

Directory of Approved Residencies

1974-75

THE NATIONAL INTERN MATCHING PROGRAM FOR 1975
ESSENTIALS OF AN APPROVED INTERNSHIP
ESSENTIAL OF APPROVED RESIDENCIES
REQUIREMENTS FOR CERTIFICATION BY AMERICA SPECIALTY BOARDS
ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED
STATES

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Compiled by the Staff of the Division of Medical Education, under the editorial direction of
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The information published in this DIRECTORY OF APPROVED RESIDENCIES as pp. 1-38 appears in a supplement (Medical Education in the United States) to Volume 231 (1975) of *The Journal of the American Medical Association*, and will be listed under the appropriate Journal page numbers in the Index Number of JAMA dated March 31, 1975.

Annual Report on Graduate Medical Education in the United States

This report, the 47th on Graduate Medical Education in the United States, is an analysis of the distribution and performance of approved programs for the academic year 1973-74. Data provided by hospitals are as of September 1, 1973, unless otherwise specified, with respect to number of positions offered, number of positions 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 various residency review committees through June 30, 1974. Data in the section on Special Studies were largely compiled as of December 31, 1973, through the Circulation and Records Department and the Center for Health Services Research and Development of the American Medical Association.

The Education Supplement of THE JOURNAL of the American Medical Association also contains this report together with the Special Studies and Special Reports, Announcements and Notices. Only the Directory contains the detailed lists of approved residencies, the Essentials of Approved 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 from *Medical Licensure Statistics for 1973*, published in September 1974 by the Council on Medical Education of the A.M.A.

The format of the 1974-75 Directory differs from that of previous directories because of the change which becomes effective July 1, 1975. The first year of graduate medical education will be an integral part of subsequent years as far as the planning and approval of programs are concerned. Therefore, all programs are listed under the sponsoring residency programs, rather than as internships which have been listed separately in the past.

The annual Directory is sent to the office of the deans of medical schools in the United States for use of senior medical students in applying for residency programs and in participating in the National Intern and Resident Matching Program. Matching code numbers are listed for programs participating in the matching program. The Directory is also available to medical students in the year prior to their final year of medical school to familiarize them with policies related to graduate medical education and with approved programs.

Copies of the Directory are provided for administrative use to hospitals with approved graduate educational programs. Copies are also sent to each foreign medical school listed in the World Directory of Medical Schools, published by the World Health Organization. Copies of the Directory may be purchased at a charge of \$2.00 for addresses in the United States and Canada, or \$2.50 for addresses other than the United States or Canada, payable in U. S. funds. Orders should be sent to the Order Unit, A.M.A., 535 North Dearborn Street, Chicago, Illinois, 60610.

The Educational Commission for Foreign Medical Graduates (ECFMG) furnishes tear sheets of the lists of approved residencies on request of physicians in foreign countries who are registered for its examination.

The 1974-75 Directory has been set by computer. 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 this issue of the 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 is necessary to

record data prior to January 1, 1974, and at the same time to list programs approved as of June 30, 1974.

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. Any changes in "Essentials" are listed in this section along with other information of interest in graduate medical education.

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. Approval by the AMA 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 will be sent to hospitals and to program directors in the late fall of 1974. Completed forms shall be returned in January 1975 for publication in the 1975-76 Directory. Program directors contemplating the coordination of two or more facilities should agree on a uniform listing of the program prior to January 1, 1975. If the facilities of one hospital are to be integrated with one or more hospitals, program directors should refer to the Consolidated List in the Directory to determine the overall heading currently used to designate the program of graduate medical education approved for these hospitals. In some cases it has been necessary for the Department of Graduate Medical Education to use arbitrarily abbreviated titles for some programs to facilitate computerization and to make it possible to present meaningful statistics in the Consolidated List in the Directory.

Review of Internship Programs

During the past year, straight internships and some rotating internships emphasizing a specialty have been reviewed by the residency review committee in the appropriate specialty. The Internship Review Committee has reviewed the remaining rotating internships. The Internship Review Committee, with representatives of the AMA Council on Medical Education, the American Hospital Association, the Association of American Medical Colleges, and the Federation of State Medical Boards, makes recommendations to the Council on Medical Education, which has final authority to evaluate internships not yet reviewed by residency review committees.

Table 1.—Number of Internships, 1964-1973

	Number of Hospitals	Number of Internship Positions Offered	Number of Internship Positions Filled	Percentage of Positions Filled
1964-1965	757	12,728	10,097	79
1965-1966	772	12,954	9,670	75
1966-1967	816	13,569	10,366	76
1967-1968	853	13,761	10,419	76
1968-1969	821	14,112	10,464	75
1969-1970	900	15,003	10,808	72
1970-1971	896	15,354	11,552	75
1971-1972	797	15,422	12,066	78
1972-1973	883	13,650	11,163	82
1973-1974	741	12,165	11,031	91

GRADUATE MEDICAL EDUCATION

Table 2.—Number of Internships, by Type of Service

Type of Internship	Affiliated Status	Number of Internships				Number of Interns on Duty				Total Flexible Positions Offered 1975-1976
		No. of Approved Programs	Total Positions Offered Sept. 1, 1973	Total Positions Filled Sept. 1, 1973	Positions Vacant Sept. 1, 1973	Percentage Filled	Graduates U.S., Canada Sept. 1, 1973	Foreign Graduates Sept. 1, 1973	Percentage Foreign Grads. in Filled Positions	
ROTATING— NO MAJOR EMPHASIS:	Affiliated	325	2,077	1,749	328	84	1,094	655	37	..
	Non-Affiliated	96	792	678	114	86	132	546	81	..
	Total	421	2,869	2,427	442	85	1,226	1,201	49	..
ROTATING— MAJOR EMPHASIS ON: Internal Medicine	Affiliated	215	1,038	990	48	95	714	276	28	..
	Non-Affiliated	43	219	196	23	89	53	143	73	..
	Total	258	1,257	1,186	71	94	767	419	35	..
Surgery	Affiliated	161	688	605	83	88	353	252	42	..
	Non-Affiliated	44	201	178	23	89	32	146	82	..
	Total	205	889	783	106	88	385	398	51	..
Obstetrics-Gynecology	Affiliated	109	264	235	29	89	165	70	30	..
	Non-Affiliated	23	36	33	3	92	3	30	91	..
	Total	132	300	268	32	89	168	100	37	..
Pediatrics	Affiliated	98	204	183	21	90	119	64	35	..
	Non-Affiliated	21	38	33	5	87	8	25	76	..
	Total	119	242	216	26	89	127	89	41	..
Pathology	Affiliated	42	59	35	24	59	33	2	6	..
	Non-Affiliated	7	6	4	2	67	..	4	100	..
	Total	49	65	39	26	60	33	6	15	..
Psychiatry	Affiliated	59	180	137	43	76	118	19	14	..
	Non-Affiliated	5	13	6	7	46	5	1	17	..
	Total	64	193	143	50	74	123	20	14	..
Radiology	Affiliated	57	93	61	32	66	50	11	18	..
	Non-Affiliated	5	4	3	1	75	3	..	..	..
	Total	62	97	64	33	66	53	11	17	..
Anesthesiology	Affiliated	55	127	92	35	72	63	29	32	..
	Non-Affiliated	4	6	4	2	67	1	3	75	..
	Total	59	133	96	37	72	64	32	33	..
Total Rotating (Major Emphasis)	Affiliated	796	2,653	2,338	315	88	1,615	723	31	..
	Non-Affiliated	152	523	457	66	87	105	352	77	..
	Total	948	3,176	2,795	381	88	1,720	1,075	38	..
STRAIGHT INTERNSHIPS Internal Medicine	Affiliated	299	3,708	3,618	90	98	3,127	491	14	..
	Non-Affiliated	32	194	191	3	98	110	81	42	..
	Total	331	3,902	3,809	93	98	3,237	572	15	..
Surgery	Affiliated	200	1,350	1,242	108	92	942	300	24	..
	Non-Affiliated	31	113	93	20	82	19	74	80	..
	Total	231	1,463	1,335	128	91	961	374	28	..
Pediatrics	Affiliated	81	337	314	23	93	233	81	26	..
	Non-Affiliated	8	12	12	..	100	5	7	58	..
	Total	89	349	326	23	93	238	88	27	..
Pathology	Affiliated	66	118	87	31	74	60	27	31	..
	Non-Affiliated	11	10	6	4	60	1	5	83	..
	Total	77	128	93	35	73	61	32	34	..
Obstetrics-Gynecology	Affiliated	91	246	221	25	90	155	66	30	..
	Non-Affiliated	16	32	25	7	78	8	17	68	..
	Total	107	278	246	32	88	163	83	34	..
Total Straight	Affiliated	737	5,759	5,482	277	95	4,517	965	18	..
	Non-Affiliated	98	361	327	34	91	143	184	56	..
	Total	835	6,120	5,809	311	95	4,660	1,149	20	..
Grand Totals	Affiliated	1,858	10,489	9,569	920	91	7,226	2,343	24	2,162
	Non-Affiliated	346	1,676	1,462	214	87	380	1,082	74	371
	Total	2,204	12,165	11,031	1,134	91	7,606	3,425	31	2,533

By June 30, 1975, all internships will be coordinated with residency programs as the first year of a continuum of graduate medical education. Evaluation of the first year will become the responsibility of the appropriate residency review committee in the specialty that sponsors or conducts the first year, as part of the review of the residency program. Such first-year programs are therefore designated in this Directory as "categorical," "categorical," or "flexible" as approved by the AMA House of Delegates in December 1972. Flexible first-year programs, which must include at least four months of internal medicine, must be specifically related to approved residency programs, with the directors of the residency programs assuming the responsibility for the appropriate content of the flexible first graduate year.

Straight internships in pediatrics and pathology were not offered during the past year. Some hospitals, however, offered rotating internships with special emphasis in these fields. Straight internships in surgery were generally offered as "dual appointments" so that the candidate served simultaneously as a straight intern in surgery and as a first-year surgical resident.

Number of Internships

Table 1, a record of internships offered and filled for the last ten years, shows that the number of hospitals offering internships decreased, and, for the second consecutive year, the number of internship positions offered also declined. The percentage of positions filled in 1973-74 increased, but the number of positions filled declined over 1972-73. The number of positions offered declined by 1,485 as compared with 1972-73; the number of positions filled declined by 132.

Table 2 shows that 7,606 graduates of U. S. and Canadian medical schools and 3,425 graduates of foreign medical schools were serving as interns on September 1, 1973. For September 1, 1972, comparable figures were 7,239 and 3,924. Thus, the number of U. S. and Canadian graduates increased by 367 and the number of foreign graduates decreased by 499. The increase in the number of U. S. and Canadian graduates in internship positions, together with the number appointed to first-year residency positions on graduation from medical school (see Special Studies Section), results from the increase in the number of students graduating from U. S. medical schools in 1973 as compared with previous years. U. S. medical schools have increased their enrollments substantially in the past five years (1) partly because, state and federal programs have stimulated not only increases in enrollments in existing schools but also have led to the creation of new schools of medicine, and (2) partly because the schools have responded to burgeoning increases in the number of applicants to medical school in their concern for social needs.

The year-end statistics compiled from the AMA Physicians Master File, as of December 31, 1973, showed a total of 8,480 U. S. graduates serving in internships, 68 graduates of Canadian schools, and 3,561 graduates of foreign medical schools, or a total of 12,109 persons listed as interns. From the number of U. S. graduates should be subtracted 48 who entered an internship before receiving the M.D. degree, and 128 graduates of osteopathic schools who are probably included in the tabulation of filled positions in internships, or a resulting net amount of 8,304. To these should be added 3,089 reported as having entered the first year of a residency without an internship who could be presumed to be graduates of the 1972-73 academic year. This addition would show 11,393 U. S. graduates in the first year of graduate medical education, or 1,002 more than the 10,391 in the graduating class of 1972-73.

Part of this excess of 1,002 could be the result of a lag in changing the status of graduates of the previous year from intern to resident at the end of the calendar year; another

part may be accounted for by those who may be returning to graduate medical education after a brief period outside an organized program. For the previous period, the total number in the first year of graduate training exceeded the number of U. S. graduates by only 78.

The largest numbers of students who entered residency programs immediately after graduation were listed in residencies of family practice, general surgery, or psychiatry. Under the "Special Studies" section of this report, a table provides more detailed statistics on the subject.

Types of Internships

Table 2 identifies internships by type of service, and by medical school affiliation, showing the number and percentage of positions filled by graduates of U. S. and Canadian schools, and by graduates of foreign medical schools. All types of internships decreased in number, with rotating internships with no major emphasis (rotating 0) comprising approximately 19% of all programs offered, rotating internships with an emphasis on a specialty comprising 43%, and straight internships, 38%. The number of straight internships increased, and rotating internships with special emphasis decreased as compared with 1972-73 figures. The figures for the last ten years are summarized in Table 3. The total number of positions offered in 1973-74 decreased by 25% as compared with 1972-73.

Table 3.—Types of Internship Programs Offered 1964-1973

Academic Year	Types of Programs								Totals
	Rotating—No Major Emphasis		Rotating with Emphasis on a Specialty*		Straight		Family and General Practice		
	No.	%	No.	%	No.	%	No.	%	
1964-65	658	50	189	14	467	35	14	1	1,328
1965-66	641	45	251	17	531	37	17	1	1,440
1966-67	568	24	1,211	51	582	24	17	5	2,378
1967-68	563	20	1,502	54	687	25	16	..	2,768
1968-69	581	21	1,504	54	703	25	..	..	2,788
1969-70	504	17	1,675	57	714	25	29	1	2,922
1970-71	523	17	1,665	53	963	30	..	..	3,151
1971-72	499	15	1,737	53	1,018	31	..	..	3,254
1972-73	459	15	1,562	54	892	31	..	..	2,912
1973-74	421	19	948	43	835	38	..	..	2,204

*Listed in tables previous to 1966-67 as "mixed" internships.

The proportion of positions filled increased as compared with 1972-73, with 85% of rotating programs with no major emphasis filled, 88% of the rotating programs with major emphasis filled, and 95% of straight internships filled. The increase was produced by a combination of the decrease in the number of positions offered and an increase in the number of graduates of U. S. medical schools. As in previous years the straight internships were filled primarily with U. S. and Canadian graduates. Only 20% of the straight internships were filled by foreign graduates. Rotating internships with major emphasis on a specialty had 62% of the positions filled by U. S. and Canadian graduates, and 38% filled by foreign graduates. The rotating 0 internships were filled equally by U. S. and Canadian graduates and by foreign medical graduates.

For 1973-74 the average number of internship positions available in the 741 participating hospitals was 16 as compared with 15 the previous year, and the average number of interns on duty was 14 as compared with 12 in 1972-73. Part of the difference in the last two years as compared with previous years is related to the increasing appointment, immediately following graduation from medical school, of candidates as residents, instead of interns, in pediatrics, pathology, and in some surgical programs.

In previous years statistics were included on pilot programs in family practice and general practice, as indicated in Table 3. These programs are no longer offered. Currently approved programs in family practice are given in the information on residency programs.

Two-Year Internships

At the present time very few institutions offer two-year internships, although hospitals offering approved internships were advised by the Council on Medical Education some years ago, in accordance with the wishes of the AMA House of Delegates, that they may offer two-year programs. With the integration of the first year of graduate medical education with subsequent years of residencies, two-year internships will not be offered as they will no longer be needed.

Internships by Type of Hospital Control

Table 4 uses the term "combined hospitals" to indicate institutions that offer integrated programs using the resources of two or more hospitals that would fall into more than one of the categories of control of the types of hospitals offering internships. The number of such combinations varies from year to year and may be related to the methods of recording and analyzing data rather than an actual trend in organizational patterns. The number of integrated internship programs is not reflected in the number of "combined hospitals." For example, two or more hospitals in a church-related group offering an integrated program would be listed under church-related programs. On the other hand, a county hospital and a Veterans Administration hospital offering an integrated program would be listed as "combined hospitals."

Of the total of 741 hospitals, 12% were in the combined group, 8% were federal hospitals, 18% were hospitals in the non-federal governmental group, and 61% in the non-govern-

mental, not-for-profit group. "Combined" hospitals offered 18% of the total positions, recruited 18% of the available interns, and 23% of the available U. S. and Canadian graduates. Foreign graduates filled 14% of the positions in "combined" hospital programs.

Federal programs continue to obtain a proportional share of interns with the exception of the U. S. Public Health Service. The fate of U.S.P.H.S. hospitals continues to be uncertain and probably accounts for difficulties in recruitment. The federal hospitals offered approximately 5% of all internship positions and recruited approximately 5% of all interns. They obtained 6% of the available U. S. and Canadian graduates. A number of federal hospitals are probably included in the "combined" hospital group, in addition to those listed as federal hospitals.

Governmental, non-federal institutions offered 23% of all internship positions, obtained 23% of the available candidates, and filled their positions with approximately 27% of the available U. S. and Canadian graduates. The non-governmental non-profit hospitals, which offered 55% of all positions, recruited 53% of the available candidates, but only 43% of the available U. S. and Canadian graduates. Of 3,425 graduates of foreign medical schools on duty September 1, 1973, 75% were in internships in non-governmental non-profit hospitals.

The coordination of the first graduate year (internship) with residency programs makes comparison of first-year positions offered in 1975-76 not relevant to internship positions offered in 1974-75. However, the total number of internship and residency positions projected in early 1973 to be offered in 1974-75 was 68,079. The total residency positions, including 2,533 "flexible" first-year positions, projected in early 1974 to be offered in 1975-76 is 65,357, a decline of 2,722 total positions as compared with 1974-75 or a decrease of 7% in projected positions. If one compares the

Table 4.—Number of Internships, by Type of Hospital Control

Control	Number of Internships						Number of Interns on Duty			Total Flexible Positions Offered 1975-1976
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1973	Total Positions Filled Sept. 1, 1973	Positions Vacant Sept. 1, 1973	Percentage Filled	Grads., U.S., Canada Sept. 1, 1973	Foreign Graduates Sept. 1, 1973	Percentage For. Grads. in Filled Positions	
Combined Hospitals	90	251	2,141	2,047	94	96	1,770	277	14	306
Totals	90	251	2,141	2,047	94	96	1,770	277	14	306
Federal										
U.S. Air Force	3	7	42	42	..	100	42	..	..	4
U.S. Army	7	41	182	177	5	97	177	..	..	86
U.S. Navy	5	54	135	121	14	90	119	2	2	62
U.S. Public Health Service	4	14	86	65	21	76	50	15	23	51
Veterans Administration	40	9	83	79	4	95	53	26	33	..
Other Federal	2	14	30	18	12	60	13	5	28	12
Totals	61	139	558	502	56	90	454	48	10	215
Governmental Non-Federal										
State	49	147	960	877	83	91	831	46	5	249
County	33	112	889	847	42	95	705	142	17	258
City	32	84	597	550	47	92	269	281	51	87
City-County	11	28	180	167	13	93	153	14	8	43
Hospital District	10	39	170	149	21	88	124	25	17	55
Totals	135	410	2,796	2,590	206	93	2,082	508	20	692
Non-Governmental Non-Profit										
Church Related	119	376	1,637	1,356	281	83	727	629	46	427
Non-Profit Corporation	334	1,026	5,008	4,516	492	90	2,573	1,943	43	893
Totals	453	1,402	6,645	5,872	773	88	3,300	2,572	44	1,320
Proprietary										
Individual	..	..	..	..	..	..	..	..	..	..
Partnership	..	..	..	..	..	..	..	..	..	..
Corporation	2	2	25	20	5	80	..	20	100	..
Totals	2	2	25	20	5	80	..	20	100	..
Grand Totals	741	2,204	12,165	11,031	1,134	91	7,606	3,425	31	2,533

Table 5.—Number of Internships, by Medical School Affiliation and Bed Capacity

Classification	No. of Hospitals	No. of Approved Programs	Number of Internships				Number of Interns on Duty			Total Flexible Positions Offered 1975-1976
			Total Positions Offered Sept. 1, 1973	Total Positions Filled Sept. 1, 1973	Positions Vacant Sept. 1, 1973	Percentage Filled	Grads., U.S., Canada Sept. 1, 1973	Foreign Graduates Sept. 1, 1973	Percentage For. Grads. in Filled Positions	
Affiliated										
Combined Hospitals	86	239	2,052	1,964	88	96	1,729	235	12	283
Less than 200 Beds	47	109	625	547	78	88	459	88	16	146
200-299	50	79	420	373	47	89	180	193	52	94
300-499	206	1,172	2,632	2,322	310	88	1,481	841	36	606
500-Over	228	845	4,760	4,363	397	92	3,377	986	23	1,033
Totals	617	1,858	10,489	9,569	920	91	7,226	2,343	24	2,162
Non-Affiliated										
Combined Hospitals	4	12	89	83	6	93	41	42	51	23
Less than 200 Beds	8	20	130	123	7	95	16	107	87	..
200-299	35	74	329	282	44	87	20	262	93	78
300-499	60	310	772	658	114	85	145	513	78	177
500-Over	17	85	359	316	43	88	158	158	50	93
Totals	124	346	1,676	1,462	214	87	380	1,082	74	371
Grand Totals	741	2,204	12,165	11,031	1,134	91	7,606	3,425	31	2,533

actual number of internship positions (12,165) and residency positions (53,688) offered as of September 1, 1973, with those projected for July 1, 1975, there is an apparent decline of 496 positions projected, which may be of significance as the number of positions projected for the beginning of the next academic year, over the past several years, has usually reliably forecast an increase in positions to be offered.

Internships by Medical School Affiliation and Bed Capacity

Table 5 shows the trend toward affiliation of hospitals with medical schools. In 1973, 83% of the hospitals offering internships had medical school affiliations as compared with 80% in 1972, 72% in 1971, and 69% in 1970. The hospitals not affiliated with medical schools were, in general, smaller in size, with 83% having less than 500 beds. The largest single group of non-affiliated hospitals, 60 hospitals with 300 to 499 beds, comprised 49% of the total number of non-affiliated hospitals. For the affiliated hospitals, 63% had less than 500 beds, but 37% had 500 beds or more.

The affiliated hospitals filled 91% of their positions, thus obtaining 86% of all candidates recruited, whereas the non-affiliated hospitals filled 87% of their positions, obtaining 13% of the available candidates. The affiliated hospitals continued to recruit the majority of U. S. and Canadian graduates available, giving appointments to 95% of the total number of candidates, and also recruiting 68% of the foreign graduates available. While foreign graduates comprised only 24% of the interns serving in affiliated hospitals, 74% of the interns serving in the non-affiliated hospitals were graduates of medical schools outside the United States and Canada. These statistics indicate that the trend toward increased recruitment in affiliated hospitals has continued, with the affiliated hospitals now appointing 19 times as many U. S. and Canadian graduates as the non-affiliated hospitals. The affiliated hospitals also have 3 times as many U. S. and Canadian graduates as they have foreign graduates. In the non-affiliated hospitals, the ratio of foreign medical graduates on duty to U. S. and Canadian graduates is 2.5 to 1; the ratio of foreign graduates to U. S. and Canadian graduates in the affiliated hospitals has continued to be 1 to 3.

Internships by Census Region and State

Table 6 indicates that, comparatively, the performance of each of the census divisions improved. While this improvement was not in absolute numbers, the census regions showed a higher percentage of positions filled, as a reflection of the

smaller number of positions offered. In the Middle Atlantic region, with the largest number of programs, the three states of New Jersey, New York, and Pennsylvania filled 92% of their positions, an improvement over the 85% last year, but a net loss in the number of positions, with 2,934 filled as of September 1973, and 3,080 one year earlier.

The number of foreign graduates (1,517) in this region decreased from 1,628 in 1972, a change from 53% of the positions filled in 1972 by foreign graduates to 51% in 1973. Of the three states in this census region, the number of foreign graduates recruited in Pennsylvania and New Jersey decreased, the number in New York increased from 1,005 to 1,053. In New Jersey, 81% of the interns on duty were graduates of foreign medical schools.

Two regions showed increases in both the number of positions offered and filled on September 1, 1973, as compared with 1972. These were the South Atlantic and the Mountain States. All other regions showed a decline in the number of internships offered. Despite a decrease in number of places, the West North Central and Mountain States showed increases in the total number of interns in these regions. For the U. S. as a whole, U. S. and Canadian graduates increased from 7,239 on September 1, 1972 to 7,606 on September 1, 1973, and foreign graduates decreased from 3,924 in 1972 to 3,425 in 1973. With the exception of the Middle Atlantic States, in which the proportion of foreign graduates remained about the same, and the West South Central and the Pacific Regions, in which the proportions increased slightly, the percentage of foreign graduates filling internships declined. The states with foreign medical graduates in 50% or more of their filled internship positions were New Jersey, New York, Illinois, and Maryland. In 1972, ten states had 50% or more of their positions filled by foreign graduates.

Residency Programs

Since 1962, because of the interest expressed by the AMA House of Delegates, additional information is included in these reports on the evaluation and approval of residency programs. Residency programs are reviewed by residency review committees in 22 specialty fields. All residency review committees have members appointed by the AMA Council on Medical Education and the appropriate specialty board in the field. In some cases an appropriate specialty society is also represented. The members are all knowledgeable of the specialty and of residency programs.

GRADUATE MEDICAL EDUCATION

Table 6.—Number of Internships, by Census Region and State

Census Division, Region, and State	No. of Hospitals	No. of Approved Programs	Number of Internships				Number of Interns on Duty			Total Flexible Positions Offered 1975-1976
			Total Positions Offered Sept. 1, 1973	Total Positions Filled Sept. 1, 1973	Positions Vacant Sept. 1, 1973	Per- centage Filled	Grads., U. S. & Canada Sept. 1, 1973	Foreign Graduates Sept. 1, 1973	Percentage of Foreign Graduates in Filled Positions	
NORTHEAST										
New England										
Connecticut	17	50	251	230	21	92	130	100	43	39
Maine	1	3	15	15	0	100	15	0	0	7
Massachusetts	30	66	441	416	25	94	317	99	24	23
New Hampshire	3	3	34	34	0	100	34	0	0	0
Rhode Island	4	12	78	76	2	97	57	19	25	0
Vermont	2	4	25	24	1	96	24	0	0	0
Totals	57	138	844	795	49	94	577	218	27	69
Middle Atlantic										
New Jersey	31	78	336	329	7	98	61	268	81	78
New York	103	297	1,995	1,896	99	95	843	1,053	56	338
Pennsylvania	62	186	851	709	142	83	513	196	28	129
Totals	196	561	3,182	2,934	248	92	1,417	1,517	52	545
NORTH CENTRAL										
East North Central										
Illinois	36	113	705	677	28	96	268	409	60	148
Indiana	9	20	109	97	12	89	92	5	5	28
Michigan	38	134	591	530	61	90	281	249	47	161
Ohio	44	135	634	565	69	89	315	250	44	144
Wisconsin	13	48	261	239	22	92	187	52	22	105
Totals	140	450	2,300	2,108	192	92	1,143	965	46	586
West North Central										
Iowa	4	14	83	64	19	77	56	8	13	4
Kansas	4	13	80	62	18	78	58	4	6	0
Minnesota	13	31	277	267	10	96	251	16	6	5
Missouri	12	45	304	253	51	83	187	66	26	83
Nebraska	9	6	47	36	11	77	36	0	0	3
North Dakota	1	1	12	10	2	83	9	1	10	0
South Dakota	4	3	12	11	1	92	10	1	9	4
Totals	47	113	815	703	112	86	607	96	14	99
SOUTH										
South Atlantic										
Delaware	1	13	24	24	0	100	20	4	17	6
District of Columbia	19	55	302	270	32	89	203	67	25	30
Florida	17	32	247	225	22	91	175	50	22	11
Georgia	15	32	184	167	17	91	156	11	7	30
Maryland	23	83	438	394	44	90	183	211	54	77
North Carolina	6	26	165	151	14	92	144	7	5	18
South Carolina	6	9	82	60	22	73	59	1	2	28
Virginia	10	44	210	200	10	95	180	20	10	33
West Virginia	4	24	58	40	18	69	24	16	40	18
Totals	101	318	1,710	1,531	179	90	1,144	387	25	251
East South Central										
Alabama	14	33	152	81	71	53	79	2	2	30
Kentucky	4	7	65	61	4	94	55	6	10	8
Mississippi	2	7	57	57	0	100	53	4	7	6
Tennessee	12	55	224	181	43	81	175	6	3	69
Totals	32	102	498	380	118	76	362	18	5	113
West South Central										
Arkansas	5	15	54	35	19	65	34	1	3	33
Louisiana	11	38	238	185	53	78	167	18	10	86
Oklahoma	9	18	85	67	18	79	66	1	1	48
Texas	30	86	471	430	41	91	357	73	17	121
Totals	55	157	848	717	131	85	624	93	13	288
WEST										
Mountain										
Arizona	9	34	121	118	3	98	113	5	4	32
Colorado	12	30	134	130	4	97	118	12	9	35
New Mexico	3	1	6	6	0	100	6	0	0	0
Utah	6	7	63	63	0	100	62	1	2	8
Totals	30	72	324	317	7	98	299	18	6	75
Pacific										
California	54	200	1,224	1,162	62	95	1,125	37	3	344
Hawaii	8	15	67	66	1	99	48	18	27	33
Oregon	6	20	104	101	3	97	97	4	4	31
Washington	7	13	96	91	5	95	90	1	1	45
Totals	75	248	1,491	1,420	71	95	1,360	60	4	453
POSSESSIONS										
Territories & Possessions										
Canal Zone	1	4	16	16	0	100	13	3	19	12
Puerto Rico	7	41	137	110	27	80	60	50	45	42
Totals	8	45	153	126	27	82	73	53	42	54
Grand Totals	741	2,204	12,165	11,031	1,134	91	7,606	3,425	31	2,533

Programs and institutions submit detailed information at the time that they request review. These applications are reviewed by staff of the AMA Department of Graduate Medical Education, and a site visit is made by a field representative of the Department. In some cases, a specialist site visit is also made.

The completed applications and the reports of field staff and specialist site visitors are evaluated by the residency review committee in that specialty at one of its several scheduled meetings during the year. Beginning in 1975, the residency review committees will make recommendation to the Liaison Committee on Graduate Medical Education, which body will then take final action. Program directors and administrators will be notified of the action of the LCGME by the secretaries of the various residency review committees.

The Residency Review Committee for Nuclear Medicine began reviewing programs in that field in the spring of 1974, and the Residency Review Committee for Allergy and Immunology is now being formed. It is expected to begin evaluating programs in pediatric and medical allergy in 1975.

Table 7 shows the volume of activity carried on by the residency review committees during the academic year July 1, 1973, to June 30, 1974. The 22 residency review com-

mittees active during the year held 70 meetings, with each committee meeting one to three times a year, at various locations throughout the country. The actions of a review committee are currently communicated by the committee secretary through a letter to the program director and the hospital administrator. No public announcement is made by the committees of their actions, so that an adverse recommendation remains confidential to the hospital staff involved.

The interests of those appointed to a training program are safeguarded by the careful recording in the files of the AMA as well as in the records of the specialty boards concerned of all actions taken on programs, so that the individual boards may determine whether credit may be extended in individual cases to the end of an academic year for those persons under contract at the time approval of a program is withdrawn.

During the year ending June 30, 1974, 2,508 programs were reviewed, with over 200 programs each in internal medicine, pathology and general surgery. Over 100 programs were reviewed in family practice, obstetrics-gynecology, psychiatry, and general radiology.

Table 8 summarizes the survey activities of the Field Representatives of the Department of Graduate Medical Education of the AMA over the past several years. All approved programs, regardless of the length of the training

Table 7.—Activities of Residency Review Committees, July 1, 1973, to June 30, 1974

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
Anesthesiology	2	3	42	11	4	7	5	14	4	90
Aerospace Medicine*	2	..	..	..	4	..	..	..	..	4
Colon-Rectal Surgery	1	2	6	1	..	..	..	..	..	9
Child Psychiatry**	2	6	46	6	5	..	1	3	..	67
Dermatology	1	2	30	4	1	..	..	..	..	37
Family Practice	4	45	24	2	10	13	..	4	30	128
General Practice	1	1	9	..	..	4	1	9	1	25
General Preventive Med.*	2	2	1	..	23	2	2	2	..	30
Internal Medicine	3	18	71	23	12	54	13	14	15	220
Neurological Surgery	2	2	20	2	3	7	2	..	..	36
Neurology**	2	2	36	7	2	2	1	..	1	52
Nuclear Medicine	1	26	..	..	1	..	..	..	1	28
Obstetrics-Gynecology	4	5	110	14	12	38	6	4	1	190
Occup. Med. (Academic)*	2	..	1	..	3	..	..	4	..	8
Occup. Med. (In-Plant)*	2	..	..	..	16	..	..	2	..	18
Ophthalmology	2	5	49	2	2	..	4	..	..	62
Orthopedic Surgery	2	5	62	4	14	7	1	1	..	95
Otolaryngology	2	2	30	7	7	9	10	..	5	70
Pathology†	2	3	102	12	19	1	57	49	6	249
Pathology-Forensic†	2	3	4	1	..	..	..	..	..	8
Path.-Neuropathology†	2	6	..	..	..	..	..	..	..	6
Pediatric Allergy††	2	1	12	2	1	2	1	1	..	20
Pediatric Cardiology††	2	..	16	3	3	2	1	3	..	30
Pediatrics††	2	8	37	11	11	69	3	2	6	147
Physical Med. & Rehab.	2	1	17	5	6	7	6	1	..	43
Plastic Surgery	2	2	31	7	5	14	5	3	..	68
Psychiatry** & Neurology††	2	5	80	17	19	19	21	10	1	172
Public Health*	2	..	4	1	21	..	1	1	..	28
Radiology-General#	2	3	57	10	7	8	19	4	1	109
Radiology-Diagnostic#	2	38	3	18	..	2	..	2	11	74
Radiology-Therapeutic#	2	21	1	14	1	..	..	2	4	43
Surgery##	3	5	87	7	29	38	12	13	9	200
Thoracic Surgery	2	3	20	8	7	..	4	5	4	51
Urology	2	3	48	7	8	17	4	1	3	91
Totals	70	228	1,056	206	256	322	178	155	107	2,508

*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
 ##A subcommittee of the Council on Medical Education reviews one-to-two year residencies in General Surgery

Q
Pediatrics
Neurology
General

For
allergy & Immunology

Table 8.—Survey Activities of Field Representatives

Year Ending June 30:	1967	1968	1969	1970	1971	1972	1973	1974
Internships Reviewed	77	252	220	203	288	187	137	39
Residencies Reviewed	1,829	1,822	1,702	1,961	2,182	2,160	2,565	2,173
Total Programs	1,906	2,074	1,922	2,164	2,470	2,347	2,702	2,212
Hospital Visits	953	923	807	900	1,012	1,001	1,406	1,250

program, are reviewed about every 30 to 36 months, so that one third of the programs should be reviewed each year either by the Field Representatives or by specialists appointed by the individual review committees.

For the year ending June 30, 1974, the number of hospitals visited decreased over the preceding year, as well as the number of residencies reviewed.

The number of internships reviewed decreased. Many of the internships are now reviewed as a part of a residency program, especially the currently designated internships that give emphasis to a particular specialty. A Field Representative ordinarily devotes a half day to the survey of a program, or a portion of a program, in a hospital, and is expected to survey all portions of the program carried out in various hospitals if they provide significant input to the program. This is generally interpreted to mean that a resident is assigned full time for at least one third of the program or a minimum of six months to that portion of the program, if it is to merit identification in the listing of the program.

The surveys by the Field Staff are augmented by surveys carried out by specialists assigned by the residency review committees, which surveys are not included in Table 8. The Field Representatives, regardless of their own specialty training and background, survey all types of residency programs. Field representatives are selected who have an adequate background in medical education, are willing to undergo an intensive orientation period, and have the physical stamina and appropriate family circumstances to enable them to be away from their home for varying periods of time.

Residencies by Specialty

As in previous reports, Tables 9 and 27 are the only tables that include statistics on residencies in the fields of preventive medicine. These tables include programs and positions in specialties of preventive medicine, which are generally not offered in hospitals and are therefore not included in other tables related to residencies.

Table 9 shows that the number of positions offered and the number filled have continued to increase, but that the number of positions vacant decreased. As of September 1, 1973, 9% of the positions offered were vacant, the preceding year 13% had been vacant. The rate of growth of the number of positions offered and filled also has changed, as the increase in the number of positions offered and filled from 1970 to 1971 was 7%; during the period from 1971 to 1972 the rate of increase in the number of positions offered was 3% but the rate of increase in the number of positions filled was 6%.

From 1972 to 1973, the rate of increase in the number of positions offered was 4%, and the rate of increase of number of positions filled was 9%.

The number of U. S. and Canadian graduates and the number of foreign graduates continued to increase, but whereas U. S. and Canadian graduates increased by 10% in 1973 as compared with 6% in 1972, the foreign graduates increased by 3.7% in 1973 as compared with 6% in 1972.

For the current reporting period, 15 specialties offered over 1,000 positions each, representing 88% of the positions

offered, 90% of the positions filled, and recruiting 90% of the U. S. and Canadian graduates available.

Eighteen specialties filled 90% or more of the residency positions they offered, with the recruitment percentages varying in the group from 90% for urology, neurology, and pediatric allergy to 99% for ophthalmology.

The residencies with the lowest percentage of positions filled were forensic pathology with 57%, therapeutic radiology, neuropathology and family practice each with 73%. Family practice showed a gain both in the number of positions offered, from 1,755 in September 1972, to 2,412 in September 1973, and an increase in the number of positions filled, from 1,041 in 1972 to 1,765 in 1973, as well as in the percentage filled from 59% in 1972 to 73% in 1973.

Preventive medicine in its various branches continued to have a rather low recruitment rate, 47% in 1973 compared with 41% in 1972. All programs, however, had a low percentage of foreign graduates.

Family practice had a low percentage of foreign graduates, 9% in 1973, as did dermatology (9%), ophthalmology (8%), orthopedic surgery (10%), otolaryngology (16%) and diagnostic radiology (12%). As in previous years, more than 50% of the residency positions were filled by foreign graduates in anesthesiology (55%), general practice (80%), pathology (53%), and physical medicine (59%).

Table 10 is a refinement of Table 9, which omits the programs in preventive medicine and separates the hospital-based programs into those with and without medical school affiliations. Over the years, the medical school affiliated hospitals have offered an increasingly large proportion of the approved programs, and the number of hospitals affiliated with medical schools has increased. For the 1973 reporting period, affiliated hospitals offered 91% of the total positions, and filled 91.5% of the available positions. This was an increase from 90% and 91% for the 1972 reporting period. The affiliated hospitals also obtained 95% of the available U. S. and Canadian graduates, and 84% of the available foreign graduates.

Graduates from medical schools in the United States and Canada comprised 70% of all residents on duty, with 95% of these serving in affiliated hospitals.

In 1972, graduates of U. S. and Canadian schools represented 78% of all residents on duty, with 94% serving in affiliated hospitals. In 1973, 31% of all residents were graduates of foreign medical schools, as compared with 32% in 1972; 59% of the residents serving in non-affiliated hospitals in 1973 were foreign graduates, as compared with 57% in 1972. The numbers in non-affiliated hospitals comprised 16% of the foreign graduates in residency positions, as they did in 1972. Non-affiliated hospitals recruited more U. S. and Canadian graduates as well as foreign medical graduates in 1973 as compared with 1972, and reported a decrease both in the number of positions offered and the number of vacancies.

The final column of Table 10, listing the total positions expected to be offered for the academic year beginning July 1, 1975, shows that the affiliated hospitals expect to offer 1,354 (27%) more positions than actually offered as of September 1, 1973.

The 1973 figures, however, are not directly comparable with those of previous years because of the change in designation of the first graduate year. Some of the positions offered as residency positions in 1975 were offered as internship positions in 1973. The total number of positions all years of graduate education declined from 68,079 (projected in 1973 as the number to be offered at that time) to 65,357 positions projected in early 1974 as the number to be offered as of July 1, 1975. These numbers in past years have tended to increase rather than decrease. The projected numbers usually have been overestimated by 5 to 10%.

Table 9.—Number of Residencies, by Specialty

Specialty	Number of Residency Positions				Number of Residents on Duty				
	No. of Approved Programs	Total Positions Offered Sept. 1, 1973	Total Positions Filled Sept. 1, 1973	Positions Vacant Sept. 1, 1973	Percentage Filled	Graduates U.S. Canada Sept. 1, 1973	Foreign Graduates Sept. 1, 1973	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1975-1976
Anesthesiology	170	2,211	2,008	203	91	896	1,112	55	2,624
Child Psychiatry	138	754	588	166	78	429	159	27	800
Diagnostic Radiology	175	2,147	2,009	138	94	1,766	243	12	2,292
Dermatology	92	713	688	25	96	628	60	9	766
Family Practice	206	2,412	1,765	647	73	1,606	159	9	3,832
General Practice	51	343	260	83	76	53	207	80	527
Surgery	482	7,616	7,131	485	94	4,600	2,531	35	9,121
Internal Medicine	433	9,816	9,427	389	96	6,601	2,826	30	14,709
Neurological Surgery	100	641	609	32	95	490	119	20	643
Neurology	117	1,088	981	107	90	716	265	27	1,227
Nuclear Medicine	26	46	41	5	89	22	19	46	83
Obstetrics and Gynecology	347	3,413	3,183	230	93	2,044	1,139	36	3,988
Ophthalmology	177	1,515	1,500	15	99	1,385	115	8	1,577
Orthopedic Surgery	207	2,353	2,268	85	96	2,037	231	10	2,568
Otolaryngology	113	1,033	995	38	96	835	160	16	1,071
Pathology	502	3,509	2,846	663	81	1,327	1,519	53	3,753
Forensic Pathology	30	54	31	23	57	24	7	23	68
Neuropathology	29	78	57	21	73	39	18	32	74
Pediatrics	274	4,409	4,231	178	96	2,848	1,383	33	5,180
Pediatric Allergy	46	110	99	11	90	75	24	24	131
Pediatric Cardiology	56	152	120	32	79	73	47	39	159
Physical Medicine	69	478	368	110	77	152	216	59	546
Plastic Surgery	117	391	359	32	92	281	78	22	435
Plastic Surgery	1	3	3	..	100	2	1	33	3
Colon and Rectal Surgery	20	33	30	3	91	18	12	40	39
Psychiatry	270	4,992	4,315	677	86	3,008	1,307	30	5,413
Radiology	211	1,415	1,205	210	85	755	450	37	1,617
Therapeutic Radiology	97	480	348	132	73	206	142	41	526
Thoracic Surgery	96	314	282	32	90	169	113	40	321
Urology	188	1,169	1,122	47	96	876	246	22	1,264
Totals	4,840	53,688	48,869	4,819	91	33,961	14,908	31	65,357
Other than Hospitals:									
Aerospace Medicine	4	63	44	19	70	42	2	5	4
General Preventive Medicine	28	214	122	92	57	116	6	5	28
Occupational Medicine (Academic)	4	23	4	15	35	5	3	38	4
Occupational Medicine (In-Plant)	19	26	4	22	15	4	0	11	19
Public Health	23	123	35	88	28	31	4	11	23
Totals—Other than Hosps.	78	449	209	236	47	198	15	7	78
Grand Totals	4,918	54,137	49,078	5,055	91	34,159	14,923	30	65,435

First-Year Positions

Table 11 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, however, first-year positions are listed in specialties even though a candidate cannot begin a residency in that field without prior residency training. An example is the listing of programs in child psychiatry; these are offered to candidates who have had two years of residency training in general psychiatry. It is necessary to list "first-year" residencies in child psychiatry to determine the number entering this field of training each year. The table provides an estimate of the number of specialists likely to seek certification in about five years.

The specialties that recruited candidates for more than 90% of their first-year positions in both the affiliated and non-affiliated hospitals, were anesthesiology, dermatology, surgery, internal medicine, neurology, obstetrics and gynecology, ophthalmology, orthopedic surgery, otolaryngology, pediatrics, pediatric allergy, and plastic surgery. For the affiliated hospitals, diagnostic radiology, neurological surgery, nuclear medicine, and urology also filled more than 90% of their first-year places.

The total number of first-year positions offered and filled increased in 1973 over 1972 and the number of vacancies

decreased. The rate of increase of positions offered was 4% in 1973 as compared with 6% in 1972 and 10% in 1971. The number of positions filled increased by 8% in 1973 as compared with 10% in 1972. The number of vacancies declined by 24% as compared with 20% in 1972, bringing the percentage of filled positions to 92%, as compared with 89% in 1972 and 86% in 1971. The number of U. S. and Canadian graduates increased by 12%, while the number of foreign graduates decreased by 0.1% as compared with an increase of 10% in 1972. Part of the increase may be attributed to the fact that, in several specialties, it is possible for a candidate to enter residency programs immediately on graduation from medical school without serving an internship. This is true of pediatrics and pathology in which straight internships are no longer offered, and in surgery in which a candidate may serve a dual appointment as a first-year resident and a straight intern, his position being counted as a residency.

The numbers 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.

Of the 18,076 first-year positions filled, 13,684, or 70%, are filled by U. S. and Canadian graduates. These U. S. and Canadian graduates comprised 37% of the total appointments for all years of residency from the pool of U. S. and Canadian graduates.

Table 10.—Number of Residencies and Positions, by Specialty, in Affiliated and Nonaffiliated Hospitals

Specialty	No. of Approved Programs	Number of Residencies				Number of Residents on Duty			Total Residency Positions Offered 1975-1976
		Total Positions Offered Sept. 1, 1973	Total Positions Filled Sept. 1, 1973	Positions Vacant Sept. 1, 1973	Percentage Filled	Grads., U.S., Canada Sept. 1, 1973	Foreign Graduates Sept. 1, 1973	Percentage For. Grads. in Filled Positions	
Affiliated Hospitals									
Anesthesiology	159	2,105	1,919	186	91	877	1,042	54	2,510
Child Psychiatry	105	613	497	116	81	370	127	26	638
Diagnostic Radiology	167	2,080	1,948	132	94	1,720	228	12	2,219
Dermatology	89	697	675	22	97	616	59	9	750
Family Practice	161	1,993	1,498	495	75	1,387	111	7	3,117
General Practice	17	112	86	26	77	22	64	74	187
Surgery	394	6,799	6,373	426	94	4,383	1,990	31	8,124
Internal Medicine	385	9,188	8,838	350	96	6,371	2,467	28	13,663
Neurological Surgery	99	639	609	30	95	490	119	20	641
Neurology	115	1,078	971	107	90	714	257	26	1,214
Nuclear Medicine	26	46	41	5	89	22	19	46	83
Obstetrics and Gynecology	298	3,090	2,884	206	93	1,944	940	33	3,562
Ophthalmology	160	1,385	1,375	10	99	1,283	92	7	1,467
Orthopedic Surgery	183	2,168	2,099	69	97	1,902	197	9	2,347
Otolaryngology	110	1,005	967	38	96	813	154	16	1,043
Pathology	417	3,161	2,611	550	83	1,289	1,322	51	3,373
Pathology—Forensic	8	15	9	6	60	8	1	11	17
Pathology—Neuropathology	29	78	57	21	73	39	18	32	74
Pediatrics	244	4,126	3,973	153	96	2,769	1,204	30	4,836
Pediatric Allergy	43	107	97	10	91	75	22	23	125
Pediatric Cardiology	56	152	120	32	79	73	47	39	159
Physical Med. & Rehabilitation	66	452	354	98	78	151	203	57	518
Plastic Surgery	110	367	337	30	92	265	72	21	410
Plastic Surgery	1	3	3	..	100	2	1	33	3
Colon and Rectal Surgery	15	24	21	3	88	11	10	48	28
Psychiatry	205	4,031	3,511	520	87	2,706	805	23	4,405
Radiology	193	1,326	1,136	190	86	725	411	36	1,520
Therapeutic Radiology	89	444	325	119	73	192	133	41	481
Thoracic Surgery	92	303	271	32	89	165	106	39	310
Urology	174	1,116	1,074	42	96	846	228	21	1,194
Totals	4,210	48,703	44,679	4,024	92	32,230	12,449	28	59,018
Non-Affiliated Hospitals									
Anesthesiology	11	106	89	17	84	19	70	79	114
Child Psychiatry	33	141	91	50	65	59	32	35	162
Diagnostic Radiology	8	67	61	6	91	46	15	25	73
Dermatology	3	16	13	3	81	12	1	8	16
Family Practice	45	419	267	152	64	219	48	18	715
General Practice	34	231	174	57	75	31	143	82	340
Surgery	88	817	758	59	93	217	541	71	997
Internal Medicine	48	628	589	39	94	230	359	61	1,046
Neurological Surgery	1	2	..	2	..	..	..	..	2
Neurology	2	10	10	..	100	2	8	80	13
Nuclear Medicine	..	..	..	..	..	..	..	..	..
Obstetrics and Gynecology	49	323	299	24	93	100	199	67	426
Ophthalmology	17	130	125	5	96	102	23	18	110
Orthopedic Surgery	24	185	169	16	91	135	34	20	221
Otolaryngology	3	28	28	..	100	22	6	21	28
Pathology	85	348	235	113	68	38	197	84	380
Pathology—Forensic	22	39	22	17	56	16	6	27	51
Pathology—Neuropathology	..	..	..	..	..	..	..	..	..
Pediatrics	30	283	258	25	91	79	179	69	344
Pediatric Allergy	3	3	2	1	67	..	2	100	6
Physical Medicine	3	26	14	12	54	1	13	93	28
Plastic Surgery	7	24	22	2	92	16	6	27	25
Colon and Rectal Surgery	5	9	9	..	100	7	2	22	11
Psychiatry	65	961	804	157	84	302	502	62	1,008
Radiology	18	89	69	20	78	30	39	57	97
Therapeutic Radiology	8	36	23	13	64	14	9	39	45
Thoracic Surgery	4	11	11	..	100	4	7	64	11
Urology	14	53	48	5	91	30	18	38	70
Totals	630	4,985	4,190	795	84	1,731	2,459	59	6,339
Grand Totals	4,840	53,688	48,869	4,819	91	33,961	14,908	31	65,357

Table 11.—Number of First-Year Residencies, by Specialty, in Affiliated and Nonaffiliated Hospitals

Specialty	Number of Residencies					Number of Residents on Duty			Total Residency Positions Offered 1975-1976
	No. of Approved Programs	Total Positions Offered Sept. 1, 1973	Total Positions Filled Sept. 1, 1973	Positions Vacant Sept. 1, 1973	Percentage Filled	Grads., U.S., Canada Sept. 1, 1973	Foreign Graduates Sept. 1, 1973	Percentage For. Grads. in Filled Positions	
Affiliated									
Anesthesiology	159	818	768	50	94	375	393	51	917
Child Psychiatry	105	299	240	59	80	185	55	23	347
Diagnostic Radiology	167	646	587	59	91	509	78	13	739
Dermatology	89	236	231	5	98	217	14	6	267
Family Practice	161	792	651	141	82	624	27	4	1,196
General Practice	17	74	62	12	84	12	50	81	96
Surgery	394	2,564	2,407	157	94	1,687	720	30	3,231
Internal Medicine	385	3,962	3,873	89	98	3,047	826	21	5,478
Neurological Surgery	99	147	143	4	97	111	32	22	169
Neurology	115	387	353	34	91	248	105	30	425
Nuclear Medicine	26	25	24	1	96	15	9	38	49
Obstetrics and Gynecology	298	959	906	53	94	642	264	29	1,220
Ophthalmology	160	455	454	1	100	425	29	6	504
Orthopedic Surgery	183	577	550	27	95	499	51	9	701
Otolaryngology	110	271	258	13	95	227	31	12	325
Pathology	417	956	805	151	84	398	407	51	1,139
Forensic—Pathology	8	13	9	4	69	8	1	11	14
Neuropathology	29	39	26	13	67	18	8	31	51
Pediatrics	244	1,623	1,573	50	97	1,105	468	30	1,925
Pediatric Allergy	43	59	54	5	92	44	10	19	77
Pediatric Cardiology	56	82	66	16	80	39	27	41	100
Physical Med. & Rehabilitation	66	155	129	26	83	48	81	63	188
Plastic Surgery	110	174	160	14	92	129	31	19	196
Plastic Surgery	1	3	3	..	100	2	1	33	3
Colon and Rectal Surgery	15	20	17	3	85	7	10	59	21
Psychiatry	205	1,366	1,190	176	87	866	324	27	1,581
Radiology	193	422	350	72	83	209	141	40	537
Therapeutic Radiology	89	151	104	47	69	56	48	46	189
Thoracic Surgery	92	143	124	19	87	73	51	41	160
Urology	174	320	304	16	95	232	72	24	388
Totals	4,210	17,738	16,421	1,317	93	12,057	4,364	27	22,233
Non-Affiliated Hospitals									
Anesthesiology	11	32	29	3	91	6	23	79	37
Child Psychiatry	33	75	42	33	56	25	17	40	101
Diagnostic Radiology	8	14	9	5	64	4	5	56	25
Dermatology	3	3	3	..	100	2	1	33	8
Family Practice	45	174	115	59	66	96	19	17	268
General Practice	34	130	114	16	88	21	93	82	185
Surgery	88	318	291	27	92	72	219	75	459
Internal Medicine	48	277	266	11	96	107	159	60	462
Neurological Surgery	1	1	..	1	..	..	..	..	1
Neurology	2	4	4	..	100	2	2	50	5
Nuclear Medicine	..	..	..	..	..	..	..	..	..
Obstetrics and Gynecology	49	104	97	7	93	33	64	66	173
Ophthalmology	17	43	41	2	95	33	8	20	54
Orthopedic Surgery	24	48	41	7	85	32	9	22	68
Otolaryngology	3	8	8	..	100	6	2	25	7
Pathology	85	133	93	40	70	14	79	85	187
Forensic—Pathology	22	32	18	14	56	15	3	17	46
Neuropathology	..	..	..	..	..	..	..	..	..
Pediatrics	30	137	126	11	92	36	90	71	146
Pediatric Allergy	3	2	2	..	100	..	2	100	3
Physical Med. & Rehabilitation	3	10	6	4	60	..	6	100	10
Plastic Surgery	7	11	11	..	100	7	4	36	12
Colon and Rectal Surgery	5	9	9	..	100	7	2	22	10
Psychiatry	65	339	282	57	83	88	194	69	372
Radiology	18	29	22	7	76	7	15	68	41
Therapeutic Radiology	8	12	4	8	33	2	2	50	27
Thoracic Surgery	4	6	6	..	100	2	4	67	5
Urology	14	18	16	2	89	10	6	38	29
Totals	630	1,969	1,655	314	84	627	1,028	62	2,741
Grand Totals	4,840	19,707	18,076	1,631	92	12,684	5,392	30	24,974

The 5,392 foreign graduates comprised 36% of all foreign graduates serving residencies. These 1973 percentages are identical, when compared with 1972, for the U. S. and Canadian graduates, but lower for the foreign graduates. The affiliated hospitals appointed more U. S. and Canadian graduates in 1973 than in 1972, but appointed fewer foreign graduates, so that number of U. S. and Canadian graduates increased by 1,400 over 1972, while the number of foreign graduates declined by 1,230. In the non-affiliated hospitals, the number of U. S. and Canadian graduates decreased by 33, and the number of foreign graduates increased by 59 in 1973 as compared with 1972.

In 1973, 26% of the positions in affiliated hospitals were filled by graduates of foreign medical schools, and 67% of the positions in non-affiliated hospitals were filled by foreign graduates. The overall percentage was 30%. The preceding year, 30% of the filled positions in affiliated hospitals were covered by foreign graduates; in the non-affiliated hospitals, 59% were covered by foreign graduates, and the overall percentage of foreign graduates in filled positions was 33%. Of the 12,684 U. S. and Canadian graduates in first-year positions, 95% were in affiliated hospitals; of the 5,392 foreign graduates in first-year positions, 80% are in affiliated hospitals. In 1972, 94% of the U. S. and Canadian graduates were in the affiliated hospitals, and 82% of the foreign graduates were in the affiliated hospitals.

In 1970 the proportions were 91% of the U. S. and Canadian graduates and 74% of the foreign graduates in the affiliated hospitals. Thus the affiliated hospitals continued to obtain all but 5% of the U. S. and Canadian graduates who chose residencies. The percentage of foreign graduates in their programs, however, declined in 1973.

Residencies by Type of Hospital Control

Table 12 provides information on residencies by type of hospital control. As in the tabulations under internships, 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 and the composition of some of the integrated programs, and in the manner in which the statistics are gathered, rather than in a change in the actual number of hospitals. The 188 hospitals counted in the group in 1973 comprised 12% of the total hospitals involved in residency programs, but offered 26% of the approved programs, with 37% of the total positions offered, 39% of the total positions filled. These groups of hospitals appointed 45% of all of the available U. S. and Canadian graduates and 27% of the available foreign graduates. The percentage of approved programs in this group, and the number of available positions, remained the same as in 1972.

The federal services, with 9% of the hospitals and 7% of the total number of programs, were able to recruit 6% of the available residents, and obtained 7% of the available U. S. and Canadian graduates and 4% of the available foreign graduates. This is almost an identical record to the statistics for 1972 for the group.

The governmental (non-federal) hospitals, with 23% of the total hospitals offering residencies, offered 18% of the programs, with 18% of the total positions offered. They obtained 17% of the total pool of residents available, with 17% of U.S. and Canadian graduates, and 18% of the foreign graduates. These figures are similar to those of the past two years. The group of non-governmental, non-profit hospitals

Table 12.—Number of Residencies, by Type of Hospital Control

Control	Number of Residencies						Number of Residents on Duty			
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1973	Total Positions Filled Sept. 1, 1973	Positions Vacant Sept. 1, 1973	Percentage Filled	Grads., U.S., Canada Sept. 1, 1973	Foreign Graduates Sept. 1, 1973	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1975-1976
Combined Hospitals	188	1,250	20,275	19,102	1,173	94	15,131	3,971	21	24,004
Totals	188	1,250	20,275	19,102	1,173	94	15,131	3,971	21	24,004
Federal										
U.S. Air Force	5	31	373	311	62	83	310	1	..	415
U.S. Army	12	94	884	797	87	90	776	21	3	1,131
U.S. Navy	12	71	735	645	90	88	640	5	1	880
U.S. Public Health Service	9	24	167	125	42	75	114	11	9	207
Veterans Administration	100	124	1,100	1,022	78	93	425	597	58	1,328
Other Federal	5	14	98	68	30	69	50	18	26	130
Totals	143	358	3,357	2,968	389	88	2,315	653	22	4,091
Governmental Non-Federal										
State	212	475	5,188	4,516	672	87	3,270	1,246	28	5,990
County	71	214	2,462	2,239	223	91	1,612	627	28	3,318
City	45	107	1,266	1,170	96	92	450	720	62	1,533
City-County	20	70	401	351	50	88	297	54	15	558
Hospital District	12	22	321	272	49	85	230	42	15	402
Totals	360	888	9,638	8,548	1,090	89	5,859	2,689	31	11,801
Non-Governmental Non-Profit										
Church Related	197	474	3,836	3,217	619	84	1,654	1,563	49	4,983
Non-Profit Corporation	672	1,861	16,516	14,983	1,533	91	8,968	6,015	40	20,429
Totals	869	2,335	20,352	18,200	2,152	89	10,622	7,578	42	25,412
Proprietary										
Individual	1	..	..	..	..	..	..	..	..	..
Partnership	3	1	4	1	3	25	1	..	..	4
Corporation	13	8	62	50	12	81	33	17	34	45
Totals	17	9	66	51	15	77	34	17	33	49
Grand Totals	1,577	4,840	53,688	48,869	4,819	91	33,961	14,908	31	65,357

Table 13.—Number of Residencies, by Medical School Affiliation and Bed Capacity

Classification	Number of Residencies						Number of Residents on Duty			
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1973	Total Positions Filled Sept. 1, 1973	Positions Vacant Sept. 1, 1973	Percentage Filled	Graduates U.S. Canada Sept. 1, 1973	Foreign Graduates Sept. 1, 1973	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1975-1976
Affiliated										
Combined Hospitals	161	1,202	19,645	18,524	1,121	94	14,824	3,700	20	23,150
Less than 200 Beds	217	250	2,704	2,402	302	89	1,842	560	23	3,099
200-299	109	187	1,378	1,229	149	89	878	351	29	1,746
300-499	304	971	7,693	6,760	933	88	4,216	2,544	38	9,800
500-Over	309	1,600	17,283	15,764	1,519	91	10,470	5,294	34	21,223
Totals	1,100	4,210	48,703	44,679	4,024	92	32,230	12,449	28	59,018
Non-Affiliated										
Combined Hospitals	28	49	634	581	53	92	308	273	47	858
Less than 200 Beds	184	135	931	723	208	336	325	398	55	1,092
200-299	79	79	480	379	101	79	85	294	78	673
300-499	109	211	1,382	1,175	207	85	422	753	64	1,914
500-Over	77	156	1,558	1,332	226	85	591	741	56	1,802
Totals	477	630	4,985	4,190	795	84	1,731	2,459	59	6,339
Grand Totals	1,577	4,840	53,688	48,869	4,819	91	33,961	14,908	31	65,357

which comprised 55% of all hospitals offering residencies, offered 48% of the total number of programs, but only 38% of the total number of positions. They obtained 37% of the total number of available residents, with 31% of the available U. S. and Canadian graduates and 51% of the available foreign graduates. The number of non-government, non-profit hospitals participating in residency programs increased in 1973 over 1972 and the percentage of positions filled also increased.

Several categories of hospitals, in the various groups, had a high percentage of filled positions, but a correspondingly high percentage of foreign graduates. The Veterans Administration Hospitals, for example, filled 93% of their positions, as compared with 89% the preceding year, but 58% of those serving were graduates of foreign medical schools. The VA Hospitals increased the percentage of positions filled as compared with 1972; at the same time, the percentage of foreign graduates rose slightly.

City hospitals filled 92% of their residencies, but 61% of these positions were filled with foreign graduates. In previous years, the group of hospitals filled 90% of their positions, and 62% of those serving were graduates of foreign medical schools. The church-related hospitals filled 84% of their positions, an improvement over the 78% in the preceding year; 48% of their positions were filled with foreign graduates. In hospitals run by non-profit corporations, 91% of the positions were filled, as compared with 87% in 1972, but 40% of the residents were graduates of foreign medical schools.

Residencies by Medical School Affiliation and Bed Capacity

Table 13 categorizes programs by bed capacity and medical school affiliation. Among the types of affiliated hospitals, the combined hospital category represents 14% of the total number of hospitals offering residencies, and this group offered 40% of the residency positions, but recruited only 38% of the available candidates. They obtained 44% of the available U. S. and Canadian graduates, and 25% of the available foreign graduates. The next largest group among the affiliated hospitals was the group with 500 or more beds, which comprised 20% of the hospitals offering residencies. This group offered 32% of the total positions and obtained 32% of the available residents. Of the pool of U. S. and Canadian graduates, they obtained 31% of the residents, and of the foreign graduates, 36%.

The group of hospitals with medical school affiliation with 300 to 499 beds comprised 19% of the total number of hospitals participating in residencies, offered 14% of the total number of positions, and recruited 14% of the available U. S. and Canadian graduates, and 17% of the available foreign graduates.

In the group of non-affiliated hospitals, the largest group was that of less than 200 beds. This group filled 77% of its residency positions, although the percentage of foreign graduates in these programs was only 55%, the lowest of the categories of non-affiliated hospitals, except for the combined group. In the non-affiliated hospitals, the group of hospitals with 500 beds or more comprised 5% of the total number of hospitals, offered 3% of the positions, and recruited 3% of the available residents. They recruited 2% of the U. S. and Canadian graduates and 3% of the available foreign graduates. The statistics for 1973 indicated that all of these types of hospitals improved their percentage of positions filled, with the affiliated hospitals for 1973 filling 91% of their positions as compared with 89% for 1972. The non-affiliated hospitals filled 84% of their positions, as compared with 77% for 1972.

Residencies by Census Division, Region and State

All census regions in Table 14 showed increases in the total number of positions offered and in the total number of positions filled. The statistics may indicate simply a more realistic approach to the planning of the number of positions. The number of vacancies decreased for the 1973 reporting period as compared with the 1972 reporting period. This change generally brought about an improved percentage of filled positions in each state. All regions showed an increase in the percentage of positions filled. The one census region that showed an increase in the percentage of positions filled by foreign graduates was the East South Central region.

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, as 23% of the hospitals with approved programs, 25% of the total positions offered, and 26% of the positions filled were in these three states. These states also obtained 20% of the available U. S. and Canadian graduates, and 42% of the available foreign graduates. Each state, however, filled a slightly larger percentage of its positions than in the previous year. The state of New Jersey, with 77%, showed a

GRADUATE MEDICAL EDUCATION

Table 14.—Number of Residencies, by Census Region and State

Census Division, Region, and State	No. of Hospitals	No. of Approved Programs	Number of Residencies				Number of Residents on Duty			Total Residency Positions Offered 1975-1976
			Total Positions Offered Sept. 1, 1973	Total Positions Filled Sept. 1, 1973	Positions Vacant Sept. 1, 1973	Per- centage Filled	Graduates U.S. Canada Sept. 1, 1973	Foreign Graduates Sept. 1, 1973	Percentage For. Grads. in Filled Positions	
NORTHEAST										
New England										
Connecticut	33	94	1,036	996	40	96	558	438	44	1,242
Maine	8	12	66	54	12	82	47	7	13	98
Massachusetts	83	176	2,205	2,140	65	97	1,593	547	26	2,497
New Hampshire	4	15	121	112	9	93	104	8	7	169
Rhode Island	12	23	227	200	27	88	100	100	50	329
Vermont	2	14	114	111	3	97	105	6	5	128
Totals	142	334	3,769	3,613	156	96	2,507	1,106	31	4,463
Middle Atlantic										
New Jersey	53	134	1,111	1,030	81	93	242	788	77	1,588
New York	201	733	9,043	8,661	382	96	4,139	4,522	52	10,482
Pennsylvania	107	374	3,488	3,086	402	88	2,165	921	30	4,296
Totals	361	1,241	13,642	12,777	865	94	6,546	6,231	49	16,366
NORTH CENTRAL										
East North Central										
Illinois	74	272	3,097	2,933	164	95	1,527	1,406	48	3,730
Indiana	24	50	608	496	112	82	418	78	16	709
Michigan	72	215	2,320	2,091	229	90	1,174	917	44	2,998
Ohio	83	302	2,748	2,464	284	90	1,447	1,017	41	3,274
Wisconsin	27	81	852	730	122	86	554	176	24	1,003
Totals	280	920	9,625	8,714	911	91	5,120	3,594	41	11,714
West North Central										
Iowa	17	34	500	418	82	84	356	62	15	532
Kansas	17	37	469	378	91	81	309	69	18	563
Minnesota	26	71	1,328	1,240	88	93	1,040	200	16	1,688
Missouri	45	120	1,502	1,302	200	87	912	390	30	1,810
Nebraska	16	30	338	287	51	85	257	30	10	421
North Dakota	7	4	9	7	3	67	5	1	17	13
South Dakota	6	4	27	17	10	63	14	3	18	26
Totals	134	300	4,173	3,648	525	87	2,893	755	21	5,053
SOUTH										
South Atlantic										
Delaware	4	11	103	87	16	84	49	38	44	119
District of Columbia	25	106	1,355	1,268	87	94	964	304	24	1,551
Florida	36	118	1,296	1,202	94	93	913	289	24	1,607
Georgia	24	69	783	636	147	81	542	94	15	971
Maryland	37	134	1,436	1,339	97	93	852	487	36	1,710
North Carolina	25	88	1,022	907	115	89	817	90	10	1,183
South Carolina	10	74	394	324	70	82	283	41	13	540
Virginia	37	97	1,002	898	104	90	733	165	18	1,208
West Virginia	13	34	279	211	68	76	120	91	43	359
Totals	211	731	7,670	6,872	798	90	5,273	1,599	23	9,248
East South Central										
Alabama	21	45	442	360	82	81	306	54	15	578
Kentucky	24	50	558	481	77	86	354	127	26	698
Mississippi	10	21	248	200	48	81	189	11	6	323
Tennessee	32	86	968	834	134	86	689	145	17	1,169
Totals	87	202	2,216	1,875	341	85	1,538	337	18	2,768
West South Central										
Arkansas	8	18	234	200	34	85	193	7	4	276
Louisiana	29	80	800	660	140	83	543	117	18	1,060
Oklahoma	19	50	362	304	58	84	272	32	11	492
Texas	65	204	2,440	2,137	303	88	1,800	337	16	3,015
Totals	121	352	3,836	3,301	535	86	2,808	493	15	4,843
WEST										
Mountain										
Arizona	21	39	392	357	35	91	284	73	20	580
Colorado	20	63	771	718	53	93	687	31	4	939
Nevada	1	1	4	1	3	25	1	1	100	4
New Mexico	9	17	185	181	4	98	171	10	6	185
Utah	12	32	305	302	3	99	287	15	5	381
Totals	63	152	1,657	1,559	98	94	1,429	130	8	2,089
Pacific										
Alaska	1	1	1	1	0	0	1	1	0	1
California	123	449	5,384	4,949	435	92	4,645	304	6	6,691
Hawaii	12	20	170	163	7	96	129	34	21	237
Oregon	9	38	375	355	20	95	324	31	9	470
Washington	17	52	628	588	40	94	549	39	7	741
Totals	161	559	6,557	6,055	502	92	5,647	408	7	8,139
POSSESSIONS										
Territories & Possessions										
Canal Zone	1	8	35	30	5	86	15	15	50	59
Puerto Rico	15	41	508	425	83	84	185	240	56	615
Totals	16	49	543	455	88	84	200	255	56	674
Grand Totals	1,577	4,840	53,688	48,869	4,819	91	33,961	14,908	31	65,357

slight decrease in the percentage of positions filled by foreign graduates. Pennsylvania had foreign graduates in 30% of its filled positions, as compared with 32% the year earlier. In both years, the percentage for New York state was 52%.

In the East North Central division, which includes Illinois, Indiana, Michigan, Ohio, and Wisconsin, the number of hospitals comprised 18% of the total hospitals participating in residency programs, and this group offered 18% of the total positions with 18% of the filled positions. These states, however, recruited a smaller proportion of U. S. and Canadian graduates, 15% as compared to 24% in 1972. In this group, Indiana, which showed a slightly greater percentage of filled positions, offered fewer positions, but filled more positions, than in 1972, with an increase in the number of U. S. and Canadian graduates recruited. In 1973 as in previous years, three divisions—Middle Atlantic, East North Central, and South Atlantic, comprising 18 states—not only offered 58% of the residency positions, but also obtained 53% of the available residents. They obtained 50% of the available U. S. and Canadian graduates, and 77% of the foreign graduates available.

The states that showed a decline in the percentage of positions filled in 1973 as compared with 1972, were New Hampshire, Rhode Island, Wisconsin, Florida, West Virginia, and Colorado. In each case the percentage decline was small and with the exception of West Virginia and Rhode Island, the percentage of positions filled was above 90%.

In 1973, 22 states filled 90% or more of their residency positions. Utah, with 99%, had the highest proportion, followed by New Mexico with 98%, Massachusetts and Vermont, with 97%, and Connecticut, New York, and Hawaii with 96%. Illinois and Oregon had 95%. Other states with 90% or more positions filled were Washington, Colorado, New Hampshire, New Jersey, Florida, Maryland, Michigan, Ohio, Minnesota, District of Columbia, and Virginia.

In 1973, only 3 states filled less than 70% of their residencies. These states were North Dakota, South Dakota, and Nevada. Puerto Rico, which in 1972 had filled only 74% of its residencies, filled 84% in 1973. In Puerto Rico, the Canal Zone, and in four states—Rhode Island, New Jersey, New York, and Nevada—foreign graduates made up 50% or more of the residents on duty.

Residency Salaries

The information given in Table 15 indicates, in general, the salaries offered as of September 1, 1973, although some hospitals provided more recent information in increases as of about June 1, 1974. The information requested is the beginning salary for a resident, and the amounts listed cover only the money paid to the resident. They do not include the cash equivalent of fringe benefits such as living quarters or living allowances, food or food allowances or other non-salary items.

The salary information, because of the large number of programs that do not report the information, or report it in a manner in which it is not usable, should be used simply as an indication of salary trends, rather than as a statement of the average salary being paid to members of the house staff. As shown at the bottom of the table, only 70% of the programs reported usable information, and of these, the annual salary for first-year residents in programs in affiliated hospitals was recorded as \$11,249. In the non-affiliated programs, the average salary was \$12,015, or an average of \$11,359 in all programs. The median salary for non-affiliated hospitals in the range of \$11,001-\$11,500, was higher than that for programs in the affiliated hospitals, which was in the range from \$10,501-\$11,500. The median range for all programs was \$10,501-\$11,000. The mode, the most popular salary paid, for programs in both affiliated and non-affiliated hos-

Table 15.—Annual Salaries Offered Residents*

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
0— 3,500	1		1
5,501— 6,000	2	2	4
6,501— 7,000	10		10
7,001— 7,500	7	1	8
7,501— 8,000	14	1	15
8,001— 8,500	30	8	38
8,501— 9,000	84	13	97
9,001— 9,500	197	15	212
9,501—10,000	374	39	413
10,001—10,500	424	68	492
10,501—11,000	436	70	506
11,001—11,500	356	26	382
11,501—12,000	323	38	361
12,001—12,500	123	12	135
12,501—13,000	70	25	95
13,001—13,500	112	69	181
13,501—14,000	66	6	72
14,001—14,500	33	19	52
14,501—15,000	132	41	173
15,001—15,500	48	10	58
15,501—16,000	16	7	23
16,001—16,500	19	1	20
16,501—17,000	16	1	17
17,001—17,500	6	2	8
17,501—18,000	1	2	3
18,001—18,500		1	1
18,501—19,000	3	3	6
19,501—20,000	1		1
Over —20,000		4	4
Total Programs Reporting	2,904	484	3,388
Data not available	1,306	146	1,452
Total Programs	4,210	630	4,840
Mean —Annual Salary	\$11,249	\$12,015	\$11,359
Median—Annual Salary	\$10,501-11,000	\$11,001-11,500	\$10,501-11,000
Mode —Annual Salary	\$10,501-11,000	\$10,501-11,000	\$10,501-11,000

*Data collected prior to July 1, 1974.

pitals was in the range from \$10,501-\$11,000. Table 16 summarizes the data collected on salaries during the past 10 years, and indicates that the average annual salaries of both interns and residents tripled during the decade. All of the data are collected on the basis of including only the monies paid to the house staff, and do not include fringe benefits or other non-salary benefits.

Table 16.—Average Salaries of Interns and Residents, Per Data Collected Prior to July 1, 1974

Academic Year	INTERNS			RESIDENTS		
	Affiliated	Non-Affiliated	Total	Affiliated	Non-Affiliated	Total
1964-65	\$3,245	\$ 3,707	\$3,529	\$ 3,775	\$ 4,163	\$ 3,989
1965-66	3,578	4,071	3,797	3,818	4,059	3,931
1966-67	4,139	4,521	4,322	4,095	4,557	4,295
1967-68	4,893	5,030	4,956	4,755	5,532	5,040
1968-69	6,011	6,851	6,355	5,860	6,907	6,217
1969-70	7,045	7,435	7,161	5,871	6,911	6,073
1970-71	8,073	7,910	8,031	7,277	8,492	7,542
1971-72	8,838	10,076	9,096	7,572	9,418	7,901
1972-73	9,827	10,140	9,886	10,818	11,212	10,880
1973-74	..*	..*	..*	11,249	12,015	11,359

*Data on Internship salaries not collected in 1974; averages for residents' salaries may include positions as first year of graduate medical education being filled for academic year July 1973 through June 1974 as internships.

Table 17.—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

Foreign Medical Graduates

The preceding tables provide information and analysis on the distribution of foreign medical graduates in internships and 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.

Table 17, a ten-year summary of the distribution of foreign medical graduates, shows a decrease in the number of persons serving as interns, an increase in the numbers serving as residents, and a decrease in those classified as other graduate trainees. The total number of foreign graduates on duty decreased by 127. The decrease of about 500 interns may be a decrease, as indicated above, because of the redesignation of the first year of graduate training. The number of foreign graduates serving as residents increased by 468, so that the total number of foreign graduates serving as interns and/or residents was 18,333 as compared with 18,364, a decrease of 31 foreign graduates. Although the category of "other trainees" in programs has shown an erratic distribution over the past several years, it appears now to be declining, after having reached a high of 4,106 during September, 1971. The "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 significant patient-care responsibilities.

Additional data on the foreign medical graduate, much of it assembled as of December 31, 1973, are included in the sections following the annual report, titled "Special Studies in Graduate Medical Education."

Educational Commission for Foreign Medical Graduates

The Educational Commission for Foreign Medical Graduates was formed in 1974 through the merger of the Educational Council for Foreign Medical Graduates and the Commission for Foreign Medical Graduates. It is sponsored by the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, the Association for Hospital Medical Education, the Federation of State Medical Boards of the United States, and the National Medical Association. It also has representation from the public.

Its headquarters are now at 3624 Market Street, Philadelphia, Pennsylvania, 19104 (telephone: 215-349-9000).

A summary of the activities of the ECFMG is included in a reprint on "Medical Licensure Statistics for 1973," issued by the Council on Medical Education of the AMA in September, 1974. Copies of the Licensure Statistics are available at a charge of \$2.00 each. Orders should be sent to the American Medical Association, Order Department, 535 North Dearborn Street, Chicago, Illinois 60610.

The reprint includes information on the examinations by the ECFMG in January and July, 1973, and tabulates by medical school the number of persons who took the examination and the number who passed it at each of these two examinations. The statistics indicate that out of 18,550 taking the examination in February, 1973, 6,050 passed. In the July, 1973 examination, 18,486 took the examination, and 6,250 passed. In addition to these numbers, 685 U.S. citizens took the examination in January, 1973, and 199 passed; 716 took the examination in July, 1973, and 176 passed. The total of the two examinations indicated that 37,036 took the examination, and 12,300 passed. Of the 1,401 U. S. citizens who took the examinations, 375 passed.

Other Graduate Trainees by Specialties

Table 18 lists the number of physicians reported as engaged in training activities other than internships and residencies. As indicated above, these activities may include research or teaching fellowships, clinical traineeships, or other types of activities leading toward specialization and possible credit toward certification by a specialty board, but should not include patient-care responsibility.

Table 18—Other Graduate Trainees by Specialty, as of September 1, 1973

	Non-Foreign Graduates Trainees	Foreign Graduates Trainees	Total No. of Trainees	Percentage of Foreign Graduates
Anesthesiology	76	110	186	14
Child Psychiatry	173	59	232	43
Colon and Rectal Surgery	5	1	6	67
Diagnostic Radiology	233	72	305	61
Dermatology	78	7	85	24
Family Practice	..	..	..	..
General Practice	2	120	122	36
General Surgery	290	385	675	4
Internal Medicine	2,360	1,129	3,489	36
Neurological Surgery	44	30	74	54
Neurology	67	47	114	23
Nuclear Medicine	9	13	22	9
Obstetrics-Gynecology	200	240	440	55
Ophthalmology	131	33	164	12
Orthopedic Surgery	230	45	275	36
Otolaryngology	103	22	125	60
Pathology	299	283	582	63
Pathology-Forensic	11	1	12	33
Pathology-Neuropathology	24	8	32	..
Pediatrics	699	439	1,138	58
Pediatric Allergy	42	20	62	26
Pediatric Cardiology	35	16	51	37
Physical Medicine & Rehabilitation	20	26	46	52
Plastic Surgery	65	13	78	67
Psychiatry	324	159	483	92
Radiology	129	97	226	92
Therapeutic Radiology	58	32	90	56
Thoracic Surgery	57	47	104	19
Urology	61	45	106	45
Total	5,825	3,499	9,324	38

It is expected that the Educational Commission on Foreign Medical Graduates will obtain better records of the programs to which these graduate trainees have been appointed. It should then be possible to determine the types of programs and their appropriateness, especially in hospitals in which residency programs are being carried on at the same time.

Directors of Medical Education

Table 19 and 20 show the geographic distribution and specialties of directors of medical education. These physicians do not fulfill the same function as full-time directors of residency programs, for which groups statistics are given in Table 21. The directors of medical education generally serve as coordinators of the several graduate training programs, including the internship offered in a hospital, and may undertake as one of their primary functions the recruitment of house staff, and the assignment to various services of interns who are serving in a rotating internship. They may also serve as liaison officer between the full-time directors of residencies and members of the house staff as a group.

Table 19—Directors of Medical Education by State as of September 1, 1973

State	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Alabama	2	4	..	..	6
Alaska	..	1	..	..	1
Arizona	7	..	1	..	8
Arkansas	2	2	..	1	5
California	53	20	1	3	77
Canal Zone	..	1	..	..	1
Colorado	8	3	..	1	12
Connecticut	15	5	..	1	21
Delaware	2	..	..	..	2
District of Columbia	7	1	..	1	9
Florida	9	3	..	3	15
Georgia	9	2	..	..	11
Hawaii	7	2	..	..	9
Illinois	25	10	1	4	40
Indiana	7	6	..	..	13
Iowa	7	2	..	..	9
Kansas	6	2	..	1	9
Kentucky	5	3	..	1	9
Louisiana	5	6	..	1	12
Maine	3	1	..	..	4
Maryland	16	2	..	3	21
Massachusetts	22	15	..	4	41
Michigan	28	8	1	5	42
Minnesota	15	4	..	..	19
Mississippi	2	1	..	..	3
Missouri	17	5	..	..	22
Nebraska	2	4	..	2	8
New Hampshire	1	..	..	..	1
New Jersey	17	6	..	3	26
New Mexico	3	2	..	..	5
New York	66	26	3	8	103
North Carolina	3	2	..	1	6
North Dakota	..	2	1	..	3
Ohio	29	10	1	7	47
Oklahoma	5	2	..	..	7
Oregon	4	1	..	..	5
Pennsylvania	41	14	1	4	60
Puerto Rico	6	3	..	..	9
Rhode Island	3	5	..	..	8
South Carolina	7	1	..	..	8
South Dakota	..	3	..	..	3
Tennessee	10	3	..	3	16
Texas	23	9	1	1	34
Utah	3	2	..	..	5
Virginia	14	3	1	1	19
Washington	7	5	1	..	13
West Virginia	3	1	..	3	7
Wisconsin	7	7	..	1	15
Totals	533	220	13	63	829

Table 20—Directors of Medical Education by Specialty as of September 1, 1973

Specialty	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Administrative Titles	49	12	2	6	69
Anesthesiology	3	3	2	..	8
Child Psychiatry	19	5	..	..	24
Diagnostic Radiology	1	1	..	..	2
Dermatology	1	..	..	..	1
Family Practice	11	8	1	..	20
General Practice	1	1	..	1	3
General Surgery	49	31	..	13	93
Internal Medicine	179	79	5	8	271
Neurological Surgery	2	1	..	..	3
Neurology	1	..	..	2	3
Obstetrics-Gynecology	11	12	..	3	26
Ophthalmology	2	..	..	3	5
Orthopedic Surgery	14	16	1	6	37
Otolaryngology	2	..	..	4	6
Pathology	9	2	..	8	19
Forensic Pathology	4	..	..	..	4
Pediatrics	46	6	1	3	56
Pediatric Allergy	1	..	..	..	1
Pediatric Cardiology	1	..	..	..	1
Physical Medicine & Rehabilitation	6	4	..	1	11
General Preventive Medicine	2	..	..	..	2
Colon & Rectal Surgery	..	1	1	..	2
Psychiatry	91	24	..	2	117
Radiology	1	..	..	..	1
Therapeutic Radiology	1	..	..	..	1
Thoracic Surgery	8	6	..	..	14
Urology	2	2	..	..	4
Miscellaneous Specialties	17	6	..	3	26
Totals	533	220	13	63	829

As indicated in previous statistics on this subject, the number of directors of medical education is distributed through most of the states, but the total number in each of the categories, except part-time non-salaried, showed a decrease from the numbers reported last year. The total number of directors of medical education reported in 1973 was 829 as compared with 892 a year ago; in 1971, it was 1,040.

Table 21.—Full-Time Directors of Residency Programs as of September 1, 1973

Specialty	In Affiliated Hospitals	In Non-Affiliated Hospitals	Total	Percentage of Total Programs in Specialty
Anesthesiology	138	10	148	87
Child Psychiatry	71	23	94	68
Colon and Rectal Surgery	5	2	7	35
Diagnostic Radiology	148	8	156	89
Dermatology	77	3	80	87
Family Practice	123	33	156	76
General Practice	8	18	26	51
General Surgery	259	36	295	61
Internal Medicine	314	38	352	81
Neurological Surgery	81	..	81	81
Neurology	102	2	104	89
Nuclear Medicine	20	..	20	77
Obstetrics-Gynecology	189	18	207	60
Ophthalmology	90	6	96	54
Orthopedic Surgery	109	6	115	56
Otolaryngology	80	1	81	72
Pathology	361	74	435	87
Pathology-Forensic	8	17	25	83
Pathology-Neuropathology	21	..	21	72
Pediatrics	203	19	222	81
Pediatric Allergy	30	3	33	72
Pediatric Cardiology	49	..	49	88
Physical Medicine and Rehabilitation	53	2	55	80
Plastic Surgery	55	1	56	48
Preventive Medicine-General	1	..	1	100
Psychiatry	167	45	212	79
Radiology	157	16	173	82
Therapeutic Radiology	77	6	83	86
Thoracic Surgery	66	2	68	71
Urology	112	9	121	64
Totals	3,174	398	3,572	74

For 1973, 533 were full-time salaried directors of medical education, and 220 were part-time salaried directors; in 1972 the numbers reported were 593 and 227.

As in previous years the specialty of internal medicine supplied the greatest proportion of directors of medical education, with 271, or 33%, reporting this as their specialty. Psychiatry was reported by 14% as their specialty, and 11% listed general surgery.

Hospital Staffing Patterns

Table 21 shows the number and proportion of programs in each specialty in which a full-time director of the residency program has been reported. About 74% of all residency programs currently have full-time directors, as compared with 79% in 1972 and 77% in 1971. For 1973, 14 specialties reported that 80% or more of their programs were supervised by full-time program directors. In 1972, 15 specialties had full-time program directors in 80% or more of their programs. The number of full-time directors has decreased in the affiliated hospitals and non-affiliated hospitals with a net loss of about 100 full-time directors. Because of the shift of hospitals toward affiliation with medical schools, the change may be in part a change of the status of the hospital, rather than actual change in the role of the director of the residency program.

Supply and Demand

Since 1962, information has been provided in the annual report in response to interest expressed by the AMA House of Delegates, relating to supply and demand in specialty fields. Table 22 uses information supplied by the AMA Center for Health Services Research and Development. These statistics, gathered as of December 30, 1973, vary from those shown in other tables in this report, which were collected as of September 1, 1973. The last column of Table 22, however, is based on the statistics obtained as of September 1, 1973.

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 13.6% of the total physician population, interns and residents serving in programs of internal medicine comprised 28.5% of the total physicians in this field. The interns and residents in the field of internal medicine made up 24.3% of all trainees, and 96% 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 by the fact that in the preceding reporting year, 1972, internists made up 13.5% of all physicians, and at the end of 1971, made up 13.4% of all physicians.

General surgeons made up 8.4% of the physician population, and interns and residents in the field of general surgery represented 25.5% of all physicians practicing general surgery. The interns and residents made up 13.5% of all trainees on duty during 1973, 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, from 8.7% at the end of 1972, but the proportion of interns and residents increased from 24.7% in 1972 to 25.5% in 1973. The percentage of residencies in surgery filled in 1972 was 91%, in 1973, it was 94%. The proportion of psychiatrists, however, in the total physician population decreased slightly from 6.3% in 1972 to 6.2% in 1973. The proportion of house staff serving in graduate training programs in the field of psychiatry increased in 1973 to 16.2% from 15.8% in 1972, and the number of residencies filled in 1973 increased to 86% as compared with 81% 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 14.7% of all physicians at the end of 1973 listed in general practice, compared with 15.5% at the end of 1972, and 16.3% at the end of 1971. Residencies in general practice filled a larger proportion of the programs during 1973, with 76% of the positions of the residencies filled, compared with 59% at the end of 1972.

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. It is expected that the number will increase during 1974 and subsequent years. The residencies in family practice are not included in the statistics given for the residencies in general practice nor in the total number of physicians in general practice.

On an average, interns and residents accounted for 15.9% of the total number of physicians in each specialty listed, with eight of the specialty fields exceeding this percentage and the remaining fields plus general practice accounting each for less than the average of 15.9%.

Table 22.—Distribution of Physicians in the U.S. and Possessions, December 31, 1973

	All Physicians		All Interns and Residents			% of Residencies Filled in This Field
	Number	% of Total Physicians	Number on Duty	% of Total MDs. in This Field	% of Total on Duty	
General Practice	53,946	14.7	1,805	3.3	3.1	76
Internal Medicine	49,699	13.6	14,163	28.5	24.3	96
Surgery	30,857	8.4	7,885	25.5	13.5	94
Psychiatry	22,701	6.2	3,681	16.2	6.3	86
Obstetrics-Gynecology	20,494	5.6	3,311	16.1	5.7	93
Pediatrics	19,931	5.4	4,423	22.2	7.6	96
Radiology*	15,345	4.2	2,979	19.4	5.1	85
Anesthesiology	12,196	3.3	1,820	14.9	3.1	91
Pathology	11,297	3.1	2,630	23.3	4.5	81
Orthopedic Surgery	10,587	2.9	1,970	18.6	3.4	96
Ophthalmology	10,496	2.9	1,448	13.8	2.5	99
Urology	6,298	1.7	987	15.7	1.7	96
Otolaryngology	5,484	1.5	827	15.1	1.4	96
Totals	269,331	73.5	47,929	17.8	82.2	..
Others	97,000	26.5	10,323	10.7	17.8	..
Grand Totals	366,379	100.0	58,252	15.9	100.0	..

*Includes General, Diagnostic, and Therapeutic Radiology

Table 23.—Physicians' Placement Service
Annual Statistical Report, July 1973 through June 1974

Specialty	Physicians		Opportunities	
	Number	Per Cent	Number	Per Cent
Total	5,034	100%	3,114	100%
Allergy	21	*	22	1
Anesthesiology	174	4	79	2
Dermatology	66	1	32	1
General/Family Practice	314	6	807	26
Internal Medicine	1,115	22	605	19
Neurology	76	2	20	1
Neuro-Surgery	24	1	12	*
Ob-Gyn	256	5	213	7
Ophthalmology	229	5	83	3
Orthopedics	175	4	130	4
Otolaryngology	103	2	112	4
Pathology	263	5	20	1
Pediatrics	422	8	260	8
Psychiatry	138	3	88	3
Radiology	218	4	35	1
Surgery	800	16	161	5
Urology	265	5	96	3
Miscellaneous**	375	7	339	11

*Less than 0.5%.

