offered, when indicated, in order to assure that every resident develops a high order of competency in communication skills, skills so crucial to developing professional competence in psychiatry.

The residency program should provide its residents with instruction about American culture and subcultures. Many physicians may not be sufficiently familiar with the attitudes, values and social norms prevalent among the various segments of contemporary American life. Therefore, the curriculum should contain instruction about these issues adequate to enable the resident to render competent care to those patients from various cultural backgrounds for whom he has clinical responsibility in the course of his residency.

The residency program director must regularly and continuously make a significant commitment of time to the educational program, and preferably will be a full-time staff member. In any case, the director must be at least a half-time

staff member, must devote a significant number of hours weekly to the residents and their educational program, and should be a board certified psychiatrist, although under unusual circumstances exceptions may be allowed to this latter qualification.

The residency must be staffed by qualified full-time psychiatrists in sufficient numbers to insure constant supervision and consistent instruction. They should be highly competent clinicians and capable, interested teachers in order to assure an educational program of excellence and breadth of view. These teachers must participate regularly and systematically in the training program, and be readily available for consultation whenever a resident is faced with a major therapeutic or diagnostic problem, a clinical emergency, or a crisis in patient care. The part-time faculty must also have specifically designated teaching responsibilities in which they engage with appropriate regularity.

There must be a sufficient variety of competent faculty members to provide the residents with instruction and supervision in all of the major types of therapy including:

- (1) Individual psychotherapy (including some experience in long-term therapy);
- (2) Family therapy;
- (3) Crisis intervention;
- (4) Group therapy;
- (5) Pharmacological therapy;
- (6) Physiological therapies; and
- (7) Selected special techniques such as behavior therapy, hypnosis, biofeedback, etc.

In addition to qualified psychiatrists in appropriate numbers, the faculty should also include representatives of all the other major mental health-related disciplines.

The director of the residency program should have an educational policy committee, composed of members of the teaching staff and including representation from the residents. This committee should participate actively in planning, developing, implementing, and evaluating all significant features of the residency program, including selection of residents, determining goals and objectives of the curriculum, and evaluating both the teaching staff and resident staff.

IV. CLINICAL AND EDUCATIONAL FACILITIES AND RESOURCES

Training programs must have available to them an array of inpatient and outpatient facilities, clinics, agencies and other suitable placements where the residents can participate in the clinical experiences they require to develop competence.

The administrators of the hospital responsible for the program must provide ample space and equipment for educational activities. There must be adequate space and equipment specifically designated for seminars, lectures, and other teaching exercises. Both office space and teaching space for residents must be available in addition to that designated for hospital laboratories, ward care, and the treatment of patients.

All residents must have offices adequate in size and decor to allow them to interview patients in a professional manner. This office space must not be shared by so many people as to interfere with their professional educational experience.

The hospital must also provide adequate and specifically designated facilities in which residents can perform basic physical examinations and other necessary diagnostic procedures.

The program should have available such basic teaching aids as slide projectors, sound film projectors, and the capability for making and playing back video tapes.

The sponsoring institution of an approved residency in psychiatry must provide residents with ready access to a library that contains a substantial number of current basic textbooks in psychiatry, neurology and general medicine, and a sufficient number of the major journals in psychiatry, neurology and medicine, necessary for an educational program of excellence. The library must have the capability of obtaining textbooks and journals on loan from major medical li-

baries, and must be reasonably available to trainees on weekends and during evening hours.

Training in Neurology.—The primary objective of the training program is to train medical neurologists. This training should be based on supervised clinical work with both outpatients and inpatients and should include not only the specific diseases of the nervous system of various age groups, but also the neurological complications of medical and surgical conditions.

There should be organized instruction in anatomy, pathology, physiology, roentgenology, electrodiagnostic, and other clinical diagnostic techniques in relation to the human nervous system. The residents should be kept abreast with the major developments in biochemistry, endocrinology, microbiology, pharmacology, and experimental psychology as applied to clinical neurology. A qualified resident should be provided with the opportunity for investigative activity.

The residents should have instruction and practical experience in a critical and orderly elucidation and recording of clinical histories, in the methods of clinical examination of the patients, and in the techniques and interpretations of various diagnostic procedures, including roentgenologic studies, electroencephalography, electromyography, psychological testing, biochemical methods, and ophthalmological and otological procedures specially pertinent to clinical neurology. They should learn to correlate the information derived from these techniques and from other laboratory tests with the clinical histories and with the data of bedside observation in the differential diagnosis and in the treatment of the affections of the nervous system. It should be emphasized that learning the elaborate instrumentation and technology of special laboratory procedures should not supersede or detract from the acquisition of the essential clinical experience in the observation of the patients.

In addition to the supervised experience with inpatients and outpatients on the neurology service, residents should participate in consultations and other appropriate liaison operations with the medical, surgical, pediatrics, and psychiatric services and their sub-specialties. The neurological outpatient clinics and the consultation services should be supervised by an experienced neurologist, and, where feasible, their activities should be co-ordinated with those of the neurosurgical, pediatric, and psychiatric clinics so that reciprocal consultative services can be readily exchanged between the clinics. There should be an especially close relationship with neurosurgery so that the residents can follow their patients through whatever neurosurgical operations are performed in the hospital.

During their period of training the residents should have experience with problems of child neurology, including the neurological examination of newborns and infants. Particular attention should be paid to the changes incident to growth and development of the child and his nervous system.

It is important that the residents should have sufficient opportunities to acquaint themselves with the content and procedures of physical medicine and rehabilitation services.

The residents in neurology should have organized instructions in the examination of the mental status of patients and should be acquainted with the symptomatology and differential diagnosis of the more frequently encountered psychiatric syndromes, especially those associated with the known and demonstrable lesions of the nervous system. They should be cognizant of the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in the disease process and its clinical expression.

Training in Child Neurology.—Training programs in Child Neurology should be conducted only in a setting where there are approved programs in Pediatrics and must be closely related to a full three-year program in Neurology. Training directors contemplating development of programs in Child

Neurology should review carefully the "Essentials" for Pediatrics and for Neurology, especially as the latter relates to training in sciences basic to Neurology, including for these programs, psychology, the neurology of learning, genetics and embryology.

The required year of Pediatric residency should be designed to provide the candidate with a wide variety of experiences in the care of sick children, including those with mental retardation. Moreover, the program should encompass work in a newborn nursery and experience in problems dealing with growth and development of the normal child and adolescent.

The special training in Child Neurology should provide for increasing responsibility on the part of the resident in the care of children suffering from neurological disease whether primary in the central or peripheral nervous system or related to other disease states. The opportunity for responsible care of such patients is requisite. The patients should be assigned to a Child Neurology service under the supervision of a director who is suitably trained and experienced to direct the work of the residents in patient care and in consultation on patients of other services.

Facilities must be such as to provide experience in electroencephalography, electromyography and neuroradiology as they apply to children. The resident should become skilled in the neurodiagnostic procedures conducted in children.

Although it is assumed that the resident will have gained some insight into the neurosurgical aspects of neurology in his general training, it is expected that the setting for training in Child Neurology will include a neurosurgical service. Similarly, the program director should provide the resident with an opportunity for developing an understanding of the psychiatric aspects of disease in children.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Child Psychiatry

There is a basic core of training necessary for competence in Child Psychiatry, no matter what the eventual area of practice, be it in community child guidance clinics, in university teaching centers, in research, public health, administration, private practice, etc. The basic essential of sound training is a practical, well-rounded learning experience in clinical Child Psychiatry. This training should take place in a medically-directed child psychiatry facility.

The training program should offer a well-balanced patient load, supervised treatment, and diagnostic and consultative work with children and their parents. The supervisors of training should be competent, experienced child psychiatrists. The clinical material with which the fellow-in-training has experience should provide not only a wide range of problems of varying types and degrees of severity but also diversification of age, social-economic status, and sex. Training should include experience in working collaboratively with psychiatric social workers and clinical psychologists. There should be provision for co-operative consultative work with medical facilities for children. There should be opportunity for consultative work with various community child-care agencies. During the training experience, there should be practical and didactic teaching. The areas covered should include the practice of Child Psychiatry with diagnosis and differential diagnosis, psychiatric treatment methods including psychotherapy and collaborative treatment, normal and pathological development, and the literature of the field.

Whenever feasible, the career Child Psychiatrist should receive a block of two years of training in Child Psychiatry

following his two years in general psychiatry. However, to achieve greater flexibility in the sequence of training for the career Child Psychiatrist, and to assist in recruitment, the training experience for a career Child Psychiatrist may be initiated in any of the three years of General Psychiatric residency training provided that the training be full-time, a block of time spent at any one time is not less than six months, and that if a six-month block is chosen it be followed at another time by not less than an 18-month block of full-time training in Child Psychiatry; two separate 12-month full-time blocks in Child Psychiatry may also be chosen.

There are a number of different patterns of psychiatric facilities for children; not all of these can provide the necessary well-rounded two-year program in training. After July 1, 1968, training programs approved in Child Psychiatry must be an integral part of a General Psychiatric training program approved for three years or must have a formal educational affiliation with such a program. The written agreement of such affiliation must be signed by the training directors of both programs, and a copy of it filed with the Executive Secretary-Treasurer of the American Board of Psychiatry and Neurology, Incorporated.

The program in Child Psychiatry should be under the direction of a child psychiatrist in order to maintain its own identity. The current patterns of Child Psychiatry activities and situations providing training would include departments of psychiatry in medical schools, community child guidance clinics, state hospital systems, psychiatric clinics for children which are part of school systems, inpatient treatment services, etc. Some specialized clinical facilities dealing only with preschool children or only with inpatients or with the psychiatric aspects of certain special disease problems, such as cerebral palsy, epilepsy, etc., would not provide an adequate full two-year training experience. Such facilities should attempt through affiliation to provide full, well-rounded training for their trainees.

The training facility should be under the direction of a qualified child psychiatrist and should include qualified and experienced chiefs of psychiatric social work and clinical psychology. There should be such additional Child Psychiatry supervisory and staff personnel as the clinical, teaching, and research needs of the training facility make necessary. There should also be an adequate number of nonprofessional personnel to take care of the clerical and other needs.

There are a number of essential clinical services which must be present in any adequate two-year training program. The referral sources and intake policy for patients should provide for a diversification of case material in regard to age, sex, type, and severity of the clinical problems including mental retardation. The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include both outpatient and inpatient clinical experience and work with families, as well as directly with children and adolescents. A well-balanced patient load must include such medical and psychiatric problems that require familiarity with biological modalities of diagnosis and treatment. There must be intensive experience in working collaboratively with psychiatric social workers and clinical psychologists. For those trainees who have no pediatric background, opportunity for attendance at pediatric rounds, conferences, and in the outpatient service should be provided. For all trainees, there should be experience in consultative work with children and adolescents on pediatric and other children's medical services. There should be opportunities for cooperative consultative work with child care agencies in the community. There should also be opportunities for observational visits to nurseries and other community child care agencies.

There are additional desirable clinical services which should be available. The training program should provide opportuni-

ties for the trainee to utilize community health, welfare, and educational resources to meet the needs of his patients and their parents, should foster some supervised participation in constructive community mental health activities, and provide opportunities for giving talks to PTAs and other groups. Opportunities for the teaching of medical students, nurses, etc., are highly recommended. Wherever possible, some experience in clinical child psychiatric investigation should be fostered, particularly during the second year of training.

There are certain minimal physical facilities essential to an adequate training program. There should be adequately equipped office space providing sufficient privacy for the diagnosis and treatment of children and their parents. Special space and equipment for general physical examinations should be present, or such examinations should be readily available in a nearby medical facility with which adequate liaison has been established. Training clinics should have a good professional library, including the basic text and periodicals, both historical and current, in the field of Child Psychiatry and related fields. There should be an adequate record system.

The core of the training experience lies in the quality of the supervision of the fellow's clinical work. The training supervisor should be competent, engaged in the practice of diagnosis and treatment of children and their parents. He should not only be professionally competent, but should understand the supervisory process. It is desirable in the two-year period that the fellow have experience with more than one supervisor. Each trainee should have at least two hours of supervision per week.

Experience with severe emotional disorders in children and adolescents: The resident should acquire competence in the management of patients under continuing long-term residential care in an inpatient setting. It is desired that the residents have experience with a wide variety of mental disorders, including those with schizophrenia, psychophysiological disorders, and mental retardation, so that they may appreciate the natural course of these conditions.

Practical teaching occurs through regular staff conferences and meetings together of the staff around clinical functions, such as intake, diagnosis, and treatment. Such conferences allow for some didactic teaching and facilitate interdisciplinary communication. The fellow-in-training should be required to attend such conferences. Didactic teaching in the training program can take place through seminars or in other ways. The areas to be covered should include the principles and practice of Child Psychiatry, diagnosis, psychotherapy, the collaborative treatment of the child and his family, the roles and specific contributions of the psychiatric social worker and clinical psychologist, the literature of the field, normal and deviant personality development, and special diagnostic and treatment techniques, etc. Since the areas of practice in Child Psychiatry are manifold, child psychiatric activities take place in a number of different settings and under a number of different administrative auspices. These include university teaching centers, community child guidance clinics, private practice, public health, state hospital systems (inpatient, outpatient clinics, and state-wide administration), consultative work with various types of special disease problems such as cerebral palsy, epilepsy, or pediatric services, and in the teaching of the principles of Child Psychiatry to non-psychiatric medical practitioners, in courts and school systems. It is a part of the obligation of the training center to make sure that a trainee who has already selected his area of activity in Child Psychiatry gets some teaching in the areas of administration, etc., which would be appropriate.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

22. Special Requirements for Residency Training in Radiology, Diagnostic Radiology, and Therapeutic Radiology Radiology

"Effective July 1, 1976, no applications for approval of new residency programs in general radiology will be accepted. Effective July 1, 1979, the approval of all programs in general radiology will be withdrawn. No new residents are to be appointed in approved general radiology programs to first-year positions after July 1, 1976; to second-year positions after July 1, 1977; and to third-year positions after July 1, 1978."

Residencies of three years' duration should provide training in all divisions of the specialty: diagnostic roentgenology, therapeutic radiology (including therapy by means of radium or one of its substitutes), and nuclear medicine.

The training should be systematic and progressive in character with gradual assignment of responsibility. It should also include an active participation in radiologic conferences, staff meetings and joint conferences with other departments.

During the three-year period of training, the resident will spend 24 months in diagnostic roentgenology and 12 months in therapeutic radiology. It is expected that during this time the resident will receive instruction in diagnostic and therapeutic nuclear medicine, in radiation physics, in health physics and protection, in radiation biology, in pathology, in the pertinent areas of electrical engineering, in special as well as the more common diagnostic roentgenologic procedures and in the use of all accepted modalities of radiation therapy.

The radiologic training in the organ systems should be on a plane that requires the resident to become conversant with physiology of the normal individual and the pathologic physiology of disease. This should include knowledge of the biological and pharmacological action of contrast media and other drugs used in radiologic procedures.

In view of the importance of pathology as a basis for radiologic diagnosis and therapy, stress should be placed on its study. Credit will be given for pathology up to a maximum of three months. The pathology may be taught concurrently throughout the three years or as a separate full-time assignment. Instruction in radiation physics and radiobiology may run concurrently with part or all of the training program.

The relationship of the radiology department to residencies in other fields is stated in Sections 1 and 2 of these Essentials.

Quantitative Requirements.—In residencies covering the entire field of radiology, it is desirable that there be a minimum of 20,000 roentgenographic examinations per year (which include a satisfactory spread of examinations in various systems) and a minimum of 1,500 radiotherapeutic procedures related to cancer (which include at least superficial and orthovoltage therapy). Experience with a variety of surface, intracavitary and interstitial treatments by means of radioactive substances must be provided. The caliber of the training program in a fairly wide field is of more importance than the exact number of examinations and treatments.

Applied Basic Science Instructions.—In the applied basic sciences, emphasis should be placed on instruction in pathological anatomy, physiology, radiation physics and radiobiology. Such work should be closely related with clinical experience.

Diagnostic Radiology

The residency in diagnostic radiology should provide advanced training in the diagnostic aspects of the field of radiology with the intent of producing a highly trained clinical specialist. The scientific environment in which the training occurs should be sufficiently broad to permit experience in the fields of research and teaching as it concerns diagnostic radiology.

Definition.—Diagnostic radiology is understood to encompass all aspects of roentgen diagnosis as well as diag-

nostic applications of nuclear medicine.

Duration of Training Period.—The minimal training period in diagnostic radiology shall be three years. It shall provide a program of graded study, experience and responsibility in all facets of roentgen diagnosis, clinical applications of diagnostic nuclear medicine and health physics and protection.

Institutional Requirements.—The institution offering a residency in diagnostic radiology should be of such size and composition as to be able to provide ample clinical material for training purposes. The program should provide adequate opportunity for the trainee to participate in and personally perform neuroradiologic, cardiovascular and other specialized roentgen diagnostic studies.

Departmental Requirements.—**STAFF.**—The attending staff has the responsibility to insure a system of graded experience commensurate with the level of training. Increasing resident responsibility in respect to patient care should be an important feature of the training period. While various functions of the resident training program may be delegated to one or several members of the attending staff, the training program should be under the supervision of a full-time staff member who is recognized as a specialist in radiology or diagnostic radiology.

Education Requirements of the Residency:

(1) One full-time radiologist per each two residents in training would seem to provide adequate opportunity for teaching and supervision.

(2) The residency program should be so planned that residents receive adequate instruction and individual training in all of the diagnostic subspecialties, as well as health physics and protection, radiation therapy and pathology.

Formal instruction in physics and radiobiology, and experience in diagnostic nuclear medicine are required.

(3) It is important that appropriate emphasis be placed on the necessity for correlated teaching rounds or conferences. The number of such teaching rounds should include at least one weekly conference for each of the major clinical departments. In addition, there should be frequent intra-departmental teaching conferences.

(4) **Research.**—It is expected that the resident participate in the research opportunities of the department. This is perhaps best accomplished by the assignment of the resident for a specific period to the research facilities of the department.

(5) **Library Facilities.**—A departmental library is essential and must contain a sufficient variety of texts and journals to meet the needs of the various levels of resident training. There should also be easy access to a general library.

(6) **Teaching-Film Museum.**—A film museum indexed, coded and currently maintained with continuing follow-up should be available for resident use.

A well-balanced educational program at this level requires diversity of clinical material, continuous clinical teaching and an active investigative and research effort.

Diagnostic Radiology With Special Competence In Nuclear Radiology

This program is designed to offer training in diagnostic radiology and its subspecialties, and also in the diagnostic procedures which comprise nuclear radiology.

Definition: Nuclear radiology is defined as a clinical subspecialty of radiology involving the imaging by external detection of the distribution of radionuclides in the body for the diagnosis of disease.

Duration of the Training Period: The training period in diagnostic radiology with special competence in nuclear radiology shall be four years of approved postgraduate training, three years of which must be spent in residency training comprising at least twenty-four months of diagnostic radiology and its subspecialties and twelve months in nuclear radiology. The training shall provide a program of graded study, experi-

ence and responsibility in all facets of roentgen diagnosis, medical nuclear and diagnostic radiologic physics, radiobiology, health physics and protection, medical nuclear instrumentation, radiopharmaceutical chemistry and instrumentation, and the clinical applications of nuclear radiology.

Institutional Requirements: The institution offering a residency in diagnostic radiology with special competence in nuclear radiology must also be approved to offer training in diagnostic radiology. It must further provide adequate opportunity for the trainee to participate in and personally perform a broad range of nuclear radiologic procedures. The institution should thus provide no less than 3,000 nuclear imaging procedures per year, including a satisfactory spread of examinations in various systems.

Departmental Requirements: All those requirements which pertain to residencies in diagnostic radiology shall also apply to programs in diagnostic radiology with special competence in nuclear radiology. In addition, the nuclear radiology portion of the program should be under the supervision of a full-time staff member who is recognized as a specialist in nuclear radiology, and there should be available both stationary (camera) and moving (scanner) nuclear imaging systems.

Educational Requirements of the Residency:

- (1) One full-time nuclear radiologist per each two residents in training would seem to provide adequate opportunity for teaching and supervision.
- (2) The residency program should be so planned that residents receive adequate instruction and individual training in all of the diagnostic subspecialties, in nuclear radiology, and in health physics and protection and pathology.

Formal instruction in diagnostic radiologic and medical nuclear physics, radiobiology, and radiopharmaceutical chemistry are required.

- (3) It is important that appropriate emphasis be placed on the value of teaching rounds and conferences, which should include at least one weekly conference with each of the major specialties in the institution. In addition, there should be frequent intradepartmental teaching conferences including both diagnostic and nuclear radiologic subjects.
- (4) Research—It is expected that the resident participate in the research opportunities of the department. This is perhaps best accomplished by the assignment of the resident for a specific period to the diagnostic or nuclear radiologic research facilities of the department.
- (5) Library Facilities—A departmental library is essential and must contain a sufficient variety of texts and journals in both the radiologic and nuclear fields to meet the needs of the various levels of resident training. There should also be easy access to a general library. Suitable areas for independent work and study should be available for the use of the residents.
- (6) Teaching-Film Museum—A film museum containing both diagnostic and nuclear radiologic subjects indexed, coded, and currently maintained with continuing follow-up should be available for resident use.

A well-balanced educational program at this level requires a diversity of clinical material, continuous clinical teaching and an active investigative and research effort both in diagnostic and in nuclear fields.

Pediatric Radiology

The residency in pediatric radiology should provide advanced and continuous training in the application of diagnostic radiology to the newborn, infant, and child for the purpose of producing a highly trained clinical specialist. Pediatric radiation therapy is not an essential component. A well-balanced educational program requires a diversity of clinical material, continuous clinical training, and an active investigative and research effort.

Definition: Pediatric radiology is understood to be a segment of diagnostic radiology encompassing the same fundamentals of radiation physics and radiation protection, and the same deductive and inductive reasoning processes, but directed at the special problems of disordered physiology, pathology, and matters of health maintenance as they occur in the growing child.

Duration of Training Period: The minimal training period is three years comprising twenty-four months in diagnostic radiology, and twelve continuous months in pediatric radiology. The training in diagnostic radiology must precede the pediatric experience and include all facets of roentgen diagnosis, the clinical applications of diagnostic nuclear medicine, radiobiology, physics, and protection. It may include up to six months of pediatric radiology.

Institutional Requirements: The institution offering training in pediatric radiology may or may not be the same in which the resident obtains his initial diagnostic radiology training. It may be an entirely separate institution. In any case, the clinical material in pediatrics must be of such volume and composition as to provide ample clinical experience with the broad diversity of pediatrics. To qualify, the institution should have a full-time staff in general pediatrics, pediatric surgery, pediatric cardiology and pathology as a minimum. There should also be an AMA approved residency training program in pediatrics.

Departmental Requirements: Staff: The attending staff should comprise at least two full-time radiologists devoting themselves to pediatric radiology. The staff shall have control of adequate technical facilities devoted primarily to children's radiology. One radiologist should be designated as director of the training program in pediatric radiology. Whenever possible, more than one resident should be in training in addition to other residents who may rotate through the department for shorter time periods.

Educational Requirements for the Residency:

(1) The same basic instruction is required in pediatric radiology as in diagnostic radiology. The only difference is that the program allows concentration on pediatric rather than adult medical problems. If the program integrates experience at two separate institutions, careful planning so as to include formal instruction in radiation physics, protection, radiobiology and experience in diagnostic nuclear medicine must be assured.

(2) Increasing resident responsibility in respect to patient care should be an important feature of the training period in pediatric as well as diagnostic radiology.

(3) It is important that appropriate emphasis be placed on the value of teaching rounds and conferences, which should include at least one weekly conference with each of the major pediatric specialties in the institution. In addition, there should be frequent intra-departmental teaching conferences.

(4) A departmental library is essential and must contain sufficient variety of texts and journals to cover both general pediatrics and pediatric radiology.

(5) A film museum indexed, coded, and currently maintained should be available for resident use.

(6) Suitable areas for independent work and study should be available for the use of the residents.

Therapeutic Radiology

Purpose of Residency in Therapeutic Radiology.—The practice of therapeutic radiology is, in major degree, the management of patients with malignant disease with special competence in the therapeutic use of ionizing radiation. The residency program in this specialty should be designed to give the residents:

(1) Experience in the actual use of all accepted common modalities of radiation therapy of the various types and locations of cancer.

(2) Knowledge of diagnostic radiology and the basic sci-

ences related to radiation therapy and malignant disease.

(3) General knowledge of the techniques, methods and results of other forms of cancer managements so that he may be able to assess the merits of all methods of treatment of malignant disease.

Duration of Training Period.—The minimal training period in therapeutic radiology shall be three years.

General Requirements.—The caliber of all facets of the training program is of extreme importance. Guides to be used for approval of such a training program in therapeutic radiology follow:

(1) **INSTITUTIONAL REQUIREMENTS:** The institution offering the residency should have active programs in cancer surgery and cancer chemotherapy as well as in radiotherapy. The institution should have a tumor registry. The institution applying for approval will be expected to fulfill the requirements without recourse to establishing affiliated programs with other institutions.

(2) **DEPARTMENTAL REQUIREMENTS:**

(a) The training program should be under the supervision of a full-time radiologist who is recognized as a specialist in radiation therapy.

(b) The department should be staffed so that full-time supervision may be given to the resident. There should be at least one staff radiotherapist per each three residents in training.

(c) A full-time radiological physicist must be available.

(d) Experience in all of the major modalities of radiotherapy must be provided. These include superficial, orthovoltage and supervoltage teletherapy, interstitial and intracavitary gamma-ray therapy and therapeutic nuclear medicine.

(e) Patient material should be of sufficient magnitude to provide a broad experience in the actual treatment and follow-up of the various types of cancer amenable to radiation therapy. Departments which specialize in the treatment of cancer in certain anatomic areas to the practical exclusion of other areas do not provide a well-rounded program for training in the entire field.

(f) The radiotherapist should be in control of his inpatient service and out-patient clinic.

(3) **ALLIED BASIC SCIENCES:** Allied basic sciences pertinent to the radiation therapy include radiation physics, radiation biology, pathology with emphasis on neoplasia, and medical statistics.

It is suggested that the resident be assigned for a six-month period to the department of Pathology on a full-time basis.

Radiation physics and radiation biology may be taught in the form of didactic lectures, seminars, and practical laboratory exercises.

(4) **ALLIED CLINICAL FIELDS:** Paramount allied clinical fields are diagnostic radiology, cancer surgery and cancer chemotherapy. The resident should become familiar with the methods, techniques and results in these fields. These may be done by regular attendance at tumor conferences, departmental conferences and/or by actual assignment.

(5) **RESEARCH:** The resident should participate in research opportunities either at the clinical level or in one of the allied basic sciences. At least one research project should be completed and certified to by the program director.

It should be emphasized that the above recommendations provide only minimal standards.

The American Board of Radiology certifies physicians in the entire field of radiology including nuclear medicine, diagnostic radiology and therapeutic radiology.

An applicant for the examination in any radiologic field must have completed, after an approved internship, a period of study of at least three years in a department approved for

radiologic training, followed by one year of additional experience (practice, training or research) in radiology or allied sciences.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

23. Special Requirements for Residency Training in Thoracic Surgery

A thoracic surgical residency is a graduate education program designed to give the resident a broad clinical experience in pulmonary, esophageal, mediastinal, chest wall, diaphragmatic and cardiovascular disorders. Although operative experience constitutes the important aspect of the program, the experience should include the correlation of the pathologic, physiologic and diagnostic aspects of disorders encountered in this specialty.

The program must be of two or more years' duration. The resident must assume 12 months of senior responsibility for both the pre-operative evaluation and the operative and post-operative care of patients with thoracic and cardiovascular disease. The Program Director must provide adequate independent operating and clinical experience for the residents.

It is desirable that the resident complete the requirements for the American Board of Surgery before the two years of training in thoracic surgery. Rotations constituting the first year of thoracic training must be on a clearly defined thoracic surgical service for periods not shorter than 3 months, and at an advanced level of general surgical training. The last 12 months must be served consecutively on the cardi thoracic surgery service.

The scope of thoracic surgery is so broad that two years is a minimal period needed for training a thoracic surgeon. The encroachment on this time by laboratory investigation is no longer permitted. Training in non-surgical areas such as cardiac catheterization or pulmonary function cannot exceed 3 months of the two year program and is likely to be an acceptable substitute for surgical experience only when the remainder of the program provides abundant surgical experience.

Affiliations with other institutions may sometimes be desirable in order to give the resident a well-rounded experience. In case this is done, it is the responsibility of the Program Director to see that the educational environment, the clinical material and the concept of progressive surgical responsibility is scrupulously followed by the affiliated institution. Segments of the training program in affiliated institutions which are to be considered as part of the 24-month requirement must be approved by the Residency Review Committee.

Programs or parts of programs which give the resident simultaneous responsibility for thoracic and general surgical patients are not acceptable.

The residents, on completion of the program, are expected to be clinically proficient and surgically adept in the care of patients with pulmonary, esophageal, chest wall, diaphragmatic and cardiovascular disorders as well as cardiac and respiratory support systems. This must include related diagnostic procedures such as bronchoscopy, esophagoscopy, and roentgen ray interpretation. The Program Director is responsible for certifying to the American Board of Thoracic Surgery that the resident, after his training, has had a broad surgical experience in all aspects of the specialty, and that the resident is a skilled clinical and technical thoracic and cardiovascular surgeon. Since the endorsement by the Program Director carries as much weight in the certifying process as the examination given by the American Board of Thoracic Surgery, it is imperative that the Program Director carefully select applicants for his program, that he monitor their progress, and that he eliminate those residents from the program who do not measure up to the high standards of performance

expected of a surgeon eligible for the examination by the American Board of Thoracic Surgery.

It is the responsibility of the Program Director to see that the resident keeps accurate records of his operative experience, and that these be recorded on the appropriate forms sent to him by the Residency Review Committee.

The accuracy and completeness of the program application forms required by the Residency Review Committee are the responsibility of the Program Director. A comprehensive evaluation of a program cannot be completed without detailed information as requested by the Residency Review Committee. In the case of a new program, action by the Residency Review Committee will be deferred until the required information is furnished. In other applications the failure to furnish the required information and to complete the application form will be considered in the overall evaluation of the program.

One measure of the quality of a program may be the performance of its graduates on the examinations of the American Board of Thoracic Surgery.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

24. Special Requirements for Residency Training in Urology

Residency instruction in urology should be systematic and progressive in character to the end that adequate training may be obtained in diagnosis, therapy, cystoscopic examinations, pyelography, and operative procedures, all under the supervision of a well-qualified urologist. Such a progressive type of instruction predicates continuity of supervision by the Head or Chief of Service for a sufficient number of years, which ideally constitutes a length of service of three to five years or longer, to assure stability in the direction of the educational program. The position of Chief of Service should not be an honorary appointment but should be held by the urologist best fitted for this responsibility. The urologic staff should be composed of urologists who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated Head or Chief of Service responsible for the quality of work done in the department. The members of the staff should have a real interest in teaching

and the welfare of the residents and must be willing to give the time and effort required by the educational program. Teaching rounds and departmental conferences are essential for systematic clinical instruction. As preliminary training for residencies in urology, the Residency Review Committee recommends one year of internship and one year of training at the graduate level in surgery, medicine, or a related basic science. It is acceptable that any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

The department must provide adequate facilities for surgery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics.

Quantitative Requirements.—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

Applied Basic Science Instruction.—Instruction in the applied basic sciences can readily be integrated with the clinical experience. This should be supplemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

SPECIAL NOTE: Certain sections of the "Essentials of Accredited Residencies" have been renumbered, and now precede the section on "Special Requirements." These include: II. Personal Record; III. Miscellaneous; IV. Recording of Credit.

Requirements for Certification

AMERICAN SPECIALTY BOARDS

The Council on Medical Education of the American Medical Association and the American Board of Medical Specialties (formerly the Advisory Board for Medical Specialties) have now approved 20 primary and 2 conjoint examining and certifying boards on the basis of minimal standards listed in the "Essentials for Approval of Examining Boards in Medical Specialties."

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid the Council on Medical Education of the American Medical Association in evaluating residencies, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, nor a license to practice medicine or a specialty. The boards do not in any way interfere with or limit the professional activities of a licensed physician, nor do they desire to interfere in the regular or legitimate duties of any practitioners of medicine.

Table 1 has been assembled primarily as an aid to graduates of foreign medical schools, to indicate that each specialty board, under certain conditions, will accept the foreign graduate. The Table is incomplete, however, as the varying requirements of the board cannot be shown in detail.

Most of the American specialty boards publish at intervals booklets listing their officers and containing statements on the requirements for certification. This information is also included for each board in the Directory of Medical Specialists described below and in the following pages of the *Directory of Accredited Residencies*.

In the following pages of this Directory, information is published, with the consent of each board, on its requirements for certification, for the convenience of physicians planning to seek certification. Any specific inquiry, however, concerning certification by a specialty board should be addressed to the appropriate official whose name and address are listed in Table 4.

As indicated at the bottom of Table 1, several of the boards certify candidates in subspecialties and/or areas of special competence, in addition to certifying them in the primary field of a specialty.

In Table 2, on the following page, the total number of certificates issued by each of the approved examining boards in a medical specialty has been listed in bold-face type. Below that line of type, for a number of boards, are listed the subspecialties and/or areas of special competence in which the board also examines candidates.

For some boards, the listings in italics cover the fields in which the board grants primary certification, for example the various fields listed under the American Board of Pathology and the American Board of Preventive Medicine; for other boards, the listings in italics are of certification in subspecialties or areas of special competence and are in addition to the number of primary certificates listed in bold-face type. The italic listings under the American Board of Internal Medicine and the American Board of Pediatrics are of this type.

The listings of the American Board of Psychiatry and Neurology are a combination—the certificates in Psychiatry, Neurology, Child Neurology, and Psychiatry and Neurology make the total number of certificates issued by the Board; the certificates in Child Psychiatry are issued to persons already certified in Psychiatry, and in that sense represent a subcertification. In a few cases, the listings in italics indicate special certificates issued some years ago to persons whose primary certification is included in the total certificates issued by the Board.

TABLE 1.—Summary of American Specialty Board Requirements

Specialty Board	Graduates of U.S., Canadian or Puerto Rican Schools				Foreign Medical Graduates Special or Additional Requirements				All Graduates							
	License to Practice	Approved Internship or Other Prerequisite	Years of Residency or Other Formal Training	Years of Practice or Other Special Activities	Periods of Credit in Related Fields	Credit for Military Service	Alternate Plans for Training	Osteopathy Eligible for Certification	Accepted under Certain Conditions	Board Accepts Screening by Nat. Bd. Med. Exam., ECFMG, or Other Method	Special Certificate or Statement Granted	Standard Certificate Granted	Initial Application or Registration Fee	Total Fees	Stated Limitations (years) on Applicant's Eligibility ^a	
AMERICAN BOARD OF:																
Allergy and Immunology	x	x	2					x	x	x	x	x	750	750		
Anesthesiology	x	x	3-4	2-0			x	x	x	x	x	x	125	325	7	
Colon and Rectal Surgery	x	x	1-2				x	x	x	x	x	x	75	350	3	
Dermatology	x	x	3	1/2			x	x	x	x	x	x	450	450	3	
Family Practice	x	x	3	3		x	x	x	x	x	x	x	50	350	2	
Internal Medicine ¹	x	x	3		x		x	x	x	x	x	x	250	250		
Neurological Surgery	x	x	4	2								x	50	425		
Nuclear Medicine	x	x	2-3					x	x	x	x	x	300	300		
Obstetrics and Gynecology	x	x	4	2				x	x	x	x	x	50	450	2	
Ophthalmology	x	x	3					x	x	x	x	x	200	350		
Orthopedic Surgery	x	x	4	1	x	x		x	x	x	x	x	50	400	3	
Otolaryngology	x	x	4					x	x	x	x	x	250	500	3	
Pathology	x	x	3-4	1	x	x	x	x	x	x	x	x	450	450	3	
Pediatrics ²	x	x	3	2	x	x		x	x	x	x	x	300	450		
Physical Medicine and Rehabilitation	x	x	3	1	x			x	x	x	x	x	250	450	1	
Plastic Surgery	x	x	5		x	x	x	x	x	x	x	x	250	500	5	
Preventive Medicine	x	x	3	1	x	x		x	x	x	x	x	100	400	3	
Psychiatry and Neurology ³	x	x	5		x		x	x	x	x	x	x	135	425	1	
Radiology	x	x	4					x	x	x	x	x	350	350		
Surgery ⁴	x	x	4			x		x	x	x	x	x	100	400	5	
Thoracic Surgery ⁴	x	x	2		x			x	x	x	x	x	50	450	3	
Urology	x	x	4	1 1/2	x	x			x	x	x	x	250	500		

1. Also certifies in the subspecialties of Cardiovascular Disease, Endocrinology and Metabolism, Gastroenterology, Hematology, Infectious Disease, Nephrology, Medical Oncology, Pulmonary Disease, Rheumatology.
2. Also certifies in subspecialties or special areas of Pediatric Cardiology, Pediatric Hematology-Oncology, Pediatric Nephrology, Pediatric Endocrinology, and Neonatal-Perinatal Medicine.
3. Also certifies in Child Neurology and subspecialty of Child Psychiatry.
4. Certification by American Board of Surgery prerequisite.
5. Also grants Certificate of Special Competence in Pediatric Surgery.
6. Applicant is considered "Board eligible" only for number of years indicated; thereafter, new application must be submitted.

NOTE: In this table, those items are marked "X" on which the Board makes specific statement. In most instances, there are additional qualifying statements not indicated in this table. In all instances, refer for details to the board requirements which follow. While all boards may accept the foreign medical graduate under certain circumstances, they do not all specify that ECFMG certification is required. ALL FOREIGN GRADUATES WHO CONTEMPLATE SPECIALTY BOARD CERTIFICATION SHOULD CORRESPOND WITH THE APPROPRIATE BOARD AT THE EARLIEST POSSIBLE MOMENT.

REQUIREMENTS FOR CERTIFICATION

Table 2. Approved Examining Boards in Medical Specialties

Name of Board	Prior to 1976	Certificates Awarded During 1976	Total 12/31/76	Active Certificates as of December 31, 1976†	Year Board Was Activated
American Board of Allergy and Immunology*	1,581	—	1,581	1,278	1971
American Board of Anesthesiology	7,528	497	8,025	6,809	1937
American Board of Colon and Rectal Surgery	565	29	594	456	1949
American Board of Dermatology	4,113	271	4,384	3,217	1932
American Board of Family Practice	8,782	2,276	11,058	8,412	1969
American Board of Internal Medicine	37,089	3,971	41,040	32,402	1936
<i>Allergy and Immunology</i>	301	—	301		
<i>Cardiovascular Disease</i>	3,092	20	3,112		
<i>Endocrinology & Metabolism</i>	738	—	738		
<i>Gastroenterology</i>	1,594	—	1,594		
<i>Hematology</i>	855	345	1,200		
<i>Infectious Disease</i>	259	181	440		
<i>Medical Oncology</i>	727	—	727		
<i>Nephrology</i>	601	339	940		
<i>Pulmonary Disease</i>	1,014	368	1,382		
<i>Rheumatology</i>	394	189	583		
American Board of Neurological Surgery	2,099	179	2,278	1,852	1940
American Board of Nuclear Medicine**	2,084	690	2,774	1,950	1972
American Board of Obstetrics and Gynecology	15,781	909	16,670	13,420	1930
<i>Gynecology</i>	15	—	15		
<i>Obstetrics</i>	24	—	24		
American Board of Ophthalmology	9,954	749	10,703	7,831	1916
American Board of Orthopedic Surgery	9,555	524	10,079	8,273	1934
American Board of Otolaryngology	8,498	286	8,784	5,034	1924
<i>Endoscopy</i>	4	—	4		
American Board of Pathology	12,993	828	13,821	9,298	1936
<i>Anatomic Pathology</i>	4,755	100	4,855		
<i>Anatomic Pathology and Medical Microbiology</i>	—	2	2		
<i>Anatomic Pathology and Clinical Pathology</i>	5,017	448	5,460		
<i>Anatomic Pathology and Forensic Pathology</i>	15	9	24		
<i>Anatomic Pathology and Neuropathology</i>	61	9	70		
<i>Chemical Pathology</i>	38	17	55		
<i>Medical Microbiology</i>	43	13	56		
<i>Medical Microbiology and Medical Chemistry</i>	1	—	1		
<i>Clinical Pathology</i>	2,075	43	2,118		
<i>Dermatopathology</i>	53	40	129		
<i>Forensic Pathology</i>	297	21	318		
<i>Radi isotopic Pathology</i>	183	27	210		
<i>Hematology</i>	78	46	124		
<i>Anatomic Pathology/Hematology</i>	—	1	1		
<i>Clinical Pathology/Hematology</i>	2	1	3		
<i>Neuropathology</i>	153	11	164		
<i>Anatomical, Clinical, and Forensic Pathology</i>	6	3	9		
<i>Blood Banking</i>	186	35	221		
<i>Clinical Pathology/Blood Banking</i>	—	1	1		
American Board of Pediatrics	18,855	1,182	20,037	16,373	1933
<i>Pediatric Allergy</i>	363	—	363		
<i>Pediatric Cardiology</i>	397	—	397		
<i>Pediatric Hematology/Oncology</i>	211	86	297		
<i>Neonatal/Perinatal Medicine</i>	355	—	355		
<i>Pediatric Nephrology</i>	120	61	181		
American Board of Physical Medicine and Rehabilitation	1,163	68	1,231	1,007	1947
American Board of Plastic Surgery	1,573	167	1,740	1,524	1937
American Board of Preventive Medicine	3,495	90	3,585	2,456	
<i>Aerospace Medicine</i>	711	13	724		
<i>Occupational Medicine</i>	691	19	710		
<i>Public Health</i>	1,775	14	1,789		
<i>General Preventive Medicine</i>	318	44	362		
American Board of Psychiatry and Neurology	14,511	1,389	15,910	12,861	
<i>Psychiatry</i>	11,636	1,086	12,722		
<i>Neurology</i>	1,779	283	2,062		
<i>Child Neurology</i>	97	30	127		
<i>Psychiatry & Neurology</i>	999	—	999		
<i>Child Psychiatry</i>	863	76	939		
American Board of Radiology	16,673	1,091	17,764	13,335	1934
<i>Diagnostic Roentgenology</i>	934	—	934		
<i>Diagnostic Radiology</i>	3,018	704	3,722		
<i>Medical Nuclear Physics</i>	19	4	23		
<i>Radiological Physics</i>	156	28	184		
<i>Radiology</i>	10,487	158	10,625		
<i>Radium Therapy</i>	8	—	8		
<i>Diagnostic Radiological Physics</i>	7	3	10		
<i>Roentgen Ray and Gamma Ray Physics</i>	14	—	14		
<i>X-Ray and Radium Physics</i>	21	—	21		
<i>Roentgenology</i>	1,018	—	1,018		
<i>Therapeutic Radiology</i>	860	122	982		
<i>Therapeutic Roentgenology</i>	5	—	5		
<i>Therapeutic Radiological Physics</i>	23	18	41		
<i>Therapeutic & Diag. Radiological Physics</i>	9	4	13		
<i>Diagnostic Radiology with Special Competence in Nuclear Radiology</i>	114	50	164		
American Board of Surgery	22,681	790	23,471	19,339	1937
<i>Pediatric Surgery</i>	231	70	301		
American Board of Thoracic Surgery	3,150	160	3,310	2,954	
American Board of Urology	5,445	493	5,938	4,825	
Totals	208,128	18,649	224,777	174,904	

*A conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics.

**A conjoint board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology.

NOTE: In the above table, the total number of primary certificates issued by each Board is shown in bold-face type along with the name of the Board. Under the names of certain Boards are listed in *italics* the number of certificates issued for areas of training under the jurisdiction of that Board. In some instances, the number of certificates issued indicates areas of specialization, and the numbers listed for these areas make up the total certificates issued; in other instances, the areas are those of subspecialization, and diplomates in these disciplines will have received certificates in the subspecialty area in addition to their primary certification by these Boards.

†Totals do not include physicians permanently located outside the United States and Possessions; also excludes certificates issued to physicians currently listed with APO and FPO addresses or whose addresses were unknown. Information on "Active Certificates" taken from data in AMA Center for Health Services Research and Development; totals may differ from data in Board offices because of variations in criteria for listing and in individual reporting of status.

Table 3 shows that, during the calendar year 1976, there were 20 approved primary boards and 2 conjoint boards. The boards issued 16,649 certificates, bringing the total number issued at December 31, 1976, to 224,777 certificates.

The Directory of Medical Specialists, compiled by the American Board of Medical Specialties and published by Marquis-Who's Who, Chicago, contains biographical and educational information on each living specialist (including those retired from practice) who had been certified by an examining board approved by the American Medical Association. Executive Director of the American Board of Medical Specialties is Glen R. Leymaster, M.D., 1603 Orrington Avenue, Evanston, Illinois, 60201.

The American Board of Medical Specialties is actively concerned with the establishment, maintenance, and elevation of standards for the education and qualification of physicians recognized as specialists through the certification procedures of its member specialty boards. As a corollary, the American Board of Medical Specialties cooperates actively with all other groups concerned in establishing standards, policies, and procedures for assuring the maintenance of continued competence of such physicians.

The American Board and the Council on Medical Education of the American Medical Association, through the Liaison Committee for Specialty Boards, jointly issue the "Essentials for Approval of Examining Boards in Medical Specialties," which document is approved by the House of Delegates of

TABLE 3.—Annual Specialty Board Certification, 1957-1976

Year Ending:	No. of Boards in Existence	Number of Certificates Issued	Cumulative Totals
1957 (June 30)	19	5,424	69,151
1958 (June 30)	19	3,970	73,121
1959 (June 30)	19	4,306	77,427
1960 (June 30)	19	3,985	81,408
1961 (June 30)	19	4,234	85,642
1962 (June 30)	19	4,826	90,468
1963 (June 30)	19	5,376	95,844
1964 (June 30)	19	5,598	101,442
1965 (June 30)	19	5,386	106,827
1966 (June 30)	19	5,852	112,679
1967 (June 30)	19	5,987	118,666
1968 (June 30)	19	6,555**	125,221**
1969 (June 30)	20	6,296*	131,517
1969 (December)	20	3,695*	135,212
1970 (December)	22	9,126**	144,338**
1971 (December)	22	8,093**	153,331**
1972 (December)	22	13,832	167,163
1973 (December)	22	12,099	179,262**
1974 (December)	22	13,678	193,940**
1975 (December)	22	14,473	208,413
1976 (December)	22	16,649	224,777

*Covers 6 months, June-December, 1969.

**Adjusted following final report.

the American Medical Association. Copies of the "Essentials" may be obtained from the Executive Director of the American Board of Medical Specialties or from the Department of Graduate Medical Education, American Medical Association, Chicago, Illinois, 60610.

TABLE 4.—Names of Corresponding Officers of Approved Specialty Boards

Name of Board	Corresponding Officer	Address	Telephone No.
American Board of Allergy and Immunology (a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics)	Herbert C. Mansmann, Jr., M.D. Executive Secretary	3930 Chestnut Street Philadelphia, Pa. 19104	(215) 349-9466
American Board of Anesthesiology	E.S. Siker, M.D. Secretary-Treasurer	100 Constitution Plaza Hartford, Conn. 06103	(203) 522-9857
American Board of Colon and Rectal Surgery	Norman D. Nigro, M.D. Secretary	615 Griswold, Suite 516 Detroit, Mich. 48226	(313) 961-7880
American Board of Dermatology	Clarence S. Livingood, M.D. Executive Director	Henry Ford Hospital Detroit, Mich. 48202	(313) 871-8739
American Board of Family Practice	Nicholas J. Pisacano, M.D. Executive Director and Secretary	University of Kentucky Medical Ctr. Lexington, Ky. 40506	(606) 255-2237 (606) 233-4427
American Board of Internal Medicine	John A. Benson, Jr., M.D. President	3930 Chestnut Street, Registration Dept. Philadelphia, Pa. 19104	(215) 386-7551
American Board of Neurological Surgery	Robert B. King, M.D. Secretary-Treasurer	750 East Adams Street Syracuse, N.Y. 13210	(315) 473-4470
American Board of Nuclear Medicine (a conjoint board of the American Board of Internal Medicine, American Board of Pathology, and American Board of Radiology)	S. James Adelstein, M.D. Secretary	475 Park Avenue South New York, N.Y. 10016	(212) 889-0717
American Board of Obstetrics and Gynecology	James A. Merrill, M.D. Secretary-Treasurer	Univ. of Okla. Health Sciences Ctr. P.O. Box 26901 Oklahoma City, Okla. 73190	(405) 271-5000
American Board of Ophthalmology	Francis H. Adler, M.D.	8870 Towanda Street Philadelphia, Pa. 19118	(215) 242-1123
American Board of Orthopaedic Surgery	William A. Larmon, M.D. Executive Secretary	430 N. Michigan Avenue, Room 800 Chicago, Ill. 60611	(312) 822-9572
American Board of Otolaryngology	Walter Work, M.D. Executive Secretary-Treasurer	1301 East Ann Street, HR5032 Ann Arbor, Mich. 48104	(313) 761-7185
American Board of Pathology	A. James French, M.D. Executive Director	Office of the Board, Suite 780 5401 West Kennedy Blvd., Tampa, Fla. 33609	(813) 879-4864 (813) 879-4865
American Board of Pediatrics	Robert C. Brownlee, M.D. Executive Secretary	Children's Hospital of Philadelphia 34th St. and Civic Center Blvd. Philadelphia, Pa. 19104	(215) 349-8500
American Board of Physical Medicine and Rehabilitation	Gordon M. Martin, M.D. Secretary-Treasurer	Suite D, 1A Kahler East Rochester, Minn. 55901	(507) 282-1776
American Board of Plastic Surgery	John B. Lynch, M.D. Secretary-Treasurer	4647 Pershing Avenue St. Louis, Mo. 63108	(314) 361-8781
American Board of Preventive Medicine	Raymond Seltzer, M.D. Secretary-Treasurer	615 North Wolfe Street Baltimore, Md. 21205	(301) 955-3799
American Board of Psychiatry and Neurology	Lester H. Rudy, M.D. Executive Director	1603 Orrington Avenue, Suite 1320 Evanston, Ill. 60201	(312) 864-0830
American Board of Radiology	C. Allen Good, M.D. Secretary	Kahler East Rochester, Minn. 55901	(507) 282-7838
American Board of Surgery	James W. Humphreys, Jr., M.D. Secretary-Treasurer	1617 John F. Kennedy Blvd. Philadelphia, Pa. 19103	(215) 568-5088
American Board of Thoracic Surgery	Herbert Sloan, M.D. Secretary-Treasurer	14624 E. Seven Mile Road Detroit, Mich. 48205	(313) 372-2632
American Board of Urology	William L. Valk, M.D. Secretary-Treasurer	4121 West 83rd Street, Suite 124 Prairie Village, Kansas 66208	(913) 341-6321

**AMERICAN BOARD OF ALLERGY
AND IMMUNOLOGY**

(A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics)

ELLIOT F. ELLIS, Co-Chairman, Buffalo, New York
 JOHN E. SALVAGGIO, Co-Chairman, New Orleans
 JOSEPH A. BELLANTI, Co-Chairman-Elect, Washington, D.C.
 SIDNEY FRIEDLAENDER, Secretary, Southfield, Michigan
 BURTON ZWEIMAN, Treasurer, Philadelphia
 K. FRANK AUSTEN, Boston
 BERNARD A. BERMAN, Brookline, Massachusetts
 C. WARREN BIERMAN, Seattle
 KURT J. BLOCH, Boston
 PHILIP S. NORMAN, Baltimore
 DAVID S. PEARLMAN, Denver
 VICTOR C. VAUGHAN III, Philadelphia
 HERBERT C. MANSMANN, JR., Executive Secretary,
 3930 Chestnut Street, Philadelphia, Pennsylvania 19104

ORGANIZATION

The American Board of Allergy and Immunology (ABAI) was established in 1972 as a non-profit organization. It was sponsored jointly by the American Board of Internal Medicine, the American Board of Pediatrics, the American Academy of Allergy, the American College of Allergists, the American Association of Clinical Immunology and Allergy, the American Academy of Pediatrics-Section on Allergy, and the American Medical Association-Section on Allergy. The ABAI is a conjoint Board of the American Board of Pediatrics and the American Board of Internal Medicine.

GENERAL EXPLANATION OF REQUIREMENTS AND EXAMINATION

The American Board of Allergy and Immunology is interested in candidates who have embarked voluntarily on a graduate program of study, with the express purpose of excelling in the practice of the specialty of allergy and immunology. In outlining its requirements, the ABAI hopes to help the candidate select superior educational programs which will develop his competency in allergy and immunology. The ABAI believes that all allergists and immunologists should have a sound fundamental knowledge of biological sciences basic to this discipline. Such knowledge is essential to the continued progress of any qualified allergist and immunologist. The ABAI anticipates that adequate knowledge in the basic sciences, as applied to this discipline, will be acquired by the candidate during a post-medical school training program. The ABAI wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of allergy and immunology.

However, the candidate must demonstrate his competency to the ABAI in order to justify certification to practice this discipline as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification must satisfy the general and professional qualifications listed below.

ELIGIBILITY FOR EXAMINATION—Section 6.2

A. Except as provided in Paragraph B below, a candidate must qualify for examination by *having passed* the examination of The American Board of Internal Medicine, The American Board of Pediatrics or the Royal College of Physicians and Surgeons of Canada and by presentation of evidence acceptable to the Board of Directors, of the following graduate medical education:

1. at least two years of general training in Internal Medicine (with approval of the director of the second year of training and with twenty-four months of primary

patient responsibility) or Pediatrics, in programs approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada or such other programs acceptable to the Board of Directors; and

2. at least two years of residency, fellowship, or other acceptable training in Allergy and Immunology.

B. A candidate, in any application received by the Executive Secretary on or before July 1, 1978, may also qualify for examination by presentation of evidence, acceptable to the Board of Directors, that:

1. the candidate has had at least ten years of practice principally in Allergy and Immunology under circumstances acceptable to the Board of Directors; or
2. the candidate's period of Allergy and Immunology practice of the type acceptable under Paragraph 1, and period of training in Allergy and Immunology acceptable to the Board of Directors aggregate at least ten years; or
3. the candidate's period or periods of practice or training in Allergy and Immunology of the types acceptable under Paragraphs 1 and 2, when combined with a period or periods of training in either approved Pediatrics or Internal Medicine training programs, or both, aggregate at least ten years.

and that the candidate's training and experience are substantially equivalent to the qualifications set forth in A or that he has achieved eminence in the field of Allergy and Immunology. *In determining whether a candidate's training and experience are substantially equivalent or whether he has achieved eminence, the Board of Directors shall consider the following criteria:*

1. the nature, quality and duration of any formal training in Allergy and Immunology, Internal Medicine or Pediatrics completed by the candidate;
2. the scope, nature and duration of the candidate's practice in the fields of Allergy and Immunology, Internal Medicine or Pediatrics;
3. the candidate's appointments to faculties of schools of medicine and positions of responsibility in hospital teaching programs;
4. the candidate's contributions to the field as evidenced by the quality of his publications;
5. the candidate's fellowships, awards, and other evidence of special recognition;
6. the candidate's competence in the area of a primary specialty;
7. the candidate's reputation in the field as evidenced by written references; and
8. such other evidence as the candidate may present in writing.

Failure to meet any one or more of the above criteria shall not disqualify a candidate if the Board of Directors, on the basis of the evidence considered in its entirety, is of the opinion that his training and experience are equivalent or that he has achieved eminence in the field of Allergy and Immunology.

METHODS OF EXAMINATION

1. *The Certifying Examination.* Each applicant shall be examined in such a manner and under such rules as the Board may prescribe and must achieve a grade acceptable to the Board of Directors before receiving the certification of the Board. In all such matters the decision of the Board shall be final.

The Certifying Examination will be administered approximately every other year. The times and places are determined by the Board and are announced in the Journal of the American Medical Association, The Annals of Allergy, The Journal of Allergy and Clinical Immunology, The Annals of Internal Medicine and The Journal of Pediatrics.

The candidate should be prepared for examination in the anatomy, pathology, physiology and bio-chemistry of hypersensitivity, as well as atopic disease. He should be proficient in clinical diagnosis, including laboratory procedures, and in the treatment of allergic and immunologic diseases in children and adults. In addition to a familiarity with atopic diseases such as hay fever, asthma, eczema, and urticaria, he will be expected to have a good understanding of other clinical states in which hypersensitivity or immune deficiencies play a major or contributory role, such as autoimmune diseases, trans-placental immunity, connective tissue or rheumatic diseases, and those infective and parasitic diseases characterized by hypersensitivity reactions.

He should be familiar with the physiology of organ systems involved in allergic diseases, most particularly the lungs, especially as modified by asthma, emphysema, chronic bronchitis and other pathological states related to or confused with immunologic reactions in this organ. He should be thoroughly familiar with the benefits and dangers of drugs used in the management of allergic diseases in general, and asthma in particular.

He should be competent in recognition of many non-allergic states that resemble allergy, including such clinical entities as physical allergies, autonomic dysfunction, and psychogenic factors in allergic diseases.

Evidence of knowledge of current research in the field of hypersensitivity will be tested by questions concerning the beta-adrenergic receptors, chemical mediators, prostaglandins, cholinergic and adrenergic receptors, complement, immunoglobulins, lymphokines, etc.

A knowledge of controversial subjects such as gastrointestinal allergy, allergy to foods and allergy to bacteria will be required. Also the candidate will be expected to be familiar with the difficulties inherent in clinical investigation, as well as the reliability and limitations of data obtained by various methodologies.

2. *Program Directors' Assessment of Competency.* All candidates will be required to have written documentation from program directors of the quality of health care that they deliver. The program director will also be asked to support each candidate on the basis of his having excelled in the clinical areas of allergy and immunology.

REEXAMINATION

1. Candidates who are unsuccessful on a Certification Examination in Allergy and Immunology are not restricted as to the number of opportunities for reexamination and may apply for reexamination in any year.

2. The act of filing an application for reexamination is the candidate's responsibility.

APPLICATIONS

Applications are available from the Executive Office and must be completed and returned by a specific date as published in appropriate announcements.

No application will be considered until the fee and all required supporting data, including letters of recommendation, have been received by the Executive Office.

FEEES

The Board is a non-profit organization. The fees for examination and certification have been computed on a basis of maintaining an administrative office and conducting examinations. The Board reserves the right to change the fee when necessary.

The 1977 Registration and Examination fee was \$750.00. Candidates whose applications were rejected received a

refund of \$700.00; the Board retained \$50.00 of the fee to cover the application evaluation costs incurred in the review of the candidate's application.

The Certification fee, previously \$50.00, payable after successful passage of the certifying examination, was eliminated in 1977.

Those physicians previously certified by the Subspecialty Board of Allergy of The American Board of Internal Medicine or the American Board of Pediatrics or the American Board of Allergy and Immunology, a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics, in 1974 or 1975 may obtain a certificate from the board by transmitting a fee of \$50.00 with the proper form to the Executive Secretary.

STATEMENTS OF ELIGIBILITY

The Board no longer issues statements of "eligibility" for its examinations. Upon request of the registered candidate it will reveal progress toward certification.

CANCELLATIONS

Candidates who are accepted for examinations but fail to appear or who cancel after assignment to an examination center is completed will forfeit their Registration and Examination fee. For each subsequent application for examination they will be required to pay an additional Registration and Examination fee.

INACTIVE CANDIDATES

Any candidate whose record reveals inactivity (i.e., failure to take an examination) for five or more years will revert to the same status as a new application and will be required to pay the Registration and Examination fee. However, total past examination experience will continue to govern the candidate's eligibility. The candidate must comply with all current regulations enforced for new candidates.

THE AMERICAN BOARD OF ANESTHESIOLOGY

- ARTHUR S. KEATS, President, Houston
- DONALD W. BENSON, Vice President, Chicago
- JAMES F. ARENS, Jackson, Mississippi
- HARRY H. BIRD, Hanover, New Hampshire
- ORAL B. CRAWFORD, Springfield, Missouri
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- MARTIN HELRICH, Baltimore
- RICHARD J. KITZ, Boston
- C. PHILIP LARSON, JR., Stanford, California
- WENDELL C. STEVENS, San Francisco
- E. S. SIKER, Secretary-Treasurer, Pittsburgh,
Office of the Board, 100 Constitution Plaza,
Hartford, Connecticut 06103

CERTIFICATION

To be certified as a Diplomate of The American Board of Anesthesiology, each applicant must:

1. Hold a permanent license to practice medicine;
2. Complete the accredited Continuum of Education in Anesthesiology as defined below following the award of the M.D. or D.O. degree;
3. Have on file with The American Board of Anesthesiology a satisfactory Certificate of Clinical Competence following the required 24 months of CLINICAL ANESTHESIA training as described subsequently; and
4. Complete all examination requirements of the Board.

THE CONTINUUM OF EDUCATION

The Continuum of Education in Anesthesiology consists of four years of training after receiving the M.D. or D.O. degree. Twelve months of the Continuum must be devoted to clinical training other than clinical anesthesia and is referred to as CLINICAL BASE. Acceptable training for the 12 months of CLINICAL BASE shall include training in a rotating internship, internal medicine, pediatrics, surgery, or any of the surgical specialties, obstetrics and gynecology, neurology, family practice, or any combination of these as approved for

the individual candidate by the director of his or her training program in anesthesiology. Twenty-four months must be devoted to approved residency training in clinical anesthesia and is referred to as CLINICAL ANESTHESIA. Not less than 21 of the 24 months of CLINICAL ANESTHESIA must be concerned with (a) the management of procedures for rendering a patient insensible to pain during surgical, obstetrical and certain medical procedures and (b) the support of life functions under the stress of anesthesia and surgical manipulations. The remaining 12 months of the Continuum must be completed in a curriculum designed by the program director in consultation with the resident and is referred to as the SPECIALIZED YEAR. This year of training shall be pursued in one or more of such areas as research, clinical anesthesia that is more advanced and specialized than the usual experience gained during the 24 months of CLINICAL ANESTHESIA or in a related basic science or clinical discipline other than anesthesiology. The 24 months of CLINICAL ANESTHESIA and the SPECIALIZED YEAR must be spent in institutions approved for such training by the Liaison Committee for Graduate Medical Education or, in Canada, in an institution approved by the Royal College of Physicians and Surgeons of Canada.

The time during the Continuum at which the resident receives training in either CLINICAL ANESTHESIA or CLINICAL BASE will be decided by the director of the training program in anesthesiology following consultation with the individual resident; but the Board urges that at least a portion of the CLINICAL BASE occur early in the Continuum.

EXAMINATION SYSTEM

To enter the Examination System of The American Board of Anesthesiology the applicant shall:

1. Have graduated from a medical school approved by the Liaison Committee on Medical Education, or have met medical education requirements, otherwise acceptable to The American Board of Anesthesiology; and
2. Provide evidence satisfactory to the Board of having been awarded an M.D., D.O., or other degree acceptable to the Board; and
3. Provide satisfactory evidence to the Board of having been duly licensed to practice medicine or of having successfully completed the Federal Licensing Examinations (FLEX), National Board of Medical Examiners (NBME) or Licensure of the Medical Council of Canada (LMCC) examinations which provide eligibility for such licensure; and
4. Submit proof to the Board that he or she will have satisfactorily completed before the date of examination at least three years of the four year Continuum of Education in Anesthesiology, including 18 months of CLINICAL ANESTHESIA after receiving the M.D. or D.O. degree.

Evaluation of various aspects of the applicant's performance will be solicited by the Board in determining his or her qualifications for admission to the Examination System. Such information will be requested from the residency program director and others familiar with the applicant's professional activities. The response of the program director will be given considerable weight in these deliberations. For those entering the residency program subsequent to June 30, 1977 the Clinical Competence Report from the department and the program director's evaluation will be used as the basis for assessing admission qualifications.

The Board shall determine that entry into the Examination System is merited when a judgment of adequate levels of scholarship and clinical competence can be made from the information submitted.

The Board intends that its certification reflect evidence of qualification as a physician, and as a specialist and consultant in anesthesiology. The processes which lead to certification by the Board are intended to evaluate the attainments of the applicant in this regard. The applicant's general qualifications as a physician will be evidenced by such determinations of accrediting agencies acceptable to the Board.

To assure adequate opportunity for the intensive study of the specialty, the Board requires that at least 12 months of CLINICAL ANESTHESIA credit and all the SPECIALIZED YEAR credit be accrued after the successful completion of an examination or other qualifying procedure in general medicine. Acceptable evidence of such completion includes (1) the award of an unrestricted license to practice medicine in one of the United States or in Canada; (2) successful completion of Parts I, II, and III of the examination of the National Board of Medical Examiners; or (3) successful completion of the Federal Licensing Examinations commonly known as FLEX or (4) Licensure of the Medical Council of Canada. Retroactive credit will not be given. This provision will apply to all residents completing two years of the Continuum after December 31, 1977.

CERTIFICATE OF CLINICAL COMPETENCE

The Board requires that each Residency Training Program file, on forms provided by the Board, an Evaluation of Clinical Competence in December and June on behalf of each resident who has spent any portion of the prior six months in CLINICAL ANESTHESIA training. By the time of the examination filing deadline, the Residency Training Program must have submitted an evaluation indicating that the applicant has demonstrated satisfactory clinical competence commensurate with 18 months of CLINICAL ANESTHESIA training. This applies to all applicants starting residency July 1, 1977 and thereafter. Prior to certification, candidates are required to have a Certificate of Competence on file with the Board attesting to satisfactory clinical competence during a final six months of training in CLINICAL ANESTHESIA. This applies to any candidate completing 24 months of the Continuum subsequent to December 31, 1974.

Following completion of at least three years of the Continuum, the candidate will be eligible for the written examination. Having passed the written examination, the candidate will become eligible for the oral examination upon completion of the four year Continuum.

ALTERNATE PATHWAYS

At the discretion of the Board, the following options may be offered in lieu of the SPECIALIZED YEAR of the Continuum in meeting the requirements for certification:

1. Two years of practice in the field of anesthesiology following completion of the CLINICAL BASE and the two years of CLINICAL ANESTHESIA.
2. A Ph.D. degree in a scientific discipline related to anesthesiology.

FOR THOSE CANDIDATES WHO ENTERED THE CONTINUUM SUBSEQUENT TO JUNE 30, 1977:

Approved training in a medical specialty related to anesthesiology and recognized by the American Board of Medical Specialties may qualify on a year for year basis for practice time.

FOR THOSE CANDIDATES WHO WILL COMPLETE THE CONTINUUM PRIOR TO JULY 1, 1979:

1. Up to one year of practice time credit may sometimes be granted a candidate for military service if six months or more of approved residency training in anesthesiology were completed prior to entrance into the Armed Forces and service assignment was as an anesthesiologist. The amount of credit will depend upon the extent of previous residency training and the applicant's duties in the military service.
2. Up to one year of practice credit may sometimes be granted to physicians who have received foreign based formal training in anesthesiology and who have been in continuous full time training or practice for a minimum of five years before entering approved training in the United States or Canada.
3. Two years of practice time credit may be granted at the discretion of the Board for work outside the field of anesthesiology in the following categories providing that such is achieved within the five years preceding CLINICAL ANESTHESIA training:

- A. A year of scientific work, post-baccalaureate.
 - B. A year of approved residency training in certain medical specialties accredited by the American Board of Medical Specialties but not including the CLINICAL BASE year.
- The granting of credit for alternate pathways is at the discretion of the Board and must be sought on an individual basis from the Credentials Committee of the Board. Such requests must be directed in writing to the Secretary of the Board and accompanied by appropriate documents including a supporting letter from the candidate's program director.

ABSENCE FROM TRAINING

The Board's policy on absences from training is that there may be two weeks of vacation and a maximum of two weeks of sick leave during each of the two years of CLINICAL ANESTHESIA. Duration of vacation and sick leave during the CLINICAL BASE and SPECIALIZED YEARS should conform to the policy of the institution and department in which that portion of the training is served. Any other absences from actual training in excess of those specified will require lengthening of the applicant's total training time to the extent of absence.

EXAMINATIONS

Each applicant becomes a candidate when accepted by the Board for the purposes of examination, and shall be examined in such a manner and under such rules as the Board from time to time may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable.

Application for admission to the examination system may be made for the first written examination which will occur after a physician has completed three years, including 18 months of CLINICAL ANESTHESIA, of the Continuum of Education in Anesthesiology.

Application must be made to the Secretary upon a form prescribed by the Board, procured only on written request of the applicant. Completed applications must be received in the Board office by January 10th prior to the date of examination. Eligibility rulings are made by the Board on recommendation of the appropriate committees or their designates.

1. Written Examination. Candidates may take this examination upon completion of three years of the Continuum. Written examinations are held annually in locations throughout the United States on a Saturday in July. Written examinations cover the basic and applied aspects of physiological, physical and clinical science. A passing grade, as determined by the Board, is required.

In the event a candidate fails the first written examination for which he or she is eligible, two additional opportunities will be provided at yearly intervals. The three year period begins on the date an applicant is first declared eligible for the written examination.

2. Oral Examination. After completion of the Continuum and successful completion of the written examination, the candidate's qualifications are reviewed and he or she may be declared eligible to appear for the oral examination. However, at least six months must elapse between the written and oral examinations. Oral examinations are conducted in the spring and fall of each year. Examiners consist of Directors of the Board and others who assist as associate examiners. Oral examinations evaluate all phases of anesthesiology, but emphasize clinical practice.

In the event a candidate does not pass the first oral examination for which he or she is eligible, two additional opportunities will be afforded with the provision that there be an interval of no less than one year between opportunities. The three year period begins on the date a candidate is first declared eligible for the oral examination.

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Under certain circumstances the Board, entirely at its discretion, may excuse a candidate from any scheduled examination without penalty, provided the request for such absence is filed prior to time of

the examination. If an applicant fails to pass either the written or oral examination within the allowed period, his or her application will be declared void and a new application will be required for admission to the Examination System.

A reexamination fee of \$100.00 will be charged for each repeat of either the written or oral examination.

The Board reserves the right to limit the number of candidates to be admitted to any examination.

FOREIGN CERTIFICATION

The Board considers that multiple certification is unnecessary and that the F.F.A.R.C.S. certificates of England, of South Africa, of Ireland and of Australia, and the F.R.C.P. of Canada, are comparable to the Diploma of The American Board of Anesthesiology.

If those holding these certificates desire to obtain the Board's Diploma, the training requirement will be waived and they will be admitted directly to the written examination upon payment of the usual application fees, providing all of their other credentials are in order and all other requirements of the Board are met. Such candidates for certification must reside in the United States in a practice or training capacity for a minimum of one year prior to certification. Candidates who receive at least 24 months of approved residency training in Canada are exempted from this latter requirement.

REAPPLICATION

A candidate who has left the Examination System, by reason of either three failed written examinations or three failed oral examinations, may reapply by submitting a new application; this applies also for those who have left the Examination System for reasons of their own.

Such application shall be subject to the fees, rules and privileges that apply at the time of reapplication. If the applicant is adjudged to meet existing requirements, he or she will be again admitted to the Examination System. This privilege shall apply retroactively without limitation, but in all instances the candidate must pass both the written and oral examinations under the new application.

ELIGIBILITY

A candidate eligible for admission to the examination will be so notified by the Board after the credentials of the individual have been examined by the Board. Each candidate remains eligible for the number of written and oral examinations stated above. If successful completion of both oral and written examinations has not occurred within seven years, the application is voided. The term "Board eligible" is specifically mentioned to indicate that it is neither recognized nor used by The American Board of Anesthesiology. The Board will reply to any inquiries requesting the status of individuals with one of the following statements:

1. The physician is Board certified.
2. The physician is in the Examination System.
3. The physician is neither certified nor in the Examination System.

FEE

The fee shall be \$325.00. An initial payment of \$125.00 must accompany the application (of which \$100.00 will be returned if the candidate is not accepted for examination). The balance (\$200.00) must be paid before taking the examination.

The Board is a non-profit organization. The fees for examination and certification are computed on a basis of cost of maintaining the functions of the Board. The Board reserves the right to change the fee when necessary.

REVOCACTION OF CERTIFICATE

A certificate is issued by the Board with the understanding that it remains the property of the Board during the life of the Diplomate. Any certificate issued by the Board shall be subject to revocation in the event that:

1. The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this Board or its Bylaws; or

2. The person certified shall not have been eligible to receive such certificate whether or not the facts making him or her ineligible were known to, or could have been ascertained by the Board, or any of the Directors at the time of the issuance of such certificate; or

3. The person certified shall have made any misstatement of fact in his or her application for such certificate or in any other statement or representation to the Board or its representatives; or

4. The person certified shall fail to maintain a moral, ethical and professional standing satisfactory to the Board.

The Board shall be the sole judge of whether or not the evidence or information before it is sufficient to require or permit revocation of any certificate issued by the Board, and the decision of the Board shall be final.

ADDITIONAL INFORMATION

Application blanks contain the following statement:

"I hereby make application to The American Board of Anesthesiology, Inc., for the issuance to me of a Certificate of Qualification as a Specialist in Anesthesiology and for examination relative thereto, all in accordance with and subject to its rules and regulations, and enclose fee of \$325.00. I agree to disqualification from examination or from the issuance of a Certificate of Qualification or to forfeiture and redelivery of such Certificate as directed by the Board, in the event that any of the statements hereinafter made by me are false, or in the event that any of the rules governing such examinations are violated by me, or in the event that I did not comply with or shall violate any of the provisions of the Certificate of Incorporation or Bylaws of The American Board of Anesthesiology, Inc., or both, as then constituted. I agree to hold The American Board of Anesthesiology, Inc., its members, examiners, officers and agents free from any damage or complaint by reason of any action they, or any of them, may take in connection with this application, such examinations, the grade or grades given with respect to any examination, or the failure of said Board or Corporation to issue to me such Certificate of Qualification. I understand that the score of my first written examination may be used to construct a Performance Index for the program in which I trained without identifying me in any way and that the program director of the program in which I trained, should I be unsuccessful in my written examination, will be so notified."

Proper forms for making application and other information may be obtained by writing to the Secretary, E. S. Siker, M.D., The American Board of Anesthesiology, 100 Constitution Plaza, Hartford, Connecticut 06103.

AMERICAN BOARD OF COLON AND RECTAL SURGERY

ALEJANDRO F. CASTRO, President, Rockville, Maryland
EUGENE P. SALVATI, Vice President, Plainfield, New Jersey
H. WHITNEY BOGGS, Shreveport, Louisiana
DONALD M. GALLAGHER, San Francisco
STANLEY M. GOLDBERG, Minneapolis
A. W. MARTIN MARINO, JR., Brooklyn, New York
JAMES P. MULDOON, Grand Rapids, Michigan
JOHN E. RAY, New Orleans
EUGENE S. SULLIVAN, Portland, Oregon
G. BRUCE THOW, Urbana, Illinois
NORMAN D. NIGRO, Secretary-Treasurer, 615 Griswold,
Suite 516, Detroit, Michigan 48226

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. A candidate shall limit practice to colon and rectal surgery, shall appear personally before the Board and shall submit to the required examination.

2. A candidate may be required to deliver to the Board sufficient case reports to demonstrate proficiency in colon and rectal surgery.

3. A bibliography of papers and books published by the candidate shall be submitted to the Board upon its request.

PROFESSIONAL QUALIFICATIONS

1. The candidate shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association. Foreign medical graduates should hold ECFMG Certificate.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. The candidate shall have completed four years of graded general surgical training approved by the Residency Review Committee for Surgery and shall have completed one year of approved residency in colon and rectal surgery, or:

2. The candidate shall have completed three years of an approved graded general surgical residency and two years of an approved residency in colon and rectal surgery.

3. Credit for general surgical training in foreign institutions or hospitals approved by the American Board of Surgery will be accepted by the American Board of Colon and Rectal Surgery.

4. Applicants who have completed four years of approved graded general surgical training, upon special application and subsequent approval by the American Board of Colon and Rectal Surgery, may be admitted to examination after completing two years of an approved preceptorship in colon and rectal surgery.

5. Diplomates of the American Board of Surgery who limit their practice to colon and rectal surgery and have made valuable contributions to this specialty may be considered for examination if approved by a two-thirds vote of the Board.

APPLICATIONS

Each candidate for examination must submit an Application for Examination which may be obtained from the Secretary of the Board.

The applicant must request letters of endorsement from two surgeons, one of which *must* be the Director of the colon and rectal training program, or the Preceptor. The letters should be sent directly to the Secretary of the Board. The application must be accompanied by two unmounted, recent photographs of the candidate, and the application fee. It shall be filed with the Secretary of the Board *at least* six months prior to the examinations.

EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in the *Journal of the American Medical Association* and *Diseases of the Colon and Rectum*.

Part I:

This consists of a comprehensive written examination largely in the basic sciences.

Candidates who have passed Part I of the American Board of Surgery are exempt from taking Part I of The American Board of Colon and Rectal Surgery.

Part II:

This may be required at the discretion of the Board. It is a practical examination which is held in the community in which the candidate conducts his professional activities. The candidate will be notified by the Secretary if Part II is required. The examination includes evaluation of:

1. One colon or rectal resection and one anorectal procedure
2. Hospital rounds
3. Hospital and office records
4. Office practice
5. Colonoscopy

Part III:

This consists of written and oral examination on the theory and practice of colon and rectal surgery, with separate examinations in pathology and roentgenology interpretation of diseases of the colon and rectum.

The oral portion of the examination is conducted by members of the Board or its designated examiners. An attempt is made to ascertain the candidate's knowledge of current literature on colon and rectal surgery, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

RE-EXAMINATIONS

A candidate who has failed may be re-examined after one year has elapsed.

The act of filing an application for re-examination is the candidate's responsibility.

Candidates who have failed re-examination may petition the Board for another examination after two years have elapsed. Acceptable evidence of additional preparation shall be submitted with this petition.

STATUS OF APPLICANTS

The Board no longer uses the terms "Board eligible" or "Board qualified." An individual's standing with the Board varies according to the current status of his credentials.

A candidate must apply to take the Board's certifying examination within five (5) years after completion of approved colon and rectal training.

A candidate whose application for examination has been approved and who does not take the examination within three (3) years must be re-approved by the Board.

A candidate whose application for examination has been approved must successfully complete all examinations and achieve certification within five (5) years of such approval. Should a candidate fail to become certified within this period, he must have further training before reapplying for examination.

In exceptional or unusual circumstances, the Board may, at its discretion, waive one or more of the limitations listed above.

FEES

Fees:

Application fee: A fee of \$75.00 shall accompany the application.

Examination fee: A fee of \$275.00 is due and payable when the candidate is notified that he has been approved for examination.

Re-examination fee: A fee of \$200.00 is due and payable when the candidate is notified that he has been approved for re-examination.

All fees shall be made payable to the American Board of Colon and Rectal Surgery and shall be sent to the Secretary.

AMERICAN BOARD OF DERMATOLOGY

- J. FREDERIC MULLINS, President, Galveston, Texas
- CLAYTON E. WHEELER, JR., Vice President, Chapel Hill, North Carolina
- JOHN H. EPSTEIN, San Francisco
- ROBERT W. GOLTZ, Minneapolis
- E. RICHARD HARRELL, JR., Ann Arbor, Michigan
- JOHN R. HASERICK, Pinehurst, North Carolina
- HARRY J. HURLEY, Philadelphia
- FREDERICK A. J. KINGERY, Portland, Oregon
- JOHN M. KNOX
- ALFRED W. KOPF, New York City
- J. GRAHAM SMITH, JR., Augusta, Georgia
- RICHARD B. STOUTINGON, La Jolla, California
- CLARENCE S. LIVINGOOD, Executive Director, American Board of Dermatology, Inc., Henry Ford Hospital, Detroit, Michigan 48202

REQUIREMENTS FOR REGULAR CERTIFICATION

Each applicant must satisfy the following requirements before he is eligible for the written and practical examinations, upon which certification depends.

A. General Qualifications

(2) Graduation from an approved medical school in the United States of America or in Canada. Graduates from foreign medical schools are required to have the standard certificates of the Educational Commission for Foreign Medical Graduates (E.C.F.M.G.) or the certificate of the National Board of Medical Examiners. Graduates of osteopathic schools who have satisfactorily completed the residency training requirements and experience qualifications as outlined below in Section B, will be accepted for examination.

(3) A license to practice in one of the United States of America, or license of the Medical Council of Canada issued following examination, or by endorsement of the certificate of the National Board of Medical Examiners, or from the Flex examination, or by a commission in the medical corps of the Armed Forces of the United States or Canada.

B. Residency Training Requirements and Experience Qualifications

(1) Candidates for certification by the American Board of Dermatology are required to have three years of training as a resident, fellow or graduate student in a dermatology residency training program of an institution approved by the Residency Review Committee for Dermatology. Details in regard to the approved programs are listed in the Directory of Accredited Residencies published annually by the American Medical Association.

Candidates may take up to 24 months of their 36 months of dermatology residency training at an institution approved for less than three years of dermatology residency training but must spend at least twelve months of the thirty-six month training period full-time in a program approved for three years of training.

Up to one month of each year during the thirty-six months may be taken as a vacation, without cumulative privileges.

(2) In addition, a fourth year, which may precede, follow, or be interspersed with the three years of residency training in dermatology, is required. The requirement for this fourth year may be fulfilled by completing the first post-graduate year of training (now referred to as a categorical, or flexible, first postgraduate year), or one year of approved residency in another specialty, or by completing some other supervised year of training approved by the training director of the dermatology residency program and the Requirements Committee of the Board.

(3) When the fourth year is to be interspersed with or follow the dermatology residency, candidates will enter their dermatology residency directly from medical school utilizing the mechanisms then in force for the National Intern and Resident Matching Plan (NIRMP).

(4) Part-time (50% or less) preceptee training is available only as a scheduled component of the program in some three-year training centers. A preceptorship in the private office of a staff member at a three-year training center is the direct responsibility of the Director of the Training Program. The maximum period of such training is one year.

(5) On recommendation of the director of the dermatology residency program where the candidate had his training, credit for six months of the required three years of training as a resident, fellow or graduate student in a dermatology residency training program *may* be allowed for candidates who have had at least one additional year of training in a residency program approved by the American Board of Internal Medicine, the American Board of Pathology, or the American Board of Pediatrics, providing the one year of training is not used in fulfilling the requirements of a fourth year as outlined in this section (B). The decision in regard

to possible training credit under the above circumstances is not made by the Requirements Committee of the Board until after the candidate has completed at least one year of training in dermatology.

(6) After completion of training, at least six months of additional experience in dermatology is required.

(7) All training must be completed in a manner satisfactory to the Board. Training must be completed within five years except where military service or other compelling circumstances intervene.

REQUIREMENTS FOR SPECIAL HOMELAND CERTIFICATION

Graduates of foreign medical schools, not citizens of the United States of America or Canada, *who will return to their homeland* after completion of approved residency training in dermatology, must satisfy the following requirements before they are eligible for the written and oral examinations, upon which certification depends:

(1) Graduation from a Medical School listed in the *World Directory of Medical Schools* (World Health Organization).

(2) Possession of the standard certificate from the Educational Commission for Foreign Medical Graduates (E.C.F.M.G.).

(3) Citizenship of the country to which the candidate is returning and possession of valid license to practice medicine in that country.

(4) Satisfactory completion of residency requirements outlined in Part B, Sections (1) and (2) of "Requirements for Regular Certification".

(5) Reexamination, definition of Board-eligibility and fees are identical for regular certification and homeland certification.

DEFINITION OF BOARD ELIGIBILITY

A candidate is not "Board Eligible" until his or her application to take the examinations has been approved by the Board. Candidates are required to make such application within three years after they become qualified to do so and to take the examinations within one year after they become Board eligible. At the end of that time (5 years after completion of residency training), if the candidate has not taken the examinations, "Board eligible" status is lost and to re-establish it, it is necessary for the candidate to file another application. Under the latter circumstances, the candidate is Board-eligible for a period of two years after the re-application is approved.

REGISTRATION FOR EXAMINATION

Candidates who have completed the training requirements as outlined in paragraphs (1), (2) and (6) of the section entitled "Residency Training Requirements and Experience Qualifications" are eligible to take the examinations of the Board. Those candidates who are applying for the Special Homeland Certificate are not required to have six months of experience.

Toward the end of completion of the training requirements, it is advised that candidates request an Application for Certification form from the office of the Executive Director of the Board. This completed form must be filed with the Board before May 1 of any given year in which the candidate plans to take the examination. The Application is then submitted to the Requirements Committee with the letters of recommendation and the annual training reports from the Director of the candidate's Training Center. The members of the Requirements Committee appraise the qualifications of all candidates and decide as to their eligibility for examination. Information regarding the exact time and place of the examinations is published twice a month in the Examinations and Licensure column of the *Journal of the American Medical Association*, the *Archives of Dermatology* and other dermatology journals.

THE BOARD EXAMINATIONS

1. The Written Examination

The written examination is three hours in length and is of the multiple-choice, machine-scorable type. This examination is designed to test the candidate's knowledge of clinical dermatology, dermatopathology, microbiology (especially mycology), internal medicine as it pertains to dermatologic problems, cutaneous oncology, dermatologic surgery, cutaneous allergy, venereology, and photobiology as well as the candidate's understanding of anatomy, physiology, biochemistry, radiation physics, radiation therapy, physical therapy, pharmacology, genetics, hematology, immunology, and electron microscopy as related to dermatology. Considerable emphasis is placed on extensive reading of the literature.

Candidates unfamiliar with objective, multiple-choice machine-scorable type of examinations might find helpful the book *Multiple Choice Examinations in Medicine, A Guide for Examiner and Examinee* by J. P. Hubbard and W.V. Clemans, Lea & Febiger, Philadelphia, 1961.

2. The Practical Examination

The practical examination of the American Board of Dermatology has been designed primarily to evaluate interpretive skills of the candidate; it is divided into three sections, dermatopathology, microbiology and clinical dermatology.

For the dermatology section, the examinee is requested to bring a microscope. A set of slides will be provided for microscopic examination. In the microbiology section, the candidate will be asked to identify cultures, culture mounts and other biologic specimens. The clinical dermatology section of the examination consists of a series of projected photographs about which the candidate is asked a set of written questions. This portion of the practical examination primarily concerns the clinical aspects of cutaneous medicine, dermatologic surgery, allergy and immunology, internal medicine as it's related to cutaneous diseases, and therapy of diseases of the skin.

In all three sections of the practical examination, the candidate is asked to respond to written questions concerning slides, photographs or specimens provided. Answers are of the single-choice or multi-choice type. Candidates enter their responses on a score sheet which will be analyzed by computer.

The decision of the Board is final as to whether the candidate passes or fails. Such decisions are based on the results of both the written and practical examinations, and the annual training reports from the director of the candidate's training center.

The written and practical examinations are given once a year on consecutive days.

3. Re-examination

A candidate who fails the examinations is automatically eligible the following year for a second examination without formal application but with payment of a reexamination fee.

If a candidate fails to complete successfully all or part of the examination on two occasions, Board-eligible status is lost and in order to repeat the examination, the candidate must file another application; under these circumstances, if the application to take the reexamination is approved, the applicant remains Board-eligible for a period of two years.

If a candidate who has failed the written and/or practical examination for the first time does not appear for reexamination before the expiration of three ensuing years, Board-eligible status is lost. In order to reestablish Board-eligible status, the candidate must file another application.

CERTIFICATION

After meeting the above requirements and passing the examinations, the candidate will be awarded a certificate which acknowledges his or her competence in the specialty of Dermatology and is then listed and referred to as a Diplomate of The American Board of Dermatology, Inc. For a listing and biographical sketch of the Diplomates see the current edition of the *Directory of Medical Specialists* published by the A. N.

Marquis Company, 210 East Ohio Street, Chicago, Illinois 60611.

Each certificate is subject to revocation in the event that (a) the issuance of such certificate or its receipt by the physician so certified shall have been contrary to any provisions of the Certificate of Incorporation or By-Laws; (b) the physician so certified shall not have been eligible to receive such certificate irrespective of whether or not the facts concerning his ineligibility were known or could have been ascertained by the Directors of the Board at the time of the issuance of the certificate; (c) the physician so certified shall have made any misstatement of fact in the application for such certificate or in any other statement or representation to the Board or its representatives; (d) the physician so certified shall have been convicted by a court of competent jurisdiction of a felony or of any misdemeanor involving in the opinion of the Board of Directors, moral turpitude in connection with his or her practice of medicine; (e) the physician so certified shall have had his or her license to practice medicine revoked by any court or other body having proper jurisdiction and authority.

FEEES

The members of the Board serve without compensation. Fees are based on the actual expenses incurred in office administration and in conducting the examinations.

The total examination fee is \$450.00 which is payable when the application is filed.

The fee for the first reexamination is \$225.00. The fee for subsequent reexaminations is \$450.00.

Failure of a candidate to appear, who has already signified intention of taking the examination, or who cancels his or her request after the final notice of where he or she is to appear for either the written or oral examination, shall forfeit the examination fee. The above policy does not pertain if the candidate becomes ill or if there are other extenuating circumstances.

PUBLIC RELATIONS

It is not considered good form for a Diplomate to advertise to the lay public the Board's recognition of his or her training and competence, but it is proper to include a statement or phrase such as "Diplomate of The American Board of Dermatology, Inc." on announcement cards when opening an office and on office stationery and professional cards.

The Board is a regular member of the American Board of Medical Specialties.

The American Board of Dermatology in conjunction with the American Board of Pathology has established a mechanism for special competence certification in dermatopathology. For information concerning this, please write to the Executive Director of the Board.

CERTIFICATION FOR SPECIAL COMPETENCE IN DERMATOPATHOLOGY

- MURRAY R. ABELL, Chairman, Ann Arbor, Michigan
- JOHN R. HASERICK, Vice-Chairman, Pinehurst, North Carolina
- ROBERT W. GOLTZ, Minneapolis, Minnesota
- ELSON B. HELWIG, Washington, D.C.
- VERNIE A. STEMBRIDGE, Dallas, Texas
- RICHARD B. STOUGHTON, La Jolla, California

A. Prerequisites

The American Boards of Dermatology and Pathology will admit candidates to examination for certificates of special competence in dermatopathology who are otherwise qualified and who have had one of the following types of training or experience:

1. Applicants already holding a basic certificate from the American Board of Dermatology or The American Board of Pathology (anatomic pathology, or anatomic and clinical pathology) and two years of practice in dermatopathology in a position acceptable to the American Board of Dermatology and The American Board of Pathology. This requirement must have been met by 31 December 1976 and will be effective until 31 December 1978.

2. Applicants who are diplomates of both the American Board of Dermatology and The American Board of Pathology.

3. Applicants already holding a basic certificate from the American Board of Dermatology or The American Board of Pathology (anatomic pathology, or anatomic and clinical pathology) and one additional year of training in dermatopathology in a program accredited by the Liaison Committee on Graduate Medical Education.

B. Training

Training programs in dermatopathology will be an equal and joint function of the Departments of Dermatology and Pathology. The pathologist applicant shall have spent one-half time of the one year program in clinical dermatology, and the dermatology applicant shall have spent one-half time of the one year program in general anatomic pathology.

The training program shall include all aspects of dermatopathology, including all gross and microscopic diagnosis of skin disorders by means of direct visual inspection and by light and fluorescence microscopy, as well as histochemistry together with the relevant aspects of electron microscopy, cutaneous mycology, bacteriology, and entomology. The program should also provide the trainee with the ability to set up and operate a laboratory to perform the applicable procedures, including supervision and training of personnel.

C. Examination

The one day examination will be given annually. It will consist of written, microscopic, and projected material. Announcement of the time and place of the examination will be submitted to the dermatology and pathology journals.

D. Board Qualification

The qualification to take the dermatopathology examination is for a three year period. If the candidate has not passed the examination during this three year period, a second three year period of board qualification will be considered upon evidence from the Director of a training program that the candidate has obtained additional training acceptable to the Committee for Dermatopathology.

Candidates may obtain an application as follows:

- Dermatologists—Dr. Clarence S. Livingood
Executive Director
American Board of Dermatology
Henry Ford Hospital
2799 West Grand Boulevard
Detroit, Michigan 48202
- Pathologists— Dr. A. James French
Executive Director
American Board of Pathology
780 Lincoln Center
5401 West Kennedy Boulevard
Tampa, Florida 33609

PUBLICATIONS OF THE BOARD

- 1) Booklet of Information.
- 2) *Guide for Residency Training Programs in Dermatology. (Residency Review Committee for Dermatology)*

The Institutions approved for Dermatology residency training are listed in the *Directory of Approved Residencies* published annually by the American Medical Association.

Please make all checks payable to The American Board of Dermatology, Inc. All correspondence should be sent to:

- Clarence S. Livingood, M.D.
Executive Director
The American Board of Dermatology, Inc.
Henry Ford Hospital
Detroit, Michigan 48202

AMERICAN BOARD OF FAMILY PRACTICE

- JAMES L. GROBE, President, Phoenix, Arizona
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 HERBERT A. HOLDEN, San Leandro, California
 JOHN E. JESSEPH, Indianapolis
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 CHARLES C. STRONG, Vancouver, Washington
 NICHOLAS J. PISACANO, Executive Secretary & Director,
 University of Kentucky Medical Center, Lexington,
 Kentucky 40506

The American Board of Family Practice was approved in February 1969 by the Liaison Committee for Specialty Boards, which is composed of representatives of the Council on Medical Education of the American Medical Association and of representatives of the American Board of Medical Specialties.

GENERAL QUALIFICATIONS

1. The applicant must be of high moral and professional character.
2. The applicant must have been graduated from an approved medical school in the United States or Canada, or, if a graduate of a foreign medical school who received valid and unrestricted license to practice in a state or territory of the United States *subsequent to 1961*, the applicant must have received a standard certificate from the Educational Commission of Foreign Medical Graduates (ECFMG) or have completed the AMA Fifth Pathway program.
3. The applicant must hold a valid and *unrestricted* license to practice medicine and surgery in the United States or Canada. Licensure requirement may be waived for *career* Military physicians.

RULES GOVERNING ADMISSIBILITY TO THE EXAMINATION

Qualifying Plans

A physician qualified (as outlined above) to take the Certification Examination of the American Board of Family Practice may apply via one of the following mechanisms:

Plan I (Residency)

Completion of a three-year *Family Practice* residency which is *approved* by the Liaison Committee on Graduate Medical Education (LCGME) and verification of such satisfactory completion by letter from the Director of the Program, such letter to be issued by the Director of the ABFP office only *after* completion of the residency.

NOTE: This does *not* include "General Practice" residencies. All applications are subject to the approval of the Board and final decision will rest with the Board alone.

Those who apply to this Board for examination by way of the Graduate Training (Residency) route **MUST**

- a) have a minimum of 36 months of approved* graduate training, and
- b) satisfactorily complete the latter two years of an *approved** Family Practice residency, preferably with those latter two years in continuity of the same program.

This allows flexibility in the first year (G-1) but maintains our desire to reach continuity (in one program) for the latter two years (G-2 and G-3) and allows sufficient experience in a Family Practice Center.

All candidate's experiences, documented, will be subject to review and approval of the Credentials Committee and any deviation from the above must have prior approval of the Credentials Committee.

For candidates who are 36 months or more past completion of the Family Practice residency, the following is a requirement: applicants must have fifty (50) hours per year of bona fide continuing medical education acceptable to the Board for every year past residency graduation.

*"Approved" means approved by the Liaison Committee on Graduate Medical Education (LCGME) or, prior to the existence of the LCGME, by the Council on Graduate Medical Education of the AMA.

The level at which a physician is admitted into a residency is entirely at the discretion of the individual Program Director (within certain limits). This decision should be based on the compatibility of curriculum between the physician's G-1 year and the G-1 year of the prospective residency program. Previous graduate training must have been in an approved program in order to be acceptable.

Plan II

Completion of *either A or B* of this Plan.

(A) Evidence of having been engaged in the practice of medicine for not less than the *immediate* past six (6) years with documentation of a minimum of 300 hours of bona fide continuing education acceptable to the Board earned during this period.

or

(B) Current *active* membership in the American Academy of Family Physicians with re-election at least twice within the past six years since the original active membership date. This does not include period of "Associate Membership" but *must* have been re-election for two consecutive three-year "active" periods. This also excludes any type of AAFP membership other than "active."

The "six years of practice experience" under Part A of this plan are to be continuous and exclusive of any internship, residency, fellowship or other graduate training experience.

Practice experience in a foreign country may be used to satisfy the practice continuum *if* such experience was a fully licensed physician and *exclusive* of any training program. A residency or other training experience may not intervene between the practice years and the application date.

Please note: "Training experience" and "practice experience" are NOT to be considered the same.

This Plan will no longer be in effect after July 1, 1978.

Plan III

There are two parts of Plan III. Applicant must complete BOTH Parts One AND Two of this Plan, with the options indicated.

Part One

Either "A" or "B" must be fulfilled in this category.

(A) Evidence of having been engaged in *Family Practice* for not less than the *immediate* past three years (while holding valid license) with documentation of 150 hours of bona fide continuing education acceptable to the Board of Directors which were accumulated during this three-year period.

The Physician's Recognition Award (see below) may NOT be used en bloc here

or

(B) Current *Active* Membership in the American Academy of Family Physicians with RE-election for at least the immediate past three (3) year period since the original *Active* membership date. This does not include "Associate" membership, but requires at least three (3) years as an "Active" member and re-election at least once since the Active membership began.

Part Two

In addition to either A or B above, you must fulfill two additional units from C, D, E or F below.

NOTE: One experience from C, D, E, or F may *not* be applied toward credit in more than one category. For example, completion of an approved residency while in the medical service of the Armed Forces may *not* be credited toward a unit in *both* E and F.

(C) During the *immediate* past three years, satisfactory fulfillment of the continuing education requirement of the American Medical Association with receipt of its "Physician's Recognition Award" as evidence of this accomplishment. A photocopy of this Award must accompany application.

(D) Completion of one (1) year APPROVED* internship.

(E) Completion of one or more years of an APPROVED* residency in a presently recognized and established primary medical specialty discipline.

NOTE: Physicians who have completed two or more years of residency training in approved program in GENERAL PRACTICE, INTERNAL MEDICINE, or PEDIATRICS may seek approval for a maximum of two (2) units for this experience.

(F) Two or more years of medical service in the U.S. Armed Forces, Public Health Service, or National Health Service Corps (post M.D. degree). A photocopy of discharge papers must accompany the application.

This Plan will no longer be in effect after July 1, 1978.

EXAMINATION PROCEDURE

Certain facts about the examination should be known by each physician who intends to apply:

(a) Application fee is fifty dollars (\$50.00) and should be submitted with *completed* application. This is *NON-refundable*; therefore each applicant should carefully review requirements before submitting his application.

(b) Should the applicant be accepted for the examination, he will be notified by the Secretary of the Board. Upon notification, he will be asked to submit the examination fee of three hundred dollars (\$300.00) and will receive instructions as to the locations of various centers where the examination will be given.

(c) The certifying examination is a two-day written examination. Information concerning application, examination, etc., may be obtained from the Secretary of the Board. All communications relative to the Board should be addressed to:

Nicholas J. Pisacano, M.D.,
Executive Director and Secretary
American Board of Family Practice
University of Kentucky Medical Center
Lexington, Kentucky 40506

(d) Checks should be made payable to:
American Board of Family Practice, Inc.

NOTE: All fees are subject to change at the discretion of the Board of Directors.

The Board does not provide bibliography, study materials, reviews and so forth. One may contact a local Academy of Family Physicians chapter and/or other approved postgraduate programs for such materials.

CERTIFICATION

Each applicant shall be examined in such manner and under such rules as the Board may prescribe and must achieve a grade acceptable to the Board of Directors before receiving the certification of the Board. In all such matters the decision of the Board shall be final.

Upon successful completion of all the requirements including passing the certifying examination a physician becomes certified as a "Diplomate" of the American Board of Family Practice. An attractive certificate which is dated for a specific period of time will be issued to those successful candidates.

Issuance of a certificate or diploma by the Board shall not of itself confer or purport to confer upon the recipient any legal qualification, privilege, or license to engage in the specialty of Family Practice nor shall it purport to confer any special right to privileges on a hospital staff.

RECERTIFICATION

Certification will expire at the time designated on the certificate and in order to maintain Diplomate (certified) status, one must be re-certified periodically (ex: every six years) by the process delineated by the Board.