**Includes 4 major categories: Occupational Medicine, Institutional Medicine, Public Health, and School Health.

Physician Placement Service

Table 23 is a summary of the annual report of the Physicians' Placement Service of the AMA Division of Medical Practice for the fiscal year ending June 30, 1974. During the year, the Placement Service processed a total of 8,187 registrations, an increase over the total of 7,708 a year earlier. Of the total registrations, 5,034 were from physicians seeking opportunities for practice, and 3,114 were offers of opportunities for practice. The Placement Service also handles requests for overseas placements, and during the past year received requests from 152 physicians for information on positions abroad and maintained contact with 47 organizations that send physicians outside the United States. The AMA Placement Service cooperates with the state placement services of the state medical associations, and serves as a national clearing house. It refers communities to the state placement bureaus, and registers candidates only at the request of, or on the approval of, the state offices. It also suggests to applicants who have narrowed their choice of locations to one city or one state that they go directly to the state medical association placement service.

The statistics for the year ending June 1974 follow, in general, the pattern of previous years, with an undersupply of physicians seeking general and family practice locations, and an oversupply of anesthesiologists, dermatologists, internists, neurologists, neurosurgeons, ophthalmologists, pathologists, pediatricians, psychiatrists, radiologists, surgeons and urologists seeking opportunities in relation to the proportion of opportunities offered.

It should be pointed out that the imbalances shown in the table change from year to year and that the data are limited to the AMA Physicians' Placement Service. They do not represent all positions offered nor all physicians seeking positions and, therefore, cannot be used reliably as national trends but suggest some trends in the availability of positions in the various specialties as compared with physicians in various specialties seeking positions. The only field other than general practice in which there currently seems to be an imbalance is otolaryngology, with less specialists in this field seeking opportunity than there are places being offered.

The Physicians' Placement Service has continued its residency placement service on a pilot basis for residencies in urology only, and has also continued its listing of locum tenens, part-time, and semiretired positions. The Placement Service issues two brochures, "What Do You Know About Your Physicians' Placement Service?" and "Finding a Place to Practice."

Hospital Facilities

Tables 24, 24A, and 25 shows the relationship of educational programs, medical school affiliations, and the number of beds in hospitals in the United States. The data for total hospitals registered and their number of beds were provided by the American Hospital Association (AHA), and indicate the number of institutions and beds listed in its 1974 "AHA Guide to the Health Care Field."

For 1973, AHA listed 7,123 hospitals, an increase of 62 hospitals from those listed for 1972. Beds in these hospitals, for 1973, totaled 1,534,726, a decrease of 14,939 beds from the total recorded for 1972.

Table 24 indicates that 24% of the hospitals in the United States have approved graduate training programs, and that these hospitals have 52% of the total number of beds throughout the country. Stated another way, 76% of the hospitals in the United States, with 48% of the total hospital beds, are hospitals *not* offering graduate training programs. Many of these hospitals, however, are very small, and over 3,000 of these hospitals have less than 100 beds.

Of the hospitals with approved training programs, 16% are affiliated with medical schools, but have 78% of the teaching beds, and 41% of all hospital beds in the country. The non-affiliated hospitals comprise 8% of the total number of institutions, have 22% of the teaching beds, and 11% of all hospital beds in the United States.

Table 24A indicates that the trend of the past ten years toward increased affiliation with medical schools has slacked off in 1973, with a slight decline in the number of affiliated hospitals, from a high of 1,711 in 1972, to a slightly lower figure of 1,683 in 1973. These totals include, incidentally, some non-inpatient institutions, particularly those with approved residencies in the fields of preventive medicine.

For the current reporting period, there was a shift from those having limited affiliation toward a major affiliation, in comparison with statistics for 1972, so that, for 1973, 714 hospitals had major affiliations with medical schools, an increase of 20, whereas 317 hospitals had limited affiliations, a decline of 47 institutions over the 1972 figure. The number with affiliation for graduate training remained about the same, as did the unaffiliated hospitals.

Table 24.—Relation of Hospital Affiliation
to U.S. Hospital Beds, 1973

	Hospitals		Hospital Beds		
	Number of Hospitals	% of Total Hospitals	Number of Beds	% of Teaching Beds	% of Total Beds
Hospitals with Approved Programs:					
Major Medical School Affiliation	714	10	355,025	44	23
Limited Medical School Affiliation	317	4	231,126	29	15
Graduate Medical School Affiliation	105	2	40,216	5	3
Total Affiliated	1,136	16	626,367	78	41
No Medical School Affiliation	547	8	172,415	22	11
Totals	1,683†	24	798,782	100	52
Hospitals without Approved Programs:	5,440	76	735,944	..	48
Grand Totals (A.H.A.)	7,123	100	1,534,726*	..	100

*Data supplied by American Hospital Association.

†Includes 32 with Internships only as of Sept. 1, 1973, and 74 non-inpatient institutions or agencies in addition to 1,577 hospitals with residency programs.

Table 24A.—Hospitals Affiliated with Medical Schools

Edition of Directory:	Number of Hospitals by Type of Affiliation				Unaffiliated Hospitals	Total Hospitals with Programs*
	Major	Limited	Graduate	Total Affiliated		
1965-66	187	116	66	369	1,017	1,386
1966-67	275	141	101	517	850	1,367
1967-68	339	137	121	607	905	1,512
1968-69	327	174	120	631	781	1,412
1969-70	376	182	141	699	750	1,449
1970-71	516	243	160	919	766	1,685
1971-72	567	288	141	996	696	1,692
1972-73	473	276	134	888	573	1,461
1973-74	694	364	107	1,165	546	1,711
1974-75	714	317	105	1,136	547	1,683

*Data included on Non-Inpatient Institutions with residencies in Preventive Medicine.

Table 25, on the relationship of training programs to U.S. teaching hospital beds, shows that, of the hospitals approved for graduate training, less than 1% offered internships only. These will no longer be listed, but the statistics were recorded to account for the number of interns on duty. Of the remaining hospitals with medical school affiliations, 54% offered residencies only, and the remaining 44% offered both internships and residencies. These statistics, as has been noted throughout this report, cover a reporting date of September 1, 1973. Internships that have been previously approved could be offered for the academic year, July 1, 1973, through June 30, 1974. The hospitals that had offered only residencies had 47% of the total beds in teaching hospitals, and 25% of all beds in United States hospitals. Those

Table 25.—Relation of Training Programs to U.S. Teaching Hospital Beds, September 1, 1973

	Hospitals		Hospital Beds	
	Number	% of Total in U.S.	Number	% of All Beds in U.S. Hospitals
Hospitals With:				
Internships only.....	32	2	2,797	1
Residencies only.....	809	54	378,767	47
Internships and Residencies...	708	44	417,218	52
Totals For Hospitals:	1,609*	100	798,782	100

*74 Non-Inpatient Institutions with residencies in fields of Preventive Medicine not included.

hospitals that had offered both internships and residencies comprised 44% of the hospitals in the United States, had 52% of all beds in teaching hospitals, and 27% of all beds in hospitals in the United States. In the change to the designation of all graduate training programs as residencies or at least with the discontinuance of the use of the word "internship," this table will not be produced in future editions. The hospitals that as of September 1, 1973, had only internships will probably have become a part of a coordinated program in graduate medical education if they are listed in the 1974-75 Directory of Approved Residencies, or they may

Table 26.—Distribution of House Officers By Source of Medical Education, September 1, 1973

Number on Duty	Affiliated Hospitals			Non-Affiliated Hospitals			Total House Officers
	Schools in U.S. & Canada	Foreign Schools	All Schools	Schools in U.S. & Canada	Foreign Schools	All Schools	
Interns	7,226	2,343	9,569	380	1,082	1,462	11,031
Residents	32,230	12,449	44,679	1,731	2,459	4,190	48,869
Totals	39,456	14,792	54,248	2,111	3,541	5,652	59,900

have been designated as an institution in which a flexible program can be offered that has been accepted by the directors of two or more residency programs in another institution.

Present Status of Graduate Training Programs

Table 26 shows the distribution of house officers by source of medical education, and also the proportion of graduates serving in affiliated and non-affiliated hospitals. As previously indicated, affiliated hospitals obtain more house staff from both the available pool of graduates of medical schools of the United States and Canada and from the pool of graduates of foreign medical schools. As of September 1, 1973, they obtained a total of 39,456 graduates of U. S. or Canadian schools as compared with 35,609 the preceding year, an increase of 3,847 graduates. They obtained 14,792 graduates of foreign medical schools as members of their house staff, compared with 14,741 the preceding year. The total number of house officers in affiliated hospitals increased to 54,248 in 1973, from 50,350 in 1972 and from 47,845 in 1971.

The non-affiliated hospitals, in which the house staff had remained about the same in number from 1972 to 1973, recruited a few more U. S. and Canadian graduates in 1973, with a total of 2,111, as compared with 2,048 in 1972; they recruited, however, 82 fewer graduates of foreign medical schools, with 3,541 foreign graduates in 1973. The total number of house officers in the non-affiliated hospitals was recorded in 1973 as 5,652, as compared with 5,671 in 1972, and 6,514 in 1971.

In the affiliated hospitals, 76% of the interns were graduates of U. S. or Canadian schools; in the non-affiliated hospitals, only 26% were graduates of U. S. or Canadian schools. In the affiliated hospitals, 72% of the residents were graduates of U. S. or Canadian schools; in the non-affiliated hospitals, 41% were graduates of U. S. or Canadian schools.

The affiliated hospitals obtained 91% of all available house staff, of which 66% were U. S. or Canadian graduates, and 25% were graduates of foreign medical schools. The non-affiliated hospitals obtained 9% of the total pool of house staff, of which 3% were graduates of U. S. or Canadian schools and 6% were graduates of foreign medical schools.

Table 27 is a cumulative table showing the status of internships and residencies in the United States since World War II. This table and Table 9 are the only tables in this section that include the number of residencies offered and filled in the several fields of preventive medicine. The total number of positions offered in internships and residencies, as of September 1, 1973, was 66,302, an increase of 994 over the number as of September 1, 1972. This is a record high, exceeding the previous high of 65,615 as of September 1, 1971. The total number of filled positions as of September 1, 1973, was 60,109, a record high in filled positions, with 3,865 more positions filled than in the preceding year, which had been the previous year in which a high of 56,240 filled positions had been reached.

Table 27.—Status of Internship and Residency Programs in the United States

	INTERNSHIPS						RESIDENCIES							
	Total Offered	Total Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Filled Federal Services*		Total Vacant	Total Offered	Total Filled	Filled by Non-Foreign Graduates	Filled by Foreign Graduates	Filled Federal Services*		Total Vacant
					VA	Other						VA	Other	
1973-1974	12,165	11,031	7,606	3,425	83	475	1,134	54,137	49,078	34,159	14,923	1,022	1,946	4,819
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	26,495	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	7,597
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	7,074
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	7,749
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	7,728
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
 †††1961—Fulbright-Hays Act } Exchange-Visitor Program.
 #1961—E.C.F.M.G. Deadline imposed.
 ##1965—Amendments to Immigration and Nationality Act.

Table 27 continues to show an increase in the number of residency positions filled by foreign graduates, and a decrease in the number of internship positions filled, with a net decrease of 47 positions in the number of internship and residency positions filled by foreign graduates in September, 1973 as compared with September, 1972.

In the Table, the two columns on filled federal services contain statistics that have been included in the columns on filled positions, and indicate that little change has occurred in the numbers of interns and residents recruited during the past several years.

Table 28 is a summary table, adding the category "Other Trainees" to the statistics on interns and residents, and tabulating them according to the source of medical education. As of September 1, 1973, the total of all trainees was 69,224, an increase of 4,165 over the year earlier. The number of U. S. and Canadian graduates serving in training programs also increased, becoming 47,392 in 1973, an increase of 4,292. The number of foreign graduates decreased by 127, from 21,959 to 21,832.

Among U. S. and Canadian graduates, the proportion of interns, residents, and other trainees shifted slightly, to 16% serving as interns in 1973, as compared with 17% a year earlier; 72% serving as residents as compared with 70% in

Table 28.—Distribution of Trainees in Graduate Programs, September 1, 1973

	U.S. and Canadian Graduates	Foreign Medical School Graduates	Totals
Interns	7,606 (16%)	3,425 (16%)	11,031 (16%)
Residents	33,961 (72%)	14,908 (68%)	48,869 (71%)
Other Trainees	5,825 (12%)	3,499 (16%)	9,324 (13%)
Totals	47,392 (100%)	21,832 (100%)	69,224 (100%)

1972, and 12% serving as other trainees as compared with 13%. For the foreign graduates, 16% were serving as interns and 68% serving as residents as of September 1, 1973, as compared with 18% as interns and 66% the year earlier; 16% were serving as other trainees in 1973, the same as in 1972.

The proportion of U. S. and Canadian graduates and of foreign medical graduates therefor shifted slightly, with 16% serving as interns during 1973 as compared with 17% the year earlier, 71% as residents, as compared with 69% in 1972, and 13% in 1973 as other trainees, compared with 14% in 1972. Additional data on foreign graduates is presented in the section which follows under the heading of "Special Studies."

Special Studies in Graduate Medical Education

Foreign Medical Graduates

Each year, in addition to the information received from hospitals on foreign medical graduates serving in these institutions 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 the 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, 1973, was 14,908, whereas the number processed in the AMA Records as of September 31, 1973, was 15,660, a difference of 752, possibly those appointed some time between September and December, 1973.

The number of interns reported by hospitals as graduates of foreign medical schools as of September 1, 1973, was 3,425; the number reported as of December 31, 1973, was 3,561, a difference of 136, possibly mostly those appointed between September and December. Some of the difference, however, should be accounted for as simply a lag in the processing of records, both from the standpoint of creating an initial record for a newcomer to the United States, and from the standpoint of changing a record of an intern to that of a resident as the change in appointment is reported and verified.

Table I-A.—Number of Foreign Graduates in U.S. Graduate Training Programs, by Origin of Medical Education, as of December 31, 1973—December 31, 1972

Origin of Medical Training	December 31, 1973			December 31, 1972		
	Interns	Residents	Totals	Interns	Residents	Totals
Africa.....	79	507	586	66	484	550
Americas.....	478	2,540	3,018	504	2,265	2,769
Asia.....	2,580	9,964	12,544	2,229	9,189	11,418
British Isles.....	36	350	386	62	332	394
Europe.....	379	2,180	2,559	377	2,083	2,460
Oceania.....	9	119	128	9	112	121
Totals.....	3,561	15,660	19,221	3,247	14,465	17,712

Table I-A shows the number of foreign graduates in the United States graduate training programs, by origin of medical education, comparing the numbers as of December 31, 1973, with those one year earlier. The table indicates that, as has been the general pattern for the past several years, 65% of the foreign graduates received their medical education in countries in Asia, 16% in Central and South America, 13% in Europe, 3% in Africa, 2% in the British Isles, and less than 1% in Oceania, which is principally Australia. The number of foreign graduates increased during 1973 by 1,509, a 9%

Table I-B.—Foreign Countries Contributing Greatest Number of Graduates to U.S. Graduate Programs as of December 31, 1973

Country and Rank Order	No. of Trainees	% of Total No. of Foreign Trainees in the U.S.	Rank as of Dec. 72	Gain or Loss in Numbers
1. India.....	3,731	19	1	+502
2. Philippines...	2,535	13	2	+95
3. Korea.....	1,428	7	3	+257
4. Formosa.....	895	5	6	+6
5. Iran.....	801	5	5	+122
6. Thailand.....	729	4	4	-60
7. Pakistan.....	646	3	7	+31
8. Italy.....	522	3	10	+68
9. Spain.....	519	3	8	+27
10. Mexico.....	488	3	9	+30
11. Argentina....	425	2	13	+32
12. United Arab Republic...	405	2	11	+19
Totals.....	13,214	69		+1,129

increase during the year over the numbers reported at the end of 1972. A year earlier, the total number of foreign graduates had increased only by 119 persons, over those at the end of 1971.

Table I-B lists the foreign countries contributing the greatest number of graduates to U.S. graduate training programs as of December 31, 1973, and compares their rank with that of the preceding year. Although graduates come from medical schools in more than one hundred countries, these 12 countries contributed 69% of the foreign graduates in training programs in the United States. The three countries with the largest numbers of their graduates serving as interns or residents, as has been true in the past several years, were India, the Philippines, and Korea.

In 1973, 19% of the graduates of foreign medical schools who were serving as interns or residents in the U.S. came from medical schools in India, 13% from medical schools in the Philippines and 7% from medical schools in Korea. At the end of 1972, India had contributed 18% of the foreign graduates, the Philippines 14%, and Korea 7%. India retained first place with a gain of 502 trainees over a year earlier; and Korea had a gain of 257 persons, to achieve its third place rank. The graduates of medical schools in Korea increased by 257, an increase of 18%.

Formosa rose from 6th rank to 4th rank with a total of 895 graduates in this country, which was a gain of only 6 persons during the year. Iran retained its 5th place with a total of 891 graduates in this country as interns or residents, a gain of 122 or 14%. Thailand, which had been 4th highest in the number of foreign graduates at the end of 1972, dropped to 6th. Pakistan continued to rank 7th in the number of its graduates serving in internships or residencies; Italy, which had been 10th, rose to 8th with 522 persons in graduate training programs in this country during 1973.

In Table I-C, the number of foreign medical graduates serving as house staff from the various countries throughout the world had been compared with the numbers as of December 31, 1972.

In Africa, only modest increases were shown by increased numbers from Nigeria, the Union of South Africa, and the United Arab Republic.

In the Americas, the number of residents from Argentina increased by 35, those from Bolivia increased by 18, from Brazil by 30, with a third more interns. From Chile, the number of residents increased by 12%, and the number of interns doubled. Colombia showed an increase of 40 residents, but a decrease of interns. In the remaining countries of South America, approximately the same number of persons were recorded as interns and residents during 1973 as at the end of 1972, except for a slight increase in those who graduated from medical schools in Mexico.

For the countries of Asia, the numbers from India continued to grow, as indicated above, with 19% of all foreign graduates having come from medical schools in that country, compared with 18% in the previous year. Although the Philippines and Iran the preceding year had showed net decreases, they showed substantial increases for the year's end of 1973. Among the smaller countries of Asia, Ceylon, at the end of 1973, again showed a significant increase, with 43 more residents on duty, but a small decrease in the number of interns. The number of graduates from Israel, Syria, and Turkey showed an increase over those for the year ending 1972.

In the British Isles, the numbers remained approximately the same, with smaller numbers coming during 1973 from England, and from the Irish Republic, but with larger numbers coming from Wales.

GRADUATE MEDICAL EDUCATION

Table I-C.—Number of Foreign Graduate Trainees in the United States, by Origin of Medical Education as of Dec. 31, 1973, and 1972

Origin of Medical Training	INTERNS		RESIDENTS		TOTALS	
	1973	1972	1973	1972	1973	1972
Totals	3,561	3,247	15,660	14,465	19,221	17,712
Africa	79	66	507	484	586	550
Algeria.....	0	0	0	1	0	1
Congo.....	0	0	1	1	1	1
Ethiopia.....	1	0	0	1	1	1
Nigeria.....	7	8	50	44	57	52
Rhodesia.....	0	0	0	0	0	0
Sudan.....	0	0	0	2	0	2
Uganda.....	7	8	29	19	36	27
Union of South Africa.....	9	8	77	72	86	80
United Arab Republic.....	55	42	350	344	405	386
Americas	478	504	2,540	2,265	3,018	2,769
Argentina.....	70	73	355	320	425	393
Bolivia.....	11	19	73	55	84	74
Brazil.....	57	34	180	150	237	184
Chile.....	21	10	119	84	140	94
Colombia.....	28	46	301	271	329	317
Costa Rica.....	5	3	25	19	30	22
Cuba.....	30	38	146	144	176	182
Dominican Republic.....	35	27	108	106	143	133
Ecuador.....	10	13	65	51	75	64
El Salvador.....	13	20	61	41	74	61
Guatemala.....	18	9	55	50	73	59
Haiti.....	17	24	92	86	109	110
Honduras.....	2	7	33	24	35	31
Jamaica.....	6	12	46	45	52	57
Mexico.....	67	55	421	403	488	458
Nicaragua.....	4	7	39	31	43	38
Panama.....	4	1	9	10	13	11
Paraguay.....	14	9	46	46	60	55
Peru.....	42	58	235	223	277	281
Uruguay.....	5	7	26	23	31	30
Venezuela.....	19	32	105	83	124	115
Asia	2,580	2,229	9,964	9,189	12,544	11,418
Afghanistan.....	2	1	15	14	17	15
Bangladesh.....	16	7	19	6	35	13
Burma.....	24	10	69	74	93	84
Cambodia.....	2	1	1	0	3	1
Ceylon.....	29	32	200	157	229	189
China (Mainland).....	10	16	32	56	42	72
Formosa.....	187	266	708	623	895	889
Hong Kong.....	5	17	54	45	59	62
India.....	684	614	3,047	2,615	3,731	3,229
Indonesia.....	12	19	88	78	100	97
Iran.....	213	128	678	641	891	769
Iraq.....	11	13	50	56	61	69
Israel.....	4	6	111	83	115	89
Japan.....	47	58	261	254	308	312
Korea.....	428	279	1,000	892	1,428	1,171
Lebanon.....	10	19	184	172	194	191
Malaysia.....	1	1	5	4	6	5
Manchuria.....	0	2	2	2	2	4
Pakistan.....	91	91	555	524	646	615
Philippines.....	575	489	1,960	1,951	2,535	2,440
Singapore.....	3	7	25	19	28	26
Syria.....	90	39	174	131	264	170
Thailand.....	105	97	624	692	729	789
Turkey.....	30	16	90	91	120	107
Vietnam (North).....	0	1	0	0	0	1
Vietnam (South).....	1	0	12	9	13	9
British Isles	36	62	350	332	386	384
England (United Kingdom).....	1	1	35	51	36	52
Ireland (Republic).....	21	41	178	173	199	214
Ireland (United Kingdom).....	0	0	3	5	3	5
Scotland (United Kingdom).....	7	9	56	56	63	65
Wales (United Kingdom).....	7	11	78	47	85	58
Europe	379	377	2,180	2,083	2,559	2,460
Austria.....	8	7	47	48	55	55
Belgium.....	10	11	125	130	135	141
Bulgaria.....	3	5	14	13	17	18
Czechoslovakia.....	4	19	73	86	77	105
Denmark.....	1	6	12	11	13	17
Estonia.....	0	0	0	0	0	0
Finland.....	1	0	6	8	7	8
France.....	19	7	68	51	87	58
Germany (E).....	0	0	1	1	1	1
Germany (W).....	53	41	261	280	314	321
Greece.....	35	29	161	143	196	172
Hungary.....	5	7	38	34	43	41
Iceland.....	2	3	17	18	19	21
Italy.....	82	85	440	369	522	454
Latvia.....	0	0	0	0	0	0
Lithuania.....	0	1	1	0	1	1
Malta.....	0	0	0	2	0	2
Netherlands.....	4	6	24	32	28	38
Norway.....	0	1	6	7	6	8
Poland.....	20	27	96	96	116	123
Portugal.....	4	1	15	17	19	18
Romania.....	5	13	65	65	70	78
Spain.....	68	66	451	426	519	492
Sweden.....	2	2	13	3	15	5
Switzerland.....	25	27	139	148	164	175
USSR.....	2	1	10	7	12	8
Yugoslavia.....	26	12	97	88	123	100
Oceania	9	9	119	112	128	121
Australia.....	9	7	99	92	108	99
New Zealand.....	0	2	20	20	20	22

Among the European countries, Greece, with an increase of 24 persons, divided among internships and residencies, showed a 14% increase in numbers. Italy also recorded increases, which may include some U.S. citizens, who have received their medical education in Italy. The increase of 64 persons represented a 15% increase in numbers, practically all of them at the residency level. The numbers from Spain also increased, with 27 more persons than at the end of 1972. Yugoslavia showed an increase of 23 persons, over the previous total of 100. The number from medical schools in France increased from a total of 58 to a total of 87.

From some countries of Europe that had shown increases in previous years, the numbers decreased by the end of 1973, such as Belgium, West Germany, and Poland. The number of persons coming from schools in Austria remained the same, but the numbers coming from schools in Czechoslovakia, the Netherlands, Romania, and Switzerland, continued to decrease. The numbers coming from Greece increased from 172 to 196, reversing its previous trend to decrease.

The number of graduates from medical schools in Australia coming to this country as interns and residents increased, although the number at the end of 1972 had been a decrease of previous year's totals.

Table I-D lists the 12 foreign medical schools contributing the largest numbers of graduates to graduate training programs in the U.S. as of December 31, 1973. As had been true for a number of years, the Faculty of Medicine and Surgery of the University of Santo Tomas, Manila, The Philippines, contributed the largest number, which number was a slight increase over the number at the end of 1972. As has also been true for several years, the second and third ranking schools were the University of Tehran Faculty of Medicine, Tehran, Iran, and the Far Eastern University of Medicine, Manila, The Philippines. The University of Bombay, Grant Medical College-Seth Gorhandas Sunderdas Medical College, Bombay, India, and the University di Bologna, Facolta di Medicina e Chirurgia, Bologna, Italy, moved up to replace the University of Medical Sciences Faculty of Medicine at Diriraj Hospital, Thonburi, Thailand, which had been in fourth place. The Seoul National University College of Medicine, Seoul, Korea, retained seventh place, but eighth place was claimed by a newcomer, Baroda University Medical College, Baroda, India, so that the College of Medicine of the University of Philip-

Table I-D.—Twelve Foreign Medical Schools Contributing the Largest Number of Graduates to U.S. Graduate Medical Education Programs, December 31, 1973

School	Interns	Residents	Total	Rank as of Dec. 1972
1. University of Santo Tomas, Faculty of Medicine and Surgery, Manila, Philippines	249	907	1,156	1
2. University of Tehran, Faculty of Medicine, Tehran, Iran	154	470	624	2
3. Far Eastern University, Institute of Medicine, Manila, Philippines	112	356	468	3
4. University of Bombay, Grant Medical College-Seth Gorhandas Sunderdas Medical College, Bombay, India	71	308	379	5
5. Università di Bologna, Facolta di Medicina e Chirurgia, Bologna, Italy	57	292	349	6
6. University of Medical Sciences, Faculty of Medicine at Siriraj Hospital, Thonburi, Thailand	39	299	338	4
7. Seoul National University, College of Medicine, Seoul, Korea	93	243	336	7
8. Baroda University Medical College, Baroda, Gujarat, India	49	232	281	
9. University of the East, College of Medicine, Quezon City, Philippines	70	202	272	11
10. Universidad Nacional Autónoma de México Facultad de Medicina, Ciudad Universitaria, Mexico City, Mexico	36	235	271	10
11. University of the Philippines, College of Medicine, Manila, Philippines	41	226	267	8
12. Damascus University Medical College, Damascus, Syria	90	174	264	
Totals	1,081	3,944	5,005	

ines dropped to 11th place, and the Faculty of Medicine at Chulalongkorn Hospital, University of Medical Sciences, Bangkok, Thailand, dropped out the first 12. The remaining four ranking from 9th to 12th had previously ranked as 11, 10, and 8, with the Damascus University Medical College at Damascus, Syria, a newcomer to the list of 12.

The Table indicates that the 12 foreign medical schools have 5,005 of their graduates serving in internship or residency positions in the United States at the end of 1972, which accounted for 26% of all foreign graduates in the United States at the end of 1973. The four Philippine medical schools listed contributed a total of 2,163 persons, or 11% of the total.

Table I-E.—Ten U.S. Medical Schools Contributing the Largest Number of Graduates to U.S. Graduate Medical Education Programs, December 31, 1973

School	Interns	Residents	Total	Rank Order Dec. 1972
1. University of Illinois College of Medicine, Chicago, Illinois	162	750	912	2
2. Ohio State University College of Medicine, Columbus, Ohio	275	620	895	7
3. University of Michigan Medical School, Ann Arbor, Michigan	175	700	875	1
4. Indiana University School of Medicine, Indianapolis, Indiana	183	659	842	3
5. State University of New York Downstate Medical Center, New York—Brooklyn	143	671	814	4
6. Jefferson Medical College of Thomas Jefferson University, Philadelphia, Pennsylvania	143	667	810	5
7. University of Minnesota Medical School, Minneapolis, Minnesota	154	542	696	6
8. University of Tennessee College of Medicine, Memphis, Tennessee	148	528	676	9
9. Northwestern University Medical School, Chicago, Illinois	114	548	662	10
10. Harvard Medical School, Boston, Massachusetts	148	500	648	8
Totals	1,645	6,185	7,830	

Table I-G.—Interns and Residents by School of Medical Education as of December 1973

State Location of Medical School	Interns	Residents	Totals
Alabama	81	284	365
Arizona	54	54	108
Arkansas	75	287	362
California	639	1,831	2,470
Colorado	93	329	422
Connecticut	96	310	406
District of Columbia	260	1,127	1,387
Florida	154	506	660
Georgia	179	604	783
Illinois	514	2,279	2,793
Indiana	183	659	842
Iowa	180	534	714
Kansas	86	421	507
Kentucky	140	522	662
Louisiana	231	884	1,115
Maryland	211	823	1,034
Massachusetts	341	1,217	1,558
Michigan	296	1,170	1,466
Minnesota	154	542	696
Mississippi	77	254	331
Missouri	293	1,135	1,428
Nebraska	169	549	718
New Hampshire	16	0	16
New Jersey	83	277	360
New Mexico	34	69	103
New York	951	3,790	4,741
North Carolina	166	773	939
Ohio	433	1,324	1,757
Oklahoma	92	333	425
Oregon	76	274	350
Pennsylvania	725	2,734	3,459
Puerto Rico	70	228	298
South Carolina	89	289	378
Tennessee	265	945	1,210
Texas	368	1,274	1,642
Utah	62	196	258
Vermont	60	181	241
Virginia	186	657	843
Washington	67	312	379
West Virginia	57	205	262
Wisconsin	174	669	843
Totals:	8,480	30,851	39,331

Table I-F.—State Origin of Medical Education of Interns and Residents, and Distribution of House Staff by State, December, 1973

STATES	U.S. Graduates in Training in Same State as their Medical School			U.S. Graduates 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
	IN-TERNS	RESI-DENTS	TOTAL	IN-TERNS	RESI-DENTS	TOTAL	IN-TERNS	RESI-DENTS	TOTAL	IN-TERNS	RESI-DENTS	TOTAL	
Alabama	50	140	190	48	148	196	..	..	..	..	47	47	433
Alaska	..	..	..	..	..	..	..	..	..	..	..	..	1
Arizona	17	22	39	117	253	370	..	1	1	..	86	91	501
Arkansas	34	143	177	7	39	46	..	..	..	..	6	6	231
California	459	1,249	1,708	862	3,177	4,039	34	79	113	35	307	342	6,202
Canal Zone	..	..	..	12	21	21	..	..	..	..	..	..	14
Colorado	21	82	103	152	558	710	3	10	13	12	55	67	893
Connecticut	25	81	106	102	421	523	1	3	4	123	399	522	1,155
Delaware	..	..	..	20	40	60	..	..	..	2	33	35	96
Dist. of Col.	64	247	311	98	383	481	1	2	3	2	278	339	1,134
Florida	61	204	265	163	566	729	..	..	..	64	273	337	1,337
Georgia	69	227	296	100	333	433	1	6	6	17	111	128	863
Hawaii	..	..	..	17	59	76	1	4	5	15	34	49	130
Idaho	..	..	..	2	2	2	..	..	..	..	..	..	2
Illinois	177	798	975	151	458	609	..	10	10	44	1,417	1,858	3,452
Indiana	102	293	395	46	129	175	..	..	..	5	58	63	633
Iowa	20	166	186	39	200	239	..	3	3	12	74	86	514
Kansas	32	150	182	36	134	170	..	1	1	..	81	81	434
Kentucky	53	148	201	42	149	191	..	..	..	23	108	131	523
Louisiana	100	357	457	47	151	198	..	2	2	13	108	121	778
Maine	..	..	..	14	40	54	..	..	..	..	8	8	66
Maryland	60	296	356	89	742	831	2	9	11	189	589	778	1,976
Massachusetts	137	502	639	239	1,157	1,396	1	48	49	90	758	848	2,932
Michigan	147	505	652	148	566	714	8	33	41	215	1,010	1,225	2,632
Minnesota	99	332	431	180	606	786	2	41	43	17	176	193	1,453
Mississippi	27	118	145	23	56	79	..	..	..	7	6	13	237
Missouri	106	311	417	108	394	502	..	9	9	93	383	476	1,404
Montana	..	..	..	2	2	2	..	..	..	..	..	..	2
Nebraska	66	167	233	11	41	52	..	..	..	1	32	33	318
Nevada	..	..	..	1	2	3	..	..	..	..	..	..	3
New Hampshire	4	..	4	29	96	125	..	1	1	..	10	10	140
New Jersey	25	86	111	36	268	304	..	3	3	324	875	1,199	1,617
New Mexico	5	13	18	27	122	149	..	1	1	..	8	8	176
New York	482	1,743	2,225	420	1,520	1,940	3	47	50	1,003	4,504	5,507	9,722
North Carolina	41	263	304	189	495	684	3	4	7	9	85	94	1,089
North Dakota	..	..	..	7	3	10	..	2	2	..	..	..	13
Ohio	151	522	673	199	824	1,023	3	16	19	268	1,109	1,377	3,092
Oklahoma	57	119	176	20	82	102	..	..	..	2	38	40	318
Oregon	11	82	93	83	242	325	1	4	5	4	31	35	458
Pennsylvania	325	1,139	1,464	187	739	926	..	15	15	275	1,055	1,330	3,785
Puerto Rico	47	128	175	2	3	5	..	..	..	33	186	219	399
Rhode Island	..	..	..	54	103	157	..	3	3	25	131	156	316
South Carolina	28	142	170	27	142	169	..	1	1	..	39	39	379
South Dakota	..	..	..	5	12	17	..	..	..	..	1	1	18
Tennessee	141	333	474	70	231	301	1	..	..	20	143	163	939
Texas	192	738	930	230	942	1,172	1	9	10	43	365	408	2,520
Utah	12	75	87	55	198	253	..	4	4	1	21	22	366
Vermont	7	22	29	16	108	124	..	3	3	..	11	11	167
Virginia	70	215	285	111	487	598	..	1	1	24	176	200	1,084
Washington	19	84	103	110	432	542	1	12	13	1	44	45	703
West Virginia	16	71	87	6	32	38	..	1	1	14	89	103	229
Wisconsin	41	199	240	95	302	397	..	3	3	50	186	236	876
Wyoming	..	..	..	1	1	1	..	..	..	..	..	..	1
TOTALS	3,600	12,512	16,112	4,850	18,250	23,100	68	400	468	3,542	15,555	19,097	58,777

Table I-E lists the ten medical schools in the United States contributing the largest number of U.S. graduates to internship and residency positions as of December 31, 1973. The rank order changed during the past year, so that, although Ohio State University College of Medicine at Columbus, which previously had ranked number one in the number of graduates in programs, showed an increase of numbers, it was surpassed in numbers by the 912 graduates of the University of Illinois College of Medicine. All of the ten schools listed showed an increased number of graduates serving in internship and residencies during 1973 as compared with the numbers at the end of the year for 1972. The totals for 1972 showed 7,074, as compared with 7,830 at the end of 1973, an increase of 756 or 11%.

State Origin of Medical Education of House Staff

Tables I-F and I-G, used together, indicate the relative success of states in retaining for graduate education the physicians who receive their medical education in that state. It has been the impression that physicians tend to practice in areas in which they receive their graduate education, and therefore the graduates who remain in the state might serve as one of the predictors of the number of physicians who will practice in that state. The numbers in these two tables vary slightly from those shown in Tables under the "Annual Report" section, because of a difference of reporting as to the

total number of foreign graduates. The difference, however, in each of these cases is relatively small.

The success of a state can be illustrated, for example, in the fact that Table I-F indicates that there were 365 graduates of the medical school in Alabama who were serving internships and residencies as of December 31, 1973; 190 of these are in programs within Alabama; 150 have gone elsewhere. This State, however, has received 196 persons who graduated from medical schools in other states of the United States, so that it has more than replaced its investment in graduates of United States schools. In Illinois, however, 2,793 graduates of its medical schools were serving internships and residencies at the end of December, 1973; only 975 of these remained in Illinois, but Illinois also received 608 graduates of other medical schools in the United States, for a total of 1,583 U.S. graduates. It added 10 graduates of Canadian medical schools and 1,858 graduates of foreign medical schools, or a total of 3,451 on duty.

Although the relative success of each state varies widely, out of a total of 39,331 graduates only 16,112 remained in the State in which they had received their medical education or 41%. The State that retained the largest number of graduates was California, with 69%, followed by Michigan with 62%, Puerto Rico with 59%, Texas with 57%, Alabama with 52%. The States with less than 50% were Arkansas with 49%, Indiana with 41%, Massachusetts 41%, Michigan

44%, New York 47%, Oklahoma 41%, Pennsylvania 41%, and South Carolina 45%.

Fourteen states did not attract as many interns and residents, including their own graduates, other U.S. graduates, graduates of Canadian schools or graduates of foreign medical schools, to total the number that had been trained in medical schools in their State. For example, Arkansas which had given a medical education to 362 persons serving internships and residencies by the end of December, 1973, had only 231 interns and residents serving in that State. In the District of Columbia, only 1,134 interns and residents were on duty, although the medical schools of the District of Columbia had trained 1,387 of those on duty throughout the United States as of the end of December, 1973. Similar comments would apply to Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, Oklahoma, Tennessee, Vermont, and West Virginia. The greatest deficits appeared to be in Louisiana, with a deficit of 337, Tennessee with a deficit of 271 and District of Columbia with a deficit of 257.

Physicians Certified by Specialty Boards

Table I-H presents statistics on the number of physicians certified by the approved examining boards in the medical specialties as of December 31, 1973. A similar table was presented in the 1973-74 Directory for the first time.

It will be noted that the American Board of Allergy and Immunology, a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics, has now issued 440 certificates to those persons who have previously been certified and received subcertification by one of its two parent Boards. The certificates were issued upon request to such persons, and the American Board of Allergy and Immunology, a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics, held its first examination during 1974.

It should also be noted that the number of persons certified by the American Board of Family Practice during 1973 totaled 5,756, which number includes 1,240 persons certified in 1973, but whose certification was not reported until early 1974. This item is of note, as some records may show only the number of 4,520 which was the number reported but not the total number certified by the end of 1973. The total number of 148,919 persons certified represents an increase of 13,451 over the total at the end of 1972. The number of graduates of medical schools in the United States increased by 11,801, or 10%, and the number of graduates of foreign medical schools increased by 2,796 persons or 22%.

The number of graduates of foreign medical schools certified in various specialties increased somewhat during 1973, particularly in anesthesiology, colon and rectal surgery, internal medicine, nuclear medicine, pathology, and surgery. The number certified by the end of 1973 indicated that 10.3% were graduates of foreign medical schools, as compared with 9.2% at the end of 1972.

Black Physicians in Graduate Education

Since 1968, the annual questionnaire to hospitals with graduate training programs has stated that "in their present collaborative endeavors, to attract more blacks into medicine for a program of talent recruitment, the American Medical Association and the National Medical Association are obligated to determine both the number and distribution of black physicians who are *U.S. citizens and who are serving internships and residencies in hospitals in the country.*"

Tables II-A and II-B record information provided as of September 1, 1973 by hospitals with approved graduate training programs. Table II-A indicates that 305 hospitals, or 18% of the total of 1,683 hospitals with approved graduate training programs, had appointed black house officers. Of the 1,366 on duty, 334 were serving as interns, and 1,032 as residents. These numbers compared with 293 interns and 921 residents in 1972, indicate a slight gain of 152 during the year. Of these numbers, 85% of the interns and 75% of the residents were graduates of U.S. or Canadian medical schools.

These statistics, which have been gathered for almost five years, have continued to show a slow but steady increase in numbers appointed to graduate training programs.

Table II-B shows that, of the 1,366 black citizens in residencies, 769, or 75% were serving in programs with medical school affiliations. Out of the 263 graduates of foreign medical schools, 86% were serving in programs affiliated with a medical school.

In analyzing the distribution by specialty, it is noted that the largest number were serving appointments in internal medicine, followed by obstetrics-gynecology and by general surgery. This distribution was also true as of September 1, 1972, with approximately the same proportion, 17% in internal medicine, 14% in obstetrics-gynecology, and 13% in general surgery.

For 1973, the number in family practice showed a significant increase, with 55 appointed to residencies in this field as compared with 16 the year earlier. In 1972 there were also ten in general practice, so that the total in a combination of family practice and general practice was about 3%, as com-

Table I-H.—Physicians Certified By Specialty Boards as of December 31, 1973+

American Board Of:	Graduates U.S. Schools	Graduates Canadian Schools	Graduates Foreign Schools	Total Certified	Percent Foreign
Allergy and Immunology*	402	8	30	440	6.8
Anesthesiology	4,459	171	1,132	5,762	19.6
Colon and Rectal Surgery	331	16	56	403	13.8
Dermatology	2,730	50	180	2,960	6.0
Family Practice	5,396	66	294	5,756*	5.1
Internal Medicine	24,641	314	2,032	26,987	7.5
Neurological Surgery	1,383	49	145	1,577	9.1
Nuclear Medicine	1,070	27	180	1,277	14.0
Obstetrics-Gynecology	10,722	230	951	11,903	7.9
Ophthalmology	6,458	149	411	7,018	5.8
Orthopedic Surgery	6,820	177	453	7,450	6.0
Otolaryngology	4,372	130	351	4,853	7.2
Pathology	6,118	211	1,971	8,300	23.7
Pediatrics	11,725	226	1,993	13,944	14.2
Physical Med. & Rehab.	615	17	231	863	26.7
Plastic Surgery	1,035	24	91	1,150	7.9
Preventive Medicine	2,200	51	97	2,348	4.1
Psychiatry and Neurology	9,291	341	1,369	11,001	12.4
Radiology	9,146	187	1,128	10,461	10.7
Surgery	15,977	297	1,680	17,954	9.3
Thoracic Surgery	2,210	43	336	2,589	12.9
Urology	3,591	64	268	3,923	6.8
Totals	130,692	2,848	15,379	148,919	10.3

*Includes 1,240 certified in 1973 but not reported until 1974.

+Compiled from the Physicians Records of the American Medical Association, and prepared by the Department of Graduate Medical Education.

Table II-A.—Black U.S. Citizens Serving in Internship and Residency Programs, as of Sept. 1, 1973

	Number of Hospitals Appointing Black House Officers	Black Citizens in Internships			Black Citizens in Residencies			Total on Duty
		U.S. & Canada Grads.	Foreign Grads.	Total	U.S. & Canada Grads.	Foreign Grads.	Total	
Alabama	3	..	..	..	7	..	7	7
Arizona	1	..	..	..	1	..	1	1
California	38	56	1	57	119	2	121	178
Canal Zone	1	1	..	1	..	..	..	1
Colorado	4	2	..	2	7	..	7	9
Connecticut	7	1	..	1	14	1	15	16
Delaware	1	2	..	2	..	..	..	2
Dist. of Columbia	9	54	1	55	142	4	146	201
Florida	11	4	..	4	19	9	28	32
Georgia	4	9	..	9	7	1	8	17
Hawaii	2	..	..	..	2	..	2	2
Illinois	15	7	1	8	31	4	35	43
Indiana	3	1	..	1	3	2	5	6
Iowa	2	..	..	..	4	..	4	4
Kansas	1	..	..	..	1	..	1	1
Louisiana	3	2	8	10	1	57	58	68
Maryland	11	4	7	11	27	54	81	92
Massachusetts	14	12	..	12	24	7	31	43
Michigan	13	22	..	22	31	3	34	56
Minnesota	4	3	..	3	18	20	38	41
Mississippi	2	1	..	1	1	..	1	2
Missouri	9	..	..	..	20	2	22	22
Nebraska	1	..	..	..	..	1	1	1
New Jersey	7	2	24	26	8	2	10	36
New York	49	43	1	44	108	25	133	177
North Carolina	4	1	..	1	5	..	5	6
Ohio	18	13	..	13	34	1	35	48
Oregon	1	..	..	..	..	6	6	6
Pennsylvania	24	12	3	15	26	3	29	44
Puerto Rico	1	..	..	..	..	1	1	1
Tennessee	5	5	4	9	45	48	93	102
Texas	22	19	1	20	50	9	59	79
Utah	2	1	..	1	1	..	1	2
Virginia	5	2	..	2	6	..	6	8
Washington	4	1	..	1	4	1	5	6
Wisconsin	4	3	..	3	3	..	3	6
Totals	305	263	51	334	769	263	1,032	1,366

pared with 5% as of September 1, 1973; in residencies of family practice. The numbers increased somewhat in the fields of pediatrics, with 9% serving appointments in this specialty as compared with 7% last year, and in psychiatry, with 8% in this field as compared with 7% last year. The numbers in some specialties showed numerical decreases, which of course would also result in decreases on a percentage basis. These specialties were anesthesiology, orthopedic surgery, physical medicine and rehabilitation, and general radiology. Some other specialties attracted about the same number and proportion as formerly, such as ophthalmology and urology.

Osteopathic Physicians in Graduate Education

For the past several years, the questionnaires sent to hospitals with approved graduate programs has requested information on the appointment of osteopathic physicians to the hospital attending staff and their appointment as members of the house staff. Because the questionnaire is limited to those hospitals with approved graduate programs, the information given in Table III-A does not, obviously, cover all hospitals in the United States, and therefore is not an indication of the total appointments of osteopathic physicians to

Table II-B.—Black U.S. Citizens Serving in Residencies, by Specialty and Hospital Affiliation as of September 1, 1973

Specialty	U.S. and Canadian Graduates					Foreign Graduates				Total on Duty	
	Types of Medical School Affiliation					Types of Medical School Affiliation					
	Major	Limited	Grad.	None	Total	Major	Limited	Grad.	None		Total
Anesthesiology	5	..	..	2	7	31	..	..	..	31	38
Child Psychiatry	2	..	..	1	3	1	..	..	..	1	4
Diagnostic Radiology	8	..	..	1	9	..	..	..	..	..	9
Dermatology	10	..	..	..	10	2	..	..	..	2	12
Family Practice	32	3	2	14	51	2	2	..	..	4	55
General Surgery	80	12	5	13	110	19	..	..	5	24	134
Internal Medicine	99	16	9	12	136	31	1	..	4	36	172
Neurological Surgery	12	1	..	..	13	2	..	..	..	2	15
Neurology	8	1	..	1	10	17	..	..	..	17	27
Nuclear Medicine	1	..	..	..	1	1	..	..	..	1	2
Obstetrics-Gynecology	86	9	13	8	116	19	..	6	2	27	143
Ophthalmology	16	9	..	2	27	3	..	..	2	5	32
Orthopedic Surgery	23	5	..	6	34	5	..	..	..	5	39
Otolaryngology	9	..	..	2	11	3	..	..	..	3	14
Pathology	15	..	..	2	17	13	3	..	2	18	35
Pediatrics	53	3	13	1	70	21	..	..	..	21	91
Pediatric Allergy	1	..	..	..	1	1	..	..	..	1	2
Pediatric Cardiology	5	..	..	..	5	1	..	..	..	1	6
Physical Med. & Rehab.	1	..	..	2	3	6	..	..	..	6	9
Plastic Surgery	1	..	..	..	1	2	..	..	..	2	3
Psychiatry	46	2	1	9	58	14	1	..	5	20	78
Radiology	25	5	2	7	39	9	2	..	1	12	51
Therapeutic Radiology	1	..	..	1	2	1	..	..	..	1	2
Thoracic Surgery	2	1	..	..	3	5	..	..	..	5	8
Urology	19	..	..	2	21	10	..	..	..	10	31
Other Specialties	10	..	1	..	11	8	..	..	..	8	19
Totals	570	67	46	86	769	227	9	6	21	253	1,022

Table III-A.—Departmental Appointments of Osteopaths on Attending Staff, by State Department Appointments, by Specialty, as of September 1, 1973

	Hospitals in Which Osteopaths May Be Appointed			Anesthesiology	Child Psych.	Diag. Radiology	Dermatology	Family Prac.	Gen. Prac.	General Surg.	Internal Med.	Neurology	Nuclear Med.	ObG.	Orthopedic Surg.	Otolaryngology	Pathology	Pediatrics	PM&R	Psychiatry	Radiology	Urology	Other Specialties
	Eligible for Appointment	Have Been Appointed	Osteopaths Appointed																				
Alabama.....	6
Alaska.....	1
Arizona.....	6	3	9	..	..	..	1	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..
Arkansas.....	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
California.....	29	5	17	1	..	..	1	..	1	..	2	..	..	..	..	..	..	1	3	5	..	3
Canal Zone.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colorado.....	14	11	24	..	..	..	..	10	1	..	5	..	..	..	..	..	..	3	..	..	..	5
Connecticut.....	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Delaware.....	3	1	15	..	..	..	..	14	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Dist. of Columbia.....	7	1	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..
Florida.....	18	6	15	..	..	..	..	12	1	..	..	..	1	1	..	..	..	..	..	..	..	..
Hawaii.....	3	2	6	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..	1	1	1	..
Illinois.....	46	10	17	..	..	..	..	3	3	3	4	..	..	..	..	..	..	1	1	2	..	3
Indiana.....	11	2	3	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Iowa.....	15	6	21	..	..	..	1	11	3	1	1	..	..	1	..	..	..	..	..	2	..	1
Kansas.....	10	3	4	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	2
Kentucky.....	9	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Louisiana.....	9	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Maine.....	3	1	4	1	..	..	..	..	1	..	3	..	..	..	..	..	..	..	..	..	..	..
Maryland.....	14	3	3	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	1
Massachusetts.....	24	6	7	..	..	..	..	2	2	..	1	..	..	..	..	..	..	..	..	1	..	1
Michigan.....	44	27	128	7	1	..	..	53	11	7	7	..	..	4	1	..	3	19	..	6	2	7
Minnesota.....	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mississippi.....	3	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Missouri.....	26	14	26	2	..	..	..	..	3	1	9	..	..	..	..	..	..	4	..	3	..	4
Nebraska.....	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
New Hampshire.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
New Jersey.....	38	30	124	2	..	..	..	14	27	..	60	..	..	1	2	..	..	5	..	5	1	7
New Mexico.....	3	3	6	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	4
New York.....	81	20	24	1	..	1	..	3	..	..	6	3	..	3	..	..	..	..	1	4	..	2
North Dakota.....	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ohio.....	51	20	51	2	..	..	2	2	19	1	11	..	..	7	..	..	..	6	..	1	..	..
Oklahoma.....	5	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Oregon.....	6	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Pennsylvania.....	74	47	197	3	..	..	1	9	26	1	79	..	1	21	..	..	1	19	2	10	1	23
Puerto Rico.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rhode Island.....	9	3	9	..	..	..	..	..	..	..	1	..	..	5	..	..	..	2	..	1	..	..
South Carolina.....	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
South Dakota.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tennessee.....	7	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Texas.....	32	7	16	2	..	..	..	7	2	1	2	..	..	..	..	..	..	..	..	2	..	..
Utah.....	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Vermont.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Virginia.....	16	4	5	1	..	..	..	..	..	..	3	..	..	..	..	1	..	..	..	..	..	..
Washington.....	13	4	27	1	..	..	..	12	4	..	9	..	..	..	..	..	..	..	..	1	..	..
West Virginia.....	6	2	3	..	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..
Wisconsin.....	17	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals.....	726	250	772	23	1	1	7	158	109	15	211	4	2	45	4	1	4	61	8	48	5	2	63

hospital staffs throughout the United States. As of September 1, 1973, the information tabulated from teaching hospitals, which includes all hospitals with approved internship and/or residency programs, indicated that 726 of the 1,683 hospitals included in the mailing, indicated that osteopaths would be eligible for appointment to their staff. Out of the 726 hospitals, 250 hospitals have appointed a total of 772 osteopathic graduates. Although this represents an increase in the number of hospitals in which osteopaths are eligible for appointment and an increase in the number making such appointments, the total number of osteopaths appointed has decreased from 1,108 as of September 1, 1972 to 772 as of September 1, 1973. The noticeable difference occurs in the State of Michigan, in which, in 1972, there were 518 appointed, whereas in 1973 only 128 were listed as appointed. In this State, 44 hospitals in 1973 indicated they were eligible, as compared with 42 the preceding year, and 27 indicated that appointments had been made, as compared with 23 in 1972, but these 27 hospitals appointed only 128 as compared with 518 the preceding year. In the State of New Jersey, also, the number decreased, but in this State the number of hospitals in which they were eligible for appointment as well as the number in which such appointments were actually made also decreased so that the total appointed as of September 1, 1973 was only 124 as compared with 145 the year before. In Pennsylvania, with 74 hospitals indicating, as in the preceding year that osteopaths were eligible for staff appointments,

47 hospitals reported that appointments had been made, as compared with 41 the previous year, and it was recorded that 197 osteopaths were appointed as compared with 180 the previous year.

In the specialties in which appointments had been made, the most noticeable change was in general surgery, principally due to the decrease in numbers in the State of Michigan. In September, 1972, it was reported that 177 osteopaths had been given staff appointments in the Department of Surgery, whereas in 1973, the number was only 15. In the 1972 statistics, 157 out of the 177 had been appointments made in hospitals in the State of Michigan.

For staff appointments made in the Department of Internal Medicine, the number of appointments made in 1973 decreased to 211 as compared with 312 the preceding year, and for the combined Departments of General Practice and Family Practice, the numbers also decreased, from 331 in 1972 to 267 in 1973. The numbers identified, however, with the Department of Family Practice increased from 92 to 158 during the year, whereas the numbers identified specifically with the Department of General Practice decreased from 239 to 109. Appointments of osteopaths on the attending staffs in the Departments of Anesthesiology, Pediatrics, and General Radiology showed an increase in 1973, over the number of appointments in 1972, but the number of appointments to the attending staff in the Department of Obstetrics-Gynecology showed a decrease, from a total of 87 in 1972 to

Table III-B.—Graduates of Osteopathic Schools in AMA-Approved Internships

State	September 1, 1973		September 1, 1972	
	Number of Hospitals	Number of Interns on Duty	Number of Hospitals	Number of Interns on Duty
Arizona.....	1	4	..	..
California.....	4	5	3	4
Colorado.....	3	5	1	1
Connecticut.....	1	1	..	..
Delaware.....	1	1	..	3
Dist. of Columbia.....	1	3	2	9
Hawaii.....	1	1	1	3
Illinois.....	6	12	6	8
Indiana.....	..	..	1	1
Iowa.....	1	7	2	6
Kansas.....	1	2	1	2
Louisiana.....	1	3	1	4
Maryland.....	2	2	3	3
Massachusetts.....	..	..	1	1
Michigan.....	1	2	2	2
Minnesota.....	1	1	2	2
New Jersey.....	5	13	4	18
New York.....	8	25	4	16
Ohio.....	5	11	7	16
Pennsylvania.....	11	21	4	8
Rhode Island.....	1	2	..	..
Tennessee.....	3	5	..	..
Texas.....	..	..	10	14
Virginia.....	2	4	3	5
Washington.....	1	1	1	2
Wisconsin.....	..	..	1	1
Totals.....	61	128	61	128

45 in 1973. It should be emphasized, of course, that these statistics pertain only to hospitals with approved graduate training programs, and do not cover all hospitals throughout the United States in which osteopaths may be eligible for appointment to the attending staff and may have been appointed.

Table III-B tabulates the graduates of osteopathic schools who were serving in AMA approved internships as of 1973, compared with those one year earlier. These numbers have remained almost stationary during the past three years, and the totals, for 1972 and 1973 were identical, although the numbers in various states changed slightly. As of September 1, 1973, 61 hospitals had appointed 128 graduates of osteopathic schools to AMA approved internships; the same number of hospitals and the same number of interns were appointed as of September 1, 1972; for September 1, 1971, 62 hospitals had made appointments of 123 osteopathic graduates to their internship programs. The lack of increase may be partially due to the fact that some may have started training in fields in which the first year is not listed as an internship, such as family practice and pediatrics.

In Table III-C, the number of graduates of osteopathic schools in approved residencies is shown by specialty and by state. A total of 480 osteopathic graduates were serving in AMA approved internships as compared with 427 the previous year. It should be noted that graduates of osteopathic schools may be appointed to AMA approved residencies if the specialty board in that specialty has agreed to accept such candidates for possible certification. The specialty boards accepting graduates of osteopathic schools include anesthesiology, dermatology, family practice, internal medicine, obstetrics-gynecology, orthopedic surgery, otolaryngology, pathology, pediatrics, physical medicine and rehabilitation, preventive medicine, psychiatry and neurology, and radiology. Plastic surgery, which for a year or two had indicated that it would accept osteopathic graduates when eligible, has now changed its requirements and they are no longer eligible for examination by the American Board of Plastic Surgery. The table does indicate that appointments have been made in some cases to residencies in specialties in which osteopathic graduates are not yet permitted to serve without jeopardizing approval of the program. Some of these

Table III-C—Graduates of Osteopathic Schools in Approved Residencies, September 1, 1973

	Alabama	Arizona	California	Colorado	Connecticut	Delaware	Dist. of Columbia	Florida	Georgia	Hawaii	Illinois	Indiana	Iowa	Kansas	Kentucky	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Missouri	Nebraska	New Jersey	New Mexico	New York	North Carolina	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina	Tennessee	Texas	Vermont	Virginia	Washington	Wisconsin	Totals
Anesthesiology.....	2	..	1	..	..	..	..	..	..	..	3	..	2	..	..	1	..	1	1	..	1	..	1	..	1	..	7	1	..	2	..	..	1	..	1	..	..	26
Child Psychiatry.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	4
Diagnostic Radiology.....	1	1	4
Dermatology.....	1	1	4
Family Practice.....	3	3	..	1	..	5	1	..	2	..	3	2	..	..	1	..	..	..	..	..	1	1	..	2	..	2	..	6	..	..	..	..	..	..	..	..	..	33
General Practice.....	1	..	3	1
General Surgery.....	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1	..	1	..	2	3	1	2	..	..	..	..	..	..	..	..	..	11
Internal Medicine.....	2	1	..	2	2	2	..	5	..	2	..	1	..	6	..	6	..	2	13	19	16	..	16	1	16	1	16	1	2	..	2	..	4	..	4	..	1	95	
Neurology.....	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	5	2	3	3	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	1	21
Obstetrics-Gynecology.....	1	1	1	1	1	2	4	1	..	1	..	..	..	..	..	4	1	5	2	1	6	1	3	..	3	..	8	..	1	..	..	..	1	..	1	..	46	
Ophthalmology.....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	3
Orthopedic Surgery.....	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	1	3	..	1	..	..	..	..	..	..	..	..	..	..	..	15
Otolaryngology.....	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
Pathology.....	..	..	..	2	..	1	1	2	..	1	2	..	1	1	1	1	1	..	..	..	..	3	..	3	..	3	..	3	..	3	..	5	..	3	1	1	2	28
Pediatrics.....	2	1	..	1	..	1	2	..	1	..	1	..	1	..	1	3	..	6	..	..	6	..	4	..	2	..	5	..	5	..	..	..	..	..	..	1	33	
Pediatric Allergy.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Physical Med. & Rehab.....	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	..	..	3	..	..	..	..	..	..	..	2	1	14	
Psychiatry.....	1	6	1	..	1	4	1	6	..	2	3	..	12	..	7	2	3	1	10	..	1	10	..	1	1	23	8	..	2	3	1	1	1	1	..	92			
Radiology.....	1	..	..	..	..	1	1	1	..	1	..	..	5	1	..	2	..	2	..	..	2	..	3	..	3	..	1	..	..	..	..	..	..	..	..	..	31	
Thoracic Surgery.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
Urology.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Other Specialties.....	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	..	..	..	3	..	2	..	..	..	..	..	..	..	..	9	
Totals.....	2	4	24	5	1	4	14	12	3	7	20	1	11	9	2	5	1	39	2	1	32	3	28	6	60	1	48	1	2	93	1	1	3	13	2	9	6	480	

candidates may have been appointed through misunderstanding of the policy and may have been serving in a program during a period in which the program was not scheduled for review. It is the policy of the Council on Medical Education, at the request of the AMA House of Delegates, that, for the protection of the osteopathic graduate, hospitals and program directors are notified that osteopathic graduates may be appointed to programs in the above specialties without jeopardizing approval of the program. Residencies in specialties certified by the following American Boards are not yet open to osteopaths: colon and rectal surgery, general surgery, neurological surgery, ophthalmology, plastic surgery, thoracic surgery, and urology.

The number of graduates of osteopathic schools serving in approved residencies in the various states showed some shifts, with an increase in California, Florida, Illinois, Iowa, New Jersey, Ohio, and Pennsylvania. The number serving in approved residencies in the following states decreased: District of Columbia, Michigan, New York, and Texas.

The residencies in which the candidates were serving as of September 1, 1973, followed the same distribution as in the previous year, in general, although there was an increase from nine candidates in family practice programs in 1972 to 33 in 1973. The numbers in anesthesiology and in pathology almost doubled, during 1973, as compared with 1972, and other specialties which showed proportionate increases in the numbers of candidates appointed in such residencies were internal medicine, neurology, obstetrics-gynecology, orthopedic surgery, physical medicine, and psychiatry. Two specialties, pediatrics and general radiology showed a slight decline in the number of candidates appointed to residencies in these fields.

Women in Graduate Medical Education

Table IV-A lists the states and the affiliation status of hospitals in which women were serving internships as of September 1, 1973 and provides the statistics of U.S. and Canadian schools and for foreign graduates. The total number of women serving in internships decreased, possibly because of the change in terminology for the first year of graduate medical education, with a drop from 1,739 serving internships as of September 1, 1972, to 1,523 one year later. The number of women graduates of U.S. and Canadian schools serving internships dropped from 833 to 777, and the number of women graduates of foreign medical schools serving in internships dropped from 906 in September, 1972, to 746 in 1973. The tables does indicate that while 74% of the U.S. and Canadian graduate women interns received appointments in major teaching hospitals, only 34% of the foreign women graduates received appointments as interns in hospitals with major affiliation with a medical schools. For the U.S. and Canadian graduates, only 11% accepted appointments in hospitals with no medical school affiliation, whereas 37% of the women foreign graduates accepted internship appointments in hospitals without medical school affiliation.

The statistics in the preceding table, Table IV-A, indicated that 777 U.S. and Canadian women were serving in internships, comprising 10.2% of the total U.S. and Canadian graduates on duty in internship programs, despite the fact that women made up only 9.9% of the class that had graduated for the academic year ending June, 1973. The 746 women who were graduates of foreign medical schools and were serving internships comprised 22% of the total number of foreign graduates in internship programs as of September, 1973. The total number of women serving as interns, 1,523, was 13.8% of the total number of interns on duty as of

Table IV-A.—Women in Internship Positions, as of September 1, 1973

	Major	U.S. and Canadian Graduates Types of Medical School Affiliation			Total	Major	Foreign Graduates Types of Medical School Affiliation			Total	Total U.S. & For. Grads
		Limited	Grad.	None			Limited	Grad.	None		
Alabama.....	3	..	..	1	4	..	..	1	1	5
Arizona.....	8	6	..	..	14	..	..	..	..	14
California.....	89	24	7	4	124	7	7	3	20	144	
Canal Zone.....	..	..	..	1	1	..	..	1	1	2
Colorado.....	7	..	7	..	14	..	..	1	1	15
Connecticut.....	8	1	..	6	15	1	3	..	21	36	
Delaware.....	9	..	..	..	9	8	3	14	8	17
District of Columbia.....	19	2	..	..	21	1	8	..	9	30
Florida.....	16	1	..	..	17	..	2	7	11	28
Georgia.....	9	..	..	..	9	..	1	2	4	13
Hawaii.....	3	..	..	..	3	5	2	..	7	10
Illinois.....	24	..	..	17	41	48	18	9	103	144
Indiana.....	1	4	..	..	5	..	..	..	..	5
Iowa.....	..	..	..	4	4	..	..	1	2	6
Kentucky.....	5	..	..	..	5	2	..	..	2	7
Louisiana.....	7	3	..	..	10	3	..	..	3	13
Maine.....	1	..	..	1	2	..	..	..	..	2
Maryland.....	16	2	1	5	24	2	16	3	22	43	
Massachusetts.....	32	9	..	2	43	3	8	..	12	55	
Michigan.....	16	5	..	1	22	13	6	4	23	64	
Minnesota.....	15	1	..	1	17	1	..	..	2	19
Mississippi.....	8	..	..	..	8	2	..	..	2	10
Missouri.....	18	1	..	..	19	12	2	5	19	38
Nebraska.....	2	..	..	..	2	..	..	..	..	2
New Hampshire.....	3	..	..	..	3	..	..	..	..	3
New Jersey.....	12	5	..	..	17	20	25	..	61	78
New Mexico.....	6	..	..	5	11	..	..	..	..	11
New York.....	63	8	..	16	87	68	27	15	205	292	
North Carolina.....	5	..	..	..	5	5	..	..	5	10
Ohio.....	19	3	..	5	27	1	3	..	42	69	
Oklahoma.....	..	2	..	..	2	..	..	..	..	2
Oregon.....	6	1	..	3	10	..	..	..	..	10
Pennsylvania.....	57	1	1	2	61	33	12	2	67	128	
Puerto Rico.....	8	1	..	..	9	2	1	..	3	12
Rhode Island.....	4	..	..	..	4	6	..	..	6	10
South Carolina.....	2	..	..	1	3	..	..	..	..	3
Tennessee.....	7	..	3	1	11	3	3	..	7	18	
Texas.....	37	6	..	8	51	4	5	..	13	64	
Utah.....	2	1	..	..	3	1	..	..	1	4
Vermont.....	..	3	..	..	3	..	..	..	..	3
Virginia.....	15	..	..	..	15	1	..	..	1	16
Washington.....	2	3	..	..	5	..	..	..	..	5
West Virginia.....	3	1	..	..	4	2	1	..	3	7
Wisconsin.....	10	3	..	..	13	2	10	..	19	32
Totals.....	577	97	19	84	777	268	160	276	746	1,523	

Table IV-B.—Male and Female Graduates as of June 30, 1973

Graduates of Medical Schools in:	Male	% of Total Class	Female	% of Total Class	Total Class
United States.....	9,467	91.1	924	8.9	10,391
Canada.....	1,034	82.2	224	17.8	1,258
Total Graduates..	10,501	90.1	1,148	9.9	11,649

September 1, 1973. For 1972 the percentage was 15.5 and for 1971, 14. Thus the proportion of women, as indicated in Table IV-B has been declining despite the fact that the numbers have increased. The number of women graduating from medical schools in the United States for the academic year ending June 30, 1973 was 8.9% of the total graduation class of 10,391 persons. For Canada, the number of women graduating during the academic year ending June 30, 1973 was 17.8% of the total class. For the academic year ending June 30, 1972, the women graduates of medical schools in the United States comprised 9% of the graduating class; from the Canadian schools, 17.3%, and the total number of women graduates for the academic year ending June 30, 1972 was 10% of the total class.

Concern is often expressed over the fact that women, after graduation from medical school, may not continue in graduate education and in practice. The statistics developed from information supplied by the hospitals, however, seems to indicate that out of the 1,148 women graduates of U.S. and Canadian schools for the academic year June 30, 1973, 777 entered internships, and, in addition a number entered residency programs in which there is no requirement for a year of internship. Specifically the residencies in pediatrics, family practice, and probably psychiatry could be entered directly upon graduation from medical school. As shown in Table IV-C, women who were U.S. and Canadian graduates filled 524 positions in pediatrics, and 77 positions in family practice. If one assumes that these were evenly divided between first, second, and third year appointments, one-third of this number of 601 positions, or 200, would probably have been graduates of the class of 1973. This number plus the 777

would indicate a total of at least 977 identified out of the total of 1,148 women graduates for the academic year June 30, 1973 currently serving in the first year of graduate medical education. This number becomes very close to the total number when one notes that the total of 1,148 includes 224 Canadian graduates, only a small fraction of whom would have been expected to come to the United States for their first year of graduate training.

Women in Residency Programs

Table IV-C records that 2,571 women who were graduates of U.S. and Canadian schools were serving residencies as of September 1, 1973, and 2,631 women who were graduates of foreign medical schools were serving in such positions, or a total of 5,202 women serving residencies as of September 1, 1973. In the previous year, the comparable numbers were 2,319 U.S. and Canadian graduates and 2,623 graduates of foreign medical schools or a total of 4,942.

The numbers serving their residencies in hospitals having a major affiliation with a medical school decreased from 83% last year to 81% as of September 1, 1973 for U.S. and Canadian graduates, and for the foreign graduates decreased from 60% to 57%.

As in previous years, the largest proportion of women residents accepted appointments to pediatrics, comprising 19% of the total on duty. Internal medicine was the next most popular choice, with 17% choosing this field, followed by psychiatry with 16%, pathology with 14%, anesthesiology with 7%, general surgery with 5%, radiology with 4%, physical medicine and rehabilitation with 3% and with child psychiatry, family practice, and obstetrics-gynecology each with 2% of the total positions.

As in previous years, the choices differed among the U.S. and Canadian graduates and the foreign graduates, with twice as many foreign graduates choosing anesthesiology as their U.S. and Canadian counterparts, almost three times as many choosing pathology as their U.S. counterparts, and with more U.S. and Canadian women graduates accepted into general surgery, internal medicine, obstetrics-gynecology, and radiology than women graduates of foreign medical schools.

Table IV-C.—Women Physicians Serving in Residencies By Specialty and Hospital Affiliation, as of September 1, 1973

	U. S. and Canadian Graduates					Foreign Graduates					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		
Anesthesiology.....	89	9	..	4	102	227	27	..	26	280	382	
Child Psychiatry.....	52	9	..	15	76	23	4	..	8	36	112	
Diagnostic Radiology.....	37	1	..	3	41	4	4	..	3	11	52	
Dermatology.....	48	4	..	2	54	15	2	..	1	18	72	
Family Practice.....	44	12	6	15	77	11	4	2	10	27	104	
General Practice.....	2	..	1	..	3	4	5	..	33	42	45	
General Surgery.....	119	25	2	15	161	37	36	6	10	89	250	
Internal Medicine.....	396	49	3	40	488	175	82	30	91	379	867	
Neurological Surgery.....	6	1	..	1	8	1	..	..	..	1	9
Neurology.....	53	2	..	3	58	32	7	..	2	41	99	
Nuclear Medicine.....	101	17	..	..	118	5	..	..	..	5	5
Obstetrics-Gynecology.....	35	4	2	10	51	3	2	..	3	8	139	
Ophthalmology.....	5	..	1	..	6	..	..	..	..	..	54
Orthopedic Surgery.....	7	..	..	..	7	1	..	..	..	1	8
Otolaryngology.....	109	21	2	12	144	317	99	29	128	573	717	
Pathology.....	..	..	..	..	..	..	..	..	..	..	3
Forensic Pathology.....	442	34	18	30	524	243	72	34	110	459	983	
Pediatrics.....	5	1	..	..	6	9	..	..	..	9	15
Pediatric Allergy.....	18	..	..	..	18	7	..	..	..	7	7
Pediatric Cardiology.....	..	..	..	..	..	..	..	..	..	..	..
Physical Med. & Rehab.....	4	1	..	2	7	15	..	..	10	115	136
Plastic Surgery.....	..	..	..	..	..	2	..	..	..	2	7
Psychiatry.....	349	37	..	46	432	193	49	20	139	401	833	
Radiology.....	111	7	6	4	128	61	15	..	10	86	214	
Therapeutic Radiology.....	4	..	..	2	6	8	2	..	..	10	16
Thoracic Surgery.....	2	..	..	..	2	1	..	..	..	1	3
Urology.....	3	..	..	1	4	..	..	..	..	..	4
Other Specialties.....	35	3	..	1	39	17	2	1	1	21	60	
Totals.....	2,076	237	44	214	2,571	1,490	429	123	589	2,631	5,202	

Women Physicians on Teaching Staff

As shown in Table IV-D, some 5,700 women serve on teaching staffs of hospitals with approved graduate training programs, with over 3,000 on the full-time teaching staff and 2,600 on the part-time teaching staff. Of the total of 3,092 with full-time appointments on the teaching staff, 79% are graduates of U.S. or Canadian medical schools, and on the part-time teaching staff, 84% are graduates of U.S. or Canadian schools. The number on the part-time teaching staff has remained about the same over the past several years, including the distribution between U.S. and Canadian graduates and foreign graduates, but the number on the full-time teaching staff has increased, from a total of 2,661 as of September 1, 1972 to 3,092 one year later.

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 upon specific request, if satisfactory programs could be organized. The replies indicated that 105 hospitals had indicated that they would offer part-time internships to women, and 40 indicated that they would

offer part-time internships to men. These hospitals, however, reported only 25 women serving part-time internships and ten men serving part-time internships as of September 1, 1973.

For part-time residencies, 233 hospitals indicated that they would be willing to consider offering part-time residencies to women, but only 76 women were serving part-time residencies as of September 1, 1973. Hospitals also indicated that 115 institutions would be willing to offer part-time residencies to men, but only 34 men were reported as serving in part-time residencies. Table IV-E indicates the specialties in which these part-time residencies are being served, with the largest number, for both men and women, in child psychiatry and psychiatry. Women were also serving part-time residencies in pathology and pediatrics, in a fair proportion of the programs, but the other numbers were too small to be of other than passing interest. Most hospitals apparently, if possible, would be willing to arrange for part-time appointments if these could be worked out without the disruption of schedules for other residents in the same discipline, and if persons desiring part-time programs could be paired to equate the amount of time available to that of one full-time person.

Table IV-D—Women Physicians on Teaching Staffs (On Full-time and Part-time Basis) as of September 1, 1973

State	FULL-TIME TEACHING STAFF			PART-TIME TEACHING STAFF		
	U.S. Canadian Graduates	Foreign Medical Graduates	Total	U.S. Canadian Graduates	Foreign Medical Graduates	Total
Alabama.....	35	..	35	33	..	33
Arizona.....	9	..	9	10	..	10
Arkansas.....	19	..	19	3	..	3
California.....	287	24	311	243	8	251
Canal Zone.....	2	..	2	..	1	1
Colorado.....	66	..	66	21	1	22
Connecticut.....	40	5	45	56	7	63
Delaware.....	4	1	5	10	..	10
Dist. of Columbia.....	146	11	157	94	4	98
Florida.....	34	18	52	40	12	52
Georgia.....	50	1	51	21	..	21
Hawaii.....	4	1	5	8	1	9
Illinois.....	147	75	222	86	37	123
Indiana.....	6	2	8	15	1	16
Iowa.....	18	1	19	5	1	6
Kansas.....	14	3	17	11	2	13
Kentucky.....	22	10	32	9	..	9
Louisiana.....	12	1	13	18	1	19
Maine.....	..	..	..	1	..	1
Maryland.....	78	12	90	90	3	93
Massachusetts.....	92	33	125	93	19	112
Michigan.....	105	17	122	68	17	85
Minnesota.....	28	6	34	6	3	9
Mississippi.....	67	3	70	7	..	7
Missouri.....	164	27	191	148	8	156
Nebraska.....	3	..	3	23	1	24
New Hampshire.....	6	..	6	6	..	6
New Jersey.....	32	19	51	35	17	52
New Mexico.....	36	..	36	..	..	..
New York.....	336	258	594	491	168	659
North Carolina.....	15	3	18	28	1	29
North Dakota.....	..	..	..	1	..	1
Ohio.....	76	23	99	130	29	159
Oklahoma.....	4	..	4	6	1	7
Oregon.....	41	4	45	26	1	27
Pennsylvania.....	188	47	235	150	21	171
Puerto Rico.....	24	13	37	16	13	29
Rhode Island.....	7	4	11	10	3	13
South Carolina.....	5	..	5	15	..	15
South Dakota.....	..	..	..	1	..	1
Tennessee.....	24	6	30	18	..	18
Texas.....	32	7	39	41	2	43
Utah.....	27	..	27	19	..	19
Vermont.....	8	..	8	14	..	14
Virginia.....	40	7	47	34	1	35
Washington.....	25	4	29	31	7	38
West Virginia.....	18	4	22	8	3	11
Wisconsin.....	38	8	46	24	10	34
Totals.....	2,434	658	3,092	2,223	404	2,627

Table IV-E.—Residencies in which Women and Men Held Part-Time Appointments as of September 1, 1973

Specialties	Women	Men
	Number in Part-Time Residencies	Number in Part-Time Residencies
Anesthesiology	1	1
Child Psychiatry	10	7
Dermatology	1	2
Surgery	1	1
Internal Medicine	5	2
Neurological Surgery	..	2
Neurology	..	1
Obstetrics-Gynecology	1	..
Orthopedic Surgery	..	1
Pathology	9	1
Pediatrics	8	..
Pediatric Cardiology	..	1
Physical Med. & Rehab.	2	..
Psychiatry	32	14
Radiology	7	2
Other Specialties	7	..
Totals	76	34

Women Employed Full-Time in Hospitals

Hospitals were also asked to report the number of women employed full-time in hospitals in other than teaching positions. In the 341 hospitals that reported these data, the information indicated that a total of 929 women who were graduates of U.S. and Canadian schools and 533 women who were graduates of foreign medical schools were serving as full-time employees in hospitals. These numbers were in addition to those who were on the full-time or part-time teaching staffs of these hospitals.

Refresher Courses for Women Physicians

Hospitals were again asked on the annual questionnaire whether they provide or could provide refresher courses to women physicians who have been out of practice for some time.

Of the 68 hospitals that responded affirmatively, 50 stated that they were offering courses, with the majority of such courses being offered in internal medicine and in pathology. The replies from the various hospitals implied that courses

Table V-A.—U.S. Graduates Appointed to Graduate Programs Before Receiving M.D. Degree, as of September 1, 1973

States in which Appointments were made, and Medical Schools from which Candidates Graduated	No. of Interns Appointed	Anes.	Diag. Rad.	Family Prac.	Gen. Surgery	Internal Med.	ObG.	Ophthalmology	Pathology	Pediatrics	Psychiatry
Alabama											
University of Alabama.....	3	..	..	1	..	..	..	..	..	..	..
Colorado											
Baylor College of Medicine.....	1	..	..	..	..	..	..	..	..	..	..
Connecticut											
University of Connecticut School of Medicine....	2	..	..	..	..	..	..	..	..	..	..
Georgia											
Medical College of Georgia.....	3	..	..	..	..	..	..	..	..	..	..
Illinois											
Meharry Medical College School of Medicine....	1	..	..	..	..	..	..	..	..	..	..
University of Illinois School of Medicine.....	..	..	..	2	..	..	..	..	..	..	..
Indiana											
Indiana Univ. School of Med.....	..	..	..	2	..	..	..	..	..	..	..
Iowa											
University of Iowa.....	2	..	..	1	..	..	..	..	..	..	..
Kansas											
University of Kansas School of Medicine.....	5	..	..	5	..	..	..	1	..	..	1
Louisiana											
L.S.U. School of Medicine.....	1	..	..	..	..	..	..	..	..	..	..
Maryland											
Johns Hopkins Med. Sch.....	2	..	..	..	..	..	..	..	..	..	..
University of Maryland.....	..	..	..	..	..	..	..	..	..	..	2
Massachusetts											
Duke University.....	..	..	..	..	..	..	..	..	..	..	1
Tufts Medical School.....	3	..	..	..	..	..	..	..	..	..	..
Michigan											
Wayne State Univ. School of Med.....	4	..	..	..	..	4	..	..	..	..	..
Tulane University.....	1	..	..	..	..	..	..	..	..	..	..
University of Michigan.....	1	..	..	..	..	..	..	..	..	..	..
Missouri											
University of Washington.....	1	..	..	..	..	..	..	..	..	..	..
University of Kansas.....	2	..	..	..	..	..	..	..	..	..	..
University of Missouri.....	1	..	..	..	..	..	..	..	..	..	..
Duke University.....	1	..	..	..	..	..	..	..	..	..	..
Kirksville College of Osteopathy and Surgery....	..	..	..	..	1	..	..	..	..	..	..
Nebraska											
Univ. of Nebraska Med. Ctr.....	1	1	..	3	..	..	..	..	..	..	..
New Jersey											
State University of Iowa.....	..	..	..	..	..	1	..	..	..	..	..
S.U.N.Y. Downstate Med. Ctr.....	..	..	..	..	..	1	..	..	..	..	..
New York											
Kansas City School of Osteopathy and Surgery...	..	..	1	..	..	..	..	..	..	..	..
North Carolina											
University of North Carolina.....	..	..	..	..	..	..	1	..	..	..	1
Duke University.....	4	..	..	..	..	..	..	..	..	..	..
Oklahoma											
Univ. of Oklahoma College of Med.....	2	..	..	..	..	..	..	..	..	..	..
Pennsylvania											
University of Pennsylvania.....	4	..	..	..	..	..	..	..	..	..	..
Tennessee											
Meharry Medical College.....	2	..	..	..	..	..	..	..	..	..	..
Texas											
Louisiana University.....	..	..	..	..	..	..	..	..	6	..	..
Virginia											
Oklahoma University.....	..	..	..	..	..	..	..	..	..	1	..
University of South Carolina.....	..	..	..	..	..	..	..	..	..	1	..
West Virginia University.....	1	..	..	..	..	..	..	..	..	..	..
Totals.....	48	1	1	14	1	6	1	1	6	2	6

Table V-B.—U. S. Graduates Appointed Directly from Medical School to a Residency, as of Sept. 1, 1973, Department Appointment, by Specialty

	Hospitals Appointing Residents	Total Number Appointed	Anesthesiology	Child Psychiatry	Diag. Radiology	Dermatology	Family Practice	General Practice	General Surgery	Internal Medicine	Neurological Surgery	Neurology	Ob.G.	Ophthalmology	Orthopedic Surgery	Otolaryngology	Pathology	Pediatrics	PM & R	Psychiatry	Radiology	Therapeutic Radiology	Urology	Other Specialties
Alabama.....	5	15	..	..	..	..	4	..	4	2	..	..	1	..	..	2	1	..	1	..	..	..	..	..
Arizona.....	6	17	..	..	..	..	4	..	4	5	..	..	4	..	..	..	3	..	..	..	1	..	..	..
Arkansas.....	2	6	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	..	..	..	..
California.....	31	276	6	..	1	..	58	..	40	25	..	8	..	..	..	13	62	1	58	3	..	..	1	..
Colorado.....	6	88	..	..	..	..	9	..	25	22	..	..	..	..	..	2	23	..	6	1	..	..	..	..
Connecticut.....	9	67	..	1	1	..	4	..	32	1	..	..	..	..	..	5	14	..	9	..	..	..	..	..
Delaware.....	2	6	..	..	..	..	1	..	1	1	..	..	..	..	..	..	1	..	2	..	..	..	..	..
Dist. of Columbia..	10	124	3	1	..	..	7	..	28	..	..	..	12	1	..	6	38	..	28	..	1	..	..	..
Florida.....	15	76	..	..	..	1	30	..	10	1	..	..	12	..	..	..	6	..	15	1	..	..	..	..
Georgia.....	7	28	..	..	..	..	12	..	3	..	..	1	..	..	..	1	..	..	11	..	..	..	..	..
Hawaii.....	3	7	..	..	..	..	..	..	2	..	..	2	..	1	..	1	..	..	1	..	..	..	..	..
Illinois.....	24	210	1	..	2	..	57	..	74	..	2	2	8	3	..	4	41	2	13	1	..	..	..	..
Indiana.....	8	37	..	..	2	21	..	..	1	..	..	..	5	..	..	1	4	..	3	..	..	..	..	..
Iowa.....	6	27	2	..	..	..	19	..	..	..	..	..	3	2	..	..	1	..	..	..	..	..	..	..
Kansas.....	6	65	3	..	2	..	41	..	5	..	..	2	1	..	..	..	..	1	10	..	..	..	..	..
Kentucky.....	7	27	1	..	1	..	12	..	..	3	..	3	..	..	..	..	1	..	4	1	1	..	..	..
Louisiana.....	4	26	..	..	..	..	..	..	10	4	..	..	1	..	3	1	..	..	7	..	..	..	..	..
Maine.....	1	2	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Maryland.....	9	66	..	..	..	..	9	..	19	..	..	..	10	1	..	..	4	..	22	1	..	..	..	..
Massachusetts.....	15	79	..	2	..	..	..	..	10	..	..	..	..	..	..	..	2	..	62	2	1	..	..	..
Michigan.....	24	120	1	..	..	..	29	..	24	5	..	..	8	..	3	..	5	20	23	1	..	1	..	..
Minnesota.....	6	44	1	..	..	..	28	..	..	..	..	..	..	2	..	..	..	..	5	8	..	..	..	..
Mississippi.....	3	30	..	..	..	..	3	6	4	..	..	6	..	..	..	1	9	..	1	..	..	..	..	..
Missouri.....	15	120	..	..	..	..	6	17	17	..	..	11	..	..	..	11	30	..	23	5	..	..	..	..
Nebraska.....	6	39	1	..	..	..	8	..	2	15	..	..	2	..	..	2	..	..	9	..	..	..	..	..
New Hampshire.....	1	3	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	2	..	..	..	..	..
New Jersey.....	10	42	..	..	..	..	20	..	7	6	..	4	..	1	..	1	3	..	..	3	..	..	..	..
New Mexico.....	2	36	..	..	..	..	2	..	6	12	..	4	..	..	..	9	..	..	..	..	..	..	..	..
New York.....	43	348	3	..	5	..	10	99	60	..	15	33	2	2	..	7	39	3	67	4	2	..	1	..
North Carolina.....	10	101	..	..	..	..	14	..	24	..	..	..	8	..	1	6	15	..	29	4	..	..	..	..
Ohio.....	20	134	2	..	..	1	40	2	10	7	..	..	18	..	1	4	15	1	31	2	..	..	..	..
Oklahoma.....	3	15	..	..	..	..	1	..	2	..	..	..	..	..	..	..	1	..	7	4	..	..	..	..
Oregon.....	2	6	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	5	..	..	..	..	..
Pennsylvania.....	27	116	..	..	..	..	31	..	30	16	..	..	8	..	..	5	10	..	13	3	..	..	..	..
Puerto Rico.....	3	10	..	..	..	..	..	..	3	..	..	..	..	1	..	1	..	..	5	..	..	..	..	..
Rhode Island.....	1	2	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..
South Carolina.....	6	47	1	..	..	..	23	1	..	..	2	..	..	1	..	..	4	..	15	..	..	..	..	..
South Dakota.....	1	2	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tennessee.....	7	17	..	..	..	..	..	4	..	..	..	5	..	..	..	1	1	..	6	..	..	..	..	..
Texas.....	25	419	..	..	..	..	46	143	8	..	..	1	1	1	1	26	135	..	48	10	..	..	..	..
Utah.....	2	22	..	..	..	..	17	..	..	..	..	..	..	1	..	..	..	..	4	..	..	..	..	..
Vermont.....	1	8	1	..	..	..	..	..	..	..	..	1	..	..	..	3	..	..	3	..	..	..	..	..
Virginia.....	10	67	..	..	..	..	42	..	..	..	..	3	..	..	..	1	10	..	10	1	..	..	..	..
Washington.....	7	70	..	..	..	..	20	..	11	..	..	7	..	9	..	..	13	3	6	..	..	1	..	..
West Virginia.....	4	13	..	..	..	..	4	..	..	..	..	3	..	..	..	1	2	..	3	..	..	..	..	..
Wisconsin.....	5	9	..	..	..	..	5	..	..	..	..	2	..	..	..	..	..	..	2	..	..	..	..	..
Totals.....	420	3,089	29	4	14	23	618	2	657	210	2	24	192	14	21	6	123	507	11	571	52	5	2	2

could be developed on an individual basis upon the request of a woman physician to the director of a residency in the specialty field in which she would be interested in bringing up-to-date her knowledge of the specialty.

New Trends in Graduate Education

Table V-A shows the medical schools from which interns and residents have been appointed to a program in graduate education before they actually receive their M.D. degree. The list is arranged by the state in which the candidate is serving his internship or residency, with a listing under that state of the medical school from which the candidate graduated. It was indicated that 48 interns were appointed to begin serving an internship before they actually received the M.D. degree, and 38 began the first year of a residency before they had actually received the M.D. degree. The Council on Medical Education has indicated previously that, when interns or residents are appointed 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 boards that these appointments will fulfill the state requirements, in view of the fact that the

candidates have not officially received the M.D. degree, even though they have completed all of the requirements for the awarding of the degree.

Table V-B lists the U.S. graduates who have been appointed directly from medical school to a residency, without having had an internship. This table shows almost twice the number shown in the table one year earlier, as there has been a gradual shift to the new designations of programs, with many specialties appointing physicians directly to the first year of the residency which, next year will probably be designated as a "categorical" year for the program. This explanation applies particularly to general surgery, and to a lesser extent to internal medicine. It does not apply to family practice, where the increase was an actual increase in the number of persons entering the first year of family practice, which has always been listed as a first year of a residency. This number has more than doubled, because of the increasing number of family practice programs being approved. In some fields, such as anesthesiology, and radiology, a candidate may take a year of broadly-based clinical training which may precede the residency training in his chosen specialty or may occur in any other chronological order. In other specialties, such as psychiatry and neurology, and also obstetrics-gynecology, for a number of years there

has not been a requirement for a broad-based first year or internship; however, by 1977 each of these specialties will expect the candidate to have obtained a year of general patient care prior to beginning concentrated training in the specialty field. In some instances the year of general patient care may be made an integral part of the specialty program or the candidate may be expected to obtain the year in another institution before beginning the residency in the specialty field. The American Board of Surgery, during the past year, has changed its requirement for graduate medical education so that candidates would need to have four years of clinical surgery, six months of which might be in a field related to surgery, and there is no longer a need to designate the first year as that of a "dual appointment," which term was used in previous years to indicate the simultaneous appointment of a candidate as a straight intern in surgery and a first year resident in surgery. Most program directors in future editions of the Directory will probably designate such first year positions as categorical* positions if they do provide up to six months of training in a field related to surgery during the first twelve months of the program.

The increasing numbers going into pediatrics directly from medical school is the result of a change in the manner in which the first year of training related to pediatrics has been designated. Instead of using the earlier terminology of a "straight internship in pediatrics," the first year of pediatrics is now designated as a pediatric level one, and candidates are accepted at this level directly following graduation from medical school. Programs have now been approved on this basis, so that, for the past year or more no straight intern-

ships in pediatrics have been listed. In the future, candidates will enter the program either at pediatric level one, or, in a few cases, after having completed a flexible program acceptable to the director of a residency in pediatrics.