RE-EXAMINATION

Candidates who have failed the examination may have unlimited attempts at passing the certification examination provided they continue to meet the fifty (50) hour per year continuing medical education requirement and maintain a valid and unrestricted license to practice in the U.S. or Canada. An application is valid for a two-year period only, after which a new application must be filed and a new \$50.00 examination fee paid.

REVOCATION

Each certificate issued by the Board of Directors shall be subject to revocation in the event that:

(a) The issuance of such certificate or its receipt by the person so certified shall have been contrary to, or in violation of, any provision of the Articles of Incorporation of this, the American Board of Family Practice, incorporated, or of the Bylaws of the American Board of Family Practice; or

(b) The person certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting him so ineligible were known to, or could have been ascertained by, the Directors of the Corporation at the time of the issuance of such certificate; or

(c) The person so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Corporation or its representatives; or

(d) The person so certified shall at any time have neglected to maintain the degree of competency in the field of Family Practice as established by the Board.

The Board of Directors of the Corporation shall have the sole power and authority to determine whether or not the evidence of information before it is sufficient to constitute grounds for revocation of any certificate issued by this Corporation. The Board of Directors may, however, at its discretion, require any person so certified to appear before the Board of Directors or a body designated by the Board of Directors, upon not less than twenty (20) days' written notice by registered mail, and to show cause, at the time and place specified in such notice, why his certificate should not be revoked. The failure of any person so notified to appear as required in such notice shall, at the discretion of the Board of Directors, constitute cause for revocation of his certificate. The Decision of the Board of Directors in all such matters shall be final.

BOARD ELIGIBLE

The ABFP, as well as many other Boards, does not recognize nor use the term "Board Eligible" and does not issue statements concerning "Board Eligibility." It informs an applicant of admissibility to an examination to be given on a specific date after a formal application has been reviewed and approved.

AMERICAN BOARD OF INTERNAL MEDICINE

- ROBERT G. PETERSDORF, Chairman, Seattle
- DANIEL D. FEDERMAN, Chairman-Elect, Stanford
- THEODORE B. SCHWARTZ, Secretary-Treasurer, Chicago
- JEREMIAH A. BARONDESS, New York City
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 JAY P. SANFORD, Bethesda, Maryland
 MALCOLM P. TYOR, Durham, North Carolina
 JOHN V. VERNER, JR., Lakeland, Florida
 RALPH O. WALLERSTEIN, San Francisco
 GEORGE D. WEBSTER, Philadelphia
 ARNOLD M. WEISSLER, Detroit
 JOHN A. BENSON, JR., President, 3930 Chestnut Street,
 Philadelphia, Pennsylvania 19104

GENERAL QUALIFICATIONS FOR CERTIFICATION

All candidates must evidence satisfactory moral and ethical standing in the medical profession and appreciate the importance of good interpersonal relationships in patient care.

CERTIFICATION IN THE SPECIALTY OF INTERNAL MEDICINE PREREQUISITES

1. Undergraduate Medical Education

Candidates from schools in the United States or Canada must have graduated from a medical school approved at the date of graduation by the American Medical Association or the Canadian Medical Association or from a college of osteopathic medicine approved by the American Osteopathic Association.

Graduates of foreign medical schools not licensed to practice in a state, territory, province or possession of the United States or Canada, or who have not passed the examinations (Parts I, II, and III) of the National Board of Medical Examiners, must have a permanent certificate of the Educational Council for Foreign Medical Graduates. A photostatic copy of this certificate must accompany the application for admission to examination. Alternatively, candidates who have completed undergraduate pre-medical work in an accredited American college or university may document to the Board that they entered graduate medical training in the United States via the "Fifth Pathway" of the American Medical Association.

2. Postdoctoral Training Requirements

Candidates must satisfactorily complete the training requirements outlined on next pages. Requirements for graduates of foreign medical schools are the same as those presented for other candidates.

3. Application for Examination

A physician who meets the educational requirements in internal medicine must follow the procedures described below to apply for admission to the Certifying Examination.

4. Substantiation of Competence in Clinical Skills by Appropriate Authorities

It is essential that the internist can conduct a well-organized, complete and critical interview, perform a thorough physical examination with skill, organize clinical data into logical diagnoses and plans for study and management, and transmit to another physician the information thus obtained. Directors of approved residency training programs can most appropriately provide the Board with the necessary documentation of clinical competence and have established committees to assist them in the evaluation. The evaluation should be a continuing process extending throughout a trainee's tenure in a hospital's program. The Board, after receipt of an application for examination, requires substantiation of competence in clinical skills from the director(s) of the applicant's training program(s). The Board reviews the director's report before accepting the candidate for examination.

If the program director of any one of the three required years of training reports to the Board that a candidate's clinical skills were not judged satisfactory, the candidate shall be excluded from the next Certifying Examination. An excluded

candidate who wishes to be admitted to a subsequent examination may be required to undertake an additional year of training and devote special attention to the development of clinical skills. Candidates may appeal the decision by requesting a Special Evaluation of their clinical skills to be conducted by a member of the Board before they can be admitted to a subsequent examination. During this evaluation the candidate will be observed interviewing and examining two patients. The candidate will then be asked to provide a brief presentation of differential diagnostic possibilities based on the information obtained. Candidates whose skills are judged satisfactory by this procedure will be admitted to a subsequent examination. *Only one Special Evaluation is permitted.*

For candidates at least two years beyond training, substantiation that the physician is currently recognized as a specialist in internal medicine will be sought from the chief of the medicine service of the hospital in which the candidate's principal staff appointment is held.

5. The Certifying Examination in Internal Medicine

The Certifying Examination in internal medicine is a written examination. The questions are objective and designed to test the candidate's clinical acumen and, to an appropriate degree, knowledge of the sciences fundamental to internal medicine. A Certifying Examination consists of four sessions occupying two consecutive days. It is given annually in many centers throughout the United States, in Canada and in a few centers outside the continental limits of the United States.

6. Success on the Certifying Examination

A candidate who passes this examination will be certified as a Diplomate in the specialty of internal medicine as of the date of completion of that examination.

TRAINING REQUIREMENTS

Definition of Terms

To clarify the presentation of the training requirements which follows, the following terms are defined:

1. **Meaningful patient responsibility** is defined as comprehensive care of patients during training in any of the following:

- (a) inpatient services where patients are unselected as to diagnosis,
- (b) inpatient services where disorders of one subspecialty are managed, or
- (c) the emergency room, intensive care units, general medical or subspecialty outpatient clinics, or neurology and dermatology services.

2. **Approved** indicates approval by a Residency Review Committee of the Council on Medical Education of the American Medical Association, or the Liaison Committee on Graduate Medical Education, or Canadian training completed in Canada and approved by the Royal College of Physicians and Surgeons of Canada or by the Professional Corporation of Physicians of Quebec.

3. **A straight medicine internship** is an internship approved as such.

Also qualifying as a straight medicine internship is an internship, undertaken in a hospital approved for residency in internal medicine, which includes a minimum of eight months of internal medicine or alternatively, six months of internal medicine and two months devoted to pediatrics and/or emergency room care.

The Board will also accept a "categorical first year of internal medicine" approved by the Residency Review Committee in Internal Medicine and the Liaison Committee on Graduate Medical Education as meeting its requirement for one year of training. It will also accept a "categorical* first year" if it is similarly approved, is under the direction of a hospital's department of medicine and offers one of the combinations of training stipulated above for an acceptable straight medicine internship.

The Board has no requirement for a period of training specifically termed an "internship". Acceptable alternative terms for a straight medicine internship might be "first year of training in internal medicine" or "first year of medicine residency".

4. A residency in internal medicine is post-graduate training approved as such.

No internship, residency or fellowship training taken before the date of award of the M.D. degree may be credited against the Board's training requirements.

GENERAL REQUIREMENTS

The Board recommends that candidates receive three years of training in the broad field of internal medicine regardless of whether they plan to practice general internal medicine or a subspecialty. In order to assure that all Diplomates of the Board are competent to fulfill the responsibility of an internist for the primary care of patients, the Board will require three years of training in the broad field of internal medicine for all candidates who begin their first year of postdoctoral training in June 1977 and after.

The following requirements provide the minimum postdoctoral educational background which will enable a medical graduate to apply for admission to the examination of the Board. All physicians planning to apply for certification are urged to discuss the details of their training with their program directors.

CURRENT REQUIREMENTS

The three years of required training outline under Plan 1 and Plan 1-A must satisfy the following conditions:

1. A candidate must complete, within the thirty-six months of training, a minimum of twenty-four months of general internal medicine with meaningful patient responsibility (see definition on page 5). At the discretion of the director of the training program in internal medicine, up to four months of these twenty-four months may be spent in other specialties related to medicine, provided that they also involve meaningful patient responsibility.

The following count toward the twenty-four month requirement:

Twelve months spent during an approved straight medicine internship or an approved categorical or categorical* first year of internal medicine

The exact number of months spent in internal medicine during another type of approved internship

The exact number of months in an approved medicine residency during which the trainee assumed meaningful patient responsibility

The exact number of full-time equivalent months in a fellowship during which the trainee assumed meaningful patient responsibility

2. Of the thirty-six months of the training required, a maximum of six months may be devoted to rotations through activities other than in internal medicine and its subspecialties. These rotations may be dispersed through the required thirty-six months of training.

3. A director of an approved training program in internal medicine must have responsibility for the educational process during all thirty-six months of training.

A physician will not be examined until in the final stages of three years of approved postdoctoral education as outlined under Plan 1 below and under Plan 1-A.

Plan 1

Year 1—An approved internship which meets the requirements of a straight medicine internship

or

One year of approved residency in general internal medicine

Year 2—A year of approved residency in general internal medicine

Year 3—A year of approved residency in general internal medicine

Special Requirements Which May Apply to Candidates Beginning Postdoctoral Training Between July 1970 and June 1977

In the case of candidates beginning postdoctoral training before June 1977, the Board will continue to admit to the Certifying Examination the few outstanding candidates who are judged by their program directors to have developed sufficient competence in the broad field of internal medicine to undertake the examination after devoting the temporarily acceptable minimum period of two of the three required years of training, to general internal medicine. (Such candidates must have had meaningful patient responsibility during all twenty-four months of their training in general internal medicine.) Authorization must be obtained from the director of their second year of training in general internal medicine before devoting the third year of required education to a field other than general internal medicine. The Board expects that the program director, before granting authorization, will assure that it is the intention of the candidate to devote two years to training in the medical subspecialty. The Board will request from the program director, documentation of the required authorization during the process of evaluating the candidate's application for the Certifying Examination.

The Board has strongly urged program directors to phase out such "short track" approval as soon as possible. In any case, there can be no "short track" for physicians beginning postdoctoral training in June 1977 and after.

Plan 1-A

(Not available to candidates beginning postdoctoral training in June 1977 and after.)

Year 1—An approved internship which meets the requirements of a straight medicine internship

or

One year of approved residency in general internal medicine

Year 2—A year of approved residency in general internal medicine, preferably in the same institution as Year 1

Year 3—One year of the following training can fulfill the requirements for the third year of internal medicine if conducted under acceptable auspices such as an approved residency program in internal medicine and provided that the director of a candidate's second year of training in internal medicine authorizes the candidate to undertake examination after completing only twenty-four months of general internal medicine within the required thirty-six months:

1. The first of two intended years of fellowship or residency in one of the subspecialties in which the Board or its related Conjoint Boards examine, or

2. in exceptional instances and with the approval of the Board, training in fields other than internal medicine.

Training Requirements Which May Apply to Candidates Beginning Their Postdoctoral Training Before July 1970

Candidates who entered their first year of residency training in internal medicine prior to July 1, 1970 and who met the training requirements for the Certifying Examination in internal medicine under previous Plans A1, A2, A3 (all of which involve a minimum of four years of postdoctoral education). Plans B1 and C, and Plans 1 and 2 may apply for admission to the Certifying Examination.

Candidates who passed a written examination in general internal medicine in years preceding the Certifying Examination of June 1972 and who did not subsequently pass an oral examination may apply for admission to the Certifying Examination and will be awarded the related Diplomate certificate if successful.

Requirements for Acceptability of Training Taken in Programs Other Than in Internal Medicine

Physicians transferring from such programs may allocate against the required thirty-six months of training only that

period documented as having been served under the supervision of the director of an approved associated program in internal medicine or considered by that director to be equivalent to training in the internal medicine program.

Candidates for Special Consideration

The Board has the authority to admit to the Certifying Examination candidates with unusual training.

Plan C

Candidates may not initiate an application for examination involving Plan C. Specific recommendation that a candidate be qualified under this Plan must be made by the chairman of the department of medicine of an approved medical school in the United States or Canada. Furthermore, the candidate must be a full-time member of the faculty of that medical school. Such a candidate should have the abilities and stature to qualify for admission to the examination even though his/her training program has been unusual.

The candidate's curriculum vitae and bibliography must be transmitted with the proposal which will be considered individually by the Executive Committee of the Board. Appropriate candidates will be sent application forms, and the proposer will receive a form and be requested to record the report of the hospital's Committee on Evaluation of Clinical Competence.

Other Candidates

The Board recognizes that certain potential candidates have unusual educational or training experiences. It has established procedures to evaluate the eligibility of such persons for admission to the Certifying Examination. Inquiries on their behalf may be transmitted to the Board by directors of approved training programs in internal medicine in the United States and Canada.

PROCEDURES FOR APPLICATION AND EXAMINATION

Candidates who will have completed the prescribed training by July 1 of a given year are eligible to apply for admission to the Certifying Examination given that year. Candidates for examination must make their application on the prescribed form which may be obtained by written request from the Board's office. Those contemplating admission under plans for candidates for special consideration must arrange a proposal from the departmental chairman of an approved medical school or the director of an approved training program before submitting an application form.

The next examination in general internal medicine will be held June 21-22, 1977. Application forms may be requested beginning August 1, 1976. Those whose commitments at the time of the June examination are uncertain should refer to the section on Cancellations. *The closing date for receipt in the Board's office of the completed application form for either an initial or a repeat examination is November 1, 1976.*

The application form must be accompanied by two recent, signed photographs of the candidate and the fee of \$250.00. Two hundred dollars of the registration and examination fee will be refunded if the application is disapproved; the balance defrays the cost of evaluating the application.

Candidates may indicate their preferences for examination centers from a list included with the application form.

Candidates will be informed of the results of the examination approximately four months after its administration.

CERTIFICATION IN A SUBSPECIALTY OF INTERNAL MEDICINE PREREQUISITES

1. Prior Certification in Internal Medicine

A candidate for examination in a subspecialty must be certified as a Diplomate in the specialty of internal medicine, or have been successful on (but not certified by) the Qualifying Examination of 1969 or 1970, or as a Fellow in internal medicine by the Royal College of Physicians and Surgeons of Canada or by the Professional Corporation of Physicians of Quebec. Such certification in Canada is not acceptable as qualification if candidates have entered the Board's evaluation process in internal medicine and have not

been successful in passing a Certifying Examination or have not been admitted to a Certifying Examination because of insufficient training, unauthorized "short track," clinical incompetence, or lack of substantiation that candidates are recognized as specialists in their communities.

2. Training Requirements

Candidates must satisfactorily complete the training requirements.

3. Application for Examination

A physician who meets the two requirements stipulated above must follow the procedures to make application for examination in a subspecialty area.

4. Substantiation of Clinical Competence and Recognition as a Subspecialist

Substantiation of the candidate's overall clinical competence will be requested. The Board will also request substantiation from the institution(s) at which the candidate has taken subspecialty training and/or has staff appointments that the candidate is recognized as a specialist in the appropriate subspecialty.

5. Subspecialty Examination

Examinations in the subspecialties are administered in alternate years, exclusively in the United States and Canada. An outline of the general subject areas covered in each examination is available upon request. The examinations are objective and occupy one day.

6. Success on a Subspecialty Examination

A candidate who passes an examination will be certified as a Diplomate in the particular subspecialty as of the date of that examination.

TRAINING REQUIREMENTS

Current Requirements

The Board requires two years of full-time graduate education in the subspecialty, completed in a program associated with an approved residency in internal medicine. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this experience in an academic atmosphere. Training undertaken in a subspecialty area while the candidate holds a full-time junior faculty appointment in a medical school in the United States or Canada is applicable against the requirements.

Subspecialty rotations completed during a candidate's training in general internal medicine cannot be credited towards the required subspecialty training.

Special Requirements Which May Apply to Candidates Beginning Their Postdoctoral Training Before July 1970

Physicians who initiated residency training in internal medicine before July 1, 1970 and are certified in internal medicine may apply for examination in a subspecialty, if they have taken one year of full-time training in the subspecialty.

The two-year training requirement holds for those physicians desiring examination who passed the Qualifying Examination in internal medicine in 1969 or 1970 but did not pass an oral examination in internal medicine. A physician who passed the Qualifying Examination and who has completed two years of the appropriate training in a subspecialty (including Allergy and Immunology and Nuclear Medicine) may apply for examination in that subspecialty. Physicians who pass that examination will be certified in both the subspecialty and internal medicine. A candidate in this category will be admitted to examination regardless of the number of oral examinations in internal medicine he may have undertaken. Alternatively, the candidate may undertake and pass a Certifying Examination to achieve certification in general internal medicine.

Candidates for Special Consideration

The Board has the authority to admit to a subspecialty examination candidates with unusual training.

Plan S

The candidate may not elect this Plan independently. The proposal must be directed to the Board in writing by the chairman of the department of medicine of an approved medical school in the United States or Canada. This mechanism for admission to examination relates to candidates who have been previously certified in internal medicine by the American Board of Internal Medicine or passed the Board's Qualifying Examination of 1969 or 1970, and who have undertaken less than the required approved formal training in a subspecialty. A candidate who is a *full-time faculty member* of a medical school in the United States or Canada and has had the equivalent of two years of training in a subspecialty may be proposed under Plan S.

The chairman proposing the candidate must be able to verify the clinical competence of the nominee. The proposal should include a description of the candidate's training and experience in the subspecialty area, a complete curriculum vitae and a bibliography. Each proposal will be reviewed by the Executive Committee of the Board, and application forms will be sent to appropriate candidates.

Certification in Two Subspecialties

Specific training requirements have been described by the Board only in relation to candidates desiring certification in both hematology and medical oncology. For candidates undertaking their first year of training in hematology, medical oncology or a combined program in June 1974 and after, three years of training divided between the two areas is required. Candidates who initiated training earlier should direct a written inquiry to the Board containing a description of their training.

PROCEDURES FOR APPLICATION AND EXAMINATION

Candidates who are certified in internal medicine before October 1 of a given year and will have completed the prescribed training before that date are eligible to undertake an examination in a subspecialty given in October of that year. Candidates for examination must make their application on the prescribed form which may be obtained from the Board's office during the registration period. Those contemplating eligibility under Plan S must arrange a proposal from the departmental chairman of an approved medical school before submitting an application form.

Examinations in each subspecialty are offered in alternate years according to the schedule presented below. Application forms for a written examination to be given in October will be available beginning January 1 of the same year. *The closing date for receipt in the Board's office of the completed application form for either an initial or a repeat examination is March 15.*

Candidates who will have completed the required two years of subspecialty training by a given October and who are undertaking the Certifying Examination in June of the same year may apply before March 15 for the appropriate subspecialty examination; their admission to the October examination will be contingent upon passing the Certifying Examination. The Board will notify such candidates of their admission to that subspecialty examination about October first.

The application form must be accompanied by two recent, signed photographs of the candidate and the fee of \$250.00. Only two hundred dollars of the registration and examination fee will be refunded if the application is disapproved (including those doubly registered candidates—see paragraph above—who fail the Certifying Examination in internal medicine); the balance defrays the cost of evaluating the application.

Candidates may indicate their preferences for examination centers from a list included with the application form.

Candidates will be informed of the results of the subspecialty examination approximately three months after administration.

RECERTIFICATION IN INTERNAL MEDICINE

Recertification is offered as one method of identifying the results of the efforts in continuing education of a previously certified internist. The thrust of the Recertification Examination is the knowledge and skills important in the practice of the specialty at the time of the Recertification Examination.

Diplomates of the Board who were certified or recertified in the specialty of internal medicine six or more years previously may apply for the Recertification Examination. Successful performance on a Recertification Examination will provide the physician with a certificate with the date of the examination.

The next Recertification Examination in general internal medicine will be offered on October 29, 1977. Diplomates of the Board who were certified in internal medicine in 1971 or before will be eligible to apply early in 1977. Physicians who were successful on the Recertification Examination in 1974 are ineligible for reexamination until 1980.

MISCELLANEOUS INFORMATION

SEQUENCE OF PROCEDURES RELATING TO ADMISSION TO THE CERTIFYING OR A SUBSPECIALTY EXAMINATION

Following review of an applicant's training as presented on the application form, the candidate who is making a *first* application is informed by letter that the initial stage of the processing of the application has been completed. The Board then solicits reports from those who trained the candidate and/or are familiar with his/her performance in training and/or in practice. If these reports are satisfactory, the applicant is informed of admission and the location of examination approximately three weeks before the examination date.

ADDITIONAL INFORMATION REGARDING TRAINING REQUIREMENTS

Education Received While Fulfilling Required Military Service

Candidates may fulfill the educational requirements for both the Certifying and the Subspecialty Examinations on the basis of training which is acceptable to the Board as specified above and which simultaneously fulfilled the candidate's requirements for obligated military service.

Requirements for Examination by Both the American Board of Pediatrics and the American Board of Internal Medicine

In 1967, these two Boards agreed that candidates otherwise eligible for examination and subsequent certification by both Boards, *after* they complete at least two years of approved postdoctoral training involving graded responsibility in each specialty.

CANCELLATIONS

Candidates who cancel their application for any of the examinations of the Board before the deadline for cancellation will receive a refund of \$200.00.

REEXAMINATION

1. Candidates who are unsuccessful on a Certifying Examination in internal medicine or a Subspecialty Examination are not restricted as to the number of opportunities for re-examination and may apply for reexamination in any year.

2. Candidates requesting reexamination whose credentials have not been reviewed during the previous three years are required to designate on the application form the hospital in which they hold their principal staff appointment. The Board will, during the registration procedure, obtain from the chief of medicine of that hospital substantiation of the appointment.

3. The fee for reexamination is \$250.00.

CERTIFICATION IN AREAS RELATED TO INTERNAL MEDICINE OFFERED BY CONJOINT EXAMINING BOARDS

The American Board of Internal Medicine has joined with other specialty boards in sponsoring the examining bodies listed below. Physicians certified in internal medicine who are interested in certification in the indicated areas should make inquiry to:

The American Board of Allergy and Immunology
(A Conjoint Board of the American Boards of
Internal Medicine and Pediatrics)
3930 Chestnut Street, Philadelphia, Pennsylvania 19104
The American Board of Nuclear Medicine
(A Conjoint Board of the American Boards of
Internal Medicine, Pathology, and Radiology)
475 Park Avenue, South, New York, New York 10016

IRREGULAR BEHAVIOR

All Board examinations are proctored. Any irregular behavior (such as giving or obtaining unauthorized information or aid) by a candidate, evidenced by observation, statistical analysis of answer sheets or otherwise, will constitute grounds for invalidation of that candidate's examination.

JOURNALS PUBLISHING INFORMATION
ON APPLICATION AND EXAMINATION
SCHEDULES

The Annals of Internal Medicine (Medical News Section)
The Bulletin of the American College of Physicians
(Certifying Board Examination Section)
The Internist
The Journal of the American Medical Association
(Examinations and Licensure Monthly Section)

CHANGES IN POLICIES AND
PROCEDURES

The Board reserves the right to make changes in its policies and procedures at any time, and cannot assume responsibility for giving advance notice thereof. The provisions of this publication are not to be construed as a contract between any candidate and the American Board of Internal Medicine.

SUMMARY OF REGISTRATION DATA

Certifying Examination

Registration Period:	December 1-March 1 Annually
Examination Date:	September 12-13, 1978
Fee:	\$250.00
Deadline for Cancellation:	August 15, Annually
Refund:	\$200.00
Admission Card Transmittal:	Three weeks preceding examination

Subspecialty Examinations

Registration Period:	August 1-October 31 Annually
Examination Dates:	June 1979
June 20, 1978	Cardiovascular Disease*
Hematology	Endocrinology & Metabolism
Infectious Disease	Gastroenterology
Nephrology	Medical Oncology
Pulmonary Disease	
Rheumatology	
Fee:	\$250.00
Deadline for Cancellation:	May 15, Annually
Refund:	\$200.00
Admission Card Transmittal:	Three weeks preceding examination

*The examination in Cardiovascular Disease will probably require an additional one-half day. Further information will be provided with application forms.

Please address all inquiries to:
Registration Department
American Board of Internal Medicine
3930 Chestnut Street
Philadelphia, Pennsylvania 19104
(215) 386-7551

CERTIFICATION IN SUBSPECIALTY OF
CARDIOVASCULAR DISEASE

ARTHUR SELZER, Chairman, San Francisco
ROBERT ADOLPH, Cincinnati
JOHN DAVID BRISTOW, Portland, Oregon
LAWRENCE S. COHEN, New Haven, Connecticut

ERNEST CRAIGE, Chapel Hill, North Carolina
ROBERT J. HALL, Houston, Texas
THOMAS N. JAMES, Birmingham, Alabama
J. O'NEAL HUMPHRIES, Baltimore, Maryland
THOMAS KILLIP, New York City
DEAN T. MASON, Davis, California
ROBERT C. SCHLANT, Atlanta, Georgia
ARNOLD M. WEISSLER, Detroit, Michigan

EDUCATIONAL AND RELATED REQUIREMENTS

The minimum requirements for candidates initiating residency training in Internal Medicine on July 1, 1970 or after are:

Certification as a Diplomate in Internal Medicine (or success in Qualifying Examination of 1969 and 1970), or Certification as a Fellow in Internal Medicine by the Royal College of Physicians and Surgeons of Canada,
and

Two years of full-time graduate education in the subspecialty. (This education must be completed in a program approved for three years of residency in internal medicine, under a physician competent in the subspecialty field. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere. Training in a subspecialty area undergone while the candidate holds a full-time junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two-year requirement).

EXAMINATION: Candidates who have satisfied the above requirements are eligible to undertake an examination in a subspecialty area after completion of their training. An application may be submitted during, or after completion of, the second year of subspecialty training.

Examinations in subspecialty areas will be offered on alternate years (see section above on REQUIREMENTS FOR EXAMINATION IN SUBSPECIALTY AREAS). An application may be obtained by writing to the Executive Director of the American Board of Internal Medicine on or after January 1 of the year in which the examination is to be taken and must be submitted no later than March 15 of that year.

The registration fee for the written segment of the examination is \$250.00, plus an additional charge of \$150.00 for the oral examination.

FURTHER INFORMATION ON CERTIFICATION IN
SUBSPECIALTY OF CARDIOVASCULAR DISEASE

A. PREREQUISITE:

The candidate must be certified as a Diplomate in Internal Medicine or must have passed the Qualifying Written Examinations of 1969 or 1970 before applying for examination. The candidate may apply for the examination after completing six months of his second year of training in cardiovascular disease before taking his Subspecialty Board Examinations. No additional applications are being accepted for the current oral examination.

The written component of the examination will be held in October each year, at various centers in conjunction with written examinations in other subspecialty fields. In addition to this written examination, candidates for the Subspecialty Board on Cardiovascular Disease must pass an oral examination. The oral examinations will be given at smaller, regional examinations in addition to larger, national examinations.

Applicants for the examination to be offered in October should request an application form in January of that year.

B. TRAINING:

Requisite for general internal medicine: The candidate must be certified as a Diplomate in Internal Medicine (or have passed the Qualifying Examinations of 1969 or 1970).

In regard to the training in the broad field of internal medicine, the *Policies and Procedures* of the American Board of Internal Medicine, December, 1970, read as follows in their relationship to the requirements for the Certifying Examination in general internal medicine:

Important note on Minimum aspects of requirements: The Board recommends that candidates receive three years of training in the broad field of internal medicine whether they plan to practice internal medicine or a subspecialty. It is recognized that some candidates can undertake the examination with a *minimum* of two of the three years of training in general internal medicine. These exceptional candidates must obtain authorization from the director of their second year of training in internal medicine. The Board will request from the director documentation of such authorization during the process of evaluation of the candidate's application for the examination."

Requisite cardiovascular training: The current requirements of the American Board of Internal Medicine for subspecialty certification, adopted in 1970 are:

"Two years of full-time graduate education in the subspecialty. (This education must be completed in a program approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine, under a physician competent in the subspecialty field. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere.)"

Except in the most unusual circumstances, the candidate for certification by the Subspecialty Board on Cardiovascular Disease should have devoted the equivalent of one of the two years in training to the broad area of clinical cardiovascular disease, including experience in the intensive care of patients with acute cardiovascular disorders.

The earlier policy, involving *diplomates* initiating residency training in internal medicine before July 1, 1970, stipulated four years of training in internal medicine and cardiovascular disease, after completion of an internship. Although only one year of specific cardiovascular training was required, most candidates had completed two years of training in cardiovascular disease. It is the policy of the American Board of Internal Medicine that if candidates "have undertaken less than the required two years of appropriate subspecialty training, their acceptability will be decided upon by the Executive Committee after review of their training and other credentials." As already indicated, these requirements specified in this paragraph apply to candidates initiating residency training in internal medicine before July 1, 1970.

C. EXAMINATION:

The subspecialty examinations in Cardiovascular Disease are designed to demonstrate that the candidate possesses certain specialized knowledge and has acquired particular skills that entitle him to be known as a consultant to other internists. Candidates will be required to pass both a written and an oral examination. The written examination will test the following areas:

- (1) Normal and pathologic anatomy and physiology of the circulatory system.
- (2) Interpretation of electrocardiograms, cardiovascular roentgenograms, and special procedures and techniques used in the study of cardiovascular problems. The candidate should be able to integrate the information from these sources in such a way as to lead logically to the proper diagnosis and treatment.
- (3) Knowledge of the pharmacology, including side effects and therapeutic applications, of drugs used in the treatment of cardiovascular diseases.
- (4) Knowledge of the indications, contraindications, and complications of other forms of treatment, including surgery.
- (5) Familiarity with the several aspects of cardioversion and cardiac pacing, as well as other specialized techniques

useful in non-operative therapy and/or diagnosis.

(6) Interpretation of hemodynamic data obtained from the catheterization laboratory.

(7) Familiarity with the medical aspects of cardiovascular surgery.

(8) Knowledge of contemporary cardiovascular literature.

(9) Competence in the general field of internal medicine.

The oral examination will consist of the evaluation of two patients with cardiovascular problems.

(1) The candidate must be proficient in taking an accurate history and in performing a detailed physical examination.

(2) The candidate must convincingly demonstrate to his Board examiners his ability to integrate and synthesize cardiovascular data and to serve as a consultant in cardiovascular disease to a well-trained internist.

D. REFERENCES:

The applicant must supply the name(s) of the director(s) of his training program, and the Chief of the Department of Medicine and the Director of the Division of Cardiology in which the applicant holds appointments. One or more of these individuals will be requested to complete evaluation forms which will permit the reporting of the details of the candidate's training program and an evaluation of overall clinical competence.

E. REEXAMINATION:

(1) The interval between examinations will be not less than one year.

(2) A candidate who has failed three written or two oral examinations of the Board of Cardiovascular Disease must present satisfactory evidence of the completion of additional formal training (at least one year of full-time training) before readmission to examination.

CERTIFICATION IN SUBSPECIALTY OF GASTROENTEROLOGY

- MALCOLM P. TYOR, Chairman, Durham, North Carolina
- LLOYD G. BARTHOLOMEW, Rochester, Minnesota
- HENRY W. BOYCE, JR., Washington, D.C.
- FRANK P. BROOKS, Philadelphia
- THOMAS C. CHALMERS, Bethesda, Maryland
- MARTIN KALSER, Miami, Florida
- TELFER B. REYNOLDS, Los Angeles
- PAUL SHERLOCK, New York City
- WADE VOLWILER, Seattle

EDUCATIONAL AND RELATED REQUIREMENTS

The minimum requirements for candidates initiating residency training in Internal Medicine on July 1, 1970 or after are:

- Certification as a Diplomate in Internal Medicine (or success in the Qualifying Examination of 1969 and 1970), or
- Certification as a Fellow in Internal Medicine by the Royal College of Physicians and Surgeons of Canada.

AND

Two years of full-time graduate education in the subspecialty. (This education must be completed in a program approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine, under a physician competent in the subspecialty field. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere. Training in a subspecialty area undergone while the candidate holds a full-time junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two-year requirement.)

EXAMINATION: Candidates who have satisfied the above requirements are eligible to undertake an examination in a subspecialty area after completion of their training. An application may be submitted during, or after completion of the second year of subspecialty training.

Examinations in subspecialty areas will be offered on alternate years (see section above on *Requirements for Examination in Subspecialty Areas* for schedule of examinations). An application may be obtained by writing to the Executive Director of the American Board of Internal Medicine on or after January 1 of the year in which the examination is to be taken and must be submitted no later than March 15 of that year.

The registration fee for the examination is \$250.00.

CERTIFICATION IN SUBSPECIALTY OF PULMONARY DISEASE

R. DREW MILLER, Chairman, Rochester, Minnesota
WILLIAM H. ANDERSON, Louisville, Kentucky
JOSEPH H. BATES, Little Rock, Arkansas
KENNETH MOSER, San Diego, California
JOSEPH C. ROSS, Charleston, S.C.
GORDON L. SNIDER, Boston
MARVIN A. SACKNER, Miami Beach, Florida

EDUCATIONAL AND RELATED REQUIREMENTS

The minimum requirements for candidates initiating residency training in Internal Medicine on July 1, 1970 or after are:

Certification as a Diplomate in Internal Medicine (or success in the Qualifying Examination of 1969 and 1970), or Certification as a Fellow in Internal Medicine by the Royal College of Physicians and Surgeons of Canada.

AND

Two years of full-time graduate education in the subspecialty. (This education must be completed in a program approved for three years of residency in internal medicine by the Residency Review Committee in Internal Medicine, under a physician competent in the subspecialty field. A period of education in another institution may be acceptable; however, the institution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere. Training in a subspecialty area undergone while the candidate holds a full-time junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two-year requirement.)

EXAMINATION: Candidates who have satisfied the above requirements are eligible to undertake an examination in a subspecialty area after completion of their training. An application may be submitted during, or after completion of the second year of subspecialty training.

Examinations in subspecialty areas will be offered on alternate years (see section above on *Requirements for Examination in Subspecialty Areas* for schedule of examinations). An application may be obtained by writing to the Executive Director of the American Board of Internal Medicine on or after January 1 of the year in which the examination is to be taken and must be submitted no later than March 15 of that year.

The registration fee for the examination is \$250.00.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

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FRANK R. WRENN, Greenville, South Carolina
ROBERT B. KING, Secretary-Treasurer, 750 E. Adams St.,
Syracuse, New York 13210

GENERAL QUALIFICATIONS

(1) Evidence of professional standing and practice satisfactory to the members of the Board.

(2) Completion of a minimum prescribed period of formal training in approved centers in the United States or Canada as described below.

(3) Under exceptional circumstances (for example, in the case of a neurosurgeon practicing in a country other than the United States or Canada), the American Board of Neurological Surgery may use the In-Training Written Examination as a guide for permission to take the oral examination for regular certification.

(4) Properly qualified candidates who are permanent residents in and citizens of other countries and are legally qualified to practice medicine there, and who have received their training in neurological surgery in the United States or Canada may apply for a regular certificate issued by the American Board of Neurological Surgery. All graduates of foreign medical schools who are candidates for certification by the American Board of Neurological Surgery must be licensed by examination to practice in the United States or Canada.

(5) A special certificate may be issued to foreign candidates (not American or Canadian citizens) who have received their training in neurological surgery in the United States or Canada and who are returning to their own country at the end of their training period. Examination for this Foreign Certificate may be taken without completion of the requirement of two (2) years in the practice of neurological surgery. All foreign applicants, as well as applicants for the regular certificate, must have one (1) year of general surgical training in an approved program of general surgery in the United States or Canada. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board. However, the Foreign Certificate is not available to individuals beginning their training on or after July 1, 1972. The only certificate available for such individuals from the Board is its regular certificate.

The Foreign Certificate is being discontinued. However, those individuals who began their training in neurological surgery prior to July 1, 1972, may still obtain the Foreign Certificate.

(6) This special certificate shall be designated the Foreign Certificate of the American Board of Neurological Surgery. It will be forwarded to each foreign candidate who has passed the examination only when he has returned to his country and forwarded to the Secretary-Treasurer evidence of license to practice in his own country. If the holder of a Foreign Certificate returns to or remains in the United States or Canada to practice, he must surrender his Foreign Certificate to the Board. The candidate, after two years of satisfactory practice of neurological surgery in the United States or Canada, may then be re-examined by the Board under its current rules. The fee for re-examination is four hundred dollars (\$400).

PRELIMINARY PROFESSIONAL STANDING

(I)

(1) Graduation from a school which is acceptable to the American Board of Neurological Surgery, Incorporated.

(II)

Completion of five (5) years of training following receipt of the M.D. degree. This training must occur in hospitals or institutions recognized by the American Board of Neurological Surgery and acceptable to it. Of this training period thirty (30) months must be devoted to clinical neurological surgery and the remaining 30 months should be devoted to some

aspect of neurological sciences and fundamental clinical skills (12 months). The twelve (12) months training in fundamental clinical skills must prepare the candidate to understand the principles of surgery and management of surgical problems. This training may be an integrated part of the neurosurgical training, developed by the program director of an approved residency program in neurological surgery. No time during this twelve months may be spent on neurological surgery. Prior to acceptance for examination the Board required a statement from the candidate's program director to the effect that he has met these minimum time requirements and that his performance has been satisfactory.

Under exceptional circumstances an individual in his final year in medical school may enter directly into a five year training program in neurology without having to take a year of general surgery. To meet this stipulation, the individual's senior year must have been spent in surgery, equivalent of one year of graduate training in surgery, and acceptable to such in the judgment of the Chairman of the Department of Surgery in that medical school. The Chairman of the Department of Surgery shall notify the American Board of Neurological Surgery to this effect.

Individuals who have had substantial training in fields other than general surgery may be granted credit for such time. The credit usually does not exceed twelve months and such individuals will be required to have six months of general surgical training.

Plus

The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is necessary that at least two (2) years of this training in clinical neurological surgery be obtained in one (1) institution. The American Board of Neurological Surgery will not ordinarily approve training in any hospital or graduate school of medicine for periods of less than six (6) months.

Upon recommendation of the head of an approved training program and individual ratification by the Board, credit may be given retroactively for training if a candidate:

- a) transfers from one approved neurosurgical training center to another by written agreement between the chiefs of the two programs. These letters of agreement must be on record with the American Board of Neurological Surgery. If this is impossible, the Board is to arbitrate this arrangement and reach a final decision.
- b) before entering a training program, has had in other approved centers substantially more than the prerequisite training in general surgery, medical neurology or in the basic neurological sciences.
- c) Exchange of residents between approved neurosurgical training programs in the United States and Canada for periods of more than twelve (12) months may be arranged by the respective training program directors with the resident's consent. In such instances the Secretary of the Board should be notified of this change in program before the exchange period begins. Such an exchange shall in no way compromise any other training requirement.

These provisions in no way alter the basic minimum requirements of four (4) years training in neurosurgery including thirty (30) months of clinical neurosurgery of which twenty-four (24) months must be in one institution.

Candidates who complete training in approved Canadian programs and who are certified by the Royal College of Physicians and Surgeons (Canada) in neurosurgery may apply to the American Board of Neurological Surgery for the Oral Examination and certification but must take the Primary Written Examination for credit and complete the same practice requirements as do graduates of approved training programs in the United States.

The Board does not accept training by preceptorship.

Credit for partial training in foreign or other non-approved centers may be granted by the Board on an individual basis when this training is carried out as an integral part of, and with the advice and approval of, the director of the candidate's clinical neurosurgical program.

PRIMARY WRITTEN EXAMINATION

No candidate shall be eligible to take the Board's Oral Examination unless he/she has passed the Board's Primary Written Examination. A candidate may take the Primary Examination for credit at any time during his/her final two years of formal residency training, and may take it as many times thereafter as may be necessary to achieve a passing grade.

The Primary Examination will be given once each year, usually in the spring, at such time and at such locations as shall be designated by the Board. A separate application must be filed to take the Primary Written Examination. A fee for the examination will be set by the Board. The fee will be refunded should the candidate not take the examination.

The Primary Written Examination must be passed successfully at least six (6) months prior to the Oral Examination. The candidate may take this examination as often as desired.

PRACTICE REQUIREMENTS

Following completion of graduate study, an additional period of not less than two (2) years of satisfactory practice of neurological surgery is required prior to examination. After one year of practice the candidate shall furnish the Board with names of individual physicians who are knowledgeable about the quality of the candidate's practice. The Board will request reference letters from these physicians. Other physicians may also be contacted. The Board at its discretion may send representatives to review the candidate's practice.

Upon request prior to the Oral Examination, the candidate shall forward to the Secretary a typewritten chronological list of all hospital patients for whom he has been the responsible surgeon. Only those upon whom neurosurgical diagnostic or operative procedures have been carried out during the two years immediately preceding examination should be listed. Information must include:

1. Identifying hospital number and date of admission
2. Clinical diagnosis
3. Definitive diagnostic procedures, if performed
4. Operations, if performed
5. Result, including, when applicable, all complications and autopsy findings.
6. A summary form of the clinical material seen, and surgical work performed, by the applicant will be submitted to the Board.

No minimum volume of diagnostic or operative procedures is required. The candidate should keep accurate records at all times so that material will be readily available. The total experiences shall be tabulated by the candidate in a format defined by the Board. The case material shall be accompanied by documents indicating the essential accuracy of the chronological list from the Chief of Staff, Chief of Service, President of Medical Staff, or Hospital Administrator of the hospitals in which the candidate practices. This list will be sent to the Secretary-Treasurer at a time set by the Secretary. In turn, the Secretary of the Board will send the list to the Members prior to the examination for their review. The candidate should bring a duplicate copy of these records to the Oral Examination.

APPLICATIONS

An application on the official application blank, in such form as may be adopted from time to time by the Board of Directors, must be in the hands of the Secretary-Treasurer of the board not less than nine (9) months prior to the date the applicant wishes to present himself for examination. In most instances, therefore, a candidate should write to the Secretary-Treasurer for the official application blank after he has been in practice about one (1) year or sooner.

The Secretary-Treasurer on receipt of an application shall forthwith make inquiries from the candidate's references and

from such other persons as the Secretary-Treasurer may deem desirable, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary-Treasurer of its recommendation. The application shall then be acted upon by the members of the entire Board at a regular meeting and the applicant promptly notified of the Board's decision. If accepted, the candidate shall be scheduled for Oral Examination as soon as the schedule permits after completion of any other training or practice requirements. Candidates must take the Oral Examination within three (3) years of the time of notification or re-apply as a new candidate. If the candidate fails the examination and wishes to repeat the examination he must do so within 3 years, but the Board requires a waiting period of 1 year to allow time for further preparation. If a candidate has failed twice and wishes to re-apply he/she must first take, and successfully pass the Primary Examination. Should the candidate successfully pass the Primary Examination, and again fail the Oral Examination, he/she must wait one year, repeat the Primary Examination and successfully pass it before reapplying to take the Oral Examination.

ORAL EXAMINATION

A candidate may be scheduled to stand for the certifying Oral Examination after approval of his/her credentials by the entire Board at a regular meeting. The Secretary-Treasurer will notify the candidate and the hospitals in which the candidate practices, of this Board action. The letter will include the duration for which the individual remains acceptable for the Oral Examination.

If a candidate does not take the examination or fails the examination and does not re-apply within three (3) years, a new application must be submitted and receive Board approval.

PAYMENT OF FEES

The fee for the Oral Examination shall be four hundred dollars (\$400). The candidate for examination on filing his application shall accompany it with an application fee of fifty dollars (\$50.). The application fee will not be returned even though the application for examination is denied. When notified by the Secretary-Treasurer that he is eligible for examination, he shall send the examination fee of four hundred dollars (\$400.) to the Secretary-Treasurer at least thirty (30) days before the date of the examination.

A candidate who has failed the Oral Examination once is eligible for re-examination within three (3) years, on payment of a re-examination fee of four hundred dollars (\$400). If the holder of a Foreign Certificate returns to or remains in the United States of America or Canada to practice and reappears before the American Board of Neurological Surgery after two (2) years of practice in the United States of America or Canada, the applicant shall pay a re-examination fee of four hundred dollars (\$400).

If the candidate has failed the Oral Examination twice, the Primary Examination must be re-taken successfully. The candidate may then submit a new application with an application fee of fifty dollars (\$50). If these credentials are accepted by the entire Board, a re-examination fee of four hundred dollars (\$400.) is due. Re-examination may then be scheduled.

REVOCACTION OF CERTIFICATES

Any certificate issued by the Board shall be subject to revocation at any time the Board shall determine in its sole discretion that the candidate to whom the certificate was issued either was not properly qualified to receive it, or has since become disqualified under the Rules and Regulations of the Board.

DIPLOMATES

A complete list of diplomates of the American Board of Neurological Surgery appears in the Directory of Medical Specialists, published by Marquis' Who's Who, Inc., Chi-

cago, Illinois. The By-Laws of the American Board of Neurological Surgery are also set forth in this Directory. A list of new diplomates is published in the Journal of Neurosurgery, shortly after each examination.

APPROVED RESIDENCIES

Training programs in neurological surgery are approved by a Tripartite Residency Review Committee for Neurological Surgery. This Committee consists of two (2) representatives of the Council on Medical Education of the American Medical Association, two (2) representatives of the American Board of Neurological Surgery, and two (2) representatives of the American College of Surgeons. Actions of this Committee are generally final. However, review of its actions may be taken by appeal to the Residency Review Committee by the Board, if the Board requests. The actions of the Residency Review Committee are subject to review by the LCGME. Appeal to that body may be made directly.

A visit to any training program by a member of the ABNS, who is not a member of the Residency Review Committee may be requested by the Residency Review Committee on occasion.

The actions of the Residency Review Committee in Neurological Surgery are subject to review by the Liaison Committee on Graduate Medical Education.

Information concerning acceptable training programs may be found in the Journal of the American Medical Association (Internship and Residency Number, published in October of each year). A Directory of Accredited Residencies is available in most medical libraries.

Institutions offering residencies in neurological surgery must provide ample facilities for well-rounded training in this specialty. The clinical material must be sufficient to provide adequate experience for the trainee. The residency period must be chiefly clinical and not didactic, and there should be continuous concurrent instruction in the basic neurological sciences and medical neurology, particularly as they relate to neurosurgery. There must be training in the surgical performance of contrast studies and the indication for these studies, as well as the pre- and postoperative care of each patient subjected to the various procedures. The training must also include the evaluation of such contrast studies. The minimal requirement recognized for approval of a training service is two hundred (200) major surgical procedures, including at least twenty-five (25) surgically verified intracranial neoplasms, for each resident completing his training each year. Every director of an approved training program in neurological surgery is expected to provide or arrange for each of his trainees to receive the full four (4) years of training in his own or other approved programs.

AMERICAN BOARD OF NUCLEAR MEDICINE

(A Conjoint Board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology and sponsored by the Society of Nuclear Medicine)

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 Office of the Board, 475 Park Avenue South,
 New York, New York 10016

DEFINITION OF SPECIALTY

Nuclear medicine is defined as that specialty of the practice of medicine dealing with the diagnostic, therapeutic (exclusive of sealed radiation sources), and investigative use of radionuclides.

ORGANIZATION

The American Board of Nuclear Medicine, Inc., a Conjoint Board of the American Boards of Internal Medicine, Pathology and Radiology, and sponsored by the Society of Nuclear Medicine, (the ABNM) is the first Conjoint Board to be established and approved under the provisions of the "Essentials for Approval of Examining Boards and Medical Specialties." It was approved in 1971 and is incorporated in the State of Delaware. The ABNM consists of twelve members, three of whom are appointed by each of the sponsoring organizations from candidates nominated by the ABNM. Each member of the ABNM, unless appointed to fill an unexpired term, serves a term of three years and may be nominated and appointed for a second term of three years.

PURPOSES OF THE BOARD

The primary purpose of the Board, and therefore its most essential function, is the protection of the public interest through the establishment and maintenance of standards of training, education, and qualification of physicians rendering care in nuclear medicine to the people of the United States. The Board contributes to the improvement of health care in the United States and carries out this purpose by (a) establishing requirements of graduate training related to examinations given by the Board; (b) influencing the standards required of hospitals and institutions that provide such graduate training; (c) aiding in the assessment and accreditation of programs in hospitals and institutions providing graduate training; (d) assessing the credentials of candidates for the examinations of the Board; (e) conducting an examination process to determine the competence of candidates for certification and recertification by the Board; (f) granting and issuing certificates in nuclear medicine to voluntary applicants who have been found qualified by the Board; and (g) maintaining a registry of holders of such certificates, and serving the medical and lay public by preparing and furnishing lists of practitioners who have been certified by the Board.

SIGNIFICANCE OF CERTIFICATION

A physician certified by the American Board of Nuclear Medicine has fulfilled its prerequisites for training, made application for and successfully completed a qualifying written examination encompassing the medical uses of radioactive materials and related physical sciences.

A Diplomate of this Board is capable of:

1. Serving as consultant to other physicians and to advise them of the clinical indications and limitations and assessment of benefits versus risks of diagnostic and therapeutic applications of radioactive materials.
2. Conducting or supervising the performance of clinical procedures, involving the use of radioactive materials.
3. Rendering a valid written or verbal interpretation of the results of such procedures.

The certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of nuclear medicine. The Board does not purport to interfere with or limit the professional activities of any licensed physician.

REQUIREMENTS FOR CERTIFICATION IN NUCLEAR MEDICINE

A. General Requirements for Each Candidate

Assurance that the applicant represents himself to be a specialist in nuclear medicine.

B. General Professional Education

Graduation from a medical school approved by the Liaison Committee on Medical Education or from a school of Osteopathy. If the applicant is a graduate of a medical school outside the United States or Canada, he must be screened

with approval by an agency designated by the Executive Committee

C. Preparatory Post-Doctoral Training

Each sponsoring Board shall specify a preparatory post-doctoral training program, at least one year of which must be satisfactorily completed before a candidate can enter an approved residency for special training in nuclear medicine. The remaining one year of required postdoctoral, non-nuclear medicine training may be interspersed with the two years of nuclear medicine training. Acceptable preparatory programs are:

1. Internal Medicine: Completion of at least two years of general training in internal medicine (with approval of the director of the second year of training and with twenty-four months of primary patient responsibility) in programs approved by the Liaison Committee on Medical Education. The American Board of Internal Medicine recommends three years of training in general internal medicine, and the achievement of the Diplomate Certificate or the Qualifying Certificate of the American Board of Internal Medicine is a prerequisite to certification in nuclear medicine.

2. Pathology: Completion of two years of training in an approved residency program in either anatomic or clinical pathology.

3. Radiology: Completion of two years of training in an approved training program in radiology and allied sciences.

4. Completion of a preliminary educational program in a medical specialty area other than the three designated above which is acceptable to one of the sponsoring boards and the American Board of Nuclear Medicine.

5. The program director is obligated in insuring that the preparatory two years of postdoctoral training of each resident is approved by the Liaison Committee on Graduate Medical Education (LCGME), the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec. Otherwise, specific written approval of the preliminary educational program must be obtained by the program director from one of the three sponsoring Boards (American Board of Internal Medicine, American Board of Radiology, or American Board of Pathology) in order to complete the requirement for admission to the certifying examination.

D. Nuclear Medicine Training

1. After completion of the preparatory post-doctoral training programs, there shall be satisfactory completion of a two-year formal residency training program in nuclear medicine in a nuclear medicine residency training program recognized and approved by the American Board of Nuclear Medicine and the Council on Medical Education of the American Medical Association as competent to provide a satisfactory training in nuclear medicine. This period of special training shall be as the American Board of Nuclear Medicine shall determine from time to time.

2. The two-year formal residency training program in nuclear medicine must include:

- a. A minimum of eighteen months training in clinical nuclear medicine, which will include, but not be limited to radiobiology, *in vitro* and *in vivo* measurements, nuclear imaging, and therapy with unsealed radionuclides.

- b. Training in allied sciences which must include: medical nuclear physics, radiation biology, radiation protection, instrumentation, radiopharmaceutical chemistry, statistics; and may also include pathology, physiology, electronics, and other basic sciences associated with nuclear medicine. The time spent in training in allied sciences may be spaced throughout the period of training in nuclear medicine in a manner that does not exceed six complete months of training or incorporated in whole or in part in the period of preliminary training.

3. The Board considers demonstration of clinical competence in the management of the nuclear medicine patient of paramount importance in its qualification of the applicant to

take the certifying examination. The Board designates the Directors of Nuclear Medicine Residency Programs and their supporting Evaluation Committees as the authorities who most appropriately can provide to the Board the necessary documentation of competence in clinical nuclear medicine, and requires that all Program Directors provide the Board with evidence that each applicant from their programs is competent in clinical nuclear medicine. These reports will be reviewed by the Board before accepting an applicant to take the certifying examination.

If a Residency Program Director's evaluation of a candidate's competence in clinical nuclear medicine is unsatisfactory, the applicant will not be admitted to the examination unless the Board finds that the applicant's overall performance meets its standards. An applicant not admitted to an examination on the basis of these findings may appeal to the Board for a special evaluation of competence in clinical nuclear medicine. Applicants whose clinical competence is judged satisfactory in this evaluation will be admitted to the next examination for which they apply. Candidates judged *not* satisfactory in this evaluation are advised to spend an additional year in training before applying again for special evaluation of competence.

E. Patient Care Responsibility

Candidates for certification in nuclear medicine will have the equivalent of at least two years training in which the primary emphasis is on the patient and his clinical problems. This minimum period may be spaced throughout the entire post-doctoral training but should be of sufficient duration for the trainee to become knowledgeable in the aspects of clinical medicine relevant to nuclear medicine, including patient care.

F. Canadian Training

Physicians who satisfactorily complete training in nuclear medicine programs approved by the Royal College of Physicians and Surgeons of Canada or the Professional Corporation of Physicians of Quebec are eligible for admission to the ABNM certifying examinations.

SCOPE OF EXAMINATION

The examination consists of an objective type examination administered in a morning and afternoon session. The examination evaluates the applicant's knowledge and competence in the management of patients in the area of clinical nuclear medicine, including, but not limited to, radiobiology, *in vitro* and *in vivo* measurements, nuclear imaging, and therapy with unsealed radionuclides. Also included is an evaluation of the candidate's knowledge in the related sciences of medical nuclear physics, radiation biology, radiation protection, instrumentation, radiopharmaceutical chemistry, statistics; and may also include pathology, physiology, electronics, and other basic sciences associated with nuclear medicine.

APPLICATIONS

Applicants who wish to be examined by the Board must complete, sign and file with the Board office an application on the official form together with the supporting data required by the application. The application must include two photographs of the applicant, signed on the side, and a check to cover the examination fee. The applicant must arrange to have two Evaluation forms from his/her Residency Program Director returned directly to the ABNM office.

Before the final action on applications, officers, members, and employees of the Board are not authorized to estimate the eligibility of applicants. Applicants are requested not to discuss or write for opinions regarding the status of their application. The Board decides on eligibility to take the examination only by approving or disapproving individual applications, and accordingly has no "Board Eligible" category.

Inquiries concerning the applicability of previous training and experience needs should be sent to the Board office. A copy of the Board's response to these inquiries should be forwarded with any subsequent examination applications.

FEES

The examination fee must accompany the application. If the applicant is rejected by the Board, or withdraws prior to August 1, the application processing fee of \$50 will be retained by the Board. If the applicant withdraws after entire examination fee will be retained by the Board.

POLICY ON RE-EXAMINATION

Applicants who fail the examination are eligible for re-examination. Applicants who qualified for the 1976 examination, by fulfilling one of the alternative training requirements, but who failed or who withdrew for a valid reason may take a subsequent examination. An examination fee must accompany each completed application for re-examination. If an applicant is disqualified from the examination by reason of dishonesty in the application or in taking the examination and his examination is invalidated by the Board, re-examination shall be at the Board's discretion.

RELEASE OF INFORMATION

Upon request and with the approval of the Board Chairman, the Board releases information on diplomates to Federal and State licensing bodies and to educational and professional organizations for specific, limited, and appropriate professional use. An authorization for release of this information is a part of the examination application form. No other information is released on individual applicants, examinees, or on individuals failing an examination.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

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TYPES OF BOARD STATUS

1. *Active Candidate Status*
 - A. A candidate for certification may achieve active candidate status when upon application the Board rules that he has fulfilled the requirements to take the next regularly scheduled examination.
 - B. To maintain active candidate status the candidate must have applied and have been ruled eligible to take the next appropriate regularly scheduled examination: written or oral.
 - C. Active candidate status which has been interrupted may be regained only by reapplication and reaffirmation by the Board of a candidate's current eligibility to take the next appropriate examination.
2. *Diplomate Status*
A candidate becomes a Diplomate of the Board when he has fulfilled all requirements, has satisfactorily completed the written and the oral examinations and has been awarded the Board's Diploma.

THE CERTIFICATION PROCESS

Initial certification as a specialist in obstetrics and gynecology is the end-point of an educational and experiential process lasting many years. This process begins with graduation from medical school and entrance into a graduate program in obstetrics and gynecology. The required minimum duration of graduate education is four years.

During the final year of graduate training, it is necessary for the individual desiring certification in obstetrics and gynecology to initiate certain measures which will continue the certification process. Because most graduate training programs begin on July 1 and end on June 30, the time table for steps in the certification process is based on these dates. There is some degree of latitude built into the time table; e.g., applicants completing residency on or before August 31 may take the written examination in June of the same year. The following summary of the certification process is based on a program which begins on or about July 1 and ends on or about June 30. However, applicants who complete residency training at unusual times will have an extended time in the certification process.

Between August 15 and November 30 of the final year of residency, the candidate should request and complete the application for the written examination. If he is ruled eligible to take the examination, he will do so in June of the final year of residency.

If he passes the written examination, the candidate enters a two-year period of practice in the specialty (or a post-residency fellowship). The candidate is required to provide a list of patients under his care for a 12-month period beginning on July 1 of his second year of practice. Between January 1 and February 28 of his second year of practice, the candidate should request and complete the application for the oral examination. The candidate's list of patients must be mailed to the Board office between July 1 and August 31 following the completion of the 12-month period of the patient list. If ruled eligible the candidate thus takes the oral examination in November of the third year of practice.

The certification process for the majority of candidates, as previously described, is summarized in the table below.

Important Dates in the Certification Process

- A. Final year of residency
 - July 1—Commence
 - August 15–November 30—Apply for written examination
 - June—Take written examination
- B. First year of practice
No Board activities necessary
- C. Second year of practice
July 1 to June 30—Patient List
January 1–February 28—Apply for oral examination
- D. Third year of practice
August 31—Deadline for submission of patient list
November—Take oral examination

THE WRITTEN EXAMINATION

All inquiries, applications and correspondence must be in English language.

The Written Examination is a three hour examination consisting of 180 questions of the objective (multiple choice type). Questions will be chosen from each of the following areas of knowledge:

- A. *Anatomy, Embryology and Genetics.* The gross, microscopic and surgical anatomy of the female reproductive system and contiguous organs and structures. Gametogenesis, fertilization, organogenesis including genetic external factors of influence. Normal human genetics and genetic aberrations.
- B. *Physiology.* The physiology of the reproductive tract at all ages including the menstrual cycle, pregnancy, the fetus and placenta, as well as related systems as e.g. cardiovascular system, renal system. Physiologic, biochemical and other tests of normal and abnormal function. Pharmacology and the use of drugs in obstetrics-gynecology.
- C. *Endocrinology, Fertility and Infertility.* Endocrinology of reproduction including the menarche, menstrual cycle, pregnancy, menopause and postmenopause. Fertility regulation. Management of Infertility.
- D. *Gynecology.* Diseases and functional disorders of the female reproductive tract (including the breast) of congenital structural infectious, metabolic and physiologic origin. Gynecologic manifestations of other adjacent or complicating systemic diseases, e.g. urinary tract, intestinal tract.
- E. *Obstetrics.* Normal and abnormal pregnancy, labor, delivery and puerperium. Normal and abnormal fetal development, disorders and diseases. Complications of abortion. Problems of the newborn at birth.
- F. *Medicine, Surgery and Psychosomatic Problems.* The interaction of medical, surgical and psychosomatic problems and diseases on reproduction and the reproductive tract, including metabolic diseases, nutritional problems, psychosexual disorders; genetic and marital counselling.
- G. *Pathology.* Recognition of pictorial representations of gross and microscopic specimens relating to diseases of reproduction, and the reproductive system and correlates such as microbiology, immunology, and clinical bio-chemistry.
- H. *Oncology.* Benign and malignant neoplasms of the female reproductive tract including the natural history of the disease, prevention, diagnosis, principles of management and followup.

The candidate will be expected to also demonstrate the skills necessary to apply basic knowledge to the management of clinical problems. These skills include:

1. *Obtaining Needed Information.* This involves history taking, physical examination, laboratory tests and appropriate diagnostic procedures.
2. *Interpretation and Use of Data Obtained.* There should be evidence of analytic skills which lead to proper diagnosis as well as the identification and disposition of other health problems.
3. *Selecting, Instituting and Implementing Care.* Management skills concerning the immediacy, extent, type and appropriateness of medical and/or surgical therapy to solve the patient's clinical problems, whether preventive, elective, urgent or emergent.
4. *Management of Complications.* Prevention as well as the recognition and proper management of medical and surgical complications associated with common obstetrical and gynecological problems.
5. *Following and Continuing Care.* Recognition and the management of postoperative and postpartum problems. Continuing health care, as well as patient education relating to health maintenance.

REQUIREMENTS

The candidate beginning graduate education and training in 1976 will be required to have satisfactorily completed not less than four years in approved clinical programs, with not less than 36 months of progressing responsibility for the care of obstetric and gynecologic patients, including the usual time as "chief resident" in the program. Completion of a year of "internship" plus completion of a three year residency program, or completion of a four year residency program will fulfill this requirement.

The Board recommends that the candidate intending to practice as an obstetrician and gynecologist spend a significant proportion of graduate training in a broadly oriented approach to patient care.

Requirements for Graduates of United States or Canadian Medical Schools

1. Degree of Doctor of Medicine, or an equivalent degree, and unrestricted license to practice medicine in one of the States or Territories of the United States or a Province of Canada.
2. Completion or near completion of a graduate program in obstetrics and gynecology approved by the Residency Review Committee for Obstetrics and Gynecology or the Council of the Royal College of Physicians and Surgeons of Canada.

Requirements for Graduates of a Medical School not in the United States or Canada

1. Permanent E.C.F.M.G. certificate, or unrestricted license to practice in one of the States or Territories of the United States or in a Province of Canada.
2. Completion of not less than four years of approved clinically oriented graduate medical education, three of which must precede a final year as chief resident in an approved program as required of graduates of United States and Canadian schools. A year of internship preceding a three-year residency will fulfill this requirement.

or

3. Request for consideration of in-hospital experience in another country in lieu of completion of an approved residency in the United States or Canada which provides evidence of all of the following:
 - a. In-hospital experience which the Board considers comparable to that of presently approved programs in the U.S. or Canada.
 - b. Unrestricted license to practice medicine in one of the states or territories of the U.S. or in a province of Canada.
 - c. A professional practice with unrestricted hospital privileges to practice as an obstetrician-gynecologist, or responsibility for the care of obstetric and/or gynecologic patients in a full-time post-residency fellowship for at least 12 months in one of the states or territories of the U.S. or in a province of Canada.

APPLICATION FOR EXAMINATION IN 1977

A candidate who has completed an approved residency program and a candidate scheduled to complete an approved residency program on or before August 31, 1977 may apply on or before November 30, 1976 to write the examination on June 21, 1977.

The form on which to apply to write the examination on June 27, 1977 may be obtained from the Secretary's office after August 15, 1976. Each applicant must meet the requirements effective in the year he requests admission to the examination. As a part of the application form, endorsement and verification of the resident's experience and confirmation of the scheduled date for completion of the candidate's residency are requested of the Director of the obstetric-gynecologic residency program.

The Board will make the final decision concerning the applicant's eligibility after considering all circumstances affecting his eligibility.

A candidate's application to write the examination on June 27, 1977, completed in all details, together with payment of the application fee of \$50.00, must be received in the Secretary's office post marked on or before November 30, 1976.

When the candidate is ruled eligible to write the examination he will be notified in early April (1) that the \$125 examination fee is payable and (2) the date the fee must be paid (see FEES), if the candidate is to be scheduled to write the examination in June.

When the Credentials Committee rules an applicant not eligible, a new application may be submitted at a later date, but the candidate must then have fulfilled the requirements effective in the year of the new application.

ADMISSION TO THE WRITTEN EXAMINATION

The candidate ruled eligible to write the examination will be sent an AUTHORIZATION for ADMISSION form which must be presented to the Proctor at the time and place of examination. When a candidate is scheduled to complete his residency program after the date of the written examination (but before September of that year), verification of the currently satisfactory manner in which the candidate is completing his residency must be reaffirmed by the signature of the Director of the Residency program on the AUTHORIZATION for ADMISSION form, dated within the month the candidate is scheduled to write the examination.

RESULTS OF THE EXAMINATION

The results of the examination written in late June will usually be reported to each candidate in approximately five weeks.

A passing grade on the written does not establish a candidate's eligibility to take the oral examination for certification (See Requirements to take the oral exam).

REQUESTS FOR RE-EXAMINATION

A candidate eligible to write the examination in 1977 who fails to do so, as well as the candidate who writes but fails to pass the examination in 1977 must write the Secretary's office on or before November 30, 1977 asking to be scheduled for the examination in 1978. All such requests must be accompanied by payment of the reapplication fee of \$50.00. It is not necessary to submit a new application in order to repeat the examination but to maintain eligibility to write the examination the candidate must have asked to write the next scheduled examination and have paid the reapplication fee (see Status).

The examination fee (see FEES) must be paid each year a candidate is to be scheduled to write the examination.

CONTENT OF THE ORAL EXAMINATION

The Oral Examination is designed to test the candidate's knowledge and skills in solving clinical problems in obstetrics-gynecology. Approximately half of the examination will consist of questions concerning patient management problems. The candidate's list of patients will be freely used by the examiners for this purpose but additional basic clinical problems will be included. The remainder of the examination will include recall of basic knowledge in obstetrics-gynecology and interpretation of gross and microscopic pathology, x-ray films, sonograms and related material from photographic slides. The knowledge and skills required for the Oral Examination are the same as those listed in regard to the Written Examination.

The report of the examining team will be reviewed by the Board of Directors and each candidate is passed or failed by vote of the Board.

REQUIREMENTS

Requirements to Take the Oral Examination for Candidates Practicing in the United States or Canada

- A. In a private setting:
1. Passing grade on the written examination.
 2. Unrestricted licensure to practice medicine and actively engaged in practice in one of the States or Territories of the United States or a Province of Canada for no less than 12 months prior to the date of the application.
 3. Unrestricted privileges to practice as an obstetrician-gynecologist in the hospital(s) in which the candidate has been responsible for patient care for the 12 months ending June 30 of the year of the scheduled examination.
 4. Submit a typewritten list (in duplicate) on or before August 31, preceding his examination, of all patients dismissed from his care in all hospitals during the 12 months preceding June 30 of the year of scheduled examination.
 5. On the day of the examination the candidate will be expected to sign the following statement on the Authorization for Admission form: "There have been no restrictions in my hospital privileges since the date of my application."
- B. In an institutional setting—when a candidate's responsibilities for the care of obstetric and gynecologic patients have involved only—(a) supervision of the care given by others, or (b) supervised responsibilities during a post-residency Fellowship:
1. Passing grade on the written examination.
 2. Satisfactory service in a setting acceptable to the Board which provides significant clinical and/or educational responsibility in obstetrics-gynecology for no less than 12 months preceding his application.
 3. Submission (in duplicate) on or before August 31 of a critical evaluation—study of 25 representative patients for whom he has assumed an appreciable degree of direct responsibility during the 12 months ending June 30 of the year of scheduled examination.
 4. Submission of a letter from the Chief of Obstetrics and Gynecology or the Director of the Fellowship Program, describing the candidate's clinical and/or educational responsibilities during the period of time the candidate prepared critical summaries.

NOTE: Responsibility for patient care in an entirely ambulatory care setting may not provide adequate opportunity to fulfill the requirements to take the oral examination.

Requirements to Take the Oral Examination for Candidates Practicing in a Country Other Than the United States or Canada

1. Passing grade on the written examination.
2. Engagement exclusively in professional activities relating to obstetrics-gynecology for not less than 12 months immediately preceding application to take the oral examination in a setting acceptable to the Board which has provided significant clinical and/or educational responsibilities.
3. Submission on or before August 21 preceding his examination of typewritten summaries (in duplicate) in English providing critical evaluation-studies of 25 representative patients for whom he has assumed a significant degree of responsibility during the 12 months ending June 30 of the year of his scheduled examination.
4. Submission of a letter on or before August 31 preceding his exam verifying the candidate's responsibility for and his involvement in the care of obstetric and gynecologic patients from either (a) the chief of the obstetric and gynecologic services in the hospital(s) in which the candidate has been involved in patient care, or (b) the supervisor of the candidate's activities during the year in which the candidate had compiled his critical summaries of 25 representative cases.

DETERMINATION OF ELIGIBILITY

The Board will request, by confidential inquiry, documented evidence concerning a candidate's professional reputation and in-hospital practice privileges from administrative officers of organizations and institutions to whom the candidate and his conduct of practice is known.

Each candidate will be required to furnish the Board with certain prescribed information concerning his performance.

Time as a "resident" or "house officer" in excess of that necessary to fulfill the requirements to take the written examination and/or a teaching or research appointment which does not involve appointment to the staff of an approved hospital with unrestricted privileges to practice as an obstetrician and gynecologist, will not be acceptable evidence of a degree of responsibility for patient care that is acceptable fulfillment of the required "responsibilities in post-residency practice."

Time in a post-residency fellowship which involves responsibility for patient care, particularly if the Fellowship has been approved by a specialty Division of the Board as part of an individual's approved program of preparation for certification of special competence, will be accepted as fulfillment of the "time in practice" required of the candidate to take the oral examination.

APPLICATION FOR EXAMINATION IN 1977

Application to take the oral examination in November, 1977 must be made on the "application for the 1977 examination" form. The application, complete in all details, with payment of the application fee of \$100.00 must be received in the Secretary's office during January or February, 1977. (See Late Application Fees.)

A candidate ruled eligible to take the oral examination in November 1977 will be so notified on or before July 15, 1977. He must then submit, *on or before August 31, 1977*,

1. (a) Duplicate, typewritten and verified lists of all patients dismissed from his care in all hospitals during the 12 months preceding June 30, 1977.
or
(b) A critical evaluation study of 25 representative patients for whose care he has assumed an appreciable degree of responsibility.

The candidate's list of patients or 25 critical summaries, will be used as a basis for questions during the oral examination and will not be returned to the candidate, and

2. Payment of the examination fee by personal check or money order, \$175.00 (in U.S. funds).

PATIENT LIST FOR THE ORAL EXAMINATION

Each candidate for the Oral Examination must prepare one of the following types of patient lists for review by his Examiners at the time of examination. The candidate's list of patients will be freely used as a basis for questions which will be patient-management oriented. Questions will be developed which test the ability of the candidate to:

- 1) Develop a Diagnosis. This includes the necessary clinical, laboratory and diagnostic procedures.
- 2) Select and Apply Proper Treatment under elective and emergency conditions.
- 3) Manage Complications. This includes prevention, recognition and treatment.
- 4) Plan and direct follow-up and continuing care.

Type 1. *Lists of Hospitalized Patients.* This type of listing is required of all U.S. and Canadian candidates who are in clinical practice. The candidate's list must include all hospitalized patients discharged or transferred from the candidate's care during the twelve months preceding June 30 of the current year and must be mailed to the Board office on or before August 31 preceding the November examinations.

The patients listed must be only those for whom the candidate has had personal responsibility for profes-

sional management and care. Recording such professional responsibility implies that the candidate has personally controlled the medical and/or surgical management of each patient listed. In the case of partnership or group practice, the patients listed should be only those managed by the candidate.

Type 2. Critical Summaries. Candidates responsible for Patient care only in an institutional setting, and those in practice in a foreign country are required to provide 25 critical summaries, preferably hospitalized patients for whose care they have had management responsibility. Candidates in an institutionalized setting may have responsibilities for (a) supervision of obstetrics and gynecologic care given by others, or (b) their responsibilities may have been under supervision during a postresidency fellowship.

Patients seen by a candidate only in an ambulatory care setting may provide a basis for acceptable critical summaries provided (a) the clinical problems summarized require comprehensive obstetric and gynecologic care, and (b) the candidate participated in the provision of such total and continuing care including hospitalization.

As an enclosure with the application and as a help in determining eligibility, a candidate submitting a Type 2 case list must provide the Board with a letter from the Chief of Obstetrics and Gynecology or the Director of his Fellowship Program, describing the candidate's clinical and/or education responsibilities during the period of time the candidate prepared clinical summaries.

The summary and critique for each of the 25 patients reported should, as a rule, not exceed a single type-written page per patient reported.

PROCEDURE

A candidate ruled eligible in June to take the Oral Examination the following November will be so notified about July 15 of that year. Following this notification and before August 31, the candidate must submit the required Type 1 list of patients or Type 2 critical summaries.

A patient list or the critical summaries should be accurately typed in duplicate across unbound sheets of white paper 8½ x 11 inches in size. A separate list for obstetric and for gynecologic patients is required for each hospital. The headings must conform in all details and provide the information indicated by the format of the forms enclosed with the oral examination.

Standard nomenclature should be used. Abbreviations are not acceptable. Only English language will be acceptable.

A candidate should note that the duplicate lists of patients or critical summaries will not be returned to him after the examination.

A LISTING OF PATIENTS (a) NOT PROVIDING THE INFORMATION REQUESTED AND (b) NOT RECORDED IN ACCORDANCE WITH THE FORMAT REQUESTED OR SUMMARIES WHICH DO NOT INCLUDE CRITICAL COMMENT IN REGARD TO THE MANAGEMENT INDICATED MAY PROVIDE IMPRESSIONS THAT CONTRIBUTE TO THE CANDIDATE'S FAILURE TO PASS THE ORAL EXAMINATION.

1. GYNECOLOGY—Type 1 List

A list of gynecologic patients should be grouped in accordance with treatment as follows:

- (1) major operative procedures
- (2) minor operative procedures
 - (a) hospitalized patients
 - (b) ambulatory or short-stay patients (surgi-center)

The preoperative diagnosis should appear for all major and minor surgical procedures. For non-surgical conditions the admission diagnosis should be recorded. The treatment re-

corded should include all surgical procedures as well as primary non-surgical therapy. Pathologic diagnosis refers to the surgical pathologic diagnosis. In cases without tissue for histologic diagnosis the final clinical diagnosis should be listed.

2. OBSTETRICS — Type 1 List

A list of obstetric patients should be prepared in the format accompanying the application. List separately each patient with a complication or abnormality, as well as medical and surgical intervention during pregnancy, labor, delivery and the puerperium. In addition, a total of the number of normal, uncomplicated obstetric patients, managed by the candidate during the same 12 month period should appear at the end of the obstetric list.

Interpretation of "normal obstetric patients" for this listing implies that:

- pregnancy, labor, delivery and the puerperium were uncomplicated,
 - labor began spontaneously between the 37th and 42nd week of gestation,
 - the membranes ruptured or were ruptured after labor began,
 - presentation was vertex, anterior or transverse,
 - labor was less than 24 hours in duration,
 - delivery was spontaneous or by outlet forceps with or without episiotomy, from an anterior position,
 - the infant was not asphyxiated (Apgar 6 or more) of normal size and healthy,
 - the placental stage was normal and blood loss was not excessive.
- Deliveries not fulfilling these criteria must be listed individually.

3. PREGNANCY TERMINATIONS

The total number of uncomplicated terminations of pregnancy managed by the candidate during this same 12 month period, of twelve or less weeks duration, should be reported simply as a total number.

Interruptions of pregnancy of more than twelve weeks duration should be prepared in the format accompanying the application. List each patient separately, indicating the duration of pregnancy, the technique employed, the duration of (1) hospitalization, and/or (2) your observation of the patient.

Also list separately as individual patients, all with complications following terminations of pregnancy, either observed or reported to you following an interruption of pregnancy, regardless of the duration of the pregnancy when termination was initiated.

4. COVER SHEETS

Each list of patients, (1) gynecologic, (2) obstetric, and (3) terminations of pregnancy, from each hospital should be verified as illustrated by the form accompanying the application. Note that the record librarian or other hospital official must attest that (a) the cases listed were cared for by the candidate, and (b) that all of the hospitalized patients dismissed from the candidate's care have been separately listed or reported in the totals reported for the period indicated.

RULING OF INELIGIBILITY

A candidate ruled ineligible to take an oral examination, may subsequently re-apply, but must then submit a new application, pay the application fee, and meet the requirements applicable at the time he re-applies. (See Status)

RE-EXAMINATIONS

A candidate who fails to pass the oral examination must reapply in order to take the examination another year by submission of a new application during January and February, with payment of the reapplication fee of \$100.00.

A candidate reapplying for re-examination may again be asked to provide verification of his responsibilities for patient care and will again be notified, early in July in regard to

his eligibility to take the next examination.

A candidate accepted for re-examination must again submit, on or before August 31 of the year of re-examination, either (1) duplicate, typewritten and verified lists of all patients dismissed from his care in all hospitals during the 12 months prior to June 30 of the year in which he is asking to be scheduled to again take the oral, or (2) a critical evaluation study of 25 representative patients, as required of the candidate whose responsibilities in obstetrics and gynecology primarily involved supervision in an institutional setting.

The examination fee of \$175.00 is due each time a candidate receives notice that he can be scheduled to take the oral examination. Each re-examination will be conducted by examiners who have no knowledge of the fact or circumstances of a candidate's previous failure.

POSTPONEMENT OF ORAL EXAMINATION

A candidate failing to take an oral examination for which he had been scheduled must submit a new application during January or February of the following year when his eligibility to take the next examination will be determined by the Board during the late June annual meeting, on the basis of the candidates professional activities as reported during the current year. Payment of the \$100.00 re-application fee must accompany each re-application.

If notified of his eligibility to take the next oral examination he must again submit before August 31 either (1) a listing of all patients dismissed from his care in all hospitals during the 12 months prior to June 30 of the year he is being scheduled to again take the oral examination, or (2) a critical evaluation study of 25 representative patients, as required of the candidate whose responsibilities in obstetrics and gynecology involved only supervision in an institutional setting.

FEES

Since the fees have been computed to cover the costs of examination and administrative expense, they will not be refunded. All fees must be paid in United States currency.

The Written Examination

The application fee of \$50.00 must be enclosed with each application, reapplication or request to write the examination. The candidate will usually be notified early in April that his application or request has been approved, at which time the \$125.00 examination fee will be due. If payment of the examination fee has not been received in the Secretary's office postmarked on or before May 1, the candidate will not be scheduled to write the examination in June.

The Oral Examination

The application fee of \$100.00 must be enclosed with each application to take the oral examination. A candidate notified in early July of his eligibility to take the oral examination in November is required to pay the \$175.00 examination fee before he will be scheduled to take the oral examination. If the examination fee has not been received in the Secretary's office postmarked on or before August 31, the candidate will not be scheduled to take the examination the following November.

LATE APPLICATION FEES

Consideration of late applications required additional handling, added correspondence and the travel involved in a special meeting of the Credentials Committee, all of which add up to the increased expenses accounting for additional fees for consideration of a late application or late request for re-examination.

The need for correspondence, for additional information or for verification of credentials not infrequently requires postponement of a decision regarding a candidate's eligibility.

An application, or request for re-examination received after the deadline can be given the special consideration required, provided: the late application is accompanied by—(1) a letter from the candidate requesting special consideration with (2)

payment of the regular application fee of \$50.00 plus the "late application fee" of an additional \$50.00 (total \$100.00) or in the case of a late application to take the Oral Examination the total fee would be \$100 plus \$100 (\$200).

No application received after March 15 will be considered to write the following June examination, and

No application received after 30 April will be considered to take the Oral Examination the following November.

REVOCATION OF DIPLOMA OR CERTIFICATE

Each candidate when making application, signs an agreement regarding disqualification or revocation of his diploma or certificate for cause. Revocation may occur whenever:

1. The physician shall not in fact have been eligible to receive the diploma or certificate, irrespective of whether or not the facts constituting such ineligibility were known to or could have been ascertained by this Board, its members, directors, examiners, officers or agents at or before the time of issuance of such diploma or certificate.

2. Any rule governing examination for a diploma or certificate shall have been violated by the physician but the fact of such violation shall not have been ascertained until after the issuance of his diploma or certificate.

3. The physician shall violate the standards of the ethical practice of medicine then accepted by organized medicine in the locality in which he shall be practicing and, without limitation of foregoing, the forfeiture, revocation or suspension of his license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in a local, regional or national organization of his professional peers shall be evidence of a violation of such standards of the ethical practice of medicine.

4. The physician shall fail to comply with or violate, or the issuance or receipt by him of such diploma or certificate shall have been contrary to or in violation of, the Certificate of Incorporation, the By-Laws or the Rules and regulations of this Board.

Upon revocation of any diploma or certificate by this Board as aforesaid, the holder shall return this diploma or certificate and other evidence of qualification to the Secretary of the Board and his name shall be removed from the list of certified specialists.

AMERICAN BOARD OF OPHTHALMOLOGY

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REQUIREMENTS

Many candidates write the Secretary-Treasurer outlining their training and asking for an estimate of their qualifications and whether further training is required. The Board's requirements, as published herewith, provide this information and any candidate should be able to estimate his/her status after studying these requirements. Individual officers or members of the Board of Directors cannot and will not make such estimates. All determinations of a candidate's status will be made only by the Committee on Admissions in accordance with the rules and regulations of the Board, after submission of an application for examination and payment of the registration

fee, which must accompany the application. Personal interviews with officers and members of the Board of Directors should not be requested at any time.

All applicants must have graduated from a medical school or from a school of osteopathy. Graduates of either schools of medicine or osteopathy in the United States or Canada must have a valid and unrestricted license to practice medicine in the United States or a Province of Canada. An applicant may have graduated from a medical school of some country other than the United States or Canada; if he/she is a citizen of the United States he/she must have a valid and unrestricted license to practice medicine in the United States. If he/she is not a citizen of the United States he/she must have passed the examinations of the Educational Commission for Foreign Medical Graduates and have a valid and unrestricted license to practice medicine where he/she intends to practice.

All applicants must have completed a minimum of thirty-six (36) months of formal residency training in ophthalmology. After 1978 no applicants will be accepted for examination unless he/she has completed thirty-six (36) months of training in a program of ophthalmology approved by the Residency Review Committee for Ophthalmology or by the Royal College of Physicians and Surgeons of Canada.

APPLICATIONS

Applicants who wish to be examined by the Board shall complete, sign and file with the Secretary-Treasurer an application on the official form then in use by the Board, together with the supporting data required by the application. *Applications must be postmarked no later than August 1st in order for the applicant to be considered for the Written Qualifying Test to be conducted during the following calendar year. All supporting information including letters of endorsement must also be received by August 1. (No extension to this deadline will be made.)*

Applications shall be accompanied by a check payable to the Board for \$200. to cover the application fee. No application will be considered until the fee and all required supporting data, including letters of endorsement, have been received by the Secretary-Treasurer.

Applicants who meet all requirements are admitted to the Written Qualifying Test if the application is approved by the Board.

After an applicant has been advised by the Board that he/she has been accepted for examination, he/she shall promptly submit to the Secretary-Treasurer a photograph of himself/herself, signed by him/her, which shall be used to identify him/her when he/she presents himself/herself for examination.

FEES

The current fees of the Board are as follows:

Review of application and fee for Written Qualifying Test, \$200, payable with application

Oral examination, \$150, payable on successful completion of the Written Qualifying Test

To repeat the Written Qualifying Test, \$150

To repeat the entire oral examination, \$150

To repeat a single subject of the oral examination, \$50

To repeat two or three subjects of the oral examination, \$75

The application fee, oral examination fee and re-examination fees charged by the Board have been determined on the basis of the costs incurred by the Board in the examination of applicants and the administration of its business and may be modified from time to time by the Board of Directors. The members of the Board serve without compensation except reimbursement of actual expenses.

CANCELLATIONS

A fee of \$50.00 will be charged any candidate who either cancels or fails to keep appointment, regardless of reason, for either the written or oral examination after assignments have been made.

TIME LIMIT

An applicant who fails to take the Written Qualifying Test within twenty-four (24) months after notice has been sent to him/her that his/her application has been accepted will not thereafter be accepted for examination unless he/she submits a new application for approval by the Board and an additional application fee.

An applicant must complete successfully the written test and the entire oral examination within seventy-two (72) months after notice has been sent to him/her that his/her application has been accepted. Thereafter, he/she shall be required to submit a new application for approval by the Board and application fee, and pass another Written Qualifying Test, before being admitted to the oral examination.

An application can only remain active for 2 years from date of receipt. If the applicant does not complete his/her application in this period for review by the Committee on Admissions the application will no longer be valid and the registration fee will be returned.

WRITTEN QUALIFYING TEST

Before being accepted for oral examination, each applicant must pass a Written Qualifying Test. This is a multiple choice test which may cover any topics of ophthalmology and are especially devoted to the following subjects:

1. Optics and refraction
2. Embryology, anatomy, genetics and developmental abnormalities
3. Biochemistry, ocular physiology, metabolic disease and glaucoma
4. a. Pathology
b. Systemic Disease
5. Neuroanatomy and neuro-ophthalmology
6. Extraocular physiology and motility
7. Microbiology, immunology and external ocular disease
8. Pharmacology and medical therapeutics
9. Surgery

The test has been described in the Board's brochure entitled "Written Qualifying Test." Some of the questions will be based on recent literature.

The Written Qualifying Test is given simultaneously in a number of designated cities in the United States in January of each year. An applicant who passes the Written Qualifying Test shall submit to the Secretary-Treasurer a check payable to the Board for \$150.00 to cover the fee for the oral examination and shall thereafter be eligible to take the oral examination. An applicant who fails the Written Qualifying Test may apply for reexamination and will be permitted to repeat the examination if he presents evidence of additional preparation and pays the reexamination fee of \$150.00. If an applicant does not repeat the test within twenty-four (24) months after such failure, he/she will be required to submit a new application for approval by the Board and an additional application fee and again pass the Written Qualifying Test. *An applicant who fails the Written Qualifying Test on two or more occasions may submit a new application for approval by the Board and an additional application fee but will be required to present evidence of acceptable additional preparation.*

ORAL EXAMINATIONS

Oral examinations are usually held twice annually at a time and place determined by the Board and shall be announced in the Journal of the American Medical Association. The Board reserves the right to limit the number of candidates admitted to any scheduled examination and to designate the candidates to be examined. *The oral examination must be taken within twenty-four (24) months after notice has been sent to the applicant that he/she has passed the Written Qualifying Test, or the applicant shall be required to submit a new application for approval by the Board and an additional application fee, and again pass the Written Qualifying Test.*

The oral examination is divided into the following Topics:

1. External diseases
2. Medical ophthalmology
3. Histopathology
4. Refraction visual physiology
5. Ocular motility
6. Neuro-ophthalmology
7. Principles of ophthalmic surgery

Candidates are expected to be able to analyze a patient's history, establish a clinical impression and differential diagnosis, describe the natural course of various disorders and the treatment contemplated with indications and contraindications.

1. **EXTERNAL DISEASES OF THE EYE AND ADNEXA.** The basic sciences of microbiology and immunology are the foundation for the clinical knowledge of external diseases of the eye and its adnexa. In the examination, pictures or slides of common local or systemic conditions affecting the external eye and its adnexa are used as a basis for discussion. Candidates are expected to be familiar with the principles of instrumentation, clinical and laboratory diagnosis and methods of examination.

2. **MEDICAL OPHTHALMOLOGY.** Candidates are expected to demonstrate competence in the spectrum of ophthalmology that includes ocular manifestations of systemic disease, systemic complications or implications of ocular therapy, congenital anomalies and abiotrophies. In addition, the candidate should be able to outline resuscitative measures for respiratory or cardiovascular collapse that may occur in patients under his care. The candidate should be able to recognize and correctly name certain ocular disorders when presented with characteristic photographs. Case presentations, simulated patients, photographs, etc. may be used as a basis for eliciting this information.

3. **HISTOPATHOLOGY.** Candidates are expected to be familiar with the general pathology as well as with the pathogenesis and pathophysiology of diseases of the eye. They should recognize normal histologic appearance and pathologic changes and be able to correlate them with the clinical observations.

4. **REFRACTION AND VISUAL PHYSIOLOGY.** Candidates are expected to demonstrate familiarity with the following:

- (a) The underlying optical principles of refraction and retinoscopy;
- (b) The various types of spectacle lenses and the effects of decentration, tilting, and the like;
- (c) The indications for various methods of examination;
- (d) Contact lenses, visual aids for low visual acuity, colored lenses, and various types of safety lenses;
- (e) The essentials of visual physiology including visual acuity, light and dark adaptation, accommodation, color vision, electroretinography, electrooculography, and visually evoked potentials.

5. **OCULAR MOTILITY.** Candidates should understand the anatomy and physiology of the neuromuscular mechanism subserving ocular motility and binocular vision. They should be able to discuss in detail the onset, course, and management of various types of comitant and non-comitant deviations. They are expected to discuss in detail abnormal sensory and motor mechanisms and methods of diagnosis and treatment.

6. **NEURO-OPHTHALMOLOGY.** Candidates are expected to be familiar with ophthalmic manifestations of various neurologic disorders. They are expected to know the anatomy and physiology of the central connections of the eye and their variation in disease. They should recognize the common abnormalities involving the orbit and related structures as demonstrated on roentgenographic examination. They should understand the diagnostic measures required to demonstrate various neurologic disorders and the manifestations of disease as demonstrated by examination of the visual fields.

7. **PRINCIPLES OF OPHTHALMIC SURGERY.** Candidates should understand the indications for and principles of ophthalmic surgery. They should be familiar with relevant methods of diagnosis and differential diagnosis, and with the choices of surgical technique for various ocular disorders. Candidates are expected to be familiar with the management of trauma to the globe, lids and orbit. They should be familiar with the prognosis, the cause and management of complications and the long-term results of ophthalmic surgery.

RE-EXAMINATION

An applicant who fails the Written Qualifying Test may apply for re-examination and will be permitted to repeat the test if he/she presents evidence of additional preparation and pays the re-examination fee of \$150.00. If an applicant does not repeat the test within twenty-four (24) months after such failure, he/she will be required to submit a new application for approval by the Board and an additional application fee. An applicant who fails the Written Qualifying Test on two consecutive occasions may submit a new application for approval by the Board and an additional application fee but will be required to present evidence of additional preparation.

If an applicant fails to pass all subjects within three oral examinations, he/she shall be required to submit a new application for approval by the Board and application fee, and pass another Written Qualifying Test, before being admitted to the oral examination. If an applicant fails five or more subjects in an oral examination he/she will be required to repeat the Written Qualifying Test and pass it successfully before being admitted to an oral examination.

An applicant who fails the entire oral examination may apply for reexamination and will be permitted to repeat the examination within twenty-four (24) months after such failure if he/she presents evidence of additional preparation and pays the reexamination fee of \$150. However, reexamination will not be permitted for a period of twelve (12) months following such failure, in order to allow time for such additional preparation. If an applicant does not repeat the test within twenty-four (24) months after such failure, he/she will be required to submit a new application for approval by the Board and an additional application fee and again pass the Written Qualifying Test before being admitted again to the oral examinations.

An applicant who fails one or more topics in the oral examination, but not the entire examination, must apply within two years for a reexamination limited to the subjects which he/she failed to pass. He/she shall present evidence of additional preparation and shall pay a reexamination fee of \$50 to repeat the examination in one subject or \$75 in two or three subjects. If an applicant does not repeat the one or more subjects within twenty-four (24) months after such failure, he/she will be required to submit a new application for approval by the Board and an additional application fee and again pass the Written Qualifying Test before being admitted again to the oral examination.

Candidates who fail to pass one or two disciplines in the oral examination may apply to sit for the next scheduled examination. Candidates who fail to pass three disciplines or who fail the entire examination must wait one year before being permitted to sit again.

RESULTS OF EXAMINATIONS

Within a reasonable time after completion of the written or oral examinations, the applicant shall be notified by the Secretary-Treasurer as to the results thereof. The decision of the Board as to the results of the written or oral examination shall be final and conclusive. To preserve confidentiality results of an examination will not be given over the telephone.

CERTIFICATION

An applicant who successfully passes both the written qualifying and oral examinations within the required time

limitations hereinabove set forth, as determined by the Board in its sole discretion, shall be entitled to receive a certificate without further consideration of his qualifications by the Board. Physicians who have received the certificate are DIPLOMATES of the Board.

REVOCATION AND PROBATION

A certificate of the Board may be revoked or the certificate holder placed on probation, in accordance with the rules and regulations of the Board, on the following grounds:

- (a) If the certificate was issued contrary to or in violation of any rule or regulation of the Board,
- (b) If the certificate holder was not eligible to receive, or has since become ineligible to hold, the certificate,
- (c) If the certificate holder made any misstatement or material omission of fact to the Board in his/her application or otherwise.

AMERICAN BOARD OF MEDICAL SPECIALTIES

The American Board of Medical Specialties, previously called the Advisory Board for Medical Specialties, was established in 1933 to serve in an advisory capacity to the American Specialty Boards and to cooperate with organizations that seek its advice concerning the certification of medical specialists. The official recognition of a specialty board by the American Board of Medical Specialties is indicated by the listing of diplomates in the *DIRECTORY OF MEDICAL SPECIALISTS*. The American Board of Ophthalmology contributes \$30.00 per Diplomate certified, to the American Board of Medical Specialties, as do all other medical specialty boards, in support of the activities of ABMS.

STATEMENTS OF ELIGIBILITY

The Board no longer issues statements of "eligibility" for its examinations. Upon request of the registered candidate it will reveal progress toward certification.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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MINIMUM EDUCATIONAL REQUIREMENTS FOR BOARD CERTIFICATION

The American Board of Orthopaedic Surgery evaluates all candidates for their proficiency in orthopaedic surgery. The minimum educational requirements of the Board should not be interpreted as restricting programs to the minimum standards. Directors of programs may retain residents in the educational program as long as necessary beyond the minimum time of four years in order that the resident achieve the necessary degree of competence in orthopaedic surgery. In order to establish satisfactory competence in the specialty of orthopaedic surgery it has been necessary to define the minimum educational requirements, which are as follows:

Satisfactory completion of four years of post-doctoral education is required of candidates. Post-doctoral education is defined as education obtained following the granting of the doctoral degree.

- a. During the four years some approved programs may elect to schedule two or more subject areas concur-

rently. It is necessary that clearly defined education and training in orthopaedic skills be emphasized in the categories of Adult Orthopaedics, Surgery of the Spine, including removal of protruded intervertebral discs, Children's Orthopaedics, Fractures and Trauma, Surgery of the Hand, the Foot, Rehabilitation, and Basic Science. It is emphasized that where time requirements are indicated in each subject area, these must be considered as *minimal*; additional experience is very desirable.

- b. One year of graduate education credit may be obtained from the following categories:

- (1) Internship, or its equivalent.
- (2) Residency in General Surgery.
- (3) Residency in Orthopaedic Surgery in any of the subject areas described in c. below.
- (4) Residency in related medical and surgical areas.
- (5) Research or study in laboratory or clinical research. This requires review of the documentation of the research problem by the Committee on Eligibility.

- (6) Work in military service. Credit is granted only after termination of military service and presentation of a Professional Training Record, letters from Chiefs of Services, and a list of operations performed by the candidate. Credit may be granted on the basis of one month of education when obtained on approved programs. One month of credit may be granted for two months of education, not to exceed twelve months, when the candidate is assigned to unapproved hospital services, if approved by the Committee on Eligibility. An Officers Professional Training Record may be obtained from the Office of the Surgeon General, Washington, D. C.

- c. It is mandatory that the required four years of graduate education include a minimum of:

Adult Orthopaedics	12 months
Children's Orthopaedics	6 months
Fractures/trauma	9 months

Concurrent or integrated programs may allocate time by proportion of experience.

It is necessary that the Children's educational experience be served in an institution approved for this category. The above mandatory requirements include education in the care of the various anatomical areas of the human body, specifically including the foot, the hand, the spine, the neck, the major joint areas, and involving the contents of the spine, and extremities. The various effects of trauma and athletic injuries are included.

The age groups, from infancy through old age, are expected to be included, as well as the rehabilitation of patients and all phases of diagnosis and treatment and musculoskeletal radiology and laboratory requirements including emergency and chronic care. In addition, education is expected in areas relating to neurology, rheumatology, basic science, orthotics, prosthetics and physical medicine.

The remaining educational experience may consist of additional education in any of the above areas. No period longer than six months can be served in an unapproved institution.

Basic Science: The subject areas to be included are anatomy, pathology, microbiology, physiology, biochemistry, biomechanics, and other basic sciences related to the musculoskeletal system. This educational program should facilitate the study of what is known in these fields as they relate to orthopaedic surgery and, if possible, to provide opportunities for the resident to apply these basic sciences to all phases of orthopaedic surgery.

The educational experience obtained in the United States must be in programs approved by the Residency Review Com-

mittee for Orthopaedic Surgery. (See list of approved services in the Directory of Accredited Residencies issued by the American Medical Association).

The educational experience obtained in Canada must be taken in services approved by the Royal College of Physicians and Surgeons of Canada for education in Orthopaedic Surgery. The Board also accepts educational experience obtained in programs approved by the appropriate organization in countries with which the Board has entered into reciprocity agreements.*

REQUIREMENTS FOR EXAMINATION

In order to be declared eligible for the examination a candidate must meet the following requirements:

1. Satisfactory completion of the minimal educational requirements as listed in preceding Section.

2. A full and unrestricted license to practice medicine in the United States or Canada, or full time service in the federal government, which customarily does not require licensure. (Special provisions detailed later permit foreign graduates who are returning to their homelands to practice orthopaedic surgery to qualify in lieu of licensure in the United States or Canada).

3. After completion of formal training, a candidate is required to be actively engaged in professional activities restricted to orthopaedic surgery, *other than participation in a training program as a resident or fellow*, for twelve months in one locality prior to the examination. He must thereby demonstrate his professional proficiency and his adherence to acceptable ethical and professional standards. Such qualifications will be determined by the Committee on Eligibility after review of the application, letters of recommendation and other data pertaining to these matters. Representatives of the Board may visit a community in order to evaluate the work of a candidate.

4. If a candidate is declared ineligible by the Committee on Eligibility he will be informed of the basis of such action and may be afforded a hearing by the Appeals Committee of the American Board of Orthopaedic Surgery, if he so desires.

5. A candidate in military service must have been assigned as an orthopaedic surgeon in a hospital setting for one full year to fulfill practice requirements, unless the Committee on Eligibility rules otherwise.

6. A candidate must be prepared to submit as a part of his application to the Committee on Eligibility, *if requested*, a list of all patients admitted to his care in the hospital or hospitals in which he has practiced prior to the filing of his application. Such a list shall include the name of the hospital, the hospital number for each patient, the patient's age, definitive diagnosis, the treatment, the end result and the period of time covered. The authenticity of the patient list shall be certified by the hospital administrator or record librarian. A candidate engaged in practice in a partnership or assigned full time in a private or governmental hospital must, *upon request*, submit a list of patients cared for primarily by the candidate. This list must also be certified by the hospital administrator or record librarian.

7. A candidate practicing in Canada is required to pass the qualifying examinations in orthopaedic surgery of the Royal College of Physicians and Surgeons of Canada before he can apply for the examination of the American Board of Orthopaedic Surgery, unless he has obtained three or more years of his approved orthopaedic surgery education in the United States.