Fifth Pathway

Hospitals were also asked in the annual questionnaire whether they had appointed as first year residents any persons who had qualified through completion of a "fifth pathway" program. The latter program provides a period of clinical training to persons who have obtained their pre-medical education in the United States and have then completed the didactic work of a foreign medical school but have not complied with all of the other requirements, such as that of an internship in the foreign country. If a U.S. medical school is willing to provide, during the academic year, through an affiliated hospital, clinical training to such persons after they have passed a screening examination acceptable to the medical school involved, candidates who satisfactorily complete the training are eligible to enter an approved residency program. In the information collected as of September 1, 1972, from hospitals with approved graduate training programs, 37 hospitals in 11 states reported that they had accepted into residency programs a total of 58 candidates through the "fifth pathway." Of the 58 students who entered residencies after completing the required clinical training, 30 chose internal medicine residencies, 14 surgical residencies, 4 family practice residencies, 3 obstetrics-gynecology, and 1 each for general practice, pediatrics, pathology, anesthesiology, and dermatology.

Special Reports, Announcements, Notices

CHANGES IN DESIGNATION OF FIRST YEAR OF GRADUATE EDUCATION

As stated in the 1973-74 Directory of Approved Internships and Residencies, the first year of graduate education has been redesignated so that it will be listed in this edition as a categorical program or a flexible program, and the term "internship" will not be used in connection with the listing of the first year.

Many program directors found it difficult to complete the forms sent to them at the beginning of 1974 to reflect their listings in the current edition, and special meetings were held in various parts of the country to explain the new terminology and to differentiate between the two types of categorical programs (the categorical and the categorical*) and the flexible programs.

A memorandum dated May 22, 1974, which was addressed specifically to the graduating class of 1975 and which was also sent to all deans of medical schools and to hospital administrators, outlines the changes and the new terminology in accordance with the current interpretation. The memo was as follows:

In 1970 the House of Delegates of the American Medical Association on the advice of its Council on Medical Education accepted a recommendation made in the report of the Citizens Commission on Graduate Medical Education, which the AMA had commissioned and which was chaired by John F. Millis, to integrate the first post-M.D. year of graduate medical education (the internship) with subsequent years of graduate medical education. Accordingly, no new internships which were not planned and conducted or supervised under the auspices of approved residency programs would be approved after 1971 and by July 1, 1975, all internships, or first year of graduate medical education, would be integrated with residency programs and would be approved by the Residency Review Committees for the various medical specialties.

Review committees in surgery, medicine, and obstetrics and gynecology are already approving the first graduate year in those fields (straight internships). In pediatrics the first year has been integrated into the residency as Pediatric Level 1 (PL-1) and is approved by the Residency Review Committee for Pediatrics.

The 1974-75 Directory of Approved Residencies, scheduled to be published by the American Medical Association in the fall of 1974 will reflect the integration of the first year of graduate medical education with subsequent years of the residency. First-year graduate medical education programs beginning in 1975 for which senior medical students will apply, will be listed under the institution in which they are offered by the sponsoring residency programs. There will no longer be a separate approval or listing of internships.

Although the term "internship" is in common use and appears in the medical practice statutes of many states, this term will not be used in the new Directory so that the integrated first graduate year may be identified as such and in recognition that the first graduate year is part of a continuing period of graduate medical education, or residency, rather than a separate and independently approved year.

The first graduate year will be reviewed by residency review committees as part of the review of the residency programs which sponsor and supervise that first year.

Three types of first graduate medical education years will be listed in the Directory and will form the basis for the National Intern and Resident Matching Plan. They are as follows:

1. *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.

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 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.

3. *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.

It should be understood that the standards for approval of residency programs are separate from the requirements established by the various specialty boards for the certification of individuals in a particular specialty. The 1973-74 Directory of Approved Internships and Residencies contains both the Essentials for Approved Residencies and the current requirements of the various specialty boards for eligibility for certification in each of the recognized medical specialties. The 1974-75 Directory of Approved Programs in Graduate Medical Education will also contain this information.

It would be wise to be familiar with these Essentials for Approved Residencies and with the requirements of the specialty boards when giving advice to students. It may be that only a portion of a first-year program can be credited to the period of residency training required by a particular specialty board. If there is some doubt on the part of the advisor or the student, the specialty board should be asked for information applicable to the particular student and his question. This is particularly important this year as some specialty boards are reexamining their current requirements, and the student will want the most up-to-date information available.

Students will make their decisions about the fields which they wish to enter as they have in the past. If they decide that they wish a broad first year, they may choose a flexible or a categorical^o first year. As the content of these programs will vary from one institution and one specialty to another, it will be advisable for the student and his advisor, if he wishes, to get information from the directors of the first-year programs concerning the content of the programs and the degree to which students may arrange their first-year experience to suit their needs.

The commitment made by a program or institution, made through the NIRMP, is for the first year of the program only, unless the director of the program explicitly indicates otherwise.

Because program directors apparently did find it difficult to list their programs, many telephone calls and communications were necessary, and in many cases also it was necessary to require the staff of the Department of Graduate Medical Education to interpret the intent of the listing, so that some listings may not be quite in accordance with the programs that the program director had intended to list. It should be understood that there will be a supplementary list issued by the National Intern and Resident Matching Program, and that changes in the listings, insofar as the Matching Program is concerned, can be made up to about the first week of January, 1975.

For programs that are not included in the Matching Program, changes can be made by correspondence, and letters concerning such changes should be addressed to the Department of Graduate Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

In many cases also, the program may have recently been reviewed by a field representative of the Department of Graduate Medical Education or by a specialist site visitor for a specific specialty, and action may have been taken by the Residency Review Committee in that specialty, which action is not reflected in the listing. The listings in the Directory cover actions taken by Residency Review Committees through June 30, 1974. They specifically do not include actions taken by Committees such as the Residency Review Committee for Family Practice, which met in August, 1974, or for any Residency Review Committees that have met during the fall of 1974. Such actions will be shown in the 1975-76 Directory, but programs newly approved in the fall of 1974 may be included in the National Intern and Resident Matching Program, and correspondence concerning such matching should be carried on directly with the National Intern and Resident Matching Program, 1603 Orrington Avenue, Evanston, Illinois 60201.

ACTIVITY OF THE LIAISON COMMITTEE ON GRADUATE MEDICAL EDUCATION

As was also indicated in 1973-74 Directory of Approved Internships and Residencies, the newly established Liaison Committee on Graduate Medical Education began meeting in December, 1972, and continued its meetings during 1973 and the first part of 1974. During this time it has been able to promulgate a set of bylaws which have now been accepted by its five parent bodies. The five parent bodies are 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. The Liaison Committee, during 1974, appointed a public member, in addition to having a representative of the Federal Government on the Committee. During 1974, the Liaison Committee invited groups of chairmen of residency review committees to meet with it, to enable the review committees to understand its procedures. The Liaison Committee also conducted several "dry runs" evaluating the actions taken by residency review committees, so that it could become familiar with the latitude of actions available to a residency review committee, and to prepare to review, beginning January 1, 1975, officially the actions of the residency review committees. Through the end of 1974, actions taken by the residency review committees will be definitive, as they have been in the past; beginning January 1, 1975, such actions will be subject to the evaluation of the Liaison Committee for Graduate Medical Education before program directors can be notified of the actions taken on their programs. It is expected that the Liaison Committee will meet frequently enough so that there will be very little delay in transmitting to program directors the status of their programs.

CHANGES IN FORMAT OF LISTING OF RESIDENCIES

In this edition of the Directory, to provide for the possibility of three different types of first year programs, a program may show the number of positions being offered in a categorical program, a categorical^o program and the number of positions assigned to that specialty in a flexible program. Each of these three types of programs may have a separate NIRMP number assigned if graduates of medical schools are eligible to appointments to these positions. To save space in the book, the categorical programs have been indicated with simply the letter C; the categorical^o programs with simply an ^o, and the flexible programs with the letter F. A listing, therefore, that includes the following three types would be interpreted as follows; 3C equals three categorical positions; 3^o equals three categorical^o positions; 2F indicates two positions in a flexible program, which flexible program may total 12 positions. It is possible in such listings that only the flexible program may have a matching code number, or possibly the categorical^o program may also have a matching code number.

It should be a key to candidates and to other program directors that, if the categorical program does not have a matching code number, the program director probably is not accepting into that program persons who have just graduated from medical schools, but may require that they have a prior year of graduate medical education, such as a flexible program.

The flexible programs are listed in an informal listing of institutions and programs in the section of the Directory formerly used for the list of approved internships. The flexible programs list the name of the program, the participating hospitals if it is an integrated program, and the specialties to which the flexible program is acceptable. It is assumed that, if a program is indicated as acceptable to two or more spe-

cialties, the program director of such specialties would be willing to accept into his program candidates who complete the flexible program and are otherwise acceptable to him.

Because the flexible program may be serving the purpose of providing a general year for a candidate who has not determined his career objective, the numbers of positions offered may be slightly in excess of the number of positions available in the institution at the first-year level in the various specialties.

Some program directors have indicated that, in appointing graduates of foreign medical schools, they plan to offer the flexible year, as a broad general year and then appoint the foreign graduate in his second year of graduate education to a categorical position in his desired specialty.

Some specialties, such as anesthesiology and radiology, have indicated that candidates, to qualify for certification by the specialty board, need a "clinical base" year which can generally be structured as a flexible program. Such specialties, however, could offer a broad first year of training and designate it as a categorical* year for those candidates whom they expect to appoint to the categorical years of the program subsequently.

CHANGES IN SPECIALTY BOARD REQUIREMENTS

A. Obstetrics and Gynecology

Effective with the academic year July 1976, the American Board of Obstetrics and Gynecology has recently announced, candidates 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 obstetrics and gynecologic patients, including the usual time as "chief resident" in the program. Completion of a year of "internship" or the first graduate year of training 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 portion of one year of graduate education and training in a broadly oriented approach to patient care.

B. Psychiatry and Neurology

Effective July 1, 1977, the American Board of Psychiatry and Neurology will require one of two patterns of training:

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 clinical medicine or pediatrics or family practice.
2. A four-year training program in psychiatry or neurology 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.

To meet the requirement stated under pattern 1, the following types of training would be acceptable: (1) a categorical first year in internal medicine, family practice, or pediatrics; (2) a categorical* first year in neurology or psychiatry that included at least four months of internal medicine; or (3) a flexible first year that included four months of internal medicine.

Although this policy will not be effective until July 1, 1977, the Board has strongly urged that program directors implement the policy as soon as feasible.

C. Surgery

The American Board of Surgery has revised its requirements in view of the fact that only programs offering four or more years of training are currently approved.

The American Board of Surgery has outlined the following 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 and clinical surgery in an approved program post-medical school is the minimum required of all candidates. 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 the Board requirements in two ways:

Group I candidates who have satisfactorily completed an approved four or more year program of graded residency in surgery including a bona fide senior or chief residency in the last year: For candidates entering a program of graduate education after June 30, 1971, a free-standing internship is not required, but for the program to be acceptable, the training must include a minimum of four years of clinical experience after graduation from medical school. Of these four years, at least three and one half years must be in clinical surgery. Up to six months of the four clinical years may be spent in allied disciplines such as anesthesiology, surgical pathology, internal medicine, or pediatrics. Any additional full-time assignments to disciplines other than surgical, or to non-clinical pursuits such as research, must be in addition to the four years of clinical experience. A program with five or more years may include assignments to research, basic sciences, or other electives, but there must be at least four years of clinical experience to include three and one-half years of clinical surgery of which two years must be general surgery. The senior or chief residency should be in the last year.

As previously, candidates who have had a free-standing internship or other suitable clinical experience of at least one year, following graduation from medical school, may, during their four-year residency have assignments to a research project, or to a basic science department such as pathology, physiology, or anatomy, provided such an assignment is an integral part of the approved program, and the program includes a minimum of three years of clinical surgery. A senior year is required.

For the Group II candidates who, prior to July 1, 1972, satisfactorily completed a residency in clinical surgery, including a 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, additional residency or fellowship training, full-time engagement in surgical research, and basic science courses. The full requirements for training are listed under the section covering requirements for certification along with other information concerning the examination as given by the American Board of Surgery.

In addition, the Board now grants certificates of special competence in pediatric surgery. Candidates for special certification in pediatric surgery must be diplomates of the American Board of Surgery and hold an unrestricted license to practice in the United States and Canada. Such candidates must have satisfactorily completed an approved program in pediatric surgery of two years duration, including a senior year. Special consideration, however, may be given to applicants who have had a significant portion of their practice in pediatric surgery over the past five years, and whose credentials and education appear to be adequate although they may not have fulfilled the specific requirements.

RESIDENCY PROGRAMS

A. Allergy and Immunology

A Residency Rivew Committee for Allergy and Immunology was formed during 1974, and will have a second meeting in the fall of 1974. After it has formulated "Essentials" for residencies in allergy and immunology and these have been accepted by the Liaison Committee on Graduate Medical Education and its parent bodies, it will be ready to review programs.

For the present, the Residency Review Committee for Pediatrics has continued to review residency programs in pediatric allergy, and programs in this field are listed in the 1974-75 Directory of Approved Residencies.

During early 1974, the American Board of Allergy and Immunology, a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics, gave examinations to candidates for certification. It will be noted that in the section of this Directory listing requirements for certification, it has been indicated that a number of physicians were certified in allergy and immunology by the end of December, 1973. These physicians were those who had previously been given subcertification by the American Board of Pediatrics or by the American Board of Internal Medicine, and who chose to request the certificate of the American Board of Allergy and Immunology, a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics.

B. Family Practice

During 1974, a memorandum was sent to deans of medical schools, program directors of residencies in family practice, and directors of potentially acceptable programs outlining the procedure for applying for residencies in family practice.

Attention was called to the fact that guidance is available to persons preparing applications for residencies in family practice through the "Guide" for residencies in family practice and through consultation with the Division of Education of the American Academy of Family Physicians.

Applications for a new program should be requested from the Residency Review Committee for Family Practice, AMA, 535 North Dearborn Street, Chicago, Illinois 60610. After the forms have been received, program directors may wish to request consultation, which may be arranged by communicating with the Division of Education, American Academy of Family Physicians, 1740 West 92nd Street, Kansas City, Missouri 64114. When the program director has completed his application, he should forward it to the Residency Review Committee for Family Practice at the Chicago address. If the application appears to meet the minimum requirements after review by a member of the professional staff of the Department of Graduate Medical Education, a site visit by a field representative of the Department of Graduate Medical Education will be scheduled at the earliest possible date.

Applications received less than 12 weeks prior to a scheduled Residency Review Committee meeting cannot be considered at that meeting. Applications received more than 12 weeks before a scheduled Residency Review Committee meeting but less than 18 weeks before a scheduled meeting will be reviewed if possible, but review cannot be guaranteed. To assure review at any scheduled meeting of the Residency Review Committee, applications must be completed and must have been found acceptable by the AMA Staff at least 18 weeks prior to the meeting of the Residency Review Committee. The Residency Review Committee meets three times a year.

Beginning January 1, 1975, review of programs by the Residency Review Committee for Family Practice will be subject to further review by the Liaison Committee on Graduate Medical Education. Notification of actions taken by the Liaison Committee will be made by the Secretary to the Residency Review Committee for Family Practice, acting on behalf of the Liaison Committee.

C. Surgery Program Listing Deleted

As stated in prior editions of the Directory, the one to two-year residencies in general surgery that had been previously available as preparation for the surgical specialties, are no longer approved, as of June 30, 1975, and therefore are not being listed in the 1974-75 Directory, which publication lists positions available July 1, 1975.

The listing of Type II programs, which offered three years of residency training in surgery was discontinued about a year ago, as the American Board of Surgery now requires that a candidate complete a Type I program to be eligible for certification.

D. Subspecialties of Pathology

At the Clinical Meeting in December, 1973, the Essentials of Approved Residencies were revised to include an addition to the current requirements for a training program in blood-banking, and this information is now included in the "Essentials of Approved Residencies" as listed in this edition of the Directory. In June, 1974, at the Annual Convention, the AMA House of Delegates approved the addition of special requirements for training under both pathology and dermatology of programs in dermatopathology. The special requirements are also listed in the 1974-75 Directory.

E. Hospital Library Requirements

At the Annual Convention of the AMA House of Delegates in June, 1974, a revision was accepted outlining the change in the requirements pertaining to medical libraries, in both the "Essentials of an Approved Internship," and the "Essentials of Approved Residencies."

The intent of this revision of the standards is to provide adequate biomedical information that will be acceptable to the house staff and to encourage inter-hospital cooperation for the appropriate utilization of modern information systems. The change was made to bring the "Essentials" into conformity with current practices.

F. Admission to the Approved List, in the "Essentials"

The following general statement has been added to the "General Requirements" section of the "Essentials of Approved Residencies" to cover an administrative change in the handling of the cost of evaluation. The new section headed "VI—Admission to the Approved List" is now as follows:

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, will assume 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 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 Education 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 manner in which they should be listed in the Directory of Approved Residencies, which book is published annually by the Council on Medical Education of the American Medical Association.

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.

G. Relationship of Accreditation to Approval

Questions are frequently asked as to whether the loss of accreditation by the Joint Commission on Accreditation of Hospitals results in automatic withdrawal of approval from residency programs.

It should be noted that the "Essentials of Approved Residencies" state that a hospital should be accredited by the Joint Commission.

When information is received that a hospital has lost accreditation, the hospital is asked to provide the appropriate residency review committees, through the office of the Department of Graduate Medical Education of the AMA, with information concerning the reason for the loss of accreditation. If the reasons for withdrawal appear likely to affect the quality of its residency programs, the Residency Review Committee for each of the specialties involved will be asked to consider the status of the program. If a program has not previously been on probation, the Committee may determine that the program should then be placed on probation. Approval cannot be withdrawn, however, from a fully approved program without the step of probation.

UNIFORM APPOINTMENT PROCEDURE FOR RESIDENCIES IN INTERNAL MEDICINE

In the summer of 1974, for the eighth year, the AMA Department of Graduate Medical Education assisted the Association of Professors of Medicine in notifying program directors of the continued operation of the "Uniform Appointment Procedure for Internal Medicine Residencies."

Under the procedure, program directors agree that the first-year residency positions in internal medicine will not be offered to individuals currently serving internships before 12:00 noon (EST) on Monday, November 18, 1974.

The mailing sent to the program directors included posters to be placed in areas available to interns so that they would understand the rules for the Uniform Appointment Procedure. This procedure is not a matching program, but program directors who participate agree that the first-year residency position will not be specifically offered to candidates before the deadline date, and therefore candidates are not required to commit themselves to accept the appointment until that time.

The Uniform Appointment Procedure is applicable only to the first-year residency positions for those who have already graduated from medical school and are currently serving internships, and does not apply to second or third-year positions. It is a voluntary procedure, but it is understood that in the past most of the directors of residencies in internal medicine have abided by this procedure in order to provide for the orderly appointment of their first-year residents.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

The National Intern and Resident Matching Program, which is the official cooperative plan, for first-year appointments in graduate medical education, of the American Hospital Association, the American Protestant Hospital Association, the Association of American Medical Colleges, the

Catholic Hospital Association, the American Medical Association, the Student American Medical Association, and the American Board of Medical Specialties, has recently reported the results of Program XXIII, which was completed in March, 1974.

Tabulation of the results of the last four programs indicates that the increase in participation was from 9,846 to 15,041 persons, or an increase of 53%. A comparison of the participation of graduates of U.S. schools and of graduates of foreign schools indicates that during the past four years, participation by U.S. graduates increased from 8,858 persons to 11,003, or 24%. Participation of graduates of foreign medical schools increased during the same period from 624 to 3,603, or 477%. During the same period, the participation of osteopaths dropped from 232 to 156, or a drop of 33%. A study by the NIRMP of its overall results for the four years indicates that the number who withdrew after enrolling in the Matching Program fluctuated from 3 to 5 per cent, the percentage of persons not returning lists rose from 4% to 9%, those who x'ed all choices dropped from 2% to 1%, the per cent unmatched rose from 4, to 5, to 9, to 14%, and the percentage of persons matched declined over the four years from 87%, to 84%, to 79%, to 71%. The results for graduates of U.S. schools indicates that, while the overall participation showed a 24% increase in the number of persons in the program, the total number matched increased by 14%, while the total number unmatched increased from 310 to 636, or 105%.

Under the Matching Program, candidates have the option, after they enroll, of making no choices, or "x'ing" all choices. For the four years under study, the number x'ing all choices remained at 1%, those who withdrew increased from 3 to 5 per cent, and those not returning lists increased from 1 to 4 percent. The percentage of persons unmatched increased from 3 to 6 per cent, while the percentage of persons matched declined from 92% to 84%, although there was an absolute increase in numbers matched.

The number of foreign graduates participating in the program showed a 5-fold increase over the four years, so that the percentage of those matching is somewhat misleading. Four years ago, 48% of the foreign graduate participants were matched, while at the end of the 1974 matching, 32% were matched. The absolute numerical increase of foreign graduates matched rose from 301 to 1,151, or an increase of 282%.

A study of the performance of graduates of U.S. schools on the basis of data limited to those matched and unmatched indicates that the overall proportion of the percentage of persons unmatched has increased only from 4% four years ago to 6% last year. A study of the results of student matchings to first, second, third, or lower choice indicates that the students of very few schools got their first choice in more than 50% of the cases. For many of the schools, the percentage of students obtaining their fourth or lower choice fluctuated around 20%.

The NIRMP reports that schools with the highest proportion of unmatched students showed a very good record for students receiving their first choice. For example, Howard University College of Medicine had 20% unmatched, but 53% of its students obtained their first choice. Loma Linda University School of Medicine had 22% unmatched, but 59% of their students obtained their first choice. Meharry Medical College School of Medicine had 22% unmatched, but 48% of their students obtained their first choice. Students at the University of Washington obtained only 34% of their first choices, with 15% unmatched; students at Harvard Medical School obtained 44% of their first choices, with 1% unmatched.

Data for the 1974-75 program XXIII generated by the computer indicated that of the 15,041 participants, 71% were

matched, 14% unmatched, and 1% rejected all choices. In addition, 9% did not return their list and 5% withdrew. Of the 10,622 students matched, 50% were internship applicants, 17% residency applicants, and 33% applicants to both internships and residencies. Of the unmatched students, higher proportions were internship applicants, reflecting the participation of foreign graduates.

Because this was the beginning of the matching of new graduates directly into residency programs, the proportion for the 1974 matching was probably different than it will be for the 1975 matching, when the term "internship" will not be used specifically. A study of the matching by program type cannot be precise, because the listing during the 1974 matching included a combined internship program offering several types of rotating internships as a single category. It does appear, however, that the rotating and the straight internship in medicine together accounted for at least 40% of the available positions listed as internships. These two categories filled only 85% of their positions, whereas the additional internal medicine residencies offered filled only 15%.

In spite of the apparent popularity of family practice residencies, with more than seven applicants for each position, only 80% of the positions were filled. This would indicate either that some of the applicants were not desired by their program directors, or that some of the applicants listing family practice residencies ranked other specialties higher than family practice and were successfully matched to those specialties. Of the 821 students matched to family practice residencies, 312, or 38%, did not receive their first choice. Of the 3,384 students matched to straight internships in medicine, 2,024, or 60%, did not receive their first choice. For pediatrics, which also matches candidates directly after graduation to "Pediatric Level I," of the 1,044 students matched to a pediatric residency, 446, or 43%, did not receive their first choice.

When statistics are generated on the March, 1975, Matching Program, comparisons may be somewhat difficult because of the new system of listing the first year of graduate medical education under the specialty, rather than as an internship.

In order to participate in the Matching Program, program directors sign the "Hospital Agreement" of the National Intern and Resident Matching Program, which indicates that the institution agrees to participate in the NIRMP as a corporate entity, and will list with the NIRMP all programs and positions being made available to students. Students are classified as persons who, generally, will graduate in the spring of 1975, for the current matching program. Positions in programs that are to be offered to physicians presently serving as interns, those in military service, and in other postgraduate activities need not be listed with the NIRMP under the agreement.

TYPES OF APPROVAL GIVEN TO GRADUATE TRAINING PROGRAMS

Program directors are sometimes concerned that, when they apply for approval of a new program, the appropriate Residency Review Committee notifies the program director that the program has been approved "on a provisional basis," to offer three years of training, or four years of training, depending upon the specialty.

Other program directors will receive notification that their program has received full approval to offer four years of training in a specialty. In some cases, also, program directors receive a letter stating that their program is approved, to offer full training in the specialty, but that it has been placed on probation.

All approved programs, whether they are approved on a provisional basis, fully approved, or approved on a probationary basis, are listed in the annual Directory of Approved Residencies provided that the Residency Review Committee

in that specialty has taken its action prior to July 1st of the year. The 1974 Directory of Approved Residencies will list all of the approved graduate training programs upon which actions have been taken by Residency Review Committees prior to July 1, 1974. Programs that may have been approved after June 30, 1974, but prior to the actual issuance of the 1974 Directory may participate in the National Intern and Resident Matching Program, and will be recorded in the files of the Department of Graduate Medical Education of the AMA as approved programs, but they will not be listed in the 1974 Directory.

A listing of a program in the Directory does not specify whether the program currently holds full approval, provisional approval, or probationary approval, as these are matters made known only to the program director. He, of course, is free to share the information with his trainees, and with other services in the institution, but no official publication of a provisional or probationary status is indicated.

It should also be noted that, when a letter states that the program is approved to offer the appropriate numbers of years of training, this does not indicate that approval will lapse at the end of three years, for example. The approval is to permit the program director to offer a full training program to the candidates, and approval is continued until an action by the appropriate Residency Review Committee changes the status. All residency programs are reviewed every 30 to 36 months, so that, in general, they will be evaluated by the appropriate Residency Review Committee every three years.

Beginning January 1, 1975, the actions of the individual Residency Review Committees will be subject to evaluation by the Liaison Committee on Graduate Medical Education, as announced in the Directory last year. It is expected, however, that the Liaison Committee on Graduate Medical Education will meet frequently enough so that the actions taken by the individual Residency Review Committees, which Committees meet at varying times throughout the year, can be promptly reviewed by members of the Liaison Committee. As soon as Liaison Committee has reviewed the actions taken, the secretaries of the Residency Review Committees, acting on behalf of the Liaison Committee on Graduate Medical Education, will notify the program directors of the actions taken and in a letter indicate the current status of the program.

As in previous years, the program director, upon receipt of his notification letter, may correspond with the secretary of the Residency Review Committee concerning items specified as deficiencies in his program. In a few cases, if the program director does not feel that an adverse action on his program was justified, he may appeal to the Residency Review Committee for reconsideration, and the matter will be discussed then by the Residency Review Committee at its next meeting. If the Committee sustains its previous action or not, the decision will be reviewed by the Liaison Committee. An appeal may be made by the program director to the Liaison Committee, and further details on the appeal mechanism will be made available to program directors early in 1975.

All programs that have been previously approved by the Residency Review Committees through December 31, 1974, and all programs subsequently approved by the Liaison Committee on Graduate Medical Education through June 30, 1975, will be listed in the 1975-76 Directory of Approved Residencies.

NEW GUIDES FOR SPECIALTY PROGRAMS

During 1974, new guides for residency programs in Plastic Surgery, Internal Medicine, and Family Practice were issued. The guides are amplifications of the requirements as stated in the "Essentials of Approved Residencies," and are intended for the use of program directors who are organizing a program and need additional information before they seek approval of the proposed program.

Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education of the American Medical Association

Revised to July 1, 1974

Hospitals and other
Agencies, 1,683

Graduate Training
Programs, 4,840

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 may have misunderstood, and some positions may not have been accurately reported.

For these reasons, the information given in the columns on "House Staff September 1, 1973" with its breakdown of the number of foreign and nonforeign graduates on duty, and the column of "Positions Offered July 1, 1975" 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 arrangements (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, 1973, 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, 1973, *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, 1975," now includes all first-year positions, some of which have been internships. Instead of the previous abbreviation of "INT," the abbreviation "FLEX" has been used to indicate that a flexible first-year program is offered. Categorical positions or categorical^o positions in the first year are included in the line with the abbreviation "RES." The number of positions listed are estimates by the program directors of positions to be available as of July 1, 1975.

Because of the slow transition during 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 now be inaccurate.

In some specialties, residency review committees approve 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 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 of 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.

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec. % †	House Staff Sept. 1, 1973 For.*	Non- For.*	Pos. Off. July 1, 1975	Approved Program	
ALABAMA									
BIRMINGHAM									
Baptist Medical Center—Montclair 800 Montclair Rd. 35213	L-010	CHURCH	485	26				INT: FLEX RES: DR, GS, IM, PTH, R	
Baptist Medical Center—Princeton 701 Princeton Ave. 35211	L-010	CHURCH						INT: FLEX RES: DR, GS, IM, PTH, R	
Baptist Medical Centers 701 Princeton Ave. 35211	L-010	CHURCH			1	5	4	INT: FLEX RES: DR, GS, IM, PTH, R	
Carraway Methodist Medical Center 1615 North 25th St. 35234	L-010	CHURCH	419	34	2	15	43	INT: FLEX RES: GS, IM, OBG, PTH, U	
Children's 1601 6th Ave. S. 35233	M-010	NP CORP	168	48	1	22	54	INT: FLEX RES: AN, NS, OPH, ORS, OTO, PD, U	
Eye Foundation 1720 8th Ave. South 35233	L-010	NP CORP	44					RES: OPH	
St. Vincent 2701 Ninth Court S. 35205	L-010	CHURCH	293	30		3	11	INT: FLEX RES: IM	
University of Alabama Hospitals and Clinics 619 S. 19th St. 35233	M-010	STATE	674	58			18	21	INT: FLEX 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.			1	40	296	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, GPM, P, TR, TS, U	
Veterans Admin. 700 S. 19th St. 35233	M-010	VA	491	54	33	215			INT: FLEX 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	307	35		2	10	39	INT: FLEX RES: AN, D, GS, IM, OBG, ORS, PD
HUNTSVILLE									
Huntsville 101 Sivley Rd. 35801		CY-CO	454	8				19	RES: FP
University of Alabama Program		CY-CO							RES: FP
MOBILE									
Mobile General 2451 Fillingim St. 36617	M-114	STATE	305	45		17	10	59	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD, U
Mobile Infirmary Louiselle St. 36607		NP CORP	568	20					RES: ORS
University of South Alabama Affiliated Hospitals	M-114	MISC.				5	8		RES: GS, IM, OBG, ORS, PTH, PD
MONTGOMERY									
Montgomery Baptist 2105 East South Blvd. 36111	L-010	CHURCH	235	25					RES: IM
Montgomery Regional Foundation (Includes Montgomery Baptist Hospital, St. Margaret's Hospital, and Veterans Admin. Hospital). 36111	L-010	MISC.			7		21		RES: IM
Veterans Admin. 215 Perry Hill Rd. 36109		VA	206	38					RES: IM
TUSCALOOSA									
University of Alabama College of Community Health Sciences University Blvd. 35486		STATE	496	16			24		RES: FP
TUSKEGEE									
Veterans Admin. 36083		VA	1106	33	2	2	4		RES: OPH
ALASKA									
ANCHORAGE									
U. S. Public Health Service Alaska Native Medical Center Third and Gambell Sts. 99501		USPHS	183	47					RES: ORS
ARIZONA									
PHOENIX									
Arizona Crippled Children's (See Arizona Children's, Tempe)									
Arizona State 2500 E. Van Buren St. 85008		STATE	1092	28	3	11	18		RES: P
Barrow Neurological Institute of St. Joseph's Hospital 350 W. Thomas Rd. 85013	M-100	CHURCH			1	9	10		RES: NS, N
Good Samaritan 1033 E. Mc Dowell Rd. 85006	L-100	NP CORP	699	41		27	65		INT: FLEX RES: FP, GS, IM, IM, OBG, PD, PM, PS, P
Maricopa County General 2601 E. Roosevelt St. 85008	L-100 G-016	COUNTY	495	34	3	25	18		INT: FLEX RES: GS, IM, IM, OBG, ORS, PTH, PD, PS
Phoenix Hospitals Affiliated Pediatric Program (Includes Good Samaritan Hospital, Maricopa County General Hospital, St. Joseph's Hospital)	M-100	MISC.			21	33	90		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.			8	27	42		RES: GS

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, 1973		Pos. Off. July 1, 1975	Approved Program
					For.*	Non-For.*		
ARIZONA, PHOENIX—Continued								
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.				8	9	RES: ORS
Phoenix Plastic Surgery Residency (Includes Good Samaritan Hospital, Maricopa County General Hospital, and Arizona Children's Hospital (Tempe))		MISC.			1	3	4	RES: PS
St. Joseph's Hospital and Medical Center 350 West Thomas Rd. 85013	M-100	CHURCH	560	49	2 7	23 24	54	INT: FLEX RES: DR, FP, GS, IM, IM, N, OBG, ORS, PTH, PD, R
U. S. Public Health Service Indian 4212 N. 16th St. 85016	L-100	USPHS	189	58				RES: GS, OBG, ORS
Veterans Admin. 7th St. and Indian School Rd. 85012	G-016	VA	219	51				RES: GS
SCOTTSDALE								
Scottsdale Memorial 7400 E. Osborn Rd. 85251		NP CORP	231	18			12	RES: FP
TEMPE								
Arizona Children's 200 N. Curry Rd. 85281	G-016	STATE	162					RES: ORS, ORS, PS
TUCSON								
Arizona Statewide Program (Includes Pima County Gen. Hosp., Tucson Medical Center, University Hosp., Veterans Admin. Hosp., Good Samaritan Hosp. (Phoenix), Maricopa County Gen. Hosp. (Phoenix), St. Joseph Hosp. & Med. Ctr. (Phoenix))	M-100	MISC.					6	RES: IM
Palo Verde 801 S. Prudence Rd., Box 17509 85710		NP CORP	34					RES: P
Pima County General 2900 South Sixth Ave. 85713	M-100	COUNTY	120	51				INT: FLEX RES: GS, IM, IM, OBG, PD
Tucson Hospitals Medical Education Program (Includes Pima County General Hospital and Tucson Medical Center) P. O. Box 6067 85716	M-100	MISC.			3 17	22 12	14 49	INT: FLEX RES: GS, IM
Tucson Medical Center Grant Rd. & Beverly Blvd. 85716	M-100	NP CORP	557	44				INT: FLEX RES: GS, IM, IM, N, OBG, PD
University 1500 N. Campbell Ave. 85721	M-100	STATE	235	64	2	16	36	INT: FLEX RES: AN, DR, FP, GS, IM, IM, N, OBG, OPH, ORS, PTH, PD, PS, P, TR, U
University of Arizona Affiliated Hospitals	M-100	MISC.			11	5 117	177	INT: FLEX RES: AN, DR, GS, IM, N, OBG, OPH, ORS, PTH, PD, PS, P, TR, U
University of Arizona College of Medicine Dept. of Community Medicine 85724	M-100	STATE				3	6	RES: GPM
Veterans Admin. 3601 South Sixth Ave. 85723	M-100	VA	315	73				INT: FLEX RES: AN, DR, GS, IM, IM, N, OPH, PTH, PS, P, U
ARKANSAS								
LITTLE ROCK								
Arkansas Baptist Medical Center 1700 West 13th 72201	L-011	NP CORP	441	23			8	INT: FLEX RES: FP, OPH, OTO
Arkansas Children's 804 Wolfe St. 72201	M-011	NP CORP	83					RES: FP, OPH, ORS, ORS, OTO, PD, U
Arkansas State 4313 West Markham 72201	L-011	STATE	554	54			6	RES: P
St. Vincent Infirmary Markham & University 72201	L-011	CHURCH	522	26			5	INT: FLEX RES: FP
University 4301 West Markham St. 72201	M-011	STATE	313	48	2	17	32	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, P, R, TS, U
University of Arkansas Medical Center	M-011	STATE			1 5	21 172	33 254	INT: FLEX RES: DR, D, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PD, P, R, TS, U
Veterans Admin. Consolidated 300 E. Roosevelt Rd. 72206	M-011	VA	1760	56				INT: FLEX RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, R, TS, U
NORTH LITTLE ROCK								
Veterans Admin. Consolidated 72114	M-011	VA	1150	46				RES: P
CALIFORNIA								
BAKERSFIELD								
Kern County General 1830 Flower St. 93305	L-013	COUNTY	332	59	2 3	7 12	48	INT: FLEX RES: GP, GS, IM, OBG, OPH, PTH
BERKELEY								
Herrick Memorial 2001 Dwight Way 94704		NP CORP	214	50		1 9	9	INT: FLEX RES: P
State of California Department of Public Health 2151 Berkeley Way 94704		STATE			2	7	30	RES: PH

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, 1973 For.*	Non- For.*	Pos. Off. July 1, 1975	Approved Program
CALIFORNIA, BERKELEY —Continued University of California School of Public Health 94720		STATE				4	8	RES: GPM
CAMARILLO Camarillo State Box A 93010	L-013	STATE	2541	75	1	13	20	RES: CHP, P
CAMP PENDLETON Naval 92055		USN	340	58		14	18	RES: FP
CDSTA MESA Fairview State 2501 Harbor Blvd. 92626	M-095	STATE	1700	69				RES: ORS
DALY CITY Mary's Help 1900 Sullivan Ave. 94015	L-016	CHURCH	287	23	9			INT: FLEX RES: ORS
DAVIS 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.			10	32 166	18 285	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, R, TR, U
DOWNNEY Rancho Los Amigos 7601 E. Imperial Highway 90242	M-095 L-014 G-016, 017	COUNTY	860	32				RES: NS, OPH, ORS, ORS, ORS, PS
DUARTE City of Hope Medical Center 1500 E. Duarte Rd. 91010	G-012	NP CORP	212	60	1	6	8	RES: GS, PTH, TR
FAIRFIELD David Grant U. S. A. F. Medical Center Travis A. F. B. 94535	M-102	USAF	385	91		57	73	RES: DR, GS, IM, OBG, PD, R
FONTANA Kaiser Foundation 9961 Sierra Ave. 92335 Kaiser Steel Corporation P. O. Box 217 92335	M-012	NP CORP CORP.	255	35			1	RES: OBG, ORS RES: OM
FORT ORD Silas B. Hayes Army 93941		USA	440	64		13	16	RES: FP, PH
FRESNO University of California (S. F.) Affiliated Hospital Valley Medical Center of Fresno 445 S. Cedar Ave. 93702 Veterans Admin. 2615 Clinton Ave. 93703	G-016 L-016 G-016	MISC. COUNTY VA	442	48		25 56	12 82	RES: FP INT: FLEX RES: FP, GS, IM, OBG, OPH, OTO, PD RES: OTO
GLENDALE Glendale Adventist 1509 Wilson Terr. 91206	M-012	NP CORP	442	33	5	10 6	31	INT: FLEX RES: FP, NS, OBG, OPH, ORS, PTH
IMOLA Napa State Box A 94558		STATE	2367	72	1	22	25	RES: CHP, P
IRVINE University of California (Irvine) Affiliated Hospitals (Includes Childrens Hospital of Orange County (Orange), Orange County Medical Center (Orange), Fairview State Hospital (Costa Mesa), Memorial Hospital of Long Beach, and Veterans Admin. Hospital (Long Beach))	M-095	MISC.			6	128	217	INT: FLEX RES: CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, R, TR, TS, U
LOMA LINDA Loma Linda University 11234 Anderson St. 92354 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 General Hospital (San Bernardino))	M-012 M-012	CHURCH MISC.	509	63	12	107	13 139	INT: FLEX RES: AN, DR, FP, GS, IM, NS, OBG, OPH, ORS, PTH, PD, P, R, TR, U RES: AN, GS, NS, OBG, OPH, ORS, PTH, PD, P, U
LONG BEACH Memorial Hospital of Long Beach 2801 Atlantic Ave. 90801 Naval Regional Medical Center 7500 Carson St. 90801 St. Mary Medical Center 509 East Tenth St. 90813 Veterans Admin. 5901 E. 7th 90801	M-095 L-095 G-013 M-095	NP CORP USN NP CORP VA	680 610 341 1571	32 40 39 48	3 3 51	23 26 14 56	14 49 39 128	INT: FLEX RES: FP, GS, IM, PTH, PD, PM, R RES: GS INT: FLEX RES: DR, IM, PTH, TR RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U

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CALIFORNIA—Continued								
LOS ANGELES								
California Hospital Medical Center 1414 South Hope St. 90015	L-014	CHURCH	325	32	3	3	11	INT: FLEX RES: GS, OBG
Cedars of Lebanon Hospital Division 4833 Fountain Ave. 90029	M-013	NP CORP	524	50	6	38	51	INT: FLEX RES: DR, GS, IM, OBG, PTH, PD, P
Cedars—Sinai Medical Center (Includes Cedars of Lebanon Hospital Division and Mount Sinai Hospital Division) 4833 Fountain Ave. 90029	M-013	NP CORP			1	22 47	68	INT: FLEX RES: CHP, DR, GS, IM, OBG, PTH, PD, P
Charles R. Drew Postgraduate Medical School 1621 E. 120th St. 90059		NP CORP					6	RES: GPM
Childrens Hospital of Los Angeles 4650 Sunset Blvd. 90027	M-014 L-095 G-012	NP CORP	307	41	5	61	73	RES: AN, CHP, ORS, PTH, PD, PDC, TS
Department of Chief Medical Examiner—Coroner County of Los Angeles 1104 N. Mission Rd. 90033		COUNTY			2	2	6	RES: FOP
Hollywood Presbyterian Medical Center 1300 N. Vermont Ave. 90027		NP CORP	389	14		5	6	RES: OPH
Hospital of the Good Samaritan Medical Center 1212 Shatto St. 90017	L-014	NP CORP	411	48	3	8 12	31	INT: FLEX RES: DR, IM, PTH, R, TS
Kaiser Foundation 4867 Sunset Blvd. 90027		NP CORP	497	59	2	64	104	INT: FLEX RES: DR, FP, GS, IM, N, OBG, PTH, PD, PDA, R, TR, U
Los Angeles County—U. S. C. Medical Center 1200 No. State St. 90033	M-014	COUNTY	2006	46	3 19	248 519	87 775	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PM, P, TR, TS, U
Martin Luther King, Jr. General 12021 S. Wilmington Ave. 90059	G-013	COUNTY	394	47	3 4	21 93	179	INT: FLEX RES: DR, GS, IM, OBG, OPH, ORS, OTO, PD, P
Mount Sinai Hospital Division 8720 Beverly Blvd. 90048	M-013	NP CORP	296	42		3	4	INT: FLEX RES: CHP, IM, PTH, P
Orthopaedic 2400 S. Flower St. 90007	L-014	NP CORP	162	75		16	16	RES: ORS
Queen of Angels 2301 Bellevue Ave. 90026		CORP.	306	25	3 5	2	3	INT: FLEX RES: GS, CRS
Reiss—Davis Child Study Center 9760 West Pico Blvd. 90035		NP CORP				5	8	RES: CHP
Santa Fe Memorial 610 So. St. Louis St. 90023		NP CORP	189	22				RES: OPH
Shriners Hospital for Crippled Children 3160 Geneva St. 90020		NP CORP	60					RES: ORS, ORS, ORS
U. C. L. A. Center for the Health Sciences 90024	M-013	STATE	612	63	12	225	282	RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
U. C. L. A. Affiliated Hospitals	M-013	MISC.			5	135	117	RES: AN, GS, NS, ORS, PS, U
University of California School of Medicine 405 Hilgard St. 90024	M-013	STATE				9	9	RES: GPM
Veterans Admin., Brentwood Wilshire & Sawtelle Blvds. 90073	M-013	VA	470	66	1	20	21	RES: P
Veterans Admin. Center—Wadsworth Wilshire & Sawtelle Blvds. 90073	M-013	VA	762	68	42	27 130	215	INT: FLEX RES: DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, R, TS, U
Veterans Admin. (Sepulveda) 16111 Plummer St. 91343	M-013	VA	858	49	16	14 33	81	INT: FLEX RES: GS, IM, P, U
White Memorial Medical Center 1720 Brooklyn Ave. 90033	M-012 G-014	CHURCH	302	46	1 17	16 54	23 76	INT: FLEX RES: GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, R, TS, U
MARTINEZ								
Contra Costa County Medical Services 2500 Alhambra Ave. 94553		COUNTY	318	46		14	18	RES: GP
Veterans Admin. 150 Muir Rd. 94553	M-102	VA	498	53	18	6	39	RES: GS, IM, OPH, ORS, PTH, PM, U, U
MATHER A. F. B.								
U. S. A. F. 95655	L-102	USAF						RES: OBG
MODESTO								
Scenic General 830 Scenic Dr. 95350		COUNTY	134	51		1	12	RES: GP
OAKLAND								
Children's Hospital Medical Center of Northern California 51st and Grove Sts. 94609	L-016 G-015	NP CORP	142	70		24	32	RES: ORS, PD, PDC
Highland General 1411 E. 31st St. 94602	G-016	COUNTY	682	53		46 51	28 102	INT: FLEX RES: GS, IM, ORS, ORS, PTH, P, R, TS, U
Institute of Forensic Sciences 2945 Webster St. 94609		NP CORP					1	RES: FOP
Kaiser Foundation 280 West Mac Arthur Blvd. 94611	L-016	NP CORP	268	48	2	9 44	55	INT: FLEX RES: GS, IM, OBG, ORS, ORS, OTO, PD
Naval 8750 Mountain Blvd. 94627		USN	615	76		22 104	11 142	INT: FLEX RES: AN, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, P, R, U
Samuel Merritt Hawthorne Ave. and Webster St. 94609	G-016	NP CORP	326	38				RES: ORS

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CALIFORNIA—Continued								
ORANGE								
Childrens Hospital of Orange County 1109 W. La Veta 92666	M-095	NP CORP	104	74				RES: GS, ORS, PD
Orange County Medical Center 101 Manchester Ave. 92668	M-095	CY-CO	474	73	3 4	50 76	136	INT: FLEX RES: CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, PS, P, R, TR, TS, U
PALO ALTO								
Veterans Admin. 3801 Miranda Ave. 94304	M-015	VA	1401	78				INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, TR, U
PANORAMA CITY								
Kaiser Foundation 13652 Cantara St. 91402		NP CORP	321	33	1	4	12	RES: GS, IM
PASADENA								
Huntington Memorial 100 Congress St. 91105	L-014	NP CORP	427	35	1 2	11 23	45	INT: FLEX RES: GS, IM, NS
Pasadena Child Guidance Clinic 56 Waverly Dr. 91105		NP CORP			1	1	4	RES: CHP
RIVERSIDE								
Riverside General 9851 Magnolia Ave. 92503	M-012	COUNTY	443	76		10 12	24	INT: FLEX RES: FP, GS, IM, OBG, OPH, ORS, PD, U
SACRAMENTO								
Kaiser Foundation 2025 Morse Ave. 95825	M-102	NP CORP	250	39		15	23	RES: GS, IM, OBG, ORS, U
Sutter Community Hospitals of Sacramento 2820 L St. 95816	M-102	NP CORP	658	26			4	RES: DR, OBG, PTH, R, TR
University of California (Davis) Sacramento Medical Center 2233 Stockton Blvd. 95817	M-102	STATE	548	65				RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, R, TR, U
SALINAS								
Natividad Medical Center 1330 Natividad St. 93901		COUNTY	267	19		2	12	RES: FP
SAN BERNARDINO								
San Bernardino County General 780 East Gilbert 92404	L-012 G-013	COUNTY	256	49		37	50	RES: FP, OBG, ORS, PTH
SAN DIEGO								
Child Guidance Clinic 8001 Frost St. 92123		NP CORP						RES: CHP
Childrens Health Center 8001 Frost St. 92123	L-103	NP CORP	90	75				RES: ORS
Community Mental Health Services of San Diego County 225 W. Dickinson St., P. O. Box 3067 92103		COUNTY				1	4	RES: CHP
Donald N. Sharp Memorial Community 7901 Frost St. 92123		NP CORP	311	34		1		RES: ORS, PTH
Mercy Hospital and Medical Center 4077 Fifth Ave. 92103	M-103	CHURCH	512	37	1	22 20	15 45	JNT: FLEX RES: AN, GS, IM, OBG, ORS, PTH, U
Naval Park Blvd. 92134	M-103	USN	1700	68	1	39 155	18 223	INT: FLEX RES: AN, DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, R, TR, TS, U
San Diego County Community Mental Health Services 345 W. Dickinson St. 92103		COUNTY	150					RES: P
University of California, San Diego—University Hospital 225 W. Dickinson 92103	M-103	NP CORP	355	61		51 49	69	INT: FLEX RES: AN, DR, D, FP, GS, IM, N, OBG, ORS, OTO, PTH, NP, PD, PDA, PDC, P, TR, U
University of California (San Diego) Affiliated Hospitals	M-103	MISC.			5	216	296	INT: FLEX RES: AN, DR, GS, IM, N, ORS, PTH, NP, P, U
Veterans Admin. 3350 La Jolla Village Dr. 92161	M-103	VA	646	82				RES: AN, DR, GS, IM, N, ORS, PTH, NP, P, U
SAN FRANCISCO								
Children's Hospital and Adult Medical Center 3700 California St. 94119	L-016	NP CORP	362	45	2	8	29	RES: CHP, DR, DR, GS, IM, OBG, ORS, PD, R
Children's Hospital—St. Mary's Training Program		MISC.				19	19	RES: PD
Harkness Community Hospital and Medical Center 1400 Fell St. 94117	L-016	CORP.	200	70		12	9	RES: GS, IM, ORS, PTH, U
H. C. Moffitt—University of California Hospitals 3rd & Parnassus 94122	M-016	STATE	560	73	1 6	56 6	8	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, TR, TS, U
Kaiser Foundation 2425 Geary Blvd. 94115	L-016	NP CORP	293	75		19 48	69	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD, PDA
Langley Porter Neuropsychiatric Institute 401 Parnassus Ave. 94122	M-016	STATE	89	100		7	5	RES: CHP, NP, P
Letterman Army Medical Center Presidio of San Francisco 94129	L-016, 091	USA	525	81	3	26 126	13 162	INT: FLEX RES: AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, PTH, PD, PM, P, TS, U
Mount Zion Hospital and Medical Center 1600 Divisadero St. 94115	L-016	NP CORP	419	43	1	20 80	6 94	INT: FLEX RES: CHP, DR, GS, IM, OBG, ORS, PTH, PD, P, TR
Pacific Medical Center and Affiliated Hospitals	L-016	MISC.			1 1	17 25	8 44	INT: FLEX RES: IM, N, TR

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CALIFORNIA, SAN FRANCISCO—Continued								
Pacific Medical Center—Presbyterian Clay & Webster Sts. 94115	L-016 G-015	NP CORP	311	59		16	25	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	26				RES: NS, ORS, PS, TR
St. Francis Memorial 900 Hyde St. 94109		NP CORP	335	28		5	6	RES: PS, TR
St. Joseph's 355 Buena Vista Ave. East 94117	L-016	CHURCH	175	31				RES: ORS
St. Mary's Hospital and Medical Center 2200 Hayes St. 94117	L-016	CHURCH	438	36		23 35	10 74	INT: FLEX RES: CHP, DR, GS, IM, ORS, PD, P, TR
San Francisco Community Mental Health Services 101 Grove St. 94102		CY-CO	114			12	12	RES: P
San Francisco General 1001 Potrero 94110	M-016	CY-CO	653	40			16 24	INT: FLEX 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 Harkness Community Hosp. and Medical Center, Kaiser Foundation Hosp., St. Joseph's Hosp., St. Mary's Hosp. and Medical Center, Mary's Help Hosp. (Daly City), and Veterans Admin. Hosp. (Martinez))		MISC.				1	15 20	RES: ORS
Shriners Hospital for Crippled Children 1701 19th Ave. 94122	G-016	NP CORP	70					RES: ORS, ORS
U. S. Public Health Service 15th Ave & Lake St. 94118	L-016	USPHS	306	60	1	19 30	12 53	INT: FLEX RES: GS, IM, OPH, ORS
University of California Medical Center 3rd and Parnassus 94122	M-016	STATE				1	2	RES: FOP
University of California Program	M-016	MISC.				5	45 509 512	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U
Veterans Admin. 4150 Clement St. 94121	M-016	VA	352	76		3	3	RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, TS, U
SAN JOSE								
Santa Clara County Medical Examiner—Coroner's Office 751 S. Bascom Ave. 95128		COUNTY					1	RES: FOP
Santa Clara Valley Medical Center 751 South Bascom 95128	M-015 G-016	COUNTY	548	75	1	21 38	4 55	INT: FLEX RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, TR, TS, U
SAN MATEO								
San Mateo Community Mental Health Services 220 W 20th Ave. 94402		COUNTY	31		1	14	16	RES: P
SANTA BARBARA								
Cancer Foundation of Santa Barbara 300 W. Pueblo St. 93105		NP CORP				1	2	RES: DR, TR
Santa Barbara Cottage 320 W. Pueblo St. 93105		NP CORP	493	37			3	INT: FLEX RES: DR, GP, GS, P, R, TR
Santa Barbara County Mental Health Services 4440 Calle Real 93105		COUNTY	49				9	RES: P
Santa Barbara General San Antonio Rd. 93105		COUNTY	238	46				INT: FLEX RES: DR, GP, GS, P, R
Santa Barbara General—Cottage Hospitals Box 689 93102		NP CORP				15 15	34	INT: FLEX RES: DR, GP, GS, R
SANTA CLARA								
Kaiser Foundation 900 Kiely Blvd. 95051	L-015	NP CORP	284	48		5	14	INT: FLEX RES: IM, OBG, ORS, U
SANTA MONICA								
Santa Monica Hospital Medical Center 1225 15th St. 90404	L-013	NP CORP	300	23	2	2 15	18	INT: FLEX RES: FP
SANTA ROSA								
Community Hospital of Sonoma County 3325 Chanate Rd. 95402	M-016	COUNTY	170	66		19	18	RES: FP
Santa Rosa Radiation Therapy Center 95 Montgomery Dr. 95404		CORP.						RES: TR
University of California (S. F.) Affiliated Hospital	M-016	MISC.						RES: FP
STANFORD								
Stanford University Affiliated Hospitals	M-015	MISC.			8	34 249	333	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PDA, PDC, PM, PS, P, TR, TS, U
Stanford University 94305	M-015	NP CORP	612	50	3	44	48	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, TR, TS, U
STOCKTON								
San Joaquin General P. O. Box 1020 95201	L-102 G-016	COUNTY	260	95		15 28	7 47	INT: FLEX RES: FP, GS, IM, OBG, OPH, PD
Stockton State 510 E. Magnolia St. 95202	G-102	STATE	1172	67				RES: P
SYLMAR								
Olive View Medical Center 14445 Olive View Dr. 91342	L-013	COUNTY	156	32		5	9	RES: OPH, P

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CALIFORNIA—Continued								
TORRANCE Los Angeles County Harbor General 1000 W. Carson St. 90509	M-013	COUNTY	712	55		59 172	20 172	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, POA, PS, P, TR, U
VALLEJO Kaiser Foundation Hospital and Rehabilitation Center 975 Sereno Dr. 94590		NP CORP	231	43				RES: PM
VAN NUYS San Fernando Valley Child Guidance Clinic 7335 Van Nuys Blvd. 91405		NP CORP			1	1	2	RES: CHP
VENTURA General Hospital Ventura County 3291 Loma Vista Rd. 93003		COUNTY	348	38		21	23	RES: FP
CANAL ZONE								
BALBOA HEIGHTS Gorgas P. O. Box 0 00101		OTHER	342	64	3 15	13 15	12 59	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, U
COLORADO								
COLORADO SPRINGS Penrose 2215 N. Cascade Ave. 80907		CHURCH	374	57	1	8	16	RES: PTH, TR
DENVER Children's 1056 E. 19th Ave. 80218	M-017	NP CORP	157	89	2	6	37	RES: AN, GS, ORS, ORS, PTH, PD, PDC, PS
Children's Asthma Research Institute and Hospital 3401 W. 19th Ave. 80204		NP CORP	156					RES: PDA
Denver General W. 6th Ave. and Cherokee St. 80204	M-017	CY-CO	357	68	1 2	3 11	14	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OBG, OBG, OPH, ORS, OTO, PTH, FOP, PD, PS, P, R, U
Fitzsimons Army Medical Center Peoria and E. Colfax 80240	L-091	USA	850	82		21 102	8 132	INT: FLEX RES: DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, U
Fort Logan Mental Health Center 3520 W. Oxford Ave. 80236		STATE	265	33		8	9	RES: P
General Rose Memorial 1050 Clermont St. 80220	G-017	NP CORP	336	43	1	13		INT: FLEX RES: DR, GS, IM, OBG, PTH, R
Mercy 1619 Milwaukee St. 80206	G-017	CHURCH	360	54	1	8 12	3 28	INT: FLEX RES: FP, PTH
National Jewish Hospital at Denver 3800 E. Colfax Ave. 80206	G-017	NP CORP	100					RES: PDA
Presbyterian Medical Center 1719 East 19th Ave. 80218	G-017	NP CORP	416	38	1	20 31	6 42	INT: FLEX RES: GS, IM, PTH, R, TR
St. Anthony W. 16th at Raleigh 80204	G-017	NP CORP	490	37	5 2	5 2	8	INT: FLEX RES: GP, PTH
St. Joseph 1835 Franklin St. 80218	G-017	CHURCH	551	40	2	16 21	4 45	INT: FLEX RES: GP, GS, IM, OBG, ORS, PTH, R
St. Joseph Hospital—Colorado State	G-017	MISC.			4	14	22	RES: GS
St. Luke's 601 E. Nineteenth Ave. 80203	G-017	CHURCH	415	57	3 1	6 10	7 34	INT: FLEX RES: IM, OBG, PTH, R
University of Colorado Affiliated Hospitals	M-017	MISC.			13	22 430	7 507	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, 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	6	3	RES: OBG
University of Colorado Medical Center 4200 East 9th Ave. 80220	M-017	STATE	386	62	1	26	30	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, OBG, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, R, U
Veterans Admin. 1055 Clermont St. 80220	M-017	VA	439	73				INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PS, P, R, U
GREELEY Weld County General 16th St. and 17th Ave. 80631		COUNTY	350	44	2	4	12	INT: FLEX RES: FP
PUEBLO Colorado State 1600 West 24th St. 81003	G-017	STATE	1308	23				RES: GS
CONNECTICUT								
BRIDGEPORT Bridgeport 267 Grant St. 06602	L-018	NP CORP	554	45	8 46	15 18	2 75	INT: FLEX RES: GS, IM, OBG, PTH, PD, R
St. Vincent's 2820 Main St. 06606	G-018	NP CORP	340	32	10 30	1 5	5 20	INT: FLEX RES: GS, IM, OBG, PTH, R
BRISTOL Bristol Brewster Rd. 06010	L-104	NP CORP	216					RES: PTH

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CONNECTICUT—Continued								
DANBURY Danbury Hospital Ave. 06810	G-018	NP CORP	300	35	12 11	3	21	INT: FLEX RES: IM, PTH, R
FARMINGTON University 06032	M-104	STATE						RES: FP, OBG
HARTFORD Child and Family Services of Connecticut 1680 Albany Ave. 06105		NP CORP	24			1	2	RES: CHP
Hartford 80 Seymour St. 06115	M-104	NP CORP	925	33	1 29	32 76	12 123	INT: FLEX RES: AN, OR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, P, U
Institute of Living 400 Washington St. 06106	L-104	NP CORP	425		9	14	24	RES: P
Institute of Living—Children's Clinic 17 Essex St. 06114	L-104	NP CORP			1	1	2	RES: CHP
Mount Sinai 500 Blue Hills Ave. 06112	M-104	NP CORP	281	48	12 9	1	26	INT: FLEX RES: IM, OBG
St. Francis 114 Woodland St. 06105	M-104	CHURCH	648	40	2 35	14 12	6 55	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD, U
University of Connecticut Affiliated Hospitals	M-104	MISC.			6 38	25 60	148	INT: FLEX RES: FP, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, P, U
University of Connecticut Hospital—Mc Cook Division 2 Holcomb St. 06112	M-104	STATE	92	62				INT: FLEX RES: FP, GS, IM, OPH, ORS, OTO, PTH, P
MIDDLETOWN Connecticut Valley Box 351 06457		STATE	1172	44	6	2	15	RES: P
Middlesex Memorial 28 Crescent St. 06457	L-104	NP CORP	335	29			12	RES: FP, PTH
NEW BRITAIN New Britain General 100 Grand St. 06050	M-104	NP CORP	389	50	3 19	1 16	42	INT: FLEX RES: GS, IM, OBG, PTH, PD, U
NEW CANAAN Silver Hill Foundation Valley Rd. 06840		NP CORP	77				2	RES: P
NEW HAVEN Connecticut Mental Health Center Hospital of St. Raphael 1450 Chapel St. 06511	M-018 M-018	STATE CHURCH	70 466	37	18 49	9 11	14 105	RES: P INT: FLEX RES: DR, GS, IM, NM, ORS, OTO, PTH, PD, TS
Yale—New Haven 789 Howard Ave. 06504	M-018	NP CORP	875	52	19	21 69	112	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
Yale—New Haven Medical Center	M-018	MISC.			16	242	250	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, U
Yale Psychiatric Institute 333 Cedar St. 06511	M-018	NP CORP	46					RES: P
Yale University Child Study Center 333 Cedar St. 06511	M-018	NP CORP			4	5	9	RES: CHP
Yale University Health Service, Div. of Mental Hygiene 333 Cedar St. 06511	M-018	NP CORP	35					RES: P
Yale University Department of Epidemiology and Public Health 60 College St. 06510	M-018	NP CORP				2	4	RES: GPM
NEWINGTON Newington Children's 181 E. Cedar St. 06111	L-104	NP CORP	128	60		1	1	RES: ORS, ORS, ORS, PD, U
Veterans Admin. 555 Willard Ave. 06111	M-104	VA	190					INT: FLEX RES: GS, IM, ORS, OTO, PTH, P, U
NEWTOWN Fairfield Hills Box W 06470		STATE	1504	40	14	2	18	RES: P
NORWALK Norwalk 24 Stevens St. 06856	L-018	NP CORP	397	44	31	4	37	RES: GS, IM, PTH, PD
NORWICH Norwich Box 508 06360		STATE	1233	24	10	2	15	RES: P
STAMFORD Stamford Shelburne Rd. and W. Broad 06902	M-059	NP CORP	388	34	15 20	4	40	INT: FLEX RES: GS, IM, OBG, PTH
WATERBURY St. Mary's 56 Franklin St. 06702	G-018	CHURCH	427	32	13 20		35	INT: FLEX RES: GS, IM, PTH, PD
Waterbury 64 Robbins St. 06720	M-018, 104	NP CORP	435	37	16	12 8	48	INT: FLEX RES: GS, IM, PD, U
Waterbury Regional Program		MISC.					12	RES: PD
WEST HAVEN Veterans Admin. West Spring St. 06516	M-018	VA	725	47	1	2	5	RES: DR, GS, IM, NS, N, ORS, PTH, PS, P, TR, TS, U

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					For.*	Non- For.*			
DELAWARE									
NEW CASTLE									
Delaware State 19720	M-073	STATE	1088	40	4	3	12	RES: P	
WILMINGTON									
Alfred I. Du Pont Institute of the Nemours Foundation Rockland Rd., P. O. Box 269 19899	G-073	NP CORP	60					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	L-073	VA	336	37				RES: GS, N, OPH, ORS, U	
Wilmington Medical Center Box 1668 19899	M-073	NP CORP	1103	48	4 34	20 46	6 107	INT: FLEX RES: FP, GS, IM, NS, N, OBG, OPH, PTH, PD, PS, R, TR, U	
DISTRICT OF COLUMBIA									
WASHINGTON									
Armed Forces Institute of Pathology 20305	G-073	OTHER					8	15	RES: OPH, PTH, FOP, NP
Children's Hospital of the District of Columbia 2125 13th St., N. W. 20009	M-020 L-019, 021	NP CORP	211	74	6	57	62	RES: CHP, GS, NS, N, OPH, ORS, PTH, PD, PDA, PDC, PS, TR, TS, U, U	
Columbia Hospital for Women 2425 L St. N. W. 20037	L-020	NP CORP	154	50				RES: OBG, PD	
D. C. Community Health and Hospitals Administration 1875 Connecticut Ave. N. W. 20009		STATE					2	2	RES: PH
District of Columbia General 19th St. & Mass. Ave., S. E. 20003	M-019, 021 G-020	CITY	880	31	28	2	31	RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, R, TR, U	
Doctors 1815 Eye Street, N. W. 20006	L-019	CORP.	284	47	17 13		14	INT: FLEX RES: IM, PTH	
Doctors Hospital—Sibley Memorial Freedmen's 6th and Bryant Streets, N. W. 20001	L-019 M-021	MISC. NP CORP	423	58	4 2 31	24 80	6 164	RES: PTH INT: FLEX RES: AN, DR, D, FP, GS, IM, N, OBG, OPH, ORS, PTH, PD, PDA, P, TR, U	
Georgetown University 3800 Reservoir Rd. N. W. 20007	M-019	NP CORP	396	67	17	16 68	113	INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, TR, U	
Georgetown University Affiliated Hospitals	M-019	MISC.			30	156	175	RES: GS, NS, N, OBG, OPH, ORS, OTO, PD, PS, P, U	
Georgetown University Service	M-019	NP CORP			4	11	18	RES: IM	
George Washington University 901 23rd Street, N. W. 20037	M-020	NP CORP	484	46	29 77	2 77	145	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, PTH, PM, PS, P, R, TR, TS, U	
George Washington University Affiliated Hospitals	M-020	MISC.			12	130	149	RES: DR, GS, NS, N, NM, OBG, OPH, ORS, PD, PS, TR, TS, U	
George Washington University Service	M-020	NP CORP			2	12		RES: IM	
Howard University Affiliated Hospitals	M-021	MISC.			13	31	55	RES: GS, N, ORS, PDA, TR	
Howard University Service	M-021	NP CORP			10	5	12	RES: IM	
Malcolm Grow U. S. A. F. Medical Center Andrews Air Force Base 20331		USAF	350	87		6 13	12 18	INT: FLEX RES: FP	
Morris Cafritz Memorial 1310 Southern Ave. S. E. 20032	G-021	NP CORP	418					RES: ORS	
National Aeronautics and Space Administration 600 Independence Ave. S. W. 20546		OTHER						1	RES: OM
Office of the Chief Medical Examiner 1901 E St. S. E. 20003		OTHER						2	RES: FOP
Providence 1150 Varnum St., N. E. 20017	L-019	CHURCH	377	35	14 22		3 37	INT: FLEX RES: GS, IM, OBG, ORS, PD	
Rogers Memorial Massachusetts Ave. and 8th St. N. E. 20002		NP CORP	229		15		9	RES: GP	
St. Elizabeths Martin Luther King, Jr. Ave. S. E. 20032	L-020, 021	OTHER	3451	44	2 3	16	30	INT: FLEX RES: OPH, P	
Sibley Memorial 5255 Loughboro Rd., N. W. 20016	L-019	NP CORP	363	43		1		RES: OPH, ORS, PTH, U	
Veterans Admin. 50 Irving St. N. W. 20422	M-019 L-020, 021	VA	708	60	28	39	90	RES: GS, GS, IM, NS, NS, N, OPH, ORS, ORS, ORS, OTO, PTH, PS, P, TR, U, U	
Walter Reed Army Institute of Research Walter Reed Army Medical Center 20012		USA				3	5	RES: GPM	
Walter Reed Army Medical Center 6825 16th St., N. W. 20012	M-019 L-021	USA	943	71	7	26 191	9 240	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TS, U	
Washington Hospital Center 110 Irving St., N. W. 20010	L-019, 020	NP CORP	871	52	15 51	62 69	178	INT: FLEX RES: DR, GS, IM, NS, NM, OBG, OPH, ORS, OTO, PTH, PS, U	
FLORIDA									
DAYTONA BEACH									
Halifax Hospital Medical Center Clyde Morris Blvd. 32015		DIST.	563	18	1	7	12	RES: FP	

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FLORIDA—Continued								
FORT LAUDERDALE								
Broward General 1600 S. Andrews Ave. 33316		DIST.	670	23			4	RES: PTH
Office of the Chief Medical Examiner, Broward County 5301 S. W. 31st Ave. 33312		COUNTY					2	RES: FOP
GAINESVILLE								
Alachua General 912 S. W. 4th Ave. 32601	G-022	STATE	272	17		4	6	RES: FP
University of Florida Affiliated Hospitals (Includes William A. Shands Teaching Hosp. & Clinics, Veterans Admin. Hosp., St. Vincent's Hosp. (Jacksonville), University Hosp. of Jacksonville, Veterans Admin. Hosp. (Lake City), Anclote Manor (Tarpon Springs)	M-022	MISC.			12	193	238	RES: AN, DR, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
Veterans Admin. 32602	M-022	VA	480	59				RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
William A. Shands Teaching Hospital and Clinics University of Florida 32601	M-022	STATE	405	74	1	24 59	68	INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
JACKSONVILLE								
Baptist Memorial 800 Prudential Dr. 32207	M-022	NP CORP	420	39		5	8	INT: FLEX RES: GS, IM, OBG, PTH, PD, PS
Florida State Division of Health 1217 Pearl St. 32202		STATE					1	18 RES: PH
Hope Haven Children's 5720 Atlantic Blvd. 32207	M-022	NP CORP	72					RES: ORS
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)	M-022	MISC.			44	16 59	136	INT: FLEX RES: GS, IM, OBG, ORS, PD, PS, U
Memorial Hospital of Jacksonville 3625 University Blvd. S. 32216		NP CORP	306	29				RES: PTH
Naval Regional Medical Center Naval Air Station 32214		USN	330	63		18	18	RES: FP
St. Luke's 1900 Boulevard 32206	M-022	NP CORP	293	23				RES: GS, ORS
St. Vincent's Barrs & St. Johns Ave. 32204	M-022	NP CORP	466	27	3	6	18	RES: FP, GS, OBG, PS, U
University Hospital of Jacksonville 655 8th St., P. O. Box 2751 32209	M-022	CY-CO	354	45	4	2	10	INT: FLEX RES: GS, IM, N, OBG, OPH, ORS, PTH, PD, PS, R, U
LAKE CITY								
Veterans Admin. South Marion St. 32055	G-022	VA	431	58				RES: GS, U
MIAMI								
Jackson Memorial 1700 N. W. 10th Ave. 33136	M-023	COUNTY	1140	43	15	73	130	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PS, P, TR, TS, U
Office of Medical Examiner of Dade County 1700 N. W. 10th Ave. 33136		COUNTY					1	3 RES: FOP
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))	M-023	MISC.			11 101	92 325	3 462	INT: FLEX RES: AN, CHP, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
Variety Children's 6125 S. W. 31st St. 33155	L-023	NP CORP	188	63	16	1	17	RES: AN, ORS, ORS, PTH, PD
Veterans Admin. 1201 N. W. 16th St. 33125	M-023	VA	790	47				INT: FLEX RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
MIAMI BEACH								
Mount Sinai Hospital of Greater Miami 4300 Alton Rd. 33140	L-023	NP CORP	646	31	26 31	6 31	112	INT: FLEX RES: AN, DR, D, GS, IM, OBG, ORS, PTH, TR, TS, U
ORLANDO								
Florida 601 E. Rollins 32802		CHURCH	574	27	8	9	18	RES: FP
Orange Memorial 1416 South Orange Ave. 32806		NP CORP	797	26	13 23	14	43	INT: FLEX RES: GS, OBG, ORS, PTH, PS
PENSACOLA								
Baptist 1000 W. Moreno St. 32501	G-022	CHURCH	504	43				INT: FLEX RES: GS, IM, OBG, PD
Naval Naval Aerospace and Regional Medical Center 32512		USN	190	67		9	12	RES: FP
Naval Aerospace Medical Institute Naval Aerospace and Regional Medical Center 32512		USN				10	18	RES: AM
Pensacola Educational Program (Includes Baptist Hospital, Sacred Heart Hospital, and University Hospital) 5151 N. 9th Ave. 32504	G-022	MISC.			3	7 13	8 35	INT: FLEX RES: GS, IM, OBG, PD

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FLORIDA, PENSACOLA—Continued								
Sacred Heart 5151 N. Ninth Ave. 32504	G-022	CHURCH	310	46				INT: FLEX RES: GS, IM, OBG, PO
University 1200 W. Leonard St. 32501	G-022	COUNTY	130	43				INT: FLEX RES: GS, IM, OBG, PO
ST. PETERSBURG								
All Children's 801 6th St. S. 33701	M-115	NP CORP						RES: ORS
Bayfront Medical Center 701 Sixth St. South 33701	G-115	NP CORP	400	24	1	7	18	INT: FLEX RES: FP, OBG
TALLAHASSEE								
Tallahassee Memorial Miccosukee Rd. and Magnolia Dr. 32303	G-022	CITY	460	35	1	3	15	RES: FP
TAMPA								
St. Joseph's 3001 W. Buffalo Ave. 33607	L-115	NP CORP	577	18				RES: CHP, DR, PTH, P
Tampa General Davis Islands 33606	M-115	COUNTY	606	36	3	12	26	INT: FLEX RES: CHP, 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.			13	29 74	202	INT: FLEX RES: CHP, DR, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, P, U
Veterans Admin. 13000 N 30th St 33612	M-115	VA	471	48				INT: FLEX RES: DR, GS, IM, N, OPH, ORS, OTO, PTH, P, U
TARPON SPRINGS								
Ancote Manor P. O. Box 1224 33589		NP CORP	76					RES: P
GEORGIA								
ATLANTA								
Center of Disease Control 1600 Clifton Rd. N. E. 30333		OTHER				11	16	RES: GPM
Crawford W. Long Memorial 35 Linden Ave. N. E. 30308	G-025	NP CORP	412	30	12	2	10	RES: GS, IM, OBG, PTH
Elks Aidmore 2040 Ridgewood Dr. N. E. 30333	G-025	NP CORP	64					RES: PM
Emory University 1364 Clifton Rd., N. E. 30322	M-025	NP CORP	382	49				INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
Emory University Affiliated Hospitals (Includes Crawford W. Long Memorial Hosp., Elks Aidmore Hosp., Emory University Hosp., Georgia Mental Health Institute, Grady Memorial Hosp., Henrietta Egleston Hosp., and Veterans Admin. Hosp. (Decatur))	M-025	MISC.			38	315	518	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TR, TS, U
Emory University Hospital—Grady Memorial Hospital—Henrietta Egleston	M-025	MISC.			1	29		INT: FLEX
Emory University School of Medicine 30322	M-025	NP CORP					2	RES: NP
Georgia Baptist 300 Boulevard, N. E. 30312		CHURCH	443	30	5 5	5 21	9 49	INT: FLEX RES: GS, IM, OBG, ORS
Georgia Mental Health Institute 1256 Briarcliff Rd. N. E. 30306	L-025	STATE	201					RES: CHP, P
Grady Memorial 80 Butler St., S. E. 30303	M-025	DIST.	870	30	1	36 1	6 2	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, TR, TS, U
Grady Memorial Hospital—Emory University Hospital—Veterans Admin.	M-025	MISC.				41		INT: FLEX
Henrietta Egleston Hospital for Children 1405 Clifton Rd., N. E. 30333	L-025	NP CORP	100					INT: FLEX RES: DR, GS, NS, N, ORS, OTO, PD, PS, R, U
Piedmont 1968 Peachtree Rd., N. W. 30309		NP CORP	314	26	6		10	RES: GS, PTH
St. Joseph's Infirmary 265 Ivy St., N. E. 30303		NP CORP	265	35	3 5		12	INT: FLEX RES: GS, PTH
AUGUSTA								
Eugene Talmadge Memorial 112D Fifteenth 30902	M-024	STATE	400	59	6	31	35	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDC, P, R, 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.			20	32 124	10 171	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, P, R, TR, TS, U
University University Pl. 30902	M-024	COUNTY	600	17				INT: FLEX RES: D, FP, GS, IM, NS, OBG, OPH, ORS, PTH, PD, TR
Veterans Admin. Wrightsboro Rd. 30904	M-024	VA	1318	63				INT: FLEX RES: D, GS, IM, NS, N, OPH, ORS, PTH, TR, TS, U
COLUMBUS								
Medical Center 710 Center Ave. 31901	L-024	CY-CO	496	28		5	24	RES: FP, ORS

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GEORGIA—Continued								
DECATUR Scottish Rite Hospital for Crippled Children 321 W. Hill St. 30030	G-046	NP CORP	48			6	6	RES: ORS
Veterans Admin. 1670 Clairmont Rd. 30033	M-025	VA	518	41				INT: FLEX RES: OR, O, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
FORT BENNING Martin Army 31905		USA	340	58		13	18	RES: FP
FORT GORDON Eisenhower Army Medical Center 30905	M-024	USA	400	76			18	RES: FP
MACON Medical Center of Central Georgia 777 Hemlock St. 31201	L-024	CY-CO	501	17	1	10	5 38	INT: FLEX RES: FP, GS, OBG
SAVANNAH Memorial Medical Center Waters Ave. at 63d St. 31405	L-024	COUNTY	445	39	1 1	13 20	46	INT: FLEX RES: OR, GS, IM, OBG, PTH, R, TS, U
WARM SPRINGS Georgia Rehabilitation Center 31830		STATE	250					RES: PM
Georgia Warm Springs Foundation 31830		NP CORP	120				12	RES: PM
HAWAII								
HONOLULU								
Oiamond Head Mental Health Clinic 3675 Kilauea Ave. 96816		NP CORP						RES: CHP
Kapiolani Maternity and Gynecological 1319 Punahou St. 96814	M-051, 105	NP CORP	131	56				INT: FLEX RES: OBG
Kauikeolani Children's 226 N. Kuakini St. 96817	M-105	NP CORP	80	68		5	13	INT: FLEX RES: PO
Kuakini Hospital and Home 347 N. Kuakini St. 96817	L-105	NP CORP	217	35	8 9 3		3	INT: FLEX RES: GS, PTH
Queen's Medical Center 1301 Punchbowl St. 96813	M-105 G-016	NP CORP	460	44	3 3	12 1	4	INT: FLEX RES: GS, OBG, ORS, PTH, P
St. Francis 2260 Liliha St. 96817	M-105	CHURCH	256	32	6 10	6 7	14	INT: FLEX RES: GS, IM, PTH
Shriners Hospital for Crippled Children 1310 Punahou St. 96814	G-016	NP CORP	40					RES: ORS
Tripler Army Medical Center A. P. O. San Francisco 96438	M-105 G-016	USA	750	69	1	30 87	17 140	INT: FLEX RES: OR, FP, GS, IM, OBG, OPH, ORS, ORS, PTH, PD, U
University of Hawaii Affiliated Hospitals	M-105	MISC.				9	29 63	INT: FLEX RES: CHP, GS, OBG, ORS, PTH, P RES: PO
University of Hawaii—Kauikeolani Children's	M-105	NP CORP						RES: CHP, P
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				6	9	RES: GPM
KANEHNE Hawaii State Kealahala Rd. 96744		STATE	419					INT: FLEX RES: P
IDAHO								
IDAHO FALLS								
U. S. Atomic Energy Commission Idaho Operations Office P. O. Box 2108 84301		OTHER						RES: OM
ILLINOIS								
BERWYN								
Mac Neal Memorial 3249 Oak Park Ave. S. 60402	M-030	NP CORP	470	35	19 10	1 10	30	INT: FLEX RES: FP, GS, OBG, PTH
CARBONDALE Doctors Memorial 404 W. Main St. 62901	L-116	NP CORP	118	15			6	RES: FP
CHICAGO								
Augustana 411 West Dickens Ave. 60614		CHURCH	292	23	12 1		4	INT: FLEX RES: PTH
Chicago Maternity Center 1336 S. Newberry Ave. 60608		NP CORP						RES: OBG
Children's Memorial 2300 Children's Plaza 60614	M-027	NP CORP	252	80	6	6	11	RES: AN, CHP, DR, GS, NS, NM, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, U
City of Chicago Municipal Tuberculosis Sanitarium 5601 N. Pulaski Rd. 60646	G-027	CITY	400	23				RES: TS
Columbus 2520 N. Lakeview Ave. 60614	L-027, 028	NP CORP	440	31	8		7	INT: FLEX RES: GS, IM, OBG, PTH, PD, R, TR
Columbus—Cuneo—Cabrinini Medical Center	L-027	NP CORP			31 33	2 1	24 62	INT: FLEX RES: GS, IM, OBG, PTH, PD, R
Cook County 1825 W. Harrison St. 60612	M-026, 030 G-027	COUNTY	1605	41	76 275	34 87	26 478	INT: FLEX RES: AN, O, FP, GS, IM, NS, NS, N, OBG, OPH, ORS, ORS, ORS, OTO, PTH, PD, PDC, PS, CRS, R, TS, U

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non- For.*					
ILLINOIS, CHICAGO—Continued											
Edgewater 5700 N. Ashland Ave. 60626		NP CORP	385	26	24	2	4	INT: FLEX RES: PTH			
Frank Cuneo 750 W. Montrose 60613	L-027	NP CORP	171	22				INT: FLEX RES: GS, IM, OBG, PTH			
George J. London Memorial 4700 Clarendon Ave. 60640		NP CORP	92					RES: P			
Grant 551 Grant Pl. 60614	G-027	NP CORP	332	39	19	23	1	12 59	INT: FLEX RES: GP, GS, PTH		
Illinois Central Community 5800 Stony Island Ave. 60637		NP CORP	198	31	13	2	2		INT: FLEX RES: GS		
Illinois Masonic Medical Center 836 W. Wellington Ave. 60657	M-030	NP CORP	504	28	36	49	1	12 70	INT: FLEX RES: AN, FP, GS, IM, NS, OBG, PTH, PD, R		
Illinois State Psychiatric Institute 1601 West Taylor St. 60612	L-030	STATE	190		13		9	33	RES: P		
Institute for Juvenile Research 907 South Wolcott Ave. 60612	L-030	STATE					3	5	8	RES: CHP	
Jackson Park 7531 Stony Island Ave. 60649		NP CORP	216	42	7				16	RES: GP	
Louis A. Weiss Memorial 4646 N. Marine Dr. 60640	M-030	NP CORP	343	33	3	30	1	2	3	INT: FLEX RES: GP, GS, IM, ORS, PTH, R, U	
Mc Gaw Medical Center of Northwestern University (includes Children's Memorial Hospital, Northwestern Memorial Hospital (Wesley Pavilion and Passavant Pavilion), Rehabilitation Inst. of Chicago, Veterans Admin. Research Hospital, Evanston Hospital (Evanston) 303 E. Chicago Ave. 60611	M-027	MISC.			4	54	92	440	520	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, U	
Mercy Hospital and Medical Center Stevenson Expressway at King Dr. 60616	M-030	CHURCH	522	35	43		8		56	RES: GS, IM, NS, OBG, OTO, PTH, PD, R, TR, U	
Michael Reese Hospital and Medical Center 2929 South Ellis Ave. 60616	L-029 G-027, 030	NP CORP	901	47	107		103		241	RES: AN, CHP, DR, GS, IM, NM, OBG, OPH, ORS, PTH, PD, PDA, PM, P, R, U	
Mount Sinai Hospital Medical Center of Chicago 2755 West 15th St. 60608		NP CORP	430	47			88	18	110	INT: FLEX RES: AN, DR, GS, IM, N, OBG, OTO, PD, PM, P, R, U	
Mount Sinai—Cook County—Hines Veterans Admin. Hospitals		MISC.			7		6		13	RES: N	
Mount Sinai—Schwab Rehabilitation Hospitals		MISC.					5		8	RES: PM	
Northwestern Memorial 250 E. Superior St. 60611	M-027	CHURCH	1000							INT: FLEX RES: AN, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PS, P, TR, U	
Norwegian—American 1044 North Francisco Ave. 60622		NP CORP	255	17	12		11		24	INT: FLEX RES: GP	
Passavant Pavilion (See Northwestern Memorial) 303 E. Superior St. 60611	M-027	CHURCH								RES: OBG, ORS	
Ravenswood 4550 N. Winchester Ave. at Wilson 60640	M-030	NP CORP	405	24	12		10		10	INT: FLEX RES: GP, GS, ORS	
Rehabilitation Institute of Chicago 401 East Ohio 60611	M-027	NP CORP	175							RES: PM	
Rush Medical College Affiliated Network Hospitals	M-123	MISC.			3		8		12	RES: ORS	
Rush—Presbyterian—St. Luke's Medical Center 1753 W. Congress Pkwy. 60612	M-123	NP CORP	851	47	3	42	43	109	5	222	INT: FLEX RES: CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, TR, TS, U
St. Anne's 4950 W. Thomas St. 60651		NP CORP	439	15	16		4				INT: FLEX RES: ORS
St. Elizabeth's 1431 N. Claremont Ave. 60622		CHURCH	345	16	11		4		4		INT: FLEX RES: GP
St. Frances Xavier Cabrini 811 South Lytle 60607	L-027	NP CORP	232	14							RES: PTH
St. Joseph 2900 North Lake Shore Dr. 60657	M-028	CHURCH	510	33	13		7	12	74		INT: FLEX RES: FP, GS, IM, OBG, PTH, PD, PS, P
St. Mary of Nazareth Hospital Center 1120 N. Leavitt St. 60622		CHURCH	298	15	20				18		INT: FLEX RES: FP
Schwab Rehabilitation 1401 S. California Blvd. 60608	M-026	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		NP CORP	400	21	12				12		INT: FLEX RES: FP
Swedish Covenant 5145 N. California Ave. 60625	L-123	CHURCH	242	29	3				16		RES: FP, PTH
University of Chicago Hospitals and Clinics 950 East 59th St. 60637	M-029	NP CORP	651	72	9		24	186	300		INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, TR, TS, TS, U
University of Illinois Affiliated Hospitals	M-030	MISC.			1		27	155	260		INT: FLEX RES: D, GS, IM, NS, N, ORS, PTH, PM, PS, P, R, TR, TS, U
University of Illinois 840 S. Wood St. 60612	M-030	STATE	576	57			54	60	110		INT: FLEX RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, R, TR, TS, U

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ILLINOIS, CHICAGO—Continued									
University of Illinois Metropolitan Hospital Group (Includes Illinois Masonic Medical Center, Louis A. Weiss Memorial Hospital, Mercy Hospital and Medical Center, Ravenswood Hospital, Mac Neal Memorial Hospital (Berwyn), and Lutheran General Hospital (Park Ridge))	M-030	MISC.				39	6	45	RES: GS
Veterans Admin. Research 333 E. Huron St. 60611	M-027	VA	533	60					INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, R, U
Veterans Admin. (West Side) 820 S. Damen Ave. 60612	M-030	VA	545	55					INT: FLEX RES: GS, IM, N, ORS, PTH, PM, PS, P, R, TS, U
Wesley Pavilion (See Northwestern Memorial) 250 E. Superior St. 60611	M-027	CHURCH							RES: OBG, ORS
ELK GROVE VILLAGE									
* Alexian Brothers Medical Center 800 W. Biesterfield Rd. 60007	L-028	CHURCH	345	19					RES: P
EVANSTON									
Evanston 2650 Ridge Ave. 60201	M-027	NP CORP	510	62	4	22	3	3	INT: FLEX RES: AN, DR, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, P, U
St. Francis 355 Ridge Ave. 60202	M-028	CHURCH	448	39	18	1	11	6	INT: FLEX RES: GP, GS, IM, OBG, ORS, PTH, PD, PS, R
EVERGREEN PARK									
Little Company of Mary 2800 West 95th St. 60642		CHURCH	558	25		24	1	20	INT: FLEX RES: GS, PTH, R
HINES									
John J. Madden Zone Center 1200 S. First Ave. 60141	M-028	STATE	216	75					RES: P
Veterans Admin. 5th Ave. & Roosevelt Rd. 60141	M-026, 028, 030	VA	1527	54	81	32		121	INT: FLEX RES: AN, D, GS, IM, NS, N, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
JOLIET									
St. Joseph 333 N. Madison St. 60435		CHURCH	463	17					RES: P
MAYWOOD									
Foster G. Mc Gaw 2160 S. First Ave. 60153	M-028	NP CORP	496	54		19	55	88	INT: FLEX RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, P, R, TS
Loyola University Affiliated Hospitals	M-028	MISC.			35	5	77	12	INT: FLEX RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, P, R, TS
OAK LAWN									
Christ Community 4440 West 95th St. 60453	L-123	CHURCH	615	30	24	28	1	84	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, PD
OAK PARK									
Oak Park 520 S. Maple Ave. 60304		CHURCH	375		2			2	RES: PTH
West Suburban 518 N. Austin Blvd. 60302	L-123	NP CORP	380	33	15	2	4	6	INT: FLEX RES: FP, ORS, PTH, R
PARK RIDGE									
Lutheran General 1775 Dempster 60068	M-030 G-027	CHURCH	677	50	9	8		30	RES: FP, GS, ORS, PTH, PD, PS, R
PEORIA									
Institute of Physical Medicine and Rehabilitation 619 N. E. Glen Oak Ave. 61603	M-030	NP CORP	152		1	1		3	RES: PM
Methodist Hospital of Central Illinois 221 N. E. Glen Oak Ave. 61603	M-030	CHURCH	542	33	2			4	RES: PTH
St. Francis 530 N. E. Glen Oak Ave. 61603	M-030	NP CORP	769	39	2	10	13	20	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, PD, R
University of Illinois—Peoria School of Med. Affiliated Institutions (Includes Institute of Physical Medicine and Rehabilitation, Methodist Hospital of Central Illinois)	M-030	MISC.			4	9		22	RES: FP, PTH, PM
ROCKFORD									
Rockford Medical Education Foundation 1601 Parkview Ave. 61101	M-030	NP CORP	1021	37		18		27	RES: FP
Rockford Memorial 2400 N. Rockton Ave. 61101	M-030	NP CORP	377	43	1			2	RES: PTH
SCOTT A. F. B.									
U. S. A. F. Medical Center 62225		USAF	300	61		10	5	4	INT: FLEX RES: FP
SPRINGFIELD									
Andrew Mc Farland Zone Center 901 Southwind Rd. 62703	L-116	STATE	164						RES: P
Illinois State Department of Health 535 W. Jefferson St. 62761		STATE				1		6	RES: PH
Memorial Hospital of Springfield 1st and Miller Sts. 62701	M-116	CORP.	581	28					RES: AN, DR, GS, IM, OBG, PTH, PD, P, U
Mental Health Association 1300 S. 7th St. 62703	L-116	NP CORP							RES: P
St. Johns 701 East Mason St. 62701	M-116	CHURCH	632	34		5		16	RES: AN, DR, FP, GS, IM, OBG, PTH, PD, P, U