8. A candidate originating in a country with which the American Board of Orthopaedic Surgery has a reciprocal educational credit agreement and which requires other qualifying examinations shall be considered only after consultation between the American Board of Orthopaedic Surgery and the appropriate orthopaedic organization in the country in which he has had his orthopaedic surgery education.*

The date, place and deadline for submission of applications

and fees for the examination are announced in the Journal of the American Medical Association, in the Journal of Bone and Joint Surgery, and in the Bulletin of the American Academy of Orthopaedic Surgeons.

*United Kingdom Australia
South Africa New Zealand

PROCEDURE FOR APPLICATION

1. A completed application for examination must be received in the office of the American Board of Orthopaedic Surgery before April first of the year of the examination. *The application must be accompanied by a non-refundable fee of \$50.00 and must be sent by registered or certified mail.*

2. Once an application is accepted it shall remain in force for three years unless a new application is requested by the Board. A new application must be completed if the candidate does not successfully pass the examination within a three-year period. *The application and the non-refundable fee of \$50.00 must be sent by registered or certified mail.*

3. The decision of the Committee on Eligibility is mailed to the applicant no later than 60 days prior to the examination date.

4. The candidate must submit a fee of \$400.00 on or before the date specified in the letter notifying him of eligibility for the examination. The fee shall be forfeited if he fails to appear for the examination or if he cancels after being scheduled. *This fee must be sent by registered or certified mail.*

PERIOD OF BOARD ELIGIBILITY

Once a candidate applies for eligibility he will be declared eligible or non-eligible for the next examination. If declared eligible, a candidate is considered board eligible only for the period of time (usually not longer than three months) until the next examination is administered. Those candidates who elect not to take the examination, and those who might not successfully pass may apply for the next scheduled examination. Eligibility for that examination will not be considered until the Committee on Eligibility again meets, usually in May. Eligibility does *not* carry over automatically from year to year.

SCOPE OF THE EXAMINATION

The examination shall be comprehensive in all aspects of orthopaedic surgery as defined in the introduction.

CERTIFICATION BY THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

1. The American Board of Orthopaedic Surgery awards a Certificate to a candidate who confines his professional activity to orthopaedic surgery, who is acceptable on the basis of his demonstrated proficiency in orthopaedic surgery and adherence to ethical and professional standards, and who successfully passes the certifying examination. This portion of the Board's responsibility is discharged by issuance of a Certificate to an individual found qualified as of the date of certification.

2. A Certificate may be revoked because of (1) intentional and substantive misrepresentation to the Board respecting the candidate's education and other requirements for eligibility, or (2) because of suspension or termination of the right to practice medicine in any State, Province or Country by reason of a violation of a medical practice act or other statute or governmental regulation.

3. Before the revocation of a Certificate is carried out the Diplomate will be informed of the basis of such action and will be afforded a hearing following procedures as formulated by the American Board of Orthopaedic Surgery.

4. Should the circumstances which were considered in justification for revocation or surrender of the Diplomate's Certificate be corrected, the Board may subsequently reinstate the Certificate after appropriate review of the individual's qualifications and performance, using the same standards as for other candidates for certification.

UNSUCCESSFUL CANDIDATES

Unsuccessful candidates may be permitted to repeat the examination on the following basis:

1. The Committee on Eligibility will consider candidates for reexamination upon receipt of a \$50.00 fee to reactivate the application. This fee must be received in the Board office before April first of the year of the examination. Upon receipt of notification of acceptance by the Committee on Eligibility for a repeat examination the candidate will submit to the Board a fee of \$400.00. *All applications and fees must be sent by registered or certified mail.*

2. Each candidate's application must again be approved by the Committee on Eligibility and a new application may be requested. (See IV. Procedure for Application.)

FOREIGN PRACTITIONERS

The following regulations apply to physicians who intend to practice in a country other than the United States or Canada.

1. A candidate who has completed the required education and is returning immediately to a foreign country to practice may, at the discretion of the American Board of Orthopaedic Surgery, be accepted for the next scheduled examination and, if successful, will be issued a Certificate.

2. Such a candidate must meet all of the requirements for the examination with the exception of that pertaining to practice. Candidates who do not meet the licensure requirements must hold a certificate of the Educational Commission for Foreign Medical Graduates.

3. The Committee on Eligibility may require the presentation of documents, either in original form or sworn and notarized translation, which substantiate a candidate's claims and allegations.

4. Each candidate must make a sworn statement that his application for a Certificate is based upon his intention, without mental reservation, to return to practice in a specified foreign country. He will also pledge that should he return to practice in the United States or Canada he will surrender his Certificate and agree to have his name removed from the list of Diplomates until he has met the practice requirement of the American Board of Orthopaedic Surgery. A contract incorporating these points is available from the Board office.

5. Application and examination fees are the same as those required from candidates from the United States and Canada and are payable in the currency of the United States of America.

6. Examinations are the same as those given to candidates from the United States and Canada.

MILITARY SERVICE

Medical officers who have elected service in the military forces as their life career may apply for certification on the same basis as physicians in civilian practice. The practice requirement may be met by hospital assignments in which their duties are limited to the practice of orthopaedic surgery.

APPROVED ORTHOPAEDIC
SURGERY RESIDENCIES

1. Education in orthopaedic surgery in the United States must be obtained in institutions accredited for graduate education in orthopaedic surgery by the Liaison Committee on Graduate Medical Education upon recommendations of the Residency Review Committee. The Committee consists of representatives of the American Board of Orthopaedic Surgery, the Council on Medical Education of the American Medical Association and the American Academy of Orthopaedic Surgeons. A list of approved institutions is published annually in the Directory of Accredited Residencies issued by the American Medical Association and is obtainable from the organization at 535 North Dearborn Street, Chicago, Illinois 60610.

2. Credit for time spent in institutional residency education will be granted only for the period the institutions are on the approved list. (Credit may be given from the state of the resident's education period if the institution becomes approved during the time the candidate is under contract at such institution.)

3. A candidate engaged in residency education in an institution which becomes disapproved in whole or in part will receive credit for the entire period during which his contract is in force.

4. The term "fellow" is considered synonymous with "resident" and is recognized by the Board only if the position occupied and the work performed by the former are in all respects equal to those of the latter. The total number of residents and fellows engaged in resident education for credit must not exceed the number approved by the Residency Review Committee for a given program.

5. With the exception of Children's Orthopaedics, which must be taken in an institution specifically approved for such training, any program has the option of using facilities of institutions not individually approved for residency education in orthopaedic surgery, provided:

a. that the period of residency education in an unapproved facility is for a period no longer than six months.

b. that in the category of education for which this type of education is presented for credit, at least half of the minimum required time is spent in an approved institution.

6. Candidates in residency education may not engage in private practice without the approval of the program Director.

Note: The Residency Review Committee will periodically inspect and approve every hospital used for education by a given program regardless of the length of time of such services. Hospitals giving more than six months of approved education may be listed in the Directory of Accredited Residencies.

AMERICAN BOARD OF OTOLARYNGOLOGY

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GENERAL REQUIREMENTS

The following qualifications are minimal requirements for examination by the American Board of Otolaryngology. The applicant:

1. Shall possess high moral, ethical and professional qualifications.

2. Shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association or by the appropriate Canadian medical authority or a graduate of a School of Osteopathy approved by the American Osteopathic Association. The candidate possessing the degree of Doctor of Osteopathy is eligible provided he/she meets all other requirements of the American Board of Otolaryngology.

3. Is not required to serve an internship.

4. Shall present evidence of a valid license to practice medicine in the United States or Canada. If the applicant is enrolled in a training program in a state not requiring licensure as a prerequisite to such enrollment, evidence of licensure shall not be required.

5. Must have satisfactorily completed four years of resident education in a manner acceptable to the head of that residency program.

6. Must have a minimum of a four-year resident education program which must include at least one year of surgical experience in an approved program* and three years in Otolaryngology in a program approved by the Residency Review Committee for Otolaryngology. The year or years of surgical training should be taken before the residency in Otolaryngology. However, it may be taken between the first and second year or second and third years of the residency in Otolaryngology, *but not following completion of the residency*. Training must be served in educational centers listed by the American Medical Association or the appropriate Canadian medical authority.

*Approved by either the Conference Committee for Graduate Education in Surgery (Residency Review Committee for Surgery) or the Residency Review Committee for Otolaryngology.

7. Who has received some or all premedical and/or medical training in a country other than the United States or Canada and an additional approved residency in Otolaryngology in the United States or Canada, including the year of surgery, is eligible for examination provided he meets all other requirements of the Board.

8. Who has received medical and/or residency training other than in the United States or Canada will be considered on an individual basis.

9. Trained by the preceptor method is not acceptable.

10. Who does not meet these stated requirements will not be accepted for Board examination unless special circumstances indicate review by the Board.

11. No credit is allowed for resident education received in governmental service unless it is in an approved residency education program.

APPLICATION FOR EXAMINATION

There is no required time interval between completion of the residency program and making application for examination.

1. An applicant for examination shall complete and submit the application forms supplied by the Executive Secretary-Treasurer of the Board. The application shall include authenticated records of the following: medical education, internship, residencies and other postgraduate studies, hospital and outpatient department appointments, teaching positions, memberships in medical societies, personal publications, and any additional information that the candidate feels might be of value in processing this application.

2. Additional information may be requested by the Board from the following:

- (a) Local medical society.
- (b) Board certified otolaryngologists from the geographical area in which the applicant practices.
- (c) The director of the applicant's training program, as the application must include an evaluation form filled out and signed by the Director of the residency program attesting to the satisfactory completion of the residency program or any part thereof.
- (d) Hospital chiefs of staff.

3. The application shall be signed by two diplomates of the American Board of Otolaryngology. It shall be accompanied by (a) two 4-inch by 3½-inch unmounted, dated photographs taken within six months of the date of application, signed by the applicant on the front; (b) a list of operations assisted in and performed by the resident during the period of education in otolaryngology; (c) official verification of the above medical and resident education; (d) the applicant fee.

4. The completed application with an up-to-date or completed surgical list shall be mailed to the Secretary-Treasurer as soon as possible and before May 1st of each year. This allows review of the application by the Credentials Committee and the usual assignment of the applicant for the next examination in the fall of the year. An update of this operative list must be submitted to the American Board of Otolaryngology within ten (10) days of completion of the applicant's residency training. This program is geared to do away with long waiting periods before a candidate appears for examination. Cooperation of the applicant will expedite your examination date materially. An applicant will be notified by the Secretary-Treasurer when and where to appear for examination if approved by the Credentials Committee.

5. A candidate whose first application for examination is accepted after May 1, 1977 and who has paid the required fees will be designated as "Board Eligible" only until December 31, 1979. Such designation shall continue in effect for said period whether or not such accepted candidate takes or fails the examination during said period. After said period an accepted candidate who has not passed the Board examination during said period may make further applications for examination in accordance with the Board's rules but in no event will such candidate be considered or designated as "Board Eligible" even though such further application is accepted.

Any candidate whose application for examination has been accepted at any time prior to June 30, 1976 shall continue to be designated "Board Eligible" until December 31, 1979. Such designation shall continue in effect until December 31, 1979 whether or not such candidate takes or fails the examination before December 31, 1979. If such candidate does not pass the Board examination prior to December 31, 1979 such candidate may make further applications for examination in accordance with the Board's rules after December 31, 1979 but in no event will such candidate be considered or designated as "Board Eligible" after December 31, 1979 even though such further application is accepted.

As of January 1, 1980 this Board will not recognize or use the term "Board Eligible" in any manner including requests to the Board for status reports.

6. An application will be considered current for a three-year period following its acceptance. At the conclusion of said three-year period, all applications will expire.

FEE FOR EXAMINATION

The fee for the examination is \$600.00 subject to change at the discretion of the Board. Of this sum, \$300.00 must accompany the application and is not refundable. No application will be processed until this amount is received by the Secretary-Treasurer of the Board. The remaining \$300.00 must be remitted to the Secretary-Treasurer immediately upon notification of acceptance for examination. Once the applicant has agreed in writing to the date of the examination offered by the Board, no part of this \$300.00 is refundable.

The order in which candidates are accepted for examination is at the discretion of the Board.

EXAMINATION PROCEDURES

The date and location of the examinations are determined by the Board. Advance notices of the date and location of the examinations are published in the Journal of the American Medical Association and journals devoted to specialty of otolaryngology. The examination format now consists of oral and written examinations.

The purpose of the examination is to determine the candidate's knowledge, skill and understanding in the following categories:

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, immunology, allergy and neurology relevant to the head and neck; the air and food passages; the communication sciences, including a working knowledge of audiology and speech; the endocrine disorders as they relate to otolaryngology.

2. The recognition and management of congenital anomalies, abnormal function, trauma and disease in the regions and systems enumerated in item 1 above.

3. The recognition and medical management of diseases and abnormality of function of the ears, upper and lower respiratory tract and food passages.

4. The recognition, technique and surgical management of congenital, inflammatory, neoplastic and traumatic states, including among others:

- (a) Temporal bone surgery.
- (b) Paranasal sinus and nasal septum surgery.
- (c) Maxillofacial plastic and reconstructive surgery of the head and neck.
- (d) Surgery of the salivary glands.
- (e) Head and neck oncologic surgery.
- (f) Head and neck reconstructive surgery, particularly as it relates to the restoration of function in congenital anomalies, following extensive surgery and complications of head and neck trauma.
- (g) Peroral endoscopy, both diagnostic and therapeutic.
- (h) Surgery of the Lymphatic tissues of the pharynx.
- (i) Pre- and post-operative care.

5. Diagnosis and diagnostic methods including related laboratory procedures.

6. Diagnostic and therapeutic radiology, including the interpretation of roentgenograms of the nose; accessory sinuses, salivary glands, temporal bone, skull, neck larynx, lungs and esophagus.

7. Awareness of the current literature, especially pertaining to the areas mentioned in item 1 above.

8. Awareness of the habilitation and rehabilitation techniques and procedures pertaining to otolaryngology.

REQUEST FOR RE-EXAMINATION

A candidate failing an examination may request permission by letter for re-examination. If such permission is requested by a candidate whose application is still current (see APPLICATION FOR EXAMINATION), a re-examination fee of \$300.00 must accompany such request for re-examination. If such application has expired, a candidate must make a new application and pay the required \$300.00 application fee and \$300.00 examination fee. All requests and applications must be made before May 1st in the year which re-examination is sought.

CERTIFICATION BY THE BOARD

A certificate is granted by The American Board of Otolaryngology to a candidate who has met all the requirements and has satisfactorily passed its examination. The fee for this certificate is thirty dollars (\$30.00).

REVOCAION OF CERTIFICATES

Certificates issued by The American Board of Otolaryngology are subject to the provisions of the articles of incorporation, the by-laws, and official action of the Board in regular or special session. Each certification is subject to revocation if:

- (a) the issuance of such certificate were contrary to any provision of the articles of incorporation or by-laws;
- (b) the physician so certified was ineligible to receive such certificate, irrespective of whether or not the facts were known to, or could have been ascertained by, the Board at the time of the issuance of such certificate;

(c) the physician so certified had made any misstatement of fact contrary to Board regulations in his application for such certificate, whether intentional or not intentional, or in any other statement or representation to the Board or its authorized representative.

(d) the physician, so certified, should violate the standards of the ethical practice of medicine or should be convicted by a court of competent jurisdiction of a felony or misdemeanor involving, in the opinion of the Board, moral turpitude in connection with his/her practice of medicine; or

(e) the physician so certified should have his/her license to practice medicine revoked or should be disciplined or censured as a physician by any court or any other body having proper jurisdiction and authority.

APPLICANT'S AGREEMENT

Applicants are required to sign the following statement:

I hereby apply to the American Board of Otolaryngology for examination for certification in accordance with its rules, regulations and policies, and herewith enclose the fee of \$300.00 for processing this application, none of which is refundable. I shall pay the remaining \$300.00 of the total fee of \$600.00 if and when accepted for examination and agree that this \$300.00 is not refundable. I agree that prior to or subsequent to my examination, the Board may investigate my standing as a physician including my reputation for complying with the ethical standards of the profession. Furthermore, if the Board refuses to grant a certificate, such refusal may not and shall not be questioned by me in any court of law or equity, or any other tribunal.

AMERICAN BOARD OF PATHOLOGY

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 JERALD R. SCHENKEN, Omaha, Nebraska
 A. JAMES FRENCH, Executive Director, Ann Arbor, Michigan
 OFFICE OF THE AMERICAN BOARD OF PATHOLOGY,
 (Mrs.) Edith C. Smith, Administrative Assistant, Suite 780,
 Lincoln Center, 5401 West Kennedy Boulevard,
 Tampa, Florida 33609.

GENERAL REQUIREMENTS

1. The candidate must hold a currently valid license to practice medicine, or osteopathy.

2. The candidate must devote professional time principally and primarily to pathology.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education of the American Medical Association, graduation from an osteopathic college of medicine, or graduation from medical schools in other countries acceptable to the Board.

2. For those who have attended medical schools other than in the United States and Canada, and who have not graduated from a medical school in the United States or Canada, certification by the Educational Commission for Foreign Medical Graduates or successful completion of the "fifth pathway" as described and approved by the Council on Medical Education of the American Medical Association.

SPECIAL TRAINING AND EXPERIENCE

In view of the diversity of activities in pathology, ranging from teaching and research to practice of a limited pathology subspecialty, The American Board of Pathology recognizes and encourages several training pathways to eligibility for examination and certification. *Candidates are encouraged to acquire in depth competence in anatomic or clinical pathology as an alternative to acquiring general competence in the combined areas of anatomic and clinical pathology.*

1. The Board will admit candidates to examination who are otherwise eligible and who have had one of the following types of training and experience:

A. After four years of combined training in institutions accredited by the Liaison Committee on Graduate Medical Education of the American Medical Association.

- (1) Two years in anatomic pathology and two years in clinical pathology;
- (2) Two years in anatomic pathology and two years in forensic pathology;
- (3) Two years in anatomic pathology and two years in neuropathology;
- (4) Two years in anatomic pathology and two years in a related clinical pathology discipline (i.e., chemical pathology, medical microbiology, hematology, blood banking);
- (5) Two years in clinical pathology and two years in a related clinical pathology discipline (i.e., chemical pathology, medical microbiology, hematology, blood banking).

B. Anatomic pathology only:

- (1) Three years of anatomic pathology, and
- (2) an additional year which may be spent in further training, research, or practice of anatomic pathology. The additional year may also be graduate medical education in medicine, surgery, pediatrics, or family practice.

C. Clinical pathology only:

- (1) Three years of clinical pathology, and
- (2) an additional year which may be spent in further training, research, or practice of clinical pathology. The additional year may also be graduate medical education in medicine, surgery, pediatrics, or family practice.

2. The American Board of Pathology sometimes grants credit for: time spent in pathology other than in a residency training program as follows:

A. Appropriate training in pathology during medical school as a part of an organized specialty oriented curriculum.

B. Training during medical school in a department of pathology of an approved school of medicine or in a hospital officially affiliated with an approved medical school. The maximum credit which may be granted is 12 months.

C. A fellowship or instructorship in a preclinical department of a medical school if, in the opinion of the Board the experience was applicable to the practice of pathology. The maximum credit which may be granted is 12 months.

D. Candidates holding a master's degree or a doctor's degree in a special discipline of pathology may obtain credit for not more than 12 months toward this work, regardless of whether it was received before or after the medical degree. The evaluation of time credits will depend on how much of pathology was covered in the graduate work.

Such credits are evaluated on an individual basis. To avoid misunderstanding, trainees desiring credit for undergraduate study or graduate degrees should communicate with the Office of The American Board of Pathology early in the training period.

Research with a direct application to the practice of anatomic and/or clinical pathology may be accepted for credit not

to exceed one-third of the time requirement. *The Board encourages research and believes that all candidates should carry on investigation, teaching, and the publication of scientific papers during their training.*

The Board also allows one-third of training time to be spent in a related clinical activity or research, or a combination of the two.

The Board will allow full credit for the first year of graduate medical education (internship) approved as a categorical program in pathology. The Board will also accept for credit that portion of an approved flexible first year program which is spent in pathology.

QUALIFICATION BY MEANS OF EXPERIENCE

The requirements for those accepted by means of experience are:

A. The practice of pathology under circumstances acceptable to the Board for a period of not less than eight years. At the election of the candidate, a period not to exceed one year of straight pathology internship may receive credit for two of the eight years. For the candidate wishing to qualify under the experience rule and who has had acceptable approved training, double time credit will be allowed for such training. Thus, if a candidate had two years of acceptable supervised training, only four years of practice would be required.

B. If a candidate has become certified in anatomic pathology, the rule for qualification in clinical pathology by experience is:

Four years of full-time experience in the practice of clinical pathology under circumstances acceptable to the Board. Such experience must be after the date of certification in anatomic pathology.

The same requirements would apply for qualification for examination in anatomic pathology by means of experience after certification in clinical pathology.

QUALIFICATION IN AREAS OF SPECIAL COMPETENCE

A. *Chemical Pathology, Medical Microbiology, Hematology*

Applicants who hold a certificate in anatomic and clinical pathology, or clinical pathology only—one year of additional supervised training in the special field of choice in an institution accredited by the Liaison Committee on Graduate Medical Education of the American Medical Association, or by the Board, or two additional years of full-time experience or its equivalent under circumstances satisfactory to The American Board of Pathology.

Applicants not holding a certificate from The American Board of Pathology but holding a certificate from another primary Board:

Two years of training or acceptable experience in chemical pathology, hematology, or medical microbiology. Appropriate training or experience in another medical specialty may be substituted for one of the two years. The American Board of Pathology, at its discretion, may admit candidates to examination, if the following conditions have been met as of 1 July 1972: That the candidate has been practicing chemical pathology, hematology, or medical microbiology for five years in a senior position in an institution acceptable to The American Board of Pathology.

B. *Blood Banking*

Applicants who hold a certificate in anatomic and clinical pathology, or clinical pathology only—one year of additional supervised training in the special field of blood banking in an institution accredited by the Liaison Committee on Graduate Medical Education of the American Medical Association or by the Board, or two additional years of full-time experience, or its equiv-

alent, under circumstances satisfactory to The American Board of Pathology.

Applicants not holding a certificate from The American Board of Pathology in clinical pathology but holding some other certificate from this or another primary Board—two years of training or acceptable experience in blood banking. Appropriate training or experience in another medical specialty may be substituted for one of the two years.

Prior to 1 January 1981, the American Board of Pathology, at its discretion, may admit candidates to the examination if the following conditions have been met as of 1 July 1972:

That the candidate has been practicing blood banking for five years in a senior position in an institution acceptable to The American Board of Pathology.

C. Radioisotopic Pathology.

Certification in the special field of radioisotopic pathology will be a function of The American Board of Pathology: such certification will be done in cooperation with the Conjoint American Board of Nuclear Medicine with respect to qualifications of candidates, standards of the examination, and the form of the certificate.

The American Board of Pathology will admit candidates to examination in radioisotopic pathology who are otherwise qualified and who have had one of the following types of training:

Applicants already holding a basic certificate from The American Board of Pathology—one additional year of training in radioisotopic pathology in a program accredited by the Liaison Committee on Graduate Medical Education of the American Medical Association.

Applicants for certification in clinical pathology and radioisotopic pathology—24 months of clinical pathology, 12 months of radioisotopic pathology, 12 months training, research, or practice related to pathology. Applicants for certification in anatomic and clinical pathology, and radioisotopic pathology—24 months of anatomic pathology, 24 months of clinical pathology, 12 months of radioisotopic pathology.

Prior to 1 January 1981. The American Board of Pathology, at its discretion, may admit candidates to the examination if the following conditions have been met:

That the candidate holds a basic certificate of The American Board of Pathology and has been practicing radioisotopic pathology for two years in a position acceptable to The American Board of Pathology.

D. Neuropathology

For those applicants holding a certificate in anatomic and clinical pathology, or anatomic pathology only—two years of supervised training in neuropathology in institutions accredited by the Liaison Committee on Graduate Medical Education of the American Medical Association, or by the Board.

The Board admits to examination in anatomic pathology and neuropathology candidates with approved training consisting of two years in anatomic pathology and two years in neuropathology, with adequate experience in diagnostic neuropathology.

The Board also admits to examination in neuropathology only those candidates who have had one year of approved training in anatomic pathology, two years of approved training in neuropathology, with adequate experience in diagnostic neuropathology, and a fourth year which may be spent in an approved residency or research related to neurological science, approved training in neuropathology or practice in neuropathology.

In any of the above plans of training, the Board will allow two years of full-time experience or its equivalent in neuropathology, under circumstances satisfactory to the Board, to be considered the equivalent of one year of supervised training.

E. Forensic Pathology

For those applicants holding a certificate in anatomic and clinical pathology, or anatomic pathology only, or, in special instances, clinical pathology only—one year of supervised training in forensic pathology in institutions accredited by the Liaison Committee on Graduate Medical Education of the American Medical Association, or by the Board.

The Board admits to examination in anatomic and forensic pathology candidates with approved training consisting of two years in anatomic pathology and two years in forensic pathology.

In addition, candidates holding a certificate in anatomic and clinical pathology, anatomic pathology only, or in special instances, clinical pathology only, may qualify by means of two years of full-time experience or its equivalent in forensic pathology in a situation comparable to that of an institution approved for training in forensic pathology.

CERTIFICATION FOR SPECIAL COMPETENCE IN DERMATOPATHOLOGY

MURRAY R. ABELL, Chairman, Ann Arbor, Michigan
JOHN R. HASERICK, Vice-Chairman, Pinehurst,
North Carolina

ROBERT W. GOLTZ, Minneapolis, Minnesota
ELSON B. HELWIG, Washington, D. C.
VERNIE A. STEMBRIDGE, Dallas, Texas
RICHARD B. STOUGHTON, La Jolla, California

A. Prerequisites

The American Boards of Dermatology and Pathology will admit candidates to examination for certificates of special competence in dermatopathology who are otherwise qualified and who have had one of the following types of training or experience:

1. Applicants already holding a basic certificate from the American Board of Dermatology or The American Board of Pathology (anatomic pathology, or anatomic and clinical pathology) and two years of practice in dermatopathology in a position acceptable to the American Board of Dermatology and The American Board of Pathology. This requirement must have been met by 31 December 1976 and will be effective until 31 December 1978.
2. Applicants who are diplomates of both the American Board of Dermatology and The American Board of Pathology.
3. Applicants already holding a basic certificate from the American Board of Dermatology or The American Board of Pathology (anatomic pathology, or anatomic and clinical pathology) and one additional year of training in dermatopathology in a program accredited by the Liaison Committee on Graduate Medical Education.

B. Training

Training programs in dermatopathology will be an equal and joint function of the Departments of Dermatology and Pathology. The pathologist applicant shall have spent one-half time of the one year program in clinical dermatology, and the dermatology applicant shall have spent one-half time of the one year program in general anatomic pathology.

The training program shall include all aspects of dermatopathology, including all gross and microscopic diagnosis of skin disorders by means of direct visual inspection and by light and fluorescence microscopy, as well as

histochemistry together with the relevant aspects of electron microscopy, cutaneous mycology, bacteriology, and entomology. The program should also provide the trainee with the ability to set up and operate a laboratory to perform the applicable procedures, including supervision and training of personnel.

C. *Examination*

The one day examination will be given annually. It will consist of written, microscopic, and projected material. Announcement of the time and place of the examination will be submitted to the dermatology and pathology journals.

D. *Board Qualification*

The qualification to take the dermatopathology examination is for a three year period. If the candidate has not passed the examination during this three year period, a second three year period of board qualification will be considered upon evidence from the Director of a training program that the candidate has obtained additional training acceptable to the Committee for Dermatopathology.

Candidates may obtain an application as follows:

Dermatologists —

Dr. Clarence S. Livingood
Executive Director
American Board of Dermatology
Henry Ford Hospital
2799 West Grand Boulevard
Detroit, Michigan 48202

Pathologists —

Dr. A. James French
Executive Director
American Board of Pathology
780 Lincoln Center
5401 West Kennedy Boulevard
Tampa, Florida 33609

CREDIT FOR MILITARY SERVICE

Training or experience, or both, of reserve officers in the military service is evaluated on an individual basis. Credit depends upon the assignment the applicant has had, e.g., in a military institution accredited for training in pathology by the Liaison Committee on Graduate Medical Education of the American Medical Association as compared with an assignment to an unapproved location. For evaluation of credit for military service, write to the Office of The American Board of Pathology.

QUALIFICATION FOR EXAMINATION

Effective 1 January 1976 The American Board of Pathology will permit a candidate who has qualified on the basis of approved training and/or experience to sit for examination during a three-year period. When this period expires, additional periods of qualification will be permitted upon documented evidence that the candidate has obtained an additional year of training in an approved program or two years of experience under supervision acceptable to the Board.

APPLICATION BLANK AND FEE

Application must be made on the special form that may be obtained from the Office of The American Board of Pathology, and forwarded with other required credentials and the application fee. An application cannot be given consideration by the Board unless it is accompanied by the application fee.

The application, or examination, fee for candidates is four hundred and fifty dollars (\$450). If the candidate fails in the examination, admission to a second examination is permitted after six months. The applicant must pay an additional fee of four hundred and fifty dollars (\$450) before a second examination will be given.

The application fee has been determined after careful consideration and is based on actual estimates of the expense of an examination and administration. None of the Board Trustees receives any compensation for his services except actual expenses incurred.

If the applicant for any reason is deemed not qualified or withdraws an application, \$50 of the fee is not returnable. A cut-off date for cancellation of an examination has been established. If a candidate cancels an examination after that date, the entire examination fee of \$450 must be forfeited.

An individual who has received an unfavorable ruling regarding his qualifications to take the examination may initiate an appeal of such determination by making a written request for reconsideration to the Office of The American Board of Pathology within 90 days of the date the ruling was mailed.

EXAMINATIONS

Examinations will be held at the discretion of the Board. The examinations are based on the broad principles of pathology with emphasis on diagnosis, interpretation, and technique. The applicant may apply for certification in anatomic and clinical pathology, anatomic pathology only, clinical pathology only, an area of special competence.

Examinations in an area of special competence are given once a year in conjunction with the spring examination.

ISSUANCE OF CERTIFICATE

A candidate who is qualified for examination in anatomic and clinical pathology, having fulfilled the minimum requirements of 24 months of approved training in anatomic pathology and 24 months of approved training in clinical pathology, will receive a certificate only after both parts (anatomic and clinical pathology) of the examination have been passed. Similarly, candidates qualified for examination in anatomic or clinical pathology, and a related area of special competence, and claiming qualification on the basis of two years training in each area, will receive a certificate only after both parts of the examination have been passed. The two parts may be taken at one session or at separate sessions of The American Board of Pathology examinations within the three-year time limit of qualification.

A candidate who has fulfilled the requirements for anatomic pathology only, or clinical pathology only (i.e., three years approved training plus an additional year of further training, research, or independent practice) will receive a certificate after passing the examination in anatomic pathology or clinical pathology.

A candidate who fails a certifying examination may request that the examination be rescored to verify the accuracy of the results reported. Such request must be made in writing within 90 days of the date of mailing of the results of the examination to the candidate. There shall be no further appeal from a failure on an examination.

AMERICAN BOARD OF PEDIATRICS

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- JEAN A. CORTNER, Vice President, Philadelphia
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- BEN M. KAGAN, Los Angeles
- WARREN W. QUILLIAN II, Coral Gables, Florida
- ROBERT C. BROWNLEE, Executive Secretary, Children's Hospital of Philadelphia, 34th Street & Civic Center Blvd., Philadelphia, Pennsylvania 19104
- F. HOWELL WRIGHT, Executive Secretary Emeritus, Museum of Science and Industry, 57th Street & S. Lake Shore Drive, Chicago, Illinois 60637
- FREDRIC D. BURG, Director, Evaluation & Research, Philadelphia
- M. WILLIAM SCHWARTZ, Associate Director, Evaluation & Research, Philadelphia

REQUIREMENTS FOR ADMISSION TO EXAMINATION
GRADUATES OF MEDICAL SCHOOLS IN THE UNITED STATES

All applicants for examination for certification must meet

the general requirements enumerated in paragraphs I-IV below.* Paragraphs V-XII describe in more details what varieties of training are acceptable and how special situations are handled.

I. Applicants must be graduates of an approved medical school. Graduates from osteopathic medical schools are accepted if they satisfy the other requirements.

II. Applicants must have three years of hospital-based pediatric training in programs approved by the appropriate agencies of the American Medical Association for internship or residency training. During this period of training the applicant is expected to progress in the degrees to which he assumes responsibility for the care of his patients. Applicants who receive their medical degrees after June 30, 1975, will be required to have three years of hospital-based pediatric training in American programs approved for this purpose, or in Canadian programs approved by the Royal College of Physicians and Surgeons of Canada. Applicants with medical degrees prior to this date may substitute PL-O programs as described in V. below for one of these years.

III. In addition to the three years of hospital-based training, applicants must spend two additional years utilizing this training in practice or in other training related to pediatrics. Thus, final certification may not be completed until a minimum period of five years after graduation from medical school.

IV. The applicant will be asked to request letters of recommendation from the directors of hospital-based programs to verify satisfactory completion of the training and to evaluate the acceptability of the candidate as a practitioner of pediatrics. Candidates who have had all their training under a single program director should request at least one other letter of recommendation from a diplomate of the American Board of Pediatrics.

V. **INTERNSHIP, RESIDENCY AND FELLOWSHIP TRAINING:** The Board and the Residency Review Committee for Pediatrics now recognize five levels of pediatric training (PL-0 through PL-4). Levels PL-1 and PL-2 constitute the essential two core years of training. They must be supplemented either by a PL-0 program taken before, or a PL-3 or PL-4 program taken afterward. The Pediatric Levels (PL) are defined as follows:

- PL-0 Approved internships or residencies in fields other than pediatrics, i.e., rotating internship, family practice, internal medicine, general surgery, psychiatry, etc. Credit at this level may also be given for pediatric experience in countries other than the United States or Canada. (Not accepted for those who receive their medical degrees after June 30, 1975.)
- PL-1 The first post-graduate year in general pediatric training in an approved program. It may occur immediately after graduation from medical school or follow training at the PL-0 level.
- PL-2 The second postgraduate year in general pediatric training, following PL-1, but with increased responsibility for patient care and for the supervision of junior staff and medical students.
- PL-3 A single year of advanced training and clinical responsibility in general in-patient or out-patient residency, a chief residency or experience in one or more specialty areas closely integrated with a program approved for the two core years (PL-1 and PL-2).
- PL-4 A program (frequently a fellowship in a sub-specialty) in which the proportion of time in non-clinical or laboratory activities is so large that two years must be spent to gain the equivalent of a year of clinical

training. The applicant will receive credit both for the third year of clinical training and for a year of practice. Included automatically within this category are: 1) all approved two-year programs in pediatric allergy, pediatric cardiology, pediatric endocrinology, pediatric hematology-oncology, pediatric nephrology, and neonatal-perinatal medicine; 2) programs in pediatric neurology accepted by the American Board of Psychiatry and Neurology for certification with special competence in Child Neurology; and 3) an agreement with the American Board of Internal Medicine for joint certification by both boards.

The American Board of Pediatrics is not authorized to approve training programs. Questions about approval of programs should be directed to the Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

Applicants seeking approval for individualized programs of specialized training that are not encompassed by recognized PL-3 or PL-4 programs must ask their program directors to submit details to the American Board of Pediatrics for evaluation by its Credentials Committee, preferably prior to entrance into the special program. A description of the program proposed and brief curricula vitae of the supervisors of the program and of the applicant should be included. When individualized approval is given, it will not imply automatic approval of future applicants until the program receives categorical approval from the Residency Review Committee for Pediatrics.

Since ultimate certification in a pediatric sub-specialty area is contingent upon passage of the examination of the American Board of Pediatrics, program directors arranging sub-specialty fellowships have a heavy responsibility in making sure that candidates admitted have a thorough grounding in general pediatrics as an entering qualification.

Summary of Training Requirements

The following patterns of training in approved programs are automatically accepted by the Board for admission to its examinations:

PL-0 + PL-1 + PL-2 + 2 years of practice or further experience. (Not acceptable for those who receive their medical degrees after June 30, 1975.)

PL-1 + PL-1 + PL-2 + 2 years of practice or further experience.

PL-1 + PL-2 + PL-2 + 2 years of practice or further experience.

PL-1 + PL-2 + PL-3 + 2 years of practice or further experience.

PL-1 + PL-2 + PL-4 + 1 year of practice or further experience.

The following two combinations may apply when a program director elects to award advanced status to an individual with extensive experience in pediatrics in a foreign country.

PL-2 + PL-2 + PL-3 + 2 years of practice or further experience.

PL-2 + PL-2 + PL-4 + 1 year of practice or further experience.

VI. **GRADUATE SCHOOL COURSES:** It is a fundamental concept of the American Board of Pediatrics that a residency training program should provide for properly organized progressive responsibility for the care of sick children. The Board believes further that this purpose can be accomplished through continuity of clinical experience under supervision of attending physicians who are themselves responsible for the care of the children on that service. The substitution of a formal course in a graduate or post-graduate school which does not carry the essential ingredient of responsibility for patient care is, in the opinion of the Board, inconsistent with this principle. Accordingly, the Board will accept such courses as part of an approved residency program in pediatrics only in exceptional cases.

*To avoid misunderstanding, the Board urges candidates whose training is not clearly covered in these regulations to communicate with the office of the Executive Secretary. Whenever possible, this should be done before entering upon doubtful appointments.

VII. PRACTICE REQUIREMENTS: Graduate school courses, research residencies and teaching fellowships are entirely acceptable in satisfaction of practice or further study requirements. Portions of such residencies not applicable for residency training credit may thus be carried over for practice credit.

Preceptorships are acceptable as credit toward the practice requirements. As part of the second year residency program no more than two months of preceptorship will be approved and then only with the understanding that it is properly supervised and not used as a locum tenens.

VIII. CREDIT FOR MILITARY SERVICE: Credit for one year of the practice requirement is allowed for medical military service or its equivalent regardless of assignment. Credit in excess of one year may be granted depending upon the amount of prior approved residency training. Military assignments will not be accepted in lieu of PL-1, 2, 3, or 4 programs unless served in a military hospital which has received specific approval from the Residency Review Committee for Pediatrics.

IX. CANDIDATES NOT MEETING REQUIREMENTS: Exceptionally, a physician may have worked in a pediatric field for many years, yet be deficient in the formal prerequisites for examination. If such a man presents evidence of outstanding competence and wishes to take the examination, he may apply for permission to do so. The Credentials Committee will review his record and decide whether or not he should be given permission to take the examination.

X. SPECIAL SITUATIONS: The Board recognizes that situations may arise which are not clearly covered in the foregoing statement. In such cases, the program director should present his question to the Executive Secretary who will submit any problems to the Credentials Committee of the Board for its consideration.

XI. GRADUATES OF MEDICAL SCHOOLS IN CANADA: Graduates of approved medical schools in Canada and those who have received their internship and residency training in pediatrics in hospitals approved by the Royal College of Physicians and Surgeons of Canada will be eligible for examination under the same regulations that apply to those trained in the United States.

XII. GRADUATES OF FOREIGN MEDICAL SCHOOLS:
Citizens of the United States: Candidates who are graduates of medical schools other than those in the United States or Canada will be processed for eligibility for examination for certification if they meet all the following requirements:

1. They hold the standard certificate of the Educational Commission for Foreign Medical Graduates or a standard permanent license to practice medicine in one of the states, districts, or territories of the United States.
2. They meet the internship, residency training, and practice or further study requirements of the Board as detailed above.

Citizens of Other Countries: Properly qualified candidates who are permanent residents in and citizens of other countries and who have fulfilled the training requirements in the United States or Canada, may apply for examination by the American Board of Pediatrics. Applicants with foreign degrees equivalent to the M.D. which were awarded prior to July 1, 1975, may be given credit for hospital-based training in another country provided that 1) it is of at least one year's duration, 2) it is in the field of pediatrics, and 3) it is judged by the Credentials Committee to be equivalent to pediatrics residency training in the U.S. Such applicants will be expected to serve their two basic years of pediatric hospital-based training (PL-1 and PL-2) in approved residencies either in the United States or Canada. Substitution of PL-3 and PL-4 programs for either of the basic years is not acceptable.

All such candidates must hold the standard certificate of the Educational Commission for Foreign Medical Graduates

before being admitted to the Board examinations.

INFORMATION CONCERNING
EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

PART I—WRITTEN

Written examinations are objective in type and are given once each year, simultaneously at a number of places scattered throughout the country, and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

Candidates may apply for admission to written examination six months before completion of their second year of pediatric training. Applicants who receive their medical degrees after July 1, 1975, will not be admitted until they have had at least 32 months of PL-1, PL-2 and additional approved training. Candidates may apply for admission to the written examination if they will have completed at least 20 months of basic core training (PL-1 and PL-2) in approved programs prior to the date on which the examination is to be held.

The written examination is given in two four-hour sessions with a luncheon break between. Questions of the morning session must be completed and turned in before the luncheon break; a second set of questions will be issued for the afternoon portion of the examination.

In constructing the examination, the following subject matter guidelines were used for the 1977 and 1978 exams. There are subject to change:

I. Etiologies	
Allergic and Immunologic	10%
Infectious	10%
Psychological, Psychosocial	15%
Neoplastic	10%
Structural (Congenital)	5%
Genetic	5%
Toxic	10%
Traumatic	10%
Nutritional	10%
Metabolic	10%
Idiopathic	5%
II. Organ Systems	
Endocrine	10%
Hematologic	10%
Gastrointestinal	10%
Renal-Urogenital	10%
Cardiopulmonary	10%
Musculoskeletal	10%
Neurologic	10%
Cutaneous	5%
Eye, Ear, Nose, Throat	10%
Multiple Organ Systems	15%
III. Chronologic	
Perinatal/Neonatal	15%
Adolescent	10%
Other	75%
IV. Type of Problem	
Problem of Ill Health	80%
Health Maintenance	20%

CLOSING DATE FOR RECEIPT OF APPLICATIONS FOR THE WRITTEN EXAMINATION IS JANUARY 15TH OF THE YEAR IN WHICH A CANDIDATE WISHES TO TAKE THE WRITTEN EXAM. EARLY APPLICATION IS DESIRABLE SINCE SUBSEQUENT ASSIGNMENT TO SITES FOR THE ORAL EXAMINATION DEPENDS IN PART UPON THE DATE OF FIRST APPLICATION.

PART II—ORAL

Oral examinations are held five or more times each year in cities across the U.S. As far as possible, candidates are given a choice of location, taking into account the date the application is filed, the date of eligibility, and proximity to the examination site.

American candidates must wait until six months prior to the conclusion of their full five years of training and/or practice. Foreign candidates who must return to their own country at the end of their training period may be examined prior to completion of the final two years of practice or further study in pediatrics, but the certificate of the Board will not be issued to them until they (1) pass the oral examination and (2) complete the same five-year period of training and experience as required of American Candidates.

APPLICATION

Applications must be made on special blanks, which will be furnished by the Executive Secretary after a preliminary survey of the applicant's training, which should be fully described in the initial letter of inquiry.

FEES

The cost of certification includes the following fees:

Registration	\$150
Written examination (one)	150
Total payment at time of initial application.....	\$300
Oral examination (payable on receipt of appointment, given only after successful completion of written examination)	150
TOTAL FEES	\$450

Each of the above fees entitles the applicant to one examination only. A re-examination fee of \$200 is charged for each written re-examination and each oral re-examination.

These and other fees mentioned in this booklet are subject to change without notice and are non-refundable except in unusual circumstances.

CANDIDATES WHO ACCEPT AN APPOINTMENT FOR ORAL EXAMINATION AND FAIL TO APPEAR WILL FORFEIT THE FEE FOR THAT EXAMINATION AND WILL BE REQUIRED TO PAY A RE-SCHEDULING FEE OF \$150.

FAILURE IN EXAMINATIONS

As indicated above, a written examination must be passed before a candidate is eligible for oral examination. Written re-examinations may be taken one or two years later with an additional charge of \$200.

Applicants who fail in oral examination become eligible for a second examination after one year and must appear for re-examination within three years or they will be transferred to inactive status (see below). A third oral examination will not be permitted until the candidate has taken and passed another written examination. To become eligible for a fourth examination, a candidate must complete a plan of preparation for the same that is declared acceptable in advance by the Credentials Committee of the Board.

POSTPONEMENT OF EXAMINATIONS

Part I (Written Examination)—After acceptance of his application a candidate is expected to take the *next* written examination offered. Such examinations are given annually at a time and place to be announced by notice mailed to eligible candidates. If the candidate fails to appear for examination by the third opportunity after the acceptance of his application, the fee will be forfeited and a new application must be filed if he wishes to be admitted to the examination.

Candidates who fail Part I must appear for re-examination within three years unless such time is extended after written request to the Board and for such time as the Board, in its sole discretion, deems advisable. Candidates who do not ap-

pear within such specified time will be placed upon inactive status as described below.

Part II (Oral Examination)—After successful completion of Part I the candidate is expected to appear for Part II of the examination within three years of completion of all requirements unless granted an extension after written request to the Board. After the lapse of three years he will be placed upon inactive status as described below.

Inactive Status—In case of failure to appear for re-examination within the periods specified above, a candidate will be placed upon inactive status for an additional two years, during which time he will no longer receive notification of the dates and places of examinations. At any time during his inactive status a candidate may request to be restored to active status upon written request to the Board and the payment of an activation fee of \$100.00 in addition to the re-examination fee. If he fails to take advantage of this provision, he will be dropped from the rolls at the conclusion of his period of inactive status and if he wishes re-instatement, he will have to file a new application and pay the full fee.

All re-instated candidates must present themselves for examination within a period determined by the Board. Failure to appear for examination within such a period, unless excused by the Board, will result in loss of eligibility. In order to be reinstated again, a candidate must submit a new application and a new fee.

CERTIFICATION BY THE BOARD

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examinations.

STATEMENTS OF ELIGIBILITY

The Board no longer issues statements of "eligibility" for its examinations.

COMPETENCY DOCUMENT

Candidates are encouraged to order the document *Foundation for Evaluating the Competency of Pediatricians* in order to obtain a detailed list of competencies expected of pediatricians by the American Board of Pediatrics. Although this is not a study guide, where possible, all questions used on the examination of the American Board of Pediatrics will be testing for these competencies. Copies of the document may be ordered for \$3.00 each from the Board office in Philadelphia.

Sub-Board of Pediatric Cardiology

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Subspecialty Committee of Pediatric Endocrinology
 ALVIN B. HAYLES, Chairman, Rochester, MN
 GILBERT P. AUGUST, Washington, DC
 ROBERT BLIZZARD, Charlottesville, VA
 WILLIAM W. CLEVELAND, Miami, FL
 DELBERT A. FISHER, Torrance, CA
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 IRA M. ROSENTHAL, Chicago, IL
 LOUIS E. UNDERWOOD, Chapel Hill, NC

CERTIFICATION IN THE PEDIATRIC SUBSPECIALTY AREAS OF
 CARDIOLOGY, HEMATOLOGY-ONCOLOGY, NEPHROLOGY,
 NEONATAL-PERINATAL MEDICINE, AND ENDOCRINOLOGY

The American Board of Pediatrics has established a procedure for certification in several subspecialties as areas of special competency in pediatrics as noted above.

ELIGIBILITY CRITERIA

1. Certification by the American Board of Pediatrics.
2. Specialty Training or Experience.

Candidates may embark on their subspecialty training after two years of training (PL1, 2) in an approved general pediatrics program. The first year of the subspecialty training (fellowship) may be concurrent with the required third year of training necessary to qualify for the boards in general pediatrics provided that the subspecialty training (fellowship) is a two year program or more. Also, such programs must insure that at least half of the experience involves clinical work with children. This is meant to imply that no credit is given toward qualification to sit for a subspecialty examination for periods less than two years of fellowship except as outlined under items below. It also specifically means that no credit toward subspecialty qualification will be allowed for elective time spent in subspecialty areas during the usual residency years (PL1, 2, 3).

PEDIATRIC CARDIOLOGY: Two years of fellowship in an approved pediatric cardiology training program is required. The Sub-Board has no practice eligibility route.

Prior to July 1, 1978 in PEDIATRIC HEMATOLOGY-ONCOLOGY and NEPHROLOGY, prior to July 1, 1979 in NEONATAL-PERINATAL MEDICINE, and prior to July 1, 1982 in PEDIATRIC ENDOCRINOLOGY, to be eligible to sit for the exam, the candidate must have *completed* one of the following:

- A. Two years of full-time graduate training in the appropriate subspecialty area, at least one year of which, preferably both years, is in a program under the supervision of a director who is certified in that particular subspecialty or lacking such certification possesses equivalent credentials.
- B. Five years in the practice of that particular subspecialty area. Those candidates entering the examination via the practice route must make application, be approved for, and take the examination given in 1980 or sooner for Pediatric Hematology-Oncology and Nephrology, 1981 or sooner for Neonatal-Perinatal Medicine, and 1984 or sooner for Pediatric Endocrinology.
- C. A combination of fellowship and practice as outlined in one of the two methods below:
 - (1) Those candidates who have had less than 12 months of fellowship will be credited for this time as practice time on a month for month basis. For example, a 9 month fellowship would be credited as 9 months of practice time; this added to 4 years and 3 months of practice would total the 60 months or 5 years of practice required prior to July 1, 1978

for Pediatric Hematology-Oncology and Nephrology, prior to July 1, 1979 for Neonatal-Perinatal Medicine and prior to July 1, 1982 for Pediatric Endocrinology.

- (2) Those candidates having 12 to 23 months of fellowship will be credited for this time as practice time on a 2 for 1 basis. For example, a 15 month fellowship would be credited as 30 months of practice credit; this added to 30 months of practice would total the 60 months or 5 years of practice required prior to July 1, 1978 for Pediatric Hematology-Oncology and Nephrology, July 1, 1979 for Neonatal-Perinatal Medicine, and July 1, 1982 for Pediatric Endocrinology.

It follows that those candidates having 24 or more months of fellowship fall under the fellowship route (Plan A) and no combination time is required.

After July 1, 1978 in PEDIATRIC HEMATOLOGY-ONCOLOGY and NEPHROLOGY, after July 1, 1979 in NEONATAL-PERINATAL MEDICINE, and after July 1, 1982 in PEDIATRIC ENDOCRINOLOGY, no credit may be accrued for time spent in practice and only fellowship time will be accepted for entry into the examinations.