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ILLINOIS, SPRINGFIELD—Continued								
Southern Illinois University Affiliated Hospitals	M-116	MISC.				12	95	RES: AN, DR, FP, GS, IM, OBG, PTH, PD, P, U
URBANA								
Carle Foundation 611 W. Park St. 61801		NP CORP	223	32			1	RES: CRS
INDIANA								
BEECH GROVE								
St. Francis Hospital Center 101 N. 17th Ave. 46107	L-031	CHURCH	443	23			8	RES: FP
ELKHART								
Elkhart General 600 East Blvd. 46514		NP CORP	286	9				RES: PTH
EVANSVILLE								
St. Mary's 3700 Washington Ave. 47715	L-031	CHURCH	421	33		5 7	2 13	INT: FLEX RES: FP, OBG
FORT WAYNE								
Fort Wayne Medical Education Program (Includes Lutheran Hospital of Fort Wayne, Parkview Memorial Hospital, and St. Joseph Hospital of Fort Wayne) 2101 Coliseum Blvd. E. 46805	L-031	CHURCH				4 3	21	INT: FLEX RES: FP
Lutheran Hospital of Fort Wayne 3024 Fairfield 46807	L-031	CHURCH	491	36	1	7	8	INT: FLEX RES: FP, ORS
Parkview Memorial 2200 Randalia Dr. 46805	L-031	CHURCH	599	26				INT: FLEX RES: FP
St. Joseph's Hospital of Fort Wayne 700 Broadway 46802	L-031	CHURCH	401	31	2		4	INT: FLEX RES: FP, PTH
Veterans Admin. 1600 Randalia Dr. 46805		VA	178	13				RES: ORS
GARY								
Methodist Hospital of Gary 600 Grant St. 46402	L-031	CHURCH	450	27	4		4	RES: PTH
St. Mary Mercy 540 Tyler St. 46402		CHURCH	454	27	4		4	RES: PTH
INDIANAPOLIS								
Campus Program	L-031	MISC.					8	RES: FP
Indiana University Affiliated Hospitals	L-031	MISC.						RES: FP
Indiana University Hospitals 1100 West Michigan 46207	M-031	STATE	576	59	4 2	39		INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TS, U
Indiana University Medical Center (Includes Indiana University Hospitals, Larue D. Carter Memorial Hospital, Marion County General Hospital, Veterans Admin. Hospital, and Some Programs at Methodist Hospital of Indiana and St. Vincent's Hospital)	M-031	MISC.			43	300	409	RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PS, P, R, TS, U
Larue D. Carter Memorial 1315 West Tenth St. 46202	M-031	STATE	235	100				RES: CHP, P
Marion County General 960 Locke St. 46202	M-031	COUNTY	675	30			2	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, FOP, PD, PS, P, R, U
Methodist Hospital of Indiana 1604 N. Capitol Ave. 46202	L-031	CHURCH	1099	42	10	23 77	14 129	INT: FLEX RES: AN, DR, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, R, TS, U
St. Vincent's 2001 W. 86th St. 46260	L-031	CHURCH	315	47		9 20	6 54	INT: FLEX RES: FP, IM, OBG, ORS, PTH
Veterans Admin. 1481 West Tenth St. 46202	M-031	VA	614	42				RES: AN, DR, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U
MISHAWAKA								
St. Joseph 215 W. 4th St. 46544		CHURCH	117	18				RES: PTH
MUNCIE								
Ball Memorial 2401 University Ave. 47303	L-031	NP CORP	620	36	1 12	12 4	6 37	INT: FLEX RES: FP, IM, PTH
SOUTH BEND								
Memorial Hospital of South Bend 615 N. Michigan St. 46601	L-031	CHURCH	452	20			6 18	RES: FP, PTH
St. Joseph's 811 E. Madison St. 46622	L-031	CHURCH	338	13	2	3	12	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	MISC.			2		8	RES: PTH
IOWA								
CEDAR RAPIDS								
Cedar Rapids Medical Education Program (Includes Mercy Hospital and St. Luke's Methodist Hospital)		MISC.				15	24	RES: FP
Mercy 835 Sixth Ave. S. E. 52403		CHURCH	330	31				RES: FP

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IOWA, CEDAR RAPIDS—Continued								
St. Luke's Methodist 1026 A Ave. N. E. 52402		NP CORP	620	29	1		1	RES: FP, PTH
CHEROKEE								
Mental Health Institute 1200 W. Cedar St. 51012		STATE	399	55	5	8	14	RES: P
DAVENPORT								
Mercy 1326 W. Lombard St. 52804		CHURCH	280	19				RES: FP
Mercy—St. Luke's Hospitals St. Luke's 1227 E. Rusholme St. 52803		CHURCH NP CORP	276	20			12	RES: FP RES: FP
DES MOINES								
Broadlawn Polk County 18th & Hickman Rd. 50314	L-032	COUNTY	165	36		13	24	RES: FP, GS
Iowa Lutheran University at Penn Ave. 50316	G-032	NP CORP	465	23	1		18	RES: FP
Iowa Methodist 1200 Pleasant 50308	L-032	CHURCH	647	42				RES: GS, PTH, PD, R
Mercy 6th and University 50314		NP CORP	366	31	7	8	4	INT: FLEX RES: PTH
Veterans Admin. 30th and Euclid Aves. 50310	L-032	VA	362	43	13	2	15	RES: GS, U
INDEPENDENCE								
Mental Health Institute 50644		STATE	407	62	7	2	12	RES: P
IOWA CITY								
University of Iowa Affiliated Hospitals	M-032	MISC.			19	48 193	4 229	INT: FLEX RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, R, U
University of Iowa Hospitals Newton Rd. 52240	M-032	STATE	964	66	6	92	128	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, R, TR, TS, U
University of Iowa Psychopathic 500 Newton Rd. 52240	M-032	STATE	60		5	18	28	RES: CHP, P
Veterans Admin. Highway 6-West 52240	M-032	VA	425					RES: AN, DR, GS, IM, NS, N, OPH, OTO, PTH, U
KANSAS								
KANSAS CITY								
University of Kansas Medical Center 39th & Rainbow Blvd. 66103	M-033	STATE	530	57	4 25	36 202	342	INT: FLEX 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 Kansas Medical Center—Children's Mercy	M-033	MISC.			1	2	3	RES: PDA
LEAVENWORTH								
Veterans Admin. Center 66048		VA	614	68	5		5	RES: GS, U
OSAWATOMIE								
Osawatome State Box 500 66064		STATE	510	15				RES: P
TOPEKA								
C. F. Menninger Memorial 3617 W. 6th St. Box 829 66601		NP CORP	164	100				RES: P
Children's Division, the Menninger Foundation 3617 W. 6th St. 66601		NP CORP	70		3	7	16	RES: CHP
Menninger School of Psychiatry Topeka State 2700 West Sixth 66606		NP CORP STATE	506	50		24 26	54	RES: P RES: P
Veterans Admin. 2200 Gage Blvd. 66622		VA	890	69				RES: P
WICHITA								
St. Francis Affiliated Hospitals St. Francis 929 N. St. Francis 67214	L-033 L-033	MISC. CHURCH	886	32	2	10 4	20 14	RES: ORS INT: FLEX RES: GS, IM, ORS, PTH, R
St. Francis Hospital—Veterans Admin. Center	L-033	MISC.			1	11	23	RES: GS
St. Francis Hospital—Wesley Medical Center	L-033	MISC.			1	12	32	RES: IM
St. Joseph Hospital and Rehabilitation Center 3400 Grand Ave. 67218	L-033	NP CORP	439	24	1	11	15	INT: FLEX RES: FP, PTH
St. Joseph Hospital and Rehabilitation Center—Veterans Admin. Center	L-033	MISC.					4	RES: PTH
Veterans Admin. Center 5500 East Kellogg 67218	L-033	VA	182	46				RES: GS, ORS, PTH
Wesley Medical Center 550 North Hillside 67214	L-033	CHURCH	710	31	4	8 26	44	INT: FLEX RES: DR, FP, GS, IM, OBG, ORS, PTH, R
KENTUCKY								
ANCHORAGE								
Children's Treatment Center La Grange Rd. 40223		STATE						RES: CHP
COVINGTON								
St. Elizabeth 21st St. and Eastern Ave. 41014		CHURCH	468	15		8	16	INT: FLEX RES: FP

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KENTUCKY—Continued								
FRANKFORT								
Dept. for Human Resources, Bureau for Health Services 275 E. Main St. 40601		STATE				2	4	RES: PH
HARLAN								
Harlan Appalachian Regional 40831	L-034	NP CORP	179	22	9		10	RES: GS
LEXINGTON								
Central Baptist 1740 S. Limestone St. 40503	L-034	CHURCH	277					RES: FP, TS
Good Samaritan 310 South Limestone St. 40508	L-034	CHURCH	251					RES: ORS
St. Joseph 1400 Harrodsburg Rd. 40504	L-034	CHURCH	401	19				RES: ORS, PS, U
Shriners Hospital for Crippled Children 1900 Richmond Rd. 40502	L-034	NP CORP	50					RES: ORS
University 800 Rose St. 40506	M-034	STATE	421	38	9	56	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		STATE						RES: GPM
University of Kentucky—Lexington Residency Program	M-034	STATE			1	8	12	RES: ORS
University of Kentucky Medical Center	M-034	MISC.			17	45 106	8 190	INT: FLEX RES: AN, CHP, FP, GS, IM, N, OPH, NP, PS, P, TS, U
Veterans Admin. Leestown Pike-Cooper Dr. 40507	M-034	VA	875	36				RES: AN, GS, IM, OPH, ORS, PS, P, TS, U
LOUISVILLE								
Bingham Child Guidance Clinic 601 S. Floyd St. 40202		PART.				1	4	RES: CHP, P
Central State 40223		STATE	450					RES: P
Children's 226 East Chestnut St. 40202	M-035	NP CORP	139	60	1	3	4	RES: AN, DR, GS, NS, OPH, PTH, PD, PDA, PDC, PS, R, TR, TS, U
Institute of Physical Medicine and Rehabilitation 220 Abraham Flexner Way 40202	L-035	NP CORP	34			2	6	RES: PM
Jewish 217 E. Chestnut St. 40202	L-035	NP CORP	323	35				RES: GS, PS, TS
John N. Norton Memorial Infirmary 231 West Oak St. 40203	M-035	NP CORP	309	37	6			INT: FLEX RES: NS, PS, P
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	385	43	3	8	15	RES: AN, OR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDA, PS, P, R, TR, TS, U
St. Anthony 1313 St. Anthony Pl. 40204	L-035	CHURCH						RES: FP
St. Joseph Infirmary 735 Eastern Parkway 40217	L-035	NP CORP	509	31	2 11	12 7	10 35	INT: FLEX RES: GS, IM, OBG, PD, PS, R
University of Louisville Affiliated Hospitals	M-035	MISC.			76	157	321	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDA, PM, PS, P, R, TR, TS, U
Veterans Admin. Mellwood & Zorn Ave. 40202	M-035	VA	490	56		3	4	RES: DR, D, GS, IM, NS, N, OPH, ORS, PTH, PS, P, R, TR, TS, U
MADISONVILLE								
Hopkins County Hospital and Trover Clinic Foundation 237 Waddell Ave. 42431	L-034	MISC.	272	19		3	6	RES: FP
LOUISIANA								
ALEXANDRIA								
Veterans Admin. 71301	L-037	VA	435	29				RES: GS, ORS
BATON ROUGE								
Earl K. Long Memorial 5825 Airline Hwy. 70805	M-036	STATE	238	31	2	14	22	INT: FLEX RES: FP, GS, IM, PTH, PD, U
Louisiana State University Affiliated Hospitals	M-036	MISC.			1	11	6	INT: FLEX RES: FP
INDEPENDENCE								
Lillie Kemp Charity Highway 51, Box 7 70443	M-037	STATE	132	21				RES: GS
LAFAYETTE								
Lafayette Charity 311 West St. Mary Blvd. 70501	M-036	STATE	250	37			6	INT: FLEX RES: GS, IM, PD
Louisiana State University Affiliated Hospitals 70501	M-036	STATE			1	11	10	INT: FLEX
LAKE CHARLES								
Lake Charles Charity 1000 Walters St. 70601	M-036	STATE	92	50				RES: FP, OBG
MANOEVILLE								
Southeast Louisiana P. O. Box 3850 70448	G-037	STATE	570			1	6	RES: CHP, P
MONROE								
E. A. Conway Memorial 4801 South Grand 71201		STATE						RES: GS, ORS, U

CONSOLIDATED LIST OF HOSPITALS

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LOUISIANA—Continued								
NEW ORLEANS								
Charity Hospital of Louisiana 1532 Tulane Ave. 70140	M-036, 037	STATE	1644	38	6	43	77	INT: FLEX RES: AN, D, PTH, PM
Charity Hospital of Louisiana—Louisiana State University Division 1532 Tulane Ave. 70140	M-036	STATE			1 7	41 88	17 144	INT: FLEX RES: GS, IM, IM, 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			4 28	49 36	16 105	INT: FLEX RES: GS, IM, NS, N, OBG, OPH, ORS, OTO, PD, PS, P, TS, U
De Paul 1040 Calhoun St. 70118		CHURCH	202					RES: P
Eye, Ear, Nose and Throat 145 Elk Pl. 70112		NP CORP	108					RES: OPH, OTO
George M. Haik Eye Clinic 921 Canal St. 70112		PART.						RES: OPH
Hotel Dieu 2004 Tulane Ave. 70112	L-036	CHURCH	281	18				RES: OPH
Louisiana State University Affiliated Hospitals	M-036	MISC.			9	98	169	RES: FP, GS, IM, IM, NS, OPH, OTO, PTH, NP, PD, PS, P, TS, U
Louisiana State University Medical Center 1542 Tulane Ave. 70112	M-036	STATE					6	RES: CHP
Ochsner Foundation 1516 Jefferson Highway 70121	L-036, 037	NP CORP	374	71	1 10	15 74	118	INT: FLEX RES: AN, DR, GS, IM, NS, NS, N, OBG, OPH, ORS, OTO, PTH, PS, CRS, R, TS, U
Southern Baptist 2700 Napoleon Ave. 70115	L-036, 037	CHURCH						RES: PS
Touro Infirmary 1401 Foucher St. 70115	M-037 L-036	NP CORP	513	35	5 14	1 3	22	INT: FLEX RES: IM, NM, OPH, ORS, PTH, PS, P, R, U
Tulane University Affiliated Hospitals	M-037	MISC.			9	119	165	RES: CHP, GS, NS, N, OPH, ORS, OTO, PD, PS, P, U
Tulane University School of Public Health and Tropical Medicine 1430 Tulane Ave. 70112		NP CORP				3	15	* RES: GPM
U. S. Public Health Service 210 State St. 70118	L-037	USPHS	390	70	4 1	7 10	13 31	INT: FLEX RES: GS, OBG, OPH, ORS, PTH, PS, U
Veterans Admin. 1601 Perdido St. 70140	M-037 L-036	VA	581	44	28	2	37	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	171	12				RES: GS, ORS
SHREVEPORT								
Confederate Memorial Medical Center 1541 Kings Highway 71103	M-106	STATE	650	34	1 4	32 34	24 77	INT: FLEX RES: FP, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, P, U
L. S. U. (Shreveport) Affiliated Hospitals Schumpert Memorial 915 Margaret Pl. 71101	M-106 G-106	MISC. CHURCH	374	27		33	86	RES: FP, GS, OPH, ORS, PTH, U RES: FP
Shriners Hospital for Crippled Children 3100 Samford Ave. 71103	G-106	NP CORP	60					RES: ORS, ORS
Veterans Admin. 510 E. Stoner Ave. 71130	M-106	VA	464	32				RES: GS, OPH, ORS, PTH, U
Willis—Knighton Memorial 2600 Greenwood Rd. 71103	G-106	INDIV.	296					RES: FP
MAINE								
AUGUSTA								
Augusta General 6 E. Chestnut St. 04330		NP CORP	181	25				RES: FP
Central Maine Family Practice Program 295 Water St. 04330		NP CORP				3	12	RES: FP
BANGOR								
Eastern Maine Medical Center 489 State St. 04401		NP CORP	305	36			2	RES: PTH
LEWISTON								
Central Maine General 300 Main St. 04240		NP CORP	239					RES: FP
St. Mary's General 45 Golder St. 04240		CHURCH	233	15				RES: FP
PORTLAND								
Maine Medical Center 22 Bramhall St. 04102	M-042	NP CORP	525	39	7	15 44	7 84	INT: FLEX RES: AN, CHP, OR, GS, IM, OBG, PTH, PD, P, R
TOGUS								
Veterans Admin. Center 04330		VA	870	62				RES: FP
WATERVILLE								
Thayer North St. 04901		NP CORP	174	24				RES: FP
MARYLAND								
ABERDEEN PROVING GROUND								
U. S. Army Environmental Hygiene Agency 21010	G-064	USA					1	RES: OM, GPM

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MARYLAND—Continued								
BALTIMORE								
Baltimore City Hospitals 4940 Eastern Ave. 21224	M-038, 039	CITY	402	53	2 25	17 24	63	INT: FLEX RES: AN, GS, IM, NS, N, OBG, ORS, OTO, PTH, PD, PS
Bon Secours 2025 W. Fayette St. 21223		NP CORP	217	46	15 6			INT: FLEX RES: OBG
Children's 3825 Greenspring Ave. 21211	G-038	NP CORP	124	100				RES: ORS, PS
Church Home and Hospital 100 N. Broadway 21231	L-038	NP CORP	297	26	10 13		6	INT: FLEX RES: GS
Franklin Square 9000 Franklin Square Dr. 21237		NP CORP	305	39	26 19	2 7	20 68	INT: FLEX RES: FP, GS, IM, OBG
Good Samaritan 5601 Loch Raven Blvd. 21239	M-038	NP CORP	217	46				INT: FLEX RES: IM, ORS
Greater Baltimore Medical Center 6701 N. Charles St. 21204	L-038	NP CORP	401	30	13 20	7 18	55	INT: FLEX RES: IM, OBG, OPH, OTO, PTH, CRS
James Lawrence Kernan Windsor Mill Rd. & Forest Park Ave. 21207	G-039	NP CORP	117		2	4	6	RES: ORS, ORS
John F. Kennedy Institute 707 N. Broadway 21205		NP CORP	40					RES: PD
Johns Hopkins 601 North Broadway 21205	M-038	NP CORP	1089	46	2 32	6 215	241	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TR, U
Johns Hopkins Affiliated Hospitals	M-038	MISC.			1 23	54 84	129	INT: FLEX RES: AN, GS, OBG, ORS, OTO, PS
Johns Hopkins Hospital—Baltimore City Hospitals	M-038	MISC.			6	10	18	RES: N
Johns Hopkins University School of Hygiene and Public Health 615 N. Wolfe St. 21205		NP CORP				15	20	RES: GPM
Lutheran Hospital of Maryland 730 Ashburton St. 21216		NP CORP	239	29	12 11		12 13	INT: FLEX RES: GS, OBG
Maryland General 827 Linden Ave. 21201	M-039	NP CORP	428	35	1 15	10 14	6 32	INT: FLEX RES: GS, IM, OBG, OPH, OTO, PTH
Mercy 301 St. Paul Pl. 21202	M-039	CHURCH	364	40	1 8	7 14	27	INT: FLEX RES: GS, IM, NS, OBG, PTH, PD
Office of the Chief Medical Examiner—Maryland Medical—Legal Foundation 111 Penn St. 21201		STATE				4	4	RES: FOP
St. Agnes 1000 Caton Ave. 21229	G-039	CHURCH	462	39	15 41	5	67	INT: FLEX RES: GS, IM, OBG, PTH, PD
St. Joseph 7620 York Rd. 21204		NP CORP	434	29	16 20	1	30	INT: FLEX RES: GS, OBG, PTH
Sinai Hospital of Baltimore Belvedere Ave. at Greenspring 21215	L-038, 039	NP CORP	492	22	11 57	2 18	86	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, PM, R, U
South Baltimore General 3001 South Hanover St. 21230	G-039	NP CORP	408	33	21 21	2	13 37	INT: FLEX RES: GS, IM, PTH
Spring Grove Hospital Center Wade Ave. 21228		STATE	1950	19	3	4	8	RES: P
State of Maryland Department of Health and Mental Hygiene 301 W. Preston St. 21201		STATE				3	3	RES: PH
Union Memorial 33rd & Calvert St. 21218	L-038, 039	NP CORP	414	33	22 36	3 8	70	INT: FLEX RES: GS, IM, OBG, ORS, PTH
U. S. Public Health Service 3100 Wyman Park Dr. 21211		USPHS	222	62	1 2	3 19	6 42	INT: FLEX RES: GS, IM, OPH, PTH, R
University of Maryland 22 S. Greene St. 21201	M-039	STATE	609	35	5 35	48 169	274	INT: FLEX 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	MISC.			34	65	110	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, OTO, PTH, PD, PM, P, TR, TS, U
University of Maryland School of Medicine 22 S. Greene St. 21201	M-039	STATE			4	3	11	RES: NP, GPM
Veterans Admin. 3900 Loch Raven Blvd. 21218	M-038, 039	VA	291	43				INT: FLEX RES: GS, NS, ORS, PTH, U
BETHESDA								
National Institutes of Health—Clinical Center 9000 Rockville Pike 20014	L-019	USPHS	511	94	1	10	12	RES: D, N, NM, PTH, P
Naval Rockville Pike 20014	M-019, 020 L-021	USN	700	61	3	24 128	12 178	INT: FLEX RES: AN, DR, D, GS, IM, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U
Suburban 8600 Old Georgetown Rd. 20014	L-019, 039	NP CORP	350	40	8 7	1	8 17	INT: FLEX RES: GP, PTH
CHEVERLY								
Prince George's General 20785	L-039	COUNTY	522	44	23 35		48	INT: FLEX RES: FP, GS, IM, OBG, PTH
CROWNSVILLE								
Crownsville State 21032		STATE	1441	10	3*	3	12	RES: P
FORT HOWARD								
Veterans Admin. 21052	G-039	VA	223	33				RES: PM

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MARYLAND—Continued								
HAGERSTOWN Washington County King & Antietam Sts. 21740		NP CORP	371	23	3		3	RES: R
MOUNT WILSON Mount Wilson State 21112	G-039	STATE	361	25				RES: TS
ROCKVILLE Chestnut Lodge 500 W. Montgomery Ave. 20850		CORP.	90	100		5	4	RES: P
SYKESVILLE Springfield Hospital Center 21784		STATE	2863	42			10	RES: P
TAKOMA PARK Washington Adventist 7600 Carroll Ave. 20012		CHURCH	375	35			15	RES: FP
TOWSON Sheppard and Enoch Pratt York Rd. 21204	L-039	NP CORP	268	40	6	23	29	RES: CHP, P
MASSACHUSETTS								
BELMONT Beaverbrook Guidance Center 115 Mill St. 02178		STATE					1	RES: CHP
Mc Lean 115 Mill St. 02178	M-041	NP CORP	284	29	3	39	33	RES: CHP, P
BEVERLY Beverly Herrick and Heather Sts. 01915		NP CORP	251	37	6			INT: FLEX RES: GS
BOSTON Beth Israel 330 Brookline Ave. 02215	M-041	NP CORP	374	65		30 12	100 114	INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, OBG, ORS, PTH, NP, P
Beth Israel Hospital—Children's Hospital Medical Center	M-041	NP CORP			1	1	2	RES: NP
Boston City 818 Harrison Ave. 02118	M-040, 041 L-042	CITY	774	36		40	131 181	INT: FLEX RES: DR, GS, IM, IM, NS, N, OBG, OPH, ORS, ORS, ORS, OTO, PTH, PD, PS, P, TR, TS, U
Boston Hospital for Women 221 Longwood Ave. 02115	M-041	NP CORP	262	67	8	14	29	RES: AN, OBG, PTH
Boston State 591 Morton St. 02124	M-040, 042	STATE	663	47	1	12	15	RES: P
Boston University Affiliated Hospitals	M-040	MISC.				16	76 110	INT: FLEX RES: DR, GS, IM, N, OPH, ORS, PS, P, TR, TS, U
Boston University Medical Center, Children's Ambulatory Services 82 E. Concord St. 02118	M-040	STATE			1	5	3	RES: CHP
Carney 2100 Dorchester Ave. 02124	L-040 G-042	CHURCH	378	27	3 14	6 10		INT: FLEX RES: GS, IM, NS, OBG, ORS, PTH
Children's Hospital Medical Center 300 Longwood Ave. 02115	M-041	NP CORP	331	91	24	79	104	RES: AN, CHP, DR, GS, NS, N, ORS, PTH, NP, PD, PDA, PDC, PS
Children's Hospital Medical Center—Peter Bent Brigham	M-041	NP CORP				4	4	RES: NS
Children's Hospital Medical Center—Peter Bent Brigham—Beth Israel	M-041	NP CORP			1	11	13	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			3	4	5	RES: CHP
Faulkner 1153 Centre St. 02130	M-042 L-040 G-041	NP CORP	186	42				INT: FLEX RES: GS, IM
1st and 3d Medical Service (Tufts)	M-042	NP CORP				18	18	RES: IM
Harvard Affiliated Hospitals	M-041	MISC.			1	41	42	RES: ORS
Harvard School of Public Health 665 Huntington Ave. 02115		NP CORP			3	6	14	RES: OM, GPM
Harvard School of Public Health, Dept. of Health Services Admin. 677 Huntington Ave. 02115		NP CORP			8	7	16	RES: GPM
Joint Center for Radiation Therapy 50 Binney St. 02115		NP CORP			1	9	16	RES: TR
Judge Baker Guidance Center 295 Longwood Ave. 02115		NP CORP	27			4	4	RES: CHP
Lahey Clinic 605 Commonwealth Ave. 02215		NP CORP	300	39	7	8	15	RES: AN, DR, D, GS, ORS, OTO, CRS, R, U
Lahey Clinic—New England Baptist		NP CORP			4	3	9	RES: DR
Lemuel Shattuck—Faulkner Affiliated Hospitals	M-042 L-040 G-041	MISC.			1 23	4 6	41	INT: FLEX RES: IM
Lemuel Shattuck 170 Morton St. 02130	M-042	STATE	317	51				INT: FLEX RES: DR, GS, IM, TR
Massachusetts Eye and Ear Infirmary 243 Charles St. 02114	M-041	NP CORP	170	42		42	39	RES: OPH, OTO
Massachusetts General Fruit St. 02114	M-041	NP CORP	1089	54	22	47 297	331	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, ORS, PTH, PD, PS, P, TR, U

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MASSACHUSETTS, BOSTON—Continued								
Massachusetts Mental Health Center 74 Fenwood Rd. 02115	M-041	STATE	140		1	84	68	RES: CHP, P
New England Baptist 91 Parker Hill Ave. 02120	G-042	NP CORP	250	51				RES: DR, ORS
New England Deaconess 185 Pilgrim Rd. 02215	L-041	NP CORP	436	45	15	15	55	INT: FLEX RES: DR, GS, IM, PTH, TS, U
New England Deaconess Hospital—Harvard Surgical Service	M-041	MISC.			7	9	38	INT: FLEX 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	388	56	18	21	129	INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, P, TR, U
Peter Bent Brigham 721 Huntington Ave. 02115	M-041	NP CORP	330	80	2	21	138	INT: FLEX RES: AN, DR, GS, IM, NS, N, ORS, PTH, PS, P, U
Peter Bent Brigham Hospital—Children's Hospital Medical Center	M-041	NP CORP				2	2	RES: PS
Program 1	M-040	CITY			2	48		INT: FLEX RES: IM
Program 2	M-040	NP CORP			3	21	34	RES: GS, IM
Program 3	M-040	NP CORP			1	1	20	INT: FLEX RES: GS
Putnam Children's Center 244 Townsend St., Roxbury 02121	L-040	NP CORP			15	2		RES: CHP
Robert B. Brigham 125 Parker Hill Ave. 02120	M-041	NP CORP	96	60				RES: ORS
St. Elizabeth's Hospital of Boston 736 Cambridge St., Brighton 02135	M-042	CHURCH	394	42	24	22	91	INT: FLEX RES: AN, GS, IM, N, OBG, OBG, PTH, PD, P
St. Margaret's 90 Cushing Ave., Dorchester 02125	M-042	CHURCH	122					RES: OBG
2d and 4th Medical Services (Harvard)	M-041	NP CORP				19	19	RES: IM
Tufts University Affiliated Hospitals	M-042	MISC.			25	91	139	RES: DR, NS, OBG, OPH, ORS, OTO, PM, P, TR
University 750 Harrison Ave. 02118	M-040	NP CORP	311	87	1	17	65	INT: FLEX RES: AN, DR, D, GS, IM, N, OPH, ORS, OTO, PTH, PM, PS, P, TR, TS, U
University Hospital Affiliated Program	M-040	MISC.			2	5	6	RES: OTO
Veterans Admin. 150 S. Huntington Ave. 02130	M-040, 042	VA	837	47	2	7	28	INT: FLEX RES: AN, DR, GS, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, TR, U
Veterans Admin. (West Roxbury) 1400 V. F. W. Parkway, West Roxbury 02132	L-041	VA	279	62				RES: GS, IM, ORS
BROCKTON								
Brockton 680 Centre St. 02402	L-040	NP CORP	321	25				INT: FLEX RES: GS
Cardinal Cushing General 235 N. Pearl St. 02401	L-042	NP CORP	271					RES: GS
CAMBRIDGE								
Cambridge Guidance Center 5 Sacramento St. 02138		NP CORP			2	1	6	RES: CHP
Cambridge 1493 Cambridge St. 02139	M-041 L-042	CITY	187	40	13	9	8	INT: FLEX RES: AN, GS, IM, OBG, PS, P
Harvard University Health Services, Environmental Health and Safety 75 Mount Auburn St. 02138		NP CORP					1	RES: OM
Mount Auburn 330 Mount Auburn St. 02138	M-041	NP CORP	309	48	1	12	15	INT: FLEX RES: DR, GS, IM, PTH
CANTON								
Massachusetts Hospital School Randolph St. 02021	L-040 G-042	STATE	200					RES: ORS, ORS, ORS
CHELSEA								
Lawrence F. Quigley Memorial 100 Summit Ave. 02150		STATE	194	38				RES: GS, U
FRAMINGHAM								
Framingham Union 25 Evergreen St. 01701	M-040	NP CORP	273	62	5	5	7	INT: FLEX RES: GS, IM, OBG, PTH
HATHORNE								
Danvers State Box 50 01935		STATE	990	21	4		4	RES: P
HOLDEN								
Holden District Boyden Rd. 01520		NP CORP	85					RES: FP
LAKEVILLE								
Lakeville Main St. 02346		STATE	240					RES: ORS
LAWRENCE								
Lawrence General 1 General St. 01842		NP CORP	363	28				RES: GS
LYNN								
Lynn 212 Boston St. 01904	L-042	NP CORP	314	26	1		4	RES: PTH
MALDEN								
Malden Hospital Rd. 02148	L-040	NP CORP	292	39	6	1	2	INT: FLEX RES: GS, OBG, PTH

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MASSACHUSETTS—Continued								
MEDFIELD Medfield State Hospital Rd. 02052	M-040	STATE	465	7	7	5	9	RES: P
METHUEN Bon Secours 70 East St. 01844		NP CORP	254	20				RES: GS
NEWTON LOWER FALLS Newton—Wellesley 2014 Washington St. 02162	M-042	NP CORP	295	41	1 3	8 9	22	INT: FLEX RES: IM, PTH
NORFOLK Pondville Box 111 02081		STATE	104	61	5		6	RES: DR, GS, PTH, TR
PITTSFIELD Berkshire Medical Center 725 North St. 01201	L-107 G-054	NP CORP	415	44	14 23	12 7	40	INT: FLEX RES: AN, GS, IM, OBG, PTH, PD
QUINCY Quincy City 114 Whitwell St. 02169 South Shore Mental Health Center 77 Parkway 02169	L-040, 042	CITY STATE	380	13				RES: GS RES: CHP
SALEM Salem 81 Highland Ave. 01970	L-040	NP CORP	408	28	4		4	RES: PTH
SPRINGFIELD Shriners Hospital for Crippled Children 516 Carew St. 01104 Springfield Hospital Medical Center 759 Chestnut St. 01107 Wesson Women's 735 Chestnut St. 01107		NP CORP NP CORP NP CORP	60 540 147	100 39 71		2 21 8	13 21 1	RES: ORS INT: FLEX RES: AN, DR, GS, IM, PTH, PD RES: OBG
STOCKBRIDGE Austen Riggs Center Main St. 01262		NP CORP	43			4	7	RES: P
TAUNTON Taunton State Hodges Ave. Ext. 02780		STATE	1105		12	1	12	RES: P
TEWKSBURY Tewksbury East St. 01876		STATE	1326					RES: ORS
WALTHAM Metropolitan State 475 Trapelo Rd. 02154 Walter E. Fernald State School 200 Trapelo Rd. 02154 Waltham Hope Ave. 02154	M-042	STATE STATE NP CORP	815 307	19	9	4 1	15 1	RES: CHP, P RES: P RES: OBG
WEST ROXBURY Veterans Admin. (See Boston)		MISC.						
WORCESTER Memorial 119 Belmont St. 01605 St. Vincent 25 Winthrop St. 01610 University of Massachusetts Coordinated Program (Includes Memorial Hospital, St. Vincent Hospital, Worcester City Hospital, Worcester Hahnemann Hospital, Massachusetts Hospital School (Canton), Holden District Hospital (Holden), Tewksbury Hospital (Tewksbury) Worcester City 26 Queen St. 01610 Worcester Hahnemann 281 Lincoln St. 01605 Worcester State 305 Belmont St. 01604 Worcester Youth Guidance Center 275 Belmont St. 01604	M-107 M-107 M-107	NP CORP NP CORP MISC.	373 600	46 47	14 3 28	25 10 20	1 74 36	INT: FLEX RES: GS, IM, OBG, ORS, PTH INT: FLEX RES: DR, GS, IM, ORS, PTH, PD RES: FP, ORS
	M-107	CITY	421	43	15 30	9 5	8 48	INT: FLEX RES: FP, GS, IM, ORS, PTH, PD RES: FP
	M-107	NP CORP	236					
		STATE	805	20	10	5	15	RES: P
		NP CORP					8	RES: CHP
MICHIGAN								
ALLEN PARK Veterans Admin. Southfield at Outer Dr. 48101	M-044	VA	704	40				RES: D, GS, IM, OPH, ORS, OTO, PTH, PS, R, U
ANN ARBOR St. Joseph Mercy 326 North Ingalls St. 48104 University 1405 East Ann St. 48104	M-043 M-043	CHURCH STATE	558 1027	39 61	3 8	20 45	7 60 53	INT: FLEX RES: DR, GS, IM, NS, OBG, ORS, PTH, PS, U INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, R, TR, TS, U
University Hospital—Wayne County General (Eloise)	M-043	MISC.					8	INT: FLEX

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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.				13	410	482	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, PTH, PD, PDC, PS, P, R, TR, U
University of Michigan School of Public Health 109 S. Observatory St. 48104		STATE					4	9	RES: GPM
Veterans Admin. 2215 Fuller Rd. 48105	M-043	VA	430	63					INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, PTH, PS, P, R, TR, U
DEARBORN									
Ford Motor Company American Rd. 48121		CORP.							RES: OM
Oakwood 18101 Oakwood Blvd. 48124	L-044, 098	NP CORP	528	33	16 22	2 13	10 65		INT: FLEX RES: FP, IM, OBG, ORS, PTH, R
DETROIT									
Children's Hospital of Michigan 3901 Beaubien Blvd. 48201	M-044	NP CORP	310	67	27	17	56		RES: AN, DR, GS, NS, OPH, ORS, OTO, PTH, PD, PS, U
Detroit General 1326 St. Antoine 48226	M-044	CITY	430	25	11	14			INT: FLEX RES: D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, R, U
Detroit—Macomb Hospitals (Includes Detroit Memorial Hospital, South Macomb Hospital (Warren) 690 Mullett St. 48226		NP CORP			26 23			43	INT: FLEX RES: GS, OBG, PTH
Detroit Memorial 1420 St. Antoine St. 48226		NP CORP	311	47					INT: FLEX RES: GS, OBG, PTH, R
Detroit Psychiatric Institute 1151 Taylor 48202		STATE	192	100	5	10	18		RES: P
Evangelical Deaconess 3245 E. Jefferson 48207		CHURCH	181	32	8 6		8		INT: FLEX RES: GP
General Motors Corporation 3044 W. Grand Blvd. 48202		CORP.						1	RES: OM
Grace 4160 John R St. 48201	L-044	NP CORP	816	38	19 54	7 9	5 115		INT: FLEX RES: FP, GS, IM, NS, OBG, OPH, ORS, ORS, PTH, PD, PS, R, U
Harper 3990 John R 48201	M-044	NP CORP	641	35		17	6	30	INT: FLEX RES: DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, R, TR, U
Henry Ford 2799 W. Grand Blvd. 48202	M-043	NP CORP	1052	51	5 126	27 160	14 326		INT: FLEX RES: DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, TR, TS, U
Hutzel 432 E. Hancock 48201	M-044	NP CORP	383	28	11	18			INT: FLEX RES: GS, IM, OBG, PTH, U
Kirwood General 4059 W. Davison Ave. 48238		NP CORP	160		6	1	10		RES: GP
Lafayette Clinic 951 E. Lafayette 48207	M-044	STATE	160		8	26	58		RES: CHP, N, P
Metropolitan Northwest Detroit Hospitals Mount Carmel Mercy Hospital and Medical Center		MISC.				18		36	RES: ORS, PD
Mount Carmel Mercy 6071 West Outer Dr. 48235	G-043	CHURCH	556	41	24 34		6 68		INT: FLEX RES: DR, GS, IM, OBG, ORS, PTH, PD, PS, R
Rehabilitation Institute 261 Mack Blvd. 48201	L-044	NP CORP	189	29	5	2	12		RES: PM
St. John 22101 Moross Rd. 48236	L-044	NP CORP	500	40	15 32	9 10	14 82		INT: FLEX RES: FP, GS, IM, OBG, PTH, PD
St. Joseph Mercy 2200 East Grand Blvd. 48211		NP CORP	269	28					RES: GS, OBG
Sinai Hospital of Detroit 6767 West Outer Dr. 48235	M-044	NP CORP	623	35	11 50	2 33	103		INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, R, TR, U
Sinai Hospital of Detroit—Grace (Northwest Unit)	M-044	MISC.				4		5	RES: U
Wayne County Medical Examiner's Office 400 E. Lafayette Ave. 48226		COUNTY				1		4	RES: FOP
Wayne State University—Detroit Medical Center Affiliated Hospitals (Includes Children's Hosp., Detroit Gen. Hosp., Grace Hosp., Harper Hosp., Hutzel Hosp., Rehabilitation Inst., Veterans Admin. Hosp. (Allen Park), & Some Programs In Detroit Mem. Hosp., Oakwood Hosp. (Dearborn))	M-044	MISC.			36 137	38 108	370		INT: FLEX RES: D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, R, U
EAST LANSING									
Michigan State University Associated Hospitals	M-098	MISC.				12	14	45	RES: IM, PD, P, U
Michigan State University Health Center 48823	M-098	STATE	57	50					RES: IM, OBG, PD, P
ELOISE									
Wayne County General 48132	M-043	COUNTY	459	37	1 11	1	13		INT: FLEX RES: DR, GS, IM, OBG, OPH, ORS, PTH, PD, PDC, PS, P, R, TR, U
FLINT									
Genesee County Community Mental Health Services 432 N. Saginaw 48503	L-098	STATE	40						RES: P
Hurley 6th & Begole 48502	M-098 G-043	CITY	687	37	1 27	23 17	12 65		INT: FLEX RES: GS, IM, OBG, PTH, PD, R

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					For.*	Non-For.*		
MICHIGAN, FLINT —Continued								
Mc Laren General 401 S. Ballenger Highway 48502	M-098 G-043	NP CORP	475	31	10 16	2	22	INT: FLEX RES: GS, IM, PTH
St. Joseph 302 Kensington Ave. 48502	M-098	CHURCH	426	26	21 4	3	42	INT: FLEX RES: FP, PTH, R
GRAND RAPIDS								
Blodgett Memorial 1840 Wealthy St., S. E. 49506	M-098 L-043	NP CORP	410	61			8 41	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, PO, PS, R
Blodgett Memorial Hospital—Butterworth	M-098 L-043	MISC.					8 10	RES: ORS
Blodgett Memorial—St. Mary's Hospitals	M-098 L-043	MISC.					8 12	RES: OBG
Butterworth 100 Michigan N. E. 49503	M-098 L-043	NP CORP	450	57		22 35	7 62	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, PO, PS, R, U
Butterworth—Blodgett Memorial Hospitals	M-098 L-043	MISC.					5 8	RES: PO
Ferguson—Droste—Ferguson 72 Sheldon Ave. S. E. 49502		NP CORP	110	41			5 5	RES: CRS
Grand Rapids Area Medical Education Center 220 Cherry St. S. E. 49503		MISC.					6 24	RES: FP, PS
Mary Free Bed Hospital and Rehabilitation Complex 920 Cherry St. S. E. 49506		NP CORP	82					RES: ORS, ORS
St. Mary's 200 Jefferson S. E. 49502	M-098 L-043	CHURCH	370	34	1 3	1 5	6 18	INT: FLEX RES: FP, GS, OBG, ORS, PTH, PS
GROSSE POINTE								
Bon Secours 468 Cadieux Rd. 48230		NP CORP	170	29				RES: DR
HIGHLAND PARK								
Highland Park General 369 Glendale Ave. 48203		CITY	269	23	14 8		8	INT: FLEX RES: GS
KALAMAZOO								
Borgess 1521 Gull Rd. 49001	M-098	NP CORP	454	38				RES: ORS, PTH
Bronson Methodist 252 E. Lovell 49006	M-098 L-043	NP CORP	421	45		14 9	5 75	INT: FLEX RES: GS, IM, ORS, PTH, PO
Southwestern Michigan Area Health Education Center 252 E. Lovell St. 49006	M-098	NP CORP				10	14	RES: GS, IM, ORS, PTH, PD
LANSING								
Edward W. Sparrow 1215 E. Michigan Ave. 48902	M-098	NP CORP	477	32		4 18	8 28	INT: FLEX RES: FP, IM, OBG, PTH, PD, R
Ingham Medical 401 W. Greenlawn Ave. 48910	M-098	NP CORP	254	38				RES: IM, PD, U
Lansing Residency Program St. Lawrence Community Mental Health Center 1201 Oakland 48914	L-098	MISC. CHURCH					6	RES: OBG RES: P
St. Lawrence 1210 West Saginaw 48914	M-098	NP CORP	306	46	3		4	RES: IM, OBG, PTH, PD
MIDLAND								
Dow Chemical Company 2030 Dow Center 48640		CORP.						RES: OM
Midland 4005 Orchard Dr. 48640	G-043	NP CORP	220	35		14	18	RES: FP
NORTHVILLE								
Hawthorn Center 18471 Haggerty 48167		STATE	152		4	2	4	RES: CHP
Northville State 41001 West Seven Mile 48167		STATE	901	24	24	2	26	RES: P
PONTIAC								
Clinton Valley Center 140 Elizabeth Lake Rd. 48053	L-098	STATE	1000	42	10	7	6	RES: CHP, P
Oakland Medical Center 140 Elizabeth Lake Rd. 48053	L-098	STATE	198	50				RES: GS, GS, ORS, PD
Pontiac Affiliated Hospitals		MISC.			14		17	RES: PD
Pontiac General Seminole & W. Huron 48053	G-043	CITY	389	34	2 27	4	12 48	INT: FLEX RES: GS, IM, OBG, PTH, PD
St. Joseph Mercy 900 Woodward Ave. 48053	G-043	CHURCH	443	43	6 31	4	7 54	INT: FLEX RES: GS, IM, OBG, PTH, PD, R
ROYAL OAK								
William Beaumont 3601 W. Thirteen Mile Rd. 48072	L-044	NP CORP	700	40	10 63	20 42	15 143	INT: FLEX RES: DR, GS, IM, NM, OBG, ORS, PTH, PD, PS, R, U
William Beaumont Hospital—Oakland Medical Center	L-044, 098	MISC.				4	8	RES: ORS
SAGINAW								
Saginaw Cooperative Hospitals (Includes Saginaw General Hospital, St. Luke's Hospital, St. Mary's Hospital, Veterans Admin. Hospital) 705 Cooper St. 48602	M-098 G-043	MISC.			1 12	2 13	9 47	INT: FLEX RES: FP, GS, OBG
Saginaw General 1447 N. Harrison 48602	M-098 G-043	NP CORP	378	33				INT: FLEX RES: FP, GS, OBG
St. Luke's 705 Cooper St. 48602	M-098 G-043	NP CORP	326	34				INT: FLEX RES: FP, GS
St. Mary's 830 S. Jefferson Ave. 48601	M-098 G-043	NP CORP	258	28				INT: FLEX RES: FP, GS, OBG

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					For.*	Non- For.*		
MICHIGAN, SAGINAW—Continued								
Veteran's Admin 1500 Weiss St. 48602	L-098 G-043	VA	217	33				RES: GS, U
SOUTHFIELD								
Providence 16001 Nine Mile Rd. 48075	G-043	CHURCH	403	38	37	7 23	12 70	INT: FLEX RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, PS, R
TRAVERSE CITY								
Traverse City State Elmwood & 11th 49684	G-098	STATE	1114	27	7	2	18	RES: P
WARREN								
South Macomb 11800 E. 12 Mile Rd. 48093		NP CORP	200	43				INT: FLEX RES: GS, OBG, PTH
YPSILANTI								
York Woods Center Box A 48197		STATE	110		1	2	12	RES: CHP
Ypsilanti State 3501 Willis Rd. 48197	G-043	STATE	1694	55	8	7	24	RES: P
MINNESOTA								
DULUTH								
St. Mary's 407 E. 3d St. 55805	M-117	CHURCH	419	73		1	2	RES: PTH
MINNEAPOLIS								
Fairview 2312 S. 6th St. 55406	L-045	CHURCH	415	31				RES: FP, ORS
Hennepin County General Fifth and Portland South 55415	M-045	COUNTY	405	64		50 54	85	INT: FLEX RES: OR, O, FP, GS, IM, N, OBG, OPH, ORS, ORS, OTO, PTH, FOP, PO, PM, P, U
Metropolitan Medical Center 900 S. 8th St. 55404	L-045	NP CORP	736	40			6	RES: PTH, R
Mount Sinai 2215 Park Ave. 55404	M-045	NP CORP	273	46		1	2	RES: GS, PTH
North Memorial 3220 Lowry Ave. N. 55422	L-045	NP CORP	546	48				RES: FP
Northwestern Hospital of Minneapolis 810 East 27th St. 55407	L-045	NP CORP	480	63		10 8	27	INT: FLEX RES: IM, PTH
St. Mary's 2414 S. Seventh St. 55406	L-045	NP CORP	500					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 Delaware St. S. E. 55440		STATE					1	RES: PH
University of Minnesota Affiliated Hospitals (Includes University of Minnesota Hospitals, Veterans Admin. Hospital, and Some Programs at Hennepin County General Hospital, Mount Sinai Hospital, and St. Paul-Ramsey Hospital (St. Paul))	M-045	MISC.			62	48 409	727	INT: FLEX RES: AN, OR, O, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PD, PM, CRS, P, TR, TS, U
University of Minnesota Hospitals 412 Union Street, S. E. 55455	M-045	STATE	850		2 13	18 22	32	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, CRS, P, TR, TS, U
Veterans Admin. 54th St. & 48th Ave., So. 55417	M-045	VA	871	75	2	14	56	INT: FLEX RES: AN, OR, O, GS, IM, NS, N, N, OPH, ORS, ORS, OTO, PTH, PM, CRS, P, 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 L-045	NP CORP			104	90 469	661	INT: FLEX RES: AN, CHP, OR, O, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, POA, PDC, PM, PS, CRS, P, TR, TS, U
Rochester Methodist 201 West Center St. 55901	M-113 L-045	CHURCH	640	66				INT: FLEX RES: AN, OR, O, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PM, PS, CRS, P, TR, TS, U
St. Mary's 1216 Second St. S. W. 55901	M-113 L-045	CHURCH	946	75				INT: FLEX RES: AN, DR, GS, IM, NS, N, OBG, ORS, PTH, POA, PDC, PM, PS, CRS, P, TS, U
ST. LOUIS PARK								
Methodist 6500 Excelsior Blvd. 55426	L-045	NP CORP	470	27				RES: FP
ST. PAUL								
Bethesda Lutheran 559 Capitol Blvd. 55101	L-045	CHURCH	298					RES: FP
Childrens 311 Pleasant Ave. 55102	L-045	NP CORP	107	84			4	RES: PD, PO
Gillette Children's 1003 East Ivy Ave. 55106	G-045	STATE	72	100				RES: ORS, ORS
Miller Division 125 W. College Ave. 55102		NP CORP	329	50	1	4	11	INT: FLEX RES: DR, GS, PTH, R
St. John's 403 Maria Ave. 55106	L-045	NP CORP	403					RES: FP
St. Joseph's 69 W. Exchange St. 55102	L-045	CHURCH	499	27	2	1	4	RES: OBG, R
St. Luke's Division 300 Pleasant Ave. 55102		NP CORP	360		1		4	INT: FLEX RES: GP, GS

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MINNESOTA, ST. PAUL—Continued								
St. Paul—Ramsey 640 Jackson St. 55101	M-045	CY-CO	515	64	1 5	34 50	69	INT: FLEX RES: DR, D, FP, GS, IM, N, OBG, OPH, ORS, ORS, OTO, PTH, PD, P, U
United Hospitals (Includes Miller Division and St. Luke's Division)		MISC.			7	7	5 7	INT: FLEX RES: DR, GP, GS, PTH, R
Wilder Department of Child Guidance and Development 919-A Lafond Ave. 55104		NP CORP	12		1	1	3	RES: CHP
MISSISSIPPI								
BILOXI								
U. S. A. F. Medical Center Keesler A. F. B. 39534		USAF	350	66			26 34	INT: FLEX RES: GS, IM, OBG, PD
Veterans Admin. Center 39531		VA	842	40				RES: PM
JACKSON								
Doctors Hospital of Jackson 2969 University Dr. 39216		CORP.	120					RES: FP
Hinds General 1850 Chadwick Dr. 39204		COUNTY	159					RES: FP
Mississippi Baptist 1190 North State St. 39201	G-D46	CHURCH	412	26				RES: FP, ORS, PS
St. Dominic—Jackson Memorial 969 Lakeland Dr. 39216		CHURCH	290	16				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	469	47	4 5	27 33	6 51	INT: FLEX RES: AN, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, TS, U
University of Mississippi Medical Center	M-046	MISC.			6	122	222	RES: AN, 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	41				RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
WHITFIELD								
Mississippi State 39193	L-046	STATE	4201	36				RES: P
MISSOURI								
COLUMBIA								
Eliis Fischel State Cancer Business Loop 70 and Garth 65201	G-047	STATE	104	45	3	5	12	RES: GS, GS, PTH, TR
Mc Haney Rehabilitation Institute Medical Center 65201		NP CORP						RES: PM
University of Missouri Medical Center 807 Stadium Rd. 65201	M-047	STATE	426	50	1 22	34 141	15 251	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, R, TS, U
University of Missouri School of Medicine Dept. of Community Health and Medical Practice 65201		STATE					9	RES: GPM
Veterans Admin. 800 Stadium Rd. 65201	M-047	VA	316	50				RES: GS, IM, ORS, PM, PS
KANSAS CITY								
Baptist Memorial 6601 Rockhill Rd. 64131	L-118	NP CORP	373	22				RES: GS
Children's Mercy 24th at Gillham Rd. 64108	M-118	NP CORP	100	75	5	23	36	RES: AN, OPH, ORS, PD, PDA, PDC
Grtr. Kansas City Mntl. Hlth. Fndn., Univ. Mo. Sch. Med., K. C. Div. 600 E. 22d St. 64108		STATE	189		1	1	6	RES: CHP
Kansas City Affiliated Hospitals		MISC.				13	16	RES: ORS
Kansas City General Hospital and Medical Center 24th and Cherry 64108	M-118	NP CORP	227	68	2 19	19 30	47	INT: FLEX RES: GS, IM, IM, OBG, OPH, ORS, PTH, PS, P, U
Menorah Medical Center 4949 Rockhill Rd. 64110	M-118	NP CORP	330	34	10	11	22	RES: GS, IM, IM, OBG, PTH, R
Menorah Medical Center—Baptist Memorial	M-118	MISC.			10	3	8	RES: GS
St. Luke's 44th and Wornall 64111	M-118 L-033	CHURCH	634	41	4	19 40	5 53	INT: FLEX RES: DR, GS, IM, IM, OBG, OPH, ORS, PTH, R, TS
University of Missouri at Kansas City	M-118	MISC.						RES: GS, IM
University of Missouri at Kansas City Affiliated Hospitals	M-118	MISC.			6	6	12	RES: GS, OPH, U
University of Missouri Residency In Psychiatry		MISC.			14		18	RES: P
Veterans Admin. 4801 Linwood Blvd. 64128	M-033	VA	490	48				RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, P, U
Western Missouri Mental Health Center 600 E. 22nd St. 64108	M-118	STATE	189					RES: P
MOUNT VERNON								
Missouri State Chest 65712	G-047	STATE	459	41				RES: TS

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MISSOURI—Continued								
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	1181			43 157	267	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PS, P, R, TR, TS, U
Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Blvd. 63104	M-048	CHURCH	190	75	2	24	35	RES: GS, NS, N, OPH, ORS, OTO, PTH, PD, PS, P, R, U
David P. Wohl Memorial Mental Health Institute 1325 S. Grand Blvd. 63104	M-048	NP CORP	49					RES: NM, P
Deaconess 6150 Oakland Ave. 63139	G-047, 048	NP CORP	505	43	16 17	1	15 19	INT: FLEX RES: GS, OBG, OPH, PTH
Deaconess—Missouri Baptist Hospitals De Paul 2415 N. Kingshighway Blvd. 63113	L-048	NP CORP	375	31	3 5		9 5	RES: OBG RES: PTH
Firmin Desloge General 1402 S. Grand Blvd. 63104	M-048	NP CORP	270	48				RES: GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PS, P, R, U
Homer G. Phillips 2601 North Whittier 63113	L-049	CITY	432	9	17 44	7 7	20 79	INT: FLEX RES: GS, OBG, OPH, OTO, R, U
Jewish Hospital of St. Louis 216 S. Kingshighway, P. O. Box 14109 63178	M-049	NP CORP	504	40	12	17 46	91	INT: FLEX RES: GS, IM, OBG, OPH, PTH, PM, P, R
Malcolm Bliss Mental Health Center 1420 Grattan St. 63104	M-049	STATE	250		16	33	58	RES: CHP, P
Mallinckrodt Institute of Radiology 510 S. Kingshighway 63110		NP CORP						RES: DR, NM, R, TR
Missouri Baptist 3015 No. Ballas Rd. 63131	L-047	NP CORP	339	43	9 2		9 3	INT: FLEX RES: OBG, PTH
Missouri Institute of Psychiatry—St. Louis State 5400 Arsenal St. 63139	G-047	STATE	747	17	35	7	50	RES: P
St. John's Mercy Medical Center 615 So. New Ballas Rd. 63141	L-047 G-049	CHURCH	607	66	2 6	18 29	9 73	INT: FLEX RES: FP, GS, IM, OBG, PTH
St. Louis Children's 500 So. Kingshighway 63110	M-049	NP CORP	165	78	6	40	72	RES: N, PD, PDC
St. Louis City 1515 Lafayette Ave. 63104	M-048, 049	CITY	550	40	14		22	RES: PTH, PD
St. Louis City (St. Louis University Service) 1515 Lafayette Ave. 63104	M-048	CITY						RES: GS, IM, OBG, ORS, R, U
St. Louis City (Washington University Service) 1515 Lafayette Ave. 63104	M-049	CITY						RES: GS, N, OPH, ORS
St. Louis County 601 So. Brentwood 63105	M-048, 049	COUNTY	220	37				RES: GS, IM, N
St. Louis—Little Rock Hospitals 1755 So. Grand Blvd. 63104	G-048	NP CORP	300	37	9	1	10	RES: GS, OPH
St. Louis University Group of Hospitals 1402 S. Grand Blvd. 63104	M-048	MISC.			6 48	30 111	10 270	INT: FLEX RES: GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, R, U
St. Luke's 5535 Delmar Blvd. 63112	M-049 G-047	NP CORP	383	28	7 9	3 7	35	INT: FLEX RES: GS, IM, NS
St. Mary's Health Center 6420 Clayton Rd. 63117	M-048	CHURCH	560	36	6 8	4 4	28	INT: FLEX RES: GS, IM, NS, OBG, ORS, PTH, R, U
Shriners Hospital for Crippled Children 2001 S. Lindbergh Blvd. 63131		NP CORP	100					RES: ORS
Veterans Admin. 915 No. Grand Blvd. 63125	M-048, 049	VA	1139	45	3	3	7	RES: GS, GS, IM, N, NM, OPH, ORS, OTO, PS, P, R, U
Veterans Admin. (Jefferson Barracks) 63125		VA						RES: N
Washington University Affiliated Hospitals	M-049	MISC.			10	165	190	RES: DR, GS, N, NM, OPH, OTO, P, R, TR, U
William Greenleaf Eliot Division of Child Psychiatry 369 N. Taylor Ave. 63108	M-049	NP CORP	50		3	4	6	RES: CHP
NEBRASKA								
LINCOLN								
Bryan Memorial 4848 Sumner St. 68506	L-051	CHURCH	343	32		9		INT: FLEX RES: PTH
Lincoln General 2300 South 16th St. 68502	L-051	CITY	262					RES: PTH
Physicians Pathology Laboratory Hospitals 1403 Sharp Bldg. 68508		CY-CO	581	34		2	3	RES: PTH
St. Elizabeth Community Health Center 555 S. 70th St. 68502	L-050	CHURCH	208	33				INT: FLEX RES: GS
Veterans Admin. 600 South 70th St. 68510	L-051	VA	211	64	1	6	10	RES: GS
OMAHA								
Archbishop Bergan Mercy 7500 Mercy Rd. 68124	M-051 L-050	NP CORP	455	28				RES: OBG, R
Bishop Clarkson Memorial Dewey Ave. at 44th St. 68105	M-051	NP CORP	469	44			4	INT: FLEX RES: D, IM, N, OTO, PTH, U
Childrens Memorial 44th St. and Dewey Ave. 68105	M-050, 051	NP CORP	100	74				RES: PD, PD
Creighton Memorial St. Joseph's 2305 South 10th St. 68108	M-050	NP CORP	540	41		20	26	INT: FLEX RES: FP, GS, IM, N, OBG, PTH, PD, P, R, U
Creighton—Nebraska Universities Health Foundation	M-050, 051	MISC.			4	2	9	RES: N

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NEBRASKA, OMAHA—Continued								
Creighton University Affiliated Hospitals (Includes Archbishop Bergan Mercy Hospital, Creighton Memorial St. Joseph's Hospital, Douglas County Hospital, and Veterans Admin. Hospital)	M-050	MISC.			7	19 49	85	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD, P, R, U
Douglas County 4102 Woolworth Ave. 68105	M-050	COUNTY	344	59				INT: FLEX RES: GS, IM, P, R, U
Nebraska Methodist 8303 Dodge St. 68114	M-051	CHURCH	354	38		4	6	RES: IM, ORS, PTH, U
Nebraska Psychiatric Institute 602 S. 45th St. 68106	M-051	STATE	95			1	4	RES: CHP, P
University of Nebraska 42nd and Dewey Ave. 68105	M-051	STATE	298		2	35		INT: FLEX RES: AN, D, FP, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, R, U
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.			16	8 138	3 182	INT: FLEX RES: D, GS, IM, DPH, ORS, OTO, PD, P, R, U
Veterans Admin. 4101 Woolworth Ave. 68105	M-050	VA	405	65				INT: FLEX RES: D, GS, GS, IM, IM, N, OPH, ORS, OTO, PTH, P, R, R, U, U
NEVADA								
LAS VEGAS								
Southern Nevada Memorial 1800 West Charleston Blvd. 89102		COUNTY	302		1		4	RES: PTH
NEW HAMPSHIRE								
HANOVER								
Dartmouth—Hitchcock Mental Health Center 03755		NP CORP	30					RES: CHP
Dartmouth Medical School Affiliated Hospitals (Includes Mary Hitchcock Memorial Hospital, Newington Children's Hospital (Newington, Conn.), and Veterans Admin. Center (White River Junction, Vt.) 03755	M-052	MISC.			4	34 83	130	INT: FLEX RES: CHP, DR, GS, IM, NS, N, ORS, PTH, PD, P, R, TR, U
Dartmouth Medical School Department of Community Medicine Butler 2 03755		NP CORP					1 8	RES: GPM
Mary Hitchcock Memorial 2 Maynard 03755	M-052	NP CORP	343	78	4	21	39	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, ORS, PTH, PD, P, R, TR, U
MANCHESTER								
Veterans Admin. 718 Smyth Rd. 03104	G-041	VA	188	43				RES: GS
NEW JERSEY								
ATLANTIC CITY								
Atlantic City 1925 Pacific Ave. 08401	M-072	NP CORP	405	35	9 11	1 4	10 38	INT: FLEX RES: GS, IM, PTH, R
CAMDEN								
Cooper 6th & Stevens St. 08103	M-073	NP CORP	630	44	3 8	10 15	7 38	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD, U
Our Lady of Lourdes 1600 Haddon Ave. 08103	M-073	CHURCH	334	34	5 1		2	INT: FLEX RES: PTH
CEAR GROVE								
Essex County Hospital Center 1 Fairview Ave. 07009		COUNTY	2796	33			15	RES: P
EAST ORANGE								
Veterans Admin. Tremont Ave. 07019	M-053	VA	1138	43	6		7	INT: FLEX RES: AN, GS, IM, N, OPH, ORS, PTH, PM, PS, P, U
ELIZABETH								
St. Elizabeth 225 Williamson St. 07207	L-053	CHURCH	354	21	23	1	26	RES: IM, PTH
ENGLEWOOD								
Englewood 350 Engle St. 07631		NP CORP	400	29	10 27	2	40	INT: FLEX RES: GS, IM, PTH, R
FLEMINGTON								
Hunterdon Medical Center Route 31 08822	M-099 G-053	NP CORP	195	39		17	18	RES: FP, GS, IM, PTH, P
GREEN BROOK								
Raritan Valley 275 Greenbrook Rd. 08812	M-099	STATE	102	42				INT: FLEX RES: GS, IM, PTH
HACKENSACK								
Hackensack 22 Hospital Pl. 07601	L-053	NP CORP	471	43	18 27	2	4 59	INT: FLEX RES: AN, GS; IM, PTH, P, R
HAMMONTON								
Ancora Psychiatric P. O. Ancora Branch 08037		NP CORP	1520	43	10		15	RES: P

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NEW JERSEY—Continued							
HOBOKEN St. Mary 380 Willow Ave. 07030		NP CORP	320	7	10	10	RES: GP, PTH
JERSEY CITY Christ 176 Palisade Ave. 07306	L-053	NP CORP	367	7	5	6	RES: R
Jersey City Medical Center 50 Baldwin Ave. 07304	M-053	CITY	579	25	14 32	7 72	INT: FLEX RES: AN, GS, IM, OPH, ORS, PTH, PD, PS, U
LIVINGSTON St. Barnabas Medical Center 94 Old Short Hills Rd. 07039	L-053	NP CORP	750	37	13 39	5 13	69 INT: FLEX RES: AN, GS, IM, OBG, PTH, PD, PS, R
LONG BRANCH Monmouth Medical Center 3rd & Pavilion Avenues 07740	M-072 L-053, 099	NP CORP	501	46	3 49	9 29	93 INT: FLEX RES: AN, FP, GS, IM, OBG, ORS, PTH, PD, P, R
MARLBORO Marlboro Psychiatric 07746	L-099	STATE	1497	30	7	2	9 RES: P
MONTCLAIR Mountainside Bay and Highland Aves. 07042	L-053	NP CORP	441	36	19	4	RES: OTO, PTH
MORRISTOWN Morristown Memorial 100 Madison Ave. 07960	M-099 L-053	NP CORP	532	44	11 19	2 6	47 INT: FLEX RES: DR, GS, IM, PTH, R
MOUNT HOLLY Burlington County Memorial 175 Madison Ave. 08060		NP CORP	253	34	8 5	11	INT: FLEX RES: GS
NEPTUNE Jersey Shore Medical Center—Fitkin 1945 Corlies Ave. 07753		NP CORP	452		15	15	RES: GS, IM, OBG, PTH, PD
NEWARK CMDNJ—New Jersey Medical School Affiliated Hospitals	M-053	MISC.			18 149	12 82	321 INT: FLEX RES: AN, DR, GS, IM, N, OPH, ORS, PS, P, U
Martland 65 Bergen St. 07107	M-053	STATE	596	30	3 56	7 15	10 75 INT: FLEX RES: AN, DR, GS, IM, N, OBG, OPH, ORS, PTH, PD, PS, P, U
Newark Beth Israel Medical Center 201 Lyons Ave. 07112	M-053	NP CORP	471	36	38	9	45 INT: FLEX RES: AN, DR, GS, IM, OBG, OTO, PTH, PD, P, R
Newark Eye and Ear Infirmary—CMDNJ Affiliated Hospitals	M-053	MISC.			6	6	RES: OTO
St. Michael Medical Center 306 High St. 07102	M-053	CHURCH	402	46	10 23	10 11	46 INT: FLEX RES: GS, IM, OBG, PTH, PD
United Hospitals Medical Center—Children's Hospital of Newark 15 South 9th Street 07107	M-053	NP CORP	95	64	24	2	26 RES: AN, GS, PD
United Hospitals Medical Center—Newark Eye and Ear Infirmary 15 South 9th St. 07107	M-053	NP CORP	63	35			RES: AN, OPH, OTO
United Hospitals Medical Center—Presbyterian 27 South Ninth St. 07107	M-053	NP CORP	285	29	12 7	12 16	INT: FLEX RES: IM, OTO
United Hosps. Orthopedic Center—Hosp. for Crippled Children—Adults 89 Park Ave. 07104	M-053 G-059	NP CORP	110				RES: AN, ORS
NEW BRUNSWICK Middlesex General 180 Somerset St. 08901	M-099	NP CORP	341	28	4 11	14	INT: FLEX RES: GS, IM, PTH
New Brunswick Affiliated Hospitals	L-099	MISC.			9 10	12	INT: FLEX RES: IM
St. Peter's General 254 Easton Ave. 08903	M-099	CHURCH	346	21	3 13	15	INT: FLEX RES: GS, IM, PTH, PD
ORANGE New Jersey Orthopaedic 289 Central Ave. 07051		NP CORP	67	80			RES: ORS
PARAMUS Bergen Pines County East Ridgewood Ave. 07652		COUNTY	1056	25	12 24	5	50 INT: FLEX RES: IM, PTH, P
Bergen Pines County Hospital—Pascack Valley		NP CORP			4	4	RES: PTH
PATERSON Barnert Memorial Hospital Center 680 Broadway 07514		NP CORP	256	32	1	1	2 RES: PTH
St. Joseph's Hospital and Medical Center 703 Main St. 07503	M-053	CHURCH	510	36	10 47	3 8	4 61 INT: FLEX RES: AN, GS, IM, OBG, ORS, PTH
PERTH AMBOY Perth Amboy General 530 New Brunswick Ave. 08861	L-099	NP CORP	483	22	23 17	1	7 24 INT: FLEX RES: GP, GS, PTH
PISCATAWAY CMDNJ—Rutgers Medical School Affiliated Hospitals	M-099	MISC.			5 7	3 13	78 INT: FLEX RES: GS, IM, PTH, P

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NEW JERSEY, PISCATAWAY—Continued									
CMDNJ—Rutgers Medical School, Department of Psychiatry 08854	M-099	STATE					2	RES: CHP	
Rutgers Psychiatric Institute Hoes Lane, University Heights 08854	M-099	STATE	18					RES: P	
PLAINFIELD									
Muhlenberg Park Ave. & Randolph Rd. 07061	M-099 L-053	NP CORP	449	35	17 21	3	6 55	INT: FLEX RES: IM, IM, OBG, PTH, PD, CRS	
PRINCETON									
Medical Center at Princeton 253 Witherspoon St. 08540	M-099	NP CORP	238	55				INT: FLEX RES: GS, IM	
SOMERS POINT									
Shore Memorial New York Ave. 08244		NP CORP	234	24	5		5	RES: GP	
SOMERVILLE									
Somerset Rehill Ave. 08876	L-099	NP CORP	330	41	12 2	1	20	INT: FLEX RES: FP, GP, PTH	
SUMMIT									
Overlook 193 Morris Ave. 07901	L-053, 099	NP CORP	608	29	6 17	3	8 53	INT: FLEX RES: FP, IM, ORS, PTH, PD, R	
TRENTON									
Child Guidance Center of Mercer County 532 W. State St. 08618		NP CORP				1	4	RES: CHP	
Helene Fuld Medical Center 750 Brunswick Ave. 08608	L-099	NP CORP	289					RES: IM	
Mercer Medical Center 446 Bellevue Ave. 08607	L-074, 099	NP CORP	319				1	RES: PTH	
New Jersey State Department of Health P. O. Box 1540 08625		STATE					2	3	RES: PH
St. Francis 601 Hamilton Ave. 08629	L-099	CHURCH	483	29	16 7		4 13	INT: FLEX RES: GS, IM, PTH	
Trenton Affiliated Hospitals		MISC.					32	RES: IM	
Trenton Psychiatric Station A 08625		STATE	2218	48	11		15	RES: P	
VINELAND									
Newcomb 66 S. State St. 08360		NP CORP	235	19	1		1	RES: PTH	
WESTWOOD									
Pascack Valley Old Hook Rd. 07675		NP CORP	202					RES: PTH	
NEW MEXICO									
ALBUQUERQUE									
Bataan Memorial 5400 Gibson Blvd. S. E. 87108	M-096	NP CORP	250	42				RES: DR, D, GS, ORS, PD, R	
Bernalillo County Medical Center 2211 Lomas Blvd. N. E. 87106	M-096	COUNTY	220	58			14 14	INT: FLEX RES: DR, D, FP, GS, IM, N, OBG, ORS, PTH, PD, PS, P, R, TS, U	
Office of Chief Med. Investigator—Univ. of New Mexico School of Med. 915 Stanford Dr. N. E. 87106		STATE					1 1	RES: FOP	
Presbyterian Hospital Center 1100 Central Ave. S. E. 87106	L-096	NP CORP						RES: PS	
St. Joseph 400 Walter St. 87102		NP CORP	231					RES: R	
University of New Mexico Affiliated Hospitals (Includes Bernalillo County Medical Center and Veterans Admin. Hospital and Some Programs at Bataan Memorial Hospital, Presbyterian Hospital Center and St. Joseph Hospital)	M-096	MISC.			10	6 148	162	INT: FLEX RES: DR, D, FP, GS, IM, N, OBG, ORS, PTH, PD, PS, P, R, TS, U	
Veterans Admin. 2100 Ridgecrest Dr. S. E. 87108	M-096	VA	413	63				INT: FLEX RES: DR, D, GS, IM, N, ORS, PTH, PS, P, R, TS, U	
GALLUP									
Gallup Indian Medical Center P. O. Box 1337, Nizhoni Blvd. 87301		USPHS	176				8 8	RES: GP	
TRUTH OR CONSEQUENCES									
Carrie Tingley Crippled Children's 1400 South Broadway 87901	G-017	STATE	76					RES: ORS, ORS	
NEW YORK									
ALBANY									
Albany Medical Center New Scotland Ave. 12208	M-054	NP CORP	763	53	6	60 7	22	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTD, PTH, PD, PDC, PM, PS, P, R, TS, U	
Albany Medical Center Affiliated Hospitals (Includes Albany Med. Center Hosp., Child's Hosp., St. Peter's Hospital, Vet. Admin. Hosp., Ellis Hospital (Schenectady), Sunnyview Hospital and Rehabilitation Center (Schenectady))	M-054	MISC.			47	186	290	RES: D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTD, PTH, PD, PM, PS, P, R, TS, U	

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NEW YORK, ALBANY—Continued									
Child's 25 Hackett Blvd. 12208	G-054	CHURCH	80	31				RES: OPH, OTO, PS	
Memorial Northern Blvd. 12204		NP CORP	233	17	6		6	RES: GS, PS	
St. Peter's 315 So. Manning Blvd. 12208	L-054	NP CORP	423	39	9	1	13	RES: GS, OBG, PTH, PD, PS, R	
State of New York Department of Health 84 Holland Ave. 12208		STATE				1	4	RES: PTH, GPM, PH	
Veterans Admin. 113 Holland Ave. 12208	M-054	VA	877	59				RES: D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U	
BAY SHORE									
Southside Montauk Highway 11706	L-109	NP CORP	372	24	6	6	24	RES: FP	
BINGHAMTON									
Binghamton State 425 Robinson St. 13901		STATE	1241	16	4	2	7	RES: P	
BRONX and BROOKLYN (See New York City)									
BUFFALO									
Buffalo General 100 High St. 14203	M-055	NP CORP	688	28		24	26	INT: FLEX RES: AN, D, GS, IM, NS, NM, OBG, OPH, ORS, OTO, PTH, PS, CRS, R, TR, TS, U	
Buffalo State 400 Forest Ave. 14213		STATE	1245					RES: P	
Children's Hospital of Buffalo 219 Bryant St. 14222	M-055	NP CORP	318	82	9	4	18	RES: AN, CHP, D, GS, NS, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, TS, U	
Deaconess Hospital of Buffalo 1001 Humboldt Parkway 14208	L-055	NP CORP	423	38	11 25	2 30	7 69	INT: FLEX RES: AN, FP, GS, OBG, OPH, PTH, CRS, R, U	
Edward J. Meyer Memorial 462 Grider St. 14215	M-055	COUNTY	712	38		24	18	66	INT: FLEX RES: AN, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, P, R, U
Emergency Hospital 108 Pine St. 14204		NP CORP	153					RES: GS	
Mercy 565 Abbott Rd. 14220		NP CORP	383	31		1		17	INT: FLEX RES: IM, NM, OBG, PTH, PS
Millard Fillmore 3 Gates Circle 14209	M-055	NP CORP	546	30	5 33	5 18	3 58	INT: FLEX RES: AN, GS, IM, OBG, PTH, R, U	
Roswell Park Memorial Institute 666 Elm St. 14203	L-055	STATE	315	94	28	4	25	RES: D, GS, NM, PTH, PS, TR, U	
Sisters of Charity 2157 Main St. 14214	L-055	CHURCH	444	30	8 32		6 48	INT: FLEX RES: GS, IM, OBG, PTH, U	
S. U. N. Y. at Buffalo Affiliated Hospitals (Includes Buffalo Gen. Hosp., Children's Hosp. of Buffalo, Deaconess Hospital of Buffalo, Edward J. Meyer Mem. Hosp., Millard Fillmore Hospital, Vet. Admin. Hosp., Roswell Park Mem. Institute)	M-055	MISC.			1 78	5 143	1 254	INT: FLEX RES: AN, CHP, D, GS, GS, IM, NS, NM, OBG, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TS, U	
Veterans Admin. 3495 Bailey Ave. 14215	M-055	VA	888	39		2	1	6	INT: FLEX RES: D, GS, GS, IM, NM, OPH, ORS, OTO, PTH, PM, TS, U
CASTLE POINT									
Veterans Admin. 12511		VA	258	33					RES: GS
CENTRAL ISLIP									
Central Islip State Carleton Ave. 11722	L-109	STATE	3000	14	11	1	18	RES: P, P	
COOPERSTOWN									
Mary Imogene Bassett Atwell Rd. 13326	M-057	NP CORP	182	67		15 28	9 46	INT: FLEX RES: GS, IM, OBG, PTH, P	
EAST MEADOW									
Nassau County Medical Center—Meadowbrook Div. 2201 Hempstead Turnpike 11554	M-109	COUNTY	562	36	1 82	22 68	215	INT: FLEX 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, FAR ROCKAWAY, FLUSHING, FOREST HILLS, GLEN OAKS (See New York City)									
GLEN COVE									
Community Hospital at Glen Cove St. Andrews Lane 11542		NP CORP	269	38	9 7		23	INT: FLEX RES: FP, GP, PTH	
HARRISON									
St. Vincent's Hospital & Med. Ctr. of New York Westchester Branch 240 North St. 10528		NP CORP	104	100				RES: P	
HUNTINGTON									
Huntington 270 Park Ave. 11743		NP CORP	426	15				RES: GS	
JAMAICA (See New York City)									
JOHNSON CITY									
Charles S. Wilson Memorial 33-57 Harrison St. 13790	L-063	NP CORP	466	38	4 20	2 16	2 52	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD	
KINGS PARK									
Kings Park State Box A 11754		STATE	4700	21	18		21	RES: P	
MANHASSET									
North Shore University Community Dr. 11030	M-058	NP CORP	424	59		21 25	66	INT: FLEX RES: DR, GS, IM, N, OBG, OPH, PTH, PD, P, R	

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NEW YORK—Continued								
MARCY Marcy State Box 100 13403		STATE	2417	33	5	2	5	RES: P
MIDDLETOWN Middletown State 141 Monhagen Ave. 10940		STATE	1441	57	8		11	RES: P
MINEDLA Nassau First St. 11501		NP CORP	425	37	17 35	1 6	10 66	INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD, R, U
MOUNT KISCAD Northern Westchester East Main St. 10549		NP CORP	211	33	10 2		2	INT: FLEX RES: PTH
MOUNT VERNON Mount Vernon 12 N. 7th Ave. 10550		NP CORP	309	33	18 13		12 26	INT: FLEX RES: GS, OBG, PTH
NEWBURGH St. Luke's Hospital of Newburgh 70 Dubois St. 12550		NP CORP	251	39	16 2		2	INT: FLEX RES: PTH
NEW HYDE PARK Long Island Jewish—Hillside Medical Center 270-05 76th Ave. 11040	M-061, 109	NP CORP	678	39	7	27	6	INT: FLEX RES: AN, GS, IM, N, OBG, OPH, ORS, ORS, PTH, PD, PDC, PM, R, TS, U
Long Island Jewish—Hillside Medical Center Program (Includes Long Island Jewish-Hillside Medical Center, Hillside Hospital Div. (New York City), La Guardia Hospital (New York City), and Queens Hospital Center (New York City)	M-061, 109	MISC.			152	110	26 265	INT: FLEX RES: AN, CHP, GS, IM, IM, N, OBG, OPH, ORS, PTH, PD, PDC, PM, P, R, TS, U
NEW ROCHELLE New Rochelle Hospital Medical Center 16 Guion Pl. 10802		NP CORP	501	45	20 17	1	6 35	INT: FLEX RES: GS, IM, PTH
NEW YORK CITY Albert Einstein College of Medicine Affiliated Hospitals (Includes Bronx Municipal Hospital Center, Bronx State Hospital, Hospital of the Albert Einstein Coll. of Medicine, Lincoln Hosp., and Some Positions at Montefiore Hosp. and Medical Center)	M-056	MISC.			151	246	427	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
American Telephone and Telegraph Co. and Subsidiaries 195 Broadway 10007		CORP.					1	RES: OM
Arthur C. Logan Memorial 70 Convent Ave. 10027		NP CORP	228	38	17 17		6 15	INT: FLEX RES: IM
Beekman—Downtown 170 William St. 10038		NP CORP	306	37	14 30	2	32	INT: FLEX RES: GS, IM, PTH
Bellevue Hospital Center First Ave. & 27th St. 10016	M-060	CITY	1396	26		22		INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, TR, TS, U
Bellevue Hospital Center—University	M-060	MISC.			5	14 51	56	INT: FLEX RES: IM
Beth Israel Medical Center 10 Nathan D. Perlman Pl. 10003	L-108	NP CORP	1075	29	23 86	35 100	203	INT: FLEX RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, R, U
Beth Israel Medical Center Training Program	L-108	NP CORP			22	6	39	RES: PD, R
Bird S. Coler Memorial Hospital and Home (Unit 3) Welfare Island 10017	M-059	CITY	1554	40				RES: D, GS, N, OPH, PTH, PM, U
Booth Memorial 56-45 Main St., Flushing 11355	L-060	CHURCH	357	31	19 41	3	49	INT: FLEX RES: GS, IM, OBG, PTH
Bronx—Lebanon Hospital Center 1276 Fulton Ave. 10456	M-056	NP CORP	552	27	12 106	16	144	INT: FLEX RES: DR, GS, IM, OBG, OPH, ORS, ORS, PTH, PD, P, R
Bronx Municipal Hospital Center Pelham Pkwy. S. & Eastchester Rd. 10461	M-056	CITY	990	27	5	28 60	62	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
Bronx State 1500 Waters Pl., Bronx 10461	M-056	STATE	872	17	9	28	30	RES: P
Brookdale Hospital Center Linden Blvd. & Rockaway Pkwy., Brooklyn 11212	M-060	NP CORP	618	26	41 96	16 19	187	INT: FLEX RES: AN, CHP, FP, GS, IM, OBG, ORS, PTH, PD, PM, P
Brooklyn—Cumberland Medical Center 121 De Kalb Ave, Brooklyn 11201	M-061	NP CORP	797	28	30 127	6	6 164	INT: FLEX RES: GS, IM, OBG, OPH, PTH, PD, R, U
Brooklyn Eye and Ear 29 Greene Ave., Brooklyn 11238		NP CORP	142		1	11	12	RES: OPH
Brooklyn State 681 Clarkson Ave., Brooklyn 11203	M-061	STATE	1933	18	21	2	30	RES: P
Brooklyn Womens 1395 Eastern Pkwy., Brooklyn 11233		NP CORP	75		6		6	RES: OBG
Cabrini Health Care Center—Columbus Hospital Division 227 E. 19th St. 10003		CHURCH	397	34	18 23	1	20 28	INT: FLEX RES: GS, IM, OPH

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					For.*	Non- For.*		
NEW YORK, NEW YORK CITY—Continued								
Catholic Medical Center of Brooklyn and Queens (Includes Hospital of the Holy Family Division, Mary Immaculate Division, St. Johns Queens Division, and St. Mary's Division) 88-25 153d St., Jamaica 11432		CHURCH			51 98	2	175	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, P
City Hospital Center at Elmhurst 79-01 Broadway, Elmhurst 11373	L-108	CITY	978	22	32 105	1 15	158	INT: FLEX RES: AN, CHP, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, U
Columbia University Affiliated Hospitals (Includes Presbyterian Hospital, New York State Psychiatric Institute)	M-057	MISC.			17	36	53	RES: CHP, PM, P, TS
Columbia University College of Physicians and Surgeons 630 W. 168th St. 10032	M-057	NP CORP				4	4	RES: NP
Coney Island Ocean & Shore Parkways, Brooklyn 11235	L-061	CITY	542	23	27 32	1 3	62	INT: FLEX RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, U
Corona—Elmhurst Guidance Center 37-65 72d St., Jackson Heights 11372		NP CORP						RES: P
Creedmoor State 80-45 Winchester Blvd., Queens Village 11427		STATE	2659	53	17		25	RES: P, P
Dunlap—Manhattan Psychiatric Ward's Island 10035	L-060	STATE	860	27	14	4	18	RES: P
Edward S. Harkness Eye Institute 635 W. 165th St. 10032	M-057	NP CORP						RES: OPH
Flower and Fifth Avenue Hospitals (Unit 1) Fifth Ave. at 106th St. 10029	M-059	NP CORP	429	33				INT: FLEX RES: AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, U
Flushing Hospital and Medical Center Parsons Blvd. & 45th Ave., Flushing 11355		NP CORP	313	27	16 26		4 46	INT: FLEX RES: GS, IM, OBG, PD
Fordham Southern Blvd. & Crotona Ave. 10458		CITY	399	36	25			INT: FLEX RES: AN, GS, IM, OBG, PTH, PD, R, U
Francis Delafield 99 Fort Washington Ave. 10032	M-057	CITY	250	33	4	12	26	RES: GS, GS, PTH, U
Francis Delafield Hospital—Harlem Hospital Center	M-057	CITY			6		2	RES: U
French and Polyclinic Medical School and Health Center 481 8th Ave. 10001		NP CORP	576	4	26 56	4	67	INT: FLEX RES: AN, GS, IM, OBG, OPH, PTH, PD, U
French and Polyclinic Medical School—St. Clare's		NP CORP			9		9	RES: PD
Goldwater Memorial Franklin D. Roosevelt Island 10017		CITY	795	47				RES: NP, PM
Gouverneur 227 Madison Ave. 10002		CITY	143	24				RES: PD, R
Greenpoint Kingsland & Skillman Aves, Brooklyn 11211		CITY	174	27				INT: FLEX RES: GS, IM, OBG, PD, R
Harlem Hospital Center 532 Lenox Ave. 10037	M-057	CITY	1032	24	17 109	34 71	11 230	INT: FLEX RES: AN, CHP, GS, IM, NS, OBG, OPH, ORS, PTH, PD, PM, PS, P, R, TS, U
Hillside Hospital Division 75-59 263rd St., Glen Oaks 11004		NP CORP	202					RES: CHP, P
Hospital for Joint Diseases and Medical Center 1919 Madison Ave. 10035	L-108	NP CORP	330	25	9 20	23	50	INT: FLEX RES: AN, GS, IM, ORS, PTH
Hospital for Special Surgery 535 E. 70th St. 10021	M-058	NP CORP	200	54	1	20	24	RES: AN, DR, ORS, R
Hospital of the Albert Einstein College of Medicine 1825 Eastchester Rd., Bronx 10461	M-056	NP CORP	422	27				RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TR, TS, U
Hospital of the Holy Family Division 155 Dean St., Brooklyn 11217		CHURCH	93	15				RES: OPH
House of St. Giles the Cripple 1346 President St., Brooklyn 11213		NP CORP	30					RES: ORS
Institute of Rehabilitation Medicine 400 E. 34th St. 10016		NP CORP	152	22				RES: PM
Jamaica 89th Ave. & Van Wyck Expy., Jamaica 11418		NP CORP	286	33	12 28		2 49	INT: FLEX RES: GS, IM, OBG, PD
Jewish Hospital and Medical Center of Brooklyn 555 Prospect Pl., Brooklyn 11238	M-061	NP CORP	638	26	75 124	9 14	188	INT: FLEX RES: AN, GS, IM, OBG, OPH, ORS, PTH, PD, PDA, R, TS, U
Jewish Memorial Broadway and 196th St. 10040		NP CORP	207	26	18	10	40 34	INT: FLEX RES: GS, OBG, PTH, PD
Kingsbrook Jewish Medical Center 86 East 49th St., Brooklyn 11203	L-061	NP CORP	816	42	14 20	2	19	INT: FLEX RES: IM, N, ORS, PTH, PM
Kingsbrook Jewish Medical Center—Unity	L-061	NP CORP			33		33	RES: IM
Kings County Hospital Center 451 Clarkson Ave., Brooklyn 11203	M-061	CITY	1767	28				INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U, U
Kirby—Manhattan Psychiatric Ward's Island 10035		STATE	855	9	18		18	RES: P
La Guardia 102-01 66th Rd. 11375		NP CORP	225	40				RES: IM, OBG
Lenox Hill 100 E. 77th St. 10021		NP CORP	629	55	30	19 58	113	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, PS, R, U

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non-For.*		
NEW YORK, NEW YORK CITY—Continued								
Lincoln 320 Concord Ave., Bronx 10454	M-056	CITY	302	46	13 50	13 24	97	INT: FLEX RES: AN, GS, IM, OBG, ORS, OTO, PTH, PD, PDC, PM, PS, P, U
Long Island College 340 Henry St., Brooklyn 11201	M-061	NP CORP	567	35	12 55	20 16	25 70	INT: FLEX RES: DR, GS, IM, NS, OBG, OPH, OTO, PTH, PD, PDA, R, U
Lutheran Medical Center 4520 Fourth Ave., Brooklyn 11220	G-061	NP CORP	288	23	11 40	1	6 52	INT: FLEX RES: FP, GS, IM, OBG, PTH, PD
Madeleine Borg Child Guidance Institute 120 West 57th St. 10019		NP CORP				1	3	RES: CHP
Maimonides Medical Center 4802 Tenth Ave., Brooklyn 11219	M-061	NP CORP	613	19	35 16	6 23	68	INT: FLEX RES: AN, CHP, GS, IM, OBG, OPH, ORS, PTH, PD, P, U
Maimonides Medical Center Training Program (Includes Coney Island Hospital and Maimonides Medical Center)	M-061	MISC.			80	14	104	RES: AN, GS, IM, OBG, ORS, PD, U
Manhattan Eye, Ear and Throat 210 East 64th St. 10021	G-059	NP CORP	176	25	3	27	30	RES: OPH, OTO, PS
Martin Luther King Jr. Health Center 3329 Rochambeau Ave., Bronx 10467		OTHER					11 24	RES: IM
Mary Immaculate Division 152-11 89th Ave., Jamaica 11432		CHURCH	260	21				INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD
Mary Immaculate Division (St. Charles Unit) 152-11 89th Ave., Jamaica 11432		CHURCH	19					RES: ORS
Memorial Hospital for Cancer and Allied Diseases 444 East 68th St. 10021	M-058	NP CORP	449	45	19	10	35	INT: FLEX RES: AN, DR, GS, GS, IM, NS, N, N, NM, PTH, PD, PS, R, TR
Methodist 506 Sixth St., Brooklyn 11215	M-061	NP CORP	557	28	4 106	2	111	INT: FLEX RES: DR, GS, IM, OBG, PTH, PD, PS, R, U
Metropolitan Hospital Center (Unit 2) 1901 First Ave. 10029	M-059	CITY	827	29				INT: FLEX RES: AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, U
Meyer Manhattan Psychiatric Ward's Island 10035	L-059	STATE	612	40	10	1	13	RES: P
Misericordia 600 E. 233rd St., Bronx 10466	M-059	NP CORP	380	28	13	1		INT: FLEX RES: AN, GS, IM, OBG, PTH, PD, R, U
Misericordia—Fordham Training Program	M-059	MISC.			30 114	1 2	150	INT: FLEX RES: AN, GS, IM, OBG, PTH, PD, R, U
Montefiore Hospital and Medical Center 111 E. 210th St., Bronx 10467	M-056	NP CORP	719		12	37	57	RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
Montefiore Hospital Training Program	M-056	MISC.			53	172	268	RES: AN, GS, IM, IM, OBG, ORS, PTH, PD, PM, PS, U
Morrisania City 168th St. and Gerard Ave., Bronx 10452		CITY	313					RES: AN, D, GS, IM, OBG, OPH, ORS, PTH, PD, PM, PS, U
Mount Sinai 11 East 100th St. 10029	M-108	NP CORP	1156	33	20	24	157	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, PS, P, TS, U
Mount Sinai Hospital Training Program (Includes Integrated Residencies of City Hospital Center at Elmhurst, Hospital for Joint Diseases and Medical Center, Mount Sinai Hospital, and Veterans Admin. Hospital (Bronx))	M-108	CHURCH			18 115	20 123	256	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, U
Mount Sinai School of Medicine Department of Community Medicine 5th Ave. and 100th St. 10029		NP CORP			1	5	18	RES: 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	14	4	29	30	RES: OPH, OTO
New York Hospital 525 E. 68th St. 10021	M-058	NP CORP	1076	53	23	73	109	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, R, U
New York Hospital—Cornell Medical Center and Affiliated Hospitals	M-058	MISC.			30	160	231	INT: FLEX RES: AN, DR, GS, IM, NS, N, PD, PM, PS, R
New York Infirmary Stuyvesant Sq. E. and 15th St. 10003	G-060	NP CORP	269	27	37	1	21	RES: 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 Grasslands Hospital (Valhalla)) 1 East 105th St. 10029	M-059	MISC.			17 169	41 156	396	INT: FLEX RES: AN, CHP, DR, D, GS, IM, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, 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.			104	338	454	INT: FLEX RES: AN, CHP, DR, D, GS, IM, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, TR, TS, U

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NEW YORK, NEW YORK CITY—Continued								
North Shore University Hospital—Memorial Hospital for Cancer	M-058	MISC.				31	2	INT: FLEX
Office of the Chief Medical Examiner, City of New York 520 First Ave. 10016		CITY			2	2	6	RES: FOP
Polyclinic Division 345 W. 50th St. 10019		NP CORP						RES: OPH, PTH
Postgrad. Ctr. for Mntl. Hlth., Clin. for Children and Adolescents 124 E. 28th St. 10016		NP CORP			1		1	RES: CHP
Presbyterian 622 West 168th St. 10032	M-057	NP CORP	1471	54	52	42	319	INT: FLEX 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	M-109	CITY	936	41	25	1		INT: FLEX RES: AN, CHP, GS, IM, IM, N, OBG, OPH, ORS, PTH, PD, PDC, PM, P, R, TS, U
Queens Hospital Center (Catholic Medical Center Affiliation) 82-68 164th St., Jamaica 11432	M-109	CITY	75	30				RES: IM
Roosevelt 428 W. 59th St. 10019	M-057	NP CORP	595	37	6	22	140	INT: FLEX RES: CHP, DR, GS, IM, OBG, OTO, PTH, PD, PDA, P, R, U
St. Barnabas Hospital for Chronic Diseases 183d St. and 3d Ave., Bronx 10457		NP CORP	415	25				RES: PM
St. Clare's Hospital and Health Center 415 West 51st St. 10019		CHURCH	410	37	67	1	67	RES: GS, IM, OBG, OPH, PTH, PD
St. John's Episcopal 480 Herkimer St., Brooklyn 11213	G-061	CHURCH	288	36	19	36	19	INT: FLEX RES: GS, IM, OBG, PTH, PD
St. John's Queens Division 90-02 Queens Blvd., Elmhurst 11373		CHURCH	308	19				INT: FLEX RES: GS, IM, OBG, ORS, PD
St. Luke's Hospital Center Amsterdam Ave. & 114th St. 10025	M-057	NP CORP	738	35	3	21	187	INT: FLEX 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	32				INT: FLEX RES: GS, IM, OBG, ORS, PTH, PD
St. Vincent's Hospital—Cabrini Health Care Center—Columbus Division		CHURCH			1	5	6	RES: OPH
St. Vincent's Hospital and Medical Center of New York 153 W. 11th St. 10011		CHURCH	802	33	3	32	19	INT: FLEX RES: AN, DR, GS, IM, NS, N, OBG, OPH, PTH, PD, PDA, PM, P, R, TR
St. Vincent's Medical Center of Richmond 355 Bard Ave., Staten Island 10310		CHURCH	340	26	13	40	54	INT: FLEX RES: CHP, GS, IM, OBG, PTH, PD, P, R
South Shore—Rockaway Mental Health Center 1600 Central Ave., Far Rockaway 11691		CHURCH						RES: P
State University 445 Lenox Road, Brooklyn 11213	M-061	STATE	350	26				INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
Staten Island 101 Castleton Ave., Staten Island 10301		NP CORP	279	42	12	2	8	INT: FLEX RES: GS, IM, OBG, PTH, PD
Staten Island Mental Health Society 657 Castleton Ave., Staten Island 10301		NP CORP						RES: CHP, P
Staten Island Mental Hlth. Society—St. Vincent's Med. Ctr. of Richmond		MISC.			4	5	17	RES: CHP, P
S. U. N. Y. Downstate Medical Center	M-061	MISC.			31	42	10	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS, U
Sydenham 565 Manhattan Ave. 10027		CITY	191	31	11		11	RES: GS, OBG
U. S. Public Health Service Bay and Vanderbilt St., Staten Island 10304		USPHS	500	37	9	21	20	INT: FLEX RES: AN, D, IM, OPH, ORS, PTH, R, U
Unity 1545 St. Johns Place, Brooklyn 11213		NP CORP	207	25	10		16	INT: FLEX RES: GS, IM, OBG
University 550 First Ave. 10016	M-060	NP CORP	630	36				INT: FLEX RES: AN, CHP, DR, D, GS, IM, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, TR, TS, U
University Hospital—Veterans Admin. (Manhattan)	M-060	MISC.			15	18	47	INT: FLEX RES: IM
Veterans Admin. (Bronx) 130 W. Kingsbridge Rd., Bronx 10468	L-108	VA	1018	42	72	17	69	RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, U
Veterans Admin. (Brooklyn) 800 Poly Pl., Brooklyn 11209	M-061	VA	1000	39	8	44	63	INT: FLEX RES: D, GS, IM, N, OPH, ORS, PTH, PM, PS, U
Veterans Admin. (Brooklyn)—Kingsbrook Jewish Medical Center	M-061	MISC.			8		11	RES: N
Veterans Admin. (Manhattan) First Ave. at E. 24th St. 10010	L-060	VA	1030	34	28	4	44	INT: FLEX RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TS, U
Wyckoff Heights 374 Stockholm St., Brooklyn 11237		NP CORP	375	31	13	55	57	INT: FLEX RES: GS, IM, OBG, PTH, PD

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NEW YORK—Continued								
NIAGARA FALLS Niagara Falls Memorial Medical Center 621 Tenth St. 14302		NP CORP	448	37	13 2		6	INT: FLEX RES: PTH
NORTHPORT Veterans Admin. Middleville Rd. 11768	M-109	VA	1110	49	12 18		40	INT: FLEX RES: GS, IM, P
ORANGEBURG Rockland State 10962		STATE	2800	34	7	3	12	RES: P
PORT JEFFERSON St. Charles 200 Belle Terre Rd. 11777		NP CORP	183	14				RES: ORS
POUGHKEEPSIE Hudson River State Branch B 12601		STATE	2793	8	11		13	RES: P
QUEENS VILLAGE (See New York City)								
ROCHESTER								
Eastman Kodak Company 343 State St. 14650		CORP.						RES: OM
Genesee 224 Alexander St. 14607	M-062	NP CORP	402	47	2 13	2 9	36	INT: FLEX RES: GS, IM, IM, OBG, ORS, OTO, PTH, PD
Highland Hospital of Rochester South Ave. at Bellevue Dr. 14620	M-062	NP CORP	262	48	2 11	2 3	19	INT: FLEX RES: GS, IM, IM, OBG, ORS
Monroe Community 435 E. Henrietta Rd. 14620	L-062	COUNTY	429					RES: PM
Office of the Monroe County Medical Examiner 435 E. Henrietta Rd. 14620		COUNTY		35		1	1	RES: FOP
Rochester General 1425 Portland Ave. 14621	M-062	NP CORP	526	47	5 16	18 21	4 53	INT: FLEX RES: DR, GS, IM, IM, OBG, ORS, OTO, PTH, PD, P, TS
Rochester State 1600 South Ave. 14620	G-062	STATE	2540	47	10		12	RES: P
St. Mary's 89 Genesee St. 14611	L-062	NP CORP	324	32	17 22	2	13	INT: FLEX RES: GS, IM, OBG, OPH
Strong Memorial Hospital of the University of Rochester 260 Crittenden Blvd. 14642	M-062	NP CORP	665	59	28	42 128	10 206	INT: FLEX RES: AN, CHP, DR, GS, IM, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, PS, P, TR, TS, U
University of Rochester Affiliated Hospitals	M-062	MISC.			40	38	111	RES: GS, DRS, OTO, TS
University of Rochester Associated Hospitals (Includes Genesee Hospital, Highland Hospital of Rochester, Rochester General Hospital, and Strong Memorial Hospital)	M-062	MISC.					31	RES: IM
University of Rochester Community Pediatrics Program	M-062	MISC.			2	31	37	RES: PD
University of Rochester School of Medicine 14620	M-062	NP CORP						RES: PDC
Univ.—Rochester Sch.—Med. and Dentistry, Dept.—Prev. Med.—Comm. Hlth. 260 Crittenden Blvd. 14642		NP CORP					2	RES: OM
University of Rochester School of Medicine—Highland 335 Mount Vernon St. 14620	M-062	NP CORP	262	48		27	32	RES: FP
ROCKVILLE CENTRE								
Mercy 1000 N. Village Ave. 11570		CHURCH	396					RES: OBG
SCHENECTADY								
Ellis 1101 Nott St. 12308	L-054	NP CORP	472	66	19 14		10 26	INT: FLEX RES: GS, OBG, ORS, PTH
St. Clare's 600 Mc Clellan St. 12304		CHURCH	241	29	12			INT: FLEX RES: OBG
Schenectady Affiliated Program		MISC.			5		7	RES: OBG
Sunnyview Hospital and Rehabilitation Center 1270 Belmont Ave. 12308	G-054	NP CORP	78					RES: ORS, PM
STATEN ISLAND (See New York City)								
STONY BROOK								
S. U. N. Y. at Stony Brook Affiliated Hospitals 11790	M-109	MISC.					29	INT: FLEX RES: GS, IM, P
SYRACUSE								
Community General Hospital of Greater Syracuse Broad Rd. 13215	L-063	NP CORP	300	35				RES: GS
Crouse Irving—Memorial 736 Irving Ave. 13210	M-063	NP CORP	466	31				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	96					RES: P
St. Joseph's Hospital Health Center 301 Prospect Ave. 13203	M-063	CHURCH	352	39	2 5	5 7	20	INT: FLEX RES: AN, FP, GS, OBG, ORS, PTH

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NEW YORK, SYRACUSE—Continued								
State University 750 E. Adams St. 13210	M-063	STATE	354	44	9	19	30	RES: AN, DR, FP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
S. U. N. Y. Upstate Medical Center 766 Irving Ave. 13210	M-063	MISC.			1 52	37 153	261	INT: FLEX RES: AN, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
S. U. N. Y. Upstate Medical Center—St. Joseph's	M-063	MISC.				33	36	RES: FP
Veterans Admin. Irving Ave. and Univ. Pl. 13210	M-063	VA	438	59				RES: AN, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, TS, U
THIELLS								
Letchworth Village 10984		STATE	3403	72	2		2	RES: P
UTICA								
Children's Hospital and Rehabilitation Center of Utica 1675 Bennett St. 13502	G-063	NP CORP	57	40				RES: ORS
Utica State 1213 Court St. 13502		STATE	1348	44	7		12	RES: P
VALHALLA								
Blythedale Children's Bradhurst Ave. 10595		NP CORP	92					RES: PM
Grasslands 10595	M-059	COUNTY	344	49	16 43	1 19	14 52	INT: FLEX RES: AN, CHP, GS, IM, OPH, PTH, PD, PM, P
Office of the Medical Examiner 10595		COUNTY				1	2	RES: FOP
WEST BRENTWOOD								
Pilgrim State Box A 11717		STATE	7496	11	18		30	RES: P
WEST HAVERSTRAW								
Helen Hayes Route 9 W 10993		STATE	162	22				RES: ORS, ORS, PM
WEST ISLIP								
Good Samaritan 1000 Montauk Highway 11795		CHURCH	360	15			5	RES: PD
WHITE PLAINS								
Burke Rehabilitation Center 785 Mamaroneck Ave 10605	L-058	NP CORP						RES: PM
New York Hospital—Cornell Medical Center (Westchester Division) 21 Bloomingdale Rd. 10605		NP CORP	287	50	10	13	25	RES: P
YONKERS								
St. Joseph's 127 South Broadway 10701		NP CORP	165	22	8		12	INT: FLEX RES: FP
Yonkers General 127 Ashburton Ave. 10701		NP CORP	179	23	5		4	RES: GP
NORTH CAROLINA								
ASHEVILLE								
Blue Ridge Community Mental Health Center 356 Biltmore Ave. 28801		STATE	11					RES: P
Highland 49 Zillicoa St. 28801		NP CORP	132		2	2	12	RES: P
BUTNER								
John Umstead 12th St. 27509	L-064 G-065	STATE	1620	26	11	6	22	RES: CHP, P
CHAPEL HILL								
North Carolina Memorial Pittsboro Rd. 27514	M-064	STATE	450	54	6	56 227	4 259	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, OPH, ORS, OTO, PTH, PD, PDC, PS, P, R, TR, TS, U
North Carolina Memorial Hospital—Mc Pherson	M-064 G-065	MISC.				3	4	RES: OPH
Office of the Chief Medical Examiner P. O. Box 2488 27514		STATE				1	2	RES: FOP
University of North Carolina School of Medicine	M-064	STATE						RES: PDC
University of North Carolina Schools of Medicine and Public Health 27514		STATE				1	6	RES: GPM
CHARLOTTE								
Charlotte Memorial 1000 Blythe Blvd. 28203	M-064	NP CORP	822	43	6	18 51	73	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, PD, TS, U
DURHAM								
Duke University Affiliated Hospitals (Includes Duke University Medical Center, Veterans Admin. Hospital, Watts Hospital, North Carolina Orthopedic Hospital (Gastonia), Veterans Admin. Hospital (Oteen), and Shriners Hospital (Greenville, S. C.))	M-065	MISC.			13	333	390	RES: AN, DR, FP, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TR, U
Duke University Medical Center 27710	M-065	NP CORP	802	56		39 67	67	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PS, P, R, TR, TS, U

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non- For.*		
NORTH CAROLINA, DURHAM —Continued								
Durham Child Guidance Clinic, Duke University Medical Center 402 Trent St. 27705		NP CORP				4	4	RES: CHP
Mc Pherson 1110 West Main St. 27701	L-064 G-065	PART.	28					RES: OPH, OPH
Mc Pherson Hospital—North Carolina Memorial	L-064 G-065	MISC.				4	4	RES: OPH
Veterans Admin. 508 Fulton St. 27705	M-065	VA	501	52				RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TR, U
Watts Club Blvd. at Broad St. 27705	L-064, 065	COUNTY	325	34				RES: FP, ORS
FORT BRAGG								
Womack Army Hospital 28307		USA	482	49			18	RES: FP
GASTONIA								
North Carolina Orthopedic New Hope Rd. 28052	G-064, 065	STATE	100					RES: ORS, ORS
GREENSBORO								
Moses H. Cone Memorial 1200 N. Elm St. 27401	M-064 L-066	NP CORP	427	43			4 15 34	INT: FLEX RES: FP, IM, ORS, PTH, PD
MORGANTON								
Broughton 28655		STATE	2318					RES: P
OTTEEN								
Veterans Admin. 28805	G-065	VA	537	41	2	2	4	RES: TS, U
RALEIGH								
Dept. of Human Resources, Division of Health Services 225 N. Mc Dowell St., P. O. Box 2091 27602		STATE					4	RES: PH
Dorothea Dix Station B 27611	L-064	STATE	1880	32	17	2	19	RES: CHP, P
Memorial Hospital of Wake County 3000 New Bern Ave. 27610	M-064	COUNTY	425	22				RES: OBG, ORS, U
WILMINGTON								
New Hanover Memorial 2431 S. 17th St. 28401	M-064	NP CORP	407	26	7 11	1	2 18	INT: FLEX RES: GS, IM, OBG
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals	M-066	MISC.			3	6	15	RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PO, PS, P, TR, TS, U
North Carolina Baptist 300 S. Hawthorne Rd. 27103	M-066	CHURCH	574	63	19	30 94	8 238	INT: FLEX RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PS, P, TR, TS, U
NORTH DAKOTA								
BISMARCK								
Bismarck 323 6th St. 58501	L-097	NP CORP	187	22				RES: R
Bismarck Affiliated Hospitals	L-097	MISC.				2	3	RES: R
St. Alexius 311 N. 9th St. 58501	L-097	CHURCH	259	38				RES: R
FARGO								
Neuropsychiatric Institute 500 Mills Ave. 58102		NP CORP	85	58			2	RES: NS
St. Luke's Hospitals 5th St. & Mills Ave. 58102	L-097	NP CORP	364	39	1	9	4	INT: FLEX RES: FP
GRAND FORKS								
United 212 S. 4th St. 58201	L-097	NP CORP	288	34	1	3	4	RES: PTH
University of North Dakota Affiliated Hospitals	L-097	NP CORP						RES: PTH
OHIO								
AKRON								
Akron City 525 E. Market St. 44309	M-069	NP CORP	617	45		13 65	4 82	INT: FLEX RES: FP, GS, IM, OBG, OPH, ORS, PTH, PS, R, U
Akron General 400 Wabash Ave. 44307		NP CORP	548	46		7 43	6 70	INT: FLEX RES: FP, GS, IM, OBG, ORS, PS, U
Children's Hospital of Akron Buchtel Ave. at Bowery St. 44308		NP CORP	253	72	1	22	37	RES: AN, ORS, PTH, PD, PS
St. Thomas 444 North Main St. 44310		CHURCH	374	35	18 22		18 39	INT: FLEX RES: GP, GS, OBG
BARBERTON								
Barberton Citizens Tuscora Park 44203		NP CORP	429	28	18 10		19	INT: FLEX RES: GP
CANTON								
Aultman 2600 Sixth St. S. W. 44710		NP CORP	701	37	12 11	6	18	INT: FLEX RES: DR, OBG, PTH, R
CINCINNATI								
Bethesda 619 Oak St. 45206		CHURCH	470	27	4	3	9	RES: OBG
Central Psychiatric Clinic Cincinnati General Hospital 45229	M-067	NP CORP						RES: CHP
Children's Elland Ave. and Bethesda 45229	M-067	NP CORP	215	66				RES: AN, GS, NS, N, NM, OPH, ORS, PTH, PD, PDA, PDC, PM, TR, U

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OHIO, CINCINNATI—Continued								
Children's Psychiatric Center of the Jewish Hospital 3140 Harvey Ave. 45229	L-067	NP CORP	16					RES: CHP
Christ 2139 Auburn Ave. 45219	L-067	NP CORP	689		4 8	5 7	6 26	INT: FLEX RES: GS, NS, PS, U
Christian R. Holmes Eden and Bethesda Aves. 45219	L-067	CITY						RES: TR
Cincinnati General 234 Goodman St. 45229	M-067	CY-CO	689	45	1	36	37	INT: FLEX RES: AN, DR, D, GP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, TR, U
Convalescent Hospital for Children Auburn Ave. and Wellington Pl. 45219	G-067	NP CORP	70					RES: PDA
Daniel Drake Memorial Galbraith Rd. at Vine St. 45216	G-067	COUNTY	516	43	13		14	RES: IM
Good Samaritan 3217 Clifton Ave. 45220	L-028, 067	CHURCH	743	42	32	33	54	RES: GS, IM, NS, OBG, ORS, PTH, PD, U
Good Samaritan Hospital Training Program	L-067	MISC.			22	2	24	RES: GS
Hamilton County Coroner's Office 3159 Eden Ave. 45219		COUNTY					2	RES: FOP
Jewish Burnet Ave. 45229	L-067	NP CORP	562	34	6 21	1 4	4 43	INT: FLEX RES: GS, IM, NM, PTH, R
Navy Industrial Environmental Health Center 3333 Vine St. 45220		USN					2	RES: OM
Providence 2366 Kipling Ave. 45239		CHURCH	359	23				RES: GS
Rollman Psychiatric Institute 3009 Burnet Ave. 45219		STATE	124		22	3	25	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., Christ Hosp., Children's Psychiatric Center of the Jewish Hosp., Cincinnati * General Hosp., Daniel Drake Memorial Hosp., Good Samaritan Hosp., Jewish Hosp., and Veterans Admin. Hosp.)	M-067	MISC.			58	46 297	429	INT: FLEX RES: AN, CHP, DR, D, GP, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, P, TR, U
Univ. of Cincinnati Coll. of Med., Dept. of Environmental Health 3223 Eden Ave. 45219	G-067	NP CORP			2	3	16	RES: OM
Veterans Admin. 3200 Vine St. 45220	M-067	VA	429	53				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.			55	192	347	INT: FLEX RES: AN, CHP, DR, D, GS, NS, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, P, TR, TS, U
Cleveland Clinic 9500 Euclid Ave. 44106	L-068	NP CORP	1020	53	1 52	28 137	6 233	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, CRS, P, R, TR, TS, U
Cleveland Clinic—St. Vincent Charity Cleveland Guidance Center 2525 E. 22nd St. 44115		MISC. NP CORP			13	12	36	RES: GS RES: CHP
Cleveland Metropolitan General 3395 Scranton Rd. 44109	M-068	COUNTY	565	71	33	48	6 94	INT: FLEX RES: D, GS, IM, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PM, PS, R, TS, U
Cleveland Psychiatric Institute 1708 Aiken Ave. 44109		STATE	221	39	15		17	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	145	50	18	1	19	RES: P
Fairview General 18101 Lorain 44111		NP CORP	457	29	13 20		33	INT: FLEX RES: GP, GS, OBG, PTH
Fairview General Hospital—Cleveland Clinic		MISC.			9		18	RES: OBG
Highland View 3901 Ireland Dr. 44122		COUNTY	272	28				RES: PM
Huron Road 13951 Terrace Rd. 44112		NP CORP	387	42	13 29		36	INT: FLEX RES: AN, GS, IM, PTH, U
Huron Road Hospital—Cleveland Clinic		NP CORP			22	6	34	RES: AN
Lutheran Medical Center 2609 Franklin Blvd. 44113		CHURCH	331	35	11 2		3	INT: FLEX RES: IM, PTH
Lutheran Medical Center—Cleveland Metropolitan General	M-068	NP CORP			21	3	36	RES: IM
Marymount 12300 Mc Cracken Rd. 44125		CHURCH	279	33	12 10		4 4	INT: FLEX RES: PTH
Mount Sinai Hospital of Cleveland University Circle 44106	L-068	NP CORP	528	39	7 44	4 21	4 70	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, R
Polyclinic 6606 Carnegie Ave. 44103		NP CORP	118	26	7		8	RES: GP
St. Alexis 5163 Broadway Ave. 44127		CHURCH	347	36	10 11		8 23	INT: FLEX RES: GS, PTH
St. John's 7911 Detroit Ave. 44102		CHURCH	323	31	11 3		33	INT: FLEX RES: GP, GS

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OHIO, CLEVELAND—Continued								
St. Luke's 11311 Shaker Blvd. 44104	L-068	NP CORP	429	47	6 43	4 11	68	INT: FLEX RES: AN, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PS
St. Luke's Hospital—St. Vincent Charity St. Vincent Charity 2351 E. 22nd St. 44115	L-068	CHURCH CHURCH	442	34	2 7		2 8	RES: PS RES: GS, NS, OPH, ORS, PTH, PS, TS, U
Straight Internship In Medicine	M-068	NP CORP				16		INT: FLEX
Straight Internship In Surgery	M-068	NP CORP				20		INT: FLEX
University Hospitals of Cleveland 2065 Adelbert Rd. 44106	M-068	NP CORP	963	60	1 13	30 63	108	INT: FLEX 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	786	50	25	12	37	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TR, TS, U
COLUMBUS								
Children's 561 South 17th St. 43205	M-069	NP CORP	301	56	1	37	44	RES: GS, NS, N, ORS, ORS, OTO, PTH, PD, PS, TS, U
Columbus State 1960 W. Broad St. 43223		STATE	1482	32	18		24	RES: P
Grant 309 East State St. 43215	M-069	NP CORP	535	26	4 6	5	40	INT: FLEX RES: FP, PTH, CRS
Mount Carmel Medical Center 793 West State St. 43222	M-069	NP CORP	504	38	4	28	42	INT: FLEX RES: 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.			5	60	75	RES: 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			2	4	11	RES: AM, GPM
Ohio State University Hospitals 410 W. 10th Ave. 43210	M-069	STATE	955	41		32 149	11 205	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PM, PS, P, R, TR, TS, U
Riverside Methodist 3535 Olentangy River Rd. 43214	M-069	CHURCH	841	38	3	21 23	8 53	INT: FLEX RES: FP, GS, IM, NS, N, OBG, ORS, PM, PS, R, U
Riverside Methodist Hospital—St. Ann's Hospital of Columbus	M-069	MISC.				10	16	RES: OBG
St. Ann's Hospital of Columbus 1555 Bryden Rd. 43205	M-069	NP CORP	107					RES: OBG
CUYAHOGA FALLS								
Fallsview Mental Health Center 330 Broadway East 44222		STATE	108		14	2	17	RES: P
DAYTON								
Children's Medical Center 1735 Chapel St. 45404		NP CORP	128	63				RES: ORS
Good Samaritan 1425 W. Fairview Ave. 45406		CHURCH	497	39	5 7	2 1	7 33	INT: FLEX RES: FP, GS
Miami Valley 1 Wyoming St. 45409		NP CORP	753	42		5 31	3 72	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, R
St. Elizabeth Medical Center 601 Miami Blvd. West 45408		CHURCH	510	40	2	16	24	RES: FP
Veterans Admin. Center 4100 West Third St. 45428	G-069	VA	858	41	40		47	RES: GS, IM, PTH, R, U
ELYRIA								
Elyria Memorial 630 E. River St. 44035		NP CORP	335	38	13 17		14 14	INT: FLEX RES: GP, ORS, PTH, R
EUCLID								
Euclid General East 185th St. & Lake Erie 44119		NP CORP	345	35	12 6		12	INT: FLEX RES: GP
KETTERING								
Charles F. Kettering Memorial 3535 Southern Blvd. 45429		CHURCH	407	41	4	11 14	3 31	INT: FLEX RES: GS, IM, PTH, PS
LORAIN								
St. Joseph 205 West 20th St. 44052		CHURCH	341	57	11 2		2	INT: FLEX RES: PTH, R
St. Joseph—Elyria Memorial Hospitals		MISC.			5		5	RES: R
RAVENNA								
Robinson Memorial Portage County 449 S. Meridian St. 44266		COUNTY	243	20	13		15	RES: GP, GS
TOLEDO								
Flower 3350 Collingwood Blvd. 43610		NP CORP	206	20	4	1	21	RES: FP
Hospital of Medical College of Ohio at Toledo Arlington at Detroit 43614	M-112	STATE	153	58	4 11	7 6	11	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, PS, P, U
Medical College of Ohio at Toledo P. O. Box 6190 43614	M-112	MISC.						RES: CHP

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OHIO, TOLEDO—Continued								
Medical College of Ohio at Toledo Affiliated Hospitals (Includes Hospital of Medical College of Ohio at Toledo, Mercy Hospital, St. Vincent Hospital and Medical Center, Toledo Hospital, Toledo Mental Health Center)	M-112	MISC.			4 81	7 33	100	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PO, PS, P, U
Mercy 2221 Madison Ave. 43624	M-112	CHURCH	350	40	13 5	6	19	INT: FLEX RES: FP, GP, GS, IM, OBG, PTH, PO
St. Charles 2600 Navarre Ave. 43616		NP CORP	266	26	2		12	RES: GP
St. Vincent Hospital and Medical Center 2213 Cherry St. 43608	M-112	NP CORP	618	41				INT: FLEX RES: OR, GS, IM, OBG, OPH, ORS, PO, PS, P, U
Toledo 2142 N. Cove Blvd. 43606	M-112	NP CORP	623	47	3	2	20	INT: FLEX RES: AN, FP, GS, IM, OBG, ORS, PO
Toledo Mental Health Center 930 S. Detroit Ave. 43603		STATE	1850					RES: P
WORTHINGTON								
Harding 445 E. Granville Rd. 43085	L-069	NP CORP	120				4 9	RES: P
WRIGHT-PATTERSON A. F. B.								
U. S. Air Force Headquarters Air Force Logistics Command 45433		USAF					1 2	RES: OM
WRIGHT-PATTERSON A. F. B.								
U. S. A. F. Medical Center Wright-Patterson A. F. B. 45433		USAF	375	79		6 8	30	INT: FLEX RES: FP
YOUNGSTOWN								
St. Elizabeth 1044 Belmont Ave. 44505		CHURCH	675	24	13 39	6 6	2 78	INT: FLEX RES: GP, GS, IM, OBG, PTH, R
Youngstown S. Unit Oak Hill and Francis Sts., N. Unit, Gypsy Lane-Goleta Ave. 44501		NP CORP	883	38	20 41	4 19	12 86	INT: FLEX RES: AN, GS, IM, PTH, R
OKLAHOMA								
NORMAN								
Central State Griffin Memorial Box 151 73069	L-070	STATE	1276	13	6	7	16	RES: DR, GS, P
OKLAHOMA CITY								
Baptist Medical Center of Oklahoma 3300 Northwest Expwy. 73112	L-070	CHURCH	376	24		9 6	10 9	INT: FLEX RES: DR, PTH
Bone and Joint 605 N. W. 10th St. 73102		CORP.	74	38				RES: ORS
Children's Memorial 940 N. E. 13th St. 73104	M-070	STATE	110	48	1	16	26	RES: PO, POC, PS, TS
Office of Chief Medical Examiner P. O. Box 26901 73190		STATE					1 2	RES: FOP
Presbyterian N. E. 13th St. at Lincoln Blvd. 73104	M-070	CHURCH	195	30				INT: FLEX RES: OR, FP, GS, PS, R
St. Anthony 601 Northwest Ninth 73102	L-070	CHURCH	573	32		5 6	14 39	INT: FLEX RES: DR, GS, IM, NS, OBG, OPH, ORS, PTH, R
State of Oklahoma Dept. of Health N. E. 10th at Stonewall 73106		STATE					6	RES: PH
University Family Practice Program	M-070	MISC.					17 36	RES: FP
University of Oklahoma Health Sciences Center (Includes University of Oklahoma Hospitals, Children's Memorial Hospital, Presbyterian Hospital, St. Anthony Hospital, Veterans Admin. Hospital and Central State Griffin Memorial Hospital (Norman) P. O. Box 26901, 800 N. E. 13th St. 73190	M-070	MISC.			18	169	24 297	INT: FLEX RES: AN, AM, CHP, DR, D, FP, GS, IM, NS, N, OBG, OM, OPH, ORS, OTO, PTH, PD, PDC, PS, GPM, P, R, TR, TS, U
University of Oklahoma Hospital and Clinics 800 N. E. 13th St. 73190	M-070	STATE	400	45		3 18	25	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PS, P, R, TR, TS, U
Veterans Admin. 921 N. E. 13th St. 73104	M-070	VA	463	39				INT: FLEX RES: AN, OR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U
TULSA								
Hillcrest Medical Center Utica On the Park 74104	L-070	NP CORP	471	30	1	2 1		INT: FLEX RES: GS, IM, OBG, PTH, PD
Hillcrest Medical Center—St. John's St. Francis 6161 South Yale 74135	L-070	NP CORP					8 12	RES: OBG
St. John's 1923 South Utica 74104	L-070	CHURCH	637	23			4	RES: GS, IM, PTH, PD
St. John's 1923 South Utica 74104	L-070	NP CORP	554	34		14 2	4	INT: FLEX RES: GS, IM, OBG, PTH, PD
Tulsa Combined Residency		MISC.					16 20	RES: IM
Tulsa Pediatric Educational Program		MISC.			7	1	12	RES: PD
Tulsa Surgical Education Trust		MISC.					6 12	RES: GS
OREGON								
PORTLAND								
Emanuel 2801 N. Gantenbein Ave. 97227	L-071	CHURCH	554	52		16 15	41	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, R

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OREGON, PORTLAND—Continued								
Good Samaritan Hospital and Medical Center 1015 N. W. 22nd 97210	L-071	CHURCH	539	48	1 3	17 26	7 44	INT: FLEX RES: GS, IM, NS, N, OPH, PTH, PS
Providence 700 N. E. 47th Ave. 97213		CHURCH	448	45	6	12 7	16	INT: FLEX RES: IM, PTH
St. Vincent Hospital and Medical Center 9205 S. W. Barnes Rd. 97225	G-071	CHURCH	410	46	3 4	1 11	15	INT: FLEX RES: GS, PTH
Shriners Hospital for Crippled Children 8200 N. E. Sandy Blvd. 97220	G-071	NP CORP	60					RES: ORS
University of Oregon Affiliated Hospitals (Includes University of Oregon Medical School Hospitals and Clinics, Veterans Admin. Hospital and Some Positions at Emanuel Hospital and Good Samaritan Hospital)	M-071	MISC.			3	183	233	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDC, P, TR, TS, U
University of Oregon Medical School Dept. of Pub. Hlth. & Prev. Med. 3181 S. W. Sam Jackson Park Rd. 97201		STATE				1	3	RES: PH
University of Oregon Medical School Hospitals and Clinics 3181 S. W. Sam Jackson Park 97201	M-071	STATE	475	67	14	37 71	24 105	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, POC, P, TR, TS, U
Veterans Admin. Sam Jackson Park 97207	M-071	VA	527	82	1	2	5	RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PM, TS, U
SALEM								
Oregon State 2600 Center St. N. E. 97310		STATE	757	51		9	10	RES: P
PENNSYLVANIA								
ABINGTON								
Abington Memorial 1200 York Rd. 19001	M-074 G-072	NP CORP	469	29		16 40	56	INT: FLEX RES: FP, GS, IM, OBG, ORS, PTH, R, U
ALLENTOWN								
Allentown 17th & Chew Sts. 18102	G-075	NP CORP	524	37	10	12 21	5 39	INT: FLEX RES: GS, IM, OBG, PTH, PS, CRS
Sacred Heart Fourth & Chew 18102	L-075	CHURCH	289	21	1 3	1 1	4 13	INT: FLEX RES: FP, R
ALTOONA								
Altoona 701 Howard Ave. 16603		NP CORP	435	26	10 8		8 16	INT: FLEX RES: GP, GS, PTH
BETHLEHEM								
St. Luke's 801 Ostrum St. 18015	L-076	NP CORP	433	38	10	3	6 29	INT: FLEX RES: GS, IM, OBG, PTH
BRISTOL								
Lower Bucks Bath Rd. & Orchard Ave. 19007		NP CORP	323	20	3 3		6	INT: FLEX RES: GP
BRYN MAWR								
Bryn Mawr Bryn Mawr Ave. 19010	M-073 L-075	NP CORP	391	32	1 4	11 9	2 43	INT: FLEX RES: DR, GS, IM, ORS, PTH, PS, R
CHESTER								
Crozer—Chester Medical Center 15th St. & Upland Ave. 19013	M-072	NP CORP	400	40		9		INT: FLEX RES: GS, IM, OBG, U
COATESVILLE								
Veterans Admin. 19320	M-073	VA	1473	70	4		7	RES: N, P
DANVILLE								
Geisinger Medical Center 17821	M-110 L-074	NP CORP	400	48	7	20 57	7 135	INT: FLEX RES: DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, R, TR, U
DARBY								
Fitzgerald Mercy Division Lansdowne Ave. and Baily Rd. 19023	M-073	CHURCH	393	35				RES: DR, GS, IM, OBG, PTH, PD, R
DREXEL HILL								
Delaware County Memorial 501 N. Lansdowne Ave. 19026		NP CORP	301		2		4	RES: GP
EASTON								
Easton 21st and Lehigh Sts. 18042	M-072	NP CORP	305	27	15		5 21	INT: FLEX RES: GS, IM
ELIZABETHTOWN								
State Hospital for Crippled Children 17022	L-110 G-072, 073	STATE	133	100		6	6	RES: ORS, ORS
ERIE								
Hamot Medical Center 4 E. Second St. 16512	G-065	NP CORP	521	39	8 12	4	9 42	INT: FLEX RES: FP, GS, ORS, PTH, PS, U
Hamot Medical Center—St. Vincent St. Vincent 232 W. 25th St. 16512		MISC. CHURCH	473	30	8 6	2 1	7 12	RES: U INT: FLEX RES: PTH, CRS, U
Shriners Hospital for Crippled Children 1645 W. 8th St. 16505		NP CORP	30					RES: ORS, ORS
HARRISBURG								
Harrisburg S Front St. 17101	M-110	NP CORP	525	37	4 13	6 21	4 54	INT: FLEX RES: DR, FP, GS, IM, OBG, ORS, PTH, PD, PS, U
Harrisburg Polyclinic Third and Radnor Sts. 17105	M-110	NP CORP	608	31	2	8 26	31	INT: FLEX RES: GS, IM, ORS, PD, PS, R

CONSOLIDATED LIST OF HOSPITALS

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					For.*	Non- For.*			
PENNSYLVANIA, HARRISBURG —Continued									
Pennsylvania Dept. of Health P. O. Box 90 17120		STATE					3	RES: PH	
HERSHEY									
Milton S. Hershey Medical Center of the Pennsylvania State University 500 University Dr. 17033	M-110	NP CORP	282	60	2 10	10 61	4 113	INT: FLEX RES: AN, FP, GS, IM, OBG, ORS, OTO, PTH, PD, PS, P, R, U	
Pennsylvania State University Affiliated Hospitals	M-110	MISC.				1	8	13	RES: ORS, PS
JOHNSTOWN									
Conemaugh Valley Memorial 1086 Franklin St. 15905	G-073	NP CORP	625	40		4 10	4 14	6 51	INT: FLEX RES: AN, FP, GS, IM, PTH, R
LANCASTER									
Lancaster General 555 N. Duke St. 17604	M-074	NP CORP	555	28			3 18	24	INT: FLEX RES: FP
LATROBE									
Latrobe Area W. 2d Ave. 15650	M-073	NP CORP	352	21				6	RES: FP
MC KEESPORT									
Mc Keesport 1500 Fifth Ave. 15132	L-077	NP CORP	517	22	12 5		3 20	6	INT: FLEX RES: FP, GS
NORRISTOWN									
Central Montgomery Mental Health/Mental Retardation Center 1100 Powell St. 19401		NP CORP						4	RES: CHP
Norristown State Stanbridge & Sterigere Sts. 19401		STATE	2055	30	11	5	30		RES: P
Sacred Heart 1430 De Kalb St. 19401		CHURCH	224	38	11	1	12		RES: GP, GS
PHILADELPHIA									
Albert Einstein Medical Center (Includes Northern Division and Southern Division) York & Tabor Rds. 19141	M-073, 074	NP CORP	626	25	24 69	4 44	148		INT: FLEX RES: AN, CHP, DR, GS, IM, NS, N, OBG, ORS, PTH, PD, PM, P, R, TR, U
American Oncologic Central & Shelmire Aves. 19111		NP CORP	74	35	2			5	RES: GS, TR
Chestnut Hill 8835 Germantown Ave. 19118	M-073 G-074	NP CORP	208	30		1 3		10	INT: FLEX RES: FP, GS, PTH
Children's Hospital of Philadelphia 1740 Bainbridge St. 19146	M-075 G-072, 073	NP CORP	154	71	4	61	71		RES: AN, D, 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	122		6	9	15		RES: P
Episcopal Front St. & Lehigh Ave. 19125	M-074	NP CORP	361	46		4 19	2 13	49	INT: FLEX RES: DR, GS, IM, NS, OBG, PTH, TS, U
Frankford Frankford Ave. & Wakeling 19124	G-076	NP CORP	213	25	10 1			2	INT: FLEX RES: OPH, PTH
Germantown Dispensary and Hospital E. Penn. & E. Wister Sts. 19144	M-074	NP CORP	315	44	7	4	11		INT: FLEX RES: GS, IM, OBG, PTH, R
Graduate Hospital of the University of Pennsylvania 19th & Lombard Sts. 19146	M-075	NP CORP	314	43	5 15	3 9	46		INT: FLEX RES: DR, D, GS, IM, N, NM, OPH, ORS, OTO, PTH, PS, R, TS, U
Hahnemann Medical College Affiliated Hospitals	M-072	MISC.			35	83	139		RES: GS, IM, N, OBG, ORS, U
Hahnemann Medical College and Hospital 230 N. Broad St. 19102	M-072	NP CORP	479	34	5 35	28 80	106		INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, ORS, PTH, PD, P, R, TR, TS, U
Hospital of the Medical College of Pennsylvania 3300 Henry Ave. 19129	M-076	NP CORP	329	43	1 22	24 33	4 69		INT: FLEX RES: GS, IM, N, OBG, PTH, PD, P, R, U
Hospital of the University of Pennsylvania 3400 Spruce St. 19104	M-075	NP CORP	691	45	11	50 46	6 72		INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
Institute of the Pennsylvania Hospital 111 N. 49th St. 19139	L-075	NP CORP	209	20		18	21		RES: P
Irving Schwartz Inst. for Children & Youth of the Phila. Psych. Ctr. Ford Rd. and Monument Ave. 19131		NP CORP			4	1	5		RES: CHP
Lankenau Lancaster & City Line Aves. 19151	M-073	NP CORP	425	35		5 8	32 51		INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PS
Medical College of Pennsylvania Affiliated Hospitals	M-076	MISC.				11 26	15 58		INT: FLEX RES: IM, N, PTH
Medical College of Pa.—Eastern Pennsylvania Psychiatric Institute Henry Ave. and Abbotsford Rd. 19129	M-076	MISC.			1	6	12		RES: CHP
Mercy Catholic Medical Center (Includes Misericordia Division and Fitzgerald Mercy Division (Darby)) 54th St. and Cedar Ave. 19143	M-073	CHURCH			34	32	87		INT: FLEX RES: DR, GS, IM, OBG, PTH, PD, R
Methodist 2301 S. Broad St. 19148	M-073	CHURCH	249	16		1			INT: FLEX RES: GS, OBG, ORS
Misericordia Division 54th St. & Cedar Ave. 19143	M-073	CHURCH	341	37	9	9	8		INT: FLEX RES: DR, GS, IM, OBG, PTH, PD, R
Moss Rehabilitation 12th St. & Tabor Rd. 19141	M-074	NP CORP	146						RES: PM
Naval 17th & Pattison Ave. 19145	M-073 L-072	USN	800	41	1 1	10 96	14 132		INT: FLEX RES: AN, D, GS, IM, OBG, OPH, ORS, OTO, PD, P, R, U

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PENNSYLVANIA, PHILADELPHIA—Continued								
Nazareth 2601 Holme Ave. 19152	L-074	CHURCH	359	26	10	2	16	RES: GS, PTH, R
Office of the Medical Examiner, City of Philadelphia Dept of Health 321 University Ave. 19104		CITY					2	RES: FOP
Pennsylvania Eighth & Spruce Sts. 19107	M-075	NP CORP	475	37	4	19 43	86	INT: FLEX RES: DR, D, FP, GS, IM, N, OBG, OPH, ORS, PTH, PS, R, U
Philadelphia Child Guidance Clinic 1700 Bainbridge St. 19146		NP CORP					6 8	RES: CHP
Philadelphia General Civic Center Blvd. at 34th St. 19104	M-072, 075 L-073	CITY	984	32			61	INT: FLEX RES: DR, OTO, PTH, NP, PD, R, U
Philadelphia General Hospital, Hahnemann Medical College Service Civic Center Blvd. at 34th St. 19104	M-072, 075 L-073	CITY			2	4		INT: FLEX RES: GS, IM, N, ORS
Philadelphia General Hospital, University of Pennsylvania Service Civic Center Blvd. at 34th St. 19104	M-072, 075 L-073	CITY			10 9	11 2	28	INT: FLEX RES: D, GS, IM, NS, N, OBG, OPH, PM, PS, P
Philadelphia Psychiatric Center Ford Rd. & Monument Ave. 19131	L-075	NP CORP	152		2	18	14	RES: P
Philadelphia State Roosevelt Blvd. & Southampton Rd. 19114	L-073 G-076	STATE	1816	14	8	13	30	RES: P
Presbyterian—University of Pennsylvania Medical Center 51 N. 39th St. 19104	M-075	CITY	330	47	5 23	14 14	6 42	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, OTO, PTH
St. Agnes 1900 S. Broad St. 19145	M-072	NP CORP	257					RES: GS, IM
St. Christopher's Hospital for Children 2600 N. Lawrence St. 19133	M-073, 074 G-072	NP CORP	146	88	7	4	15	RES: AN, CHP, DR, GS, NS, N, DPH, ORS, PTH, PD, PDA, PDC, TS, U
Scheie Eye Institute 51 N. 39th St. 19104	L-075	NP CORP						RES: OPH
Shriners Hospital for Crippled Children 8400 Roosevelt Blvd. 19152		NP CORP	80	100				RES: ORS, 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., Shriner's Hosp., & Abington Mem. Hosp. (Abington))	M-074	MISC.				20 106	169	INT: FLEX RES: IM, NS, N, ORS, PD, PM, TS, U
Temple University 3401 N. Broad St. 19140	M-074	NP CDRP	533	44		20 73	119	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, CRS, P, R, TR, TS, U
Thomas Jefferson University Affiliated Hospitals (Includes Thomas Jefferson University Hospital and Some Positions at Chestnut Hill Hosp., Lankenau Hosp., Methodist Hosp., Veterans Admin. Hosp. (Wilmington, Del.), Wilmington Med. Ctr. (Wilmington, Del.))	M-073	MISC.			1 11	15 71	4 68	INT: FLEX RES: FP, GS, OBG, OPH, ORS, U
Thomas Jefferson University 11th & Walnut Sts. 19107	M-073	NP CORP	664	34		21 118	233	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTD, PTH, PD, PDA, PM, P, TR, U
University of Pennsylvania Affiliated Hospitals (Includes Hospital of the University of Pennsylvania, Veterans Admin. Hosp., and Some Positions at the Children's Hosp., Graduate Hosp. of the Univ. of Pa., Pennsylvania Hosp., and Philadelphia General Hosp.)	M-075	MISC.			23	278	364	RES: DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PM, PS, P, R, TR, TS, U
Veterans Admin. University & Woodland Aves. 19104	M-075, 076	VA	475	45			4	INT: FLEX RES: AN, DR, D, GS, GS, IM, IM, N, NM, OPH, ORS, OTO, PTH, PM, P, R, TR, TS, U
Wills Eye Hospital and Research Institute 1601 Spring Garden St. 19130		NP CORP	140					RES: OPH
Wills Eye Hospital and Research Institute—Temple University 19130		NP CORP				31	15	RES: OPH
PITTSBURGH								
Allegheny General 320 E. North Ave. 15212	L-077	NP CORP	641	39	13 45	4	86	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, PTH, R, 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	72	2	9	11	RES: AN, DR, D, GS, GS, NS, N, OPH, ORS, PTH, PD, PDA, PDC, PS, R, 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	56				RES: AN, OPH, OTO
Hospitals of the University Health Center of Pittsburgh (Includes Children's Hospital, Eye and Ear Hospital, Magee-Womens Hospital, Montefiore Hospital, Presbyterian-University Hospital, Veterans Admin. Hospital, Western Psychiatric Institute and Clinic) 3550 Terrace St. 15213	M-077	MISC.			57	220	359	INT: FLEX RES: AN, CHP, DR, D, GS, GS, IM, IM, NS, N, DBG, OPH, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, TS, U

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PENNSYLVANIA, PITTSBURGH—Continued								
Jones and Laughlin Corporation (Pittsburgh Works Division) 2812 E. Carson St. 15230		CORP.						RES: OM
Magee—Womens (See Also Hospitals of the University Health Center of Pittsburgh) Forbes Ave. and Halket St. 15213	M-077	NP CORP	350	21	1	21	24	RES: AN, DR, OBG, PTH, PD, R
Mercy 1400 Locust St. 15219	L-077	NP CORP	604	48		23 52	7 97	INT: FLEX RES: AN, DR, D, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, U
Montefiore (See Also Hospitals of the University Health Center of Pittsburgh) 3459 Fifth Ave. 15213	M-077	NP CORP	466	35	1 2	20 19	6 49	INT: FLEX RES: AN, OR, GS, IM, NS, OPH, PTH, R
Office of the Medical Examiner 542 4th Ave. 15219		CY-CO					2	RES: FOP
Pittsburgh 6655 Frankstown Ave. 15206		CY-CO	204	16	6 3		3	INT: FLEX RES: OBG
Presbyterian—University (See Also Hospitals of the University Health Center of Pittsburgh) 230 Lothrop St. 15213	M-077	NP CORP	562		1	42		INT: FLEX RES: AN, DR, D, GS, IM, NS, N, ORS, PTH, PS, R, TS, U
St. Clair Memorial 1000 Bower Hill Rd. 15243		NP CORP	287	27				RES: OBG
St. Francis General 45th St. and Penn Ave. 15201	L-077	NP CORP	755	28	18 26	4 9	4 80	INT: FLEX RES: DR, GS, IM, OBG, OPH, ORS, PM, P, R, TR
St. Francis General—Western Pennsylvania Hospitals	L-077	MISC.				3	4	RES: OPH
St. Margaret Memorial 265 - 46th St. 15201	G-077	NP CORP	250	35	7	12	25	RES: FP, PTH
Shadyside 5230 Centre Ave. 15232		NP CORP	426	25	11 2	3	30	INT: FLEX RES: O, FP, GS, OBG, PTH
Veterans Admin. (See Also Hospitals of the University Health Center of Pittsburgh) University Dr. C 15240	M-077	VA	749	36				RES: AN, DR, D, GS, IM, NS, OPH, ORS, OTO, PTH, PS, R, TS, U
Western Pennsylvania 4800 Friendship Ave. 15224	L-077	NP CORP	610	41	2 37	8 21	6 82	INT: FLEX 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		10	11 25	24	INT: FLEX RES: CHP, P
POTTSVILLE								
Good Samaritan E. Norwegian and Tremont Sts. 17901		CHURCH	214	13	6		6	RES: GP
Pottsville Hospital and Warne Clinic Mauch Chunk & Jackson Sts. 17901		NP CORP	304	20	6 4		4	INT: FLEX RES: GP
READING								
Reading 6th & Spruce St. 19602	L-074, 075	NP CORP	596	44		11 25	55	INT: FLEX RES: DR, FP, GS, IM, OBG, ORS, PTH
St. Joseph's 215 N. 12th St. 19603		CHURCH	350	23	1		2	RES: PTH
SAYRE								
Robert Packer 200 S. Wilbur Ave. 18840	M-072	NP CORP	323	49	1	17	21	RES: AN, GS, IM, OPH, R
WARREN								
Warren State Jamestown Rd. 16365		STATE	1677	49	19	1	27	RES: P
WASHINGTON								
Washington 155 Wilson Ave. 15301		NP CORP	582	28		4 3	12	RES: FP
WILKES-BARRE								
Childrens Service Center of Wyoming Valley 335 S. Franklin St. 18702		NP CORP	12				2	RES: CHP
Veterans Admin. 1111 East End Blvd. 18711		VA	500	31				RES: GS
Wilkes—Barre General N. River & Auburn Sts. 18702		NP CORP			1 1	1 1	20	INT: FLEX RES: PTH
WILKINSBURG								
Columbia Penn Ave. and West St. 15221		NP CORP	282					RES: OBG
WILLIAMSPORT								
Williamsport 777 Rural Ave. 17701	L-075	NP CORP	370	19			15	RES: FP
YORK								
York 1001 South George St. 17405	M-039	NP CORP	507	45		11 37	7 67	INT: FLEX RES: FP, GS, IM, OBG, PTH
PUERTO RICO								
CAGUAS								
Caguas Sub—Regional 172 Puerto Rico Rd. 00625	L-078	STATE	181		11	3	49	RES: GS, IM, OBG, PD
MAYAGUEZ								
Mayaguez Medical Center Highway 1 00708	L-078	DIST.	300	47	3 5	15 25	49	INT: FLEX RES: GS, IM, OBG, PD

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PUERTO RICO—Continued								
PONCE								
Hospital De Damas Concordia St. 00731		NP CORP	300	24	3 6		2 8	INT: FLEX RES: AN, GS
Ponce District General Bo. Machuelo 00731	L-078	STATE	588	47	8 26	3 3	6 45	INT: FLEX RES: GS, IM, OBG, PD
SAN JUAN								
I. Gonzalez Martinez P. O. Box 1811 00935	L-078	NP CORP	139	31	1		1	RES: GS, 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		STATE					1	RES: FOP
Puerto Rico Institute of Psychiatry P. O. Box 789 00919		NP CORP	375		12		23	RES: CHP, P
Puerto Rico Nuclear Center Puerto Rico Medical Center 00935		STATE	480			2	3	INT: FLEX RES: TR
Puerto Rico Rehabilitation Center Puerto Rico Medical Center 00935		STATE						RES: PM
San Juan City Puerto Rico Medical Center D0935	L-078	CITY	621	69	23 48	9 17	10 86	INT: FLEX RES: AN, DR, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, U
University District Puerto Rico Medical Center 00935	M-078	STATE	480		16	71	142	RES: AN, DR, D, GP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, U
University of Puerto Rico Affiliated Hospitals Puerto Rico Medical Center 00935	M-078	MISC.			9 79	28 57	24 152	INT: FLEX RES: AN, DR, GS, NS, N, OPH, ORS, OTO, PTH, PM, TR, U
University of Puerto Rico School of Medicine Department of Psychiatry Puerto Rico Medical Center 00935	M-078	STATE	1000	59	4	8	13	RES: CHP, P
Veterans Admin. Center G. P. D. Box 4867 00936	M-078	VA	692	53	4 36	5 8	82	INT: FLEX RES: DR, GS, IM, NS, N, OPH, ORS, PTH, PM, P, U
RHODE ISLAND								
CRANSTON								
Rhode Island Medical Center—Institute of Mental Health Box 8281 02920		STATE	1765	37	13	2	20	RES: P
PAWTUCKET								
Memorial Prospect St. 02860	M-101	NP CORP	302	37	10 5		9	INT: FLEX RES: D, GS, IM, PTH
PROVIDENCE								
Brown University Div. of Biological and Medical Sciences 02912	M-101	NP CORP	1553	38		1	2	RES: NP
Brown University Affiliated Hospitals	M-101	MISC.			22	13	71	RES: D, GS, IM, PTH, PD, P
Butler 333 Grotto Ave. 02906	M-101	NP CORP	84					RES: P
Miriam 164 Summit Ave. 02906	M-101	NP CORP	247		5 4	11 3	32	INT: FLEX RES: O, GS, IM, PTH, P
Providence Lying—In 50 Maude St. 02908	M-042, 101	NP CORP	186	50				RES: OBG, PD
Providence Lying—In Hospital—Rhode Island	M-042, 101	NP CORP			7	4	12	RES: OBG
Rhode Island 593 Eddy St. 02902	M-101	NP CORP	730	37	2 22	33 69	121	INT: FLEX RES: DR, D, GS, IM, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, U
Roger Williams General 825 Chalkstone Ave. 02908	M-101	NP CORP	254	41	2 5	13 5	24	INT: FLEX RES: O, IM, PTH
St. Joseph's 21 Peace St. 02907		CHURCH	544	23	3		4	RES: PTH
Veterans Admin. Davis Park 02908	L-101	VA	353	49	18	3	32	RES: GS, IM
RIVERSIDE								
Emma Pendleton Bradley 1011 Veterans Meml. Pkwy. 02915		NP CORP	56		1		2	RES: CHP, P
SOUTH CAROLINA								
CHARLESTON								
Charleston County 326 Calhoun 29401	M-079	COUNTY	151	50				RES: GS, IM, OPH, ORS, OTO, PTH, PS, R, TS, U
Medical University of South Carolina Teaching Hospitals (Includes Medical University of South Carolina Hospital, Charleston County Hospital, Veterans Admin. Hospital, and Some Positions at Naval Hospital and St. Francis Xavier Hospital)	M-079	MISC.			13	35 131	209	INT: FLEX RES: AN, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TS, U
Medical University of South Carolina 80 Barre St. 29401	M-079	STATE		56	7	62	101	INT: FLEX RES: AN, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, FOP, NP, PO, POC, PM, PS, P, R, TS, U
Naval Naval Base 29408	L-079	USN	500	45		6	18	RES: FP, ORS, PTH
St. Francis Xavier Calhoun St. and Ashley Ave. 29402		NP CORP	156					RES: PS
Veterans Admin. 109 Bee St. 29403	M-079	VA	403	53				INT: FLEX RES: AN, GS, IM, OPH, ORS, OTO, PTH, PS, P, R, TS, U

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SOUTH CAROLINA—Continued								
COLUMBIA								
Richland Memorial 3301 Harden St. 29203	L-079	COUNTY	543	21	14	7 9	10 38	INT: FLEX RES: GS, OBG, ORS, PD
William S. Hall Psychiatric Institute 2100 Bull St. 29202		STATE	130		6	10	32	RES: CHP, P
GREENVILLE								
Greenville General 100 Mallard St. 29601	L-079	NP CORP	626	33	1	10 43	12 86	INT: FLEX RES: FP, GS, OBG, ORS, PD
Shriners Hospital for Crippled Children 2100 N. Pleasantburg Dr. 29609	G-065	NP CORP	60	100		1	+1	RES: ORS, ORS, ORS
SPARTANBURG								
Spartanburg General 101 E. Wood St. 29303	L-079	COUNTY	485	26	1	7 22	6 56	INT: FLEX RES: FP, GS
SOUTH DAKOTA								
SIOUX FALLS								
Family Practice Center 1800 S. Summit 57105		NP CORP						RES: FP
Mc Kennan 800 E. 21st St. 57101	M-080	NP CORP	301	20		4		INT: FLEX RES: FP
Sioux Falls Family Practice Residency	M-080	MISC.				5	12	RES: FP
Sioux Valley 1123 So. Euclid 57105	M-080	NP CORP	357	45		6 3	4 4	INT: FLEX RES: FP, PTH
University of South Dakota Affiliated Hospitals	M-080	MISC.						INT: FLEX RES: PTH
YANKTON								
Sacred Heart West 4th St. 57078	M-080	NP CORP	178	32	1 3	6	10	INT: FLEX RES: GS, OBG
TENNESSEE								
CHATTANOOGA								
Baroness Erlanger 261 Wiehl St. 37403		CY-CO	652	23	3 18	9 31	14 72	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PS, R
T. C. Thompson Children's 1001 Glenwood Dr. 37406		CY-CO	100	53	5	2	8	RES: OPH, PD
Tennessee Valley Authority, Division of Medical Services 320 Edney Bldg. 37401		OTHER			1		1	RES: OM
University of Tennessee Clinical Education Center		MISC.				4	5	INT: FLEX RES: GS, IM, OBG, OPH, ORS, PTH, PD, PS, R
KNOXVILLE								
East Tennessee Affiliated Hospitals		MISC.				8	9	RES: ORS
East Tennessee Baptist 137 Blount Ave. 37901		CHURCH	406	9				RES: ORS
Fort Sanders Presbyterian 1909 Clinch Ave. S. W. 37916		NP CORP	535	14				RES: ORS
St. Mary's Memorial Oak Hill Ave. 37917		CHURCH	465	11				RES: ORS
University of Tennessee Memorial Research Center and Hospital 1924 Alcoa Highway 37920	M-081	STATE	502	30	4	17 27	8 58	INT: FLEX RES: AN, FP, GS, IM, OBG, ORS, PTH, PD, R
MEMPHIS								
Baptist Memorial 899 Madison Ave. 38103	M-081	CHURCH	1692	26	2	31 69	20 119	INT: FLEX RES: DR, GS, IM, NS, 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)	M-081	MISC.			1	23	24	RES: ORS
City of Memphis Hospitals 860 Madison Ave. 38103	M-081	CY-CO	697	33	8	57 36	24 72	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, 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	L-081	NP CORP	89	59				RES: ORS, PD, R
Methodist 1265 Union Ave. 38104	G-081	NP CORP	960	22	2	13 27	3 43	INT: FLEX RES: GS, IM, NS, OBG, OPH, ORS, OTO, PTH, R
St. Joseph 220 Overton Ave. 38101		NP CORP	432	26	1 2	1	1	INT: FLEX RES: GS, PD
St. Jude Children's Research 332 North Lauderdale St. 38101	L-081	NP CORP	25	86	7	4	18	RES: PD
Tennessee Psychiatric Hospital and Institute 865 Poplar Ave. 38105	L-081	STATE	200					RES: CHP, P
University of Tennessee Affiliated Hospitals (Includes City of Memphis Hospitals, Le Bonheur Children's Hospital, Methodist Hospital, Tennessee Psychiatric Hospital and Institute, Veterans Admin. Hospital, West Tennessee Chest Disease Hospital)	M-081	MISC.			32	202	310	RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, OTO, PD, PDC, PS, P, R, TR, TS, U

CONSOLIDATED LIST OF HOSPITALS

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TENNESSEE, MEMPHIS—Continued								
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	55			4	RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U
West Tennessee Chest Disease 842 Jefferson Ave. 38103	L-081	STATE	230	42				RES: IM, TS
NASHVILLE								
Baptist 2000 Church St. 37203	L-083	CHURCH	590	17	10	3	12	RES: GS, OBG, PS
Central State Psychiatric 1501 Murfreesboro Rd. 37217	L-083 G-082	STATE	1917					RES: P
George W. Hubbard Hospital of the Meharry Medical College 1005 18th Ave. N. 37208	M-082	NP CORP	216	36	1 9	13 29	92	INT: FLEX RES: FP, GS, IM, OBG, OPH, PTH, PD, P, R, U
Nashville Metropolitan General 72 Hermitage Ave. 37210	L-083	CY-CO	183	31				INT: FLEX RES: DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PS, TS, U
St. Thomas 2000 Hayes St. 37203	L-083	NP CORP	333	36	21	1	24	RES: GS, IM
State of Tennessee Department of Health Cordell Hull Bldg. 37219		STATE					6	RES: PH
Vanderbilt University 1161 21st Ave. South 37232	M-083 G-082	NP CORP	503	49		8	8	20 INT: FLEX RES: AN, CHP, OR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDC, PS, P, TR, TS, U
Vanderbilt University Affiliated Hospitals	M-083 G-082	MISC.			1 13	35 215	286	INT: FLEX RES: DR, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDC, PS, P, TS, U
Veterans Admin. 1310 24th Ave., South 37203	L-083	VA	503	38				INT: FLEX RES: DR, GS, IM, NS, N, OPH, ORS, PTH, PS, TS, U
TEXAS								
AMARILLO								
Regional Academic Health Center 10th and Parker 79105		NP CORP	980				6	RES: FP
AUSTIN								
Austin State 4110 Guadalupe 78751		STATE	1250	65	9	11	29	RES: CHP, P
Brackenridge 15th & East Ave. 78701	M-085	NP CORP	340	32		5 1	14 44	INT: FLEX RES: GS, IM, PTH, PD
State of Texas Dept. of Health 1100 W. 49th St. 78756		STATE					4	RES: PH
BROOKS AIR FORCE BASE								
U. S. Air Force School of Aerospace Medicine 78235		USAF			1	26	5	RES: AM, GPM
CORPUS CHRISTI								
Ada Wilson Hospital of Physical Medicine and Rehabilitation 3511 S. Alameda St. 78411		NP CORP	80					RES: ORS
Driscoll Foundation Children's 3533 S. Alameda, P. O. Drawer 6530 78411	M-085	NP CORP		66	10	1	12	RES: PD
Memorial Medical Center 2606 Hospital Blvd. 78405	G-086	DIST.	475	19	4 3	8 6	5 21	INT: FLEX RES: FP, OBG
DALLAS								
Baylor University Medical Center 3500 Gaston Ave. 75246	L-084	CHURCH	1125	31		26 70	10 91	INT: FLEX RES: DR, GS, IM, OBG, ORS, PTH, PM, PS, CRS, R, TS, U
Child Psychiatry Clinic 2600 Stemmons 75207		STATE						RES: CHP
Children's Medical Center 1935 Amelia 75235	M-084	NP CORP	174	64		41	42	INT: FLEX RES: DR, NS, N, OTO, PD, PDC, R, TR, TS, U
Dallas Child Guidance Clinic 2101 Welborn 75219		NP CORP						RES: CHP
Methodist Hospital of Dallas 301 W. Colorado 75208	L-084	CHURCH	473	33	2 8	14 18	34	INT: FLEX RES: GS, IM, OBG, PTH, R
Parkland Memorial 5201 Harry Hines Blvd. 75235	M-084	DIST.	841	42	2 5	11 76	120	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
Presbyterian Hospital of Dallas 8200 Walnut Hill Ln. 75231	L-084	CHURCH	485			1	1	INT: FLEX RES: PS, CRS, P, U
St. Paul 5909 Harry Hines Blvd. 75235	L-084	CHURCH	489	30	3 11	10 18	5 44	INT: FLEX RES: GS, IM, NS, OBG, PTH, R, TR
Southwestern Institute of Forensic Sciences P. O. Box 35728 75235		COUNTY				1	2	RES: FOP
Texas Scottish Rite Hospital for Crippled Children 2201 Welborn 75219	L-084	NP CORP	78					RES: ORS
Timberlawn Psychiatric 4600 Samuel Blvd. 75223	L-084	CORP.	152		1	14	15	RES: P
University of Texas Southwestern Medical School 5323 Harry Hines Blvd. 75235	M-084	STATE				2	12	RES: CHP

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					For.*	Non- For.*			
TEXAS, DALLAS—Continued									
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.				8	64 202	5 267	INT: FLEX RES: DR, GS, IM, NS, N, OPH, ORS, OTO, PS, P, R, TR, TS, U
Veterans Admin. 4500 S. Lancaster 75216	M-084	VA	731	60	10	2	17	RES: GS, IM, NS, N, OPH, ORS, OTO, PTH, PS, P, R, TS, U	
EL PASO									
R. E. Thomason General 4815 Alameda Ave. 79905	M-121	DIST.	335	45	15 4	4 1	10	INT: FLEX RES: OBG, ORS, PD	
William Beaumont Army Medical Center Alabama and Mc Kelligon Dr. 79920	L-085, 096, 121	USA	575	73	2	26 59	15 81	INT: FLEX RES: GS, IM, NM, OBG, ORS, PTH, PD	
FORT WORTH									
Fort Worth Affiliated Hospitals		MISC.					10	31	RES: OBG, ORS
Fort Worth Children's Hospital—Fort Worth Medical Center 1400 Cooper 76104		NP CORP	102	52					RES: ORS
Harris Hospital—Fort Worth Medical Center 1300 W. Cannon 76104		CHURCH	604	30	1			7	RES: OBG, ORS, PTH
John Peter Smith 1500 S. Main St. 76104	M-085 L-084	DIST.	293	51		24 32	14 48	INT: FLEX RES: FP, GS, OBG, ORS, OTO, U	
GALVESTON									
University of Texas Medical Branch Hospitals 8th & Mechanic Sts. 77550	M-085	STATE	1087	45	20	35 203	302	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PS, P, R, TR, TS, U	
HOUSTON									
Baylor College of Medicine Affiliated Hospitals	M-086	MISC.				107	338	584	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, NM, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TR, TS, U
Ben Taub General 1502 Taub Loop 77025	M-086	DIST.	478	36		20	18	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, R, TR, TS, U	
Children's Mental Health Services 3214 Austin 77004		NP CORP							RES: CHP
Hermann 1203 Ross Sterling Ave. 77025	M-120 L-085	NP CORP	487	37	5	8 5	21	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, PS, CRS, P, R, U	
Jefferson Davis 1801 Allen Parkway 77019	M-086	DIST.	266	53					INT: FLEX RES: AN, DR, IM, OBG, PTH, PD, PM
Memorial Hospital System 1100 Louisiana 77002	L-120	NP CORP	479	22	2 10	1 3	20	INT: FLEX RES: FP	
Methodist 6516 Bertner 77025	M-086	NP CORP	1031	50					INT: FLEX RES: AN, DR, GS, IM, NS, N, NM, OBG, OPH, ORS, OTO, PTH, PD, PM, PS, P, TR, TS
St. Joseph 1919 La Branch 77002	M-120 L-085	CHURCH	770	37	9	12 14	27	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PS, R, U	
St. Luke's Episcopal 6720 Bertner 77025	M-086	CHURCH	747	49	2	6 1	8	INT: FLEX RES: AN, DR, FP, GS, IM, NM, OBG, PTH, PM, PS, TS, U	
Shriners Hospital for Crippled Children 1402 Outer Belt Dr. 77025	L-086 G-120	NP CORP	43						RES: ORS, ORS
Texas Children's 6621 Fannin 77025	M-086	NP CORP	233	77	3	5	6	RES: AN, CHP, DR, FP, GS, NS, NM, OPH, ORS, PTH, PD, PDC, PM, PS, R, TS, U	
Texas Heart Institute P. O. Box 20345 77025		NP CORP	980	66	1	2	3	RES: NM, TS	
Texas Institute for Rehabilitation and Research 1333 Moursund Ave. 77025	M-086	NP CORP	81	65					RES: PM
Texas Research Institute of Mental Sciences 1300 Moursund Ave. 77025	M-086	STATE	60						RES: CHP, P
University of Texas Affiliated Systems	M-120	MISC.			4	4	9	RES: OBG	
University of Texas at Houston Affiliated Hospitals	M-120	MISC.			1 9	7 89	12 169	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, PS, CRS, P, R, U	
University of Texas M. D. Anderson Hospital and Tumor Institute 6723 Bertner Ave. 77025	M-120	STATE	294	79	13	20	43	INT: FLEX RES: AN, DR, GS, IM, NS, NM, OPH, PTH, PD, PS, R, TR, U	
Veterans Admin. 2002 Holcombe Blvd. 77031	M-086	VA	1252	53					INT: FLEX RES: AN, DR, D, GS, IM, NS, N, NM, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
LUBBOCK									
Methodist 3615-19th St. 79410	M-121	CHURCH	405					1	RES: PTH
South Plains Area Health Education Center P. O. Box 4569 79409		STATE	143	42	3			12	RES: FP
Texas Tech University Affiliated Hospitals	M-121	MISC.							RES: FP
SAN ANTONIO									
Baptist Memorial 111 Dallas St. 78205	G-111	CHURCH	1057	22	6	3	11	RES: OPH, ORS, PTH, R	

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TEXAS, SAN ANTONIO—Continued								
Bexar County Teaching 4502 Medical Dr. 78229	M-111	DIST.	482	39	20	68	115	INT: FLEX RES: AN, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, P, R, U
Brooke Army Medical Center Fort Sam Houston 78234	M-111	USA	800	75	6	28 121	14 178	INT: FLEX RES: AN, DR, D, GS, IM, N, 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			4	6	RES: CHP
Lutheran General 701 S. Zarzamora St. 78297		CHURCH	200				12	RES: FP
Robert B. Green Memorial 527 N. Leona St. 78207	M-111	NP CORP						RES: FP
Santa Rosa Medical Center 745 W. Houston St. 78207	M-111	CHURCH	1009	27		4	12	RES: FP, ORS, OTO, PTH, PD, PDC, PM, R, U
University of Texas at San Antonio Teaching Hospitals	M-111	MISC.			42 22	105	199	INT: FLEX RES: AN, CHP, FP, GS, IM, NS, OBG, OPH, ORS, OTO, PTH, PD, PDC, PM, P, R, U
Veterans Admin. 7400 Merton Minter Blvd. 78284		VA						RES: IM, ORS, PM, R
Wilford Hall U. S. A. F. Medical Center Lackland A. F. B. 78236	M-111 L-085	USAF	1000	93		206	244	RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PS, P, R, 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	L-085, 086	NP CORP	308	46	1 19	14 41	9 89	INT: FLEX RES: AN, DR, GS, IM, OBG, OPH, ORS, PTH, PD, R, U
Veterans Admin. Center South First St. 76501		VA	715	44				RES: GS, ORS, U
TERRELL								
Terrell State Box 70 75160	G-084	STATE	2607	32				RES: P
WACO								
Hillcrest Baptist 3000 Herring Ave. 76708		CHURCH	284	12				RES: FP
Mc Lennan County Family Practice Program 1725 Colcord Ave. 76703		MISC.			2	6	19	RES: FP
Providence 1700 Providence Dr., P. O. Box 2089 76703		CHURCH	205	16				RES: FP
UTAH								
OGDEN								
Mc Kay—Dee Hospital Center 3939 Harrison Blvd. 84402	G-087	CHURCH	367					INT: FLEX RES: FP, GS
PROVO								
Utah State 1500 East Center 84601	G-087	STATE	368	25				RES: P
SALT LAKE CITY								
Holy Cross Hospital of Salt Lake City 1045 East First South 84102	L-087	CHURCH	333	24		1	4	INT: FLEX RES: AN, GS, NS, ORS, PTH
Latter—Day Saints 325-8th Ave. 84103	L-087	CHURCH	570	34		17 21	8 31	INT: FLEX RES: AN, GP, GS, IM, OBG, ORS, PTH, PS, R, TR, TS
Office of State Medical Examiner—University of Utah Medical Center 44 Medical Dr. 84112		STATE					1	RES: FOP
Primary Children's 320 Twelfth Ave. 84103	G-087	CHURCH	135	69				RES: AN, CHP, DR, ORS, PD, PDC, PS, R, TS
St. Mark's 1200 East 3900 South 84117	G-087	CHURCH	306	41				RES: AN, ORS
Salt Lake Community Mental Health Center 837 E. South Temple 84102		CY-CO						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. 84112	M-087	STATE	284	52		32	37	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, R, TR, TS, U
University of Utah Affiliated Hospitals (Includes University Hospital, Veterans Admin. Hospital and Some Positions at Holy Cross Hosp., Latter-Day Saints Hosp., Primary Children's Hosp., St. Mark's Hosp., Shriners Hosp. and Utah State Hosp. (Provo)	M-087	MISC.			1 15	45 233	308	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PM, PS, P, R, TS, U
University of Utah Department of Family and Community Medicine 50 N. Medical Dr. 84112		STATE					4	RES: GPM
Utah State Division of Health 44 Medical Dr. 84113		STATE				3	3	RES: PH
Veterans Admin. 500 Foothill Dr. 84113	M-087	VA	537	19				INT: FLEX RES: AN, DR, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, PS, P, R, TS, U

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VERMONT								
BURLINGTON Medical Center Hospital of Vermont Colchester Ave. 05401	M-088	NP CORP	512	56	6	24 105	128	INT: FLEX RES: AN, CHP, GS, IM, NS, N, OBG, ORS, OTO, PTH, PD, P, R, U
WHITE RIVER JUNCTION Veterans Admin. Center North Hartland Rd. 05001	L-052	VA	200	82				INT: FLEX RES: GS, IM, NS, N, ORS, PTH, P, U
VIRGINIA								
ALEXANDRIA Alexandria 4320 Seminary Rd. 22314		NP CORP	337		1		1	RES: PTH
ANNANDALE Woodburn Center for Community Mental Health 3340 Woodburn Rd. 22003		COUNTY			1	1	1	RES: CHP
ARLINGTON Arlington 1701 N. George Mason Dr. 22205	M-019	NP CORP	261	47				RES: GS, ORS, PD
National Orthopaedic and Rehabilitation 2455 Army Navy Dr. 22206		NP CORP	141	46	2	5	8	RES: ORS
CHARLOTTESVILLE University of Virginia Jefferson Park Ave. 22903	M-089	STATE	550	73	14	47 164	8 242	INT: FLEX RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDC, PS, P, TR, TS, U
University of Virginia Affiliated Hospitals	M-089	MISC.			2	42	67	RES: GS, IM, ORS, U
DANVILLE Memorial 142 South Main St. 24541		NP CORP	425	30	2	4	5	RES: PTH, U
FALLS CHURCH Fairfax 3300 Gallows Rd. 22046	M-019 L-020	NP CORP	641	52	2	16	20	RES: FP, GS, OBG, PTH, PD
Northern Virginia Mental Health Institute 3302 Gallows Rd. 22046		STATE	120		3	4	9	RES: P
FORT BELVOIR De Witt Army Bldg. 808 22060		USA	265	40	1	3	18	RES: FP
HAMPTON Veterans Admin. Center 23667	M-122	VA	420	59				RES: PS
NEWPORT NEWS Riverside J. Clyde Morris Blvd. 23606	L-090	NP CORP	641	33		12 43	2 54	INT: FLEX RES: FP, OBG, PTH, R
NORFOLK Children's Hospital of the King's Daughters 609 Colley Ave. 23507	M-122	NP CORP	88	93	5	7	14	RES: ORS, PD, U
Community Mental Health Center and Psychiatric Institute 721 Fairfax Ave. 23507	M-122	NP CORP	48					RES: P
De Paul Kingsley Lane and Granby St. 23505	M-122 L-090	NP CORP	336	33	12 14		7 25	INT: FLEX RES: GS, PTH, R
East Virginia Medical School Affiliated Hospitals	M-122	MISC.					18	RES: P
Norfolk General 600 Gresham Dr. 23507	M-122	NP CORP	722	31	1 10	17 26	4 62	INT: FLEX RES: GP, GS, IM, OBG, ORS, PTH, PS, P, R, U
Norfolk General—Children's Hospital of the King's Daughters	M-122	NP CORP			3	3	11	RES: ORS, U
PETERSBURG Central State Box 271 23803		STATE	2430	10	9	1	12	RES: P
PORTSMOUTH Maryview 3636 High St. 23707	L-122	CHURCH	310	25	8		10	RES: GP
Naval 23708	M-122 L-028	USN	1095	45		24 98	7 139	INT: FLEX RES: AN, GS, IM, OBG, ORS, PTH, PD, P, U
Portsmouth General 900 Leckie St. 23704	L-122	NP CORP	312	28	9	1	10	RES: GP
Portsmouth Psychiatric Center 301 Fort Lane 23704		CORP.	90					RES: P
RICHMOND Crippled Children's 2924 Brook Rd. 23220	G-090	NP CORP	88	100				RES: ORS
Medical College of Virginia Box 41 23219	M-090	STATE			1	1	4	RES: FOP, NP
Medical College of Virginia Hospitals 1200 E. Broad St. 23219	M-090	STATE	1023	40	21	86	131	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, U
Richmond Memorial 1300 Westwood Ave. 23227	L-090	NP CORP	479	20				RES: GS, U

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					For.*	Non- For.*			
VIRGINIA, RICHMOND —Continued									
State of Virginia Dept. of Public Health 109 Governor St. 23219		STATE				1	2	RES: PH	
Veterans Admin. 1201 Broad Rock Rd. 23219	M-090	VA	875	47			4	INT: FLEX RES: DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, U	
Virginia Commonwealth University M. C. V. Affiliated Hospitals (Includes Medical College of Virginia Hospitals and Veterans Admin. Hospital, and Some Positions at Crippled Children's Hospital, and Richmond Memorial Hospital)	M-090	MISC.			1 29	65 191	245	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PDC, PM, PS, P, TR, U	
Virginia Treatment Center for Children 515 North 10th St. 23219		STATE	40				1	2	RES: CHP
ROANOKE									
Community Hospital of Roanoke Valley 101 Elm Ave., P. O. Box 2201 24009		NP CORP	400	32	6 9	1		9	INT: FLEX RES: GS
Roanoke Memorial Hospitals Bellevue at Jefferson St. 24014	M-089	NP CORP	725	27	2	14 26	5 47	INT: FLEX RES: DR, FP, GS, IM, ORS, R	
SALEM									
Veterans Admin. 1970 Boulevard, Roanoke 24153	M-089	MISC.	1064	35					RES: GS, IM, ORS, U
SUFFOLK									
Louise Obici Memorial Windsor Rd. 23434	L-122	NP CORP	208	18	7			7	RES: GP
VIRGINIA BEACH									
General Hospital of Virginia Beach 1060 First Colonial Rd. 23454	L-122	NP CORP	244	33		3		18	RES: FP
Tidewater Psychiatric Institute 1701 Will-O-Wisp 23454		CORP.	122						RES: P
WILLIAMSBURG									
Eastern State Drawer A 23185		STATE	1793	4	10	3		13	RES: P
WASHINGTON									
OLYMPIA									
St. of Wash. Dept. of Social & Hlth. Services, Hlth. Service Division Mail Stop 1-1, P. O. Box 1788 98504		STATE							RES: PH
RICHLAND									
Hanford Environmental Health Foundation P. O. Box 100 99352		NP CORP						1	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	95		4		4	RES: AN, DR, GS, GS, N, OPH, ORS, OTO, PTH, PD, PDA, PM, TR
Doctors 909 University St. 98101	L-091	NP CORP	177	47	1	14		18	RES: FP
Group Health Medical Center 200 15th Ave. E. 98112	L-091	NP CORP	260	33			5	12	RES: FP
Harborview Medical Center 325 Ninth Ave. 98104	M-091	COUNTY	250	81					RES: AN, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, PDA, PM, P, U
Providence 17th & E. Jefferson 98122	L-091	CHURCH	343	46	1 3	7 2		6	INT: FLEX RES: GS
Swedish Hospital Medical Center 1212 Columbia 98104	L-091	NP CORP	431	43		12 22		6 24	INT: FLEX RES: DR, GS, OBG, ORS, OTO, PTH, R, TR
U. S. Public Health Service 1131 14th Ave. S., Box 3145 98114	M-091	USPHS	257	67					RES: GS, IM, OBG, OPH, ORS, OTO, PTH, PM, U
University 1959 N. E. Pacific St. 98105	M-091	STATE	298	79			27	22	RES: AN, CHP, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PDC, PM, P, TR, 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.			28	26 352		436	INT: FLEX RES: AN, CHP, DR, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PO, PDA, POC, PM, P, TR, U
University of Washington School of Public Health & Community Medicine Health Sciences Sc-30 98195		STATE					14	14	RES: GPM
Veterans Admin. 4435 Beacon Ave. S. 98108	M-091	VA	354	82					RES: AN, DR, GS, IM, NS, N, OPH, ORS, PTH, PM, P, U
Virginia Mason 1111 Terry Ave. 98101	L-091	NP CORP	286	58		17 39		12 68	INT: FLEX RES: AN, DR, GS, IM, OBG, PTH, R, TR, U
SPOKANE									
Deaconess 800 W. Fifth Ave. 99210	L-091	NP CORP	296	39				9	INT: FLEX RES: FP, PTH
Sacred Heart W. 101 Eighth Ave. 99204	L-091	CHURCH	518	47		8 8		8 17	INT: FLEX RES: 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
Spokane Hospitals Shared Services Corporation South 511 Pine St. 99202	L-091	NP CORP					11	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, 1973 For.*	Non- For.*	Pos. Off. July 1, 1975	Approved Program
WASHINGTON—Continued								
TACOMA								
Madigan Army Medical Center 98431	L-091	USA	997	71	1	20 63	10 114	RES: FP, GS, IM, OBG, ORS, OTO, PTH, PO, U
Tacoma General 315 South K St. 98405	G-091	NP CORP	259	25		1	4	RES: AN, PTH
WEST VIRGINIA								
BECKLEY								
Appalachian Regional Box 1149 25801	L-092	NP CORP	221	37	9		10	RES: GS, PTH
CHARLESTON								
Charleston Area Medical Center	M-092	NP CORP			12	9	50	RES: FP, GS, IM, OBG, PTH, PO, U
Charleston General Division Brooks St. & Elmwood Ave. 25325	M-092	NP CORP	475	18				RES: GS, IM, PTH, U
Memorial Division 3200 Mac Corkle Ave. S. E. 25304	L-092	NP CORP	393	37	1 8	7 5	12 21	INT: FLEX RES: GS, IM, OBG, PTH, PO, U
CLARKSBURG								
Veterans Admin. 26301	L-092	VA	212	32				RES: GS
HUNTINGTON								
Cabell Huntington 1340 16th St. 25701		NP CORP	288	42			1	RES: PTH
MARTINSBURG								
Veterans Admin. Center 25401	G-020	VA	690	36				RES: OPH
MORGANTOWN								
Monongalia General Van Voorhis Rd. 26505		NP CORP	116	6				RES: ORS
West Virginia University Medical Center Medical Center 26506	M-092	STATE	439	52	44	17 99	2 206	INT: FLEX RES: AN, CHP, OR, O, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, PD, P, R, U
SOUTH CHARLESTON								
Herbert J. Thomas Memorial 4605 Mac Corkle Ave S. W. 25309	G-092	NP CORP	229	24				RES: FP
Kanawha Valley Program		NP CORP					12	RES: FP
WHEELING								
Ohio Valley Medical Center 2000 Eoff St. 26003	M-092	NP CORP	438	32	5 18	7	4 47	INT: FLEX RES: GS, IM, OBG, PTH, R
Wheeling 109 Main St. 26003		NP CORP	229	25	10		12	INT: FLEX RES: FP
WISCONSIN								
LA CROSSE								
La Crosse Lutheran Hospital and Gundersen Clinic 1836 South Ave. 54601	M-093	NP CORP	407	58		12 11	6 22	INT: FLEX RES: GS, IM, PD
MADISON								
Child—Adolescent Center 3814 Harper Rd. 53704	M-093	STATE						RES: CHP
Madison General 202 S. Park St. 53715	M-093	NP CORP	494	39	2	1	6	RES: GS, IM, NS, OBG, ORS, OTO, PTH, PO, U
Mendota Mental Health Institute 301 Troy Dr. 53704	M-093	STATE	585	25				RES: P
Methodist 309 W. Washington Ave. 53703		CHURCH	280					RES: GS
St. Marys Hospital Medical Center 720 S. Brooks St. 53715	M-093	CHURCH	360	45		24	36	RES: FP, GS, OBG, ORS, PD, U
State of Wisconsin Dept. of Health and Social Services, Div. of Health 1 W. Wilson St., P. O. Box 309 53701		STATE				1	2	RES: PH
University Hospitals 1300 University Ave. 53706	M-093	STATE	625	85	2	72 22	20 28	INT: FLEX RES: AN, CHP, DR, D, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, PDA, PS, P, TR, TS, U
University of Wisconsin Affiliated Hospitals (Includes University Hosps., Child Adolescent Center, Madison General Hosp., Methodist Hosp., St. Marys Hosp. Medical Center, Veterans Admin. Hosp., Mendota Health Institute, and Marshfield Clinic (Marshfield)	M-093	MISC.			31	229	310	RES: AN, CHP, O, FP, GS, IM, NS, N, OBG, OPH, ORS, OTO, PTH, NP, PD, P, TS, U
Veterans Admin. 2500 Overlook Terr. 53705	M-093	VA	388	74				RES: AN, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, NP, TS, U
MARSHFIELD								
Marshfield Clinic 650 S. Central Ave. 54449	G-093	CORP.						RES: D
MILWAUKEE								
Allis—Chalmers Mfg. Co. 1126 S 70th St. 53214		CORP.					1	RES: OM
Columbia 3321 N. Maryland Ave. 53211	L-094	NP CORP	399	56		1	3	INT: FLEX RES: GS, ORS, R, U
Curative Workshop of Milwaukee 10437 W. Watertown Plank Rd. 53226		NP CORP						RES: PM
Evangelical Deacons 620 North 19th St. 53233	L-094	CHURCH	286	30	17 16		26	INT: FLEX RES: FP, GS, PTH, R, TS

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, 1973		Pos. Off. July 1, 1975	Approved Program
					For.*	Non- For.*		
WISCONSIN, MILWAUKEE—Continued								
Lutheran Hospital of Milwaukee 2200 W. Kilbourn Ave. 53233	L-094	NP CORP	367	30	2		1	RES: DR, 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., Evangelical Deaconess Hosp., Lutheran Hosp., and St. Luke's Hosp.)	M-094	MISC.			55	46 210	33 324	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDA, PM, PS, P, R, TR, TS, U
Medical College of Wisconsin Division of Preventive Medicine 1725 W Wisconsin Ave 53233		NP CORP					3 4	RES: GPM
Milwaukee Children's 1700 W. Wisconsin Ave. 53233	M-094	NP CORP	200	81	2	3	10	INT: FLEX RES: CHP, DR, GS, N, OPH, ORS, PTH, PD, PDA, PDC, PM, PS, P, R, TR, TS, U
Milwaukee County General 8700 W. Wisconsin Ave. 53226	M-094	COUNTY	729	51	3	46 14	20 36	INT: FLEX RES: AN, DR, D, FP, GS, IM, NS, N, OBG, OPH, ORS, PTH, PD, PDA, PM, PS, R, TR, TS, U
Milwaukee County Mental Health Center 9191 Watertown Plank Rd. 53226	M-094	COUNTY	509					RES: P
Mount Sinai Medical Center 948 N. 12th St. 53233	L-094	NP CORP	359	32	12 16	1 3	45	INT: FLEX RES: GS, IM, OBG, PTH
St. Francis 3237 S. 16th St. 53215		NP CORP	248	20			2	RES: PTH
St. Joseph's 5000 W. Chambers 53210	L-094	NP CDRP	580	34	1 5	6 11	10 44	INT: FLEX RES: DR, GS, OBG, PTH, R, TS
St. Luke's 2900 W. Oklahoma Ave. 53215	L-094	NP CORP	503	36	10	4 5	16 38	INT: FLEX RES: DR, FP, GS, NM, PTH, TS
St. Mary's 2320 N. Lake Dr. 53211	L-094	CHURCH	290	26	20 4	1	19	INT: FLEX RES: FP, OBG, PTH
St. Michael 2400 West Villard Ave. 53209		NP CORP	297	36	23	1	18	RES: FP
Veterans Admin. Center (Wood) 5000 W. National Ave. 53193	M-094	VA	889	66	7	13	22	INT: FLEX RES: AN, DR, D, GS, IM, NS, N, OPH, ORS, OTO, PTH, PM, PS, P, R, TR, TS, U
WAUWATOSA								
Milwaukee Psychiatric 1220 Dewey Ave. 53213	M-094	NP CORP	110					RES: P
WINNEBAGO								
Winnebago Mental Health Institute 54985		STATE	792	50		5	9	RES: P

ABBREVIATIONS AND NOTES

Symbols in Column for Medical School Affiliations:

10 through 124—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:

INT	Internship
RES	Residencies
AM	Aerospace Medicine
AN	Anesthesiology
CHP	Child Psychiatry
CRS	Colon and Rectal Surgery
D	Dermatology
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
Flex	Flexible First Year (see above)

Medical School Affiliations

Numbers 10 to 124 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 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 Flower and Fifth Avenue Hospitals, 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 of the Commonwealth System of Higher Education 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
99. CMDNJ-Rutgers Medical School, Piscataway, New Jersey

Medical School Affiliations (continued)

- | | |
|---|--|
| 100. University of Arizona College of Medicine, Tucson | 112. Medical College of Ohio at Toledo, Toledo, Ohio |
| 101. Brown University Division of Biological and Medical Sciences, Providence, R. I. | 113. Mayo Medical School, Rochester, Minnesota |
| 102. University of California, Davis, School of Medicine, Davis | 114. University of South Alabama College of Medicine, Mobile, Alabama |
| 103. University of California, San Diego, School of Medicine, San Diego | 115. University of South Florida College of Medicine, Tampa, Florida |
| 104. University of Connecticut School of Medicine, Farmington | 116. Southern Illinois University School of Medicine, Springfield, Illinois |
| 105. University of Hawaii School of Medicine, Honolulu, Hawaii | 117. University of Minnesota, Duluth, School of Medicine, Duluth, Minnesota |
| 106. Louisiana State University School of Medicine in Shreveport, Shreveport, Louisiana | 118. University of Missouri, Kansas City, School of Medicine, Kansas City, Missouri |
| 107. University of Massachusetts Medical School, Worcester, Massachusetts | 119. University of Nevada, Reno School of Medical Sciences, Reno, Nevada |
| 108. Mount Sinai School of Medicine of the City University of New York, New York, New York | 120. University of Texas Medical School at Houston, Houston, Texas |
| 109. State University of New York at Stony Brook Health Sciences Center, Stony Brook, New York | 121. Texas Tech University School of Medicine, Lubbock, Texas |
| 110. Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey, Pennsylvania | 122. Eastern Virginia Medical School, Norfolk Area Medical Center Authority, Norfolk, Virginia |
| 111. University of Texas Health Sciences Center at San Antonio Medical School, San Antonio | 123. Rush Medical College, Chicago, Illinois |

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 was discontinued last year. 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 Approved Residencies lists all of the hospitals with resident training programs approved by the Council on Medical Education of the AMA. For the past 22 years, over 98% of the hospitals approved for intern training have participated in the matching program for such appointments. The matching program 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 will still recognize certain types of internship 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.