FOREIGN FELLOWSHIP AND PRACTICE: All subspecialty training must be in the United States or Canada, unless the Credentials Committee of the Sub-Board/Subspecialty Committee has given approval of foreign subspecialty training to a candidate *before* he/she enrolls in such a program. Candidates wishing to obtain such approval should contact the American Board of Pediatrics, Children's Hospital, 34th St. & Civic Center Blvd., Philadelphia, PA 19104. No foreign practice will be accepted by the Credentials Committee in fulfillment of the requirements.

In the case of certain exceptional individuals, each Sub-Board/Subspecialty Committee has the option of petitioning the Parent Board that the individual be allowed to take the general pediatrics examination. Upon successful passage of the general board examinations, such an individual may be admitted to the subspecialty examination.

3. Letters of Recommendation.

- A. For those utilizing the full-time fellowship training route in the subspecialty area, a letter of recommendation will be required from:
 - (1) the pediatric subspecialty program director where the training occurred.
- B. For those utilizing the practice route, a letter of recommendation will be required from:
 - (1) the pediatric subspecialty program director in the hospital where the candidate is seeing patients if there is a training program;
 - or (2) the pediatric department chairman OR the chief of pediatrics in the hospital where the candidate is now or has been in the practice of the subspecialty.
- C. For those utilizing the combination fellowship-practice route, letters of recommendation will be required from:
 - (1) the pediatric department chairman OR the chief of pediatrics in the hospital where the candidate is now or has been in the practice of the subspecialty;
 - and (2) the pediatric subspecialty program director where the training occurred.

These letters of recommendation must be solicited by the applicant. They should not accompany the application but should be sent directly by the writer to the American Board of Pediatrics. Please request that the writer of the letter include the *exact dates* of fellowship training and practice experience. All letters should be sent to the American Board of Pediatrics prior to the closing of registration for a particular examination.

Each application is considered individually and must be

acceptable to the Sub-Board/Subspecialty Committee to which it is submitted.

TRAINING PROGRAMS

At the present time, there are no officially approved programs in Pediatric Hematology-Oncology, Nephrology, Neonatal-Perinatal Medicine, or Pediatric Endocrinology. Until the usual mechanisms of approval via the Residency Review Committee and the Liaison Committee on Graduate Medical Education are completed, the pediatric resident contemplating entering subspecialty training would be well advised to enter those programs in which the director or senior faculty of the program is certified in that particular subspecialty or possesses equivalent credentials. Only those training programs which are operated in association with residency programs in general pediatrics offering PL1, 2, 3 will be considered. For NEONATAL-PERINATAL MEDICINE only those programs which operate in conjunction with or in close affiliation with programs offering residency or fellowship training in obstetrics and gynecology and include experience in fetal-maternal-perinatal medicine will be considered.

Credit toward qualification via fellowship training will be given to the candidate who successfully completes the required time in such programs. In the event the individual has questions concerning the above, he/she may inquire at the American Board of Pediatrics, Children's Hospital, 34th St. & Civic Center Blvd., Philadelphia, PA 19104.

Candidates should consult the Directory of Accredited Residencies, published by the American Medical Association each fall, for a listing of programs approved for fellowship training in PEDIATRIC CARDIOLOGY.

EXAMINATIONS

An examination in the subspecialty areas is offered by the American Board of Pediatrics every two years with Pediatric Hematology-Oncology, Nephrology, and Endocrinology in the even numbered years and Pediatric Cardiology and Neonatal-Perinatal Medicine in the odd numbered years. The examination is a written examination with the exception of PEDIATRIC CARDIOLOGY which has an additional oral examination; candidates must achieve a satisfactory grade on both to be certified.

The purpose of these examinations is to determine the candidate's competency to practice the subspecialty. Emphasis, therefore, is placed on practical aspects. Since good practice is founded on knowledge and sound use of basic sciences, the candidate must be prepared to demonstrate an adequate grasp of relevant basic information in genetics, embryology, anatomy, physiology, pharmacology, and the like.

FAILURE IN EXAMINATIONS

Candidates who fail the examination are eligible to be readmitted for examination at the next examination period upon specific application and payment of the appropriate fee. In the event of a third failure, the candidate may be readmitted again but he/she would be well advised to present a plan of preparation for re-examination acceptable to the Credentials Committee of the Sub-Board/Subspecialty Committee.

FEES

The application fee is \$450.00 (registration fee: \$150.00 and examination fee: \$300.00). The full fee must be remitted with the initial application. If the applicant is not accepted for examination, the examination fee (\$300.00) will be returned. The registration fee (\$150.00) will be retained to meet the cost of processing the application.

The fee for re-examination is \$300.00. Candidates are permitted to take three examinations without having to resubmit the registration fee of \$150.00.

Fees are subject to change at any time. Checks (U.S. funds only) should be made payable to the AMERICAN BOARD OF PEDIATRICS.

CERTIFICATION

A certificate for special competency is awarded by the American Board of Pediatrics to those candidates who have

met the requirements and have satisfactorily passed the examination of the Sub-Board/Subspecialty Committee.

APPLICATIONS

Application forms may be requested from the American Board of Pediatrics, Children's Hospital, 34th St. & Civic Center Blvd., Philadelphia, PA 19104. Telephone: (215) 349-8500.

It should be noted that these criteria and conditions are subject to change without notice. All applicants are advised to consult the American Board of Pediatrics at the above address to ascertain that the information they have is current.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

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 Rochester, Minnesota

REQUIREMENTS FOR CERTIFICATION

A. Graduates of Educational Institutions in the United States:

1. Graduation from a school approved by the Council on Medical Education of the American Medical Association, or graduation from a school which, in the opinion of the Board, offers education equivalent to such an approved school.
2. Satisfactory completion of the requirements of the Board for graduate education and experience in physical medicine and rehabilitation as set forth below.
3. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and the payment of required fees.

B. Graduates of Educational Institutions not in the United States:

1. Graduation from a school which, in the opinion of the Board, offers medical education equivalent to a medical school approved by the Council on Medical Education of the American Medical Association.
2. Successful completion of the examination of the Educational Commission for Foreign Medical Graduates or equivalent examination unless the candidate holds a license to practice in the United States or Canada.
3. Satisfactory completion of the Board's requirements for graduate education and experience in physical medicine and rehabilitation as set forth below.
4. Satisfactory compliance with rules and regulations of the Board pertaining to the completion and filing of the application for examination and the payment of required fees.

GRADUATE EDUCATION AND FULL-TIME PRACTICE

Qualifications for admission to the examination for certification in physical medicine and rehabilitation requires: 1) to be admissible for Part I of the examination, a minimum of three calendar years of graduate education in a residency program approved by the Council on Medical Education of the American Medical Association which encompasses a minimum of 24 months of full-time supervised clinical training in physical medicine and rehabilitation; and 2) to be admissible for Part II of the examination, a minimum of one year of full-time clinical practice in the specialty of physical medicine and rehabilitation, or its equivalent as determined by the Board.

Essentially all of said training and experience must be undertaken in the United States or Canada. However, candidates who have received graduate medical education in a foreign country may, at the discretion of the Board, be given credit for such training.

At the discretion of the Board, two years of full-time practice in physical medicine and rehabilitation may be accepted as a substitute for not more than one year of graduate education in an approved residency program. It is possible that six years of full-time practice, at the Board's discretion, could be substituted for the requirement of three years of said graduate education.

Credit for one year of said graduate education, at the discretion of the Board, may be given to a candidate who has a minimum of four years of general practice.

In selected instances, seven years of full-time practice in the specialty of physical medicine and rehabilitation may qualify a candidate for admissibility for Part I and Part II of the examination.

Any candidate who has had at least one year's training in an approved residency in a specialty other than physical medicine and rehabilitation may meet the requirements of the Board for Part I of the examination by completing two additional years graduate education in an approved program of physical medicine and rehabilitation, 21 months of which must be spent in full-time supervised clinical training in physical medicine and rehabilitation.

Practice in military service, performed after the required graduate education has been completed, is considered the same as any other practice experience, provided that the practice has been exclusively in the specialty of physical medicine and rehabilitation.

FIRST YEAR GRADUATE PROGRAM

The first year graduate program, also referred to as the "integrated graduate program," is that program in which a candidate begins three years of graduate education in physical medicine and rehabilitation immediately upon graduation from a school acceptable to the Board. The candidate must during the first year of the graduate program: 1) receive a minimum of six month's training which in the judgment of the Board is equivalent to that provided by internship, 2) receive training in acute medical and surgical conditions which fulfill requirements of the Board, and 3) receive Board approval of the proposed graduate training. Whether such training meets the requirements of the Board depends upon the candidate's electives taken in medical school and upon discretion and judgment of the director of the residency program in physical medicine and rehabilitation.

The procedure required to receive Board approval of this proposed graduate training is as follows:

1. The program director of the residency program in physical medicine and rehabilitation shall complete a form which lists the proposed candidate's electives taken in his senior year in medical school and which outlines the proposed program for the first 12 months of the candidate's residency training.

2. The program director shall send the said form to the secretary of the Board for the Board's approval.

3. The secretary of the Board shall notify the program director by letter that the Board has approved or disapproved the candidate's proposed first year graduate residency program.

Any candidate who transfers from residency training in other recognized specialties must complete the above listed requirements during his first year of graduate training in physical medicine and rehabilitation, unless for such candidate it can be verified that this requirement was met during his training experience in another specialty; in all such cases the program director shall proceed by the same procedures herein before enumerated to assure that such candidate has complied with this requirement.

APPLICATION

The application form which must be submitted by a candidate applying for the examination leading to certification is obtained by writing to the secretary of the Board. The completed application shall contain a record of the candidate's undergraduate and graduate training, or the program director's statement that the candidate has completed the integrated graduate program approved by the Board, graduate study, hospital staff appointments, teaching positions, length of time practice has been limited to physical medicine and rehabilitation, medical papers published, and any other information he deems relevant to the determination of his admissibility for examination. In addition, there must be submitted with the application the names of three physiatrists or other physicians to whom the Board shall write for professional and character references. At the option of the applicant, he may include the names of any additional physicians. The Secretary of the Board will submit to the physicians so named a form requesting them to rate the professional ability of the applicant. No applicant will be declared admissible for examination until the physicians from whom references are requested have replied. If a candidate's references are unfavorable, the candidate will be notified of this fact; and consideration of admissibility for the examination may be suspended until the Board obtains satisfactory references; however, any applicant, having had his consideration of admissibility so suspended, may petition for a hearing before the Board, and the Board shall notify the candidate immediately of the time and place of said hearing.

All information submitted to the Board by the physician from whom a reference has been requested shall remain confidential and shall not be disclosed to the candidate without the permission of the said physician. Strict confidentiality of references submitted is required to assure that the Board receives complete and accurate evaluations of all candidates.

If a candidate plans to take Part I only, he must submit fees of two hundred fifty dollars (\$250), fifty dollars (\$50) of which is an evaluation fee and not refundable nor reassessed. The fees must accompany the application. If the candidate is applying for Part II, he must write a letter of application and send an examination fee of two hundred dollars (\$200). If the candidate is applying for Part I and II, initially, the same year, he must send with the application, fees of four hundred fifty dollars (\$450). Fifty dollars (\$50), as heretofore mentioned, is an evaluation fee and not refundable. Fees for re-examination are one hundred seventy-five dollars (\$175) for Part I or II, or if both Part I and II are taken the same year, the fees are three hundred fifty dollars (\$350).

The candidate must have completed his graduate education or clinical practice requirements on or before August 31 following the scheduled examination date for which he has applied in order to have his application considered for the examination of that year. Except as hereinafter provided, *fees paid hereunder are not refunded*. Only in the event that a candidate withdraws his application prior to Board action thereon, or that a candidate is declared not admissible for the examination, will the Board return to the candidate the refundable portion of his fee.

The Board is a non-profit organization and the fees of the candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. The Board reserves the right to change the fees when necessary.

DESIGNATION OF ADMISSIBILITY

Board admissible is a term used by the Board to define the status of the candidate who has been accepted by the Board to take the examination for which the candidate has applied; designation of Board admissible does not continue beyond the date such examination is given, regardless of results.

The procedures required of candidates to be designated Board admissible are as follows:

A.

CANDIDATES WHO HAVE NOT PREVIOUSLY APPLIED FOR EXAMINATION OR WHO HAVE PREVIOUSLY APPLIED BUT HAVE FORFEITED THEIR APPLICATION FEES PURSUANT TO RULES SET OUT IN THE SECTION ON APPLICATION.

1. Timely filing of educational credentials and application for certification with the Secretary of the Board by the applicant.
2. Payment of fees for the examination by the applicant.
3. Transmission of a letter of confirmation of admissibility from the Secretary of the Board to the candidate, verifying that the applicant has fulfilled all requirements and is Board admissible.

B.

CANDIDATES WHO ARE RE-APPLYING FOR PART ONE, HAVING FAILED PART ONE; OR WHO ARE APPLYING FOR PART TWO, HAVING SUCCESSFULLY COMPLETED PART ONE, OR WHO ARE RE-APPLYING FOR PART TWO HAVING FAILED PART TWO BUT WHO HAVE SUCCESSFULLY PASSED PART ONE.

1. Filing a letter of application for the examination by the applicant, or an application as requested.
2. Payment of the examination fee by the applicant.
3. Transmission of a letter of confirmation of admissibility from the Secretary of the Board to the candidate, verifying that the applicant has fulfilled requirements and is Board admissible.

Following the establishment of Board admissibility, the candidate will be notified of the time and place for the examination.

A candidate may take Part I and Part II of the examination in the same year, but if he fails Part I, his status with reference to Part II will not be considered because Part I must be passed in order to become eligible for Part II of the examination.

A candidate who fails Part I or Part II or both Parts of the examination may re-apply for admissibility for re-examination, if done before November 15 of the year before the scheduled examination.

FAILURE TO APPEAR

Failure to take the examination once admissibility is established for either Part I or Part II shall result in forfeiture of the fee deposited without exception.

EXAMINATIONS

As part of the requirements for certification by the American Board of Physical Medicine and Rehabilitation, candidates must demonstrate satisfactory performance in an examination conducted by the Board covering the field of physical medicine and rehabilitation.

The examination for certification is given in two parts. Part I is written, Part II is oral.

Part I (written) may be taken after the satisfactory completion of the specialized graduate education required by the Board outlined above.

Part II (oral) may be taken only after passing Part I and one year of full-time practice in physical medicine and rehabilitation, following residency training.

Both the written and oral examinations will cover certain aspects of the basic sciences as well as clinical physical medicine and rehabilitation. Those basic sciences will include:

1. *Anatomy*, including kinesiology and functional anatomy.
2. *Physics*, related to the field.
3. *Physiology*, including physiology of movement and physiologic effect of the various physical agents used in physical medicine and rehabilitation.
4. *Pathology*

5. *Other fundamental sciences*: The applicant may be examined concerning his knowledge of other subjects related to physical medicine and rehabilitation.

The clinical aspects will include:

1. Those diseases and conditions that come within the field of physical medicine and rehabilitation including those of children. These include various rheumatic diseases; neuromuscular diseases; cerebral and spinal cord injuries and diseases (e.g. cerebral vascular accidents, postoperative sequelae of surgery of the brain and spinal cord, cerebral palsy and paraplegia) and musculoskeletal diseases, including the large group of traumatic and orthopedic conditions.

2. The clinical use of such physical agents as heat, water, electricity, ultraviolet radiation, massage, exercise, and rehabilitation techniques.

3. Diagnostic procedures including electromyography and electrodiagnosis.

4. A knowledge of the roles of allied personnel within or associated with the field of physical medicine and rehabilitation, such as the physical therapist, occupational therapist, clinical psychologist, medical social worker, and vocational counselors; and the ability to coordinate the services of such personnel.

5. An understanding of the basic principles of physical medicine and rehabilitation, and the ability to prescribe and supervise specific treatment to be executed by allied health personnel.

METHOD OF EXAMINATION

Part I and Part II of the Board examination are given once each year, usually in June, at such time and place as the Board shall designate. Part I is a written examination. This examination is divided into morning and afternoon periods of approximately three hours each. The questions are designed to test the candidates' knowledge of basic sciences and clinical management as related to physical medicine and rehabilitation, and will be in the form of objective testing.

Part II is an oral examination. The oral examinations are given by the members of the Board with the assistance of selected guest examiners.

Candidates will be expected to present in a concise, orderly fashion evidence of their proficiency in the management of various clinical conditions which come within the field of physical medicine and rehabilitation. During the oral examination, questions will be asked about diagnostic procedures, therapeutic procedures and patient management. The candidate should be prepared to demonstrate his ability to interpret roentgenologic, electrodiagnostic and other material related to patient management. The candidate should demonstrate familiarity with the literature of basic and clinical research. Conciseness and clarity of statement is desirable. Evidence of the maturity of the candidate in a clinical procedure and of factual knowledge will be sought.

CERTIFICATE

Upon approval of the candidate's application and successful completion of the examinations, the Board will grant a certificate to the effect that the candidate has met the qualifications required by the Board for the specialty of Physical Medicine and Rehabilitation. The recipient of a certificate shall be known as a certificant or a diplomate of the American Board of Physical Medicine and Rehabilitation.

A certificate granted by this Board does not of itself confer or purport to confer any degree or legal qualifications, privileges, or license to practice physical medicine and rehabilitation. The Board does not limit or interfere with the professional activity of any duly licensed physician who is not certified by this Board. Privileges granted physicians in the practice of physical medicine and rehabilitation in any hospital or clinic are the prerogatives of that hospital or clinic, not of this Board.

The chief aim of the Board is to standardize qualifications for specialists in physical medicine and rehabilitation and to certify as specialists those who voluntarily appear before the Board for such recognition and certification, according to its regulations and requirements; and thereby provide assurance to the public and the medical profession that certifi- cants possess particular competence in physical medicine and rehabilitation.

The names of consenting diplomates of the Board appear in the Directory of Medical Specialists published by Marquis-Who's Who, Inc. of Chicago, Illinois, for the American Board of Medical Specialties.

AMERICAN BOARD OF PLASTIC SURGERY

- M. J. JURKIEWICZ, Chairman, Atlanta, Georgia
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- JOHN B. LYNCH, Secretary-Treasurer, Nashville, Tennessee
- ROBIN ANDERSON, Cleveland, Ohio
- RAYMOND O. BRAUER, Houston, Texas
- HARRY J. BUNCKE, JR., San Mateo, California
- LESTER M. CRAMER, Philadelphia
- ROBERT V. DEVITO, Seattle, Washington
- B. HEROLD GRIFFITH, Chicago
- MARK GORNEY, San Francisco
- DWIGHT C. HANNA, Pittsburgh
- JOHN E. HOOPES, Hunt Valley, Maryland
- JOHN C. KELLEHER, Toledo, Ohio
- THOMAS J. KRIZEK, New Haven, Connecticut
- FREDERICK J. MCCOY, Kansas City, Missouri
- D. RALPH MILLARD, JR., Miami
- ROBERT F. RYAN, New Orleans
- WILLIAM C. TRIER, Chapel Hill, North Carolina
- MRS. ESTELLE M. VAPPAS, Corresponding Secretary,
4647 Pershing Avenue, St. Louis, Missouri 63108

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the Board. Practices contrary to ethical public relations will be subject to close scrutiny and may result in grounds for rejection of the application.
2. This Board will accept only those persons who have fulfilled the requirements set forth in this brochure as applicants for examination.
3. This Board will accept only those persons whose practice is limited to the field of plastic surgery as applicants for examination.

PROFESSIONAL REQUIREMENTS FOR QUALIFICATION

The Board considers the requirements outlined below to be minimal in attaining its purpose, and encourages candidates to take advantage of broadening experience in other fields.

Since these requirements may be changed from time to time by Board action, the candidates must fulfill those requirements which are in force at the time of their examination and/or certification.

1. Graduation from an accredited medical school in the United States or Canada recognized by the Council on Medical Education of the American Medical Association or graduation from a foreign medical school acceptable by the Board. The Board will accept the certificate of the Educational Council for Foreign Medical Graduates as evidence that the holder thereof is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States or Canada. The certificate of the ECFMG will not be required for those graduates of foreign medical schools who are licensed by examination to practice medicine in any state of the U.S. or Canada.

2. Three years of training in general surgery as a resident or an assistant resident in a hospital approved by the Conference Committee on Graduate Training in General Surgery. Of the required three years of approved training in surgery,

a minimum of twenty-four months must be spent in clinical surgery, and may include the usual rotation of one or more of the following: orthopedic surgery, urological surgery, neurological surgery, thoracic surgery, gynecological surgery, and other divisions of surgery as well as general surgery. The Board may give credit up to one year toward this three-year requirement to those who have had approved training in disciplines other than general surgery, or in non-clinical fields of particular value to the discipline of plastic surgery. Each case is to be evaluated by the Board on its own merits. The training of those candidates who have been certified by one of the following boards will fulfill the prerequisite of three years of general surgery training; American Board of Colon and Rectal Surgery, American Board of Neurological Surgery, American Board of Obstetrics and Gynecology, American Board of Orthopaedic Surgery, American Board of Otolaryngology, American Board of Surgery, American Board of Thoracic Surgery, and American Board of Urology.

3. Training in general plastic surgery for an additional period of not less than two years in a residency approved by the Residency Review Committee for Plastic Surgery is required. To be accredited, training in plastic surgery must be obtained in the United States or Canada. AN APPLICATION FOR EXAMINATION AND CERTIFICATION MUST BE ACCOMPANIED BY A LETTER OF RECOMMENDATION FROM THE CHIEF OF SERVICE OF THE PROGRAM ON WHICH THE TRAINING WAS RECEIVED.

4. During these years of training, a candidate must hold positions of increasing responsibility for the care of patients. Major operative experience and senior responsibility are an essential part of surgical education and training. An important factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding stages to the stature of complete responsibility for the surgical care of the patient. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility.

5. Training in plastic surgery should cover a wide field of plastic surgery. It should include experience in both the functional and esthetic management of congenital and acquired defects of the face, neck, body and extremities. Sufficient material of a diversified nature should be available to prepare the trainee to pass the examination of the Board after the prescribed period of training. If the available material on one service is inadequate, the Chief of that Service may correct the deficiency by establishing an affiliation with one or more surgeons on another service within that hospital, or by regular rotation of his residents on another approved affiliated service in order that a broad experience is obtained. The trainee should be provided an opportunity to operate independently on suitable cases under more remote supervision.

This period of specialized training should emphasize the relationship of basic science—anatomy, pathology, physiology, biochemistry, microbiology—to surgical principles fundamental to all branches of surgery, and especially to plastic surgery. In addition, the training programs must provide in depth exposure to the following subjects: the care of emergencies, shock, wound healing, blood replacement, fluid and electrolyte balance, narcotics and hypnotics, anesthetics, chemotherapy, etc.

The Board reserves the privilege of:

- (1) requesting lists of operations performed solely by the candidate for one or more years;
- (2) of requesting special and extra examinations, written or oral and practical; and
- (3) of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

The primary interest of the Board is to encourage well-rounded training in plastic surgery with the ultimate goal of producing a plastic surgeon capable of managing the wide variety of problems which may come under his care. The

standards set up by the Board both for preliminary surgery, and for specialized plastic surgery training are established in an effort to further this aim. The quality of training received will be reflected in the candidate's ability to achieve good results in his practice. The examinations of the Board are an attempt to evaluate the general knowledge and ability of the candidate in his chosen specialty of plastic surgery.

TRAINING FACILITIES

THE AMERICAN BOARD OF PLASTIC SURGERY DOES NOT ASSUME THE RESPONSIBILITY FOR INDEPENDENT INSPECTION AND APPROVAL OF RESIDENCIES. The Residency Review Committee inspects and makes recommendations for or against approval of a residency training program in plastic surgery only after the Director of the Residency has filed an application for approval with the Secretary of the Residency Review Committee for Plastic Surgery (Tripartite Committee), 535 North Dearborn Street, Chicago, Illinois 60610. The Residency Review Committee makes its inspection at the same time as the A.M.A. inspection, if at all possible, and reports its findings to the Secretary of the Tripartite Committee. The Chief of Service, the hospital administration, and the Board are notified by the Secretary of the joint action which has been taken. All correspondence concerning the application for approval is handled through the Secretary of the Tripartite Residency Review Committee. The Committee consists of 3 representatives from the Council on Medical Education of the A.M.A., 3 from the American College of Surgeons, and 3 from the American Board of Plastic Surgery.

ONLY TRAINING IN PLASTIC SURGERY RECEIVED IN THOSE RESIDENCIES APPROVED BY THE RESIDENCY REVIEW COMMITTEE FOR PLASTIC SURGERY IS ACCEPTABLE TO THE BOARD. Two years of training in plastic surgery in programs approved as two-year programs is acceptable as the minimum requirements in plastic surgery. In programs approved by the Tripartite Committee as three-year residencies, THE CANDIDATE MUST COMPLETE THE ENTIRE THREE YEARS WITH AT LEAST ONE YEAR OF SENIOR RESPONSIBILITY IN ORDER TO RECEIVE FULL CREDIT.

Candidates completing plastic surgery training in Canadian programs approved by the Royal College of Surgeons (Canada) will be eligible to take the American Board of Plastic Surgery examinations providing the general surgical requirements of the Board have been fully satisfied.

Neither the Board nor its individual members can be responsible for the placement of applicants for training. The Board does NOT maintain a list of available openings in training programs. Prospective candidates should write to the directors of those programs in which they are interested to obtain such information. For a list of approved residencies in plastic surgery, consult the Directory of Accredited Residencies published annually (October or November) by the Council on Medical Education of the American Medical Association. The Directory is available from the A.M.A. upon request.

BOARD ELIGIBILITY

A candidate whose application to take the certifying examination has been approved is considered to be Board eligible. Any Board eligible candidate must take the certifying examination within five years from the time of his approved application. If the qualifying examination is not taken within this five-year period, the candidate will no longer be considered Board eligible and a new application for examination and certification will be necessary.

EXAMINATION

After evaluation of the candidate's training, and upon approval by the Board of his application for examination and certification, the candidate will be notified of his eligibility to take Part I of the qualifying examinations. Application for

Part I examination must be received in the office of the Board no later than August 1st for the candidate to be eligible to take the Part I examination offered in September.

PART I

Part I of the American Board of Plastic Surgery certifying examinations will be given regionally each year in September. Each candidate will be notified regarding the time and location of this examination.

Part I of the American Board of Plastic Surgery examination will consist of three examinations: 1) A three-hour multiple choice written examination covering basic science and general clinical plastic surgery. 2) A one-hour multiple choice written examination covering pertinent gross and functional anatomy. 3) A one-hour written pathology examination covering pertinent gross and microscopic pathology. Upon successful completion of Part I of the qualifying examination the candidate will be notified of his eligibility to take the oral examinations which will be given yearly in the spring immediately preceding or following the meeting of the American Association of Plastic Surgeons, or at any other time if so decided by Board action.

RE-EXAMINATIONS

In case of failure, the candidate will be required to repeat the Part I examination. The candidate must give the Board office notice requesting re-examination and pay a fee of \$100.00 for the written re-examination.

Candidates who have failed the examination may be admitted to another examination at the next regular examination period, but not later than three years afterward.

A candidate who fails one re-examination will be admitted for further examination after an interval of 2 years. If the candidate continues to be unsuccessful, he can be admitted for further examination every two year period thereafter. The Board may, however, for reasons it deems sufficient, deny a candidate the privilege of further re-examination.

PART II

Upon successful completion of Part I of the certifying examination the candidate will be notified of his eligibility to apply for the oral examination given each year in the spring.

CASE SUMMARIES

All cases must be assembled following the completion of the residency training program, and must be performed by the candidate as an independent operator. Each candidate will bring to the examination the following materials on each of his eight submitted cases:

1. Pre- and post-operative photographs.
2. Official copies of all operative notes on the eight (8) submitted cases.
3. Pertinent x-rays and drawings.
4. A one-page case summary.

The diversified nature of the case material submitted is evidence of the candidate's training in the representative areas of general plastic surgery, and should be drawn from the following categories:

1. Cleft lip and/or cleft palate.
2. Traumatic defects requiring reconstructive surgery:
 - (a) Maxillofacial region.
 - (b) Body and extremities.
3. Acute burns.
4. Facial bone fractures (excepting nasal fractures).
5. Aesthetic operations.
6. Malignancies or conditions prone to malignancy:
 - (a) The head and neck region.
 - (b) Of the body and extremities.
7. Plastic surgery of the hand.
8. Congenital anomalies.

Examples: Syndactylism, congenital absence (partial or total) of external ear, hypospadias, thyroglossal duct cysts, extensive nevi, congenital bands, etc.

9. Complications: i.e., iatrogenic or unexpected.

To be accepted, case summaries must be assembled according to the following instructions. The instructions should be studied closely. The summaries should be brief and include:

1. A separate listing of cases by categories, including identifying hospital case number.

2. A separate signed form, stating "I hereby certify that the planning and essential surgical procedures described herein were performed by me as an independent operator." Only one statement is necessary for the entire group.

3. Each summary is to be typed on a single letter-size paper with the candidate's name, the number of the case, the hospital case number, followed by the summary.

The Board may, at its discretion, request certification of case reports by the hospital where the operations were performed.

ORAL EXAMINATIONS

Oral examinations will consist of two, three-quarter hour oral examinations covering: 1) Case summaries; 2) The Theory and Practice of Plastic and Reconstructive Surgery.

GRADES

All candidates will be evaluated by each member of his examining teams and any having difficulty will be discussed in detail by the entire Board. The final decision regarding pass or fail will be rendered at the meeting of the Board following completion of the oral examinations.

Candidates who have failed the oral examination may be admitted to another examination at the next regular examination period but not later than three years afterward. The candidate must give the Board notice requesting re-examination, and pay a fee of \$100.00 for the oral re-examination. Any candidate who fails one re-examination will be admitted for further examination after an interval of 2 years. If the candidate continues to be unsuccessful, he can be admitted for further examination every two year period thereafter. The Board may, however, for reasons it deems sufficient deny the candidate the privilege of further re-examination.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the Board, a certificate attesting his qualifications in plastic surgery will be issued by the Board, which has been signed by its officers with the seal of the Board affixed thereto. It shall be the prerogative of the Board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the Board regarding the certification of any candidate shall be final.

FEES

The fee for application and examination is \$500.00. Of this sum, \$250.00 must accompany the application and the remaining \$250.00 must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the Board. The Board is a nonprofit organization and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. Because of the limited number of surgeons certified by this Board it may be necessary to request a voluntary annual contribution from diplomates after the first year of certification to help defray expenses.

AMERICAN BOARD OF PREVENTIVE MEDICINE

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ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aerospace Medicine, Occupational Medicine, or General Preventive Medicine is required to meet certain eligibility requirements and to pass an examination. Such eligibility requirements are set forth in the By-laws of the Board. For the information of applicants such requirements are briefly outlined below; but for a full statement thereof reference must be made to the By-laws, as from time to time in force, by which alone such requirements are governed:

GENERAL REQUIREMENTS

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association, or from a school of osteopathic medicine which was at the time approved by the American Osteopathic Association, or from a foreign school satisfactory to the Board;

2. A year of postgraduate clinical training developed as part of an approved residency program in preventive medicine or in a clinical program approved by one or more Residency Review Committees and comprising experience involving direct patient care; or service or training deemed by the Board to be equivalent to such training;

3. Authority to practice medicine in a State, Territory, Commonwealth or possession of the United States or in a Province of Canada.

4. Residency of not less than one year which shall have provided supervised experience in the practice of Public Health, Aerospace Medicine, Occupational Medicine or General Preventive Medicine including planned instruction, observation and active participation in a comprehensive organized program in one of the specialty areas, approved by the Liaison Committee on Graduate Medical Education on the recommendation of the Joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or a period of experience deemed by the Board to be substantially equivalent to such residency.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. In addition to the general requirements, a period of not less than one year of special training or research in, or teaching or practice of, preventive medicine. Candidates may be permitted to take examinations four months prior to the completion of this period but final certification is contingent upon such completion.

2. The applicant must have been engaged in training for, or the practice of, public health for at least two of the five years preceding application for certification.

SPECIAL REQUIREMENTS IN AEROSPACE MEDICINE

1. In addition to the general requirements, a period of not less than one year of special training or research in, or teaching or practice of, aerospace medicine. Candidates may be permitted to take examinations four months prior to the com-

pletion of this period but final certification is contingent upon such completion.

2. The applicant must have been engaged in training for, or the practice of aerospace medicine for at least two of the five years preceding application for certification.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. In addition to the general requirements, a period of not less than one year of special training or research in, or teaching or practice of, occupational medicine. Candidates may be permitted to take examinations four months prior to the completion of this period but final certification is contingent upon such completion.

2. The applicant must have been engaged in training for, or the practice of, occupational medicine for at least two of the five years preceding application for certification.

SPECIAL REQUIREMENTS IN GENERAL PREVENTIVE MEDICINE

1. In addition to the general requirements, a period of not less than one year of special training or research in, or teaching or practice of, preventive medicine or some component discipline thereof. Candidates may be permitted to take the examinations four months prior to the completion of this period but final certification is contingent upon such completion.

2. The applicant must have been engaged in training for, or the practice of, preventive medicine for at least two of the five years preceding application for certification.

EQUIVALENCIES FOR ELIGIBILITY DETERMINATION

Individuals who have not formally completed all of the components previously described may be considered eligible if their training and experience is considered by the Board to provide suitable equivalency for that formal training.

The Board will consider granting certain credit toward satisfying requirements for eligibility for such factors as:

1. certification by one of the American specialty boards with significant preventive medicine components in their practice (e.g. Internal Medicine, Pediatrics, Family Practice) plus a minimum of two years of full-time practice of preventive medicine;

2. teaching or research experience in fields relevant to preventive medicine; and/or

3. suitable periods of practice, research or teaching in preventive medicine.

An applicant in aerospace medicine or occupational medicine who is lacking a formal academic year may substitute four additional years of practice in the special area of aerospace medicine or occupational medicine.

Each applicant is considered individually by the Board in accordance with the existing guidelines.

APPLICATIONS FOR EXAMINATION AND RE-EXAMINATION

Each application for examination must be made on the prescribed form (which may be obtained from the Secretary of the American Board of Preventive Medicine). It must be accompanied by the required documentation, application fee, and two recent, clear, unmounted, autographed photographs of the applicant and a transcript of all graduate academic training in preventive medicine.

No member of the Board is authorized to give an opinion as to the eligibility of candidates. The determination of eligibility will be made only by the full Board, after receiving full application information. Each candidate must comply with Board regulations in effect at the time the examination is taken and also those in effect at the time the Certificate (if any) is issued, regardless of when his original application was filed.

An applicant declared ineligible for admission to examination may refile or reopen his or her application on the basis of new or additional information within two years of the filing date of his original application, without payment of an additional application fee.

An applicant declared eligible for admission to examination but who fails to submit to examination within three

years of the date of the first examination for which he or she is declared eligible, is required to file a new application, and to pay a new application fee.

Candidates failing the examination, may, upon timely application and payment of appropriate fee, be admitted to re-examination within a three-year period.

Candidates failing three examinations will not be admitted to subsequent examinations unless the Board so directs.

MULTIPLE CERTIFICATION

An individual may establish eligibility for certification in multiple fields of preventive medicine by submitting separate applications and fees for each field. Eligibility determination will be carried out independently and candidates may be given credit for any period of appropriate training or experience, regardless of its having been used to establish eligibility in another field.

FEEES

Application fee	\$100
Must be submitted with application; is not refundable.	
Examination fee	\$300
Fee for each Part of examination is one-half of total examination fee and is payable when applicant is notified of acceptance for examination.	
Re-examination fees:	
Each part taken	\$150
Examination fees for additional field	
Specialties: Each field	\$150

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The examination consists of two parts:

Part I is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine and is pertinent to all fields. Part II is a comprehensive written examination emphasizing the applicant's knowledge in the special field in which he or she requests certification, as well as knowledge of the broad principles of preventive medicine.

Candidates for certification in a second or third field will be required to pass only that portion of the examination relating specifically to such field, i.e. Part II only.

The examiners will submit a report upon each candidate to the assembled Board, by which the result of the examination will be determined finally.

CERTIFICATION

Upon satisfactory completion of the examination and proof to the satisfaction of the Board that the applicant is eligible for certification, a Certificate will be issued to the effect that the applicant has been found to be possessed of special knowledge in the field specified. The Certificate will be signed by officers of the Board and will have its seal affixed. Each Certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless and until it is revoked. Any Certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of application or issuance, or that any pertinent fact had been misstated, misrepresented, or concealed. The issuance of a Certificate to any person does not constitute such person a member of the Board.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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 LESTER H. RUDY, Executive Director, 1603 Orrington Avenue,
 Suite 1320, Evanston, Illinois 60201

CERTIFICATES

The Board currently issues four types of certificates: (1) in Psychiatry, (2) in Neurology, (3) in Child Psychiatry, and (4) in Neurology with Special Competence in Child Neurology. An applicant may be certified in more than one area. The applicant shall receive a separate certificate for each area in which he or she qualifies. Each certificate shall be in such form as may be specified by the Board.

REVOCATION OF CERTIFICATES

The Board shall have authority to revoke any certificate issued by it or to place a certificate holder on probation for a fixed or indefinite time if:

- (a) The certificate was issued contrary to or in violation of the Bylaws or any Rule or Regulation of the Board.
- (b) The person to whom the certificate was issued made any material misstatement or omission of fact to the Board in his application or otherwise.
- (c) A license to practice medicine of the person to whom the certificate was issued is forfeited, revoked or suspended without such person's consent.

LETTERS OF ELIGIBILITY

The Board interprets the term "Board eligible" to mean having been accepted for examination. Letters of eligibility are not issued prior to receipt of formal application, application fee and acceptance of the candidate for examination by the Committee on Credentials. An applicant is considered "Board eligible" only when he or she has an active, approved application on file in the Board's Executive Office.

APPLICATION

An applicant who wishes to be examined by the Board shall complete, sign and file with the Executive Director an application on the official form, together with the required application fee and supporting data. Photocopies of applications are not acceptable. Application forms may be obtained from the Executive Director.

An application must be received in the Executive Office of the Board no later than the September 30 preceding the scheduled date of the Part I examination for which the physician is applying.

It takes approximately ten weeks for the Board to review and process an application. Applications received on the deadline date may take longer because of the volume received at that time.

Applications which are not accompanied by the application fee will not be processed. Application fees unaccompanied by the formal application will be returned.

An applicant must complete the Board's training requirements no later than September 1 of the year in which he or she is submitting an application.

Each applicant is required to sign the following PLEDGE:

I hereby make application to The American Board of Psychiatry and Neurology, Inc., for the issuance to me of a certificate of qualification as a specialist in (a) Psychiatry; (b) Neurology; (c) Child Psychiatry; (d) Neurology with Special Competence in Child Neurology; and for examination relative thereto, all in accordance with and subject to its rules

and regulations. Upon the issuance of the certificate, I agree to and do become bound by the Bylaws and the Rules and Regulations of the American Board of Psychiatry and Neurology, Inc., insofar as applicable.

Accordingly, I hereby agree that the Board may make inquiry about my professional standing from my own references, from other colleagues that the Board may choose to query, from local medical and hospital organizations, the American Medical Association, state authorities, and other pertinent agencies. I accept the Board's regulations regarding the confidential handling of such information. I agree to disqualification from examination or from the issuance of a Certificate of Qualification in the event that any of the statements hereinafter made by me are false, or in the event any of the rules governing such examination are violated by me or for any of the reasons set forth in the Bylaws or the Rules and Regulations of the Board. I agree to hold said American Board of Psychiatry and Neurology, Inc., its members, directors, examiners, officers, and agents free from any damage or claim for damage or complaint by reason of any action they, or any of them, may take in connection with this application, such examination, the grade or grades given with respect to any examination, and/or failure of said Corporation to issue to me a Certificate of Qualification.

APPEAL PROCEDURE FOR NEGATIVE DETERMINATION ON APPLICATIONS

An applicant who has been notified of a negative determination by the Board as to his or her eligibility may, within twenty (20) days after receiving such notice, request in writing a hearing before the Board at its next regularly scheduled meeting. At this hearing, the burden shall be on the applicant to establish that the questioned requirements for examination have been met. The applicant may be represented by counsel and present, by himself or through counsel, such evidence and witnesses as he or she desires. Any member of the Board may present evidence in opposition to the applicant, in which event, the applicant shall have the right to cross-examine any witness presented. Any member of the Board who presents or aids in the presentation of any such evidence shall not vote on the application. At any such hearing, the Board shall not be bound by technical rules of evidence usually employed in legal proceedings, but may accept any evidence it deems appropriate and pertinent. A transcript of the hearing shall be kept.

The Board may, after such hearing, by affirmative vote of a majority of its members, affirm or modify its prior determination as to whether or not the applicant meets the requirements for examination. Such decision shall be final. The Executive Director shall promptly notify the applicant in writing of the Board's decision. If the decision is in the negative, notice will be sent by registered or certified mail, and shall set forth the respects in which the applicant fails to meet the Board's requirements. The notice may suggest steps the applicant may take to remedy his or her deficiencies.

An application which has been so denied by the Board will not be reconsidered by the Board until the applicant has met the deficiencies set forth in the notice of denial.

GENERAL REQUIREMENTS

The following requirements must be met at the time of submission of the application.

1. If the applicant is a physician (M.D.), the applicant must establish that:
 - (a) He or she has an unlimited license to practice medicine in a state, commonwealth, or territory of the United States, or a province of Canada.
 - (b) He or she has satisfactorily completed the Board's specialized training requirements in Psychiatry or Neurology, or both.
2. If the applicant is an osteopathic physician (D.O.), the applicant must establish that:
 - (a) He or she has an unlimited license to practice medi-

cine in a state, commonwealth, or territory of the United States.

(b) He or she has satisfactorily completed the Board's specialized training requirements in Psychiatry or Neurology, or both.

TRAINING REQUIREMENTS

Satisfaction of the following training requirements for residency is mandatory for physicians entering training programs on or after July 1, 1977.

Two patterns of training are acceptable:

1. Prior to entering an approved Psychiatry or Neurology training program, a physician must have completed one year of approved training after receiving the degree of Doctor of Medicine or Doctor of Osteopathy. This year of clinical experience should emphasize Internal Medicine, or Pediatrics or Family Practice.

The following training patterns would meet this requirement:

(a) A Categorical First Year in Internal Medicine, Family Practice, or Pediatrics.

(b) A Categorical^a First Year in Neurology or Psychiatry which includes at least four months of Internal Medicine, or Family Practice, or Pediatrics.

(c) A Flexible First Year which includes four months of Internal Medicine.

2. A four-year training program in Psychiatry or in Neurology would be acceptable with the provision that at least one year be spent in an approved program providing direct responsibility for the general medical care of children and/or adults.

For the physician seeking certification in both Psychiatry and Neurology, one general clinical year is required.

The Categorical First Year, Categorical^a First Year, and the Flexible First Year are defined as follows in the May 22, 1974 memorandum from Leonard D. Fenninger, M.D., Director, Department of Graduate Medical Education, American Medical Association.

"Categorical First Year—These are first-year programs planned, sponsored, and conducted by a single approved residency program as part of that residency. The content of such a first year will be limited to the specialty field of the sponsoring residency program."

"Categorical^a First Year—The Asterisk designates a first-year program that will be planned, sponsored, and supervised by a single, approved residency program as part of that residency's program of graduate medical education, the content of which will not be limited to the single specialty of the sponsoring residency program but may include experience in two or more specialty fields as determined by the sponsoring program."

"Flexible First Year—The first year will be sponsored by two or more approved residencies and will be jointly planned and supervised by the residencies that sponsor it. Such a first year is designed to give a broad clinical experience for: (1) students who feel the need for this type of first year; (2) program directors who feel that such an experience will best serve the purpose of subsequent graduate education in their field; and (3) students who have not yet decided on their specialty but may wish to choose among several fields during their first graduate year. The content of a flexible first year must include four months of Internal Medicine, but the remainder of the year may be designed in accordance with the purposes of the two or more sponsoring residency programs, and the interests and needs of the student."

CERTIFICATE IN PSYCHIATRY AND/OR NEUROLOGY

An applicant who seeks admission to examination for certification *either* in Psychiatry or in Neurology, must have satisfactorily completed three full years of postgraduate, specialized training in a program approved by the Liaison Committee on Graduate Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada. The training must be in the specialty

in which the applicant seeks certification and must be undertaken in the United States or Canada. No credit will be given for training done less than half-time.

For an applicant who began training after June 30, 1956, at least 24 months of training must have been spent in a training program or different programs approved for at least two years of training in the specialty in which he or she seeks certification.

For an applicant whose training began after June 30, 1964, at least two full years of his or her three years of training must be spent in a single program approved for two or three years of training credit.

For those who plan to seek certification in Child Psychiatry, this requirement can also be satisfied if the candidate takes one year of Adult Psychiatry and one year of Child Psychiatry in a single program approved for two or three years of training credit. Similarly, for the candidate in Neurology with Special Competence in Child Neurology, this requirement will be satisfied by a candidate who takes one year of Child Neurology and one year of Adult Neurology in a single program approved for two or three years of training credit.

With the approval of the Psychiatry program director, up to one year of training in Neurology may constitute a portion of the training program in Psychiatry.

Neurology candidates who have completed one year of approved training in neurosurgery may be granted up to six months of Neurology training credit, contingent upon the approval of the Neurology training director. One year of Neurology training credit will be granted to Neurology candidates who have completed three or more years of approved neurosurgery training, contingent upon the approval of the Neurology training director.

Training programs approved by this Board and by the Liaison Committee on Graduate Medical Education of the American Medical Association may be found in the current issue of the *Directory of Accredited Internships and Residencies* published by the American Medical Association. This *Directory* includes the "Essentials of Approved Internships and Residencies."

If an applicant seeks certification in *both* Psychiatry and Neurology, he or she must have satisfactorily completed four full years of postgraduate training, two years in each specialty, in approved training programs in the United States or Canada. For an applicant whose training began after June 30, 1964, the two-year training period in Psychiatry must be spent in a single program approved for two or three years of training in Psychiatry. Similarly, the two-year training period in Neurology must be spent in a single program approved for two or three years of training in Neurology.

CERTIFICATE IN CHILD PSYCHIATRY

Each applicant for certification in Child Psychiatry must be certified by the Board in the specialty of general Psychiatry prior to taking the examination in Child Psychiatry. The general policies regarding training, application and examination in Child Psychiatry are contained in the pamphlet "Information for Applicants for Certification in Child Psychiatry," which is available from the Executive Office.

DUAL CERTIFICATION IN CHILD PSYCHIATRY AND IN NEUROLOGY WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY

An applicant who wishes to obtain certificates *both* in Child Psychiatry and in Neurology with Special Competence in Child Neurology must meet the following requirements. He or she must be certified by the Board in the specialty of general Psychiatry prior to taking the examination in Child Psychiatry. The applicant must also meet the requirements for certification in Neurology with Special Competence in Child Neurology. One year of training in Neurology may be substituted for one year of the required psychiatric training.

CERTIFICATE IN NEUROLOGY WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY

The American Board of Psychiatry and Neurology, Inc., believes that the proper preparation for the practice of Child Neurology requires that the practitioner be a competent Neurologist who has had additional training in Pediatrics and Child Neurology. To qualify for this certificate a different type of preparation and certifying examination is required. The same diploma will be used, the only difference being that instead of certifying competence in "Neurology," it certifies competence in "Neurology with Special Competence in Child Neurology." The applicant must comply with the Board's requirements for certification and examination as stated in the section on GENERAL REQUIREMENTS. An applicant seeking admission to examination for certification in Neurology with Special Competence in Child Neurology must have completed the following specialized training:

1. A PL-2 year (or its equivalent) as defined by the American Board of Pediatrics.*
2. One year of adult clinical neurological residency.
3. A total of one year of neurological residency devoted to clinical Child Neurology.
4. A total of one year in which the trainee is offered adequate experience in: (a) basic neurological sciences such as neuroanatomy, neurophysiology, neuropathology, neuropharmacology, and neurochemistry; (b) closely related specialties such as neuroradiology, neurosurgery, neuroophthalmology, child psychiatry and child psychology; and (c) special studies and laboratory procedures essential to the production of an effective practitioner and investigator in the field of Child Neurology.

TRAINING CREDIT FOR APPLICANTS FROM THE UNITED KINGDOM

For each year of residency training completed in an *approved* hospital program in Psychiatry or in Neurology in the United Kingdom, one year of training credit will be given toward eligibility for examination by the Board in Psychiatry or Neurology.

The hospital program must be among those approved by the Visiting Inspecting Specialty Committee in Psychiatry or the Visiting Inspecting Specialty Committee in Neurology of the Royal College of Physicians.

In order to obtain credit for two or three years of approved training in the United Kingdom, at least two years of the training must be spent at the same training center in Psychiatry or in Neurology.

The applicant will be responsible for sending the details of his or her training to the American Board of Psychiatry and Neurology's Executive Office, along with verification of this training from the approved hospital or hospitals in the United Kingdom. The applicant's program director must certify that the applicant was engaged in *full-time* residency training. Credit for approved residency training in the United Kingdom will be given only for training begun on or after July 1, 1976. No credit will be given for training in the United Kingdom before such date.

PROGRAM FOR SPECIAL TRAINING AND QUALIFICATIONS (PSTQ)

The purpose of this program is to admit to examination those few exceptionally qualified candidates whose training and experience have been unusual because of the individualized research and clinical training features of their careers. The standard of performance at examination is the same as for candidates with conventional training.

A candidate must be nominated by a director of a training program approved by the Liaison Committee on Graduate Medical Education of the American Medical Association. The program director must be from the institution where the can-

didate had a substantial portion of training or experience, or where the candidate has a current professional appointment. The director must justify the unique but adequate character of the candidate's training program, and must describe in detail the candidate's clinical experience and competence, as well as his or her professional goals and accomplishments.

The candidate must have completed at least five years of training. Evidence must be submitted to show that the candidate has had satisfactory direct responsibility for patient care in his or her field of specialization. In addition to the usual application form, the candidate's curriculum vitae, bibliography, and reprints should be submitted for consideration. Each nomination for the PSTQ plan will be considered on an individual basis by the Credentials Committee and the Board of Directors.