Assignment of a code number to a residency program has exactly the same significance as assignment of a number to an internship previously had. It applies only to the initial year, and is available only if a program director elects to offer a first-year residency to medical students.

In this Directory 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 1975 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 recently announced that they will not be participating in the 1975 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.

If you are applying for training in the Public Health Service you are to apply directly to the hospital involved. If you have more than one choice of a Hospital, please list each hospital as a completely separate choice on your 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 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 code number designates one specific type of program at one particular hospital. It is to be used by the students on the confidential preference blank they fill out 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 each of the medical schools 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 hospi-

tal will have just as good a chance to get its second-choice applicants as if it had rated them first.

In February 1968, the corporation, National Intern Matching Program (NIMP) became the National Intern and Resident Matching Program (NIRMP). Depending upon the option of organizations sponsoring resident matching, this provided a mechanism for matching physician candidates to the first year of residency following a year of internship.

Thus the Association of Professors of Psychiatry sponsored a matching program for first-year residencies beginning in 1967 and 1968. The Association of Medical School Pediatric Department Chairmen did the same for

first-year residencies beginning in 1968. Neither Association will sponsor matching programs for residencies beginning in 1975.

The American Academy of Orthopaedic Surgeons and the American Orthopaedic Association sponsored a matching program for first-year residencies beginning in 1969, 1970, and 1971, but will not sponsor a program for residencies beginning in 1975. A matching program for first-year radiology residencies beginning in 1970, 1971, 1972, and 1973 was sponsored by The American College of Radiology.

The College will not sponsor a program for residencies beginning in 1975.

WHAT THE PARTICIPATING STUDENT DOES

The students participating in the matching program for appointment in 1975 should complete in turn each of the following steps:

1. They register with the plan by signing an agreement to abide by the regulations and paying a basic fee of \$8.00. The dean of each medical school has full information and the agreement forms. The students retain a copy of the agreement on the reverse side of which is a schedule of dates.

2. They correspond with, visit, and learn about the hospitals in which they are interested. Students participating in the matching program may apply to any participating residency program in any NIRMP member hospital listed in this directory. The listed hospitals and participating programs have agreed not to offer appointments before April 1, 1975, to anyone not in the plan.

There are programs in nearly 1,600 hospitals. NIRMP agreements are with hospitals as corporate entities, even though some of the individual programs in those hospitals may not be participants in the matching program. A supplementary directory is published in December and made available to students so that they can identify those hospitals or programs which are participating in the NIRMP.

3. They apply for appointment to any hospital listed in this directory by filing an application, taking tests, being interviewed, etc., according to the requirements of the hospital.

In their relations with the hospital participating students have agreed that they will not request or demand that the hospital state how it will rank them and they have indicated that they understand that both they and the hospital have the right to change their minds at any time prior to the submission of the official confidential rating blank.

4. They request their dean to supply credentials and letters of recommendation to the hospital where they have applied. This material will be sent by the dean between October 1 and January 8, 1975 (see schedule of dates).

5. The students submit, on a form sent to them, the confidential rank order list of their preference among the positions for which they have applied. This list is to be mailed so as to arrive at the NIRMP office in Evanston by January 8, 1975. The confidential lists should be submitted as early as students have definitely decided about the rank order of their hospitals.

6. The student will receive by January 3, 1975, a confirmation of their rank order list. Any errors in this list should be reported immediately to the NIRMP in writing. Corrections cannot be made after February 14, 1975, when the matching process takes place.

7. The students will receive on March 5, the name of the hospital with which they have been matched. This information will be given to the students by their dean.

8. The students will receive from the hospital confirmation of the fact that they are to serve there and will complete arrangements with the hospital.

Fundamental to the plan is the freedom of both the students and the hospitals to establish contact with each other and independently to arrive at a judgment of relative merit. Neither students nor hospitals are handicapped by listing as first choice an individual or hospital which does not reciprocate that feeling. The program matches the students with their highest choice hospital which is available to them and gives the hospitals the students they want most who wish to go there in preference to other hospitals available to them.

The NIRMP is a central clearing agency.

GETTING THE MOST FROM THE MATCHING PLAN

By BILL DICKERSON

The University of Oklahoma School of Medicine
Oklahoma City

Every year many students unknowingly sacrifice their privileges and accept an appointment inferior to that which they deserve and could obtain. This occurs despite their access to a careful and detailed explanation of the correct use of the Matching Plan by the students.

Failure to avail yourself of every advantage offered is to run the risk of missing the very best position of your choice. The information presented here is offered that you might avoid the costly errors of past applicants. This is intended merely for orientation, however, and will not substitute for a detailed reading of the Plan. Briefly, the plan will serve you as follows:

After carefully reading and signing a contract with the National Intern and Resident Matching Program, you are then at liberty to make application. After selection of the several most promising programs, you then request applications and brochures from those hospitals. Upon careful study and evaluation of this material you then return the completed applications to the hospitals of your choice.

The next step is to submit to the NIRMP, in preferential order, your confidential lists of the hospitals applied to. Check carefully for error the confirmation returned to you. Matching then takes place. You are matched with the hospital highest on your list which has offered you a position, and contracts are concluded. If unmatched you will receive a list of all programs not filled and will be free to seek appointment at any of these hospitals.

Advantages and Common Fallacies—

The chief advantages of such an organized system to you, as students, are: (1) Freedom from undue pressure while exercising your right of selection, (2) Assurance that no position will be filled prior to your application, (3) Appointment to the hospital highest on your list which will accept you, (4) Assurance that your preferential rating list will remain confidential.

Because available positions greatly outnumber the applicants for the coming year, no applicant need be denied appointment to a program somewhere. Because this is true, the Misinformed Student may stoutly espouse the fallacy that by remaining unmatched (*e.g.*, making no applications, "X"-ing all hospitals, *etc.*) to receive the list of vacancies, he can then select a program with little competition for appointment.

Being better informed you can immediately realize that our Misinformed Student has voluntarily sacrificed all possibility of his being selected to the programs thought most desirable by other applicants. You should list correctly the several programs most desirable to you. By so doing you will either be matched with a hospital of your choice (which may fill up and be lost to the Misinformed Student) or you will remain unmatched. The latter will occur only if all the hospitals you listed have either refused you or are filled with students they have rated above you. Your rating lists remain confidential, so even at the worst, you share exactly the position of the Misinformed Student.

Even more commonly, however, the Misinformed Student errs by reasoning thusly, "Desirable Hospital has the very best program for me, but I'll put Likely Hospital first on my preferential list because my chance of selection is better there."

Being wiser, you have based the order of hospitals in your confidential preferential list solely on the criteria of desirability and have disregarded completely all order of expectancy. Your position offered by Likely will be lost only if you are matched with Desirable which you have rated ahead of Likely. Thus, you may take a chance on selection by placing Desirable first on the list without jeopardizing your position at Likely.

The Misinformed Student again errs when he fails to express his true preference because he has previously agreed, under some duress, to rank Improper Hospital first. After a careful reading of the NIRMP contract, you know, as does Improper Hospital, that such statements impose no obligation. Remember, Improper Hospital will never see your confidential rating list (important only if you are subsequently matched with Improper which you have rated below first).

This Misinformed Student may also fail to "X" a hospital on his preferential list to which he has applied but decided is undesirable. He has probably also failed to join SAMA and thus deprived himself of much material on the selection and evaluation of programs. Every student should be careful to read the contract and instructions, observe the necessary dates, and check for errors the confirmation of his preferential rating.

Dr. Dickerson, in addition to being a SAMA member and representative of the Board of Directors of the National Intern and Resident Matching Plan, was the member-at-large student director of NIRMP. Dr. Dickerson was also a member of SAMA's Graduate Training Committee.

(Reprinted from the Journal of the Student American Medical Association, June 1955)

THE STUDENT AND THE MECHANICS OF MATCHING

(This section was prepared by N. C. Webb, Jr., in 1953 when a student member
of the Board of NIRMP.)

This is an explanation of how the National Intern and Resident Matching Program acts as your agent in trying to get you the program you want most.

First you consider the possibilities. You probably know now in a general way which hospitals interest you. Your dean and faculty members probably know about others, as do your friends. By writing to the hospitals directly you get their application forms, etc. You may want to visit various hospitals, talk with the interns and residents there, and confer with their staff. After you have gathered all the information you need, you make up your mind how you rank the various hospitals you have applied to. The hospitals do the same with their applicants. Your rank must be sent to Evanston to arrive by January 8.

Your confidential ranking list tells the central clearing house how to act on the offers made to you by the hospitals you have applied to. The list made out by the hospital tells the same clearing house its preference among its applicants. If you are offered your first choice hospital at any time, it is immediately accepted, and all your other applications are withdrawn. If the first program you are offered is not your first choice, it is accepted tentatively, pending further offers. Applications to hospitals you ranked lower on your list are then withdrawn (to give other students a chance at these hospitals). If several hospitals offer you jobs, the one you ranked highest is held for you, and your applications to the others are withdrawn. The clearing house holds this tentative program for you until you get a new offer. A new offer must be from a hospital you rate higher and therefore it will be held for you. It must be higher than the one you have held because all your applications to the hospitals which you ranked lower have been withdrawn.

Following the instructions sent in by the hospital the clearing house re-offers a program previously held for you whenever the clearing house finds that you are offered another program. The program you no longer want is offered to the next applicant on the hospital's list. Thus the hospitals use the National Intern and Resident Matching Program as their agent in offering programs in the same way you do in accepting them. That is, they state the order in which they prefer students, and the office works down the list made by the hospital until either the hospital runs out of applicants it will accept or gets all the candidates it needs.

If you have not been matched by the steps described so far, your first hospital choice ranked you below the applicants it wanted most. But if enough of the applicants above you on the hospital's list get jobs they prefer at other hospitals, the program you want most will eventually be offered to you. The same applies to your second choice and to all the other hospitals which you ranked above the job that is being held for you tentatively.

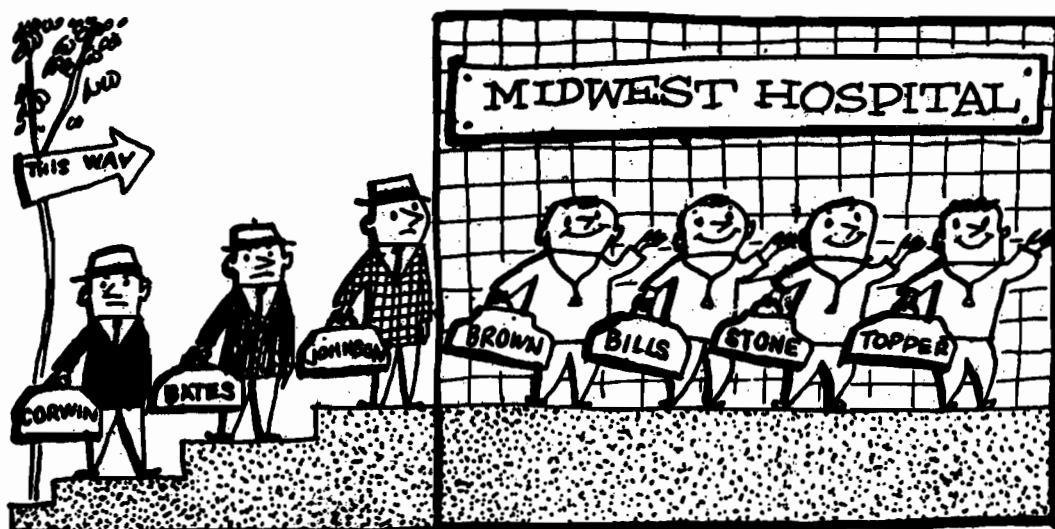
What may stop you from moving up step by step until you get your first choice is this: A hospital may fill its jobs with applicants who want to go to that hospital and who were higher in the hospital's rank list than you were. If this happens to your first choice hospital and you are holding a tentative acceptance from your second choice hospital, this is as high as you can go, and you are permanently matched with your second choice hospital. It may be that you applied to twelve hospitals which have many other applicants, and all twelve filled before getting down to your application. If the thirteenth hospital on your list wanted you, you would be matched there, because it was the highest you could get. You cannot lose the place offered you by the thirteenth hospital while your application waits for what you think is a better hospital. In short, whenever the clearing house is faced with a choice between two hospitals, it gives the student the one highest on his rank list.

Defined simply, the principles of matching from your standpoint are these:

1. You get the highest program on your list that has an opening for you.
2. Whether or not a program is "open to you" is determined by whether or not the program can be filled with applicants the hospital ranked higher than it ranked you. If it cannot, and they will accept you, you are "in."

Thus, there are only two possible reasons for your not receiving your first choice program. They are that the program is filled by applicants preferable to the hospital, or that the hospital marked you X (meaning it did not want you in any case). The only way a hospital can be matched to any given applicant on its list is that the applicant rates it as a first choice or is unable to receive any other preferred program.

The principle and process of the matching can perhaps best be explained by a pictorial ladder or set of steps.



Here Midwest Hospital has ranked its 7 applicants in the order in which they are shown on the ladder. They offer four positions. Topper, Stone, Bills and Brown are ranked highest by the hospital. If all of these four applicants have ranked Midwest their first choice, they are immediately "matched" to Midwest, and Midwest is filled. Johnson, Bates and Corwin must seek elsewhere, since the hospital was filled with applicants it preferred.

Suppose, however, that Stone has ranked Midwest "second." Stone cannot be by-passed on the ladder, but if Stone can get a first choice hospital which is on another "ladder," Stone is removed from this ladder. If Stone is within, or *moves* within the quota of a first choice hospital, Stone jumps off the Midwest ladder, since Stone can definitely get into a hospital Stone prefers to Midwest. Bills and Brown move up a notch and make room for another applicant (Johnson) in the quota part of this ladder.

This type of movement is occurring on some different program ladders in the matching program. As soon as you get within a quota of a program at a hospital of your choice, your lower choices are removed from the ladders on which they are holding rungs, permitting movement upwards of lower applicants on those ladders. No choice is removed unless the applicant is definitely "in quota" at a preferred choice, or unless the hospital program is filled by applicants it prefers.

Consider an example showing the full matching of a specific program for three hospitals and three students.

Example

Student Confidential Preference Lists

Green

1. Mt. Sinai
2. Internia

Smith

1. Mt. Sinai
2. Internia

Jones

1. Internia
2. St. Joseph
3. Mt. Sinai

Hospital Preference Lists

Mt. Sinai (2)

1. Jones
2. Smith
3. Green

Internia (1)

1. Smith
2. Jones
3. Green

St. Joseph (1)

1. Jones

The number in parentheses shows the number of candidates being sought by each hospital.

Consider Green, whose first choice is Mt. Sinai, which offers two positions, and which has ranked Green third. Unless either Jones or Smith get matched elsewhere, Green cannot get in. Green is also waiting at Internia, since it, offering but one position, has shown preference for Smith and Jones, and, unless both Smith and Jones get matched elsewhere, Green is not in here yet either.

Consider Smith, who ranked Mt. Sinai first, and was ranked second. Since Mt. Sinai offers two positions, Smith can be permanently "matched." Since Smith is now matched at a first choice hospital, Smith's name is removed from Internia, a second choice, and Jones and Green slide up.

Now the situation looks like this (*indicates a permanent match):

Student Lists

<i>Green</i>	<i>Smith</i>	<i>Jones</i>
1. Mt. Sinai	*1. Mt. Sinai	1. Internia
2. Internia	2. <i>Internia (Not Chosen)</i>	2. St. Joseph
		3. Mt. Sinai

Hospital Lists

<i>Mt. Sinai (2)</i>	<i>Internia (1)</i>	<i>St. Joseph (1)</i>
1. Jones	1. <i>Smith (Not Chosen)</i>	1. Jones
*2. Smith	2. Jones	
3. Green	3. Green	

Consider Jones. Since the removal of Smith from Internia's list, Jones has moved up to top position. This is a permanent match, since it is Jones' first choice. Jones' name is removed from the Mt. Sinai list and from the St. Joseph list, since Jones is matched to a hospital which is preferred to either of these.

Now the situation looks like this (**denotes filled hospital):

Student Lists

<i>Green</i>	<i>Smith</i>	<i>Jones</i>
1. Mt. Sinai	*1. Mt. Sinai	*1. Internia
2. Internia	2. <i>Internia (Not Chosen)</i>	2. <i>St. Joseph (Not Chosen)</i>
		3. <i>Mt. Sinai (Not Chosen)</i>

Hospital Lists

<i>Mt. Sinai (2)</i>	** <i>Internia (1)</i>	<i>St. Joseph (1)</i>
1. <i>Jones (Not Chosen)</i>	1. <i>Smith (Not Chosen)</i>	1. <i>Jones (Not Chosen)</i>
*2. Smith	*2. Jones	
3. Green	3. Green	

The removal of Jones' name from Mt. Sinai allows Green to slide up into second place. Since two positions are offered at Mt. Sinai, Green is a permanent match. Final results:

Mt. Sinai —Smith and Green

Internia —Jones

St. Joseph—None

The three students all were matched with their first choice hospital. In this example, we have seen how applicants "slide up" on hospital lists, as applicants above them are matched to hospitals more desired by those applicants. You will note that you hold your positions on the lists of the various hospitals until you become a permanent match. No one can "by-pass" a student on a hospital list. You are removed from a hospital list only when you are matched with a hospital you prefer more. St. Joseph matched no candidate because its one applicant preferred Internia and was matched there.

SOME OF THE RESULTS OF USING THIS MATCHING PROGRAM

Some conclusions can be drawn about how you get an appointment by using the Matching Program as your agent.

1. Which program you finally get is determined by the decisions you, the other students, and the hospitals will make in January when you make up your rank lists. The Evanston office is a clearing house which does nothing but follow the instructions you have sent it in the form of a rank list.

2. You can (and do) hold on to any offer from the hospitals to which you applied until you get a better one. Before the Matching Program was set up, hospitals found out whether you would take their offers by telegraphing you on a certain day. You were obligated to give them an answer within hours so they could offer the job to someone else if you did not want it. So in many cases you had to try to guess whether you were going to get a better offer later on. If you guessed that you would, and were wrong, you ran the chance that the hospital that *had* offered you a job, was now filled with other students. If you guessed that you would *not* get an offer from a hospital you wanted more, but guessed wrong and *got one* after you had accepted the hospital that asked you first, you could not take the hospital you preferred. On the contrary, by using the Matching Program you hold any offer until you get a better one.

3. Therefore it is distinctly to your advantage to get your appointment through the Matching Program if you are applying to either

- a. More than one hospital, or
- b. A hospital which is likely to fill its programs with applicants who are using the Matching Program.

4. You can take as many "flyers" (i.e., ranking at the top of your list hospitals you think are very likely to fill up before they make an offer to you) as you wish without losing a single offer that you would have otherwise gotten. However you should be realistic as well, and apply to hospitals which are likely to want you. If you don't, you may end up unmatched (see ¶8 below).

5. There are many more positions offered than there are students to take them (17,000 vs. 11,000). Therefore many positions are going to be left over after all of the students are placed. Some of these hospitals, which might not fill all their jobs, may try to get you to agree to rate them higher than you want to, in return for their agreeing to "rate you high." You cannot gain anything by doing this, and you can *lose* a chance to get an appointment at a hospital you prefer. Where you rank a hospital has nothing to do with when the hospital offers you a job. If they want you, you will be matched with that hospital even if you rank that hospital the last on your list, providing you cannot get into any of the hospitals you have ranked higher.

6. Some hospitals have decided, for example, that they will only take applicants from certain schools, or, again for example, only take applicants in the top 1/20th of their class. Such hospitals tell the Matching Program to offer jobs only to the applicants whom the hospital has interviewed and has decided to fill its requirements. If applicants are few, and if they want to get other appointments, even a very good teaching hospital in a large university may not fill all its jobs through the matching program.

Some hospitals would like to know who some of their candidates are going to be before making up their mind about who else they want. In ranking the applicants for the remaining places such hospitals would like to get people with different backgrounds and interests. A very few of these hospitals may try to find out how you rate them so they can know whether they can be sure of getting you if they want you (i.e., whether you will put them at the top of your list).

This is obviously unfair, for example, to the students who would rate such a hospital second and who are not sure of getting into their first choice hospital. Therefore when this plan was set up the students required that it be made illegal for a hospital to demand to know where you rate them. Hospital knowledge of a student ranking may imply a threat; if you do not rate their hospital first, they will drop you down their list in favor of students whom the hospital can be sure to get (because they know the student rates the hospital his first choice).

There is absolutely no way for a hospital to find out how you rated it before the results of the matching are announced. Even after the announcement the hospital can find out only if you end up matched to another hospital and they either did not fill or get an applicant who was lower on their list than you were. Therefore the hospital that did not get you can reason that you ranked the hospital at which you are serving higher. They cannot find out if you are unable to get your higher choices. They cannot find out how many other hospitals, if any, you ranked higher. The hospital is never told how its applicants ranked it. The clearing house holds your list of instructions in the strictest confidence.

7. There is absolutely no reason for you to want to change your instructions about which hospitals you prefer because of the way a hospital ranked you. Therefore it is all right if a hospital wishes to tell you how it may plan to rate you. However, the hospital does not have to do so and you have no right to demand such information from them. In many cases the hospital will not know, or may make only a general statement because it has not yet looked over all its applicants, or it may not want to tell you at all.

8. If it is impossible to match you with any of the hospitals to which you have applied obviously you will not be matched by the program. There are only three things that can prevent you from being matched with any hospital to which you apply.

You can, of course, tell the office that, rather than being matched with a particular hospital you applied to, you would prefer to be left unmatched and take your pick of the positions left over after almost everyone else has been matched. This is called "X-ing" a hospital. It must be done by February 14. The Evanston office simply withdraws its records of your application to that hospital. The hospitals can do the same for any student they absolutely will not take under any circumstances.

Thus you will be not matched if one of the following happens for each of the hospitals to which you applied:

- a. You "X" the hospital,
- b. The hospital "X's" you, or
- c. The hospital fills with applicants it prefers and who want to serve there more than at other hospitals which want them.

In 1974 this happened to less than 6% of the students in the program. They were very quickly taken by the some 750 hospital units which sought, but failed to get, some 7,000 candidates through the Matching Program.

There were some very desirable positions indeed among these unfilled places—which has led some people to the illogical conclusion that you can do better if you are unmatched than you could by getting an appointment through the Matching Program. Of course this is true if you only apply to hospitals you do not like very well. But it is certainly not true if you are wise in choosing the hospitals you apply to. Last year over a third of the applicants matched and got positions in hospitals which filled up. These hospitals were closed to the students who ended up unmatched.

9. Once the students and the hospitals have made up their minds, the process of working out which program you will get proceeds according to the rules set out above. No other decisions are made by anyone. Therefore it becomes a mechanical problem. The actual matching problem, due to its complexity and the need for speed and accuracy, is done on computers. These machines are rigidly self-controlled and externally audited while solving the matching problem so that there will be no error. Before the results are sent out the people in the Matching Program office go through and check by hand to make sure there is no slip up by looking to see that:

- a. No students are matched with a hospital unless all the hospitals they would have preferred to go to either were filled with applicants they preferred or the hospitals asked not to be matched with the applicant (ranked him "X").
- b. No hospital is matched with a student unless all the students who were more desirable to the hospital got offers from other hospitals they preferred, or the higher students had marked that hospital "X".

No mechanical mistakes have ever been found in the operation of the program.

10. Because the plan does away with all the telegrams that hospitals used to have to send to get their candidates, the hospitals pay a fee for each candidate who is matched to them. Because of the advantages this program offers you over the old system (see #2, above) you have been asked to pay \$8.00 toward the cost of operating the Evanston office of the National Intern and Resident Matching Program, (which is a non-profit corporation). Three students sit on the Board of Directors of the corporation—one representing the Student AMA and the others—two students-at-large. Also represented are the hospital associations, the Association of American Medical Colleges, the American Medical Association, and the American Board of Medical Specialties.

Office Use Only			
A <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
Med. School Code			

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

1603 Orrington Avenue, Evanston, Illinois 60201

STUDENT AGREEMENT

(Please return the Student Agreement and fee to your Dean or the N.I.R.M.P. Office by July 31, 1974)

Be sure to use this same order of names and initials on all hospital applications and correspondence that concern the matching program.

LAST NAME (PLEASE PRINT)	FIRST NAME	MIDDLE INITIAL
U.S. SOCIAL SECURITY NUMBER — — —		
(Leave blank if you do not have a United States Social Security Number)		
MEDICAL SCHOOL NAME		

I plan to apply for a first-year appointment in graduate medical education to start between April 1 and December 31, 1975. I agree to participate in and abide by the results of the matching plan. In particular, I understand that I am agreeing:

1. To apply for a first-year appointment in graduate medical education only to hospitals and the federal services registered in the matching plan until after the matching plan results are announced. I understand that an official NIRMP Supplement listing the cooperating hospitals and federal services will be available in December, 1974.
2. To accept appointment to the hospital or federal service with which I am officially matched, that hospital being the highest one on my preference list having a place available for me. I understand that I cannot avoid accepting an appointment to which I have been matched without a written release from the hospital concerned—also that another hospital that is a member of N.I.R.M.P. cannot accept me unless I have this release.
3. To abide by the official schedule, including ranking the programs for which I have applied and returning my confidential ranking form by January 8, 1975.
4. TO SEND HERewith A NON-REFUNDABLE BASIC FEE OF \$8.00 (CHECK OR MONEY ORDER) TO HELP COVER COSTS OF PARTICIPATION IN THE MATCHING PLAN. THE BASIC FEE ENTITLES EACH PARTICIPANT TO LIST A MAXIMUM OF 10 CHOICES OR LESS ON THE RANK ORDER LIST. EACH CHOICE ABOVE 10 WILL BE SUBJECT TO AN ADDITIONAL \$6.00 CHARGE (i.e. IF YOU LIST A TOTAL OF 20 CHOICES, YOU WILL INCUR AN ADDITIONAL CHARGE OF \$60.00). A CHECK COVERING THE CHARGE FOR THE ADDITIONAL CHOICES MUST ACCOMPANY THE RANK ORDER LIST. IF THIS FEE IS NOT COVERED AT THE TIME THE RANK ORDER LIST IS SUBMITTED, THE REQUESTED ADDITIONAL CHOICES WILL NOT BE PROCESSED. (A RECENT STUDY SHOWS THAT LESS THAN 1% OF THE CANDIDATES ARE MATCHED WITH A CHOICE ABOVE 10.)

It is my understanding that I am free, under the matching plan, to make personal contacts with any participating hospital in which I am interested and to rank them according to my judgment.

I understand further that although I may freely discuss any matter I choose with the hospital, no participating hospital has the right, under the matching plan, to demand or to require that I state how I shall rank that hospital on my confidential rating blank. I understand also that I have no right to request or to demand that the hospital inform me how it plans to rate me.

Furthermore, any statement or other expression concerning how I intend to rank a hospital or how that hospital intends to rank me, which may be made during the free discussions between the hospital and myself, is subject to change based on further considerations. I UNDERSTAND THAT BOTH THE HOSPITAL AND I HAVE THE RIGHT TO CHANGE OUR MINDS AT ANY TIME PRIOR TO THE SUBMISSION OF THE OFFICIAL CONFIDENTIAL RATING BLANKS.

My confirmed confidential rating blank, giving my order of preference, is to be the sole determinant of the order of my preference among the programs for which I have applied.

I understand that resignation from the Matching Program can be made only with the approval of my dean, and that no resignations can be accepted after November 20, 1974.

I agree to conduct myself in conformity with the high ethical standards expected of members of the medical profession.

Date

(Signature)

The Matching Program is the official cooperative plan for first-year appointment in graduate medical education of the American Hospital Association, the American Protestant Hospital Association, the Association of American Medical Colleges, the American Board of Medical Specialties, the Catholic Hospital Association, the American Medical Association, the Student American Medical Association, and the medical services of the federal agencies offering approved programs.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM
1603 Orrington Avenue

Evanston, Illinois 60201

POLICY REVISIONS 1975-76 MATCHING PROGRAM

MARRIED AND ENGAGED COUPLES—STUDENTS

Married and engaged couples may be matched together (at the highest choice hospitals that both can get into) if they so desire. It must be emphasized that the four options specified in the application form will be observed strictly and no additional variations can be permitted at this time. If students wish such arrangements, they should fill out the Married and Engaged Student Form appearing in this Directory, or secure a copy of the form from the dean.

As an alternate choice, and with appropriate confirmation from the dean's office, such couples may remain outside the plan and negotiate directly with program directors. Institutions will be free to appoint such individuals without jeopardizing their participation in the Matching Program. Any such appointments which reduce the quota for matching purposes should be reported promptly to the NIRMP office.

CANADIAN INTERN MATCHING SERVICE (Canadian Matching Program)

U. S. and Canadian students will be permitted to participate in both matching programs. As the CIMS results will be known at least one month earlier, students participating in both programs must agree to accept the Canadian program to which they are matched. It must also be their understanding that their names will be automatically withdrawn from the NIRMP if they match under the CIMS.

The deletion of a name from NIRMP eliminates any possibility of double matching. Those not matched by the CIMS will remain in the NIRMP and will be eligible for matching under NIRMP. This policy will permit American medical students to compete for internship positions in Canadian hospitals without jeopardizing their status with NIRMP and vice versa.

The CIMS will be requested to furnish a listing to NIRMP of all dual participants who match under the CIMS so that NIRMP can make the necessary withdrawals prior to the NIRMP match.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM
 1603 Orrington Avenue—Suite 1155
 Evanston, Illinois 60201

SPECIAL ARRANGEMENTS FOR MARRIED OR ENGAGED COUPLES SEEKING APPOINTMENTS TOGETHER*

Office Use		
K	1	<input type="text"/>

NAME OF MALE STUDENT _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STUDENT NUMBER

NAME OF FEMALE STUDENT _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STUDENT NUMBER

Please indicate your desired option(s) with an 'X' in the appropriate box(es)

SAME PROGRAM OPTION	SAME HOSPITAL OPTION	SAME COMMUNITY OPTION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3
Choose one and only one of these options		

MALE COMMUNITY PRIORITY	FEMALE COMMUNITY PRIORITY
<input type="checkbox"/>	<input type="checkbox"/>
4	5
Choose one and only one of these options	

MATCH MALE SINGLY	MATCH FEMALE SINGLY	MATCH BOTH SINGLY	MATCH NEITHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9
Choose one and only one of these options			

Office Use		
K	2	<input type="text"/>

SIGNATURE OF MALE STUDENT _____

MEDICAL SCHOOL _____

SIGNATURE OF FEMALE STUDENT _____

MEDICAL SCHOOL _____

COMMUNITY DEFINITIONS						
COMMUNITY NUMBER	HOSPITAL NAME AND LOCATION					HOSPITAL CODE

*Detailed explanation available from the NIRMP Headquarters.

Office Use Only	
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I. A. Code	Med. School Code

PLEASE FILL OUT IF APPLICABLE

ECFMG EXAMINATION _____

Date Passed? _____ Candidate Number? _____

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

1603 Orrington Avenue, Evanston, Illinois 60201

INDEPENDENT APPLICANT AGREEMENT

SEPTEMBER 30, 1974, DEADLINE FOR CANADIAN, OSTEOPATHIC, FIFTH PATHWAY, FOREIGN STUDENTS AND PHYSICIAN CANDIDATES TO REGISTER IN N.I.R.M.P.

Be sure to use this same order of names and initials on all hospital applications and correspondence that concern the matching program.

LAST NAME (PLEASE PRINT)

FIRST NAME

MIDDLE INITIAL

LAST NAME (PLEASE PRINT)

FIRST NAME

MIDDLE INITIAL

U.S. SOCIAL SECURITY NUMBER
(Leave blank if you do not have a United States Social Security Number)

U.S. SOCIAL SECURITY NUMBER (grid)

MEDICAL SCHOOL NAME

MEDICAL SCHOOL NAME

I plan to apply for a first-year appointment in graduate medical education to start between April 1 and December 31, 1975. I agree to participate in and abide by the results of the matching plan. In particular, I understand that I am agreeing:

- To apply for a first-year appointment in graduate medical education only to hospitals and the federal services registered in the matching plan until after the matching plan results are announced. I understand that an official NIRMP Supplement listing the cooperating hospitals and federal services will be available in December, 1974.
- To accept appointment to the hospital or federal service with which I am officially matched, that hospital being the highest one on my preference list having a place available for me. I understand that I cannot avoid accepting an appointment to which I have been matched without a written release from the hospital concerned—also that another hospital that is a member of N.I.R.M.P. cannot accept me unless I have this release.
- To abide by the official schedule, including ranking the programs for which I have applied and returning my confidential ranking form by January 8, 1975.
- TO SEND HEREWITH A NON-REFUNDABLE BASIC FEE OF \$25.00 (CHECK OR MONEY ORDER) TO HELP COVER COSTS OF PARTICIPATION IN THE MATCHING PLAN. THE BASIC FEE ENTITLES EACH PARTICIPANT TO LIST A MAXIMUM OF 10 CHOICES OR LESS ON THE RANK ORDER LIST. EACH CHOICE ABOVE 10 WILL BE SUBJECT TO AN ADDITIONAL \$6.00 CHARGE (i.e. IF YOU LIST A TOTAL OF 20 CHOICES, YOU WILL INCUR AN ADDITIONAL CHARGE OF \$60.00). A CHECK COVERING THE CHARGE FOR THE ADDITIONAL CHOICES MUST ACCOMPANY THE RANK ORDER LIST. IF THIS FEE IS NOT COVERED AT THE TIME THE RANK ORDER LIST IS SUBMITTED, THE REQUESTED ADDITIONAL CHOICES WILL NOT BE PROCESSED. (A RECENT STUDY SHOWS THAT LESS THAN 1% OF THE CANDIDATES ARE MATCHED WITH A CHOICE ABOVE 10.)

It is my understanding that I am free, under the matching plan, to make personal contacts with any participating hospital in which I am interested and to rank them according to my judgment.

I understand further that although I may freely discuss any matter I choose with the hospital, no participating hospital has the right, under the matching plan, to demand or to require that I state how I shall rank that hospital on my confidential rating blank. I understand also that I have no right to request or to demand that that hospital inform me how it plans to rate me.

Furthermore, any statement or other expression concerning how I intend to rank a hospital or how that hospital intends to rank me, which may be made during the free discussions between the hospital and myself, is subject to change based on further considerations. I UNDERSTAND THAT BOTH THE HOSPITAL AND I HAVE THE RIGHT TO CHANGE OUR MINDS AT ANY TIME PRIOR TO THE SUBMISSION OF THE OFFICIAL CONFIDENTIAL RATING BLANKS.

My confirmed confidential rating blank, giving my order of preference, is to be the sole determinant of the order of my preference among the programs for which I have applied.

I understand that no resignation from the Matching Program can be accepted after November 20, 1974.

I agree to conduct myself in conformity with the high ethical standards expected of members of the medical profession.

DATE

SIGNATURE

The Matching Program is the official cooperative plan for first-year appointment in graduate medical education of the American Hospital Association, the American Protestant Hospital Association, the Association of American Medical Colleges, the American Board of Medical Specialties, the Catholic Hospital Association, the American Medical Association, the Student American Medical Association, and the medical services of the federal agencies offering approved programs.

Please complete your mailing address in the space provided. NOTE: DO NOT ENTER YOUR NAME AS THE 1ST LINE OF YOUR MAILING ADDRESS. Leave a blank square after each word in your address.

1ST LINE OF MAILING ADDRESS

1ST LINE OF MAILING ADDRESS

2ND LINE OF MAILING ADDRESS

2ND LINE OF MAILING ADDRESS

3RD LINE OF MAILING ADDRESS

3RD LINE OF MAILING ADDRESS

4TH LINE OF MAILING ADDRESS (IF REQUIRED)

4TH LINE OF MAILING ADDRESS (IF REQUIRED)

5TH LINE OF MAILING ADDRESS (IF REQUIRED)

5TH LINE OF MAILING ADDRESS (IF REQUIRED)

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

1603 Orrington Avenue

Evanston, Illinois 60201

HOSPITAL AGREEMENT

For First-Year Appointments in Graduate Medical Education 1975-76

(Starting between April 1 and December 31, 1975)

Name of Institution _____

Location of Institution _____

Street

City

State

Zip Code

On behalf of the institution named above, I agree to participate and to abide by the regulations of the National Intern and Resident Matching Program for appointment of students to first-year positions in graduate medical education 1975-76 (starting service from April 1 through December 31, 1975).

In particular, it is understood that this institution is agreeing to:

1. Participate in NIRMP as a corporate entity.
2. List with NIRMP all programs and positions which are being made available to students. Positions in programs which are to be offered to physicians presently serving as interns, in military service, or in other postgraduate activities, need not be listed with NIRMP.
3. Offer appointment to all applicants matched with this hospital by the matching program, the matched applicants being the highest ranked applicants on this hospital's confidential ranking form who wish to serve here more than at any other hospital available to them.
4. Restrict appointment of United States and Canadian trained applicants to participants designated for this hospital through the matching program until after notification of the selections made through the matching program.
5. Make or require no commitments or contracts with United States or Canadian trained applicants prior to the notification of the selections made through the matching program.
6. Their authorized administrative official notifying NIRMP by November 15, 1974 of any programs which are being offered to students that have not been assigned an NIRMP code number in the AMA DIRECTORY OF APPROVED RESIDENCIES 1974-75 and also of any discrepancies in the listing of programs or quotas.
7. Abide by the official schedule including accepting no applications from participants in the matching plan after January 3, 1975; rating applicants and returning rating form by January 8, 1975; offering formal appointments promptly to individuals matched by the plan with this hospital, and not later than March 28, 1975.
8. Not accept an applicant who was matched elsewhere and subsequently not released.
9. For service fee requirement, please contact the NIRMP.

We understand further that although we may freely discuss any matter we choose with the applicant, no participating hospital has the right, under the plan, to demand or to require that the applicant state how he will rank this hospital on his confidential rating blank. We also understand that the applicant has no right to request or to demand that this hospital inform him how it plans to rate him.

Furthermore, any statement or other expression concerning how this hospital intends to rank an applicant or how that applicant intends to rank this hospital, which may be made during the free discussion between the hospital and the applicant, is subject to change based on further considerations. We understand that we, as well as the applicant, have the right to change our minds at any time prior to the submission of the official confidential rating blanks.

The confidential rating blank submitted by this hospital, and confirmed, is to be the sole determinant of the order of preference among our applicants.

Date _____ Signed _____

Authorized Administrative Official

The Matching Program is the official cooperative plan, for first-year appointments in graduate medical education, of the American Hospital Association, the American Protestant Hospital Association, the Association of American Medical Colleges, the Catholic Hospital Association, the American Medical Association, the Student American Medical Association, and the American Board of Medical Specialties. The program is also endorsed by the Association for Hospital Medical Education, and the medical services of the federal agencies offering training programs.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

SCHEDULE OF DATES

FOR
THE OFFICIAL COOPERATIVE PLAN FOR FIRST-YEAR APPOINTMENTS
IN GRADUATE MEDICAL EDUCATION FOR 1975-76

NOTE: All participating individuals and hospitals must adhere strictly to the dates given below. In order to guard against possible delays, please submit any of the items as far in advance of the closing date as possible.

1. OCTOBER, 1974. AMA Directory of Approved Programs in Graduate Medical Education published, containing the number of programs authorized and the description, at each participating hospital.
2. OCTOBER 1, 1974—JANUARY 3, 1975*. Standard period for students to make applications for first-year appointments in graduate medical education to hospitals. The student should file a copy of each application with the dean's office, as well as directly with the hospital. The office of the dean will send this copy of the student application to the hospital at the time he submits the student's credentials and the recommendations. Students are urged wherever possible to apply before December 20, 1974. DEADLINE FOR APPLICATION TO FEDERAL SERVICES, WITH THE EXCEPTION OF THE VETERANS ADMINISTRATION, IS DECEMBER 1, 1974.
3. OCTOBER 1, 1974—JANUARY 3, 1975*. The deans may send letters of recommendation to the hospitals at any time after October 1, 1974, but in so far as possible letters should be sent by December 20, 1974, so that the hospitals may have this information when the students are interviewed.
4. DECEMBER, 1974. Coordinated mailing of student rank order lists and Supplements to Directory via the Dean's office.
5. DECEMBER, 1974. Student directory published containing name and medical school of each participating student.
6. JANUARY 8, 1975. Closing date for receipt at central office of student and hospital confidential rank order lists. The student list should be submitted as soon as the student has definitely decided about the exact rank order of the hospitals.
7. JANUARY 31, 1975. Confidential student list as programmed in the computer is received by the student, via the Dean's office, and the confidential hospital list as programmed in the computer is received by the hospital. This confirmation "print out" must be reviewed for accuracy. Correction of errors, but no revision of ranking will be accepted.
8. FEBRUARY 14, 1975. Closing date for accepting (in Evanston) corrections of errors in computer programs to student or hospital confidential rank order lists.
9. FEBRUARY 17, 1975. Matching operation begins.
10. FEBRUARY 28, 1975. Results of the matching plan are mailed from Evanston to students, via the Dean's office, and to hospitals.
11. MARCH 5, 1975. Results are given to students by Deans. Hospitals receive results.
12. MARCH 6-MARCH 28, 1975, Hospitals send contracts to matched students and students sign and return the contracts.

*Where individual programs require early application, students may apply and deans may send letters of recommendation earlier than these dates.

MAY 1974

"Informal List" of Flexible Programs

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to include residencies approved to July 1, 1974

Hospitals, 346

Number of Programs, 317

Positions in Flexible Programs, 2,533

In previous 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 Approved 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" program. Each of these A, B, or C programs has been assigned a separate matching code number.

Although the list indicates the specialties sponsoring each of the flexible programs, 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 medical school complexes, 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.

The format of the listing includes the code number assigned by the National Intern and Resident Matching Program, if the institution or group of institutions is participating in the Matching Program. The absence of a number in the column labeled "NIRMP Code" indicates that the hospital is not participating in the Matching Program.

In some instances the number of positions being offered in a flexible program may have been revised, but any subsequent changes, such as additions or deletions of flexible programs will be indicated, insofar as the information has become available, in the supplementary list that will be 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:

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

LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	NIRMP Code	Specialties Sponsoring Program
UNITED STATES ARMY					
CALIFORNIA					
SAN FRANCISCO Letterman Army Medical Center	R. W. Irvin, Jr.	A	13	.....	AN, D, DR, IM, OBG, OPH, P
COLORADO					
DENVER Fitzsimons Army Medical Center	W. J. Tiffany, Jr.	A	8	.....	GS, IM, OBG, PD
DISTRICT OF COLUMBIA					
WASHINGTON Walter Reed Army Medical Center	S. B. Reid	A	9	.....	IM, OBG, OPH, ORS, GS
HAWAII					
HONOLULU Tripler Army Medical Center	R. Wiebe, J. K. Pope	A	17	.....	DR, IM, OBG, ORS, GS
TEXAS					
EL PASO William Beaumont Army Medical Center	A. P. Killam	A	15	.....	IM, OBG, ORS, PD, GS
SAN ANTONIO Brooke Army Medical Center	J. Simmons	A	14	.....	AN, DR, D, IM, OBG, OPH, ORS, OTO, GS, U
WASHINGTON					
TACOMA Madigan Army Medical Center	R. B. Giffin, Jr.	A	10	.....	IM, OBG, ORS, PD, GS, U
UNITED STATES AIR FORCE					
OHIO					
DAYTON U.S.A.F. Medical Center, Wright-Patterson AFB	H. K. Delcher	A	4	.....	FP, IM, PD, P
UNITED STATES NAVY					
CALIFORNIA					
OAKLAND Naval	R. Baker, V. Goller	A B	4 7	..... .....	AN, R OPH, ORS, OTO, U
SAN DIEGO Naval	R. Milnes	A B	10 8	..... .....	AN, D, DR, R OPH, ORS, OTO, U
MARYLAND					
BETHESDA Naval	W. Jacoby, R. Van Houten	A B	7 5	..... .....	AN, D, N, R OPH, ORS, OTO, U
PENNSYLVANIA					
PHILADELPHIA Naval	R. Mullin, J. McGrail	A B	8 6	..... .....	AN, D, P, R OPH, ORS, OTO, U
VIRGINIA					
PORTSMOUTH Naval	N. Lewis, J. Collier	A	7	.....	AN
U. S. PUBLIC HEALTH SERVICE					
CALIFORNIA					
SAN FRANCISCO U. S. Public Health Service	F. Dykstra	A	12	100120	IM, OPH, ORS, GS
LOUISIANA					
NEW ORLEANS U. S. Public Health Service	D. L. Wright	A	13	183520	OBG, OPH, PTH, GS
MARYLAND					
BALTIMORE U. S. Public Health Service	K. K. Wong	A B	3 3	..... .....	GS, OPH IM, PTH, R
NEW YORK					
NEW YORK CITY (STATEN ISLAND) U. S. Public Health Service	E. Stein	A B	20	184120	AN, D, IM, OPH, ORS, P, R, U
OTHER FEDERAL					
CANAL ZONE					
BALBOA HEIGHTS Gorgas	J. W. Ransone	A	12	180620	IM, OBG, PD, 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	NIRMP Code	Specialties Sponsoring Program
NONFEDERAL AND VETERANS ADMINISTRATION					
ALABAMA					
BIRMINGHAM					
Baptist Medical Centers	R. F. Roddam	A	4	190320	PTH, R
Baptist Medical Center-Montclair					
Baptist Medical Center-Princeton					
Carraway Methodist Medical Center	E. D. Haigler, Jr.	A	6	100620	IM, OBG, P, GS, U
FAIRFIELD					
Lloyd Noland	M. Putnoi	A	4	100820	D, IM, PD
		B	6	100811	AN, GS
MOBILE					
Mobile General		A	10	185220	IM, OBG, PD, GS
ARIZONA					
PHOENIX					
Maricopa County General	H. F. Lenhardt	A	18	189820	IM, OBG, P (Ariz. State Hops.), PD, GS
TUCSON					
Tucson Hospitals Medical Education Program	E. G. Ramsay	A	14	101420	IM, GS
Pima County General					
Tucson Medical Center					
ARKANSAS					
LITTLE ROCK					
University of Arkansas Medical Center	W. Boop	A	16	101820	ORS, OTO, GS, U
University		B	17	101811	AN, D, N, OPH, PTH, P, R (Positions at Arkansas Baptist Medical Center, St. Vincent Infirmary)
Veterans Admin. Consolidated					
CALIFORNIA					
DAVIS					
University of California (Davis)	J. R. Beljan	A	18	104620	AN, FP, IM, OBG, OPH, ORS, PD, PM, GS
Affiliated Hospitals					
University of Calif. (Davis)					
Sacramento Medical Center (Sacramento)					
FRESNO					
Valley Medical Center of Fresno	J. S. Harris	A	4	102220	GS, IM, OBG, OPH, PD
LOMA LINDA					
Loma Linda University	M. Judkins, B. Brandstater	A	13	102420	AN, DR, TR
LOS ANGELES					
Los Angeles County—U.S.C. Medical Center	W. E. Nerlich	A	65	103320	AN, D, IM, N, OPH, DR
		B	10	103311	GS, OR, NS, OTO, U
		C	12	103312	IM, P
U. C. L. A.	A. S. Rose, B. Straatsma	A	8	195620	IM, N, OPH
White Memorial Medical Center	D. A. Mitchell, Jr.	A	8	.....	OBG, PTH, PD, R
		B	9	.....	IM, OPH, ORS, OTO
		C	6	.....	GS, U
OAKLAND					
Highland General	Director of Med. Ed.	A	11	104120	IM, P
		B	17	104111	GS, PTH, R
SAN BERNARDINO					
San Bernardino County General	J. P. Drinkard	A	10	104720	FP, OBG
SAN DIEGO					
Mercy Hospital and Medical Center	W. Perkins	A	15	104820	AN, IM, OBG, GS
SAN FRANCISCO					
Mount Zion Hospital and Medical Center	H. Weinstein	A	3	105420	IM, P, PD
		B	3	105411	DR, GS, OBG, PTH, TR
Pacific Medical Center	B. E. Spivey	A	9	106120	N, OPH, P, PTH
St. Mary's Hospital and Medical Center	C. H. Lithgow	A	6	105720	DR, IM, P
University of California Program	House Staff Commte.	A	17	105820	AN, OTO, PTH, TR
	M. Grossman	B	4	105811	FP, PD
	L. H. Smith	C	2	105812	D, N
	L. H. Smith	D	2	106220	IM, P
H. C. Moffitt—Univ. of California					
San Francisco General Veterans Admin.					
SAN JOSE					
Santa Clara Valley Medical Center	R. M. Manson	A	4	105320	AN, IM
STOCKTON					
San Joaquin General	J. D. Kortzeborn	A	7	102120	FP, IM, GS, OBG, PD
TORRANCE					
Los Angeles County Harbor General	J. A. Turner	A	20	106720	DR, N, OBG, OPH, ORS, PTH, P, GS, TR
COLORADO					
DENVER					
Mercy	R. G. Ratcliff	A	3	192220	FP, AN (Univ. of Colo. Med. Center)
Presbyterian Medical Center	M. A. Lubchenco	A	6	107220	IM, PTH, R, TR
St. Joseph	A. P. Miller	A	4	107420	GP, IM, OBG, PTH, R, GS
St. Luke's	J. F. Mueller	A	7	107520	IM, PTH, R
University of Colorado Affiliated Hospitals	E. Miller	A	4	107620	FP, IM, P (Positions at General Rose Memorial Hosp.)
University of Colorado Medical Center					
Denver General					
General Rose Memorial					
Veterans Admin.					

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	NIRMP Code	Specialties Sponsoring Program
CONNECTICUT					
BRIDGEPORT Bridgeport St. Vincent's	N. P. R. Spinelli M. Garrell	A A	2 5	107920 108020	OBG, R IM, OBG, PTH, R, GS
HARTFORD Hartford AE. St. Francis	J. G. Freymann W. J. Lahey	A A	12 6	108320 108520	AN, DR, IM, OBG, OPH, OTO, PTH, PD, GS IM OBG, PTH, PD, GS
NEW HAVEN Hospital of St. Raphael	R. P. Zanes, Jr.	A	14	109020	IM, GS, PD
NORWALK Norwalk	T. Safford, Jr.	A	6	.....	IM, GS
WATERBURY Waterbury	T. T. Amatruda, Jr.	A	2	109720	DR (Yale-New Haven Med. Center), IM
DELAWARE					
WILMINGTON Wilmington Medical Center	E. W. Martz	A	6	109920	IM, OBG, PTH, PD, R, TR, U
DISTRICT OF COLUMBIA					
WASHINGTON Freedmen's Providence	H. W. Williams, Jr. L. Goffredi	A A	3 3	..... 180320	D, FP, IM IM, OBG, GS
FLORIDA					
MIAMI University of Miami Affiliated Hospitals Jackson Memorial Veterans Admin.	H. Gelband	A	3	110420	IM, PD
PENSACOLA Pensacola Educational Program Baptist Sacred Heart University	W. C. White	A	8	182620	IM, OBG, PD, GS
GEORGIA					
ATLANTA Emory University Affiliated Hospitals Emory University Grady Memorial Henrietta Eggleston Hospital for Children Veterans Admin. (Decatur) Georgia Baptist	J. W. Hurst, R. Blumberg G. F. Fletcher, J. P. Wilson	A A	6 9	111320 111220	IM, PD IM, OBG, GS
AUGUSTA Medical College of Georgia Hospitals Eugene Talmadge Memorial University Veterans Admin.	M. M. Page	A	10	198520	AN, FP, N
COLUMBUS Medical Center	C. D. Cabaniss	A B	6 6	111820 111811	FP, ORS (Tulane Univ. Affil. Hosps.) AN, IM, OBG, PTH, PD, PM, P (all Emory Univ. Affil. Hosps.)
MACON Medical Center of Central Georgia	J. L. Achord	A	5	112020	FP, OBG, GS
HAWAII					
HONOLULU University of Hawaii Affiliated Hospitals Queen's Medical Center St. Francis Hawaii State (Kaneohe) Kapiolani Maternity and Gynecological Kauaikealani Children's	T. Whelan, Jr.	A	16	180820	IM, OBG, P, PD, GS
ILLINOIS					
CHICAGO Columbus-Cuneo-Cabrini Medical Center Columbus Frank Cuneo Cook County Grant Illinois Masonic Medical Center Louis A. Weiss Memorial Mc Gaw Medical Center of Northwestern University Northwestern Memorial Veterans Admin. Research Evanston (Evanston) Mount Sinai Hospital Medical Center of Chicago Rush-Presbyterian-St. Luke's Medical Center University of Chicago Hospitals and Clinics	C. T. McHugh J. L. Berman L. C. Johnston F. J. Konicek H. E. Bessinger T. Killip, E. Brunner J. G. Shaffer F. R. Hendrickson B. Lieb	A B A A A A A A A A A A A A	16 8 26 12 6 6 3 6 6 5 12 5 12	112620 112611 112720 113220 113720 113711 184620 224720 114420 114720 115811	IM, GS OBG, PTH, R AN, FP, IM, OBG, PD, R, GS GP, PTH, GS AN, IM OBG, PD IM, PTH, R AN, IM AN, DR, IM, N, OBG, PTH, P, PD, R, GS P, GS, TR FP (South Chicago Community program only); IM, OBG (Positions at South Chicago Community Hosp.)
EVANSTON St. Francis	D. J. Murphy	A B	4 2	116820 116811	GP, PD, OBG, GS IM, PTH, R

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	NIRMP Code	Specialties Sponsoring Program
ILLINOIS—Continued					
EVERGREEN PARK Little Company of Mary		A	12	225520	PTH, R, GS
MAYWOOD Loyola University Affiliated Hospitals	J. R. Tobin	A	7	117020	N, P
Foster G. Mc Gaw Veterans Admin. (Hines)		B	5	117011	AN, ORS
OAK PARK West Suburban	R. Muehrcke	A	6	117320	FP, R
PEORIA St. Francis	C. D. Branch	A	12	117520	FP, IM, PD
		B	8	117511	OBG, ORS, GS
INDIANA					
EVANSVILLE St. Mary's	W. T. Spain	A	2	194120	FP, OBG
INDIANAPOLIS Indiana University Medical Center	H. Feuer	A	12	118720	IM, GS (positions at Marion County General Hosp.)
Indiana University Hospitals Marion County General Veterans Admin.					
Methodist Hospital of Indiana	J. H. Hall	A	14	118820	DR, FP, IM, OBG, OPH, OTO (Indiana Univ. Med. Center), PD, GS
St. Vincent's	S. R. Stouder	A	6	118920	FP, IM, OBG
MUNCIE Ball Memorial	J. Cullison, R. Egger	A	6	119220	IM, FP
IOWA					
DES MOINES Broadlawns Polk County	S. L. Sands	A	4	119920	FP, GS (Iowa Methodist Hosp.)
IOWA CITY University of Iowa Affiliated Hosps. University of Iowa Hospitals	S. L. Sands	A	4	120320	D, OBG (Positions at Broadlawns Polk County Hosp., Des Moines)
KENTUCKY					
LEXINGTON University of Kentucky Medical Center University Veterans Admin.		A	8	184820	AN, OBG, P, TR
LOUISVILLE St. Joseph Infirmary	R. D. Wolfe	A	4	122020	IM, R
		B	6	122011	OBG, PD, GS (Univ. of Louisville Affil. Hosps.)
University of Louisville Affiliated Hospitals	J. J. Schwab	A	11	121720	AN, FP, P, R
	H. S. Collier	B	2	121711	PD, GS (all positions at Norton Memorial Infirmary)
Louisville General Children's					
LOUISIANA					
BATON ROUGE Louisiana State University Affiliated Hospitals Earl K. Long Memorial	G. T. Mc Knight	A	6	122120	FP, R
LAFAYETTE Louisiana State University Affiliated Hospitals Lafayette Charity	A. E. Pitchenik	A	9	122520	IM (L.S.U. Affil. Hosps., New Orleans), PD
NEW ORLEANS Charity Hospital of Louisiana Louisiana State University Division Charity Hospital of Louisiana Tulane University Division	J. T. Crapanzano	A	17	122411	OPH, ORS, P, U
	F. P. Chirino	A	16	122420	AN, D, N
SHREVEPORT Confederate Memorial Medical Center	R. M. Yeager	A	24	123220	OBG, OPH, ORS, OTO, PTH, PD, P, GS, U
MAINE					
PORTLAND Maine Medical Center	A. Aranson	A	3	123620	AN, DR, PTH, P, R
MARYLAND					
BALTIMORE Lutheran Hospital of Maryland Maryland General South Baltimore General	R. Weber, M. Fraiman	A	12	124320	GS, OBG
	C. A. Fratto	A	6	124420	IM, OBG, OPH, PTH
	R. T. Parker	A	13	.....	IM, PTH, GS
BETHESDA Suburban	E. Libre	A	8	125320	GP, PTH
MASSACHUSETTS					
CAMBRIDGE Cambridge	P. Porter, L. Macht	A	8	126820	AN, IM, P
FRAMINGHAM Framingham Union	I. Rosenberg, L. Tedeschi	A	7	181220	IM, PTH
WORCESTER Worcester City	J. Brem, R. Welton	A	4	129120	FP, PD
	J. J. Calabro	B	4	129111	IM, GS

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	NIRMP Code	Specialties Sponsoring Program
MICHIGAN					
ANN ARBOR St. Joseph Mercy	R. B. Carbeck	A	7	129220	IM, OBG
DEARBORN Oakwood	J. W. Moynihan	A	10	194620	FP, IM, R
DETROIT Detroit-Macomb Hospitals Detroit Memorial South Macomb (Warren) Grace Harper Henry Ford Mount Carmel Mercy St. John Wayne State University—Detroit Medical Center Affiliated Hospitals Detroit General Hutzel Veterans Admin. (Allen Park)	P. S. Franco V. K. Vaitkevicius J. Gilroy B. W. Steinhauer J. W. Moses W. E. Rush C. N. Grimes	A A A A A B B A	20 4 2 14 3 3 8 6 11	129620 129820 129920 130020 130220 130211 191520 191511 129520	OBG, GS IM, GS R, U D, OPH, OTO, R (includes 3 positions at Evangelical Deaconess Hosp.) IM, PD PTH, GS IM, GS OBG, PD IM, N, OPH, ORS, OTO, P, PD, GS
FLINT Hurley St. Joseph	E. M. Goldberg L. E. Simoni	A A	12 4	130720 130820	IM, OBG, PD, GS FP, PTH, R
GRAND RAPIDS Blodgett Memorial Butterworth St. Mary's	R. L. Tupper E. L. Moorhead, 2d. J. C. Peirce	A B A B A	4 4 4 3 6	130920 130911 131020 131011 131120	GS, ORS, OBG PTH, PD, R FP, IM, R, U OBG, PTH GS, ORS, PTH
KALAMAZOO Bronson Methodist	W. Bristol, C. Hanson	A	5	131420	ORS, PD
LANSING Edward W. Sparrow	R. W. Pomeroy	A B	6 2	131520 243620	FP, PTH, OBG, R IM, PD (Michigan State Univ. Assoc. Hosp. programs)
PONTIAC Pontiac General St. Joseph Mercy	J. L. Schirle N. Haque A. Silbergleit	A B A B	7 5 3 4	131820 131811 131920 131911	IM, OBG GS, PTH OBG, PD (Pontiac Affil. Hosps.); GS, PTH, R
ROYAL OAK William Beaumont	G. J. Welsh	A	15	197820	IM, DR, OBG, PTH, PD, GS
SAGINAW Saginaw Cooperative Hospitals Saginaw General St. Luke's St. Mary's	W. T. Rice	A	9	132020	FP, GS, OBG
SOUTHFIELD Providence	E. Zobl	A	12	130320	AN, IM, OBG, OPH, PTH, R, GS
MINNESOTA					
ST. PAUL United Hospitals Miller Division St. Luke's Division	R. E. Lindell	A	5	133720	GS, PTH, DR, R
MISSISSIPPI					
JACKSON University of Mississippi Medical Center	B. B. Johnson	A	6	195720	AN, FP, IM, N, OBG
MISSOURI					
COLUMBIA University of Missouri Medical Center	K. K. Keown	A	15	199420	AN, OBG, PM, P
KANSAS CITY St. Luke's	R. R. Hall	A	5	134820	IM, OBG
ST. LOUIS Deaconess Homer G. Phillips Missouri Baptist St. John's Mercy Medical Center St. Louis University Group of Hospitals Firmen Desloge General St. Louis County Cardinal Glennon Memorial Hospital for Children St. Louis City Veterans Admin.	R. C. Kingsland E. N. Mitchell F. J. Catanzaro P. C. Higgins R. Dames	A A A A A	15 20 9 9 10	135620 135720 136020 136220 136520	PTH, GS OBG, OPH, GS OBG (Deaconess Hosp.); PTH FP, IM, OBG IM, N, OBG, OPH, ORS, OTO, P, PD, R, GS, U
NEBRASKA					
OMAHA University of Nebraska Affiliated Hospitals University of Nebraska Douglas County Nebraska Methodist Veterans Admin.	P. E. Hodgson	A	3	137620	ORS, GS, U

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	NIRMP Code	Specialties Sponsoring Program
NEW JERSEY					
ATLANTIC CITY Atlantic City	M. Elovitz	A	10	137820	IM, R, GS
CAMDEN Cooper	S. Garrison	A	7	138020	IM, OBG, PTH, PD, GS
HACKENSACK Hackensack	W. C. Black	A	4	138720	AN, IM, GS
MORRISTOWN Morristown Memorial	J. S. Thompson	A	6	139420	DR, IM, GS
NEWARK CMDNJ New Jersey Medical School Affiliated Hospitals	M. S. Denholtz G. M. Lordi	A B	2 8	139820 139811	IM, P AN, DR, OPH, ORS, U
Martland Veterans Admin. (East Orange) United Hospitals Medical Center—Presbyterian	T. M. Gocke	A	12	187220	IM, PD
PATERSON St. Joseph's Hospital and Medical Center	K. P. Lance J. M. Connolly	A B	2 2	140620 140611	IM, OBG AN, ORS, GS
PERTH AMBOY Perth Amboy General	N. F. Kemp	A	7	187320	GP, PTH, GS
PLAINFIELD Muhlenberg	P. K. Johnson	A	6	140720	IM, OBG, PD
SUMMIT Overlook	W. F. Minogue	A	8	140820	FP, IM, PD
NEW YORK					
BUFFALO Deaconess Hospital of Buffalo Mercy Millard Fillmore Sisters of Charity S.U.N.Y. at Buffalo Affiliated Hospitals Buffalo General Children's Hospital of Buffalo Edward J. Meyer Memorial Veterans Admin.	E. J. Marine J. H. O'Brien L. A. Golden C. J. O'Connell W. Schenk, J. Lore	A A A A A	7 4 3 6 1	143720 143920 144020 144120 143820	FP, R, GS IM, OBG AN, IM IM, OBG, GS OTO, GS
COOPERSTOWN Mary Imogene Bassett	J. S. Lunn	A	9	144220	IM, OBG, P, GS
JOHNSON CITY Charles S. Wilson Memorial	E. M. Wyso	A	2	145220	FP, IM
MANHASSET North Shore University—See New York Hospital—Cornell Medical Center and Affiliated Hospitals, New York City					
MINEOLA Nassau	W. C. Hollis	A	10	145520	IM, OBG, ORS, PTH, R, GS, U
MOUNT VERNON Mount Vernon	M. A. Goldiner	A	12	145720	OBG, PTH, GS
NEW ROCHELLE New Rochelle Hospital Medical Center	W. McCann, J. McLean	A	6	145920	IM, GS
NEW YORK CITY Brooklyn-Cumberland Medical Center Cabrini Health Care Center—Columbus Hospital Division Flushing Hospital and Medical Center Harlem Hospital Center Jamaica Jewish Memorial Long Island College Lutheran Medical Center New York Hospital—Cornell Medical Center and Affiliated Hospitals	V. Tricomi A. Taranta, L. Rosati G. Lawrence, J. Creedon L. Pedersen, J. DeHoff G. E. Thomson B. D. Gussoff R. Purdy W. G. Mullin G. F. Cucolo L. Scherr, F. Fuchs E. L. Becker	A A A B A A A A A A A A A A A A B	6 20 2 2 11 2 30 25 6 3 8	142020 147220 144520 144511 147820 144920 148020 142720 143020 149220 149211	OBG, PD, GS IM, GS OBG, GS IM, PD AN, IM, OBG, P, R IM, PD OBG, PD, GS IM, OBG, OPH (at State Univ. Hosp. Kings County Hosp.); PTH, PD, R, GS IM, OBG, PD, GS IM, OBG DK, P (Positions at Greenwich Hospital, Greenwich, Conn.)
New York Hospital North Shore University (Manhasset) Memorial Hospital for Cancer and Allied Diseases St. John's Episcopal St. Vincent's Hospital and Medical Center of New York Staten Island S.U.N.Y. Downstate Medical Center Kings County Hospital Center State University Veterans Admin. (Brooklyn)	F. Taubman R. J. Boller T. G. McGinn L. W. Eichna	A A A A	19 19 8 10	143220 150020 151520 142620	IM, OBG, GS DR, IM, N, OBG, PTH, PD, P, GS, TR 2 IM, GS IM, OBG, PD, P, GS
ROCHESTER Genesee Highland Hospital of Rochester Rochester General Strong Memorial Hospital of the University of Rochester University of Rochester Community Pediatrics—University of Rochester Associated Hospitals Strong Memorial Hospital of the University of Rochester Genesee Highland Hospital of Rochester Rochester General	A. Ureles J. W. Holler T. H. Casey H. A. Thiede L. Wynne J. W. Sayre L. W. Young	A A A A B A A	4 6 4 2 4 2 2	150720 150820 150920 151111 151112 295920	IM, OBG IM, OBG, GS IM, P, R DR, OBG N, P IM, PD

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	NIRMP Code	Specialties Sponsoring Program
NEW YORK—Continued					
SCHENECTADY Ellis	G. D. Vlahides	A	10	151220	PTH, GS
VALHALLA Grasslands	B. Marbach	A	14	152120	AN (N.Y. Med. Col.—Metro. Hosp. Center), IM, PD, PM (N.Y. Med. Col.—Metro. Hosp. Center) P, GS
NORTH CAROLINA					
CHAPEL HILL North Carolina Memorial	F. W. Denny	A	4	190020	IM, PD
WILMINGTON New Hanover Memorial	E. E. Werk, Jr.	A	2	153420	IM, OBG
WINSTON-SALEM North Carolina Baptist	J. L. Simon R. W. Prichard F. C. Greiss	A B	4 4	153720 153711	IM, PD OBG, PTA
OHIO					
AKRON Akron City Akron General St. Thomas	M. A. Flynn, Jr. J. C. Johns O. S. Steinreich	A A A	4 6 18	154120 154220 154320	IM, OBG, ORS, PTH, R IM, OBG, ORS, GS, U GP, OBG, GS
CINCINNATI Jewish	E. G. Margolin	A	4	155120	IM, GS
CLEVELAND Cleveland Clinic Cleveland Metropolitan General Mount Sinai Hospital of Cleveland St. Alexis	W. M. Michener C. H. Rammelkamp M. Lubert M. Linden C. Lulenski, A. Naji	A A A B A	6 6 2 2 8	196820 155320 155720 155711 155820	AN, D, N, OPH, P, R IM, OBG, PD, GS R, GS IM, OBG PTH, GS
COLUMBUS Ohio State University Hospitals Mount Carmel Riverside Methodist	I. W. Gregory J. N. Allen M. H. Zangmeister R. W. Zollinger D. J. Vincent	A B A B A	8 3 13 5 8	156611 156620 156520 156511 156720	OBG, P IM, N IM, OBG ORS, GS IM, OBG, GS
DAYTON Good Samaritan Miami Valley	J. G. Greene, Jr. A. Hicks, 2d.	A A	7 3	156820 156920	FP, GS FP, IM, OBG, R, GS
ELYRIA Elyria Memorial	W. H. Sigalove	A	14	190120	GP, ORS, PTH, R
KETTERING Charles F. Kettering Memorial	E. C. Hedrick	A	3	157620	PTH, GS
YOUNGSTOWN St. Elizabeth Youngstown	L. P. Caccamo R. A. Wiltzie	A A B	2 6 6	158420 158520 158511	GP, IM AN, IM, R PTH, GS
OKLAHOMA					
OKLAHOMA CITY Baptist Medical Center of Oklahoma St. Anthony University of Oklahoma Health Sciences Center University of Oklahoma Hospital and Clinics Presbyterian Veterans Admin.	J. W. Drake L. O. Laughlin R. Coussons, A. Start	A A A	6 14 24	183020 158720 158820	DR, PTH IM, OBG, PTH AN, D, IM, OPH, OTO, PTH, PD, P, R, GS, U
OREGON					
PORTLAND Good Samaritan Hospital and Medical Center University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals—Veterans Admin. Veterans Admin.	S. S. Meighan W. W. Krippaehne	A A	7 24	159520 159920	IM, N (Univ. of Ore. Affil. Hosps.), NS, OPH, PTH, GS AN, NS, ORS, OTO, GS, U
PENNSYLVANIA					
ALLENTOWN Allentown Sacred Heart	F. D. Fister G. E. Moerkirk	A A	5 4	160120 160220	IM, OBG, GS FP, R
ALTOONA Altoona	P. N. Hoovler	A	8	160320	GP, PTH, GS
BETHLEHEM St. Luke's	P. V. Kiehl W. R. Thompson	A B	3 3	160520 160511	IM, OBG PTH, GS
BRYN MAWR Bryn Mawr	T. J. Berry	A	2	160620	DR, PTH

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	NIRMP Code	Specialties Sponsoring Program
PENNSYLVANIA—Continued					
DANVILLE Geisinger Medical Center	H. M. Klinger	A	7	160820	OTO, GS, U
EASTON Easton	H. Seidel	A	5	161020	IM, GS
ERIE Hamot	J. H. Petre M. L. Brockmyer	A B	4 5	161120 161111	PTH, U ORS, GS
HARRISBURG Harrisburg	T. Fletcher	A	4	161420	FP, IM, GS
HERSHEY Milton S. Hershey Medical Center of the Pennsylvania State University	H. A. Muller	A	4	161720	IM, GS
JOHNSTOWN Conemaugh Valley Memorial	T. M. Dugan	A	16	161620	AN, FP, IM, PTH, R, GS
MC KEESPORT Mc Keesport	R. L. Buck	A	6	162020	FP, GS
PHILADELPHIA Episcopal Hahnemann Medical College Affiliated Hospitals Hahnemann Medical College and Hospital Philadelphia General Crozer—Chester Medical Center (Chester) St. Agnes Hospital of the Medical College of Pennsylvania Mercy Catholic Medical Center Misericordia Division Nazareth Presbyterian—University of Pennsylvania Medical Center Thomas Jefferson University	L. H. Stahlgren E. Coodley, H. Balin D. K. Wagner W. O'Sullivan, N. Cohen P. R. Casey R. G. Trout J. M. Hunter	A A A A A A A	2 2 4 8 12 6 4	162320 162720 184920 163620 163820 164120 163020	GS, U IM, OBG IM, GS IM, GS PTH, R, GS AN, DR, OBG, PTH AN, D, DR, N, OBG, ORS, PTH, PD, PM, P, R, TR, U
PITTSBURGH Allegheny General Montefiore Mercy St. Francis General Shadyside Western Pennsylvania	J. P. Concannon H. Mendelow J. P. Zaccardi J. A. Marasco, Jr. W. E. Novogradac J. H. Goodworth	A A A A A A	3 6 7 4 9 6	164820 165020 164920 188120 165720 165920	IM, TR, GS AN, D, IM, N, OPH, PTH, P, R (All integrated programs of Hosps. of the Univ. Health Center of Pittsburgh) AN, IM, R, GS DR, P, R PTH, GS AN, PTH, R
YORK York	M. Bacastow	A	7	167420	IM, OBG, GS
PUERTO RICO					
PONCE Hospital de Damas Ponce District General	L. F. Sala H. F. Rodriguez R. A. Armstrong	A A B	2 3 3	..... ..... .....	AN, GS IM, PD OBG, GS
SAN JUAN San Juan City University of Puerto Rico Affiliated Hospitals University District Veterans Admin. Center	L. A. Román V. Marcial E. Vazquez-Quintana V. Torres	A A B C	10 5 12 7	..... ..... ..... .....	IM, OBG, PD TR, DR NS, OPH, ORS, OTO, GS, U D, N, PM
SOUTH CAROLINA					
COLUMBIA Richland Memorial	E. J. Dennis, Jr. H. C. McGown	A B	5 10	168120 168111	ORS, GS OBG, PD
GREENVILLE Greenville General	R. C. Ramage	A	12	168320	OBG, ORS, PD, GS
SPARTANBURG Spartanburg General	R. D. Collins	A	6	168520	FP, GS
SOUTH DAKOTA					
SIOUX FALLS University of South Dakota Affiliated Hospitals McKenna Sioux Valley	R. W. Friess R. R. Donahoe	A	5	168711	FP, PTH
TENNESSEE					
CHATTANOOGA University of Tennessee Clinical Education Center Baroness Erlanger	H. B. Heywood	A	14	168920	IM, OBG, OPH, ORS, PTH, PD, R, GS
KNOXVILLE University of Tennessee Memorial Research Center and Hospital	A. D. Beasley	A	8	183920	IM, ORS, PTH, PD, GS
MEMPHIS Baptist Memorial City of Memphis Hospitals Methodist	J. D. Upshaw, Jr. P. George T. V. Stanley	A A A	20 24 3	169420 184420 169620	DR, IM, OBG, R, GS AN, D, DR, IM, N, OBG, OTO, PTH, PD, P, R, GS, U OBG, R, GS
TEXAS					
AUSTIN Brackenridge	K. Teel, J. Moncrief	A	14	170420	IM, PTH, PD

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

LIST OF FLEXIBLE PROGRAMS

Name of Hospital or Program	Program Director	A, B, Etc.	Number of Positions	NIRMP Code	Specialties Sponsoring Program
TEXAS—Continued					
CORPUS CHRISTI Memorial Medical Center	V. C. Calma	A	5	170520	FP, OBG
DALLAS Baylor University Medical Center	R. Tompsett	A	10	170620	IM, OBG, R, GS
St. Paul	E. Poulos	A	5	170920	IM, PTH, R, GS
University of Texas Southwestern Medical School Affiliated Hosps.	M. T. Jenkins	A	2	283520	AN, GS (Baylor U. Med. Center)
	R. Rosenberg	B	3	283511	IM, N, OPH, OTO, PD
	H. Eichenwald				
Parkland Memorial Children's Medical Center Presbyterian Hospital of Dallas Methodist Hospital of Dallas					
FORT WORTH John Peter Smith	D. J. Pillow	A	14	171120	OBG, ORS
HOUSTON Baylor College of Medicine Affiliated Hospitals	G. L. Jordan, Jr.	A	18	171620	AN, D, DR, FP, N, ORS, PM, R, GS, TR, U
Ben Taub General					
Jefferson Davis					
Methodist					
St. Luke's Episcopal					
Veterans Admin.					
University of Texas at Houston Affiliated Hospitals	V. Carlson, A. Sladen	A	12	292320	AN, R
Hermann					
St. Joseph					
TEMPLE Scott and White Memorial	L. M. Brewer	A	4	172520	OBG, PD
	M. K. Mendenhall	B	2	172511	AN, IM
	L. M. Brewer	C	3	172512	ORS, U
UTAH					
SALT LAKE CITY Latter-Day Saints	D. H. Nelson	A	8	172920	GP, IM, PTH, TR
VERMONT					
BURLINGTON Medical Center Hospital of Vermont	E. L. Amidon	A	2	173420	IM, OBG, PD, P, GS
VIRGINIA					
CHARLOTTESVILLE University of Virginia	R. M. Epstein	A	4	173720	AN, IM
	J. Buckman	B	4	173711	PD, P
NEWPORT NEWS Riverside	E. L. Alexander, Jr.	A	8	173920	FP, PTH, R
NORFOLK DePaul	J. D. Price	A	7	174020	PTH, GS, R
Norfolk General	R. Cassidy	A	4	174120	IM, OBG, GS
ROANOKE Roanoke Memorial Hospitals	C. L. Crockett, Jr.	A	5	174820	DR, FP, R, GS
WASHINGTON					
SEATTLE University of Washington Affiliated Hospitals	T. J. Phillips	A	4	191820	FP, IM (all positions offered at Providence Hosp.)
University	H. Beaty				
Harborview Medical Center					
U. S. Public Health Service					
Veterans Admin.					
Virginia Mason	R. M. Hegstrom	A	12	175620	AN, R, GS
SPOKANE Deaconess	O. C. Olson	A	9	175720	FP (Spokane Hosps. Shared Services program), PTH
Sacred Heart	W. J. Frazier	A	8	175820	OBG, PTH, R
J. E. Hill					
WEST VIRGINIA					
CHARLESTON Charleston Area Medical Center Memorial Division	M. Lewis, H. Pomerance	A	12	190220	IM, PD, GS
MORGANTOWN West Virginia University Medical Center	E. Flink, W. Spradlin	A	2	183720	IM, P
WHEELING Ohio Valley Medical Center	E. T. Wong	A	4	176920	IM, OBG, GS
WISCONSIN					
LA CROSSE La Crosse Lutheran Hospital and Gundersen Clinic	E. L. Overholt	A	6	177420	IM, GS
MADISON University Hospitals	D. T. Fullerton	A	4	177920	AN, D, OPH, P (Positions offered at Marshfield Clinic, Marshfield, Wis.)
MILWAUKEE Medical College of Wisconsin Affiliated Hospitals	J. M. Cerletty	A	20	178420	AN, D, IM, N, OBG, OPH, ORS, OTO, PM, R, GS
Milwaukee County General					
Milwaukee Children's					
Veterans Admin. (Wood)					
St. Joseph's	K. E. Sauter	A	10	178820	OBG, GS
St. Luke's	J. A. Palese	A	16	178920	DR, FP, PTH, GS

EXPLANATION OF ABBREVIATIONS GIVEN AT END OF LIST OF FLEXIBLE PROGRAMS

Informal List of Flexible Programs

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

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

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.



Essentials of an Approved Internship*

PREFACE

The internship, since the turn of the century an integral feature in the education of a physician, has been the subject of much critical discussion and study, particularly in the last few years. The improvement of clinical clerkships on the one hand and the marked expansion of residency training programs on the other have altered the intern's position as a member of the hospital staff.

When the internship became a generally recognized part of the education of a physician some 40 years ago, it was designed to provide the graduate's initial contact with patients, including responsibility for their care. It no longer constitutes such initial contact nor is it any longer the final step in the formal education of most physicians. Rather it is now only one of several graded steps toward the assumption of total responsibility for patient care. As such, it remains an essential part of the education of a physician but should be redesigned to fulfill its present purpose. With this concept in mind, it is evident that the internship can be conducted only in those hospitals in which the educational benefits to the intern are considered of paramount importance, with the service benefits to the hospital of secondary importance.

One aspect of intern education which warrants consideration is the growing discrepancy between the number of internships offered in hospitals approved for intern training and the number of applicants available to fill them. While this disparity, *per se*, is of no great import, its effect on the stability of internship programs throughout the country is of serious consequence. It is obvious that a sound educational program cannot be maintained if the number of interns the hospital is able to appoint varies from none at all one year to a full complement the next. Further, it is unlikely that a hospital can conduct a satisfactory program with substantially less than its normal complement of interns. To attract a full intern staff, many hospitals have begun to offer excessive stipends, bonuses, or other rewards of a non-educational nature. Such practices all too often result in an undue emphasis being placed on the intern's services to the hospital, while the educational aspects of the program are neglected.

In 1951 the Council on Medical Education appointed an Advisory Committee on Internships to consider the internship in its broadest aspects. This committee was composed of medical educators and physicians representing hospital administration and the major clinical divisions. One of the functions of this committee was to review the standards required of hospitals approved for intern training. The 1952 revision of the Essentials of an Approved Internship incorporated the recommendations of the Advisory Committee on Internships, based on the results of its study.

In 1954, the Ad Hoc Committee on Internships was appointed to make a further study of the internship. This committee, consisting of practicing physicians who were members of the House of Delegates, made an intensive study of the problems of the internship and made recommendations concerning them, which were adopted by the House of Delegates in June, 1955. Their recommendations are incorporated in this revision.

In December, 1970, the AMA House of Delegates approved a report of the Council on Medical Education entitled "Continuum of Medical Education." The report is given in full under Section II, "The Internship," beginning as Part 2, "Policy effective July 1, 1971."

Other changes made in the Essentials since 1955 will now be nullified, or at least modified, by adoption of the new policy, but the individual changes are detailed in the section on "Special Announcements" in the Annual Directory of Approved Internships and Residencies. It is expected that

a new version of the Essentials will have been submitted to the House of Delegates prior to the deadline date for the implementation of the new policy on the coordination of internships and residencies.

In the meantime, these "Essentials of an Approved Internship" should serve as a guide to the staff of hospitals conducting internship programs currently and being considered as components of graduate training programs that will coordinate the internship and residencies into a unified whole. The Essentials may also serve as a source of information for students planning their graduate education, as well as for interns themselves, so that they may be aware of the current requirements and the changes that will take place in graduate medical education by 1975.

I. INTRODUCTION

The internship is a highly important phase in the education of a physician. During this period, the young graduate is given the opportunity to put into practice the principles of preventive medicine, diagnosis, therapy, and management of patients which he learned as a medical student. He is able to observe, usually for the first time, patients on a "round-the-clock" basis and, if his internship is properly organized, can follow his patients from admission to discharge and subsequently in the outpatient department. Under the supervision of the attending staff, he is given progressively increasing responsibility to the end that he acquires confidence in his own clinical judgment.

A well-organized, effective, educational program inevitably results in the improvement of the quality of patient care in a hospital. In no way does it conflict with the hospital's primary function of providing adequate facilities for the scientific care of the sick and injured by a competent medical staff. For such an educational program, it is fundamental that the staff recognize its obligations to permit full utilization for teaching purposes of all patients, whether private or non-private, to whom interns are assigned. If this concept cannot be accepted without reservation, the hospital staff ought not to attempt to conduct an internship program.

In a hospital whose staff is responsible for intern education, services must be organized in such a manner that bedside teaching, rounds, and clinical conferences can be effectively conducted. In some hospitals, particularly those in which private patients predominate, it is not practicable to organize the services on an educational basis. The staffs of such hospitals should not attempt to develop intern programs. Even if they are able to meet other requirements for approval, it is improbable that they will be able to carry out a successful program.

The medical staffs of hospitals conducting intern education assume a serious responsibility to their interns, to the medical profession as a whole, and to the communities in which these physicians will later become established. It is well recognized that techniques and practices acquired by the intern at this stage of his training, as well as the ethics and the philosophic approach to the practice of medicine which he develops during this period, are likely to persist throughout his career. A successful internship program can be carried out only in those hospitals in which the medical staff and hospital administration understand the principles of, and are prepared to accept full responsibility for, proper training.

Throughout the internship program, time and thought should be devoted to the inculcation of the concept of medicine as an art and as a calling, the primary purpose of which is the care and treatment of the patient as an individual in addition to emphasis on scientific and objective

*Now undergoing revision to coordinate with "Essentials of Approved Residencies"

studies of disease. To achieve this end, stress should be laid on understanding and evaluating the patient's family relations, his economic and social status, and his position in the community. It is only by understanding the interrelations between the patient and his total environment that the physician can attain the full mastery of his profession. Those charged with the responsibility of training younger physicians must teach them, by precept and example, the human as well as the scientific aspects of the lofty discipline of medicine.

All hospitals offering intern-training programs should be subject to the following guiding principles:

1. While the internship combines two functions—an educational period in the training of young physicians and a position rendering medical care and service to patients in hospitals and assistance to the staffs of hospitals—its educational function is of primary and paramount importance and its service function is secondary and incidental.

2. The service function of the internship should not be permitted to subordinate the educational purpose of the internship.

3. The educational function of the internship should be recognized as possessing a character of its own and should not be regarded as an additional year of medical school, nor as the first year of training for a specialty.

4. The internship should be so organized and administered that it emphasizes the beginning and the progressive increase of the assumption of personal responsibility for the care of the sick, the recognition and the cultivation of the personal aspects of the treatment of patients, including family, social, financial, and moral factors, and the inculcation from first-hand experience of the principles of medical ethics and the code of professional conduct.

5. Hospitals unable or unwilling for any reason to conduct internships meeting the educational standards of the Council on Medical Education in the spirit of the foregoing statements should not attempt to establish internships and such internships will not be approved. These hospitals should seek to meet their service needs by establishing house officer positions with adequate salary provisions.

Approval for intern education is granted by the Council on Medical Education through authority delegated to it by the House of Delegates of the American Medical Association. The approval program of the Council is entirely voluntary; hospitals seeking approval by the Council are expected to meet and maintain the standards outlined in these Essentials.

Affiliation of a hospital with a medical school is not a requirement for internship approval. Such a restriction is neither desirable nor practical, since the national need for internship positions cannot be met by affiliated hospitals alone. There is abundant opportunity for private hospitals that are not affiliated with medical schools to develop outstanding intern training programs, and many non-affiliated community hospitals provide the varieties of educational environments desired by significant numbers of graduates of American medical schools.

The Council representative who visits a hospital for the purpose of surveying the intern-training program will take the opportunity to discuss with the administrative staff, the medical staff, and others, ways and means by which deficiencies may be corrected and the educational program improved.

II. THE INTERNSHIP

1. Policy Prior to July 1, 1971.

The internship is that phase of medical education and training which ordinarily follows immediately upon the completion of the four-year undergraduate medical curriculum. It consists of the supervised practice of medicine among the patients in a hospital and in its outpatient department, with continued instruction in the science and art of medicine by the hospital staff.

Most authorities today are agreed that after graduation from medical school every physician should have at least two years of graduate education and training in a hospital before he undertakes the practice of medicine. Not a few physicians intending to do general practice spend three or more years in such work, while physicians desiring to be certified by an American board are required to take three to five years of graduate work after completing the medical school course.

Graduate education in hospitals is offered in two categories—internships and residencies. The internship as described above is the initial phase. After completion of an internship, a physician may take a residency which provides more advanced education in one of the specialties or in general practice. Formerly, many internships were of 18 to 24 months' duration and provided, in the last 6 to 12 months, education and training comparable to that found in a first-year residency today.

The American boards in the specialties, however, give credit for only 12 months of internship education and require that the balance of the candidate's graduate education be in the form of a residency. Although a number of American boards will give credit for the second 12 months of a 24-month internship when this period is spent in the specialty concerned, most hospitals now limit their internships to one year and designate training beyond this point as residency training. Apprehension regarding military obligations of interns may have discouraged two-year internships, but the current Selective Service System policy is that no time limit has been expressed by which a registrant must complete an internship for deferment purposes. Still another factor is the understandable reluctance of young graduates taking the longer internships to accept appointments in which they are classified as interns when their colleagues who graduated at the same time and began their specialty training after a one-year internship are classified as residents. For these and other reasons it is rapidly becoming the custom to designate hospital training beyond the first 12 months of internship as residency training.

An approved internship may not be less than 12 months in duration. Longer internships up to 24 months may still be provided to advantage in some instances, although practical considerations will probably make it desirable to designate the second year as a residency in a specialty or general practice even though the entire 24-month period may be conceived and organized as an integrated educational program.

It should be clear that in recognizing the trend to limit the internship to a 12-month period, the Council does not consider this period sufficiently long to prepare the young physician for practice. Physicians who take only a 12-month internship should supplement this educational experience with at least one additional year spent in a residency preparing for a specialty or general practice.

Approved internships may be "rotating" or "straight." It is the opinion of the Council that the best general, basic education is provided by a well-organized and well-conducted rotating internship. While most states require internship for licensure, it is recognized that at present very few states still specify that the internship must be rotating in nature.

A rotating internship is defined as one which provides supervised practice in internal medicine and at least one of the following: surgery, pediatrics, obstetrics and gynecology, psychiatry, pathology, radiology, or anesthesiology. Interns ordinarily should not be assigned to more than one of the above services at a time. Even though a formal full-time assignment might be offered in the fields of laboratory diagnosis or radiologic interpretation, these disciplines also should be included through integration with the interns' activities on other services.

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In rotating internships of 12 months' duration, the time allotted to internal medicine may in no case be less than four months. No assignment may be of less than two months' duration, and in such cases, the two months' assignment must be consecutive. Block assignments of two months each in internal medicine are acceptable, but assignments of four or more months consecutively are preferable. If an intern desires experience in a specialty not included in his rotation schedule, such training may be offered through appropriate outpatient assignments or by participation in consultations on his own and other patients conducted by members of the department concerned. Too frequent a rotation of assignments, and hence too short a time on a service, is inconsistent with the conduct of a good internship.