EXAMINATIONS

Though the purpose of the examination is to test the competence of the candidate in Psychiatry or Neurology, or both, it must not be forgotten that both these medical disciplines constitute part of the broad field of general medicine. The Board requires proficiency in Neurology on the part of those it certifies in Psychiatry and vice versa, but examines the candidate in accordance with the certificate he or she seeks.

Each candidate must pass both Part I and Part II of the examinations given by the Board. Each examination shall cover such subjects as the Board may determine.

The Board may conduct such examinations at such times and places as it deems appropriate. The Board reserves the right to limit the number of candidates admitted to any scheduled examination. The administration and grading of all examinations shall be in the sole discretion of the Board. After completion of such examinations, the candidate will be notified by the Executive Director as to the results.

A candidate who is unable to attend any examination to which he or she has been admitted and who fails to notify the Executive Director at least three (3) months before the start of such examination shall forfeit the examination fee. This is necessary because all arrangements for each candidate's examination must be made several months in advance. The Board is responsible for expenses incurred whether the candidate appears or not. All fees may be modified from time to time as necessary.

PART I EXAMINATION CONTENT

Successful completion of the Part I written examination in both basic Psychiatry and basic Neurology is required of candidates seeking certification in either Psychiatry, Neurology, or Neurology with Special Competence in Child Neurology.

PSYCHIATRY EXAMINATION

For all candidates the Part I examination will include questions on the following areas in Psychiatry: normal and abnormal growth and development through the life cycle, mental retardation, psychopathology (descriptive and psychodynamic), biological and psychosocial psychiatry and diagnostic procedures.

For Psychiatry candidates the Psychiatry examination will involve additional questions on history, ethics, transcultural studies, epidemiology and Psychiatry and the law.

NEUROLOGY EXAMINATION

For all candidates the Part I Neurology examination will include material on the following neurological subjects: neuroanatomy, neuropathology, and the diagnostic, neurological procedures (neuroradiology, electroencephalography, visual fields, optic fundi, and psychometric testing).

The Neurology examination for Neurology candidates will also include questions on neurochemistry, neuropharmacology, neurophysiology, neurootology, and further diagnostic procedures (electromyography, nerve conduction time, brain scanning, and computerized axial tomography). The Neurology examination for Psychiatry candidates will include questions on clinical Neurology.

*In its "Booklet of Information" dated September 1, 1975, the American Board of Pediatrics defines the PL-1 and PL-2 years as follows:

"PL-1 The first postgraduate year in general pediatric training in an approved program. It may occur immediately after graduation from medical school or following training at the PL-0 level."

"PL-2 Similar to and following PL-1 but with increased responsibility for patient care and for the supervision of junior staff and medical students."

PART I EXAMINATION PROCEDURES

The Part I examination is given once a year, in the spring, on a regional basis throughout the United States and Canada, as well as in selected sites outside the continental limits of the United States. Every effort is made to accommodate candidates in the locale of their choice, but no transfer to another site can be made during the three-month period preceding the Part I examination.

After an applicant has been advised by the Board of acceptance for examination, the applicant shall, on request, submit the required examination fee.

Applicants will also be expected to indicate, in order of preference, their choice of three examination sites.

Because of the volume of applications, the Board must adhere firmly to the deadlines established for receipt of examination fees. A candidate's name will be removed from the examination roster if he or she fails to submit the examination fee by the deadline specified. Candidates will then be required to submit a new application and application fee.

All candidates are required to take the next scheduled Part I following the date of acceptance for examination. Candidates who fail to do so will be required to submit a new application and application fee.

A candidate who passes Part I shall, upon request, submit to the Executive Director a check payable to the Board to cover the fee for Part II. Candidates who pass the Part I examination shall be required to be present as scheduled for Part II. All candidates will be scheduled for Part II within one year following notification of successful completion of the Part I.

A candidate who fails the initial Part I examination may, upon payment of the Part I re-examination fee, repeat the examination the following year. Two failures necessitate re-application (submission of another completed application and payment of the application fee).

PART II EXAMINATION

Part II, an oral examination, will include the examination of patients under the supervision of an examiner. The manner of examining patients, and the reasoning and deductions therefrom will constitute an important part of the examination. Knowledge of basic science principles, special diagnostic procedures, and management recommendations and risks are also essential parts of this examination, which is focused upon evaluation of clinical skills.

Candidates are expected to discuss the patient and their findings with their examiner. Questions frequently cover such areas as diagnosis, differential diagnosis, treatment, prognosis and management. Reference to the basic sciences of Psychiatry and Neurology may be made. Candidates who successfully complete the Part I will have the following Part II examination schedule:

FOR CERTIFICATION IN

PSYCHIATRY

- 2 one-hour examinations in Clinical Psychiatry
- 1 one-hour examination in Clinical Neurology

NEUROLOGY

- 2 one-hour examinations in Adult Clinical Neurology
- 1 one-hour examination in Child Neurology
- 1 one-hour examination in Clinical Psychiatry

NEUROLOGY WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY

- 1 one-hour examination in Adult Clinical Neurology
- 2 one-hour examinations in Child Neurology
- 1 one-hour examination in Clinical Psychiatry

Scheduling for the Part II examination will be made in the order of receipt of original application for certification. Candidates who fail to take Part II within one year of the date they pass Part I will lose their eligibility. They will be regarded as new applicants should they wish to reapply.

The limited space available and the complicated logistics involved in administering the Part II make it impossible for the Board to allow candidates to select either the site or the date for examination. It is the candidate's privilege to decline the assigned examination, but there is no guarantee that an-

other date or location will be available within the one-year limit.

All successful Part I candidates will receive a notice of assignment to a Part II, together with a request to submit the required examination fee. A candidate's name will be removed from the Part II examination roster, if he or she fails to submit the fee by the deadline specified. Such candidates will then be assigned to the next available examination as determined by the Executive Office, following payment of their examination fee.

One month prior to the date of his or her Part II examination, a candidate will receive informational materials and an admission notice specifying the time and date to report for registration. Candidates are requested to report for registration only at the time indicated on the admission notice. Registration schedules are arranged to accommodate candidates in accordance with their examination schedules.

The Board office is unable to provide information concerning specific examination schedules prior to registration.

The current regulations for conditioning or failing the Part II examination are as follows:

FOR CERTIFICATION IN

PSYCHIATRY

- 2 hours Clinical Psychiatry (major)
 - 1 hour Clinical Neurology (minor)
- Failure* = Fails 2 hours major
or
Fails 1 hour major and 1 hour minor
- Condition** = Fails 1 hour major
or
Fails 1 hour minor

NEUROLOGY

- 2 hours Clinical Neurology (major)
 - 1 hour Clinical Psychiatry (minor)
 - 1 hour Child Neurology (minor)
- Failure* = Fails 2 hours major
or
Fails 1 hour major and 2 hours minor
- Condition** = Fails 1 hour major and/or 1 hour minor
or
Fails 2 hours minor

NEUROLOGY WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY

- 2 hours Child Neurology (major)
 - 1 hour Clinical Neurology (minor)
 - 1 hour Clinical Psychiatry (minor)
- Failure* = Fails 2 hours major
or
Fails 1 hour major and 2 hours minor
- Condition** = Fails 1 hour major and/or 1 hour minor
or
Fails 2 hours minor

A candidate who conditions the Part II is eligible, upon payment of a re-examination fee, for re-examination in the subject or subjects failed. The re-examination must be taken within a period of six months. A candidate who fails to take the re-examination within the time specified, or who fails the re-examination, must submit a new application and application fee and repeat both Parts I and II.

A candidate who fails the initial Part II is eligible, upon payment of a re-examination fee, for re-examination within a period of six months. A candidate who fails to repeat Part II within the time specified must submit a new application and application fee and repeat both Parts I and II.

A candidate who fails the initial Part II examination and re-examination is no longer required to wait a period of two years after the second failure before retaking Part I. A candidate may submit an application and application fee for Part

*A candidate who fails the initial Part II examination must, upon re-examination, repeat the entire Part II examination and pass all subjects in which he or she is being re-examined.

**A candidate who conditions the initial Part II examination must, upon re-examination, pass all subjects in which he or she is being re-examined.

I immediately after receiving notification that he or she failed the Part II examination. A candidate is no longer required to submit evidence of additional training when he or she re-applies for the Part I.

SUPPLEMENTARY CERTIFICATION

A candidate who has been certified in either Psychiatry or Neurology may apply for supplementary certification in the other specialty upon submission of a new application and application fee. If the credentials for such other certificate are acceptable to the Board, the candidate thereupon becomes eligible to take the Part I and Part II examinations in the supplementary subject.

Candidates who have achieved certification in Neurology and are desirous of gaining certification in Neurology with Special Competence in Child Neurology shall be required to take two one-hour examinations in Child Neurology during the Part II examinations. Such candidates will not be required to retake the Part I examination in Neurology.

APPEAL PROCESS

Grievances and requests for exceptions to Board regulations should be put in writing and addressed to the Executive Director. Upon receipt of a reply from the Executive Director, candidates who are desirous of making a formal appeal to the Board's Executive Committee should address a letter detailing their grievances or requests to: The Executive Committee, American Board of Psychiatry and Neurology, Inc., Suite 1320, Evanston, Illinois 60201.

**APPLICATION FOR CERTIFICATION
IN CHILD PSYCHIATRY**

An applicant who wishes to be certified in Child Psychiatry shall complete, sign and file with the Executive Director of the Board an application on the official form together with the required supporting data. Applications may be obtained from the Executive Director. The application shall be accompanied by a check payable to the Board for \$150.00. No part of this fee is refundable.

The applicant shall also submit to the Board the names of two child psychiatrists as references. No application will be considered until the fee and all required data have been received by the Executive Director. *The application, supporting data and fee must be received by the Board no later than the November 30 preceding the Spring examination for which the candidate is applying.*

The Executive Director, upon receipt of an application, shall make inquiries from those whom the candidate designates as references and from such other persons as the Executive Director may deem desirable. Determinations of applicants' eligibility will be made in accordance with the rules and regulations of the Board.

Each candidate is required to sign the following pledge.

"I hereby make application to the American Board of Psychiatry and Neurology, Inc., for the issuance to me of a Certificate of Qualification as a specialist in Child Psychiatry and for examination relative thereto, all in accordance with and subject to its rules and regulations. Upon the issuance of the Certificate I agree to and do become bound by the Bylaws and Rules and Regulations of the American Board of Psychiatry and Neurology, Inc. and its Committee on Certification in Child Psychiatry, insofar as applicable.

"I understand and agree that my moral, ethical and professional standing will be reviewed and assessed by the Board in the consideration of my application. I agree to disqualification from examination or from the issuance of a Certificate of Qualification in the event that any of the statements made by me are false or any of the rules governing such examination are violated by me or for any one of the reasons set forth in the Bylaws or the Rules and Regulations. I agree to hold the American Board of Psychiatry and Neurology, Inc., its members, directors, examiners, officers, and agents free from any damage or claim for damage or complaint by reason of any action they, or any of them, may take in connection with this application, such examination, the grade or grades given with

respect to any examination, and/or the failure of said Corporation to issue to me a Certificate of Qualification."

By signing an application and filing it with the Board, each applicant agrees to abide by all the terms and conditions of such pledge.

GENERAL REQUIREMENTS

Each applicant for certification in Child Psychiatry must comply with the following requirements:

(a) He or she must have been certified by the Board in the specialty of general Psychiatry prior to submitting an application for examination in Child Psychiatry. He or she must at all times continue to meet all requirements of the Board for certification in general Psychiatry.

(b) He or she must have satisfactorily completed the Board's specialized training requirements in Child Psychiatry.

TRAINING REQUIREMENTS

All candidates beginning their specialized training in Child Psychiatry after June 30, 1965, must have two years of training in child psychiatric centers approved by the Committee in conjunction with the Residency Review Committee for Psychiatry and Neurology.

If during the candidate's training in basic Psychiatry, he or she engages in a minimum of six months, up to a maximum of 12 months of specialized training in Child Psychiatry, this training may be acceptable, at the discretion of the Committee, toward certification in Child Psychiatry.

The two years of specialized training in Child Psychiatry are usually taken at one center, but may be taken at no more than two centers. If training is taken at two centers (as when the candidate engages in specialized training in Child Psychiatry during his or her training in basic Psychiatry), the training director of each center must evaluate the candidate's training in that center.

The training director of the second center is responsible for ensuring that the *total two years* of the candidate's specialized Child Psychiatry training in the *combined program* is balanced to meet the essentials of the second training program as these have been described and submitted to the Board. A minimum of one year of training must be taken at the second center.

Candidates who have completed at least one year of approved pediatric training at RESIDENCY level after July 1, 1960, may be granted up to six months' credit toward Child Psychiatry training requirements. The six months' credit may be granted if the director of the Child Psychiatry training program recommends such credit, and if the candidate completes a minimum of one year of training in that Child Psychiatry program (in the event that training is split between two Child Psychiatry training programs). This recommendation should be set forth in the form of a letter from the director of the training program to the Child Psychiatry trainee. A copy should be attached to the application for examination in Child Psychiatry. This letter should specify the following:

- (1) The exact dates of the pediatric training for which Child Psychiatry training credit is being granted and the pediatric residency program in which this training was obtained;
- (2) The exact number of months of credit being granted toward Child Psychiatry training.

Thus, the following patterns of specialized training in Child Psychiatry are acceptable:

- (1) Two years of training in basic Psychiatry, plus two years of training in Child Psychiatry;
- (2) Two years of training in basic Psychiatry and at least 18 months of training in Child Psychiatry, plus up to (but not more than) six months of Child Psychiatry training credit for one year of pediatric training at RESIDENCY level. The total minimum amount of Child Psychiatry training is TWO FULL YEARS.

Any trainee or potential trainee in Child Psychiatry who contemplates a training program at variance with one of the above training patterns is advised to submit his or her proposed training sequence to the Executive Director of the

Board. This should be done before beginning Child Psychiatry training, or as early as possible thereafter, in order to allow for an advisory opinion of the Committee as to whether the proposed training is likely to meet requirements for admission to examination.

The applicant should obtain from his or her training director(s) a statement certifying satisfactory completion of the training requirements during the period for which training credit was granted.

The Committee may require, at its discretion, the publications of the applicant and/or a series of case reports of children treated by the applicant, as part of the qualifications of eligibility for examination for Certification in Child Psychiatry.

PROGRAM FOR SPECIAL TRAINING AND QUALIFICATIONS (PSTQ)

The purpose of this program is to admit to examination those few exceptionally qualified candidates whose training and experience have been unusual because of the individualized research and clinical training features of their careers. The standard of performance at examination is the same as for candidates with conventional training.

A candidate must be nominated by a director of a training program approved by the Residency Review Committee for Psychiatry and Neurology. The program director must be from the institution where the candidate had a substantial portion of his or her training experience, or where he or she has a current professional appointment. The director must justify the unique but adequate character of the candidate's training program, and must describe in detail the candidate's clinical experience and competence, as well as his or her professional goals and accomplishments. The candidate must have completed at least five years of training, and evidence must be submitted showing that he or she has had satisfactory direct responsibility for patient care in the field of specialization. In addition to the usual application form, the candidate's curriculum vitae, bibliography, and reprints should be submitted for consideration. Each nomination for this PSTQ plan will be considered on an individual basis by the Credentials Committee, the Committee on Certification in Child Psychiatry and the Board of Directors.

APPLICATION AND FEES

Applicants shall make application on official forms. Such applications must be accompanied by an application fee of \$150.00. This fee is not refundable.

Those applicants accepted for examination will be notified and scheduled for examination. The examination fee of \$250.00 (\$200.00 for the oral examination, \$50.00 for the written examination) is payable when such payment is requested by the Executive Director of the Board.

Should the applicant be found not eligible for examination he or she will be notified of his or her deficiencies. Applications submitted before November 30, 1975 will remain valid for two years from the date of submission. After this period, the application expires. Applicants must submit a new application and pay a new application fee to receive further consideration.

Applications submitted after November 30, 1975 will remain active for one year only. Candidates who fail to present themselves for the next scheduled examination following the date of submission of their applications will be required to submit a new application and pay a new application fee.

Applicants who submit their applications at the last minute risk achieving eligibility for the following examination because verification of their credentials has not been received in time.

EXAMINATIONS

Examinations are given once a year in March. These will be oral and written examinations and will include examination in all areas relating to normal personality development and pathological deviations from infancy through adolescence. The examinations will cover any area of developmental disturbance, etiological mechanisms, and therapeutic measures and planning. Knowledge and critical understanding of the

history and literature of Child Psychiatry as they apply to practice in the field will constitute a part of the examination. The utilization of psychological testing, contributions of collaborative personnel, and types of social planning will be included in the examination. A major part of the examination will assess the candidate's ability to reason from the material presented to him or her, to formulate a differential diagnosis, and to organize a practical program of therapy and management from these data.

The examination consists of a written examination, covering all areas of Child Psychiatry noted above, plus the following four oral examinations:

- 1) A 45-minute examination on the preschool child;
- 2) A 45-minute examination on the grade-school child;
- 3) A 45-minute examination on the adolescent;
- 4) A 45-minute examination on community relations.

The examination on the preschool child is based on short, videotaped observations of a preschool child. The examination on the grade-school child is based on short excerpts from a videotaped interview of a child. Candidates are evaluated on their ability to observe and describe the most significant behaviors of the child and to determine the additional data they need in order to formulate a differential diagnosis and treatment plan.

The examination on the adolescent will include the psychiatric examination of an adolescent under the supervision of an examiner. This might be an adolescent psychiatric patient or an adolescent volunteer. The manner and process of interviewing the adolescent and the reasoning and deductions therefrom, including differential diagnosis and treatment plan, will constitute an important part of the examination.

The examination on community relations will include discussion to show that the candidate has participated in his or her local community and is familiar with its available treatment and ancillary resources. Furthermore, discussion should show that the candidate could implement the development of a community psychiatric program for children and work appropriately with other professional disciplines. Community-oriented clinical examples will also be used to assess these abilities. The examples may deal with areas such as mental retardation, psychophysiological disorders, delinquency and child abuse.

A candidate who fails only one of the four oral examination hours or who fails only the written examination may receive a "conditional result." His or her re-examination will consist of one hour of oral examination in the subject failed or a re-examination on the written. This re-examination must be taken within a one-year period. The fee for re-examination in one subject of the oral examination is \$150.00. The fee for re-examination on the written is \$50.00.

A candidate must repeat the entire examination (oral and written) if:

- 1) He or she fails more than one section (oral or written) of the examination or,
- 2) He or she demonstrates consistent weakness in a major area of competence (e.g., diagnosis, therapeutic planning, etc.) across the entire examination.

Candidates who fail the initial examination may be re-examined within one year after payment of a \$250.00 re-examination fee. If a candidate does not appear for the next scheduled examination, the application lapses. He or she may receive further consideration only after submitting a new application and a new application fee of \$150.00.

Candidates who do not successfully complete the re-examination may submit a new application immediately. The Committee no longer requires a waiting period of two years after the second failure.

Any candidate who finds himself or herself unable to attend an examination to which he or she has been admitted and who fails to notify the Executive Director of the Board at least three (3) months before the date of the examination will forfeit the examination fee and the application fee. Such candi-

dates must submit a new application and application fee. In the event that an urgent situation develops which makes it impossible for the candidate to attend an examination, an exemption from this ruling may be requested. Candidates should contact the Executive Director.

APPEAL PROCESS

Grievances and requests for exceptions to Committee regulations should be put in writing and addressed to the Executive Director. Upon receipt of a reply from the Executive Director, candidates who are desirous of making a formal appeal to the Executive Committee, consisting of the Chairman, Vice Chairman and Secretary of the Committee on Certification in Child Psychiatry, should address a letter detailing their grievances or requests to: The Executive Committee on Certification in Child Psychiatry, American Board of Psychiatry and Neurology, Inc., Suite 1320, Evanston, Illinois 60201.

AMENDMENT OF RULES AND REGULATIONS

The Board of Directors has authority to issue and amend from time to time, rules and regulations relating to the issuance and revocation of certificates in Child Psychiatry.

REVOCAION OF CERTIFICATES

All certificates issued by the Board shall be issued subject to the provisions of its Certificate of Incorporation, Bylaws and Rules and Regulations. The Board has authority to revoke any certificate issued by it or to place a certificate-holder on probation for a fixed or indefinite time, in accordance with the rules and regulations of the Board, on the following grounds:

- (a) The certificate was issued contrary to or in violation of its Bylaws or Rules and Regulations;
- (b) The person to whom the certificate was issued was not eligible to receive, or has since become ineligible to hold, the certificate;
- (c) The person to whom the certificate was issued made any material misstatement or omission of fact to the Board in his/her application or otherwise;
- (d) A license to practice medicine of the person to whom the certificate was issued is forfeited, revoked or suspended.

AMERICAN BOARD OF RADIOLOGY

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CERTIFICATES

A certificate will be issued to each candidate who has fulfilled the requirements of the Board and has passed his examination.

A certificate granted by this Board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges, or license to practice radiology. Certificates of the Board shall be issued upon one of seven forms:

1. A certificate to the effect that the applicant has finished a prescribed and approved period of training and study and has

passed an examination demonstrating an adequate level of knowledge and ability to be qualified to practice Radiology in accordance with the definition of "Radiology" as stated in the Bylaws.

2. A certificate to the effect that the applicant has finished a prescribed and approved period of training and study and has passed an examination demonstrating an adequate level of knowledge and ability in one of the following special fields, in accordance with the definitions as stated in the Bylaws: (a) Diagnostic Radiology; (b) Therapeutic Radiology.

3. A certificate to the effect that the applicant has been found qualified to practice Radiological Physics in accordance with the definition of "Radiological Physics" as stated in the Bylaws.

4. A certificate to the effect that the applicant has been found qualified to practice Radiological Physics in one or two of the following special fields, in accordance with the definitions as stated in the Bylaws: (a) Therapeutic Radiological Physics; (b) Diagnostic Radiological Physics; (c) Medical Nuclear Physics.

DEFINITIONS

For the purposes of this Board, the following definitions are adopted:

1. *Radiology* is that branch of medicine which deals with the diagnostic and therapeutic applications of ionizing and other forms of radiant energy, including roentgen and gamma rays, and particulate radiation as well as the use of infrared rays and ultrasonic waves in diagnosis.

2. *Diagnostic Radiology* is that branch of Radiology which deals with the utilization of all modalities of radiant energy for the image portrayal of human morphology and physiologic processes in medical diagnosis. This includes the use of radionuclides, infrared rays and ultrasonic waves in such diagnostic studies.

3. *Therapeutic Radiology* is that branch of Radiology which deals with the therapeutic application of ionizing radiation including roentgen and gamma rays as well as particulate radiation from whatever source including artificially and naturally radioactive materials as well as X-ray generators and particle accelerators.

4. *Radiological Physics* is that branch of medical physics which includes Therapeutic Radiological Physics, Diagnostic Radiological Physics, and Medical Nuclear Physics.

5. *Therapeutic Radiological Physics* is that branch of Radiological Physics which deals with (1) the therapeutic application of ionizing radiation including roentgen and gamma rays as well as particulate radiation, and (2) the equipment associated with the production of such radiation, its measurement and use in these applications.

6. *Diagnostic Radiological Physics* is that branch of Radiological Physics which deals with (1) the diagnostic utilization of all modalities of radiant energy for the image portrayal of human morphology and physiologic processes. These modalities include roentgen and gamma rays as well as infrared rays and ultrasonic waves, and (2) the equipment associated with the production of such radiant energy and its use.

7. *Medical Nuclear Physics* is that branch of Radiological Physics which deals with (1) the therapeutic and diagnostic applications of radionuclides (except those used in sealed sources for therapeutic purposes), and (2) the equipment associated with their production and use.

GENERAL REQUIREMENTS FOR CERTIFICATE IN FIELD OF RADIOLOGY

Each applicant for admission to an examination of this Board must present evidence that he has fulfilled the following requirements.

A. General Qualifications:

That the applicant is a specialist in Radiology or one of its branches as stated in the Bylaws.

B. General Professional Education:

Graduation from a medical school recognized by the

Council on Medical Education of the American Medical Association or from a school of Osteopathy. If the applicant is a graduate of a medical school outside the United States or Canada, the applicant must be screened with approval by an agency approved by the Board of Trustees.

C. Special Training

After graduation from medical school there shall be a period of special training. This period of special training shall be as the Board of Trustees by resolution or motion shall determine from time to time.

The Board of Trustees may at its discretion require a recommendation from the program director to the effect that the applicant has satisfactorily completed the prescribed special training and is prepared to take the examination.

D. In special instances these requirements may be modified by majority vote of the Board of Trustees.

RADIOLOGY

1. Candidates beginning their training in Radiology after June 30, 1971 will be required to have four years of approved post-graduate training. Three of these years must be spent in a department approved by the Residency Review Committee for Radiology, representing The American Board of Radiology and the Council on Medical Education of the American Medical Association. The fourth year may be spent in similar training, in an internship in a hospital approved by the Council on Medical Education (or a foreign hospital experience acceptable to the Executive Committee), or in an approved residency in another specialty, and it may precede, follow or be interspersed with the training in Radiology.

Candidates beginning their training in Radiology after June 30, 1975 and who have not had an approved internship will be required to have four years of approved post-graduate training. Three of these years must be spent in a department approved to train in Radiology by the Residency Review Committee for Radiology representing The American Board of Radiology and the Council on Medical Education of the American Medical Association. The other year may be spent in one of the following programs: a categorical year; a categorical* year; a flexible year; (a foreign hospital experience acceptable to the Executive Committee); a year of approved residency in Radiology or one of its branches; or in a year in another approved specialty.

2. The three-year training period must include training in Pathology. This training can either be co-ordinated throughout the entire three years or it can be taken separately in a Department of Pathology. Maximum credit for training in Pathology, however, is three months.

3. Candidates must receive training in Nuclear Medicine. Time spent in Nuclear Medicine may be credited either to Diagnosis or Therapy in accordance with the wishes of the program director. Credit may not exceed three months, however.

4. During the three-year training period in Radiology the minimum equivalent of twelve months must be spent in Therapeutic Radiology.

5. Candidates may expect to be asked questions concerning Computed Tomography (CT). This will become effective with the June 1977 written examination and with the June 1978 oral examination.

6. Candidates may also expect to be asked questions concerning Ultrasound. This will become effective with the June 1977 written examination and with the June 1978 oral examination. Beginning in 1980 the grade obtained in this subject will be computed in determining the final results; however, prior to that time the grade will not count as a part of the examination.

DIAGNOSTIC RADIOLOGY

1. Candidates beginning their training in Diagnostic Radiology after June 30, 1971 will be required to have four years

of approved post-graduate training. Three of these years must be spent in a department approved to train in Radiology by the Residency Review Committee for Radiology, representing The American Board of Radiology and the Council on Medical Education of the American Medical Association. If residency is initiated after June 30, 1973, such training must be obtained in a department approved for Diagnostic Radiology. The fourth year may be spent in similar training, in an internship in a hospital approved by the Council on Medical Education (or a foreign hospital experience acceptable to the Executive Committee), or in an approved residency in another specialty, and it may precede, follow or be interspersed with the training in Diagnostic Radiology.

Candidates beginning their training in Diagnostic Radiology after June 30, 1975 and who have not had an approved internship will be required to have four years of approved postgraduate training. Three of these years must be spent in a department approved to train in Diagnostic Radiology by the Residency Review Committee for Radiology representing The American Board of Radiology and the Council on Medical Education of the American Medical Association. The other year may be spent in one of the following programs: a categorical year; a categorical* year; a flexible year; (a foreign hospital experience acceptable to the Executive Committee); a year of approved residency in Radiology or one of its branches; or in a year in another approved specialty.

2. Time spent in Pathology may not exceed three months and time spent in the diagnostic aspects of Nuclear Radiology may not exceed twelve months. A maximum of three months may be spent in Therapeutic Radiology.

3. Candidates may expect to be asked questions concerning Computed Tomography (CT). This will become effective with the June 1977 written examination and with the June 1978 oral examination.

4. Candidates may also expect to be asked questions concerning Ultrasound. This will become effective with the June 1977 written examination and with the June 1978 oral examination. Beginning in 1980 the grade obtained in this subject will be computed in determining the final results; however, prior to that time the grade will not count as a part of the examination.

THERAPEUTIC RADIOLOGY

1. Candidates beginning their training in Therapeutic Radiology after June 30, 1971 will be required to have four years of approved post-graduate training. Three of these years must be spent in a department approved to train in Radiology by the Residency Review Committee for Radiology representing The American Board of Radiology and the Council on Medical Education of the American Medical Association. If residency is initiated after June 30, 1973, such training must be obtained in a department approved for Therapeutic Radiology. The fourth year may be spent in similar training, in an internship in a hospital approved by the Council on Medical Education (or a foreign hospital experience acceptable to the Executive Committee), or in an approved residency in another specialty, and it may precede, follow or be interspersed with the training in Therapeutic Radiology.

Candidates beginning their training in Therapeutic Radiology after June 30, 1975 and who have not had an approved internship will be required to have four years of approved postgraduate training. Three of these years must be spent in a department approved to train in Therapeutic Radiology by the Residency Review Committee for Radiology representing The American Board of Radiology and the Council on Medical Education of the American Medical Association. The other year may be spent in one of the following programs: a categorical year; a categorical* year; a flexible year; (a foreign hospital experience acceptable to the Executive Committee); a year of approved residency in Radiology or one of its branches; or in a year in another approved specialty.

2. The three-year residency training period must include training in Pathology and training in the Therapeutic aspects

of Nuclear Medicine. Credit may not exceed six months for time spent in either subject. A maximum of three months' training in Diagnostic Radiology will be allowed.

FOREIGN CANDIDATES

Citizens of foreign countries who have had previous training in Radiology outside of the United States or Canada are required to take at least two years formal residency training in an approved Department of Radiology in this country or Canada in order to qualify for admittance to our examination, except in those individual cases where the Board of Trustees rules otherwise or the Executive Committee is requested to act in its stead.

APPLICATION AND FEE

Application for examination must be made in duplicate on forms which may be obtained from the Secretary. (One application will suffice for both the written and the oral examinations.) These forms shall be forwarded with the required data, two unmounted photographs autographed on the front, and the application fee of \$350.00 (U.S. Currency) by the deadline established for filing. **THE DEADLINE FOR FILING FOR EITHER THE WRITTEN OR THE ORAL EXAMINATIONS IN ANY GIVEN YEAR IS SEPTEMBER 30 OF THE PRECEDING YEAR.** The application fee (noted above) will cover both the written and the oral examinations provided the candidate is successful in the written examination. In the event of a failure, the re-examination fee of \$200.00 will be required. A candidate who does not accept an appointment for examination within three years after becoming eligible, except for legitimate reason, shall be required to submit another application and an application fee. In addition, he shall be required to take and pass the written examination before again being given the opportunity of taking the oral examination. (Not applicable if candidate previously passed written examination.) If a candidate withdraws his application, \$120.00 will be retained for processing. Checks should be made payable to The American Board of Radiology, Inc.

EXAMINATIONS

WRITTEN EXAMINATION:

Written examinations are given at a time designated by the Board of Trustees.

If by taking the written examination at the time designated by the rules will postpone the taking of the oral examination for which he is eligible, a candidate may request permission to take the written examination at an earlier period. Thus, those who have received credit for previous training or experience may take the written examination the year prior to fulfilling the training requirements.

The written examination is of the multiple-choice type and includes the subjects of anatomy, physiology, pathology, technique, radiobiology, nuclear radiology, and physics. The examination for candidates in Radiology, Diagnostic Radiology or Therapeutic Radiology differs somewhat in content according to the field.

A candidate who passes the written examination in Radiology, Diagnostic Radiology or Therapeutic Radiology but who receives a score in the Physics portion of that examination below a level set by the Examination Committee, will be conditioned in Physics. He will, therefore, be required to take an oral examination in Physics in addition to the other subjects.

ORAL EXAMINATION:

Oral examinations are usually conducted in June and December.

Candidates must have completed their training requirements no later than June 30 or December 31 to be eligible for the oral examination given in June or December, respectively. The deadline for completion of training for an examination scheduled at a time other than June or December will be determined by the Executive Committee.

The examination consists of film interpretation, problems regarding the clinical application of roentgen rays, radium, and radionuclides, and questions in pathology, physiology, radiobiology, and radiological physics. (Inclusion of the latter subject will be contingent upon the results of the written examination.) The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

A candidate who finds it necessary for any reason to cancel after accepting an appointment for either the written or oral examination shall be required to submit an additional fee of \$100.00. This amount represents administrative costs to the Board.

RE-EXAMINATIONS

FAILURES

Candidates failing the written examination must fulfill the same requirements governing failures for the oral examination.

A candidate who fails his first examination (either in the entire field of Radiology or one of its branches) may not be admitted to a second examination until after one year. He must submit the required fee of \$200.00. A candidate who fails to accept an appointment to appear for re-examination within three years after it is offered, must submit a new application and application fee. In addition, he shall be required to take and pass the written examination before again being given the opportunity of taking the oral examination. (Not applicable if candidate has already taken the written examination.)

A candidate who has had *three* consecutive failures in Radiology or in one of its branches may not appear for re-examination within *two* years after the date of the last previous examination. During this two-year interval, he shall be required to have received at least twelve months' additional formal residency training or submit evidence that he has spent twelve months or more full time in a department approved for residency training. In addition, he shall be required to file a new application and re-examination fee, and take the written examination if he had not been previously required to do so.

A candidate who has had *four* consecutive failures in Radiology or in one of its branches may not appear for re-examination within *three* years after the date of the last previous examination. During this three-year interval, he shall be required to have received at least twenty-four months' additional formal residency training or submit evidence that he has spent twenty-four months or more full time in a department approved for residency training in the field in which he is applying. In addition, he shall be required to update his application, submit the re-examination fee, and take the written examination if he had not been previously required to do so.

A candidate who fails the entire field of Radiology and desires to be re-examined in only one branch thereof (i.e., Diagnostic Radiology or Therapeutic Radiology) must fulfill the training requirements for examination and certification in this field. In addition, he shall be required to take the written examination. (Not applicable if candidate previously passed the written examination.)

A candidate who fails Radiology and who wishes to divide his examination may do so by submitting the re-examination fee. When he has passed one branch, he shall be required to submit the full application fee before being examined in the remaining field.

CONDITIONS

A candidate who has been conditioned once may be accepted for re-examination at any subsequent examination.

A candidate who fails twice subsequent to an original condition is required to wait one year before being eligible to appear for the third re-examination in that subject. A re-examination fee of \$200.00 is required.

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REQUIREMENTS FOR ADMISSION TO THE EXAMINATIONS FOR GENERAL CERTIFICATION IN SURGERY

I. GENERAL QUALIFICATIONS

Candidates must have demonstrated competence in surgery, have an ethical standing in the profession and a moral status in the community which are satisfactory to the Board, and be actively engaged in the practice of Surgery.

II. MINIMAL EDUCATIONAL REQUIREMENTS

A. Preliminary.

Graduation from an approved school of medicine granting an M.D. degree in the United States or Canada. Graduates of medical schools in other countries must have completed the requirements as promulgated in June 1971 by the Council on Medical Education of the American Medical Association in its "Policy on Eligibility of Foreign Medical Graduates for

Admission to American Medical Education," namely: (1) certification by ECFMG or (2) unrestricted licensure to practice medicine issued by a state or other United States jurisdiction, or (3) if a United States citizen, passing the complete licensing examination in a state or jurisdiction which will issue full licensure upon satisfactory completion of internship or residency in that state without further examination, or (4) if premedical education was in the United States and the academic curriculum was completed in residence in a foreign medical school, completion of an "academic year of supervised clinical training" in an approved program in a medical school in the United States as a substitute for an internship required by a foreign medical school.

B. Graduate Education in Surgery

1. General Information

The Board interprets the term "general surgery" in a comprehensive but still specific manner. Candidates for examination are expected to have a detailed knowledge of surgery of the gastrointestinal tract, of abdominal conditions, of the breast, of the head and neck, of the peripheral vascular system, of the endocrine system; and of the surgical management of trauma including musculoskeletal and head injuries. In addition they are expected to possess an adequate breadth and depth of understanding of the principles of and experience in the more common problems in cardiothoracic, gynecologic, neurologic, orthopaedic, plastic, pediatric and urologic surgery.

The integration of basic sciences, particularly pathology, with clinical training is considered to be superior to formal courses in such subjects. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept such courses in lieu of any part of the required clinical years of surgical education.

The fundamental concept of graduate education in surgery is that there must be a properly organized and progressively graded clinical experience which provides the opportunity under guidance and supervision to grow in competence by progressive and succeeding stages of responsibility for patient care. Major operative experience and senior/chief responsibility are essential components of surgical education. The Board will not accept a candidate for examination who has not had such experience in general surgery, regardless of the number of years spent in educational programs.

The Board requires that a candidate must have completed a "bona fide" senior/chief year of residency in an approved program in general surgery in a manner satisfactory to the Board in order to be considered for admission to the examinations. The senior/chief appointment must be the final clinical year of the program as approved.

The graduate educational requirements set forth in these columns are considered to be the minimal requirements of the Board and should not be interpreted to be restrictive in nature. The Board recognizes that the time required for the total educational process should be sufficient to provide adequate clinical experience for the development of sound surgical judgment and adequate technical skill. The requirements do not preclude additional desirable educational experience and Program Directors are encouraged to retain residents in a program as long as is required to achieve the necessary degree of competence.

The Board considers a residency in surgery to be a full time endeavor.

The Board may at its discretion require that a member of the Board or a designated diplomate observe and report upon the clinical performance of a candidate before establishing his admissibility to examinations or

awarding him certification.

All phases of the graduate educational process must be completed in a manner satisfactory to the Board.

2. *Approved Programs*

The Board does not review residency programs and is therefore guided by the evaluations of the Residency Review Committee for Surgery.

Those programs in Surgery in the United States reviewed by the Residency Review Committee for Surgery and approved by the Liaison Committee on Graduate Medical Education are acceptable to the Board. At this time those programs in Canada approved for "full training" in general surgery by the Royal College of Surgeons of Canada may be acceptable if they are so constructed as to enable the trainee to meet the specific requirements for Group I candidates as detailed in the section "1. Group I," below.

Those residency programs in the United States which bore the three-year (Type II) approval of the Conference Committee on Graduate Education in Surgery are acceptable as partial training for those candidates completing such training prior to July 1, 1972. Residents who were in junior status in such programs prior to July 1, 1972 must complete the requirements applicable to their status as indicated below in the section "2. Group II" (next to last paragraph).

To provide flexibility and the opportunity for experimentation in surgical education, proposed programs at variance with the requirements outlined will be considered upon request by Program Directors to the Residency Review Committee for Surgery (535 North Dearborn Street, Chicago, Illinois 60610).

Participation in graduate programs in surgery in countries other than the United States and/or Canada is normally not creditable toward the Board's minimal requirements.

Lists of approved programs may be found in the Directory of the Accredited Residencies, published annually by the Council on Medical Education of the American Medical Association.

C. *Specific Requirements*

The specific time required to acquire the necessary knowledge, judgment and technical skill cannot be specified, but experience has demonstrated that a minimum four-year program will be adequate only in specific educational circumstances. In most instances five years of graduated training in a program acceptable to the Board following graduation from medical school will be required for candidates to reach the level of competence satisfactory to the Board.

Satisfactory completion of four years of graduated responsibility in clinical surgery, which must include at least three years of "general surgery" in an approved program post-medical school, is the minimum required of all candidates. The three years of "general surgery" must encompass surgery of the gastrointestinal tract, of abdominal conditions, of the breast, of the head and neck, of the peripheral vascular system, of the endocrine system; and of trauma, including musculoskeletal and head injuries.

The Board believes that optimal surgical education requires that the resident remain in the same program for at least the final two years of his training.

Candidates may under current policies complete Board requirements in two ways:

1. **GROUP I**—Candidates who have satisfactorily completed an approved four or more year program of graded residency in Surgery including a bona fide Senior/Chief Residency which must be the final clinical year of the program as approved. The Board considers the terms Chief and Senior to be synonymous and to mean the final year of the program.

- a. For candidates entering a program of graduate education in Surgery after June 30, 1971, a free-standing internship is not required; but the program must include a minimum of four years of *clinical* training after graduation from medical school. Three of the four years must be devoted to training in "general surgery," i.e., surgery of the gastrointestinal tract, of abdominal conditions, of the breast, of head and neck, of the peripheral vascular system, of the endocrine system; and of trauma, including musculoskeletal and head injuries. The remaining year may include training assignments in the other surgical specialties and/or in allied disciplines such as anesthesiology, surgical pathology, internal medicine or pediatrics. No more than six months on allied disciplines and/or six months on any *one* surgical specialty other than "general surgery" will be credited toward the Board's requirements.

A program of five or more years may include assignments to research, basic sciences or other electives, but there must be at least four years of clinical training of which at least three years must be in "general surgery". In a five-year program the Board will accept no more than one year of training in any *one* surgical specialty other than "general surgery" and no more than six months of training in allied disciplines. The final clinical year, regardless of the program duration, must be the Senior/Chief Residency year in "general surgery."

- b. For candidates who entered a program of graduate education in Surgery prior to July 1, 1971, having had a freestanding internship of at least one year's duration after graduating from medical school, the ensuing residency may include assignments to a research project, or to a basic science department such as pathology, physiology or anatomy, provided such assignment is an integral part of the approved program and the program includes a minimum of three years of clinical surgery. The final clinical year must be a Senior/Chief Residency year in "general surgery."
- c. A candidate serving in an approved program designed for more than four years must complete the entire program unless the Program Director requests that the Board consider his credentials earlier. In any case, he must complete the minimum requirements including a final clinical year as Senior/Chief Resident in "general surgery."
- d. A Group I candidate serving in an "Integrated Program" may be assigned for any part of his residency at the discretion of the Program Director to any hospital or institution which is fully approved as a component of that program by the Liaison Committee on Graduate Medical Education.
- e. Rotations for not more than a total of one year during junior years may be made to hospitals approved by the Liaison Committee on Graduate Medical Education as "Affiliates" of the parent program. If the total time to be spent outside the parent hospital is to exceed one year, special consideration must be requested from the Residency Review Committee for Surgery. The Senior/Chief Residency year must be accomplished in the parent institution except where special approval has been granted for a part thereof to be spent in a specified "Affiliate."
- f. Rotations for not more than six months' total during junior years of the program may be made to hospitals in the United States which are not approved as "Affiliates."
- g. Resident rotations to hospitals outside the United

States not to exceed a total of twelve months during junior years may be approved by the Board provided the Program Director requests such approval in advance of the assignment of each resident. Such rotations require consideration by the Credentials Committee which normally meets in January and June of each year.

2. **GROUP II**—Candidates who prior to July 1, 1972 have satisfactorily completed a residency in general surgery including a senior year in a program approved by the Conference Committee on Graduate Education in Surgery as Type II (three years) must then complete two additional years after the residency as prescribed below in subparagraphs (a), (b), (c) and (d). Full time assignments to research, preclinical and basic science departments were not authorized during the three years of residency and such subjects should have been integrated into the clinical program. The final residency year must have been the senior year.

During the two additional years after the residency at least one year must be clinical including patient responsibility and major operative experience performed under acceptable supervision. The required two additional years may include:

- (a) **Preceptorship**—The practice of surgery in an institutional setting, under the supervision of a Preceptor who is approved in advance by the Board. The Preceptor must agree in writing to accept the responsibility for the candidate's further training, to follow the Board's recommendations as to arrangements and to render such reports related to the preceptorship and the candidate as the Board requires. The satisfactory completion of an approved Preceptorship may be credited for one or both of the required two additional years, depending upon duration and the candidate's performance.
- (b) **Additional Residency or Fellowship**—Additional years of acceptable residency or fellowship training in either general surgery or in another recognized surgical specialty may, if satisfactorily completed, be credited for one or two of the additional required years depending upon its duration and the candidate's performance.
- (c) **Research**—Full time engagement in surgical research under a responsible investigator who is acceptable to the Board may be credited for as much as twelve months of the additional two-year requirement.
- (d) **Basic Science Courses**—A formal course in surgery and the basic sciences in an approved graduate school of medicine on a full time basis is creditable for not more than twelve months. The study of a single basic science such as pathology, physiology, or anatomy may be credited for no more than six months. Credit may not be claimed for both a graduate study and a research year.

Those who did not complete the third and senior year in an approved Type II program prior to July 1, 1972 will be required to complete two or three additional years as appropriate in a Type I program and meet all the requirements applicable to Group I candidates.

Group II Candidates who have not successfully completed the examinations of the Board by July 1, 1979 will not be admissible to the examinations after that date until their credentials have been re-established by complying with such requirements as the Board may promulgate in each case.

3. **OPERATIVE EXPERIENCE**—A candidate must have had an operative experience of such breadth and depth as is deemed adequate by the Board. Each must submit

a list of the operative procedures performed during the period of approved graduate education in Surgery. In the case of Group II candidates a list of procedures performed during residency and another list for the additional years of training is required. Failure to submit an authenticated list will constitute incomplete credentials and will result in deferral of admission to examination. The operative experience report may be submitted on the *Resident's Record* form of the Residency Review Committee for Surgery or on a similar form provided by the Board upon request.

CREDIT FOR MILITARY SERVICE

Credit will not be granted toward the minimum requirements of the Board for service in the Armed Forces, the Public Health Service, the National Institutes of Health or other governmental agencies to persons entering such services after June 30, 1974, unless the service was as a duly appointed resident in an approved program in surgery. Credit for those who had satisfactory surgical assignments in the various governmental agencies prior to June 30, 1974 is not automatic, but not more than twelve months may be granted by the Board provided the Director of the Program in which the candidate is serving so recommends and the resident completes his training in that program. Credit granted is not transferable to another program unless the new Program Director so recommends to the Board. Special requests from Program Directors will be considered by the Credentials Committee.

CREDIT FOR FOREIGN GRADUATE EDUCATION

Acceptance for examination and certification by the American Board of Surgery is based upon satisfactory completion of the stated requirements in approved programs in the United States. Regardless of an individual's professional attainments here or abroad, no credit will be granted directly to a candidate for surgical education in a foreign country. The Board will consider granting partial credit only upon the request of the Director of an approved program who has observed the candidate as a junior resident for nine to twelve months and wishes to advance the candidate to a higher level in that program. The credit granted will not be valid until the candidate has successfully completed that program. If the candidate moves to another program the credit is not transferable and must again be requested by the new Program Director. Only under exceptional conditions will the Board consider granting more than one year of residency credit at a junior level for foreign training.

RULES GOVERNING ADMISSIBILITY TO THE EXAMINATIONS

A. A Candidate is admissible to the Certifying Examinations (formerly known as Part II) only when he has satisfactorily fulfilled all the educational requirements of the Board *currently in force at the time of receipt of his formal Application for Examination by the Board*, and/or such other requirements as the Board may specify in special cases; all his credentials, including his operative experience and the endorsement by the Program Director and Faculty, have been reviewed and deemed acceptable; his Application has been approved; and he has successfully completed the Qualifying Examination (formerly known as Part I). He then becomes an "Active Candidate for Certification" and will be so notified.

B. Applicants seeking Certification and whose Applications have been approved will be offered the opportunity to complete the Qualifying Examination (Part I) annually for five years, after which, if they have not successfully completed the examination they will be required to undertake an educational experience of at least one year in general surgery, such as residency at an advanced level or recognized Fellowship, as may be approved by the Board, before they will again be offered an opportunity to appear for the qualifying examination. An Applicant who has been afforded this additional opportunity and who is unsuccessful again will be required to complete satisfactorily at least three years of residency in

general surgery in an approved program including the Chief Residency and will be treated as a "New Applicant."

C. An Applicant who has passed the Qualifying Examination and attained the status of "Active Candidate for Certification" will be offered the opportunity to appear for the Certifying Examinations at the earliest practicable time consistent with the Board's geographical examination policy. If the Candidate is unsuccessful on the Certifying Examination, he will be offered a second and third opportunity during the ensuing five academic years, at the convenience of the Board. If the Candidate does not accept the opportunities offered and become *certified within five academic years* after being granted the status of "Active Candidate for Certification," he or she will be required to complete satisfactorily at least one year of residency in general surgery at an advanced level in a program approved by the Liaison Committee on Graduate Medical Education and be recommended by that Program Director and Faculty before he will again be considered by the Board for admission to the Certifying Examination.

D. "Active Candidates for Certification" who are unsuccessful on the Certifying Examination on three occasions will no longer be considered Candidates by the Board and will not again be considered for admission to the Certifying Examination until they have successfully completed at least one year of residency in "General Surgery" at an advanced level (not necessarily the Senior/Chief Resident Year) in a program approved by the Liaison Committee on Graduate Medical Education. A Candidate who has been unsuccessful on four occasions must complete at least three years of residency in "General Surgery" including the Senior/Chief Residency in an approved program and will be treated as a "New Applicant." A new applicant is required to submit a new Application and to again successfully complete the Qualifying Examination before advancing to the status of "Active Candidate for Certification."

E. Applicants who, over a period of ten academic years following approval of the original Application have not become Certified, will have their files disposed of and they will no longer have status with the Board. If they wish to be reconsidered they will be treated as "New Applicants," their interim and current credentials must be assessed by the Board, and they must meet such requirements as the Board specifies in each instance.

F. The Board, on the basis of its judgment, may deny or grant an "Applicant" or "Active Candidate for Certification" the privilege of examination whenever the facts in the case are deemed by the Board to so warrant.

The Board does not use or sanction the terms "Board Eligible" or "Board Qualified." The standing of an individual with the Board varies according to the current status of his credentials.

THE EXAMINATIONS OFFERED BY THE BOARD

The Board offers a *Qualifying Examination* and a *Certifying Examination for General Certification in Surgery*, an *Examination for Certification of Special Competence in Pediatric Surgery*, and an *In-Training Examination*. The examinations leading to Certification are offered to individuals, but the In-Training Examination is offered to Program Directors for their use as an educational tool, for the assessment of the individual resident's grasp of surgical fundamentals.

The Board notifies each candidate for General and Special Certification of his performance on examinations. Beginning with candidates whose formal Applications were approved in 1975, the Board may report their performance on any or all of the Board's examinations to the Director of the Program in which the candidate completed his final year of residency. All reports pertaining to the In-Training Examination are provided to the Program Director.

All examinations are composed annually by members of the American Board of Surgery with the technical assistance of the National Board of Medical Examiners.

I. EXAMINATIONS FOR GENERAL CERTIFICATION IN SURGERY

A. THE QUALIFYING EXAMINATION (PART I)

This examination is written and is offered once a year, usually late November or early December. It is given simultaneously in a number of locations in the United States and at selected locations abroad.

Applicants whose applications have been approved by the Board are sent annually an announcement of the examination. Shortly before the date of examination they are sent an *Admission Card* to the proper examination center and detailed information including samples of the types of questions to be expected.

The examination itself consists of questions of the objective multiple-choice type designed to cover general surgical principles and the sciences basic to surgery. In addition, there are programmed-type questions designed to measure the ability to manage patients by offering the opportunity to order and interpret various diagnostic studies and procedures, to prescribe appropriate therapy or operative intervention, and to make other pertinent decisions related to the care of surgical patients.

Successful completion of the Qualifying Examination (Part I) is a requirement for all, to attain the status of "Active Candidate for Certification" and admission to the Certifying Examination.

B. CERTIFYING EXAMINATIONS (PART II)

Examinations are held periodically, usually six or more times each examining year, i.e., academic year, in major cities within the United States. The Certifying Examinations are not held outside the continental United States. Candidates are normally scheduled for the examinations to be held in the geographical area in which they are residing.

The examinations are conducted by members of the American Board of Surgery and certain selected diplomats acting as guest associate examiners.

The examinations consist of a series of oral examinations in clinical surgery by several teams of examiners and an examination directed toward testing interpretive skills by the presentation of a number of cases using projected transparencies.

The clinical surgery sessions will include diagnosis and management of patients with surgical problems, including the applications of anatomy, pathology, physiology, biochemistry and bacteriology to the problems being discussed. Interpretation of Roentgenograms and other visual aids may be employed during the examination.

The examination usually occupies one full day for the candidate. He is notified in advance of the date, time and location at which he is to appear for the examination.

II. EXAMINATIONS FOR SPECIAL CERTIFICATION

The Board offers examinations for *Certification of Special Competence in Pediatric Surgery*. Please see the section on "Special Certification in Pediatric Surgery."

III. IN-TRAINING EXAMINATION

The Board offers annually to Program Directors of approved programs, a written *In-Training Examination* which is designed to test the general level of knowledge which has been attained by residents regarding the fundamentals and the basic sciences related to Surgery. The test is aimed at the level of the second-year resident, but at the Program Director's discretion, may be administered to any one. It is also designed to meet the first milestone which is required by the "Essentials" for residencies in general surgery.

The Board will normally contact the Directors of all approved programs in Surgery in the Spring each year with information regarding the examination and to determine the number of test booklets desired.

The Examination will be administered by each participating Program Director late in August or early in September

each year and reports should be in their hands in late October.

Program Directors should take note of the fact that the Board does not contact each institution in which residents are located, but depends upon the Director of the Program to order an adequate number of test booklets for residents in his total program which includes not only his own institution but also all those indented under his program designation in the Directory of Approved Residencies.

It is important to note that the In-Training Examination is not offered to individuals, but to Program Directors only.

The In-Training Examination is not required as part of the Board's certification process.

APPLICATION FOR EXAMINATION FOR GENERAL CERTIFICATION IN SURGERY

A prospective candidate for examination by the Board should carefully read the requirements set forth in its Booklet. If he needs advice about his plans for graduate education in surgery, or believes that he has met or is within six months of meeting the requirements, he should write the Board and request an *Evaluation Form*. This form should be completed precisely and returned to the Board. The candidate will then be advised as to whether or not it appears that he has met or will meet the requirements, or what will be necessary. Candidates are advised not to submit documents, testimonials, letters of recommendation, case reports or other information unless requested by the Board.

Candidates must, in any case, communicate with the Board at least four months before completion of their educational requirements and in no instance later than June 1st if they wish to receive the formal *Application for Examination* and be considered for the Part I examination to be given in that year. The *Application for Examination* form will not be sent to candidates until they are within several months of completing the educational requirements and appear to have met all other requirements.

The *Application for Examination* form must be completed and returned to the Board no later than August 1st or the candidate will not be considered for the Part I examination to be given in that year.

Candidates who complete the educational requirements after September 30th will not be considered for admission to Part I in that year, but must wait until the following year.

The acceptability of a candidate does not depend solely upon the completion of an approved program of education, but also upon information available to the Board regarding his professional maturity, surgical judgment, technical competence and ethical standing.

A candidate who has submitted an *Application for Examination* form will be notified as to his admissibility to examination.

FEES (GENERAL CERTIFICATION)

The schedule of fees is as follows:

Registration—payable with	
<i>Application Form</i>	U.S. \$100.00
Qualifying Examination (Part I).....	U.S. \$150.00
Certifying Examination (Part II).....	U.S. \$150.00
(Both these examination fees payable upon assignment to a center.)	

Fees for re-examination are the same for each Part as shown above.

Each fee for examination or re-examination includes a U.S. \$25.00 processing charge which is not refunded if the candidate withdraws after he has been assigned to an examination center.

A candidate who does not inform the Board of his intent to withdraw prior to 3 business days before the examination session to which he is assigned or who fails to attend the examination may be required to forfeit the entire fee for that examination.

Fees are subject to change as directed by the Board.

The Board is a non-profit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the education of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

SPECIAL CERTIFICATION IN PEDIATRIC SURGERY

The American Board of Surgery with the approval of the American Board of Medical Specialties offers *Certification of Special Competence in Pediatric Surgery*. By definition, the Special Certification is to be offered to those whose training and activities encompass the scope of "general" pediatric surgery as defined for General Certification, in the first paragraph under *General Information*. It has been agreed with other recognized specialty Boards that this Special Certification will not be offered to those who, for practical purposes, limit their activities to the spheres of interest of other Boards, such as Orthopaedic, Urologic, Plastic and Thoracic Surgery.

I. APPROVED PROGRAMS

Residency programs in pediatric surgery are currently being reviewed by the Residency Review Committee for Surgery but the LCGME has not yet acted to grant final approval to any such programs. Therefore candidates' training and other credentials will be evaluated by the Board on an individual basis without reference to the location of graduate education in Pediatric Surgery until such time as programs are formally approved.

II. SPECIAL REQUIREMENTS

- A candidate must have demonstrated competence in pediatric surgery, have an ethical standing in the profession and a moral status in the community which are satisfactory to the Board.
- A candidate must be a Diplomate of the American Board of Surgery and hold an unrestricted license to practice in the United States or Canada.
- A candidate must have satisfactorily completed a program of graduate education in pediatric surgery of not less than two years' duration. A Senior/Chief Residency year is required.
- A candidate must receive the unqualified endorsement of the Director of the Program(s) in which he received his pediatric surgical education.
- A candidate must be actively engaged in the practice of "general" pediatric surgery as defined for General Certification.
- A candidate must submit an authenticated list of his operative experience as primary surgeon and assistant for review by the Board. While no limits have been fixed, a candidate's operative experience over a given period of time must be adjudged adequate by the Board.

III. EXAMINATION FOR SPECIAL CERTIFICATION IN PEDIATRIC SURGERY

The Examinations are developed by the Committee for Pediatric Surgery of the American Board of Surgery. At this time, only one examination is offered each year, usually in the Spring. Appropriate announcements are made in various journals. The examination, written and oral, is administered at a single center for all candidates and usually occupies approximately one day.

IV. APPLICATION FOR EXAMINATION

Candidates desiring admission to examination should communicate with the Board immediately following completion of their pediatric surgery residency, requesting pertinent information and a *Preliminary Evaluation Form*. Those who appear to have met all the educational requirements will then be sent an *Application for Examination* form. The *Application* must be fully and precisely completed and returned to the Board office no later than October 15th in order to be considered for examination the following Spring. The *Pediatric Surgery*

Operative Experience Report must also be in the Board's hands by October 15th.

No candidate will be admitted to the examination until he has met the specified requirements, his credentials have been reviewed and his *Application* has been approved by the Board.

V. RULES GOVERNING ADMISSIBILITY TO EXAMINATION

A. GENERAL RULES—A candidate is admissible to the examinations only when he has successfully fulfilled the requirements *currently in force at the time of receipt of his formal Application for Examination by the Board* and/or such other requirements as the Board may specify in special cases; all his credentials, including the unqualified endorsement of the Pediatric Surgery Program Director under whom training was completed, and his operative experience, have been considered and deemed acceptable; and his formal *Application* has been approved. For those who have been approved the examinations must be completed within five examining (academic) years or they will no longer be Candidates for this Special Certification and will be required to undertake such additional educational experience in Pediatric Surgery as the Board may direct before again being considered for admission to examination.

B. RE-EXAMINATION RULES—A candidate may be examined for a second or third time at intervals of no less than one year. If he has been unsuccessful on three occasions, he loses his status as an "Active Candidate" and is required to complete satisfactorily at least one year of residency in an approved program in pediatric surgery before he will be considered for readmission to examination. A candidate who is then accepted for a fourth examination and is unsuccessful will be required to complete two additional years, including a Senior/Chief Residency year, in an approved program in pediatric surgery, and will be treated as a "New Applicant."

The Board, on the basis of its judgment, may deny a candidate the privilege of further re-examination whenever the facts in the case are deemed by the Board to so warrant.

VI. FEES (PEDIATRIC SURGERY)

U.S. \$100.00 Registration—payable with *Application* form.

U.S. \$225.00 Examination—payable upon assignment or re-examination.

Each fee for examination or re-examination includes a U.S. \$25.00 processing charge which is not refunded if the candidate withdraws after he has been assigned to an examination center. A candidate who does not inform the Board of his intent to withdraw prior to 3 business days before the examination session to which he is assigned or who fails to attend the examination may be required to forfeit the entire fee for examination.

CERTIFICATION

I. GENERAL CERTIFICATION

A candidate who has met all the requirements and has successfully completed the examinations of the American Board of Surgery will be issued a Certificate by the Board, signed by its Officers, attesting to his qualifications in *Surgery*.

II. SPECIAL CERTIFICATION IN PEDIATRIC SURGERY

A candidate who has met all the requirements and has successfully completed the examination in Pediatric Surgery will be issued a certificate by the American Board of Surgery, signed by its officers, attesting to his qualifications of *Special Competence in Pediatric Surgery*.

III. RECERTIFICATION

A. GENERAL CERTIFICATION IN SURGERY

All those whose General Certification in Surgery is received

after December 31, 1975, will be issued Certificates which will bear a limiting date of ten years, after which they are no longer valid. Those desiring to renew their Certification upon expiration of their certified status must fulfill the requirements for recertification specified by the Board at that time.

For those who were Certified prior to December 31, 1975, the Board will offer the opportunity to become Recertified beginning in 1980, if they so desire. Certificates issued before December 31, 1975, do not have a time-limited validity.

B. SPECIAL CERTIFICATION IN PEDIATRIC SURGERY

All certificates of Special Competence in Pediatric Surgery will bear dates limiting their validity to ten years and will expire unless the Diplomate fulfills the requirements for Recertification specified by the Board at that time.

REVOCATION OF CERTIFICATE

Any Certificate issued by the Board shall be subject to revocation at any time in case the Board shall determine, in its sole judgment, that a candidate who has received a Certificate was in some respect not properly qualified to receive it.

AMERICAN BOARD OF THORACIC SURGERY

- PAUL C. ADKINS, Chairman, Washington, D.C.
- THOMAS B. FERGUSON, Vice-Chairman, St. Louis, Missouri
- HERBERT SLOAN, Secretary-Treasurer, Ann Arbor, Michigan
- JAY L. ANKENY, Cleveland, Ohio
- W. STERLING EDWARDS, Albuquerque, New Mexico
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- WILL C. SEALY, Durham, North Carolina
- FRANK C. SPENCER, New York City
- ALBERT STARR, Portland, Oregon
- HAROLD C. URSCHEL, JR., Dallas, Texas
- WATTS R. WEBB, New Orleans
- MISS LOUISE SPER, Executive Assistant, 14624 East Seven Mile Road, Detroit, Michigan 48205

REQUIREMENTS FOR CERTIFICATION

1. Certification by the American Board of Surgery.
2. Adequate training in thoracic and cardiovascular surgery (as defined below).
3. Satisfactory performance on the American Board of Thoracic Surgery examination.

DEFINITION OF ADEQUATE TRAINING

Every candidate for certification must complete 24 months of identifiable training in thoracic and cardiovascular surgery. This must include 12 months of senior responsibility which should be continuous. The Director of the Thoracic Training Program is required to sign the application form stating that the candidate has satisfactorily completed 24 months of training in thoracic surgery, of which the last 12 months were of senior responsibility.

Candidates who have satisfactorily completed two years of training in thoracic surgery and are recommended by their program director are eligible for examination subject to the following conditions:

1. Candidates in non-approved programs who began training before July 1, 1976, may be accepted for examination after review of their experience by the Credentials Committee. They must meet the same criteria as candidates from approved programs.

2. Candidates for certification who began their training in thoracic and cardiovascular surgery on or after July 1, 1976, will be accepted for examination only if they have completed two years of training in a program approved by the Residency Review Committee for Thoracic Surgery or in a program ap-

proved for full training by the Royal College of Surgeons of Canada.

3. The applications of candidates who started their training on or after January 1, 1972, and whose independent operative experience falls below the thirtieth percentile of the entire candidate group will be referred to the Credentials Committee for review.

4. The applications of candidates who started their training on or after July 1, 1974, and whose independent operative experience is concentrated in one area, or is inadequate in an area, will be referred to the Credentials Committee of the Board for review.

The Credentials Committee has been authorized by the Board to reject candidates from approved programs if their training is considered to be inadequate. The candidate, the program director, and the Residency Review Committee for Thoracic Surgery will be notified if such actions are taken by the Credentials Committee.

As a guideline for the operative experience as the responsible surgeon the Credentials Committee considers adequate, the following paragraph is offered. It is quoted from the "Guide for Residency Programs in Thoracic Surgery" published by the Residency Review Committee for Thoracic Surgery as an aid to directors of thoracic surgery training programs. It is emphasized that the actual numbers of operations in each category should not be taken too literally, but merely used as a guide in acquiring what is considered acceptable training.

"An overall major operative experience of at least 100 cases is considered to be desirable. Among these one hundred cases a certain minimal distribution in key areas is necessary to insure a reasonably balanced experience. At least 15-20 of the cases should involve the lungs and pleura. Thirty to forty cases should involve the heart, primarily utilizing cardiopulmonary bypass, and surgery of the great vessels. Five to 10 major operations on the esophagus and diaphragm are recommended. In addition to major operative experience, the trainees should have implanted approximately 10 cardiac pacemakers and performed at least 15 endoscopic procedures."

Even though emphasis on one or another facet of thoracic surgery (pulmonary, cardiovascular, esophageal, thoracic trauma etc.) may have characterized the candidate's training experience, a candidate is nevertheless held accountable for knowledge concerning all phases of the field.

The Board does not accept training by preceptorship.

DEFINITION OF RESPONSIBLE SURGEON

Responsible surgeon operative experience is defined as activity in the course of which the resident functions as the operating surgeon, or performs the critical technical portion of an operation while serving as first assistant. In both situations the resident must take the principal, although not necessarily independent, role during the pre-operative evaluation and post-operative care of the patient.

CREDIT FOR FOREIGN GRADUATE TRAINING

After individual evaluation, the Credentials Committee of the Board may grant credit for training in thoracic surgery outside of the United States. This will not apply to candidates who began their training on or after July 1, 1976.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the Board. They should then submit a letter to the office of the secretary of the Board, outlining briefly their training and experience in thoracic surgery.

An application blank will be sent to those candidates who have completed residency training programs which have been approved by the Residency Review Committee for Thoracic Surgery. Candidates who have completed their training in other than approved programs will be sent an Evaluation

Form, which, when completed and returned, will be considered by the Credentials Committee of the Board. If the candidate's training is acceptable, an application blank will be sent.

Candidates are notified of their eligibility for examination when their applications have been approved. Candidates who do not exercise the examination privilege within three years of the date they are declared eligible will be required to file a new application, have their eligibility for examination reviewed by the Credentials Committee, and pay a new examination fee.

Candidates who apply for examination more than five years after the satisfactory completion of their residency must have an additional year of training in an approved program before they will be eligible to apply for examination. This ruling applies to candidates finishing their training in thoracic and cardiovascular surgery after January 1, 1975.

EXAMINATIONS

It is the policy of the American Board of Thoracic Surgery to examine candidates only upon completion of their thoracic surgery residency.

The examination consists of an objective multiple choice written examination designed primarily to assess cognitive skills, and an oral and interpretive skills examination designed to assess clinical competence. Candidates unfamiliar with objective, multiple choice, machine-scorable type of examinations might find helpful the book "Measuring Medical Education: The Tests and Test Procedures of the National Board of Medical Examiners" by J. P. Hubbard, Lea & Febiger, Philadelphia, 1971.

Only one examination will be given each year. Information regarding the date and place of examinations is published in the Examination and Licensure column of the Journal of the American Medical Association, the Journal of Thoracic and Cardiovascular Surgery, and the Annals of Thoracic Surgery.

RE-EXAMINATIONS

Candidates who fail the examination are eligible to repeat the examination the following year.

Candidates for certification who fail the examination three times must provide evidence that they have satisfactorily completed an additional year of training in an approved program before they will be considered for examination a fourth time.

Candidates who are eligible for re-examination and who do not exercise the re-examination privilege within three years of the date they failed will be required to file a new application blank, have their eligibility for examination reviewed by the Credentials Committee, and pay a new examination fee.

FEES

Registration fee\$ 50.

This fee must be submitted with the application.

It is not refundable.

Examination Fee\$400

This fee is due and payable when the candidate is notified that he has been approved for examination.

Re-examination fee\$400.

This fee is due and payable when the candidate is notified that he has been approved for re-examination.

The Board is a non-profit corporation, and the fees from candidates are used solely for defraying actual expenses incurred in office administration and the conduct of examinations. The members of the Board serve without compensation.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examination, a certificate attesting to his qualifications in thoracic surgery will be issued by the Board.

RECERTIFICATION

Applicants who are certified in thoracic surgery after December 31, 1975, will be issued certificates valid for ten years from the date of certification, after which the certificates will no longer be valid. Certificates can be renewed prior to expiration by fulfilling the requirements for recertification specified by the American Board of Thoracic Surgery at that time.

Certificates issued before December 31, 1975, do not have a time limit.

REVOCATION OF CERTIFICATE

No certificate shall be issued and any certificate may be revoked by the Board if it shall determine that:

(a) the candidate for certification did not possess the required qualifications and requirements for examination whether or not such deficiency was known to the Board or any Committee thereof prior to examination or at the time of the issuance of the certificate as the case may be,

(b) the candidate for certification or certified physician made a material misstatement or withheld information in his application or any other representation to the Board or any Committee thereof, whether intentional or unintentional.

(c) the candidate for certification or certified physician was convicted by a court of competent jurisdiction of any felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine, or

(d) the candidate for certification or certified physician had his license to practice medicine revoked or was disciplined or censured by any court or other body having proper jurisdiction and authority because of any act or omission arising from the practice of medicine.

AMERICAN BOARD OF UROLOGY

- RALPH A. STRAFFON, President, Cleveland, Ohio
- WILLIAM J. STAUBITZ, Vice President, Buffalo, New York
- C. EUGENE CARLTON, JR., Chairman, Examination Committee, Houston, Texas
- JAMES H. McDONALD, Phoenix, Arizona
- LOWELL R. KING, Chicago
- CLARENCE V. HODGES, Portland, Oregon
- J. TATE MASON, Seattle, Washington
- JAMES F. GLENN, Durham, North Carolina
- RUSSELL SCOTT, JR., Aspen, Colorado
- WILLARD E. GOODWIN, Los Angeles
- WILLIAM L. VALK, Secretary-Treasurer, Office of the Board, 4121 W. 83rd Street, Suite 124, Prairie Village, Kansas 66208

REQUIREMENTS FOR ALL APPLICANTS

A. APPLICATION FOR CERTIFICATION MUST BE MADE ON A SPECIAL FORM provided by the Secretary. This shall be returned to him accompanied by other required data and credentials and by \$250.00 of the examination fee.

B. The applicant must have graduated from a medical school of the United States or Canada recognized by The Council on Medical Education of The American Medical Association.

Requirements of graduates of foreign medical schools shall conform to and be similar to the requirements as demanded of the applicants for the accepted medical schools in the United States and Canada. Such applications will be considered by the full Board on individual merits.

Graduates of foreign medical schools are required to acquire the standard certificate issued by the Educational Council for Foreign Medical Graduates or to be licensed by examination to practice in this country.

C. The applicant must establish in a manner satisfactory to this Board that he is a physician duly licensed by law to practice medicine and that he is of high ethical and professional standing.

D. The applicant must establish that he has received special training as follows:

1. Two years of post-M.D. training on an approved service, which must furnish adequate education in surgery.
2. An approved graduated three-year residency in Urology, leading to competence in all its phases; the last year as senior resident.
3. Any formally integrated urologic service may permit variation in the two-year preliminary training provided it is completed prior to the senior year. It may include varying periods in basic science related to Urology, research related to Urology, General Surgery, Internal Medicine, Pediatrics, or Clinical Urology, at the discretion of the director of the program. This is designed to permit the director to flexibly arrange and round out his program which must include, as stated above, three years of Clinical Urology.

E. Applicant must have an additional period of not less than 18 months in the practice of Urology in the city of his office or in Military service of the United States.

F. The applicant must assure the Board that he is engaged in the full-time practice of Urology.

G. A new application will be required if an applicant fails to take an examination within five years from the time his original application is received.

FEES

The examination fee is \$500.00. Two hundred fifty dollars should accompany the application; the remainder will be payable when the candidate is notified he may take Part II of the examination. In the case of senior residents, one hundred fifty dollars should accompany the application with the remainder payable when the candidate is notified he may take Part II of the examination. No fees are returnable.

Applications for certification shall be examined by the Credentials Committee and reviewed by the Board. When additional data are required to complete the application, these will be requested by the Secretary.

If a candidate fails one or more parts, he will be permitted to repeat the examination after one year or within three years. A fee of \$100.00 will be charged for each re-examination.

Applications will be placed in suspense if two consecutive examination appointments are cancelled by the applicant; a reinstatement fee of \$100.00 will be required to return the candidate to active status.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include:

A. EVIDENCE OF HOSPITAL PRACTICE

1. The candidate must bring to the Board, at the time of reporting for oral examination, a list of all major and minor hospital cases, during the eighteen months immediately preceding January 1 just prior to taking the oral examination. These lists must be prepared in accordance with the form provided by the American Board of Urology and must be verified by the hospital administrators of all hospitals where procedures were performed.
2. Photostatic copies of one or more of the full hospital records of any of the above may likely be requested. The candidate is expected to furnish this within one month of the request.

B. EXAMINATIONS

1. Part I--Written

This examination will be given in May of each year, simultaneously at various locations convenient for applicants.

Anyone who has completed his residency or senior residents in training whose applications have been approved may take this part of the examination.

The written examination is designed to demonstrate the candidate's knowledge of the entire field of urology and allied subjects.

2. Part II

This examination will be given each year in February and all who have passed Part I, have a minimum of eighteen months in practice and who have been approved as candidates will be eligible to take Part II. It will consist of Pathology, Radiology and Oral examinations. The oral examination will consist of a discussion of urological problems. Subjects forming the basis of this examination include all phases of urography and clinical urology (men, women and children) encompassing metabolic, physiologic, biochemical and bacteriologic aspects of clinical urology. It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for the practice of urology.

- C. The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners before taking Part II of the examination but shall not be a prerequisite to taking Part I.

FINAL ACTION OF THE BOARD

Final action concerning each applicant is made by the entire Board and is based on the applicant's training, his professional record, his attainments in the field of Urology, and the results of the examinations. This Board is organized not to prevent qualified urologists from obtaining certificates but to assist them in becoming recognized in their communities as men competent to practice in the special field of Urology.

THE ACTIVITIES DESCRIBED IN THE FOREGOING PROCEED FROM THE CERTIFICATE OF INCORPORATION IN WHICH IS STATED THE NATURE OF THE BUSINESS, OBJECTS, AND PURPOSES PROPOSED TO BE TRANSACTED AND CARRIED OUT BY THIS CORPORATION.

REVOCATION OF CERTIFICATE

Certificates issued by this Board are subject to the provisions of the Articles of Incorporation and the By-laws. According to Article IX, Section 4, of the By-laws: Each

Certificate shall be subject to revocation in the event that:

A. The issuance of such certificate or its receipt by the physician so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this, The American Board of Urology, Inc., or of the By-laws; or

B. The physician or party certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting him so ineligible were known to, or could have been ascertained by, the directors of the Board at the time of the issuance of such certificate; or

C. The physician or party so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Board or its representatives; or

D. The physician so certified at any time while continuing to practice, shall cease to practice Urology; or

E. The physician so certified shall at any time have neglected to maintain the degree of competency in the practice of the specialty of Urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or,

F. The physician so certified has been found to be guilty of unethical practices or immoral conduct or of conduct leading to revocation of his license.

The Board of Trustees of this Corporation shall have the sole power, jurisdiction and right to determine and decide whether or not the evidence or information before it is sufficient to constitute one of the grounds for revocation of any certificate issued by this corporation. The Board of Trustees, may, however, in its discretion, require any physician so certified to appear before the Board of Trustees or before any one or more of them or before any individual or individuals designated by the Board of Trustees, upon not less than twenty (20) days written notice, and to show cause, at the time and place specified in such notice, why his certificate should not be revoked upon any one or more of the above-described grounds specified in such notice. The failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the Board of Trustees, shall constitute, *ipso facto*, cause for revocation of his certificate. The decisions of the Board of Trustees relating to all matters under this Section 4 shall be final and binding.

MEDICAL LICENSURE REQUIREMENTS*

Policies for Initial Medical Licensure for Graduates of U.S. and Canadian Medical Schools

Most graduates of U.S. medical schools are now licensed by endorsement of their National Board certificates. Those graduates who are not licensed by endorsement must pass the Federation Licensing Examination (FLEX) which all states now use as their own medical licensing examination. Policies of the state boards with respect to initial medical licensure are shown in the accompanying tables. All states except Louisiana and Texas will endorse the certificate of the National Board. Texas will accept a National Board certificate earned previous to January 1, 1977, but not after that date. Boards of medical examiners in Alaska, Guam, Iowa, Massachusetts, Nevada, Virgin Islands, Virginia, and West Virginia issue licenses to physicians holding U.S. specialty board certificates. In most states, the certificate of the National Board of Examiners for Osteopathic Physicians & Surgeons can be endorsed for licensure.

Twenty-eight states will issue a license to a citizen of Canada who holds a medical license in one of the Canadian provinces. All boards except Missouri, New Mexico, Puerto Rico, and the Virgin Islands accept graduate training in Canada as equivalent to graduate training in the U.S. These rules do not apply to graduates of medical schools outside the U.S. and Canada.

Twenty-four state boards permit foreign trained licensure candidates to take the FLEX examination before they have had graduate training in a U.S. or Canadian hospital. Candidates are not awarded a license until they complete the required U.S. training and meet other requirements of the individual boards (e.g., an ECFMG certificate, personal interview, fees, etc.).

Restricted Licenses and Educational Permits

Forty-eight boards provide for the issuance of temporary and educational permits, limited and temporary licenses, or other certificates for the practice of medicine. The terms for the issuance of such certificates vary. Limited registration may be applied:

*Adapted, with permission, from "Physician Distribution and Medical Licensure in the U.S." Center for Health Services Research and Development, AMA.

(1) to hospital training of those eligible for licensure, (2) for supervised employment in state or private hospitals, and (3) for full-time practice until the next regular session of the licensing board. These permits must generally be renewed once a year with a stipulated maximum number of renewals allowed (usually five years). States having a citizenship requirement for licensure occasionally use this procedure for licensing aliens.

Visa Qualifying Examination

Amendments to the Immigration and Nationality Act made through Public Law 94-484, the Health Professions Educational Assistance Act of 1976, establish new requirements for the admission of alien physicians to the United States, whether for permanent residency or for participation in graduate medical education training programs. The amendments require that alien graduates of foreign medical

Basic Requirements for Initial Medical Licensure for Graduates of US Medical Schools

	Written Exam	Basic Science Board	Endorsement of National Boards	Citizenship ²	Graduate Training ⁴
Alabama	X	..	X	..	X
Alaska	X	..	X	V	X
Arizona	X	..	X	..	X
Arkansas	X	X ⁸	NO	D	X ⁷
California	X	..	X	..	X
Canal Zone	X	..	X	..	X
Colorado	X	X ⁹	X	..	X ^{2,10}
Connecticut	X	..	X	D	..
Delaware	X	..	X	V	X
District of Columbia	X	..	X	..	X
Florida	X	..	X	D	X
Georgia	X	..	X	..	Xr
Guam	X	..	X	..	X
Hawaii	X	..	X	..	X
Idaho	X	..	X	D	X
Illinois	X	..	X	..	X ⁵
Indiana	X	..	X	..	X
Iowa	X	..	X	..	X
Kansas	X	..	X	..	X
Kentucky	X	..	X	..	X
Louisiana	X	..	NO	..	..
Maine	X	..	X	..	X
Maryland	X	..	X	..	..
Massachusetts	X	..	X	..	..
Michigan	X	..	X	..	X
Minnesota	X	..	X	..	X ⁷
Mississippi	X	..	X	D	..
Missouri	X	..	X	..	..
Montana	X	..	X	D	X
Nebraska	X	..	X	..	..
Nevada	X	..	X	D	X
New Hampshire	X	..	X	..	X ⁷
New Jersey	X	..	X	..	X ³
New Mexico	X	..	X	D	..
New York	X	..	X	..	..
North Carolina	X	..	X	V	..
North Dakota	X	..	X	..	X
Ohio	X	..	X	D	..
Oklahoma	X	..	X	..	X ⁶
Oregon	X	..	X	..	X
Pennsylvania	X	..	X	..	X
Puerto Rico	X	..	X	V	X
Rhode Island	X	..	X	D	X
South Carolina	X	..	X	D	X
South Dakota	X	X ⁹	X	D	X
Tennessee	X	X	X	..	..
Texas	X	X	NO	..	..
Utah	X	..	X	D	X
Vermont	X	..	X	..	X
Virgin Islands	X	..	NO	..	Xr
Virginia	X	..	X	..	..
Washington	X	..	X	..	X
West Virginia	X	..	X	..	..
Wisconsin	X	X	X	..	X
Wyoming	X	..	X	D	..

X—Implies yes, or required.

²D Indicates a declaration of intention to become a citizen of United States. No entry (..) indicates no requirement. I—Indicates immigrant visa (blue card).

³Declaration of citizenship adequate for citizens of Canada.

⁴All states indicated by X only require one year of straight or rotating internship; those indicated by Xr require rotating internship. No entry (..) indicates no requirement.

⁵Straight internship accepted if applicant furnishes proof he has finished residency training in approved hospital training program or has been accepted for such training

⁶Straight internship accepted except in pathology and psychiatry.

⁷At the discretion of the board.

⁸Part I of National Board or FLEX acceptable. Also a license in another state by examination, if licensed 3 or more years.

⁹Part I of National Board acceptable.

Status of Requirements for Medical Licensure for Physicians
Trained in Foreign Countries Other Than Canada

State	Permits Partial Retake of FLEX	ECFMG Certificate	Permits Candidate to Take FLEX with- out U.S. Training	Residency	Citizenship	Examination Fees \$
Alabama		X		X		150
Alaska	X	X		X	V	150
Arizona				X		100
Arkansas	X	X		X	D	125
California	X		X	X		70
Canal Zone		X		X		50
Colorado		X		X		75
Connecticut	X	X	X	X	V	150
Delaware	X	X		X		120
District of Columbia		X		X		100
Florida		X		X	D	50
Georgia	X	X	X	X		150
Guam		X		X		50
Hawaii		X		X		125
Idaho		X		X	D	150
Illinois				X		75
Indiana	X		X	X		85
Iowa		X	X	X		100
Kansas		X		X		100
Kentucky	X	X	X	X		125
Louisiana	X	X	X	X		100
Maine	X	X		X		125
Maryland		X		X		100
Massachusetts		X	X	X		125
Michigan	X	X		X		105
Minnesota	X	X	X	X		125
Mississippi		X			D	105
Missouri		X		X		50
Montana	X	X	X	X	D	80
Nebraska	X	X				100
Nevada	X		X	X	D	200
New Hampshire	X	X		X		150
New Jersey	X			X		100
New Mexico		X	X		D	100
New York	X	X		X		140
North Carolina		X	X		V	100
North Dakota	X	X	X	X		100
Ohio	X	X	X	X	D	125
Oklahoma	X	X	X	X		100
Oregon	X	X	X	X		100
Pennsylvania	X	X		X		100
Puerto Rico	X		X		V	30
Rhode Island	X	X		X	D	150
South Carolina	X	X		X	D	175
South Dakota	X	X	X	X	D	100
Tennessee	X	X		X		125
Texas	X	X	X			125
Utah		X		X	D	150
Vermont		X		X		105
Virgin Islands		X		X		105
Virginia	X	X		X		150
Washington	X	X	X	X		100
West Virginia		X	X			100
Wisconsin		X	X	X		100
Wyoming	X	X	X	X	D	100

X—implies yes.

—implies no or none required.

D—declaration of intention to become a citizen of the United States.

V—immigrant visa.

ARIZONA. Two years of approved internship or residency in US hospitals required.

CALIFORNIA. Noncitizens—1-year internship in an approved hospital in California after passing written examination, or specialty board certification based entirely on US or Canadian training. With Declaration of Intention—five years engaged in the practice of medicine in US hospitals approved for postgraduate training, or board certification as above. US citizens—1 year of internship in an approved hospital in the US. Written (FLEX) and oral and clinical examination required of all FMGs. US citizens with diplomas from Mexican medical schools must complete an approved "special supervised clinical internship" program and pass written examination.

COLORADO. Credentials may be submitted in original form and accompanied by translation. Three years of graduate training.

DISTRICT OF COLUMBIA. Considered on individual basis.

FLORIDA. Three years of AMA approved training or 5 years practice in another state or country. ECFMG certificate waived if physician has US specialty board certificate and has 4 years of meritorious practice in another state in 5 years preceding application or prior to his establishment of residence in Florida.

GUAM. Legal residence for 1 year required.

IDAHO. Considered on an individual basis.

ILLINOIS. Considers application on an individual basis for graduates of schools not on approved list.

INDIANA. Two years postgraduate training in approved hospital in US required.

IOWA. The medical examiners may accept in lieu of a diploma from a school of medicine approved by this board all of the following: (a) a diploma issued by a medical college which college has been neither approved nor disapproved by the medical examiners, and (b) completion of 2 years of training as a resident physician which training has been approved by or is acceptable to the medical examiners, and (c) recommendations of the ECFMG.

KANSAS. Medical School transcripts and certificate that the college is recognized by authorities of such foreign country as qualifying its graduates for practice therein; diploma from such college; certificate of licensure in the country where graduated; all documents to be translated into English and certified by the consul.

LOUISIANA. Must have had 3 years graduate training, in US or Canadian hospitals.

MAIN. Fifth Pathway students considered on same basis as FMGs with ECFMG certificate.

MISSISSIPPI. Endorsement of FLEX examination.

MONTANA. Considered on an individual basis.

NEW HAMPSHIRE. Proof of a commitment to practice in the state of New Hampshire.

NEW JERSEY. Candidates required to have not less than 2 years training in a hospital approved by the board. Add \$150 for issuance of license.

NEW MEXICO. A graduate of a foreign medical school may be granted a license by endorsement at the discretion of the New Mexico Board of Medical Examiners in the same manner as if the applicant had graduated from a medical college located in the United States or its possessions.

NEVADA. Three years postgraduate work satisfactory to the board.

NEW YORK. ECFMG or equivalent plus 1 or 2 years approved hospital training required, with rare exceptions in special cases.

NORTH CAROLINA. Same as US graduates, plus ECFMG Certification.

NORTH DAKOTA. Considered on an individual basis.

OHIO. Must serve at least 2 years as intern or resident in approved hospital in this country.

OREGON. Must show evidence of internship and/or residency of not less than 2 years in not more than two hospitals approved for such training. Less than an unqualified recommendation from the heads of these training programs shall preclude further consideration.

PENNSYLVANIA. Graduates of foreign medical schools are considered on an individual basis.

RHODE ISLAND. Two years of graduate training in an approved hospital in US or Canada are required.

TENNESSEE. Each applicant considered on an individual basis following one year of training; must have resided in US for 2 years and must appear before board.

TEXAS. All foreign-trained physicians must appear for personal interview and present original documents. Applicants with questionable credentials must appear before entire board. Specialty board certificate may be substituted for ECFMG certificate.

VIRGIN ISLANDS. Residence of 6 months required.

VIRGINIA. One year of accredited hospital training in approved hospital in the US or Canada.

WEST VIRGINIA. Original medical school diploma and official translation. Original ECFMG certificate.

WYOMING. Oral examination required. Considered on individual basis.

schools pass Parts I and II of the National Board of Medical Examiners examination, or an examination determined by the Secretary of Health, Education, and Welfare, to be the equivalent. The amendments also require that alien medical graduates demonstrate competence in oral and written English.

The Secretary of Health, Education, and Welfare has determined that the Visa Qualifying Examination (VQE), which is prepared by the National Board of Medical Examiners and administered by the Educational Commission for Foreign Medical Graduates, is the equivalent of Parts I and II of the National Board of Medical Examiners examination for purposes of the amendments to the Immigration and Nationality Act. This examination, which lasts for two days and is composed of equal proportions of clinical science and basic science questions in a multiple choice format, is given once a year at a limited number of examination centers abroad and in the United States. Applications for the examination and questions about it and about demonstrating English language competence should be addressed to the Educational Commission for Foreign Medical Graduates, 3624 Market Street, Philadelphia, Pennsylvania 19104, U.S.A.

Continuing Need for ECFMG Certification

The new amendments to the Immigration and Nationality Act are not applicable to graduates of foreign medical schools who are citizens of the United States, are already lawful permanent residents of the United States, or who seek such residence as the parents, spouses, children, brothers, or sisters of United States citizens, or as the spouses or unmarried children of lawful permanent residency aliens of the United States. Questions concerning whether an alien medical graduate is required to take the VQE should be addressed to American Embassies and Consulates General abroad.

Boards of Examiners in the Basic Sciences

Four states have basic science requirements as a prerequisite for licensure. Connecticut, Delaware, South Dakota, and Texas still list their basic science requirements for all medical school graduates.

The law in most of these states applies to any person practicing the healing arts or any branch thereof, whereas the law in a few states indi-

cates that it specifically applies to those persons planning to engage in the practice of medicine, osteopathy, and chiropractic; still others include the practice of naturopathy, chiropody, and dentistry.

A basic science law provides for the establishment of a board of medical examiners and requires that each person to whom the law applies appear before the board of examiners in the basic sciences and demonstrate his knowledge of the basic sciences.

Policies by Licensing Boards in the United States for Citizens of Canada

	Graduates of Approved Canadian Medical Schools Considered for Licensure by Examination on Same Basis as Graduates of Approved Medical Schools in US	Graduates of Approved Canadian Medical Schools Certified by Medical Council of Canada Acceptable for Licensure or Reciprocity or Endorsement	Canadian Internship Accepted as Equivalent to Internship Served in a Hospital in US	Citizenship
Alabama	X	X	X	..
Alaska	X	X	X	I
Arizona	X	X	X	..
Arkansas	X	..	X	D
California	X	..	X	..
Colorado	X	..	X	..
Connecticut	X	X	X	..
Delaware	X	X	X	D
District of Columbia	X	..	X	..
Florida	X	..	X	D
Georgia	X	..	X	..
Guam	X	X	..	..
Hawaii	X	..	X	..
Idaho	X	..	X	D
Illinois	X	..	X	..
Indiana	X	X	X	D
Iowa	X	X	X	..
Kansas	X	X	X	..
Kentucky	X	X	X	..
Louisiana	X	..	X	..
Maine	X	X	X	..
Maryland	X	..	X	..
Massachusetts	X	X	X	..
Michigan	X	..	X	..
Minnesota	X	X	X	..
Mississippi	X	X	X	..
Missouri	X	..	..	..
Montana	X	X	X	D
Nebraska	X	..	X	..
Nevada	X	X	X	..
New Hampshire	X	X	X	..
New Jersey	X	..	X	..
New Mexico	X	X	..	D
New York	X	1	X	..
North Carolina	X	..	X	..
North Dakota	X	X	X	I
Ohio	X	..	X	..
Oklahoma	X	..	X	..
Oregon	X	X	X	..
Pennsylvania	X	..	X	..
Puerto Rico	X	..	..	I
Rhode Island	X	..	X	D
South Carolina	X	..	X	D
South Dakota	X	X	X	D
Tennessee	X	X	..	..
Texas	X	1	..	..
Utah	X	X	X	D
Vermont	X	X	X	..
Virgin Islands	X	..	..	..
Virginia	X	X	X	..
Washington	X	..	X	..
West Virginia	X	..	X	..
Wisconsin	X	..	X	..
Wyoming	X	..	X	D

X—Implies yes. D—Declaration of intention to become a citizen of the United States.

I—Immigrant visa required.

1—Partial—since 1956, must pass Basic Science Group in New York State Examination. Recognized specialty board certificate may be accepted in lieu of required subjects.

2—Must be endorsed by provincial licensing board.

3—By vote of Board.

**Temporary and Educational Permits, Limited and Temporary Licenses,
or Other Certificates Issued by State Licensing Boards**

Alabama	Limited license for teaching staff of an approved University. For work in state penal and mental institutions only.
Alaska	Temporary permits issued for specified period or until next examination while processing permanent licensure. Locum tenens for 120 days to a licensed MD.
Arizona	Arizona offers Limited Licensure for five years in geographic areas of need and for such services will accept a FLEX weighted average of 70% or more, will forgive ECFMG, will forgive 2nd year of graduate education. To obtain regular licensure, a FLEX weighted average of 75% or more.
Arkansas	Temporary permits issued for limited time in cases of emergency and to prevent hardship. Valid until next board meeting.
Connecticut	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs, MD does not have an immigrant visa. He must have standard ECFMG certification.
Delaware	Temporary emergency license to noncitizens and cross-the-border physicians granted for 12 months, subject to renewal, for emergency shortage and for locum tenens practice up to 4 months provided physician is licensed in another state.
Florida	One year non-renewable certificate for full-time medical school faculty member limited to teaching hospital. Temporary license for M.D.'s licensed in another state for 10 years or more for practice in area of critical need with a population less than 7500.
Georgia	Temporary permit until board meets. Institutional permit, good only in state institution, renewable each year.
Hawaii	For interns and residents. Also, for physicians to work for state or county agency or conditions of shortage or emergency or under supervision of licensed MD.
Idaho	Temporary license until next board meeting.
Illinois	Temporary certificate issued for residency training. Issued for a period of 1 year, may be extended. Permits issued for service in state hospitals to physicians eligible for licensure. Also temporary license for eligible candidates.
Indiana	Temporary license pending next examination for graduates of approved medical schools. Temporary Education Permit issued foreign medical graduates for graduate education training, must have standard or temporary ECFMG certification. Temporary medical permit granted to interns and residents until they can obtain a regular license.
Iowa	Resident/physician license for training in approved hospital under supervision of licensed physician. Temporary license for 1 year issued at discretion of board. May be renewed for 2 additional years.
Kansas	Temporary permit until next board meeting. Fellowships to work in state institutions. Resident certificates for residents.
Louisiana	Temporary permit for qualified candidates between regular semi-annual meetings of the board. Foreign graduates granted temporary permits for approved residency training, employment in state institutions, and for teaching/research assignments.
Maine	Temporary camp license for season. Hospital resident license for 1 year in specific hospital.
Massachusetts	Limited registration covering appointment as intern, resident, or fellow in specific hospital, as an assistant in medicine while a student in medical school, as faculty member licensed in another state, or board certified specialist.
Michigan	Temporary annual license for postgraduate training renewable each year, not to exceed 5 years.
Minnesota	A certificate of Graduate Training for qualified foreign graduates. Temporary license valid until next board meeting.
Mississippi	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
Missouri	Temporary license issued to interns, residents, fellows only.
Montana	Temporary license is granted to physicians to practice in specified location in the interim between license meetings or pending citizenship. Must appear at next board meeting to have temporary license renewed.
Nebraska	Temporary educational permits for residents and medical school faculties.
Nevada	Temporary permit for 1 year for residency training provided candidate is eligible for permanent licensure. Locum tenens license six months to qualified candidates. Special License to physicians of adjoining and other states for specific purposes
New Hampshire	Temporary license not to exceed 5 years issued to FMG's who meet all qualifications except full citizenship.
New Jersey	Temporary license for 4 months to physicians eligible for full licensure when requested by licensed physician who will be out of state. Permit to work in county or state hospital.
New Mexico	Institutional permit issued for practice in state hospitals only. Interns and residents must register with the board of medical examiners. Temporary licenses issued until next board meeting.
New York	Temporary certificate for 2 years of residency training required for graduates of US and Canadian schools, except in public hospitals. ECFMG required of all foreign graduates.
North Carolina	Limited license issued for duration of residency to physicians not eligible for licensure by endorsement. Limited permits for employment in State Mental Hospitals.
North Dakota	Temporary permit for US and Canadian graduates between board meetings, and for locum tenens. Limited license for physicians employed in state hospitals.
Ohio	Temporary permits for approved internship and residency training. Limited permits for employment in state hospitals.
Oklahoma	Temporary license for 1 year for residency training in approved hospital, may be renewed for duration of training.
Oregon	Limited license, good only in state institutions, may be extended; limited license, public health, residency training or fellowship may be renewed annually.
Pennsylvania	Postgraduate certificate issued for residency training in approved hospital and for the length of time required for certification by a specialty board. Foreign postgraduate registration for physician in United States on educational visa.
Rhode Island	Temporary permit for 1 year for interns, residents, and house officers in hospitals.
South Carolina	Limited certificate for intern and residency training on a yearly basis. Temporary licenses are issued to eligible endorsement applicants beginning practice prior to board meeting. Limited certificate for foreign graduates and others having at least one year graduate training.
South Dakota	Temporary permit to graduates of unapproved medical schools for practice in state institutions provided applicant passes special examination. Sixty-day locum tenens permit.
Texas	Temporary license issued to next board meeting date, after completed application for permanent license has been filed, processed, and found in order, institutional permits issued to interns and residents. Foreign graduates must be ECFMG certified or have certificate from a specialty board.
Utah	Temporary license for 6 months, issued: (1) due to local or national emergency; (2) lack of adequate medical care in a community, and (3) when circumstances surrounding an application indicates that an applicant should first be observed in the regular and continuing clinical practice of medicine before a regular license is issued.
Vermont	Limited license to interns, residents, fellows, or house officers working under supervision of licensed physician.
Virginia	Temporary permit may be issued until next board meeting for reciprocity applicants.
Virgin Islands	Temporary certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
Washington	Conditional certificate or license for employment by the Department of Institutions if licensed in another state, for graduates of approved schools.
West Virginia	Temporary license issued until next board meeting to reciprocity applicants. Also issued to US graduates and holders of ECFMG certificate serving as interns and residents.
Wisconsin	Temporary educational certificates issued to graduates of foreign medical schools for residency training. May be renewed annually for not more than 5 years. Temporary licenses to practice medicine and surgery until next board meeting at which qualified physicians are eligible for license by reciprocity. Temporary license to foreign graduate physicians after passing FLEX for 2-year periods, renewable twice and after 6 years if applicant has remained in Wisconsin practicing medicine, permanent license will be issued. Resident license for graduates of approved medical schools for residency training. May be renewed for not more than 5 years. Camp physician's license issued to physicians who wish to do locum tenens or work in a camp up to 90 days.
Wyoming	Temporary permit until next board meeting upon submission of complete credentials. Citizenship requirement may be waived and temporary license granted on an annual basis at the decision of the board provided the applicant successfully completes ECFMG examination or board's written examination; citizenship must be obtained within 8 years.

Corresponding Officers of Boards of Medical Examiners in the United States and its Possessions

- Alabama:** Robert Parker, MD, Secretary, Board of Medical Examiners, P.O. Box 946, Montgomery 36102.
- Alaska:** Loretta Prescott, Licensing Examiner, Department of Commerce, Division of Occupational Licensing, Pouch "D", Juneau 99801.
- Arizona:** Mr. Paul R. Boykin, Executive Director, Board of Medical Examiners, 810 West Bethany Home Road, Phoenix 85013.
- Arkansas:** Dr. Joe Verser, Secretary, Board of Medical Examiners, P.O. Box 102, Harrisburg 72432.
- California:** Mr. Raymond Reid, Executive Secretary, California Board of Medical Quality Assurance, 1430 Howe Avenue, Sacramento 95825.
- Canal Zone:** Health Director, Medical Licensing Board, Box M, Balboa Heights 00101.
- Colorado:** Mrs. Loretta W. Arduser, Secretary to the Board, 128 State Services Building, 1525 Sherman Street, Denver 80203.
- Connecticut:** Stephen Harriman, Executive Director, State of Connecticut Medical Examining Board, 79 Elm Street, Hartford 06115.
- Delaware:** Ms. Mary Jane Clark, Secretary, Board of Medical Examiners, Jesse S. Cooper Bldg., Dover 19901.
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- Florida:** Dr. George S. Palmer, Board of Medical Examiners, Oakland Bldg., Suite #220, 2009 Apalachee Parkway, Tallahassee 32301.
- Georgia:** Mr. Cecil L. Clifton, Secretary, Board of Medical Examiners, 166 Pryor St., SW, Atlanta 30303.
- Guam:** Robert C. Taylor, Executive Secretary, Commission on Licensure, Guam Memorial Hospital, P.O. Box AX, Marianas Islands, Agana 96910.
- Hawaii:** Mr. Bert M. Tomasu, Executive Secretary, Dept. of Regulatory Agencies, Board of Medical Examiners, P.O. Box 541, Honolulu 96809.
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- Mississippi:** Frank Jay Morgan, MD, MPH, Assistant State Health Officer for Licensure and Certification, Mississippi State Board of Health, P.O. Box 1700, Jackson 39205.
- Missouri:** Mr. Gary Clark, Executive Secretary, Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City 65101.
- Montana:** Mrs. Dixie J. Heisey, Secretary, Board of Medical Examiners, LaLonde Bldg., Helena 59601.
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