The greater flexibility permitted in these revised standards for a rotating internship permits hospitals to capitalize on their strengths and eliminate weak services from a required rotation. A rotating internship may consist of as few as two services or as many as five. A concurrently approved residency program is not a requirement for approval of a rotating internship.

A straight internship is one which provides experience on a single service, although one or more related subspecialties may be included. Straight internships are approved in internal medicine, surgery, pediatrics, obstetrics-gynecology, and pathology. To offer satisfactory straight internships a hospital must be approved for residency training in the specialties involved.

The approved internship, whether it be rotating or straight, should provide opportunity for experience with psychiatric problems. With the increasing growth of psychiatric inpatient units in general hospitals, it may be possible for interns to be assigned to such units during their internships, enabling them to participate directly and actively in the diagnosis, study, and treatment of various types of psychiatric problems.

The preventive aspects of disease, whether organic or functional in nature, should be stressed continuously in developing the intern's skill in the management of patients. Where physical rehabilitation and counseling with regard to suitable future occupation for the patient are indicated, the intern should participate in these activities.

Some internships are organized especially to prepare the intern for general practice. Such an internship does not differ from other internships in basic principle but may differ with respect to emphasis and allocation of time in one or more medical fields. This type of internship is frequently designed to provide two years of training.

2. Policy Effective July 1, 1971:

Report L of the Board of Trustees presented at the AMA annual meeting in June, 1970, had stated the results of continuing studies by the Board of Trustees and the Council on Medical Education of the various provisions of the report of the Citizens Commission on Graduate Medical Education. In December 1970, the House of Delegates adopted the following two specific recommendations in the report, aimed at the unification of the internship and residencies years into a "coordinated whole":

1. After July 1, 1971, a new internship program shall be approved only when the application contains convincing evidence that the internship and the related residency years will be organized and conducted as a unified and coordinated whole;
2. After July 1, 1975, no internship program shall be approved which is not integrated with residency training to form a unified program of graduate medical education.

The action of the House of Delegates in adopting these recommendations did not abolish the internship program, but did require that it be made an integral part of a total program of graduate medical education. The advanced dead-

lines were set to permit institutions to reorganize their programs of graduate medical education to conform to these requirements. Meanwhile, the program should meet the requirements outlined above for the internship program, until July 1, 1975.

The effective implementation of the requirements requires that related organizations and agencies, such as the state licensing boards, the examining boards in medical specialties—and the faculties of medical schools, reevaluate the requirements stated in their current policies.

To insure that the desired transition from the undergraduate curriculum to a unified program of graduate medical education can be effected, the following statement on the Continuum of Medical Education has been adopted as AMA policy:

1. That the first year of medical education following receipt of the M.D. degree can be accredited by an appropriate residency review committee;
2. That all state licensing boards be notified that, effective July 1, 1970, the first year of an approved residency program including family practice, is acceptable to the Council on Medical Education as an internship approved by the American Medical Association;
3. That it be recommended to the specialty boards that they consider giving credit toward certification for appropriate clinical experience afforded prior to the granting of the M.D. degree;
4. That medical schools be asked to examine the need for four calendar years of undergraduate medical education and to consider the possibility of beginning graduate medical education in the fourth year;
5. That within the area of graduate medical education joint cooperative efforts be encouraged between university facilities and community hospitals in order to produce a larger number of physicians to provide for the delivery of health care;
6. That within university medical centers and their affiliated hospitals university facilities jointly with the faculties of their affiliated hospitals assume greater corporate responsibility for the conduct of graduate education;
7. That the principle of a voluntary matching program be preserved, and that the only point at which this can be preserved is at the time of obtaining the M.D. degree;
8. That the director of a unified program of graduate medical education be responsible to insure that trainees in the program are adequately grounded in such of the broad fields of medicine, surgery, pediatrics, psychiatry, family practice, and pathology as are appropriate to the program and to individual career goals;
9. That all specialty boards requiring three or more years of graduate experience permit the substitution of at least one year of graduate education in medicine, surgery, pediatrics, or family practice for their own stated requirements;
10. That the future design and development of post-M.D. education programs, and curricula leading to qualification for examination by a specialty board, should emphasize:
 - a. The educational goal,
 - b. The personal motivation,
 - c. The learning capabilities,
 - d. The individual evaluation,
 of each post-M.D. candidate, without reference to calendar perimeters of a fixed or limiting character.

*Now undergoing revision to coordinate with "Essentials of Approved Residencies"

3. Policy Effective July 1, 1975:

To implement the first two points of the Continuum as stated above, the Council on Medical Education, consulting with its Advisory Committee on Graduate Medical Education and with program directors in the field, determine that changes should be made in the designation of internships to place emphasis on the principle that the internship and related residency years must be organized and conducted as a unified and coordinated whole by June 30, 1975.

At present there is confusion in terminology, and one or two specialties have sought to discontinue entirely the use of the word "internship." To provide a smooth transition, however, to coordination of the graduate training experience of candidates as will be required after June 30, 1975, two new terms will be used to replace the current terminology of "rotating internship" and of "straight internship." As detailed below, the terms to be used in the future are (1) categorical programs and (2) flexible programs.

Need for Two Types of Programs:—For the medical graduate who has made a career choice in one of the broad specialty fields, the first year of training is generally clearly identified and prescribed in that specialty field. There is still a need, however, for a flexible first year of graduate medical education for certain other groups of graduates:

1. Those graduates who have not yet made career decisions and who wish to have a broad, general year that can serve as an acceptable first year of graduate education for more than one specialty field.
2. Those graduates who change career plans and wish to switch from one specialty to another.
3. Those graduates who are entering relatively narrow specialty fields in which a broad, general year of training is regarded as a desirable first year of graduate education.
4. Those graduates whose medical school curricula have been too circumscribed and who are judged by specialty program directors to need a broad, general year that will be acceptable as a part of their graduate training.

Definition of New Terms:—To meet all of these needs, two separate types of programs for the first year of graduate training should be available, for which the following terminology is to be used:

1. **Categorical Programs:**—These programs are designed to prepare the individual for a specific specialty. Heretofore they have been designated as straight internships. The program must be acceptable to the respective specialty boards as part of the training segment, and will be reviewed for accreditation by the Residency Review Committees in those specialty areas. Categorical first-year programs are currently authorized in internal medicine, surgery, pediatrics, obstetrics-gynecology, pathology, and family practice.
2. **Flexible Programs:**—These programs are designed to provide diversified clinical experience in the first year following graduation from medical school. Heretofore they have been designated as rotating internships. Their purpose is to provide a broad, general year of graduate medical education that can serve as a base for advanced training in many specialty areas. This type of program is not intended by itself as definitive or complete preparation for practice.

Requirements for Flexible Programs:—The only specific requirement for flexible programs is a minimum of four months of internal medicine. The remaining eight months are to be planned in concert with the graduate and with the program director in the specialty field in which the graduate desires to obtain additional competence. The graduate must be informed which specialty boards will accept this flexible year of training as credit toward certification. To this end, the year

will be included in surveys that will be evaluated by the appropriate residency review committees. When a residency program is surveyed and acted upon, any flexible year of training acceptable to the program director will be reviewed and considered in connection with that residency program.

Note that the flexible year, if properly designed, may serve as an acceptable first year of graduate training in many specialty areas. A given hospital, for example, may have adequate resources and facilities to offer a variety of flexible programs that may serve as the base for several specialty residencies. Or a single flexible program may be designed to be an acceptable first year of graduate training for more than one specialty. In each case, the flexible program should be designed in cooperation with the director of the residency program or programs for which the flexible year will be an acceptable year of training.

Listing of These Programs:—For the purpose of listing the programs in the annual Directory of Approved Internships and Residencies and for the matching process of the National Intern and Resident Matching Program, no change will be made at this time in the designation of the straight internships, which are those categorical programs related to a specific specialty. Such categorical programs will come to be known simply as the first year of graduate education or of residency training in those specialties.

The flexible programs will be individualized in relation to the needs and desires of the graduates and the ability of the hospital to offer the necessary educational choices. In an institution or group of hospitals, all of these programs with varying rotational plans may be listed as a single program, with the appropriate number of positions designated, and may be matched in the National Intern and Resident Matching program under a single code number.

This will eliminate the various numbers for rotating internships from 0 through 8 and the rotating 9 designation used during the past several years. Although these programs may be listed under a single number and will be designated as flexible programs, it will be expected that each of the programs will be individualized after the candidate has been matched to the program.

The use of these new terms will be initiated with the publication of the 1974-75 Directory of Approved Internships and Residencies, to be issued in the fall of 1974, which edition will list positions being offered for appointments beginning July 1, 1975.

III. SELECTION OF INTERNS

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the intern staff. The hospital administration and the medical staff, through appropriate review of credentials, should ascertain that the personal and medical qualifications of applicants selected for internship positions are satisfactory. There should be confidence that the interns 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 intern staff should leave no doubt as to their competence to accept this assignment, since the primary obligation to the hospital must be for the patients' welfare. Personality characteristics can usually be evaluated through personal interview or letters of recommendation, or both. For graduates of schools in the United States and Canada, the medical school accreditation program of the Council on Medical Education of the American Medical Association and the Association of American Medical Colleges renders reasonable assurance with regard to medical qualifications. Such candidates for appointment should be graduates of approved medical schools. Further individual knowledge can be obtained through direct communication with the dean's office of the school concerned.

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As of January 1, 1969, any graduate of a school of osteopathy is eligible under the following conditions for appointment to a hospital internship approved by the American Medical Association:

- a. He must possess a license to practice medicine which is identical with or wholly equivalent to the full and unrestricted license granted graduates of approved schools of medicine in the United States; or,
- b. He must be eligible for such a license, on the completion of the internship, under conditions identical with those which apply to graduates of approved schools of medicine in the United States, and
- c. He must meet such requirements as are necessary to determine the personal and medical qualifications of such applicants for internship positions, as established by the medical staff of the hospital.

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 3500 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 internship positions acquire reasonable assurance with regard to their medical qualifications through utilization of the program of the Educational Council.

[Beyond July 1, 1961, no hospital should expect to maintain an approved internship or residency program unless its appointees who are graduates of foreign medical schools:

- (1) have secured a standard certificate from ECFMG, or
- (2) have a full and unrestricted state license to practice, or

(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 premedical 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 Internship and Residency Review Committees the disapproval of those training programs whose rosters contain graduates of foreign medical schools who do not satisfy requirement 1, 2, 3, or 4 above].

IV. HOSPITALS ELIGIBLE FOR APPROVAL^o

In order to provide the intern with a well-rounded experience during the course of his internship, an adequate number of patients in each of the several major clinical divisions is a primary requisite. The experience of the Council indicates that an acceptable rotating internship can be

offered only in general hospitals having a capacity of at least 150 beds, exclusive of bassinets, and having a minimum of 5,000 annual admissions, excluding the newborn. Further, three of the four major clinical divisions must be represented in such a hospital. Modern trends in practice emphasize the importance of experience with ambulatory patients. Hospitals not having formally organized outpatient departments may be able to provide this experience by making appropriate provisions as indicated below. Affiliations with other hospitals may provide useful experience with ambulatory patients, but unless continuity of patient care can be provided between the affiliated and parent hospitals, such affiliation will not satisfy completely the objectives for this experience.

The number of patients for which the individual intern is responsible is of primary importance in determining the value of the internship as an educational experience. If an insufficient number of patients are available for teaching purposes, the intern's experience becomes limited in scope. On the other hand, the assignment of an excessive number of patients prevents him from studying them thoroughly and from giving proper attention to all patients for whom he is responsible. In general, a service to which a single intern is assigned should not consist of more than 15 to 25 beds. In determining the number of patients for whom the intern is responsible, consideration must be given to work required of him in the outpatient department, the emergency room, the laboratory, and similar assignments. In determining the proper number of internship positions in an approved hospital, private cases, for which the intern is allowed to assume no responsibility beyond the completion of a history and physical examination, cannot be considered as available for teaching. In the event that the physician in charge does not wish to have his private patients used for teaching on the same basis as non-private cases, he should not expect the intern to assume responsibility for the history and physical examination or for any other routine procedure.

The number of patients for whom the intern should be responsible may vary considerably, depending upon the service and the type of patients on it. Thus, one intern may well be able to assume responsibility for more than 25 chronically ill patients on a medical ward and on the other hand may not be able to give adequate attention to 15 patients on an acute surgical service. It is the responsibility of the chief of each service to which interns are assigned to evaluate at frequent intervals the amount of work being required of the interns to assure that they are not overburdened with routine responsibilities detrimental to their training and, conversely, that they have an opportunity to observe cases of sufficient variety to assure a broad and comprehensive experience.

In applying a ratio of 15 to 25 beds per intern, it is evident that in order to carry out a successful training program, a hospital of 150 beds requires an intern staff of from 6 to 10 interns. It is difficult if not impossible to conduct a satisfactory intern program with less than this minimum number, while an appreciably greater number of interns assigned in a hospital of this size will often result in a work load insufficient to stimulate and hold the intern's interest.

Hospitals which can otherwise qualify for approval but lack adequate clinical material of certain types may augment the education afforded their interns by establishing affiliations with other hospitals able to provide suitable experience in these areas. Such affiliating hospitals need not themselves be approved. Their contribution to the training program is taken into consideration in evaluation of the internship sponsored by the parent institution. Except in unusual circumstances, periods of training on an affiliating basis should not exceed 3 months in a 12-month program or 6 months in a 24-month internship.

^oSee also "2. Policy Effective July 1, 1971," under "II. The Internship."

^oNow undergoing revision to coordinate with "Essentials of Approved Residencies"

Large hospitals affiliated with medical schools might well rotate their interns to smaller hospitals on an affiliating basis in order to provide experience in the practice of medicine in such hospitals.

These relatively short affiliating programs may be advantageously utilized to provide training in contagious diseases, psychiatric disorders, or other special areas. They should not be confused with the type of training plan in which two or more hospitals collaborate in sponsoring a joint program. In such instances, usually involving a university-connected hospital and others associated with it, the participating hospitals are ordinarily all independently approved and contribute more or less equally to the training program. The advantages to the intern of this type of program result from a broader experience with different types of diseases and different groups of patients and from the association of the intern with members of the teaching staffs of the several hospitals involved.

In the opinion of the Council, a fixed formula for determining the number of interns for each hospital is unrealistic and impractical. Any arbitrary scheme designed to allocate interns to hospitals violates the right of each intern to indicate his own choice. The Council will approve the quota of interns requested by a hospital when such a request is based upon the considered ability of the staff to train adequately the number requested.

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

V. THE HOSPITAL 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 a teaching appointment, and motivated to assign acceptable priority to teaching duties. Physicians appointed to the visiting staff must have proper qualifications as to medical education and licensure. The staff must be limited to physicians whose professional and moral integrity are unquestioned, who are proficient in the fields of practice to which they devote themselves, who give personal attention to the patients under their charge, and who are willing to assume responsibility individually and as a group for providing ample instruction to the interns and to assist them in their work.

Depending on the size of the hospital and its staff there should be a part-time or full-time instructor, teacher, or coordinator, with a suitable title, such as Director of Intern Education, whose duty it is to organize, coordinate, and supervise the education program of the hospital in cooperation with and assisted by the intern committee and the hospital staff.

Since instruction of the interns by members of the courtesy staff is usually minimal, this group should be responsible for the medical history, the physical examination, and all other routine procedures connected with the management of their private patients. Adherence to this principle is particularly important when a full complement of interns is not available.

VI. CLINICAL RECORDS

1. *Adequate Records Must Be Maintained.*—(See Section XI, Nature of Intern's Duties.) The attending physician or surgeon is directly responsible for the accuracy and completeness of clinical records concerning all patients under his care, including the record of the work done by the intern.

2. *Endorsement of Records.*—All case records must show by signature the names of the persons who have written them in whole or part. Order for treatment and for most diagnostic studies and all progress notes must indicate the identity of the person responsible for them. The intern's record of his physical examination and diagnostic procedures should be verified by a competent supervising physician,

with attention called to errors in observation and supplementary notes added, containing any relevant data which the intern may have omitted. If the intern's record is acceptable, the supervising physician should countersign and thus approve it. A summary, including the diagnosis should be written by the intern and should be verified by the attending physician when the patient is discharged from the hospital.

3. *Nomenclature and Coding of Diseases and Operations.*—To avoid ambiguity and lack of definiteness, it is recommended that the Standard Nomenclature of Diseases and Operations be used by the medical staff to record the clinical diagnosis on patients. For coding or indexing, either the Standard Nomenclature or the International Classification of Diseases may be used. Current Medical Terminology may provide an additional useful tool in the management and utilization of clinical records.

4. *Filing and Indexing Records.*—A competent medical record librarian should be in charge of the filing and indexing of records. All case records should be readily available for study or for reference. When a patient is admitted to the hospital, all previous records, including outpatient records and, if possible, the attending physician's office record, should be available without loss of time. In addition to the usual index of patients by name and number, there should be cross-indexing according to diagnosis and operation (surgical cases).

5. *Annual Report.*—Statistics concerning the professional work of the hospital should be compiled monthly and should be available to the medical staff at all times. An annual report should be prepared to include analysis of statistics for all departments. For each clinical department, at least the following data concerning private and ward services should be included in the report: (a) number of patients admitted or discharged, (b) number of hospital days of care or average daily census, (c) deaths and autopsies, (d) surgical procedures, and (e) number of cases admitted or discharged. A breakdown of discharges by diagnosis should be obtainable.

6. *Medical Audits.*—A medical audit is a periodic review of the medical records of selected cases by an impartial and competent committee composed of members of the professional staff of the hospital. Such a review considers the adequacy and completeness of the diagnostic examination, the quality of judgment used in the number and nature of tests employed, the correctness of the diagnosis, as recorded by the study of the patient and subsequent development and findings, the suitability of the treatment used, and the competence exhibited. Medical audits are helpful in determining the quality of medical practice in a hospital and thus in evaluating the hospital's teaching potential.

VII. PATHOLOGY

1. *The Pathologist.*—The Pathologist should hold the degree of doctor of medicine from an acceptable medical school and have qualifications which are acceptable to the Council. The pathologist must devote sufficient time to the hospital to assure adequate supervision of the work done in the pathology laboratories, to examine or supervise the examination of all tissues removed in surgical operations and to furnish reports of the gross and microscopic findings, to perform or supervise the performance of all autopsies and render a full report of the findings, to assist in the teaching of interns, to supervise or arrange for supervision of the interns' work in the laboratory or on the hospital floors, to be available for consultation with the attending and intern staffs, to attend staff meetings, and to conduct or participate in clinical-pathologic and departmental conferences.

The pathologist should attend ward rounds frequently so that he may participate in the clinical evaluation of patients and confer with the intern and attending staffs regarding the selection and interpretation of clinical laboratory procedures, as well as gain an opportunity to detect any inadequacies in the performance of laboratory work in the hospital.

*Now undergoing revision to coordinate with "Essentials of Approved Residencies"

2. *Personnel.*—There should be adequate laboratories in the hospital for clinical and tissue pathology. These laboratories should be staffed and equipped to perform all procedures commonly used for diagnosis, management, and therapy.

3. *Autopsies.*—The hospital must provide proper facilities for postmortem examinations. The autopsy rate has come to be recognized as an index of the scientific interest of the medical staff. Well-performed postmortem examinations and a study of their findings enable physicians to improve their clinical ability. A hospital which does not maintain an autopsy rate of at least 25% of its deaths, exclusive of still-births and cases released to legal authorities, may not be approved.

4. *Records.*—The result of each examination performed in the laboratory should be recorded in the departmental file and on the patient's clinical record. Complete reports on surgical specimens and all autopsy protocols must be attached to the patient's charts, with identical reports retained in the files of the department where they should be indexed by name, number, and diagnosis. The original and all copies of such reports must be signed and legible. Microscopic sections of specimens removed at operation or by autopsy should be filed in the hospital laboratory. The laboratory copy of certain types of routine reports need be retained for a limited period only.

VIII. RADIOLOGY

1. *The Radiologist.*—The radiologist should hold the degree of doctor of medicine from an acceptable medical school and have qualifications in radiology satisfactory to the Council. He shall devote sufficient time to the hospital to supervise adequately the technical work of the department, to perform or supervise fluoroscopic examinations, to interpret films, to consult with staff physicians, and to instruct the interns. He should attend staff meetings and the meeting of his department as well as those clinical conferences in which his participation may be of value to the attending and intern staff.

2. *Equipment.*—The department should be equipped with suitable, safe apparatus. The rooms provided for fluoroscopy and for viewing roentgenograms should be large enough to accommodate both interns and attending physicians during the examination of patients or the interpretation of films.

3. *Records.*—A copy of each examination report should be kept in the department, in addition to the copy filed in the patient's record. These reports and their original films should be filed and indexed by name, number, and diagnosis. Because of storage space problems it may be necessary to limit the time for keeping the original films to a period of 5 to 10 years, except for those films designated for the teaching file.

IX. BIOMEDICAL INFORMATION

It is essential that there be biomedical information readily accessible to the house staff. Standard textbooks, monographs, reference books, and current issues of representative medical journals covering the major clinical fields should be accessible as well as other learning resources, such as audiovisuals. The information resources should be properly supervised.

X. ORGANIZATION AND CONDUCT OF THE INTERNSHIP TEACHING PROGRAM^o

1. *The Staff and Its Organization.*—The attitude of the staff is of paramount importance to the development of a good intern-training program. Its members must fully appreciate that the internship is an educational experience and must be willing to accept their share of responsibility for its conduct. No program designed primarily for service to the physician or the hospital can be considered as meeting the requirements of an approved internship.

Hospitals conducting intern training should be organized into departments or sections of medicine, surgery, pediatrics, obstetrics, pathology, and radiology. Hospitals lacking any of these services should afford experience in these branches through affiliation. Large hospitals will undoubtedly also

have separate services in general practice and in one or more of the various specialties, such as anesthesiology, contagious diseases, neurology, neurosurgery, ophthalmology, otolaryngology, orthopedics, gynecology, physical medicine, psychiatry, and urology. While a highly developed organization of this sort may well be beneficial from the standpoint of patient care, it may prove detrimental to internship training. Any effort to arrange a rotation through all or even a majority of the above-mentioned services during a 12-month period will inevitably result in a kaleidoscopic experience which decreases in instructional value in direct proportion to the increase in the number of services encompassed. Internship-planning committees should study the situation in their hospital and, in arranging the rotation of assignments, place the interest of the intern above that of service to the hospital.

Rotation through other services should be arranged with a view to the future plans of the specific intern and the needs of the hospital. Under this plan the service needs of some of the more highly-specialized departments would be supplied in part by rotating interns, in part by straight interns or by residents. If training is needed by a given intern in some specialty to which he is not assigned, it may be provided through work with consultants on his patients, on other services, and at times by outpatient experience.

It is important that the intern have an opportunity to observe and participate in the total care of the patient. In order that this may be accomplished, he should follow as many patients as possible through their full hospital course, including outpatient observation. Rotation which does not provide a minimum of two months of training on a given service fails to meet this objective.

Each department or section should have a chairman who serves for at least one year. He should be well qualified for this position by training and experience in his special field, should be responsible for the general conduct of the clinical work in his department, and should help to formulate and execute the intern training plan. Frequent rotation of attending physicians in charge of the various services should be avoided. Assignments should be made so that the intern has ample opportunity to meet the attending physicians frequently for the conduct of organized ward rounds or clinics and for the study and care of the patients for whom he is responsible. In order to assure the proper teaching relationship between interns and attending physicians, no intern should be expected to assist an unreasonable number of attending or visiting physicians.

2. *Intern Committee.*—There should be a committee of the staff chosen from the chairmen of the several departments or from among able and interested departmental representatives. This committee should assume responsibility for the organization, supervision, and evaluation of the plan of intern instruction.

3. *Director of Intern Education.*—The appointment of a director of intern education on a full-time or part-time basis may be desirable in many hospitals. The director should be a person who has had experience and training that qualify him to plan and direct a sound program of instruction with the assistance and cooperation of other members of the intern committee and the staff. One of his important responsibilities should be to observe closely the operation of the program. He should be vested with sufficient authority to insure that his recommendations are carried out effectively. In cooperation with the chairmen of the several departments and the administration, he should be responsible for the integration of the various educational activities of the hospital.

The teaching obligations of individual staff members cannot be delegated to the director of intern education, even though it is to be expected that he will take an active part in the teaching program. His function is to organize

^oSee also "2. Policy Effective July 1, 1971," under "II. The Internship."

and supervise a program which will increase the effectiveness of participation of individual staff members.

4. *Orientation.*—It is recommended that there be a period at the beginning of the internship devoted to orienting the intern to the administrative and professional organization of the hospital, to the facilities available in the laboratories, and to such ancillary services as nursing, social service, dietetics, physical therapy, the record room, and the pharmacy. This orientation should be given early in the course of the internship and should be followed by conferences in which personnel from these several services participate.

5. *Classroom Facilities and Teaching Aids.*—The availability of suitable rooms for conferences, seminars, and other educational activities of a well-conducted teaching program is highly desirable, if not essential. Attempting to hold discussions of a formal or informal nature in the hospital's corridors or other areas not intended for the purpose is unsatisfactory. Teaching aids such as projectors, x-ray view boxes, blackboards, and the like should be provided. Teaching films may be successfully employed in presenting certain types of material not otherwise available. It should be stressed, however, that none of these methods of instruction supplants the basic features of a satisfactory internship program—bedside teaching.

6. *Educational Program.*—(a) *Bedside Teaching:* The most important phase of intern instruction consists in regularly organized daily ward rounds, with well-conducted teaching at the bedside. By this is meant systematic instruction of the intern by the attending physician, with an ample discussion of the history, the physical examination, the clinical and laboratory findings, the diagnosis, and the treatment of each patient. The social and psychological aspects of the case should receive proper emphasis. It is the duty of the attending physician in direct charge of the patients assigned to the intern to conduct such teaching. It cannot be delegated to others, though it should be supplemented by supervision of the intern's work by the director of intern education, junior staff members, and residents. Intern assignments which have no educational value should be avoided.

(b) *Conferences:* Clinical conferences are second in importance only to bedside teaching in the formal educational program. To be effective, they require planning and preparation on the part of both staff and interns and active participation by the latter group. The organization and conduct of clinical conferences of good caliber is a measure of the effectiveness of the teaching programs.

All conferences should be scheduled at hours and places convenient to the house staff. Interns should be excused from attending such conferences only for emergency calls or equally cogent reasons. The number and variety of conferences will of necessity vary with the size of the hospital and other factors. They should be of sufficient frequency to become an accepted feature of the intern's schedule but not so frequent that they interfere with the proper care of patients. The following suggestions are offered as a guide.

(1) *Department Conferences.* In smaller hospitals each major department should conduct at least one staff conference monthly, scheduled in such a manner that a conference takes place on the same day each week. In larger hospitals, departments may desire to conduct weekly conferences. In such cases the requirements for the intern's attendance can be modified accordingly. The more highly specialized departments should schedule conferences as often as may be considered necessary by the department staff.

(2) *Clinico-Pathological Conferences.* These important conferences should be conducted by the pathologist in cooperation with several clinical departments. While the frequency of such conferences will vary with local conditions, they should be held at least once each month.

(3) *X-Ray Conferences.* These conferences may be scheduled separately or held conjointly with other departmental meetings. Effective teaching can be carried out by bringing

the interns, including those not familiar with the case, into the discussion of the x-ray findings. In addition to formal conferences, the roentgenologist should be available to review films on the intern's patients with him.

(4) *Record and Fatality Conferences.* The treatment and management of all fatal cases should be subjected to critical analysis at departmental meetings attended by the chairman of the department, the attending physician, and other staff and house physicians, including the interns. At the same or similar departmental conferences, the records of all patients whose treatment might be the subject of controversy should be carefully reviewed and discussed.

These conferences may be informal but should not be perfunctory. They should be held soon enough after a patient's death or discharge for the patient's history and findings to be fresh in the minds of all concerned. Few phases of an intern's training can approach these conferences in the opportunity they provide to instill in the intern an attitude of critical examination of his clinical judgment and skill.

(5) *Tissue Committee.* Under some circumstances, it may be desirable to establish a special committee (a) to study and to report to the staff or the Executive Committee of the staff the agreement or disagreement between preoperative diagnosis and reports given by the pathologist on tissues removed at operation and (b) to review the records and materials pertaining to all normal tissues removed by surgical means.

The committee thus lends objective assistance to the pathologist in evaluating the clinical judgment of members of the surgical staff in those instances in which such an evaluation appears to be indicated. Such a committee should comprise at least five senior members of the staff and should include specifically the chiefs of the pathology, surgical, and gynecological services.

(6) *Journal Club Conferences.* An effective method of stimulating the intern staff to read the current literature is presented through informal discussions centering around the more important articles in the various journals, especially articles immediately pertinent to the intern's clinical experience. They may be conducted on a departmental basis, rotated through departments, or they may be general in nature. In view of the demands on the time of the interns and attending staff, they may be conducted as luncheon conferences if facilities permit.

7. *Special Features in Major Departments.*—(a) *Internal Medicine:* This department should afford each intern adequate instruction and experience in general medicine, including the psychological, social, and somatic aspects of disease, and in such medical procedures as are commonly employed in the practice of internal medicine. Precaution should be taken on large services that medical care is not so divided among the various medical subspecialties that the intern loses sight of the patient as a whole and as a person, or that the time spent on a service is not so fragmented that the intern receives only a superficial orientation to several fields. On such services, there is also particular danger that the intern may be relegated to a minor role in the care of the patient in favor of the resident or research assistant.

(b) *General Surgery:* Surgical training should be planned to emphasize diagnosis and preoperative and postoperative care, and not skill in operative technique. Special attention should be given to problems encountered in the emergency room and to minor surgical procedures as carried out in the outpatient department. In the operating room, the intern's role should be that of an assistant rather than of an operator. He should not be required to spend excessive time in the operating room to the neglect of the other phases of his training in this department. The dressing of surgical wounds should be regarded as an important part of his experience, giving him a particularly valuable opportunity to

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observe the immediate effects of surgical procedures and treatment.

In large hospitals where the surgical specialties are organized as separate services, the assignment of the intern should be determined by the intern committee and the surgical staff after careful consideration. The precautions noted relative to assignments to the medical subspecialties are equally applicable to the surgical subspecialties.

(c) *Obstetrics:* The intern is expected to assist at the delivery of all patients assigned to him and to deliver a minimum of 10 patients under direct supervision. Limited training in obstetric anesthesia is desirable. Emphasis should be placed on teaching the intern the proper management of normal labor and delivery and on the recognition of the complications of labor which require expert consultation. A most important aspect of intern education in obstetrics is the experience to be gained in the outpatient department with prenatal patients and their problems. Too frequently, the intern is not given this opportunity, with the result that his concept of obstetric care is distorted and his knowledge of the patient's problems, as he will encounter them in his office, is limited. If active prenatal and postnatal care is not carried out at the hospital, arrangements should be made for the intern to obtain this type of experience through affiliation.

(d) *Pediatrics:* Training in pediatrics, in addition to affording the intern an adequate amount of instruction and experience in the medical, surgical, and psychiatric aspects of the diseases of infancy and childhood, should include experience in the care of the newborn and should acquaint him with the normal patterns of growth and development. In view of the importance of care of newborn infants in the work of the general practitioner, obstetrician, and pediatrician, it is incumbent on all hospitals to afford ample experience in this field to at least all interns contemplating the possibility of undertaking general practice.

Well-child care, including immunization procedures, is assuming increasing importance in the work of general practitioner and pediatrician. Wherever possible the hospital should offer training in this field through well-child conferences and well-baby clinics. Straight pediatric internships should provide training in surgical as well as medical pediatrics, including their subspecialties.

(e) *Pathology:* The intern should receive supervised experience in the performance of all clinical laboratory procedures which are ordinarily employed in the initial study of the patient. In addition, through formal and informal conferences with the pathologist, the intern should become thoroughly familiar with the availability, significance, and limitations of those procedures which are usually performed only in the central hospital laboratory. He should be required to be familiar with the pathological studies of surgical specimens and autopsy material which concern his own patients. Except in emergencies no assignment should be permitted to interfere with his attendance at the post-mortem examination of any case which has been under his care. He should assist in the preparation and presentation of clinico-pathological conferences when cases assigned to him are being reviewed. Interns assigned to the department of pathology should assist in the performance of autopsies and in the examination of surgical specimens. They should also receive instruction in interpretation and techniques of clinical laboratory procedures.

(f) *Psychiatry:* There is a distinction between psychiatry as a basic science and psychiatry as a special medical skill. The former is an indispensable part of all medicine; the latter is the province of graduate training and beyond the internship. Certain basic science aspects of psychiatry, namely, those relating to the psychology of acute and chronic illness, of disability, of surgical intervention, of convalescence, and of the doctor-patient relationship are of common concern to

all those who care for the sick. Knowledge of these matters should be shared by all members of the teaching staff, as such knowledge should be applied to the study and care of all patients.

If inpatient psychiatric services are not available in the hospital, the education of the intern in this field should be provided by psychiatrists assigned to the various major clinical services. These physicians should not only assist in the management of acute psychiatric cases but should provide a continuous consultative educational service relating to all types of patients' problems, thus furnishing an additional contribution to the total care of the patients.

The primary goal of such instruction should be a familiarization with methods which may lead to better understanding on the part of the intern of the emotional status of all his patients.

(g) *Radiology:* The intern should be familiar with the interpretation of x-ray films on all patients assigned to him. Whether radiologic training should be offered as a separate service, in addition to its inclusion in the daily care of patients on all services, must be decided on the basis of local conditions and after consideration of factors involved by the chairman of that and other departments.

(h) *Anesthesiology:* The resources of the department of anesthesiology should be utilized in the instruction of all interns in the fundamentals of emergency resuscitation and the treatment of respiratory and circulatory depression. In addition, instruction in the fundamentals of basic anesthesiology, including the preparation of the patient for anesthesia, as well as the supervised management of the anesthetized patient, should be available to all interns since such an experience will contribute significantly to many careers in medicine.

8. *Special Requirements for Teaching with Ambulatory Patients.*—The majority of young physicians no longer enter practice after only one year of graduate medical education. Although experience with ambulatory patients is an essential part of all graduate medical education 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, except for those few hospitals whose only approved graduate program is an internship, ambulatory experience may be scheduled at any time during the program when it is deemed appropriate in terms of the program objectives.

In order to provide a meaningful educational experience, the ambulatory patient population should include:

- a. patients with true emergency conditions,
- b. patients discharged from the hospital for follow-up care, preferably those cared for by the intern in the hospital,
- c. patients received for diagnostic study and continuing care.

Experience with ambulatory patients should be characterized by continuity of patient care which should be on a regularly scheduled basis. An assignment of at least one-half day per week for six to twelve months is preferable to a full-time block assignment. Some patients, selected to illustrate the natural history of certain disease processes, should be followed by the house officer for an extended period of time without regard to his subsequent clinical assignments. This experience should provide the house officer with an opportunity to understand the functions of community health and welfare agencies and their use for the benefit of his patients.

The conditions under which ambulatory patients are managed should simulate those of a private office practice. Adequate nursing, clerical, and ancillary personnel as well as adequate private office space should be provided.

This assignment should be adequately supervised by well qualified physicians on the hospital staff.

If the above conditions cannot be satisfied in a formally organized outpatient department, with or without specialty clinics, the hospital emergency department or office precep-

torships may satisfy the requirement for experience with ambulatory patients. However, utilization of the hospital emergency department to meet the above requirements entails a different program organization from one providing only for the care of true emergencies. This includes provision for accepting patients as described above for follow-up of patients discharged from the hospital, diagnostic study, and continuing care on an appointment basis.

(a) Emergency Department: Assignment to an emergency department solely for emergency experience does not satisfy the requirement for ambulatory patient experience. On the other hand, a graduate medical education program should not exclude adequate experience in the initial management and follow-up care of common emergencies.

The assignment of house officers to such an emergency service can be justified as an educational experience only when adequately supervised by well-qualified physicians on the hospital staff.

A full-time assignment to a busy emergency service should not exceed two months. Rotating night and week-end assignments on an emergency service throughout the year are acceptable.

The house officer should not be assigned routinely to accompany the ambulance on emergency calls. This is rarely an educational experience, and hospitals should provide other trained personnel for this duty.

(b) Preceptorships: Although preceptorships in the offices of staff physicians usually do not provide a satisfactory experience with ambulatory patients, under special circumstances and when properly organized and faithfully implemented, they may meet the requirement, at least in part. However, serious questions arise as to the educational value of preceptorships if the house officers must go to the private offices of several members of the hospital staff when such offices are unrelated to each other and are scattered geographically.

Special consideration will be given to each application proposing a preceptorship, particularly to one involving a limited number of physicians whose offices are located together or nearby, or where there is a group or clinic type of arrangement in which the management of a pool of patients and the participation of the house officer follows the pattern of a well-organized and supervised outpatient department.

The preceptor should arrange his office hours and patient load with the same care that his formal teaching rounds in the hospital are arranged. He should actually reduce his office patient load during the preceptorial periods in order to provide effective supervision and instruction of the house officer. The house officer should be given appropriate responsibility in the study and management of the patient.

Although visits of interns to the offices of selected physicians for purposes of observing methods of private office practice, special techniques, and office management may be an appropriate part of the training program and are encouraged, such observational visits in themselves do not provide the required experience with ambulatory patients described above.

(c) Evaluation of Ambulatory Teaching Experience: In order to assure that interns have appropriate assignments for learning with ambulatory patients, when assigned on a preceptorship or to an emergency department in lieu of an outpatient department, a log should be kept for each intern. This log should show the assignments of the intern, the names and unit numbers of the patients for whom he has assumed responsibility, the diagnosis, the procedures he performed or with which he assisted, and the supervision he received. The form for this log should be developed by the individual hospital, adapting it to the record system of the hospital, but it should be available for each intern at the time the program is surveyed by a representative of the Council on Medical Education.

In addition to its use during the program surveys, such a

log should be reviewed periodically by appropriate members of the hospital staff as part of a regular program analysis in order to assure that the educational experience of the intern is of the necessary scope and depth.

9. *Special Requirements for Programs of International Educational Exchange in Medicine.*—In addition to the foregoing requirements for all interns, 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) In addition to the program described in paragraph 4 of this section, orientation 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 III, "Selection of Interns," 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.

(1) 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.

(c) 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.

10. *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.

XI. NATURE OF THE INTERN'S DUTIES

Each intern caring for and in charge of patients should obtain and write or dictate the history, perform and record the results of the physical examination, and state his diagnosis on all patients assigned to him. He should perform laboratory work of such nature as will give him familiarity with and competence in the performance of those procedures which the practicing physician is ordinarily or usually called upon to perform. In addition, under adequate supervision he may be given some experience in the hospital laboratories with more complicated and difficult tests. He should be familiar with the proper use of such tests and the interpretation of the results. He should not be burdened by an excessive amount of routine procedures of limited educational value, nor should he be assigned to tasks of a non-professional

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nature. The non-operative and non-specialized treatment of each patient under his care is his responsibility under the critical guidance and supervision of the attending physician. Such supervision should be greater during the early stages of his internship with increasing responsibility afforded the intern as his training progresses and his capabilities are demonstrated.

He should make ward rounds with the attending and resident staffs at suitable intervals, preferably daily. At such times, he should visit the patients under his care and others, discussing their progress. He should receive instructions, information, criticisms, advice, suggestions, and assistance from his superiors, who thus contribute to his education. When serving on surgical services, he should attend operations to which he may be assigned. He should act in the capacity of an assistant, as directed by his superiors, thus attaining knowledge and experience with respect to operating room procedures and techniques.

The intern should make frequent progress notes on the record describing the patient's clinical course and should record all treatment or special diagnostic procedures or make certain that they are promptly and correctly recorded. When a patient is discharged, the intern should write a concluding note which summarizes the patient's course in the hospital, describes the patient's condition as he leaves, and states the final diagnosis.

He should attend autopsies on his own and other patients, seminars, staff meetings, clinico-pathological and radiologic conferences, and meetings at which there is a discussion of patients' records subsequent to discharge. In those hospitals with emergency and outpatient services, he should be given assignments in which the basic principles of his professional duties are the same as those on the inpatient service. He should meet the family and friends of his patients and judiciously confer with them. He should consult with social service regarding the social, emotional, and environmental aspects of the patient's disease and the community resources available.

In view of the importance of every physician learning to function as a member of a team, the intern should consult freely with the nursing staff, dietitians, and physical and occupational therapists, as well as with social service workers, concerning all problems which lie within their respective fields of interest. Similarly, he should not overlook the valued assistance he can frequently obtain from his patients' religious counselors. He should report all notifiable diseases as required by law to the proper authority.

Not infrequently the intern is given the opportunity to take a part in the instruction of medical students, nurses, social workers, and others who participate with him in teaching and service activities of the hospital. Such opportunities are to be welcomed as providing a stimulus to the intern to add to his own knowledge and understanding of a subject and to organize and clarify his thinking. Such opportunities also serve admirably to introduce the intern to the role of teacher, a role which in one capacity or another he will be called on to fill at many points in his later career.

An intern's duties and responsibilities are not discharged on a "nine-to-five" basis. While an acceptable internship provides for a reasonable amount of free time, his thought for and contact with his patients should be on a "round-the-clock" basis. He is thus properly subject to call at all times except when specifically off duty, and arrangement must be made to ensure his prompt availability. Such close attendance on his patients is an important factor in the educational experience of the intern.

Since the intern is a full-time student, he should devote his time to his educational program and may not accept outside remunerative positions. Exceptions to this principle should be made only with the approval of the hospital staff and administration.

Although acquisition of the necessary clinical experience is

best accomplished when the intern participates in the care of patients on a "round-the-clock" basis, it should be recognized that some flexibility is desirable when a rigid 24-hour per day schedule would prevent a qualified medical graduate from becoming a licensed practitioner. The Council has followed regularly the policy of recommending special internship programming for MD graduates with physical limitations.

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.

XII. MISCELLANEOUS

1. *Rules for the Intern Staff.*—A set of rules and regulations setting forth the intern's duties and privileges should be provided by the hospital. In a well-organized, comprehensive program these may be explained in the form of a manual to include floor procedures, general orders, and the like, in addition to defining the intern's responsibilities.

2. *Record of Interns' Assignments and Certificates of Service.*—It is advantageous both to the hospital and to the intern that an adequate record be kept of his activities on each service to which he is assigned. Such information is helpful to the hospital in evaluating its intern-training program and is required by some state licensing boards and other agencies. At the completion of his internship, he should be furnished with a certificate of service, attesting to the satisfactory completion of his training period. The hospital is justified in withholding such a certificate only if the intern fails to complete his internship or if his performance has been such as to indicate that he is unfit for the practice of medicine. Under no circumstances should the hospital arbitrarily refuse to issue such a certificate for relatively minor reasons. In the event of illness necessitating the intern's withdrawal from training, the hospital may properly issue a certificate to include the period of training completed.

3. *Interns' Stipends.*—Traditionally, the internship has been considered an extension of the physicians' education during which he provides the hospital with certain services in return for his experience. The increased costs of a medical education and the additional financial obligations with which many graduates are burdened have made the payment of a reasonable stipend to interns, which may be considered as a scholarship for graduate study, a widely accepted practice. However, when a hospital resorts to the payment of excessive salaries, bonuses, or other forms of remuneration to attract an intern staff, there is reason to question the adequacy of its educational program.

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4. *Interns' Living Quarters.*—It is expected that the hospital will provide its intern staff with healthful food as well as adequate living quarters and recreational facilities. The hospital may also provide suitable living accommodations for married interns, preferably within or adjacent to the hospital.

5. *Interns' Health.*—The hospital should be concerned with the intern's health during his period of service. Each intern should be given a thorough physical examination, including a roentgenogram of the chest and routine laboratory studies, at the beginning of and periodically as might be indicated during his internship. A member of the attending staff should be assigned the responsibility of acting as personal physician to the interns, with a readily available consultation service provided by other members of the attending staff. The hospital should be willing to accept a reasonable share of the responsibility for continuing care of long-term illness contracted by the intern directly in the discharge of his duties.

6. *Intern-Resident Relationship.*—In a hospital conducting both intern and residency training, care must be exercised to assure that neither group is neglected in the training program. The duties and responsibilities of both intern and resident should be clearly defined to preclude this possibility. It is obvious that the intern cannot be given the same degree of responsibility as that assumed by the resident. However, the intern should not be relegated to a position of an assistant to the resident performing routine duties of little or no educational value. A well-integrated intern-resident program can enhance the value of the training received by each member of the house staff. Conversely, a program in which either the intern's or the resident's training is stressed to the neglect of the other will result in a lowering of morale and consequent dissatisfaction. It is the responsibility of the chief of each service to assure that every member of the house staff is receiving the attention he requires and is given responsibility commensurate with his ability and stage of training.

7. *Hospital-Intern 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.

The Council urges that all inducements, representations, and agreements made with respect to the offer and acceptance of an internship be embodied in the terms of a written agreement which should specify at a minimum the following:

1. The term of the internship.
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 intern, or whether he will be expected to provide such insurance at his own cost if he desires the coverage.
5. Whether the hospital will provide hospitalization and health insurance for the intern 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 internship, including duration and sequence of the specified assignments to clinical, laboratory or ambulatory care facilities.

The internship agreement imposes ethical, moral, and legal obligations upon both the hospital and the intern. No internship 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 intern may be justified in terminating an internship prior to the expiration of its term. If the intern fails to perform the nor-

mal and customary services of an internship 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 internship.

A breach of the agreement by either a hospital or an intern is not condoned by the Council. Whenever complaints of such a breach are 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 record, and are made available upon request to authorized agencies.

8. *Employment Relationships of House Officers.*—The primary purpose of intern and resident program 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-board, the professional staff, and house officers, with institutional communication between the governing respect to service, research, and educational problems.
2. There must be a clearly-stated basis for annual re-appointment. 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 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.

XIII. ADMISSION TO THE APPROVED LIST^o

Application for Approval.—Hospitals that desire to qualify for approval for intern training should apply to the Council on Medical Education of the American Medical Association, 535 N. Dearborn St., Chicago 60610. Appropriate forms for this purpose will be furnished on request. They should be completed with care by the hospital administrator or a member of the staff who is acquainted with the hospital's proposed program, with one copy to be returned to the Council's office. On receipt of the application, arrangements will be made for a member of the Council's staff to visit the hospital for the purpose of reviewing the training program and inspecting facilities.

^oSee also "2. Policy Effective July 1, 1971," under "II. The Internship."

Evaluation of intern-training programs in hospitals will be made on an individual basis, with all available pertinent data taken into consideration and reasonable flexibility used in the application of requirements.

Approval for intern training, including the number and type of internships, is granted on an annual basis, through publication of the name of the hospital in the list of approved programs in the DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES. This Directory will appear each fall.

XIV. WITHDRAWAL FROM THE APPROVED LIST*

Recognition of a hospital for intern training may be withdrawn at any time it is adjudged by the Council that the hospital fails to comply with one or more of the requirements set forth in these "Essentials of an Approved Internship." Except for withdrawal on a basis of inactivity, at the request of the hospital, or for non-compliance with the ECFMG certification requirements for foreign medical graduates, the Council does not withdraw approval of a program unless major deficiencies are still uncorrected after a 12-18 month period of probationary warning.

Among other major deficiencies leading to probationary status are:

- (1) Failure to maintain an autopsy rate of at least 25%.
- (2) Failure to maintain an appropriate ratio of admissions per intern. While Section IV of these "Essentials" specifies that a hospital eligible for approval should have a minimum complement of six interns and a ratio of 15 to 25 beds per intern, an excessively rapid turnover of patients may result in such a high admission rate that the greatly increased work load will result in deterioration in the educational experience of the interns and unsatisfactory service to the hospital.
- (3) Failure to secure a minimal effective complement of interns for two successive years. It is in the direct interest of hospital service requirements that there be uninterrupted service coverage in each of the major clinical departments. This minimal effective complement should also provide for effective coverage during emergency room assignment, affiliated assignments and off-duty periods, for uninterrupted operation of the teaching program, a sufficiently large group of interns to permit the necessary group interaction during teaching activities, and effective stimulus to the staff to provide a real educational program.

Programs unable to secure a sufficient number of interns to provide minimal coverage of the above services for two successive years may remain approved only when no other significant deficiencies in the training program exist, and then only for a limited additional period of time if they continue to secure inadequate numbers of interns.

(4) Failure on the part of those responsible for the program to recognize and discharge their obligations as sponsors of Exchange-Visitor Programs with special attention to the necessary educational and cultural interchange among colleagues of diverse national origins. Internship programs will not be disapproved on the basis of specific proportions of foreign medical graduates. It is nevertheless a useful guide and meritorious objective for hospitals whose internship programs are composed predominantly of foreign-educated physicians, to strive to obtain a reasonable proportion of the total house officer complement (interns and residents) from among graduates of medical schools of the United States or Canada.

Lack of evidence of recognition, planning, and implementation of the special requirements described in Section X, paragraph 9, will be regarded as a deficiency in any program accepting numbers of foreign medical graduates. On the other hand, evidence of exceptional performance in this area, especially for a program composed wholly of such physicians, will warrant commendation by the Council on Medical Education.

The Council believes that all hospitals with approved programs share an equal moral responsibility for participation in

educational exchange programs. This responsibility is not limited to physicians from other lands who seek to further their education as house officers in our hospitals; it is also to our native-born house officers so that they may contribute to and receive the benefits of mutual understanding and knowledge resulting from a working relationship with their colleagues from other countries.

Re-applications for approval will not be accepted ordinarily from hospitals whose programs have been disapproved until lapse of a significant period of time for evaluation and reorganization. The Council considers that effective reorganization of disapproved programs will require a minimum of six months, and frequently longer, before re-application should be accepted.

The Council is concerned with any program which appears to accept numbers of interns which may be in excess of the educational resources and the service requirements of the hospitals involved. The medical staffs of both affiliated and non-affiliated hospitals should be prepared to justify each intern position offered, particularly where there are coexisting undergraduate clerkship programs and residency programs.

APPENDIX: SUGGESTIONS TO HOSPITALS NOT ELIGIBLE FOR INTERNSHIP APPROVAL

Hospitals which are unable to qualify for internship approval should give consideration to other means of providing adequate medical service. It should be noted that less than 15% of the hospitals in this country are approved for intern education. Although the immediate availability of physicians on a 24-hour basis and the maintenance of adequate clinical records is a major problem facing many hospitals lacking intern staffs, unquestionably a large proportion of them provide a high level of patient care despite this lack.

The following suggestions for providing adequate medical service on a 24-hour basis are offered to the staffs of hospitals unable to qualify for internship approval:

1. Depending on the size of the hospital, one or more younger physicians who have completed their formal hospital training may be employed to assist the attending staff in the care of their patients by performing certain of the functions ordinarily carried out by the house staff. An adequate salary and living quarters within the hospital or on the hospital property should be provided. These physicians should be employed under terms which conform to accepted ethical practices.
2. If the size of the hospital staff makes it practicable, responsibility for night duty, or 24-hour duty, may be arranged for through rotation of this assignment among the members of the junior attending staff.
3. If the junior staff is too limited in number, these duties may be rotated through the entire attending staff.
4. A junior attending or courtesy staff physician who is just starting the practice of medicine in the community may be employed on a part-time basis to care for emergencies and perform house-staff duties during the night.
5. Nurses, qualified technicians, and other ancillary personnel may be trained to perform many procedures ordinarily assigned to the intern staff.

With respect to the maintenance of adequate records, hospitals not conducting educational programs may give consideration to developing a type of clinical record that will be more economical of time and effort than the type required of hospitals conducting educational programs and still include all essential data. A concise, inclusive clinical summary, along with a brief history and report of physical examination, may frequently suffice for this purpose, particularly if supplemented by copies of records from the physician's office. Except for emergency admissions, the hospital could require that each referring physician supply a copy or summary of the patient's office examination and diagnosis to serve as an admission note.

*See also "2. Policy Effective July 1, 1971," under "II. The Internship."

*Now undergoing revision to coordinate with "Essentials of Approved Residencies"

Directory of Approved Residencies

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago 60610

Revised to July 1, 1974

Hospitals, Institutions, and Agencies: 1,683

Residency Positions Offered, as of July 1, 1975: 65,435

Residency training programs in the following specialties or subspecialties have been approved by the Council on Medical Education as meeting the requirements of the Essentials of Approved Residencies, which are published by the Council. For the majority of specialties, special Review Committees exist composed of representatives of the Council, representatives from the specialty boards concerned, and in some cases representatives from a national professional organization in that special field. The sponsoring parent organizations for the Review Committees approve changes in policy, but in general have delegated authority to the Review Committees for approval or disapproval of training programs and for their listing in this Directory, subject to subsequent review by the Liaison Committee on Graduate Medical Education.

Beginning with this issue, 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, 1973.

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 indicates 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.

The salary range lists the beginning minimum salary for a single resident. The salary data supplied by the hospital may be out of date by the time it is published; candidates should ascertain from the program directors whether the information shown in this Directory is still current and complete.

Numerical and other references are on Page 94 and pp. 233-235.

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6. Diagnostic Radiology	316	26. Plastic Surgery (Lists A and B)	279
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1. AEROSPACE MEDICINE

The programs in Aerospace Medicine that have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, List 27A.

2. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for THREE years of training, or for ONE year of specialized training at the third year level, by the Council on Medical Education 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 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE								
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	F. J. Dannemiller	9,000	400	3	6*	018	15,078	
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	J. A. Meyer	4,615	42	3	2C 1F	010		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	M. W. Lichtmann	7,120	250	3	2C 2*	014		
TEXAS								
Brooke Army Medical Center, San Antonio	R. R. Ritter	7,409	85	3	4C 2* 1F	015		
UNITED STATES NAVY								
CALIFORNIA								
Naval, Oakland	J. L. Steffenson	4,690	32	3	2C 2F	014		
Naval, San Diego	C. W. Jones	10,986	200	3	5C 4F	022		
MARYLAND								
Naval, Bethesda	R. J. Van Houten	5,870	325	3	5C 2F	014		
PENNSYLVANIA								
Naval, Philadelphia	D. R. Davis	3,619	45	3	3C 2F	011		
VIRGINIA								
Naval, Portsmouth	J. R. Collins	10,523	619	3	5C 2F	014		
UNITED STATES PUBLIC HEALTH SERVICE								
NEW YORK								
U. S. Public Health Service (Staten Island), New York City	J. A. Shoukas	1,920	96	3	3C 3F	005		184120
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center Children's	G. Corssen			3	6C	016	10,500	
University of Alabama Hospitals and Clinics	F. W. Ernst	4,955						
Veterans Admin.	G. Corssen	20,000	300					
	G. Corssen, F. Gutierrez	2,947	106					
FAIRFIELD								
Lloyd Noland	R. W. Grady	4,922	146	3	3C 2F	006	12,000	100811
ARIZONA								
TUCSON								
University of Arizona Affiliated Hospitals	B. R. Brown, Jr.			3	8*	008		101577
University Veterans Admin.		4,083 1,706	1,190 84				9,375	
ARKANSAS								
LITTLE ROCK								
University	D. S. Thompson	4,985	34	3	2C 4F	016	8,800	101865 101811
CALIFORNIA								
DAVIS								
University of California (Davis) Affiliated Hospitals	H. S. Davis, M. A. Carnes	4,201	336	3	3* 1F	014	10,300	104677 104620
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		4,201	336					

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	J. E. Steinhaus			3	12C 5*	029	9,600	111365 111377
Emory University Grady Memorial		6,234 7,759	103 1,095					
AUGUSTA								
Medical College of Georgia Hospitals Eugene Talmadge Memorial	Z. W. Gramlich	3,605	2	3	3C 3F	009	9,600	198520
ILLINOIS								
CHICAGO								
Cook County	V. J. Collins	10,973	954	3	2C 6F	030	11,600	112765 112720
Illinois Masonic Medical Center	A. Ivankovich	7,849	421	3	5C 4F	016	11,650	113720
Mc Gaw Medical Center of Northwestern University	E. A. Brunner			3	5* 2F	031	11,680	224777 224720
Children's Memorial	R. Levin	4,360	50					
Northwestern Memorial	A. Ronai	13,867	1,403					
Veterans Admin. Research	J. Ditzler	1,600	202					
Evanston (Evanston)	H. Epstein	6,651	384					
Michael Reese Hospital and Medical Center	R. F. Albrecht	11,831	853	3	9C	022	11,718	114265
Mount Sinai Hospital Medical Center of Chicago	H. S. Havdala	6,025	729	3	4C 1F	009	11,000	114465 114420
University of Chicago Hospitals and Clinics	T. N. Mac Krell	9,197	475	3	4*	022	11,125	116077
University of Illinois	A. P. Winnie	9,731	2,751	3	10C	029	10,860	115065
EVANSTON								
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)								
HINES								
Veterans Admin.	R. C. Balagot	13,472	188	3	4C	010	11,600	225765
MAYWOOD								
Loyola University Affiliated Hospitals Foster G. Mc Gaw	A. A. El-Etr	6,268	261	3	2* 2F	016	11,000	117077 117011
SPRINGFIELD								
Southern Illinois University Affiliated Hospitals Memorial Hospital of Springfield St. Johns	R. B. Boettner	19,000	400	3	3*	006	10,000	292277
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	V. K. Stoelting			3	7C	035		118765
Indiana University Hospitals		14,863	1,989				10,000	
Marion County General		7,681	200				10,000	
Veterans Admin.		7,489	125				10,500	
Methodist Hospital of Indiana	M. Krantz, C. Hasewinkel	32,929	170	3	2*	006	11,436	
IOWA								
IOWA CITY								
University of Iowa Affiliated Hospitals University of Iowa Hospitals Veterans Admin.	J. Moyers	17,784 3,128	1,068	3	9*	027	9,600	120377
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	R. T. Parmley	11,627	68	3	6C	020	12,000	
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	J. D. Hasbrouck			3	6C 1F	012	9,500	184865 184820
University Veterans Admin.		6,500 1,231	1,000 500					
LOUISVILLE								
University of Louisville Affiliated Hospitals	J. A. Aldrete			3	9C 3F	020	9,100	121765 121720
Children's Louisville General		3,011 10,920	22 292					
LOUISIANA								
NEW ORLEANS								
Charity Hospital of Louisiana	J. Adriani	15,000	1,000	3	4C 7F	022	9,000	122420
Ochsner Foundation	S. G. Welborn	7,454	150	3	2*	012	9,492	196677
MAINE								
PORTLAND								
Maine Medical Center	H. Sawyer	11,472	293	3	2C 2F	008	10,942	123620
MARYLAND								
BALTIMORE								
Johns Hopkins Affiliated Hospitals	D. Benson			3	7*	021	11,200	
Baltimore City Hospitals	O. W. Benson	3,967	617					
Johns Hopkins	D. W. Benson	22,578	151					
University of Maryland Affiliated Hospitals University of Maryland	M. Heirich	10,000	1,350	3	3*	024	12,050	125277

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MASSACHUSETTS								
BOSTON								
Beth Israel	J. Hedley-Whyte	8,767	1,181	3	4C	013	11,815	
Boston Hospital for Women	M. H. Alper	13,800	300	1	3C	003	14,300	
Children's Hospital and Medical Center	R. M. Smith	9,025	240	1	6C	006	11,500	
Lahey Clinic	F. Mc Alpine	7,586	447	3	2C	006		
Massachusetts General	R. J. Kitz	18,660	1,271	3	2C	047	10,900	126165
New England Medical Center	R. N. Reynolds	5,165	907	3	5*	015	11,314	126377
Peter Bent Brigham	L. D. Vandam	6,502	320	3	7C	020	11,200	126577
St. Elizabeth's Hospital of Boston	E. J. Fruggiero	10,350	785	3	3C	009	11,210	
University	B. J. Kripke	4,668	125	3	3C	006		
Veterans Admin.	D. L. Mahler	3,831	150	3	2C	004	11,245	
CAMBRIDGE								
Cambridge	F. L. Comunale	4,123	425	3	3C	013	10,200	126820
PITTSFIELD								
Berkshire Medical Center	R. Jacobs	7,534	1,208	3	1*	003	11,025	128177
SPRINGFIELD								
Springfield Hospital Medical Center	F. R. Dinale	15,874	520	3	2*	006	10,566	128677
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals	R. B. Sweet			3	8*	019		129377
University	R. B. Sweet	10,978	65				10,700	
Veterans Admin.	R. B. Sweet, A. B. Hill	2,326	33				11,300	
DETROIT								
Children's Hospital of Michigan	S. Austin	7,760	150	1	4*	012	13,300	
					9F			
Sinai Hospital of Detroit	E. M. Brown	18,647	2,306	3	3C	009	11,075	
SOUTHFIELD								
Providence	A. Kane	16,051	250	3	2*	006	12,050	130377
					1F			130320
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	F. H. Van Bergen			3	2*	016	10,200	133477
University of Minnesota Hospitals		9,408	1,286					
Veterans Admin.		1,140	60					
ROCHESTER								
Mayo Graduate School of Medicine	R. A. Theye			3	6*	026	11,000	132877
Rochester Methodist		15,875	800					
St. Mary's		23,083	1,400					
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	J. F. Arens			3	4C	014	9,400	195765
					2*			195777
					1F			195720
University	J. F. Arens	8,499	1,425					
Veterans Admin. Center	H. L. Gee	3,818	55					
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	G. W. N. Eggers, Jr.	4,739	50	3	4*	010	9,500	199477
					4F			199420
KANSAS CITY								
Children's Mercy	E. S. Brown	2,246	19	1	1C	001	10,500	
ST. LOUIS								
Barnes Hospital Group	C. R. Stephen	20,731		3	3C	010	10,500	
NEBRASKA								
OMAHA								
University of Nebraska	D. W. Wingard	4,323	227	3	3C	012	10,400	137665
NEW HAMPSHIRE								
HANOVER								
Mary Hitchcock Memorial	W. P. Sy	8,015	830	3	2C	006	9,500	137765
NEW JERSEY								
EAST ORANGE								
Veterans Admin.								
(See CMDNJ-New Jersey Medical School								
Affil. Hosps., Newark)								
HACKENSACK								
Hackensack	A. R. Wollack	11,500	250	3	1F	010	11,000	138720
JERSEY CITY								
Jersey City Medical Center								
(See CMDNJ-New Jersey Medical School								
Affil. Hosps., Newark)								
LIVINGSTON								
St. Barnabas Medical Center	R. K. Egge	17,203	117	3	1C	003	11,842	
LONG BRANCH								
Monmouth Medical Center	B. C. Kaye	8,681	30	3	2C	006	12,200	139265
NEWARK								
CMDNJ—New Jersey Medical School								
Affiliated Hospitals	B. M. Rigor			3	8C	009		139811
					1F			
Martland	B. M. Rigor	8,500	4,709				12,446	
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								
Veterans Admin. (East Orange)	M. I. Aleniowski	3,500	50				12,813	
Jersey City Medical Center (Jersey City)	J. Presbitero, W. Bernhard						12,500	

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW JERSEY, NEWARK —Continued								
Newark Beth Israel Medical Center	C. Beverly	9,233	406	3	2C	006	12,465	
PATERSON								
St Joseph's Hospital and Medical Center	H. Grant	8,909	180	3	2C 1F	009	11,385	140611
NEW YORK								
ALBANY								
Albany Medical Center	W. McCafferty	13,030	25	3	2*	008	11,125	141477
BUFFALO								
Buffalo General	R. N. Terry	13,387	118	3	13C 1*	014	11,300	143677
Children's Hospital of Buffalo	M. J. Downey, Jr.	7,831	213	1	4C	004		
Millard Fillmore	J. Cullen	1,380	483	3	4C 1F	013	10,800	144020
S. U. N. Y. at Buffalo Affiliated Hospitals	R. Markello	9,028	15	3	2*	006	11,300	
Deaconess Hospital of Buffalo	N. P. Mac Allister	4,049	155				11,300	
Edward J. Meyer Memorial	R. Markello							
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	I. G. Weinberg	5,368	475	3	10C 1*	011	11,874	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	S. N. Surks			3	7C	014	14,700	
Long Island Jewish—Hillside Medical Center	S. N. Surks	11,830	1,025				14,700	
Queens Hospital Center (New York City)	L. Steinberg	5,616	768					
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	L. R. Orkin			3	12C 5*	036	13,500	193177
Bronx Municipal Hospital Center	L. R. Orkin	6,486	6,647					
Hospital of the Albert Einstein College of Medicine	C. Andrews	9,163	332					
Lincoln	J. Mehta	2,694						
Beth Israel Medical Center	S. Joffe	9,947	2,980	3	7C	015	14,700	
Brookdale Hospital Center	A. Abadir	11,841	750	3	5*	015	13,500	141977
French and Polyclinic Medical School and Health Center	J. Milowsky	7,024	325	3	3C	009	14,700	
Harlem Hospital Center	H. G. Cave	8,648	379	3	4C 2F	010	14,700	147820
Jewish Hospital and Medical Center of Brooklyn	A. Chiron	10,978	118	3	5C	012	14,700	
Maimonides Medical Center Training Program	P. Sechzer			3	6C	011	14,000	
Maimonides Medical Center	P. Sechzer	14,000	450					
Coney Island	C. Lamanto	3,859	727					
Misericordia—Fordham Training Program	A. L. Mauro			3	6C	014	14,700	
Misericordia		7,662	4,780					
Fordham		3,014	1,649					
Montefiore Hospital Training Program	D. Duncalf			3	7C	022	13,500	
Montefiore Hospital and Medical Center		8,728	1,255					
Morrisania City		3,979	377					
Mount Sinai Hospital Training Program	L. Rendell-Baker			3	17C	040		
Mount Sinai	L. Rendell-Baker	16,273	784				14,000	
City Hospital Center at Elmhurst	V. Bhardwaj	8,234	761				14,700	
Hospital for Joint Diseases and Medical Center	A. M. Betcher	3,826	196				13,500	
Veterans Admin. (Bronx)	L. Rendell-Baker	3,348	233				15,394	
New York Hospital—Cornell Medical Center and Affiliated Hospitals	J. F. Artusio, Jr.			3	6*	018	14,700	149277
New York Hospital	J. F. Artusio, Jr.	20,282	800					
Memorial Hospital for Cancer and Allied Diseases								
Hospital for Special Surgery								
New York Medical College—Metropolitan Hospital Center	D. Bizzarri, J. Giuffrida			3	7C 5*	020	14,700	
Unit 1—Flower and Fifth Avenue Hospitals	D. Bizzarri	7,814	172					152120
Unit 2—Metropolitan Hospital Center	D. Bizzarri, J. Giuffrida	10,193	7,884					
Grasslands (Valhalla)	K. Shibutani	1,683	3,825				14,000	
New York University Medical Center	H. Turndorf			3	2C 5*	008	14,000	297865 297877
Belleuve Hospital Center		7,500						
University		12,000						
Veterans Admin. (Manhattan)		6,000						
Presbyterian	H. H. Bendixen	19,551	2,000	3	5C	030	12,660	149565
Queens Hospital Center (See L. I. Jewish-Hillside Med. Center Program, New Hyde Park)								
St. Luke's Hospital Center	L. S. Bianco	10,700	150	3	7C	018	14,700	
St. Vincent's Hospital and Medical Center of New York	R. G. Hicks	8,069	1,147	3	3C	009	14,700	
S. U. N. Y. Downstate Medical Center	B. King			3	9*	025		
Kings County Hospital Center		7,977	400				14,700	
State University		4,279	200				14,772	
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	A. J. Gillies	10,953	400	3	4C	012	10,900	

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK—Continued								
SYRACUSE								
St. Joseph's Hospital Health Center	H. K. Morrell, Jr.	8,510	310	3	2*	009	10,555	151877
S. U. N. Y. Upstate Medical Center	E. T. Thomas			3	6C	018	11,861	
State University	E. T. Thomas	6,414	190					
Crouse Irving—Memorial	E. T. Thomas	11,000	100					
Veterans Admin.	L. Eisenberg	2,661	74					
VALHALLA								
Grasslands (See N. Y. Med. Coll.—Metropolitan Hosp. Ctr., New York City)								
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	K. Sugioka	7,559	190	3	6C 6*	016	10,475	190077
DURHAM								
Duke University Affiliated Hospitals	M. H. Harmel			3	3*	015	10,350	152977
Duke University Medical Center	M. H. Harmel	15,038	240					
Veterans Admin.	L. C. Hollandsworth	5,657						
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	T. H. Irving	8,929	150	3	6*	012	10,000	153777
OHIO								
AKRON								
Children's Hospital of Akron	D. S. Nelson	8,064	40	1	1C	001	11,600	
CINCINNATI								
University of Cincinnati Hospital Group	B. Craythorne			3	8C	024		
Children's	C. Melampy	7,120	350					
Cincinnati General	B. Craythorne	8,761	60				10,128	
Veterans Admin.	B. Craythorne	2,844	97				11,932	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	J. S. Gravenstein			3	12*	042		155277
University Hospitals of Cleveland		14,724	300				11,000	
Veterans Admin.		4,261	30				11,506	
Huron Road Hospital—Cleveland Clinic	E. R. Malia, J. F. Vijioen			3	3* 1F	034		157177 196820
Huron Road Cleveland Clinic	E. R. Malia	6,562	296				10,700	
St. Luke's	J. F. Vijioen	22,716	1,275				10,950	
	B. B. Sankey	10,569	358	3	2C	005	11,000	156065
COLUMBUS								
Ohio State University Hospitals	W. Hamelberg	22,000	500	3	5C	015	11,000	156665
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals								
Hospital of Medical College of Ohio at Toledo	L. E. Morris	1,998	200	3	1C 1*	007	10,008	157965
Toledo	P. J. Ditmyer	11,559	22	3	3C	008	10,008	158365
YOUNGSTOWN								
Youngstown	D. W. Metcalf	16,678	953	3	2* 2F	014	10,500	158577 158520
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	S. Deutsch			3	3* 3F	014		158877 158820
University of Oklahoma Hospital and Clinics	S. Deutsch	6,426	1,232				10,023	
Veterans Admin.	C. A. Carmack	2,291	147				10,000	
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	N. A. Bergman			3	7C 8F	027		159920
University of Oregon Medical School Hospitals and Clinics	N. A. Bergman	8,358	1,250				9,000	
Veterans Admin.	M. L. Darsie	2,896	18				11,088	
PENNSYLVANIA								
HERSHEY								
Milton S. Hershey Medical Center of the Pennsylvania State University	A. E. Yeakel	5,000	200	3	2* 1F	011	10,584	161777 161720
JOHNSTOWN								
Conemaugh Valley Memorial	P. C. Lund	10,946	2,130	3	4C 2F	012	9,450	161665 161620
PHILADELPHIA								
Albert Einstein Medical Center	B. Goldstein	12,984	66	3	5C	011	10,600	163165
Hahnemann Medical College and Hospital	H. L. Price			3	4C	012	11,200	162765
Hospital of the University of Pennsylvania	H. Wollman	15,100	650	3	10*	056	11,300	162877
Children's Hospital of Philadelphia	J. J. Downes, Jr.	3,500	1,000				12,600	
Veterans Admin.	H. Wollman	2,594	275				12,750	
Presbyterian—University of Pennsylvania Medical Center	S. Bloom	4,517	110	3	1C 2F	005	10,650	164120
Temple University	J. Houston, L. Krumperman	10,220	724	3	2*	015	11,299	164677
St. Christopher's Hosp. for Children	B. W. Mayer	4,383	250				11,000	
Thomas Jefferson University	J. J. Jacoby	10,186	650	3	4C 4* 1F	015	10,700	163065 163077 163020

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA—Continued								
PITTSBURGH								
Allegheny General Hospitals of the University Health Center of Pittsburgh	R. L. Patterson	10,757	1,643	3	3C	008	12,285	
Presbyterian—University Children's Hospital of Pittsburgh Eye and Ear Hospital of Pittsburgh Magee—Womens Montefiore Veterans Admin.	P. Safar, R. B. Smith	44,632	5,000	3	6* 1F	018	10,017	165277 165020
Mercy	J. H. Marcy	7,300						
	R. B. Smith	6,518	97					
	R. Mc Kenzie	10,789	19					
	S. Finestone	13,262	125					
	B. Kirimli	6,923	168					
	E. S. Siker	2,646	466	3	2* 1F	012		164977 164920
Western Pennsylvania	O. C. Phillips	9,588	315	3	4C 2F	009	11,615	165920
SAYRE								
Robert Packer	E. A. Talmage	4,852	248	3	1C	003	8,500	166465
PUERTO RICO								
PONCE								
Hospital De Damas	J. L. Jimenez-Velez	3,610	167	3	1F	003	9,600	
SAN JUAN								
University of Puerto Rico Affiliated Hospitals Industrial San Juan City University District	C. H. Garcia	18,221	300	3	2C	006	9,660	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals Medical University of South Carolina Veterans Admin.	J. Mahaffey	6,525 1,229	187 50	3	3C	012	9,700 9,902	168065
TENNESSEE								
KNOXVILLE								
University of Tennessee Memorial Research Center and Hospital	W. F. Powell			3	1C	003	9,111	
MEMPHIS								
University of Tennessee Affiliated Hospitals City of Memphis Hospitals	W. C. North	12,503	597	3	2C 2F	020	11,976	184465 184420
NASHVILLE								
Vanderbilt University	B. E. Smith	8,754	278	3	2*	013	9,394	170277
TEXAS								
DALLAS								
Parkland Memorial	M. T. Jenkins	20,476	1,008	3	16* 1F	050	8,784	283577 283520
GALVESTON								
University of Texas Medical Branch Hospitals	C. R. Allen	11,499	758	3	3*	024	9,600	171477
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	L. Schuhmacher, Jr.			3	12C 6F	038	10,140	171665 171620
Ben Taub General Jefferson Davis Methodist St. Luke's Episcopal Texas Children's Veterans Admin.	L. Schuhmacher, Jr.	6,844 7,115 25,064 14,568 4,725 5,982	41 6				9,000 9,540 9,540 9,540	
University of Texas at Houston Affiliated Hospitals	W. H. Mannheimer		40					
Hermann St. Joseph University of Texas M. D. Anderson Hospital and Tumor Institute	A. Sladen			3	1C 5* 6F	013		292377 292320
	F. P. Thomas	14,626	18				9,324	
	L. T. Johnson, Jr.	15,903	342				9,480	
	W. S. Derrick	5,300	312					
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching	H. L. Zauder	9,500	305	3	6*	022	9,700	172277
TEMPLE								
Scott and White Memorial	M. K. Mendenhall	6,939		3	1F	006	10,000	172520
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals University Holy Cross Hospital of Salt Lake City Latter—Day Saints Primary Children's St. Mark's Shriners Hospital for Crippled Children Veterans Admin.	W. S. Jordan	6,915 11,393 13,243 5,714 6,623 326 3,678	10 148 32	3	7C	021	10,300 9,600 10,300 9,600	
	W. S. Jordan							
	R. M. Stovall							
	E. S. Maier							
	R. A. Elwyn							
	J. H. Allen							
	W. S. Jordan							
	A. S. Paterson							
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	J. Abajian, Jr.	9,960	840	3	2*	009	9,250	173477
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	R. M. Epstein	10,577	2,302	3	3C 2F	016	9,400	113720

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
VIRGINIA—Continued								
RICHMOND								
Virginia Commonwealth Univ. M.C.V. Affiliated Hospitals	C. P. Boyan	10,378	478	3	4*	010	9,900	174377
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	J. J. Bonica			3	7*	036		191877
Children's Orthopedic Hospital and Medical Center	K. E. Eather	4,495	149					
Harborview Medical Center	F. Freund	3,047	910					
University	J. J. Bonica	5,325	129				9,252	
Veterans Admin.	G. M. Aasheim	1,721	100				9,252	
Tacoma General (Tacoma)	P. H. Backup	9,138	163				9,780	
Virginia Mason	P. O. Bridenbaugh	8,000	1,500	3	7C 5F	018	8,839	175620
TACOMA								
Tacoma General (See University of Washington Affiliated Hospitals, Seattle)								
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	R. B. Knapp	7,173	960	3	2*	015	9,700	183777
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	S. C. Alexander			3	5* 3F	021	10,200	177977 177920
University Hospitals	S. C. Alexander	3,792	542					
Veterans Admin.	D. C. Bohlman	2,259	44					
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	E. O. Henschel			3	10C 3F	030		178420
Milwaukee County General	E. O. Henschel	6,264	1,219				10,532	
Veterans Admin. Center (Wood)	E. O. Henschel	3,403	1,187				11,002	

3. CHILD PSYCHIATRY

The programs in Child Psychiatry that have been approved by the Council on Medical Education 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 28D.

4. COLON AND RECTAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
LOS ANGELES								
Queen of Angels	B. R. Jackson	10	499	53	1C	001	15,000	
ILLINOIS								
CHICAGO								
Cook County	H. Abcarian	17	651	4,172	1C	002	15,200	
URBANA								
Carle Foundation	G. B. Thow	20	295	4,642	1C	001	12,000	
LOUISIANA								
NEW ORLEANS								
Ochsner Foundation	J. E. Ray	15	571	12,484	2C	002	11,602	
MARYLAND								
BALTIMORE								
Greater Baltimore Medical Center	J. Rosin	100	864	1,804	1C	002	15,000	
MASSACHUSETTS								
BOSTON								
Lahey Clinic	M. C. Veidenheimer	38	532	11,571	1C	002	13,134	
MICHIGAN								
GRAND RAPIDS								
Ferguson—Droste—Ferguson	W. P. Mazier	96	4,432	16,607	5C	005	9,000	
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	S. M. Goldberg				3C	003	11,700	
University of Minnesota Hospitals		2	200	5,000				
Veterans Admin.		35	735	1,220				

4. COLON AND RECTAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MINNESOTA—Continued								
ROCHESTER								
Mayo Graduate School of Medicine	R. J. Spencer			26,657	2C	004	12,500	
Rochester Methodist		17	956					
St. Mary's		25	757					
NEW JERSEY								
PLAINFIELD								
Muhlenberg	E. P. Salvati	15	904	59	1C	002	14,400	
NEW YORK								
BUFFALO								
Buffalo General	J. E. Alford	8	331	396	1C	001	12,800	
Deaconess Hospital of Buffalo	B. A. Portin	14	542	404	1C	001	13,500	
OHIO								
CLEVELAND								
Cleveland Clinic	R. B. Turnbull	73	1,146	6,144	1C	003	13,000	
COLUMBUS								
Grant	R. B. Samson	25	700	85	1C	001	12,600	
PENNSYLVANIA								
ALLENTOWN								
Allentown	G. L. Kratzer			134	2C	002	13,550	
ERIE								
St. Vincent	F. J. Theuerkauf, Jr.	11	470	426	2C	002	13,100	
PHILADELPHIA								
Temple University	A. R. Gennaro	12	374	972	2C	002	13,846	
TEXAS								
DALLAS								
Baylor University Medical Center	W. Bailey	23	1,127	122	1C	001	10,776	
Presbyterian Hospital of Dallas	R. J. Rowe	7	229	2,000	1C	001		
HOUSTON								
University of Texas at Houston Affiliated Hospitals	J. W. Harris	17	822	538	1C	001	12,324	
Hermann								

5. DERMATOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Dermatology, through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
UNITED STATES AIR FORCE									
TEXAS									
Wilford Hall U. S. A. F. Medical Center, San Antonio	C. S. Thurston	16	67	24,687	3	3C	009	16,278	
UNITED STATES ARMY									
CALIFORNIA									
Letterman Army Medical Center, San Francisco	R. B. Odom	3	46	14,569	3	2C 1F	007		
COLORADO									
Fitzsimons Army Medical Center, Denver	D. D. Nuss	4	84	16,472	3	2C	006		
DISTRICT OF COLUMBIA									
Walter Reed Army Medical Center, Washington	O. G. Rodman	4	67	16,050	3	3C	009		
TEXAS									
Brooke Army Medical Center, San Antonio	C. W. Lewis	4	116	33,000	3	4C 1F	013		
UNITED STATES NAVY									
CALIFORNIA									
Naval, San Diego	W. E. Carson	25	262	52,131	3	4C 2F	014		
MARYLAND									
Naval, Bethesda	W. M. Narva	1	46	22,000	3	2C 1F	007		
PENNSYLVANIA									
Naval, Philadelphia	B. L. Johnson, Jr.	5	83	11,393	3	3C 2F	011		
UNITED STATES PUBLIC HEALTH SERVICE									
MARYLAND									
National Institutes of Health—Clinical Center, Bethesda					2				
NEW YORK									
U. S. Public Health Service (Staten Island), New York City	J. P. Fields	20	129	9,880	2	2C 2F	006		184120

APPROVED RESIDENCIES

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5. DERMATOLOGY—Continued

		Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM	University of Alabama Medical Center University of Alabama Hospitals and Clinics Veterans Admin.	R. O. Noojin	7	106	31,826 1,440	3	3C 008	10,500	
FAIRFIELD	Lloyd Noland	P. G. Reque	3	51	7,471	2	1C 1F 003	12,000	100820
ARKANSAS									
LITTLE ROCK	University of Arkansas Medical Center University Veterans Admin. Consolidated	G. T. Jansen	1	48 266	5,587 3,357	3	2C 1F 007	8,800 9,708	101866 101811
CALIFORNIA									
IRVINE	University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange) Veterans Admin. (Long Beach)	J. H. Graham	18	481	2,418 11,500	3	4C 012	14,176 15,394	
LONG BEACH	Veterans Admin. (See Univ. of California (Irvine) Affiliated Hosp., Irvine)								
LOS ANGELES	Los Angeles County—U. S. C. Medical Center U. C. L. A. Veterans Admin. Center—Wadsworth	N. E. Levan R. M. Reisner E. T. Wright	15 3 8	403 160 122	17,630 8,389 8,220	3 3 3	5F 014 3* 009 2C 007	14,916 11,700 15,394	103320
ORANGE	Orange County Medical Center (See Univ. of California (Irvine) Affiliated Hosp., Irvine)								
PALO ALTO	Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
SAN DIEGO	University of California, San Diego—University Hospital	R. B. Stoughton	1	40	2,357	3	1C 005	10,300	104966
SAN FRANCISCO	Pacific Medical Center—Presbyterian (See Stanford University Affiliated Hospitals, Stanford) University of California Program H. C. Moffitt—University of California Hospitals San Francisco General Veterans Admin.	W. L. Epstein W. L. Epstein W. Hennessy H. I. Maibach	9 9 3	284 10 196	12,038 3,112 3,807	3	5C 1F 014	11,700 10,300	105812
STANFORD	Stanford University Affiliated Hospitals Stanford University Veterans Admin. (Palo Alto) Pacific Medical Center—Presbyterian (San Francisco)	E. M. Farber E. M. Farber D. A. Harris H. M. Schneidman	9 9	277 209	12,410 1,963	3	4C 012	10,000	
COLORADO									
DENVER	University of Colorado Affiliated Hospitals University of Colorado Medical Center Denver General Veterans Admin.	W. M. Sams, Jr. W. M. Sams, Jr. E. G. Thorne E. G. Thorne	5	520	6,400 5,400 2,375	3	8C 008	9,612	
CONNECTICUT									
NEW HAVEN	Yale—New Haven Medical Center Yale—New Haven	A. B. Lerner	8	165	10,000	3	2C 007	12,210	
DISTRICT OF COLUMBIA									
WASHINGTON	Freedmen's George Washington University	J. A. Kenney, Jr. R. S. Higdon	2 3	20 167	9,504	3 3	1C 1F 008 1C 003	12,581 11,150	
FLORIDA									
MIAMI	University of Miami Affiliated Hospitals Jackson Memorial Veterans Admin.	H. Blank	15 9	325 330	8,623 3,870	4	5C 5F 020	10,816	
MIAMI BEACH	Mount Sinai Hospital of Greater Miami	P. Frost, N. Zaias	3	139	3,893	3	2C 006	11,723	110566
GEORGIA									
ATLANTA	Emory University Affiliated Hospitals Emory University Grady Memorial Veterans Admin. (Decatur)	A. C. Brown A. C. Brown A. C. Brown I. Willis	2	123	5,821 1,458	3	2C 006	10,080	

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
MISSOURI									
COLUMBIA									
University of Missouri Medical Center	P. C. Anderson	8	100	11,000	3	3C	009	10,500	
ST. LOUIS									
Barnes Hospital Group	A. Z. Eisen	70	278	15,700	3	3*	009	10,500	
NEBRASKA									
OMAHA									
University of Nebraska Affiliated Hospitals	R. M. Fusaro				3	2C	006		
Bishop Clarkson Memorial									
University of Nebraska				2,688				10,400	
Veterans Admin.				856				10,500	
NEW HAMPSHIRE									
HANOVER									
Mary Hitchcock Memorial	R. D. Baughman	14	343	10,036	3	2C	008	10,100	
NEW MEXICO									
ALBUQUERQUE									
University of New Mexico Affiliated Hospitals	E. B. Smith				3	1C	003		
Bataan Memorial	C. F. Merwin		3	8,718					
Bernalillo County Medical Center	E. B. Smith		9	2,019				9,400	
Veterans Admin.	E. B. Smith	2	108	2,717				8,916	
NEW YORK									
ALBANY									
Albany Medical Center Affiliated Hospitals	L. R. Lumpkin				3	2C	006	11,800	
Albany Medical Center	L. R. Lumpkin	5	133	4,018					
Veterans Admin.	S. Bondurant	6	350	1,075					
BUFFALO									
Roswell Park Memorial Institute	H. L. Stoll	6	55	4,626	1	1C	001	11,236	
S. U. N. Y. at Buffalo Affiliated Hospitals	R. L. Dobson				3	5*	015		
Buffalo General				1,828					
Children's Hospital of Buffalo			14	1,635					
Edward J. Meyer Memorial			51	5,274					
Veterans Admin.		5	46	1,570					
NEW YORK CITY									
Albert Einstein College of Medicine	M. Fisher, G. Lazarus				3	2C	010		
Affiliated Hospitals	M. Fisher	7	78	7,649					
Bronx Municipal Hospital Center									
Hospital of the Albert Einstein College of Medicine	M. Fisher	1	4	2,000					
Montefiore Hospital and Medical Center	G. Lazarus	4	40	7,000					
Morrisania City	G. Lazarus			5,000					
Mount Sinai Hospital Training Program	H. Shatin				3	1C	003		
Mount Sinai	H. Shatin	1	36	8,274				15,200	
City Hospital Center at Elmhurst	I. Kantor	1	24	6,631				14,700	
New York Hospital	F. Daniels, Jr.	6	150	11,600	3	3C	009	14,700	
New York Medical College—Metropolitan Hospital Center	E. H. Mandel	3	150	10,000	3	3C	009	14,700	
Unit 1—Flower and Fifth Avenue Hospitals									
Unit 2—Metropolitan Hospital Center									
Unit 3—Bird S. Coler Memorial Hospital and Home									
New York University Medical Center	R. L. Baer				3	2C	020		297866
Bellevue Hospital Center		18	235	13,579					
University		16	344	22,879					
Veterans Admin. (Manhattan)		29	525	1,900				15,394	
Presbyterian	L. C. Harber	5	121	20,892	3	2C	006		
St. Luke's Hospital Center	A. W. Young, Jr.	3	55	8,294	2	1C	003	14,700	
S. U. N. Y. Downstate Medical Center					3	2C	007		
Kings County Hospital Center	L. Frank	8	118	10,947				14,700	
State University	L. Frank	5	108	1,601				14,772	
Veterans Admin. (Brooklyn)	Y. L. Lynfield	11	490	1,980				15,394	
Veterans Admin. (Bronx)	H. Shatin	34	444	2,228	2	2C	004	15,394	
NORTH CAROLINA									
CHAPEL HILL									
North Carolina Memorial	C. E. Wheeler, Jr.	6	449	11,731	3	3C	009	10,474	
OURHAM									
Duke University Medical Center	J. L. Callaway	2	88	10,392	3	3C	007	10,350	
OHIO									
CINCINNATI									
University of Cincinnati Hospital Group	L. Goldman	6	182	6,543	3	3C	010	9,685	
Cincinnati General									
CLEVELAND									
Case Western Reserve University Affiliated Hospitals	B. Michel	4	108	4,698	3	3C	009	11,000	
University Hospitals of Cleveland		4	162	3,000					
Veterans Admin.	H. H. Roenigk	24	528	16,439	3	3C	010	10,950	
Cleveland Clinic						1F			196820
Cleveland Metropolitan General	J. R. Pomeranz	2	71	8,405	3	2C	008	11,500	
COLUMBUS									
Ohio State University Hospitals	E. D. Lowney	4	120	27,500	3	2C	004	8,500	
OKLAHOMA									
OKLAHOMA CITY									
University of Oklahoma Health Sciences Center	M. A. Everett				3	2C	006		158820
						3F			
University of Oklahoma Hospital and Clinics		1	42	4,792				10,550	
Veterans Admin.		2	20	2,080				10,000	

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	W. C. Lobitz, Jr.				3	4C 012		
University of Oregon Medical School Hospitals and Clinics Veterans Admin.		2	61 5	7,977 1,187			9,600 11,088	
PENNSYLVANIA								
DANVILLE								
Geisinger Medical Center	R. F. Dickey	1	20	26,350	3	2* 008	11,000	160890
PHILADELPHIA								
Hahnemann Medical College and Hospital	R. Fleischmajer	22	215	5,300	3	1C 003	10,500	
Temple University	F. Urbach	7	203	15,138	3	4C 011	11,299	
Thomas Jefferson University	H. A. Lüscombe	1	21	3,823	3	1C 003 1F	11,600	163020
University of Pennsylvania Affiliated Hospitals	W. B. Shelley				3	1C 011 1F		
Graduate Hospital of the University of Pennsylvania		1	67	2,260			11,507	
Hospital of the University of Pennsylvania		5	163	8,821			11,300	
Pennsylvania		1	33	2,811			11,700	
Philadelphia General		6	137	8,719			10,492	
Veterans Admin. Children's Hospital of Philadelphia		6	160	1,450			12,750	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	P. S. Porter				3	2C 006 1F	11,130	165020
Children's Hospital of Pittsburgh	P. S. Porter		10	483				
Mercy	P. S. Porter							
Presbyterian—University	P. S. Porter	1	164	5,275				
Shadyside	J. Mc Sorley							
Veterans Admin.	M. L. Nieland	1	45	1,120				
Western Pennsylvania	H. L. Wechsler	1	44	1,359			11,615	
PUERTO RICO								
SAN JUAN								
University District	V. Torres	1,712	85	22,377	3	3F 012	9,660	
RHODE ISLAND								
PAWTUCKET								
Memorial (See Brown University Affiliated Hospitals, Providence)								
PROVIDENCE								
Brown University Affiliated Hospitals	C. J. Mc Donald			11,622	3	3* 009	11,868	
Roger Williams General	C. J. Mc Donald	5	137	6,222				
Miriam	A. B. Kern			370				
Rhode Island	C. S. Sawyer	2	23	2,569				
Memorial (Pawtucket)	B. L. Schiff	1	18	111				
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals	E. W. Rosenberg				3	3C 008 1F		184420
City of Memphis Hospitals	E. W. Rosenberg	2	61	5,089			9,900	
Veterans Admin.	K. Hashimoto	5	129	2,825			11,331	
TEXAS								
DALLAS								
Parkland Memorial	J. H. Herndon, Jr.			4,567	3	2C 006	8,784	
GALVESTON								
University of Texas Medical Branch Hospitals	J. F. Mullins	10	122		3	2C 006	10,300	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	J. M. Knox				3	4C 013 1F		171666 171620
Ben Taub General	J. M. Knox	1	14	8,973			10,140	
Veterans Admin.	A. H. Rudolph	10	270	5,463			9,540	
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	E. P. Cawley	5	111	12,171	3	2* 006	9,900	
RICHMOND								
Virginia Commonwealth University M.C.V. Affiliated Hospitals	W. K. Blaylock				3	1C 009 1*		
Medical College of Virginia Hospitals		5	168	17,293			9,400	
Veterans Admin.		4	128	2,950			10,584	
WASHINGTON								
SEATTLE								
University	G. F. Odland, W. B. Baker			2,854	3	1C 004		
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	W. A. Welton	2	62	5,675	3	1C 003	9,700	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	D. J. Cripps					2* 008 2F		177920
University Hospitals	D. J. Cripps	4	167	7,106			10,200	
Veterans Admin.	D. J. Cripps	1	43	1,519				
Marshfield Clinic (Marshfield)	W. F. Schorr	4	130	14,215			10,800	

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
WISCONSIN—Continued									
MARSHFIELD									
Marshfield Clinic (See University of Wisconsin Affiliated Hospitals, Madison)									
MILWAUKEE									
Medical College of Wisconsin Affiliated Hospitals									
	G. B. Theil				3	3C 1F	007		178420
Milwaukee County General Veterans Admin. Center (Wood)									
		3	51	5,597 5,160				10,532 11,022	

6. DIAGNOSTIC RADIOLOGY

Residency programs in Diagnostic Radiology that have been approved by the Residency Review Committee for Radiology, are listed following programs in Radiology, and are indicated as List 30B.

7. FAMILY PRACTICE

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
UNITED STATES AIR FORCE						
DISTRICT OF COLUMBIA						
Malcolm Grow U. S. A. F. Medical Center, Washington						
	J. Tilles	20,000	6C	018		
ILLINOIS						
U. S. A. F. Medical Center, Scott A. F. B.						
	J. J. Saalwaechter	30,000	6C 2F	018		
OHIO						
U. S. A. F. Medical Center, Wright—Patterson A. F. B.						
	M. A. Wildeman	361,825	8C	030		
UNITED STATES ARMY						
CALIFORNIA						
Silas B. Hayes Army, Fort Ord						
	D. L. Swanson	19,676	4*	012		
GEORGIA						
Martin Army, Fort Benning						
	K. E. Holtzapple	14,445	6C	018		
Eisenhower Army Medical Center, Fort Gordon						
	F. A. Moorhead	12,000	6C	018		
HAWAII						
Tripler Army Medical Center, Honolulu						
	W. H. Brownlee		6C	022		
NORTH CAROLINA						
Womack Army, Fort Bragg						
	W. S. Mc Cormick	2,530	6C	018		
VIRGINIA						
De Witt Army, Fort Belvoir						
	H. C. Reister		6C	018		
WASHINGTON						
Madigan Army Medical Center, Tacoma						
	A. M. Vazquez	18,245	6C	022		
UNITED STATES NAVY						
CALIFORNIA						
Naval, Camp Pendleton						
	P. Flandermeier	21,758	6C	018	14,348	
FLORIDA						
Naval Regional Medical Center, Jacksonville						
	J. C. Baggett	24,996	6C	018		
Naval, Pensacola						
	G. C. Bingham	15,638	4C	012		
SOUTH CAROLINA						
Naval, Charleston						
	R. Higgins	196,372	6C	018		
NONFEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
HUNTSVILLE						
University of Alabama Program Huntsville						
	R. Brown	150,000	7C	019	10,000	294718
TUSCALOOSA						
University of Alabama College of Community Health Sciences						
	R. O. Rutland	62,846	8C	024	11,500	295518
ARIZONA						
PHOENIX						
Good Samaritan						
	R. Price	7,500	4C	012	9,456	101118
St. Joseph's Hospital and Medical Center						
	D. E. Mc Hard		4C	012	10,200	101218
SCOTTSDALE						
Scottsdale Memorial						
	R. W. Brazie		4C	012	8,600	296718

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ARIZONA —Continued						
TUCSON University	J. W. Tapp	6,000	10C	024	9,375	101518
ARKANSAS						
LITTLE ROCK University of Arkansas Medical Center Arkansas Baptist Medical Center Arkansas Children's St. Vincent Infirmary University	J. M. Tudor, Jr.	39,000	20C	060	9,000	101818
CALIFORNIA						
DAVIS University of California (Davis) Affiliated Hospitals	J. P. Geyman		8C 2F	036	10,300	104618 104620
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		7,200				
FRESNO University of California (S.F.) Affiliated Hospital Valley Medical Center of Fresno	F. X. Mohaupt	4,054	6C	018	11,596	102218
GLENDALE Glendale Adventist	F. Gaspar		6C	018	9,600	102318
LOMA LINDA Loma Linda University						
LONG BEACH Memorial Hospital of Long Beach	E. D. Beebe	419	3C	009	9,450	102718
LDS ANGELES Kaiser Foundation	I. Rasgon	148,335	6C	018	10,634	205518
RIVERSIDE Riverside General	D. Lawrence	1,091	6C	014	10,358	185018
SACRAMENTO University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)						
SALINAS Natividad Medical Center	R. H. Whitworth	21,000	4C	012	12,780	297118
SAN BERNARDINO San Bernardino County General	W. L. Ogden	79,612	12C 4F	040	10,080	104718 104720
SAN DIEGO University of California, San Diego—University Hospital	L. J. Schneiderman		4C	008	10,300	104918
SAN FRANCISCO San Francisco General (University of California Program)	R. Massad	2,381	8* 2F	024	9,430	105818 105811
University of California Program Valley Medical Center (Fresno) (See Univ. of Calif. (S.F.) Affiliated Hospital (Fresno)) San Francisco General (See San Francisco Gen. Hosp. (Univ. of Calif. Program)) Community Hospital of Sonoma County (Santa Rosa) (See Univ. of Calif. (S.F.) Affiliated Hospital, Santa Rosa)						
SANTA MONICA Santa Monica Hospital Medical Center	S. Bloom	9,811	6C	018	11,640	106618
SANTA ROSA University of California (S.F.) Affiliated Hospital Community Hospital of Sonoma County	R. C. Anderson	20,702	6C	018	10,080	106518
STOCKTON						
San Joaquin General	F. N. Fowler	5,812	4C 1F	014	11,502	102118 102120
TORRANCE Los Angeles County Harbor General	P. L. Bower	1,602	4C	010	11,952	106718
VENTURA General Hospital Ventura County	D. C. Fainer	40,167	6C	023	9,724	106818
COLORADO						
DENVER Mercy	C. Flaxer	2,558	7C 2F	024	9,370	192218 192220
University of Colorado Medical Center	H. R. Brettell	65,764	6C 2F	018		107618 107620
GREELEY Weld County General	E. Bates		4C	012	9,100	185318
CONNECTICUT						
HARTFORD University of Connecticut Affiliated Hospitals University (Farmington) University of Connecticut—Mc Cook Division (Hartford)	A. Berger		4C	010		109418
MIDDLETOWN Middlesex Memorial	J. C. Wright		4C	012	10,500	108718

7. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
				1st Yr.	All Yrs.		
DELAWARE							
WILMINGTON	Wilmington Medical Center	D. T. Walters	8,305	6C	018	10,550	109918
DISTRICT OF COLUMBIA							
WASHINGTON	Freedmen's	W. E. Matory	5,061	14C 1F	036	11,758	
FLORIDA							
DAYTONA BEACH	Halifax Hospital Medical Center	R. W. Dodd	4,326	4C	012	9,000	162918
GAINESVILLE	University of Florida Affiliated Hospitals						
	Alachua General	O. R. Howard	10,152	6C	018	9,044	296218
	St. Vincent's (Jacksonville)	B. J. W. Blaxall	16,473	6C	018		110118
	Tallahassee Memorial (Tallahassee)	H. W. Griffith	45,597	5C	015	9,500	292618
JACKSONVILLE	St. Vincent's (See Univ. of Florida Affiliated Hospitals, Gainesville)						
MIAMI	University of Miami Affiliated Hospitals Jackson Memorial	B. Engebretsen	45,000	14C	040	11,400	110418
ORLANDO	Florida	R. O. West	10,950	18C	018	8,400	
ST PETERSBURG	Bayfront Medical Center	C. E. Aucremann	2,040	4C	012	10,080	191118
TALLAHASSEE	Tallahassee Memorial (See Univ. of Florida Affiliated Hospitals, Gainesville)						
GEORGIA							
AUGUSTA	Medical College of Georgia Hospitals	W. E. Lotterhos		4C 3F	010	9,600	198518 198520
	Eugene Talmadge Memorial University		96,793				
COLUMBUS	Medical Center	H. G. Vigrass	36,259	12C 4F	024	9,600	111818 111820
MACON	Medical Center of Central Georgia	G. R. Parkerson	39,686	6C 1F	014	10,200	112018 112020
ILLINOIS							
BERWYN	Mac Neal Memorial	K. F. Kessel	7,500	6C	018	10,500	112118
CARBONDALE	Doctors Memorial	W. H. Stover	7,000	4C	006	10,000	294818
CHICAGO	Cook County	J. Prieto	280,704	8C 5F	019	11,600	112718 112720
	Illinois Masonic Medical Center	L. L. Hirsch		6C	014	11,650	113718
	St. Joseph	H. H. Epstein	2,079	4C	012	10,500	115518
	St. Mary of Nazareth Hospital Center	R. T. Swastek		6C	018	12,000	115418
	South Chicago Community	C. W. Scruggs	2,529	4C 6F	018	11,500	115818 115811
	Swedish Covenant	P. D. Anderson	5,121	5C	015	11,400	115918
OAKLAWN	Christ Community	R. Heck		8C	024	11,000	113118
DAK PARK	West Suburban	A. L. Burdick, Jr.	7,313	6C 3F	020	10,500	117318 117320
PARK RIDGE	Lutheran General	P. H. Heller	2,041	5C	015	11,820	117618
PEORIA	University of Illinois—Peoria School of Med. Affiliated Institutions	F. White, D. Bordeaux	10,416	6C	018	11,120	226718
	Methodist Hospital of Central Illinois	C. F. Neuhoff	17,058	4C 8F	022	10,250	117518 117520
	St. Francis						
ROCKFORD	Rockford Medical Education Foundation	L. P. Johnson	30,000	9C	027	10,000	226818
SPRINGFIELD	Southern Illinois University Affiliated Hospitals	C. H. Toewe, 2d					
	St. Johns		7,500	6C	016	10,000	292218
INDIANA							
BEECH GROVE	St. Francis Hospital Center (See Indiana University Affiliated Hospitals, Indianapolis)						
EVANSVILLE	St. Mary's	R. W. Nicholson	2,912	4C 1F	009	9,600	194118 194120
FORT WAYNE	Fort Wayne Medical Education Program Lutheran Hospital of Fort Wayne Parkview Memorial St. Joseph's Hospital of Fort Wayne	A. J. Haley	7,056	6C	012	10,000	117818

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
INDIANA—Continued						
INDIANAPOLIS						
Indiana University Affiliated Hospitals Campus Program	A. Fischer		4C	008	9,500	118718
Indiana University Hospitals Marion County General Veterans Admin. St. Francis Hospital Center (Beech Grove)	R. B. Chevalier		4C	008	9,500	296318
Methodist Hospital of Indiana	R. G. Blankenbaker	8,521	8C	028	10,774	118818 118820
St. Vincent's	A. A. Fischer	4,224	4C 2F	016	11,579	118918 118920
MUNCIE						
Ball Memorial	R. L. Egger	9,128	6C 3F	018	10,000	119218 119220
SOUTH BEND						
Memorial Hospital of South Bend	L. L. Frank, Jr.	6,175	6C	018	9,600	119318
St. Joseph's	T. Dunfee, G. Mitchell	65,271	4C	012	9,600	119418
IOWA						
CEDAR RAPIDS						
Cedar Rapids Medical Education Program Mercy St. Luke's Methodist	C. R. Aschoff	15,840	8C	024	10,200	119618
DAVENPORT						
Mercy—St. Luke's Hospitals Mercy St. Luke's	F. W. Smith	12,089 15,324	4C	012	10,100	296918
DES MOINES						
Broadlawns Polk County Iowa Lutheran	L. F. Parker D. C. Young, L. E. Masters	30,134	8C 2F 6C	024 018	10,600 9,500	119918 119920 120018
IOWA CITY						
University of Iowa Hospitals	R. E. Rakel	3,899	10C	030	9,600	120318
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	J. D. Walker	5,000	6C	018	10,500	120818
WICHITA						
St. Joseph Hospital and Rehabilitation Center Wesley Medical Center	J. M. Donnell S. Mosier, V. Vorhees	9,576 15,000	5C 7C	015 021	12,300 9,750	121118 121018
KENTUCKY						
COVINGTON						
St. Elizabeth	R. A. Allnutt		8C	016	12,000	121318
LEXINGTON						
University of Kentucky Medical Center University Central Baptist	J. A. Burdette J. A. Burdette	1,058	6C	016	9,500	184818
LOUISVILLE						
University of Louisville Affiliated Hospitals Louisville General St. Anthony	W. P. Vonder Haar	10,924	6C 2F	018	9,100	121718 121720
MADISONVILLE						
Hopkins County Hospital and Trover Clinic Foundation	D. A. Martin	200,000	2C	006	9,500	291218
LOUISIANA						
BATON ROUGE						
Louisiana State University Affiliated Hospitals Earl K. Long Memorial	G. Gehringer	3,953	6C 3F	018	6,600	122118 122120
LAKE CHARLES						
Lake Charles Charity (See Louisiana State Univ. Affiliated Hosp., New Orleans)						
NEW ORLEANS						
Louisiana State University Affiliated Hospitals Lake Charles Charity (Lake Charles)	R. C. Sanchez D. S. Paraguya	6,585 76,754	4C	012	7,800	298818
SHREVEPORT						
L. S. U. (Shreveport) Affiliated Hospitals Confederate Memorial Medical Center Schumpert Memorial Willis—Knighton Memorial	I. Muslow		6C	018		
MAINE						
AUGUSTA						
Central Maine Family Practice Program Augusta General Central Maine General (Lewiston) St. Mary's General (Lewiston) Veterans Admin. (Togus) Thayer (Waterville)	C. P. Lape C. P. Lape C. A. Hannigan C. P. Lape R. L. Ohler R. T. Chamberlin	351 7,674 81,085 1,837 2,201	4C	012	12,342	295618
MARYLAND						
BALTIMORE						
Franklin Square University of Maryland Affiliated Hospitals University of Maryland	W. Reichel E. J. Kowalewski	96,931 5,598	4C 1F 20C	013 049	9,300 11,350	124018 124020 125218
CHEVERLY						
Prince George's General	W. C. Weintraub		4C	012	10,920	190518

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
MARYLAND—Continued						
TAKOMA PARK Washington Adventist	M. E. Leibowitz	11,762	5C	015	8,400	125418
MASSACHUSETTS						
WORCESTER University of Massachusetts Coordinated Program	R. F. Walton		12C 2F	036	10,576	129118 129120
Worcester City		32,108				
Worcester Hahnemann						
Holden District (Holden)		2,086				
MICHIGAN						
DEARBORN Oakwood	E. M. Wakeman	6,179	5C 2F	017	10,800	194618 194620
DETROIT St. John	E. J. Cetnar		3C	009		191518
Wayne State University—Detroit Medical Center Affiliated Hospitals						
Grace	A. J. Godley	8,000	10C	020	11,200	129818
FLINT St. Joseph	L. E. Simoni	37,315	10C 1F	031	10,000	130818 130820
GRAND RAPIDS Grand Rapids Area Medical Education Center	J. P. Newton	7,200	6C 3F	021	7,800	292118 131020
Blodgett Memorial		7,200				
Butterworth		7,200				
St. Mary's		7,200				
LANSING Edward W. Sparrow	H. E. Crow	19,974	6C 1F	018	10,600	131518 131520
MIDLAND Midland	C. A. Schoff	12,502	6C	018		196118
SAGINAW Saginaw Cooperative Hospitals	R. J. Gerard	11,399	8C 3F	027	10,508	132018 132020
Saginaw General						
St. Luke's						
St. Mary's						
MINNESOTA						
MINNEAPOLIS Hennepin County General	E. B. Berglund	50,000	18C	042	10,000	132918
University of Minnesota Affiliated Hospitals	E. W. Ciriacy		44C	109		133418
University of Minnesota Hospitals	E. W. Ciriacy	28,655			8,000	
Fairview	D. L. Spencer	11,000			9,800	
North Memorial	R. F. Avant	977			9,800	
St. Mary's	D. L. Spencer	21,032				
Methodist (St. Louis Park)	J. H. Flinn	36,065			9,800	
Bethesda Lutheran (St. Paul)						
St. John's (St. Paul)	L. J. Nesvacil	16,661				
ST LOUIS PARK Methodist (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)						
ST PAUL Bethesda Lutheran (See University of Minnesota Affil. Hospitals, Minneapolis)						
St. John's (See Univ. of Minnesota Affil. Hospitals, Minneapolis)						
St. Paul—Ramsey	V. R. Hunt	6,282	8C	024	10,000	133518
MISSISSIPPI						
JACKSON University of Mississippi Medical Center	W. R. Gillis		12C 1F	028	9,400	195718 195720
Doctors Hospital of Jackson						
Hinds General						
Mississippi Baptist	W. R. Gillis					
St. Dominic—Jackson Memorial	W. R. Gillis					
University	W. R. Gillis	13,000				
MISSOURI						
CDLUMBIA University of Missouri Medical Center	A. S. Baker	12,000	8C	020	9,500	199418
ST LOUIS St. John's Mercy Medical Center	J. J. Lauber	3,204	4C 3F	019	8,220	136218 136220
NEBRASKA						
OMAHA Creighton University Affiliated Hospitals						
Creighton Memorial St. Joseph's	M. J. Haller	6,200	10C	026	10,400	137218
University of Nebraska		15,361	20C	060	10,400	137618
NEW JERSEY						
FLEMINGTON Hunterdon Medical Center	P. Rizzolo	14,946	6C	018	7,718	183818
LONG BRANCH Monmouth Medical Center	R. Lemp		4C	008	12,200	139218

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
NEW JERSEY—Continued						
SOMERVILLE Somerset	C. F. Meier	2,087	4C	012	11,599	193418
SUMMIT Overlook	D. F. Kent	6,558	6C 2F	015	12,000	140818 140820
NEW MEXICO						
ALBUQUERQUE University of New Mexico Affiliated Hospitals Bernalillo County Medical Center	W. A. Heffron		4C	012	8,750	196218
NEW YORK						
BAY SHORE Southside	M. G. Rosen	52,819	8C	024	11,500	141718
BUFFALO Deaconess Hospital of Buffalo	R. H. Seller	6,300	12C 5F	041	10,800	143718 143720
EAST MEADOW Nassau County Medical Center—Meadowbrook Div.	C. Boccalini	117,920	4C	012	11,874	144818
GLEN COVE Community Hospital at Glen Cove	J. H. Danby	18,500	6C	018	9,600	144618
JOHNSON CITY Charles S. Wilson Memorial	S. L. Erney	15,781	5C 1F	020	10,400	145218 145220
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 H. Wise C. Plotz	2,032 4,921 170,000 1,743	5C 2C 8C 6C	015 006 014 018	13,500 13,500	141918 143018 148718 142618
ROCHESTER Univ. of Rochester Sch. of Medicine—Highland Hosp. of Rochester	E. S. Farley, Jr.	24,392	8C	032	11,000	150818
SYRACUSE S. U. N. Y. Upstate Medical Center—St. Joseph's St. Joseph's Hospital Health Center State University	L. T. Wolff	23,354 23,354	12C	036	10,555	151818
YONKERS St. Joseph's	A. Bruckhiem	62,000	4C	012	12,000	152518
NORTH CAROLINA						
CHAPEL HILL North Carolina Memorial	R. Smith	1,837	8C	020	9,370	190018
CHARLOTTE Charlotte Memorial	D. S. Citron	1,500	4C	010	9,720	152718
DURHAM Duke University Affiliated Hospitals Duke University Medical Center Watts	W. J. Kane	7,500	8C	024	10,350	152918
GREENSBORO Moses H. Cone Memorial	W. B. Herring	4,294	6C	018	9,500	194318
NORTH DAKOTA						
FARGO St. Luke's Hospitals	R. L. Geston	5,000	4C	004	10,500	153918
OHIO						
AKRON Akron City Akron General	E. J. Shahady J. P. Schlemmer	4,732 14,632	5C 3C	015 009	10,500 10,500	154118 154218
COLUMBUS Grant Riverside Methodist	G. W. Burrier D. P. Longenecker	3,036	10C 6C	035 018	10,200	156418 156718
DAYTON Good Samaritan	J. G. Greene, Jr., W. Stowe		6C 3F	021	12,000	156818 156820
Miami Valley	R. K. Bartholomew		4C 1F	013	10,845	156918 156920
St. Elizabeth Medical Center	R. C. Ashcom	99,393	8C	024	12,500	157018
TOLEDO Flower Mercy Toledo	F. B. Ruwe A. M. Yetis F. F. Snyder	48,459 2,050 13,821	9C 4C 4C	021 012 012	7,800 10,008 10,008	157818 158018 158318
OKLAHOMA						
OKLAHOMA CITY University of Oklahoma Health Sciences Center University Family Practice Program University of Oklahoma Hospital and Clinics Presbyterian	N. L. Haug	40,000	18C	036	10,023	158818
OREGON						
PORTLAND Emanuel University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	W. Reynolds L. G. Case		4C	012	10,500	159418
		3,314	8C	022	9,000	159918

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
PENNSYLVANIA						
ABINGTON Abington Memorial	F. Wilson	1,552	3C	006	10,160	160018
ALLENTOWN Sacred Heart	P. L. Hermany	7,205	2C 1F	008	11,000	160218 160220
ERIE Hamot Medical Center	R. E. Miller	30,460	5C	015	10,100	161118
HARRISBURG Harrisburg	B. K. Strock	602	4C 1F	013	10,634	161418 161420
HERSHEY Milton S. Hershey Medical Center of the Pennsylvania State University	T. L. Leaman	22,970	6C	018	10,584	161780
JOHNSTOWN Conemaugh Valley Memorial	C. F. Reeder	15,600	6C 5F	018	9,450	161618 161620
LANCASTER Lancaster General	J. Esbenshade, N. Zervanos	37,272	8C	024	11,000	161818
LATROBE Latrobe Area (See Thomas Jefferson Univ. Affil. Hospitals, Philadelphia)						
MC KEESPORT Mc Keesport	R. L. Buck		3C 3F	009	11,000	162018 162020
PHILADELPHIA Hahnemann Medical College and Hospital Pennsylvania Thomas Jefferson University Affiliated Hospitals Chestnut Hill Thomas Jefferson University Latrobe Area (Latrobe)	R. H. Seller D. J. Hartzell H. A. Kaplan P. C. Brucker R. S. Gordon, J. R. Govi		4C 3C 3C 6C 3C	012 009 006 018 006	10,500 11,700 10,500 10,700 10,500	162718 296618 163018 296518
PITTSBURGH St. Margaret Memorial Shadyside	P. W. Dishart W. J. Garner	32,152 1,634	8C 3C	D24 009	11,700 10,800	165618 165718
READING Reading	J. B. Wagner	7,106	3C	009	10,800	166118
WASHINGTON Washington	G. C. Schmiefer	91,542	6C	012	9,600	166918
WILLIAMSPORT Williamsport	A. R. Taylor	7,029	7C	021	12,000	167318
YORK York	P. L. Roseberry	13,331	8C	024	10,550	167418
SOUTH CAROLINA						
CHARLESTON Medical University of South Carolina	H. B. Curry	11,850	15C	045		168018
GREENVILLE Greenville General	E. F. Gaynor	7,626	12C	032	10,000	168318
SPARTANBURG Spartanburg General	D. K. Stokes, Jr.	22,002	12C 4F	040		168518 168520
SOUTH DAKOTA						
SIOUX FALLS Sioux Falls Family Practice Residency	L. J. Sweeney		8C 4F	024	9,971	297918 168711
Mc Kennan Sioux Valley Family Practice Center	R. R. Donahoe R. W. Friess L. J. Sweeney	12,200 12,005 8,520				
TENNESSEE						
KNOXVILLE University of Tennessee Memorial Research Center and Hospital	R. F. Lash	14,560	4C	012	9,111	183918
NASHVILLE George W. Hubbard Hospital of the Meharry Medical College	J. E. Arradondo	56,000	6C	012	9,589	
TEXAS						
AMARILLO Regional Academic Health Center (See Texas Tech Univ. Affil. Hosps, Lubbock)						
CORPUS CHRISTI Memorial Medical Center	E. L. Holt	22,143	5C 3F	016	10,000	170518 170520
FORT WORTH John Peter Smith	D. J. Pillow	110,917	16C	048	10,000	171118
GALVESTON University of Texas Medical Branch Hospitals	M. L. Ross	2,100	6C	012	9,600	171418
HOUSTON Baylor College of Medicine Affiliated Hospitals	M. M. Cowart		6C 2F	012	9,540	171618 171620
St. Luke's Episcopal Texas Children's Memorial Hospital System	A. T. Talley, Jr.	1,600 25,252 9,871	12C	020	10,080	198218

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
			1975-1976 1st Yr.	All Yrs.		
TEXAS—Continued						
LUBBOCK						
Texas Tech University Affiliated Hospitals Regional Academic Health Center, (Amarillo)	L. E. Wolcott	9,740	8C	006	10,000	299318
South Plains Area Health Education Center	S. A. Garrett	10,000	8C	012	10,500	297318
SAN ANTONIO						
Lutheran General	J. P. Graves	6,000	4C	012		
Santa Rosa Medical Center	T. B. Burns	86,422	4C	012		
University of Texas at San Antonio Teaching Hospitals	H. L. Douglas	23,000	3C	009	9,700	172218
Bexar County Teaching Robert B. Green Memorial						
WACO						
Mc Lennan County Family Practice Program Providence Hillcrest Baptist	C. N. Ramsey	21,028 8,209 18,718	6C	019	9,000	173518
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)	C. H. Castle	7,500	12C	036	9,600	173218
VIRGINIA						
CHARLOTTESVILLE						
University of Virginia	R. W. Lindsay	3,261	6C	018	9,400	173718
FALLS CHURCH						
Fairfax (See Va. Commonwealth Univ. M. C. V. Affil. Hosps., Richmond)						
NEWPORT NEWS						
Riverside (See Va. Commonwealth Univ. M. C. V. Affil. Hosps., Richmond)						
RICHMOND						
Virginia Commonwealth University M. C. V. Affiliated Hospitals	F. Mayo	28,000	6C	018	9,600	174318
Medical College of Virginia Hospitals	A. E. Harris, Jr.		6C	018	10,500	173318
Fairfax (Falls Church)	R. A. Mackintosh	32,306	12C	040	10,000	173918
Riverside (Newport News)	G. S. Mitchell, Jr.		4F			173920
General Hospital of Virginia Beach (Virginia Beach)	J. T. Devlin	30,000	6C	018	9,400	298218
ROANOKE						
Roanoke Memorial Hospitals	J. F. Amos	17,033	9C 2F	022	6,600	174818 174820
VIRGINIA BEACH						
General Hospital of Virginia Beach (See V. A. Commonwealth Univ. M. C. V. Affiliated Hospitals)						
WASHINGTON						
SEATTLE						
Doctors	J. N. Scardapane	10,875	6C	018	8,400	175118
Group Health Medical Center	R. Stapleton, J. Gilson		4C	012	8,652	181118
University of Washington Affiliated Hospitals	J. A. Lincoln		6C 3F	018	9,252	191818 191820
University Harborview Medical Center		10,000				
SPOKANE						
Spokane Hospitals Shared Services Corporation	K. E. Gudgel	8,147	4C 4F	012	8,862	294318 175720
Deaconess Sacred Heart St. Luke's Memorial						
WEST VIRGINIA						
CHARLESTON						
Charleston Area Medical Center (See Kanawha Valley Program, South Charleston)						
MORGANTOWN						
West Virginia University Medical Center	J. W. Traubert	6,000	4C	012	9,700	183718
SOUTH CHARLESTON						
Kanawha Valley Program Herbert J. Thomas Memorial Charleston Area Medical Center (Charleston)	C. C. Tully	10,500	4C	012	9,000	296418
WHEELING						
Wheeling	G. M. Kellas	3,319	4C	012	12,000	177018
WISCONSIN						
MADISON						
University of Wisconsin Affiliated Hospitals St. Marys Hospital Medical Center St. Marys (Milwaukee)	J. H. Renner J. H. Renner J. S. Devitt	15,000	12C 4C	036 012	10,800 10,000	295718
MILWAUKEE						
Evangelical Deaconess Milwaukee County General	A. Liebman A. Liebman		6C 4C	018 012	10,500	178218 178418

7. FAMILY PRACTICE—Continued

		Director of Program	Annual Outpatient Visits	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
WISCONSIN, MILWAUKEE—Continued							
St. Luke's		J. A. Palese	1,176	4C 4F	008	10,500	178918 178920
St. Michael		N. G. Bauch	62,212	6C	018	10,000	179118

8. FORENSIC PATHOLOGY

Residency programs in Forensic Pathology that have been approved by the Council on Medical Education and the American Board of Pathology through the Residency Review Committee for Pathology, are listed following the programs in Pathology.

9. GENERAL PRACTICE

Residency programs in the following hospitals have been approved by the Council on Medical Education 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 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES PUBLIC HEALTH SERVICE										
NEW MEXICO										
Gallup Indian Medical Center,	Gallup	J. Schulman, Jr.	155	5,687	81,200	2	4C	008		
NONFEDERAL AND VETERANS ADMINISTRATION										
CALIFORNIA										
BAKERSFIELD										
Kern County General		C. W. Goss	160	6,729	45,968	2	2C	004	13,080	
MARTINEZ										
Contra Costa County Medical Services		J. L. Aiken	206	12,682	206,177	2	6C	018	20,100	
MODESTO										
Scenic General		A. C. Nadler	90	3,000	40,000	2	4C	012	12,000	
SANTA BARBARA										
Santa Barbara General—Cottage Hospitals		L. F. Smith				2	6C	018	10,080	106467
Santa Barbara Cottage			106	7,090	21,206					
Santa Barbara General			19	695	10,850					
COLORADO										
DENVER										
St. Anthony		N. Goodman	430	27,145	123,103	2	3C	006		
St. Joseph		A. P. Miller	67	2,254	5,399	2	3F	009	10,729	107420
DISTRICT OF COLUMBIA										
WASHINGTON										
Rogers Memorial		J. H. Choi	99	4,492	7,001	2	5C	009		
ILLINOIS										
CHICAGO										
Grant		L. C. Johnston	190	7,441	55,595	2	18C 12F	048	10,440	113267 113220
Jackson Park		M. I. Shapiro	178	7,140		2	8*	016	12,660	
Louis A. Weiss Memorial		H. E. Bessinger	320	11,709	9,136	2	4C	008	11,025	184667
Norwegian—American		G. T. Murphy	216	12,927	3,639	2	12C	024	10,200	
Ravenswood		L. Callaway, W. F. Boehm	141	4,541	2,291	2	3C	010	11,025	114967
St. Elizabeth's		M. Marchi	258	11,416	23,233	2	2C	004	10,200	
EVANSTON										
St. Francis		L. N. Giannasi	156	5,976	2,380	2	1F	004	11,100	116820
MARYLAND										
BETHESDA										
Suburban		E. P. Libre	89	4,436	1,170	2	3C 8F	013	9,450	125320
MICHIGAN										
DETROIT										
Evangelical Deaconess		J. F. Fennessey	146	5,710	6,142	2	4*	008	11,044	129791
Kirwood General		L. N. Yuille	118	4,014		2	5C	010	12,000	
MINNESOTA										
ST. PAUL										
United Hospitals										
St. Luke's Division		R. E. Lindeli	212	8,028	12,872	2	2C 1F	004	10,200	
MISSOURI										
KANSAS CITY										
Trinity Lutheran		J. H. Hill	233	8,831		2	2C	002	9,260	
NEW JERSEY										
HOBOKEN										
St. Mary		J. E. Scerbo	271	9,813	32,000	2	4C	008	10,010	
PERTH AMBOY										
Perth Amboy General		N. F. Kemp	440	18,781	15,996	2	5C 5F	014	10,000	187320
SOMERS POINT										
Shore Memorial		A. D. Deitch	209	10,192	2,401	2	5*	005	12,000	

9. GENERAL PRACTICE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program Yrs.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
NEW JERSEY—Continued									
SOMERVILLE									
Somerset	B. S. Miller	283	16,868	2,087	2	4C	008	11,599	
NEW YORK									
GLEN COVE									
Community Hospital at Glen Cove	F. X. Moore	208	9,413	18,590	2	3C	003	10,100	
YONKERS									
Yonkers General	A. Migliaccio	144	4,953	49,803	2	4C	004	9,000	
OHIO									
AKRON									
St. Thomas	G. E. East	61	2,131	8,419	2	3C 5F	010	10,929	154320
BARBERTON									
Barberton Citizens	D. Zelling	151	7,356	5,725	2	1C 18*	019	8,400	196467
CINCINNATI									
University of Cincinnati Hospital Group Cincinnati General	J. W. Agna	545	18,669	279,234	2	6C	012	10,128	
CLEVELAND									
Fairview General	J. A. Frackelton	425	18,361	11,152	3	2*	004	12,000	
Polyclinic	R. V. Bachman	95	3,234	3,687	3	3C	008	10,800	270167
St. John's	R. J. McCaffery	309	10,433	7,773	3	11C	033	11,400	155967
ELYRIA									
Elyria Memorial	W. H. Sigalove	186	9,697	4,203	2	3F	006	9,900	190120
EUCLID									
Euclid General	M. Pazirandeh	292	11,443	61,283	3	6C	012	10,500	155567
RAVENNA									
Robinson Memorial Portage County	D. S. Palmstrom	220	14,214	6,173	3	6C	015	10,200	
TOLEDO									
Mercy	T. G. Klever	309	14,699		2	2C	004		
St. Charles	M. Yuce	245	10,645	67,660		8C	012	10,008	
YOUNGSTOWN									
St. Elizabeth	A. Randell	597	25,255	12,310	2	2* 1F	006	10,900	158491 158420
PENNSYLVANIA									
ALTOONA									
Altoona	P. W. Hoover	340	13,211	30,006	2	5* 6F	011	13,500	160391 160320
BRISTOL									
Lower Bucks	R. J. Mullin	283	14,240	6,254	2	3C	006	10,200	
OREXEL HILL									
Delaware County Memorial	J. H. A. Bomberger	260	10,160	4,200	2	2C	004		
NORRISTOWN									
Sacred Heart	B. R. Marger	97	4,543	2,630	2	4C	006	10,000	
POTTSTOWN									
Good Samaritan	N. M. Wall	204	9,960	48,149	2	2C	006	10,800	
Pottsville Hospital and Warne Clinic	E. W. Cubler	266	9,506	13,188	2	4C	004	9,600	184767
PUERTO RICO									
SAN JUAN									
University District	A. Marin				2	2C	016	9,000	
UTAH									
SALT LAKE CITY									
Latter—Day Saints	J. H. Cook	455	29,243	7,936	2	2C 2F	006	10,300	172920
VIRGINIA									
NORFOLK									
Norfolk General	A. J. Ciccone				2	3C	009	10,000	
PORTSMOUTH									
Maryview	C. N. Psimas	256	9,585	102,923	2	5C	010	9,600	
Portsmouth General	J. G. Setter	248	10,937	11,809	2	5C	010	11,400	
SUFFOLK									
Louise Obici Memorial	B. L. Critzer	169	7,508	2,355	2	7C	007	10,000	

10. INTERNAL MEDICINE

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
CALIFORNIA								
David Grant U.S.A.F. Medical Center, Fairfield	E. M. Bradley	85	2,340	87,936		8C	019	
MISSISSIPPI								
U.S.A.F. Medical Center, Biloxi	P. J. Phillippi	108	3,820	18,627		6C	014	15,078

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE—Continued								
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	G. W. Parker	250	6,806	31,599	23C	049	15,078	
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	J. J. Oeller, Jr.	97	2,560	131,162	8C 1F	023		
COLORADO								
Fitzsimons Army Medical Center, Denver	J. J. Bergin	171	4,909	166,687	8C 3F	029		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	R. K. Modlin	184	4,256	91,250	10C 3F	037		
HAWAII								
Tripler Army Medical Center, Honolulu	E. J. Kamin, 3d.	133	5,105	146,442	8C 4F	027		
TEXAS								
William Beaumont Army Medical Center, El Paso	J. L. Pitcher	130	5,250	251,000	8C 4F	027		
Brooke Army Medical Center, San Antonio	A. J. Ognibene	157	3,967	300,000	12C 4F	038		
WASHINGTON								
Madigan Army Medical Center, Tacoma	E. B. Cooper	86	2,939	93,329	8C 2F	025		
UNITED STATES NAVY								
CALIFORNIA								
Naval, Oakland	J. W. Davis	118	2,193	52,122	4C 3*	019		
Naval, San Diego	E. D. Kaufmann	272	5,243	46,181	6C 6*	036		
MARYLAND								
Naval, Bethesda	W. J. Jacoby, Jr.	130	1,977	121,320	4C 4*	026		
PENNSYLVANIA								
Naval, Philadelphia	C. R. Bemiller	137	2,359	63,868	6C 2*	026		
VIRGINIA								
Naval, Portsmouth	J. W. Lea, Jr.	305	5,588	68,168	6C 6*	036		
UNITED STATES PUBLIC HEALTH SERVICE								
CALIFORNIA								
U. S. Public Health Service, San Francisco	D. M. Mason	103	2,119	21,223	5C 4F	022	16,800	100168 100120
MARYLAND								
U. S. Public Health Service, Baltimore	J. H. Hammann	43	1,227	21,545	4C 2F	016		183668
NEW YORK								
U. S. Public Health Service (Staten Island), New York City	A. B. Barr	118	1,784	19,279	8C 4F	019		
WASHINGTON								
U. S. Public Health Service (See University of Washington Affiliated Hospitals, Seattle)								
OTHER FEDERAL								
CANAL ZONE								
Gorgas, Balboa Heights	J. E. Hastings	66	2,684	6,593	2* 12F	014	13,238	180632 180620
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
Baptist Medical Centers	R. F. Roddam				4C	014	10,130	190368
Baptist Medical Center—Montclair	J. Eagan	19	7,112	659				
Baptist Medical Center—Princeton	R. F. Roddam				6C 4*	021	10,080	100668 100632
Carroway Methodist Medical Center	E. D. Haigler, Jr.	115	4,222	24,493	2F			100620
St. Vincent's	K. W. Berry, Jr.	273	3,605	3,426	4C 4*	011	10,800	185168 185132
University of Alabama Medical Center	T. N. James				24*	046	10,500	
University of Alabama Hospitals and Clinics	T. N. James							
Veterans Admin.	T. N. James, T. W. Sheehy	162	3,784	2,640				
FAIRFIELD								
Lloyd Noland	C. E. Porter	123	4,495	50,240	4C 2F	012	12,000	100868 100820

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
ALABAMA—Continued								
MOBILE								
University of South Alabama Affiliated Hospitals Mobile General	R. Kreisberg	46	1,781	7,484	6C 2* 3F	021	10,500	185268 185232 185220
MONTGOMERY								
Montgomery Regional Medical Foundation	J. J. Kirschenfeld							
Montgomery Baptist	J. J. Kirschenfeld	184	9,555	12,434	7C	021	10,500	100968
Veterans Admin.	B. F. Montague, Jr.	123	2,301	16,961				
ARIZONA								
PHOENIX								
Good Samaritan	D. J. Crosby	206	9,248	3,648	6C 5*	025	9,456	101168 101132
Maricopa County General	J. W. Heaton, Jr.	107	3,618	51,699	9C 6F	039	11,961	189868 189820
St. Joseph's Hospital and Medical Center	J. W. Smith	109	4,938	5,586	6*	015	11,448	101232
TUCSON								
Arizona Statewide Program	O. A. Thorup				2C	006		
Pima County General		52	2,213	15,642				
Tucson Medical Center	O. A. Thorup	236	8,771	6,029				
University	W. F. Denny	141	6,696	70,710				
Veterans Admin.	W. F. Denny	30	1,253	10,746			9,375	
Good Samaritan (Phoenix)	D. J. Crosby	206	9,248	3,648			9,456	
Maricopa County General (Phoenix)	J. W. Heaton, Jr.	107	3,618	51,699				
St. Joseph's Hospital and Medical Center (Phoenix)	J. W. Smith	109	4,938	5,586			11,448	
Tucson Hospitals Medical Education Program	M. Fuchs				2C 2* 6F	026	10,000	101468 101432 101420
Pima County General		52	2,213	15,642				
Tucson Medical Center		236	8,771	6,029				
University of Arizona Affiliated Hospitals University	W. F. Denny	141	6,696	70,710	12*	048	9,375	101532
Veterans Admin.		141	6,696	70,710				
ARKANSAS								
LITTLE ROCK								
University of Arkansas Medical Center University	R. S. Abernathy	51	2,365	12,900	13C	038	8,800	101868
Veterans Admin. Consolidated	R. S. Abernathy J. H. Bates	154	5,606	3,959			9,708	
CALIFORNIA								
BAKERSFIELD								
Kern County General	T. A. D. Michael	64	1,753	12,013	5C	018	13,080	192168
DAVIS								
University of California (Davis) Affiliated Hospitals	R. J. Bolt				8* 5F	055	10,300	104632 104620
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		77	13,384	31,061				
FRESNO								
Valley Medical Center of Fresno	R. K. Larson	57	3,243	12,213	5C 4F	026	14,430	102268 102220
IRVINE								
University of California (Irvine) Affiliated Hospitals	J. Tilles							
Orange County Medical Center (Orange)	J. Tilles	96	5,260	47,217	15C	045	10,300	104368
Memorial Hospital of Long Beach (Long Beach)	M. Cohen	308	8,450	338	3C 7*	015	9,450	102732
Veterans Admin. (Long Beach)	F. A. Wyle	509	13,047	39,205	22*	095	13,272	204932
LOMA LINDA								
Loma Linda University	S. W. Shankel	165	7,026	6,570	21C	040	9,664	102468
LONG BEACH								
Memorial Hospital of Long Beach (See Univ. of California (Irvine) Affiliated Hosp., Irvine)								
St. Mary Medical Center	Y. B. Bickel	105	5,077	13,498	12C 6*	032	12,000	102568 102532
Veterans Admin. (See Univ. of California (Irvine) Affiliated Hosp., Irvine)								
LDS ANGELES								
Cedars—Sinai Medical Center	J. R. Kiinenberg	81	5,940	20,279	18C	043	13,896	103068
Cedars of Lebanon Hospital Division		99	4,551					
Mount Sinai Hospital Division								
Hospital of the Good Samaritan Medical Center	S. Cryst	6,063	161	7,398	8C	016	13,656	103268
Kaiser Foundation	F. D. Riley	149	4,649	195,775	4C	020	13,293	205568
Los Angeles County—U. S. C. Medical Center	J. E. Bethune	466	29,591	99,984	78C 24F	211	14,916	103368 103312
Martin Luther King, Jr. General	D. D. Ulmer	54	2,093	14,398	14C	038	13,656	205768
U. C. L. A.	A. D. Schwabe	136	4,419	21,782	23C 4F	075	10,300	195668 195620
Veterans Admin. (Sepulveda)	N. Costea	253	4,800		14C	057	13,272	291768
Veterans Admin. Center—Wadsworth	S. Dayton	196	5,704	52,865	24C	096	13,272	103968
White Memorial Medical Center	V. L. De Quattro	59	2,086	25,766	3C 2F	008	11,220	
MARTINEZ								
Veterans Admin.	M. C. Geokas	185	3,530	4,705	12C	024	13,387	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
OAKLAND								
Highland General	H. O. Cutting	141	5,004	18,220	6C 6* 8F	036	10,860	104168 104132 104120
Kaiser Foundation	M. A. Shearn	44	2,237	192,186	9C	019	10,560	104268
ORANGE								
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hosp., Irvine)								
PALO ALTO								
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
PANORAMA CITY								
Kaiser Foundation	J. Ruderman	75	3,815	94,473	3C	006	13,293	
PASADENA								
Huntington Memorial	R. J. Bing	130	5,320	8,088	4C 8*	031	12,100	104468 104432
RIVERSIDE								
Riverside General	O. L. John	72	5,906	12,846	4C	010	12,204	185068
SACRAMENTO								
Kaiser Foundation University of Calif. (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)	R. H. Swerdlow	47	1,788	244,095	3*	009	10,560	209732
SAN DIEGO								
Mercy Hospital and Medical Center	J. Geller	173	6,224	14,443	4C 6F	022	9,975	104868 104820
University of California (San Diego) Affiliated Hospitals University of California, San Diego—University Hospital Veterans Admin.	H. Ranney H. Ranney R. A. Carleton	107 150	4,220 5,070	18,760 16,000	26C	078	10,300 10,521	104968
SAN FRANCISCO								
Children's Hospital and Adult Medical Center	H. I. Griffeath	72	3,056	9,201	8C	017	10,217	105068
Kaiser Foundation	M. Janin	79	2,847	176,373	11C	025	9,960	195968
Mount Zion Hospital and Medical Center	S. Levin	135	4,541	15,088	6C 2* 1F	021	9,900	105468 105432 105420
Pacific Medical Center and Affiliated Hospitals	J. R. Gamble				12C 6*	036		106168 106132
Harkness Community Hospital and Medical Center	L. D. Petz	95	5,276	26,526			10,560	
Pacific Medical Center—Presbyterian	J. R. Gamble	76	2,773	12,431			10,200	
St. Mary's Hospital and Medical Center	J. J. Furlong	98	3,744	12,646	10C 5F	026	10,540	105768 105720
University of California Program	L. H. Smith, Jr.				12C 19* 1F	092	10,300	106268 106232 106220
H. C. Moffitt—University of California Hospitals San Francisco General Veterans Admin.	L. H. Smith H. Williams M. H. Sleisenger	87 157 109	3,486 5,572 2,596	34,818 19,479 21,879				
SAN JOSE								
Santa Clara Valley Medical Center	R. A. O' Reilly	68	2,745	75,117	7C 3* 2F	027	12,061	106368 106332 106320
SANTA CLARA								
Kaiser Foundation	E. S. Wolfe	62	2,289	218,744	6C	014	10,560	213568
STANFORD								
Stanford University Affiliated Hospitals Stanford University Veterans Admin. (Palo Alto)	M. G. Perthro M. G. Perthro K. B. Taylor	63 61	2,751 1,559	18,944 4,690	16C	048	10,000	182068
STOCKTON								
San Joaquin General	J. Zener	34	1,908	14,406	3* 2F	012	11,502	102132 102120
TORRANCE								
Los Angeles County Harbor General	W. Odell	140	8,632	33,117	12C 22*	034	14,916	106768 106732
COLORADO								
DENVER								
Presbyterian Medical Center	F. W. Platt, D. M. Roberts	134	6,773	4,687	3C 6* 3F	027	9,700	107268 107232 107220
St. Joseph	M. E. Mc Dowell	152	6,508	1,832	4C 4* 1F	017	9,885	107468 107432 107420
St. Luke's	J. F. Mueller	100	5,815	1,574	6* 3F	016	9,650	107532 107520
University of Colorado Affiliated Hospitals	J. V. Weil				19C 1F	062		107668 107620
Denver General General Rose Memorial University of Colorado Medical Center Veterans Admin.	A. B. Organick E. Miller J. V. Weil K. E. Sussman	56 147 64 106	2,750 6,252 2,928 5,269	26,000 4,666 45,479 7,505			9,420 9,370 9,612	
CONNECTICUT								
BRIDGEPORT								
Bridgeport	P. E. Perillie	196	6,767	6,754	7C	024	11,665	107968

APPROVED RESIDENCIES

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CONNECTICUT, BRIDGEPORT—Continued								
St. Vincent's	M. Garrell	145	5,126	2,596	6C 1F	008	11,000	108032 108020
DANBURY								
Danbury	J. L. Belsky	90	3,500	6,005	4C	009	10,650	108168
HARTFORD								
Hartford	R. F. Reinfrank	250	8,054	11,986	16C 2F	043	10,300	108368 108320
Mount Sinai	S. Czarnecki	75	2,828	1,676	7C 3*	018	10,300	185468
St. Francis	S. B. Sulavik	179	5,258	5,621	14C 2F	022	10,300	108568 108520
University of Connecticut Affiliated Hospitals University of Connecticut Hospital—Mc Cook Division Veterans Admin. (Newington)	F. Davidoff	15	575	6,527	10C	030	10,815	109468
NEW BRITAIN								
New Britain General	H. Levine	127	3,973	17,415	5C	015	11,750	108868
NEW HAVEN								
Hospital of St. Raphael	D. S. Dock	156	56,748	3,831	12C 4* 6F	046	10,930	109068 109032 109020 108968
Yale—New Haven Medical Center Yale—New Haven Veterans Admin. (West Haven)	G. Klatskin G. Klatskin L. G. Welt	173 86	6,067 3,671	38,456 5,674	19C	052	10,930 12,632	
NEWINGTON								
Veterans Admin. (See University of Connecticut Affiliated Hospitals, Hartford)								
NORWALK								
Norwalk	M. H. Floch	199	8,342	4,430	6C 3F	018	10,200	109368
STAMFORD								
Stamford	N. I. Robin	125	4,516	6,387	5C	016	11,000	109568
WATERBURY								
St. Mary's Waterbury	R. L. Piscatelli G. F. Thornton	124 153	4,546 5,647	3,137 3,964	7C 6C 1* 1F	020 026	10,020 11,163	109668 109768 109732 109720
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
WILMINGTON								
Wilmington Medical Center	L. Lang	408	10,879	10,476	8C 1F	025	10,550	109968 109920
DISTRICT OF COLUMBIA								
WASHINGTON								
District of Columbia General Georgetown University Service	L. Fox	84	1,588	5,483	10C 8*	018	12,445	179968 179932
George Washington University Service Howard University Service	R. Sarin J. N. Sheagren	77 71	1,595 1,460	5,483 8,500	6C 6*	012	11,370 11,840	
Doctors Freedmen's	C. W. Jones J. L. Townsend	114 103	2,668 4,303	550 19,842	5C 12C 24* 1F	014 036	11,130 12,581	179468
Georgetown University George Washington University Providence	D. P. Jackson, Jr. W. N. Jensen H. Weiss	380 172 120	12,800 4,600 4,257	17,567 58,012 9,489	18C 30C 6* 1F	065 080 016	10,568 10,565 9,872	180168 180268 180332 180320
Veterans Admin. Washington Hospital Center	H. J. Zimmerman J. A. Curtin	232 207	7,128 5,908	82,360 11,000	19C 23C	081 072	10,600 10,565	179568 180068
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals William A. Shands Teaching Hosp. and Clinics Veterans Admin.	L. E. Cluff L. E. Cluff R. R. Streiff	61 107	2,800 3,343	147,000 38,899		044	9,044 9,891	182468
JACKSONVILLE								
Jacksonville Hospitals Educational Program Baptist Memorial University Hospital of Jacksonville	W. R. Keene W. R. Keene A. G. Vandeveld	113 57	4,418 1,790	33,522	12C	036	9,550	110168
MIAMI								
University of Miami Affiliated Hospitals Jackson Memorial Veterans Admin.	J. H. Sanders J. H. Sanders W. J. Harrington	202 181	5,727 5,020	42,244 87,970	59C 1F	157	11,465 10,816	110468 110420
MIAMI BEACH								
Mount Sinai Hospital of Greater Miami	M. A. Sackner	295	10,359	4,865	16C	052	10,816	110568
PENSACOLA								
Pensacola Educational Program Baptist Sacred Heart University	C. J. Kahn, R. Lawrence	376 78 21	6,481 2,424 936	28,707 11,353	2C 2* 2F	009	10,080	182668 182632 182620

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976 1st All Yr. Yrs.	Annual Salary (Min.)	NIRMP Number
FLORIDA—Continued							
TAMPA							
University of South Florida Affiliated Hospitals	R. H. Behnke				22C 060	9,349	110968
Veterans Admin.		120	1,976	31,448			
Tampa General		273	11,203	4,407			
GEORGIA							
ATLANTA							
Crawford W. Long Memorial	H. S. Ramos	131	4,606	10,726	2C 006		
Emory University Affiliated Hospitals	J. W. Hurst				72C 105	9,600	111368 111320
					3F		
Emory University	J. W. Hurst	108	3,969				
Grady Memorial	J. W. Hurst	138	7,385	51,881			
Veterans Admin. (Decatur)	J. C. Crutcher	178	5,820	12,023			
Georgia Baptist	G. F. Fletcher	80	3,520	1,016	3C 014	9,720	111268 111220
					5F		
AUGUSTA							
Medical College of Georgia Hospitals	A. J. Bollet				12C 048	9,600	198568
Eugene Talmadge Memorial	A. J. Bollet	60	1,539	8,908			
University	A. J. Bollet	128	2,855	11,560			
Veterans Admin.	P. D. Webster, 3d	126	1,948	2,572			
DECATUR							
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)							
SAVANNAH							
Memorial Medical Center	J. T. Waller	161	5,858	13,216	8* 014	9,648	197132
HAWAII							
HONOLULU							
St. Francis	C. K. Tashima	106	4,012	7,548	6* 010	10,980	180932 180820
					4F		
ILLINOIS							
CHICAGO							
Columbus—Cuneo—Cabrini Medical Center	H. P. Russe				5C 025	10,250	112668 112620
					10F		
Columbus		170	6,170	11,174			
Frank Cuneo		82	2,966	4,566			
Cook County	Q. D. Young	353	15,093	95,242	15C 153	11,600	112768 112732 112720
					20* 5F		
Illinois Masonic Medical Center	S. M. Kahn	226	5,989	7,192	8C 024	11,650	113768 113732 113720
					4* 5F		
Louis A. Weiss Memorial	H. E. Bessinger	173	6,330	5,836	10C 038	11,025	184668 184632 184620
					4* 1F		
Mc Gaw Medical Center of Northwestern University	R. Patterson				28C 126	11,680	224768 224732 224720
					14* 4F		
Northwestern Memorial	R. Patterson	307	7,428	35,000			
Veterans Admin. Research	E. Dordal	209	6,795	9,000			
Evanston (Evanston)	T. Killip	209	7,391	10,000			
Mercy Hospital and Medical Center	H. Dizadji	246	7,682	22,400	5C 021	11,350	114168
Michael Reese Hospital and Medical Center	L. M. Sherwood	279	7,972	13,837	30C 060	11,719	114268
Mount Sinai Hospital Medical Center of Chicago	P. Freedman	180	4,481	8,437	3C 022	11,000	114468 114420
					2F		
Rush—Presbyterian—St. Luke's Medical Center	T. B. Schwartz	289	8,148	28,000	14C 064	10,501	114768 114732
					9*		
St. Joseph	J. P. Duffy	234	6,582	11,660	7* 025	10,500	115532
University of Chicago Hospitals and Clinics	A. R. Tarlov	190	5,207	41,433	20C 075	11,125	116068 115811
					3F		
University of Illinois Affiliated Hospitals	M. D. Bogdonoff	89	2,457	39,417	26C 090	11,580	115068
University of Illinois	M. D. Bogdonoff						
Veterans Admin. (West Side)	C. G. Pilz	198	4,238	67,572			
EVANSTON							
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)							
St. Francis	R. E. Casas	171	6,117	8,039	10C 033	11,100	116868 116811
					1F		
HINES							
Veterans Admin.	A. Littman	415	13,807	22,560	4C 060	11,000	225768
MAYWOOD							
Loyola University Affiliated Hospitals Foster G. Mc Gaw	J. R. Tobin	106	2,909	21,690	6C 024	11,000	117068
OAK LAWN							
Christ Community	D. Schneider	245	7,695	2,846	10* 024	11,000	113132
PEORIA							
St. Francis	D. E. Rager	289	8,448	42,174	2* 012	10,250	117532 117520
					3F		
SPRINGFIELD							
Southern Illinois University Affiliated Hospitals	R. D. Conn				12C 030	10,000	292268
Memorial Hospital of Springfield		156	6,618				
St. Johns		170	6,914				
INDIANA							
INDIANAPOLIS							
Indiana University Medical Center	W. Daly				20* 048		118732 118720
					6F		
Indiana University Hospitals	W. Daly	96	3,137	5,364		10,000	
Marion County General	J. Mamlin	113	4,072	50,155		10,000	
Veterans Admin.	W. Daly	306	7,000	23,384		10,500	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number	
					1st Yr.	All Yrs.			
INDIANA, INDIANAPOLIS —Continued									
Methodist Hospital of Indiana	R. W. Campbell	192	6,973	3,966	4C 4* 4F	019	11,436	118868 118832 118820	
St. Vincent's	S. R. Stouder	113	3,386	2,987	6* 2F	024	11,579	118932 118920	
Ball Memorial	J. L. Cullison	194	7,197		4C 3F	012	10,000	119268 119220	
IOWA									
IOWA CITY									
University of Iowa Affiliated Hospitals	J. Clifton	130	4,950	28,687		23C	065	10,100	120368
University of Iowa Hospitals Veterans Admin.	J. Clifton J. S. Thompson	103	4,202	8,322					
KANSAS									
KANSAS CITY									
University of Kansas Medical Center	N. J. Greenberger	115	5,074	30,350		21C	099	10,500	120868
Veterans Admin. (Kansas City, Mo.)	R. N. Schimke	152	4,318	3,029				10,000	
WICHITA									
St. Francis Hospital—Wesley Medical Center	H. E. Hynes					10C 2*	032		
St. Francis Wesley Medical Center	H. E. Hynes E. W. Crow	351 276	13,858 7,371	3,994 4,249				10,050 9,750	
KENTUCKY									
LEXINGTON									
University of Kentucky Medical Center	J. W. Hollingsworth					16C	060		184868
University Veterans Admin.		89 60		19,339 6,045					
LOUISVILLE									
St. Joseph Infirmary	R. D. Wolfe	140	5,419	3,905	2C 2* 2F	012	9,620	122068 122032 122020	
University of Louisville Affiliated Hospitals	L. G. Horan				15C 1F	060	8,600	121768 121711	
Louisville General Veterans Admin.	L. G. Horan J. C. Johnson	87 104	2,624 2,034	28,169 2,449					
LOUISIANA									
BATON ROUGE									
Earl K. Long Memorial (See Louisiana State Univ. Affil. Hospitals, New Orleans)									
LAFAYETTE									
Lafayette Charity (See Louisiana State Univ. Affil. Hospitals, New Orleans)									
NEW ORLEANS									
Charity Hospital of Louisiana—Louisiana State University Division	F. Allison, Jr.	69	2,307	54,441	10C 6*	046	7,800	122462 122463	
Charity Hospital of Louisiana—Tulane University Division	V. J. Derbes	84	2,794	49,543	22C 8*	051	7,800	122468 122432	
Louisiana State University Affiliated Hospitals	F. Allison, Jr.					3C	009	6,600	122168
Charity Hospital of Louisiana Earl K. Long Memorial (Baton Rouge)	F. Allison, Jr. T. B. Cocke	69 54	2,307 1,780	54,441 15,786				6,600	
Louisiana State University Affiliated Hospitals	F. Allison, Jr.					2C 2* 8F	014	6,600	122568 122532 122520
Charity Hospital of Louisiana Lafayette Charity (Lafayette)	F. Allison, Jr. A. Pitchenik	69 46	2,307 1,134	54,441 15,561					
Ochsner Foundation	W. D. Davis, Jr.	124	5,387	75,227	7C 4*	030	9,492	196668 196632	
Touro Infirmary	S. Jacobs	181	5,569	12,028	7C	014	9,782	122968	
Veterans Admin.	A. E. Ruiz	250	4,823	54,340	10C	037	10,849		
SHREVEPORT									
Confederate Memorial Medical Center	H. Hardgrove	91	3,416	9,096	12C	030	9,000	123268	
MAINE									
PORTLAND									
Maine Medical Center	A. Aranson	160	6,664	10,300	4C	016	10,942	123668	
MARYLAND									
BALTIMORE									
Baltimore City Hospitals	P. D. Zieve	106	3,982	33,773	17C	040		123768	
Franklin Square	K. B. Lewis	99	3,594	17,243	14*	021	9,300	124032	
Greater Baltimore Medical Center	T. E. Prout	89	2,338	4,186	8C 4*	012	11,500	124168 124132	
Johns Hopkins Good Samaritan	V. A. Mc Kusick R. P. Russell	218 39	7,162 904	58,711 5,394	33*	045	11,200	124232	
Maryland General	C. A. Fratto	140	3,626	23,328	8C 2* 2F	016	11,350	124468 124432 124420	
Mercy	J. A. Mead, Jr.	115	3,094	11,688	6C	015	11,000	124568	
St. Agnes	E. R. Mohler, Jr.	160	3,834	5,236	3C 3*	018	11,025	124768 124732	
Sinai Hospital of Baltimore	A. I. Mendeloff	149	4,082	6,478	6C 4*	025	11,500	124968 124932	
South Baltimore General	R. T. Parker	140	3,655	6,398	4*	012	11,550		

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MARYLAND, BALTIMORE—Continued								
Union Memorial	J. H. Mulholland	152	4,225	4,225	14C 2*	029	11,250	125168 125132
University of Maryland Affiliated Hospitals University of Maryland	J. G. Wiswell	239	6,471	28,312	22C	058	11,350	125268
CHEVERLY								
Prince George's General	D. M. Goldman	191	5,426	7,485	12*	012	9,828	190532
MASSACHUSETTS								
BOSTON								
Beth Israel	F. H. Epstein	113	3,792	22,404	17C	023	11,815	125668
Boston City 1st and 3d Medical Service (Tufts) 2d and 4th Medical Service (Harvard)					11C 12C	018 019		
Boston University Affiliated Hospitals								
Program 1 Boston City	A. S. Cohen	168	6,468	41,732	35*	054	10,726	125732
Program 2 University	N. G. Levinsky	81	2,780	3,984	16C	044	11,000	126268
Carney	F. L. Colpoys	150	4,682	6,548	8C	016	11,314	125868
Lemuel Shattuck—Faulkner Affiliated Hospitals	J. L. Cohen				3C 6*	041	10,750	237768 237732
Lemuel Shattuck Faulkner	J. L. Cohen A. Huvos	93	2,657 2,608	11,198				
Massachusetts General	A. Leaf	232	8,317	48,672	20C	050	10,900	126168
New England Deaconess	J. L. Tullis	268	8,578	6,573	14C	039	11,063	126468
New England Medical Center	W. Schwartz, J. Kassirer	90	3,256	30,025	12C	025	10,718	126368
Peter Bent Brigham	E. Braunwald	140	5,057	54,417	18C	045	10,700	126568
Veterans Admin. (West Roxbury)	A. A. Sasahara	46	1,032	22,892			10,700	
St. Elizabeth's Hospital of Boston	F. Stohlman	127	5,684	5,650	20C	043	11,210	126668
Veterans Admin.	J. G. Caslowitz	263	5,867	64,691	8C	016	11,245	127168
CAMBRIDGE								
Cambridge	A. Weinberg	45	1,752	3,008	4C 4* 4F	009	10,700	126868 126820 126968
Mount Auburn	R. A. Arky	117	4,250	1,167	6C 6*	018	11,441	126968 126932
FRAMINGHAM								
Framingham Union	I. N. Rosenberg	69	2,635	179	5C 4F	018	10,614	181268 181220
NEWTON LOWER FALLS								
Newton—Wellesley	L. B. Page	236	9,875	8,935	10C 6*	019	11,314	128068 128032
PITTSFIELD								
Berkshire Medical Center	E. Fribush	143	4,873	45,845	7*	016	11,025	128132
SPRINGFIELD								
Springfield Hospital Medical Center	C. E. Cassidy	170	5,120	5,405	10C	026	10,566	128668
WORCESTER								
Memorial	R. B. Hickler	120	3,445	2,990	5C	016	10,300	128968
St. Vincent	S. M. Ayres	201	5,243	2,404	11C	031	10,700	129068
Worcester City	J. J. Calabro	158	4,217	14,925	6C 3F	018	10,576	129168 129111
MICHIGAN								
ALLEN PARK								
Veterans Admin. (See Wayne State U.—Detroit Med. Ctr. Affil. Hosps., Detroit)								
ANN ARBOR								
St. Joseph Mercy	R. B. Carbeck	177	5,814	12,688	7* 6F 38C	028	10,350	129232 129220 129368
University of Michigan Affiliated Hospitals University Veterans Admin. Wayne County General (Eloise)	W. D. Robinson W. D. Robinson R. C. Bishop R. R. Joseph	165 113 140	4,816 4,774 4,139	68,268 5,810 29,971			10,700 10,700 11,873	
DEARBORN								
Oakwood	J. W. Moynihan	193	5,456	2,972	4C 8F	024	11,400	194668 194620
DETROIT								
Grace	V. K. Vaitkevicius	371	11,035	10,555	11C 4* 2F	037	11,200	129868 129832 129820
Henry Ford	R. W. Smith, Jr.	397	10,248	257,944	24C	094	10,800	130068
Mount Carmel Mercy	I. D. Fagin	203	7,913	4,638	6C 4* 2F	024	12,420	130268 130232 130220
St. John	C. E. Rupe	194	5,674	4,539	6* 4F	025	11,800	191532 191520
Sinai Hospital of Detroit Wayne State University—Detroit Medical Center Affiliated Hospitals	A. Axelrod A. M. Weissler	266	5,478	5,873	14C 34C 13* 3F	033 155	11,075 10,815	192668 129568 129532 129520
Veterans Admin. (Allen Park) Detroit General Harper Hutzel		215 114 229 138	2,542 3,030 5,764 4,124	42,535 48,943 11,105 3,585				
EAST LANSING								
Michigan State University Associated Hospitals	R. K. Ferguson				3C 1* 1F	009	11,200	243668 243632 243620
Michigan State University Health Center Edward W. Sparrow (Lansing) Ingham Medical (Lansing) St. Lawrence (Lansing)		13 107 87 68	1,218 3,650 3,342 2,541	1,000 139				

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN—Continued								
ELOISE								
Wayne County General (See Univ. of Michigan Affil. Hospitals, Ann Arbor)								
FLINT								
Hurley	E. M. Goldberg	172	8,438	1,948	10*	022	9,000	130732
					3F			130720
Mc Laren General	N. E. Furstenberg	124	3,590	1,879	3C	009	11,232	186668
GRAND RAPIDS								
Blodgett Memorial	A. W. Scrimgeour	104	4,059	2,195	5*	021	7,800	130932
Butterworth	L. H. Feenstra	133	3,861	5,754	7*	017	7,800	131032
					1F			131020
KALAMAZOO								
Southwestern Michigan Area Health Education Center Bronson Methodist								
	H. E. De Pree	81	2,813	6,806	12*	030	10,200	131432
LANSING								
Edward W. Sparrow (See Michigan State Univ. Associated Hospitals, East Lansing)								
Ingham Medical (See Michigan State Univ. Associated Hospitals, East Lansing)								
St. Lawrence (See Michigan State Univ. Associated Hospitals, East Lansing)								
PONTIAC								
Pontiac General	R. T. Lyons	131	4,209	4,085	3C	013	11,590	131868
					4F			131820
St. Joseph Mercy	B. Bercu	149	4,165	9,391	4C	016	11,550	131968
					1*			131932
ROYAL OAK								
William Beaumont	Y. Morita	222	8,297	4,713	4C	048	11,495	197868
					6*			197832
					2F			197820
SOUTHFIELD								
Providence	E. Zobl	135	4,477	5,011	2C	019	12,050	130368
					2*			130332
					4F			130320
MINNESOTA								
MINNEAPOLIS								
Northwestern Hospital of Minneapolis	R. B. Howard	396	13,858	1,259	6C	024	9,650	133068
					4*			133032
University of Minnesota Affiliated Hospitals	R. V. Ebert				18C	205		133468
					36*			133432
University of Minnesota Hospitals	M. E. Jacobson	91	3,216	33,294			10,200	
Hennepin County General	A. L. Schultz	108	4,075	19,277			10,000	
Veterans Admin.	B. I. Heller	193	4,536	25,425				
St. Paul—Ramsey (St. Paul)	R. O. Mulhausen	71	2,782	18,198				
ROCHESTER								
Mayo Graduate School of Medicine	R. E. Weeks			448,460	50C	224	11,500	132868
Rochester Methodist		148	5,322					
St. Mary's		210	9,292					
ST. PAUL								
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)								
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	H. K. Hellems				20*	062		195732
					2F			195720
University	B. B. Johnson	97	5,314	13,520			9,400	
Veterans Admin. Center	J. L. Glasgow	195	3,309	2,422			9,267	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	C. E. Mengel	115	4,000	28,000	18C	056	9,500	199468
Veterans Admin.	K. D. Nolph	71	1,630	9,275				
KANSAS CITY								
Kansas City General Hospital and Medical Center	B. L. Martz	51	1,812	31,860	12*	030	10,000	134332
Menorah Medical Center	N. Winer	139	5,005	7,265	4C	011	11,600	
St. Luke's	J. M. Catlett		9,383	15,210	5C	017	9,254	134868
					4*			134832
					4F			134820
University of Missouri at Kansas City								
Kansas City General Hospital and Medical Center	B. L. Martz	51	1,812	31,860			10,000	
Menorah Medical Center	N. Winer	139	5,005	7,265				
St. Luke's	J. M. Catlett		9,383	15,210				
Veterans Admin (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Barnes Hospital Group	O. M. Kipnis	252	7,633	35,630	28C	083	10,500	135368
Jewish Hospital of St. Louis	S. Wessler	180	6,397	7,573	18C	040	11,100	135868
St. John's Mercy Medical Center	R. A. Reider	203	6,840	2,781	6C	020	8,220	136268
					2F			136220

1D. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number	
					1st Yr.	All Yrs.			
MISSOURI, ST. LOUIS—Continued									
St. Louis University Group of Hospitals	T. F. Frawley				20C 4* 1F	051		136568 136532 136520	
Firmin Desloge General		67	2,656	15,832			10,628		
St. Louis County		40	1,395	26,803					
Veterans Admin.		50	1,193	15,240					
St. Louis City		55	1,916	14,626			10,628		
St. Luke's	R. Paine	143	4,390	4,642	4C 8*	021	9,600	136468 136432	
St. Mary's Health Center	W. A. Knight	174	5,622	19,625	8C 4*	028	10,920	199968 199932	
NEBRASKA									
OMAHA									
Creighton University Affiliated Hospitals	G. O. Clifford					19C	019	10,400	137268
Creighton Memorial St. Joseph's	G. O. Clifford	54	2,229						
Douglas County	G. O. Clifford	26	481					10,500	
Veterans Admin.	J. F. Sullivan	140	5,430	4,775					
University of Nebraska Affiliated Hospitals	J. C. Shipp					18C	055	10,400	137632
University of Nebraska	J. C. Shipp	54	1,929	16,272				10,400	
Bishop Clarkson Memorial	J. C. Shipp	94	2,363					10,400	
Nebraska Methodist	J. C. Sage	42	2,036						
Veterans Admin.	R. E. Ecklund	140	5,430	4,775				10,500	
NEW HAMPSHIRE									
HANDOVER									
Dartmouth Medical School Affiliated Hospitals	G. Cornwell, 3d, J. Grant					18C	042	10,100	137768
Mary Hitchcock Memorial	G. Cornwell, 3d	80	2,919	31,280					
Veterans Admin. Center (White River Junction, Vt.)	J. Grant	68	1,491	9,045					
NEW JERSEY									
ATLANTIC CITY									
Atlantic City	J. A. Linsk	186	5,948	2,755	1C 4F	013	9,400		
CAMDEN									
Cooper	W. L. Hingston, S. Levine	250	5,978	2,202	2C 6* 3F	015	11,200	138068 138032 138020	
EAST ORANGE									
Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosps., Newark)									
ELIZABETH									
St. Elizabeth	R. G. Oriscello	154	4,327	4,949		12C	022	10,088	138568
ENGLEWOOD									
Englewood	J. Mc Nally	129	3,694	5,151		5C	017	9,072	138668
GREEN BROOK									
Raritan Valley (See CMDNJ-Rutgers Med. School Affiliated Hosps., Piscataway)									
HACKENSACK									
Hackensack	R. Pierson	159	5,748	5,459	6C 4* 2F	022	11,000	138768 138732 138720	
JERSEY CITY									
Jersey City Medical Center	H. Mark	221	5,559	5,038		14C	035	12,000	139068
LIVINGSTON									
St. Barnabas Medical Center	J. A. Hogan	255	10,414	1,920		7C	017	11,209	139668
LONG BRANCH									
Monmouth Medical Center	J. C. Kirby	174	5,147	5,738		8C	020	12,200	139268
MORRISTOWN									
Morristown Memorial	J. F. Butterworth	189	6,629	3,726		6C 2F	016	11,000	139468 139420
NEPTUNE									
Jersey Shore Medical Center—Fitkin	E. Abraham	126	4,198	13,877		16*	020		139532
NEWARK									
CMDNJ—New Jersey Medical School Affiliated Hospitals	F. P. Chinard					30C 5* 1F	129		139868 139820
Veterans Admin. (East Orange)	N. H. Ertel	185	7,059	38,205					
Marland	F. P. Chinard	117	3,234	23,685			11,599		
Newark Beth Israel Medical Center	M. Kirschner	150	5,641	6,318					
St. Michael Medical Center	L. G. Smith	187	4,684	7,926		10C 6*	028	12,446	139968 139932
United Hospitals Medical Center—Presbyterian	T. M. Gocke	104	3,135	2,138		4C 4F	016	12,446	187268 187220
NEW BRUNSWICK									
New Brunswick Affiliated Hospitals	G. N. French					10C	012	12,000	252368
Middlesex General		89	2,770	8,881					
St. Peter's General		113	3,205	3,502					
PARAMUS									
Bergen Pines County	M. A. Nevins	629	3,126	16,948		12*	032	10,511	190832
PATERSON									
St Joseph's Hospital and Medical Center	K. P. Lance	108	5,638	22,673		6C 2* 1F	027	11,385	140668 140620

10. INTERNAL MEDICINE—Continued

NEW JERSEY—Continued	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1975-1976 1st Yr.	All Yrs.		
PISCATAWAY CMDNJ—Rutgers Medical School Affiliated Hospitals	H. L. Conn, Jr.				12C	034		291868
Hunterdon Medical Center (Flemington)	D. Hotchkiss	37	1,249	4,476			10,994	
Raritan Valley (Green Brook)	H. L. Conn, Jr.	71	3,239	6,320			12,296	
Muhlenberg (Plainfield)	P. K. Johnson	159	5,213	7,736			11,600	
Medical Center at Princeton (Princeton)	C. R. Ream	194	10,813	2,500			12,296	
PLAINFIELD Muhlenberg	P. K. Johnson	159	5,213	7,736	4C 3* 2F	019	11,600	140768 140732 140720
Muhlenberg (See CMDNJ-Rutgers Med. School Affil. Hosps., Piscataway)								
PRINCETON Medical Center at Princeton (See CMDNJ-Rutgers Med. School Affiliated Hosps., Piscataway)								
SUMMIT Overlook	M. Bernstein	170	2,599	1,752	6C 4F	018	12,000	140868 140820
TRENTON Trenton Affiliated Hospitals	M. P. Friedman				12C 2F	032	10,000	
Helene Fuld Medical Center St. Francis	M. P. Friedman	193	7,088	4,961 3,734				
NEW MEXICO								
ALBUQUERQUE University of New Mexico Affiliated Hospitals	R. C. Williams, Jr.				15*	047	8,916	196232
Bernalillo County Medical Center	R. C. Williams, Jr.	40	1,909	30,532				
Veterans Admin.	O. H. Law	138	4,773	39,778				
NEW YORK								
ALBANY Albany Medical Center Affiliated Hospitals	S. Bondurant				19C 19*	082	11,800	141468 141432
Albany Medical Center		164	5,240	7,444				
Veterans Admin.		351	4,185	11,150				
BUFFALO Mercy	M. Maloney	126	3,444	6,781	6* 2F	014	10,800	143932 143920
Millard Fillmore	L. H. Golden	195	5,431	15,009	2C 2* 2F	016	10,800	144068 144032 144020
Sisters of Charity	C. J. O'Connell	162	4,739	5,742	2C 2F	016	11,025	144168 144120
S.U.N.Y. at Buffalo Affiliated Hospitals	E. Calkins				18C 12* 2F	054		143868 143832
Buffalo General	J. P. Nolan	240	6,197	14,500			11,300	
Edward J. Meyer Memorial	E. Calkins	198	3,196	52,601				
Veterans Admin.	J. T. Aquilina	432	4,333	4,464			11,300	
COOPERSTOWN Mary Imogene Bassett				18,186	6* 3F	019		144232 144220
EAST MEADOW Nassau County Medical Center—Meadowbrook Div.	C. T. Lambrew	137	4,387	23,252	22C	049	11,716	144868
JOHNSON CITY Charles S. Wilson Memorial	E. N. Zinner	184	6,387	42,432	3* 1F	012	10,400	145232 145220
MANHASSET North Shore University (See N. Y. Hosp.-Cornell Med. Ctr. Affil. Hosps., N. Y. City)								
MINEOLA Nassau	W. C. Hollis	186		2,662	1C 2* 4F	017	13,211	145568 145532 145520
NEW HYDE PARK Long Island Jewish—Hillside Medical Center Program 1	E. Meilman				12C	052	13,500	196368
Long Island Jewish—Hillside Medical Center	E. Meilman	132	4,233	5,729				
Queens Hospital Center (New York City)	H. Kolodny	99	2,993	39,490				
Long Island Jewish—Hillside Medical Center Program 2	M. L. Jampol	100	2,200		12*	014		196330
La Guardia (New York City)	M. L. Jampol	100	2,200				12,500	
Queens Hospital Center (New York City)							13,500	
NEW ROCHELLE New Rochelle Hospital Medical Center	J. J. McLean	149	4,265	12,931	6* 3F	016	9,231	145932 145920
NEW YORK CITY Albert Einstein College of Medicine Affiliated Hospitals	N. S. Bricker				24C	056	13,500	193168
Bronx Municipal Hospital Center	M. Fulop	275	7,337	41,059				
Hospital of the Albert Einstein College of Medicine	S. V. Moroff	118	3,170	14,257				
Arthur C. Logan Memorial	B. E. Krentz	124	1,235	21,034	3C 3*	015	13,500	148168 148132
Beekman—Downtown	J. T. Flynn	165	3,589	9,417	8C	025	11,500	189068
Beth Israel Medical Center	B. Straus	274	5,002	104,684	36C	080	13,500	147068
Booth Memorial	J. H. Dwek	161	3,920	6,795	12C	028	14,280	182268
Bronx—Lebanon Hospital Center	E. E. Fischel	257	5,366	43,678	12C	040	14,000	147168

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10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
Brookdale Hospital Center	A. Lyon	203	5,686	40,000	20C 5*	045	13,500	141968 141932 142068
Brooklyn—Cumberland Medical Center	S. M. Fierst	259	8,218	54,658	17C	053	13,500	
Cabrini Health Care Center—Columbus Hospital Division	A. Taranta	138	2,415	7,554	8C 4* 10F	022	12,500	147268 147232 147220
Catholic Medical Center of Brooklyn and Queens Mary Immaculate Division Queens Hospital Center (Catholic Medical Center Affiliation)	P. Lo Presti P. Lo Presti	93	1,943	23,324	12*	065	13,500	145032
St. John's Queens Division	W. D' Angelo	58	1,686	9,796				
St. Mary's Division	N. De Francis	133	3,047	2,453				
City Hospital Center at Elmhurst	J. Seaman	71	1,149	20,904				
Coney Island	S. Glick	142	3,873	79,568	12C 12*	076	13,500	149168 149132
Flushing Hospital and Medical Center	L. H. Pedersen	117	2,765	7,150	16C 3C 2* 1F	054 014	13,500 12,000	142268 144568 144532 144511
French and Polyclinic Medical School and Health Center	A. M. Gelb	2,131	3,885	7,874	6C	013	14,700	
Harlem Hospital Center	G. E. Thomson	276	4,873	64,411	25C 3F	072	13,500	147868 147820
Hospital for Joint Diseases and Medical Center	J. Grossman	100	2,001	16,514	5C	013	13,500	
Jamaica	B. D. Gussoff	114	2,593	8,235	6* 1F	024	14,340	144932 144920
Jewish Hospital and Medical Center of Brooklyn Greenpoint	S. L. Lee	210	5,449	18,300 161,714	24C	060	14,700	142568
Kingsbrook Jewish Medical Center—Unity	V. Ginsberg				14C 8*	033		147632
Kingsbrook Jewish Medical Center	E. E. Mandel	607	3,072	6,493			13,500	
Unity	V. Ginsberg	65	1,949	4,740			13,200	
La Guardia (See L. I. Jewish-Hillside Med. Ctr. Prog. 2, New Hyde Park)								
Lenox Hill	M. S. Bruno	298	5,936	37,601	19C	038	14,015	148368
Lincoln	J. F. Mc Cahan	69	1,209	16,273	12C	031	13,500	148468
Long Island College	J. N. Edson	223	5,281	11,587	4C 3F	010	14,700	142768 142720
Lutheran Medical Center	A. Caccese	109	2,182	25,361	5C 2F	013	14,700	143068 143020
Maimonides Medical Center Training Program Maimonides Medical Center	D. Grob	272	5,136	18,813	20C 6*	047	14,000	142868 142832
Methodist	D. C. Kent	202	3,328	27,847	14C	037	13,500	142968
Misericordia—Fordham Training Program	R. F. Gomprecht				11*	048	14,700	148632
Misericordia		129	2,982	11,383				
Fordham		110	2,016	24,235				
Montefiore Hospital Training Program Martin Luther King Jr. Health Center	D. Hamerman, H. Wise			16,716	6C	024		148748
Montefiore Hospital Training Program Montefiore Hospital and Medical Center	D. Hamerman	236	6,394	29,958	43C	095	13,500	148768
Morrisania City		79	2,236	30,609				
Mount Sinai	R. Gorlin	305	6,683	28,304	24C	064	14,000	149068
New York Hospital—Cornell Medical Center and Affiliated Hospitals	A. G. Bearn				33C 20* 2F	083		149268 149232 149220
New York Hospital Memorial Hospital for Cancer and Allied Diseases	A. G. Bearn	201	4,542					
North Shore University (Manhasset)	W. P. L. Myers	144	2,307	34,088			14,700	
New York Infirmary	L. Scherr	157	5,118	19,925				
New York Medical College—Metropolitan Hospital Center	I. Sharkey	98	1,935	9,429	7C	007	13,602	187568
Unit 1—Flower and Fifth Avenue Hospitals	H. Rubin	112	3,100	3,600	36C	080	13,500	147368
Unit 2—Metropolitan Hospital Center		185	4,857	70,623				
New York University Medical Center Bellevue Hospital Center—University Bellevue Hospital Center	S. J. Farber				22C	056		146468
University	S. J. Farber, H. Lawrence	138	3,582					
New York University Medical Center University Hospital—Veterans Admin. (Manhattan)	S. J. Farber				14C	047		146568
Veterans Admin. (Manhattan)	N. Spritz, S. J. Farber	280	7,150	12,880			14,479	
University	S. J. Farber, H. Lawrence	138	3,582					
Presbyterian	C. A. Ragan, Jr.	225	8,490	106,121	14C	046	12,660	149568
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Prog. 2, New Hyde Park)								
Roosevelt	N. P. Christy	200	3,592	16,111	12C 4*	030	13,521	149668 149632
St. Clare's Hospital and Health Center	R. F. Grady	120	2,249	11,968	13C	026	13,000	149768
St. John's Episcopal	F. Taubman	95	5,021	13,823	4* 7F	012	14,804	143220
St. Luke's Hospital Center	T. B. Van Itallie	231	6,499	44,538	17C	039	13,500	149968
St. Vincent's Hospital and Medical Center of New York	W. J. Grace	245	5,375	27,981	12C 9F	045	13,500	150068 150020

APPROVED RESIDENCIES

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1975-1976 1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
St. Vincent's Medical Center of Richmond	L. Weiner	56	2,351	8,990	2C 4*	016	14,700	151468 151432
Staten Island	T. G. Mc Ginn	101	2,555	7,852	6* 4F	013	12,894	151532 151520
S.U.N.Y. Downstate Medical Center	A. J. Bollet				30C 10*	048		142632 142620
Kings County Hospital Center		350	6,260	375,860			14,700	
State University		54	1,309	12,085			14,772	
Veterans Admin. (Bronx)	J. Wolf, H. A. Weiner	313	12,765	111,371	6C	006	15,394	
Veterans Admin. (Brooklyn)	A. A. Polachek	379	5,499	9,660	8C	054	15,394	150268
Wyckoff Heights	V. J. Adams	171	4,186	4,405	7C	018	14,700	143568
NORTHPORT								
Veterans Admin. (See S.U.N.Y. at Stony Brook Affil. Hospitals, Stony Brook)								
ROCHESTER								
Genesee	A. L. Ureles	138	4,194	11,150	5* 3F	028	10,400	150732 150720
Highland Hospital of Rochester	W. W. Faloon	73	2,445	1,675	4C 2*	017	11,000	150868 150832 150820
Rochester General	M. W. Brandriss	153	4,277	5,009	6C 3*	025	10,400	150968 150932 150920
St. Mary's	R. J. Napodano	108	3,169	2,347	7*	007	10,900	151032
Strong Memorial Hospital of the University of Rochester	D. Kimberg, W. Morgan, Jr.	133	5,065	20,000	20C	050	10,400	151168
University of Rochester Associated Hospitals	L. E. Young				16C 1*	031	10,400	295968 295932 295920
Genesee		138	4,194	11,150				
Highland Hospital of Rochester		73	2,445	1,675				
Rochester General		153	4,277	5,009			10,400	
Strong Memorial Hospital of the University of Rochester		133	5,065	20,000				
STONY BROOK								
S. U. N. Y. at Stony Brook Affiliated Hospitals								
Veterans Admin. (Northport)	H. W. Fritts, Jr.	190	2,195		13C	040	14,367	291968
SYRACUSE								
S. U. N. Y. Upstate Medical Center	W. J. Williams				22*	054	11,057	151632
Crouse Irving—Memorial	W. Schiess	118	3,644					
State University	W. J. Williams	72	3,434	24,754				
Veterans Admin.	M. Miller	78	1,570	3,085				
VALHALLA								
Grasslands	F. A. Graig	63	4,299	73,308	6C 4F	017	14,700	152168 152120
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	R. L. Ney	78	3,016	27,197	20C 2F	040	10,475	190068 190020
CHARLOTTE								
Charlotte Memorial	M. M. Mc Call, 3d	165	6,099	16,706	5*	005	10,080	152732
OURHAM								
Duke University Affiliated Hospitals	J. B. Wyngaarden, W. Rosse	160	4,815	62,000	39C	080	10,350	152968
Duke University Medical Center	J. B. Wyngaarden	225	8,000	40,000				
Veterans Admin.	W. Rosse	137	3,699	6,999				
GREENSBORO								
Moses H. Cone Memorial Hospital	W. B. Herring	155	5,434	1,756	4C 2F	004	9,500	194368 194320
WILMINGTON								
New Hanover Memorial	E. E. Werk, Jr.	90	4,100	5,600	3C 2*	010	9,500	153468 153432 153420
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	J. E. Johnson	164	5,992	8,216	18C 2F	049	10,000	153768 153720
OHIO								
AKRON								
Akron City	A. Kerr, Jr.	123	3,703	1,457	5C 1F	016	10,500	154132 154120
Akron General	H. M. Friedman	131	4,315	83,238	7C 2F	023	10,500	154268 154220
CINCINNATI								
Daniel Drake Memorial	S. Goodman	492	474	6,704	6C	014	8,000	269168
Good Samaritan	T. A. Saladin	190	5,276	2,974	6C 5*	023	10,200	155068 155033
Jewish	E. G. Margolin	211	5,779	6,591	7* 2F	021	10,900	155132 155120
University of Cincinnati Hospital Group	R. W. Vilter				24C	090		154868
Cincinnati General		106	3,945	47,995			9,685	
Veterans Admin.		123	2,345	5,120			11,932	
CLEVELAND								
Cleveland Clinic	R. Van Ommen, E. Winkelman	147	10,156	174,814	16C	081	10,750	196868
Cleveland Metropolitan General	C. H. Rammeikamp	136	3,828	49,185	18C 2F	050	11,000	155368 155320
Huron Road	M. A. Hanna	116	4,560	4,822	4*	016	10,700	157132

APPROVED RESIDENCIES

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA—Continued								
EASTON								
Easton	H. Y. Seidel	131	4,312	1,620	2* 3F	009	12,000	161032 161020
HARRISBURG								
Harrisburg	A. T. Andrews, 3d	193	5,139	9,350	5C 2F	019	10,634	161468 161420
Harrisburg Polyclinic	J. S. Bray	216	5,316	4,476	3C	009	10,500	161568
HERSHEY								
Milton S. Hershey Medical Center of the Pennsylvania State University	G. H. Jeffries	73	2,564	13,661	8C 1F	028	10,584	161768 161720
JOHNSTOWN								
Conemaugh Valley Memorial	R. J. Lantos	155	2,375	1,620	2C 2F	006	9,450	161632 161620
PHILADELPHIA								
Albert Einstein Medical Center	I. Woldow	242	6,003	7,851	20C	042	10,000	163168
Episcopal		106	3,181	19,261	4C 2*	014	10,400	162368
Graduate Hospital of the University of Pennsylvania	H. F. Zinsser	115	3,194	10,456	7*	020	11,507	162632
Hahnemann Medical College Affiliated Hospitals	E. L. Coodley				20C 5*	058	10,500	162768 162732 162720
Hahnemann Medical College and Hospital Philadelphia General	E. L. Coodley	183	4,904	18,655			10,500	
Crozer—Chester Medical Center (Chester)	E. L. Coodley	94	1,616	14,438			10,492	
St. Agnes	J. E. Clark	181	7,206	3,172			10,500	
Lankenau	J. Gambescia, J. Cossa	79	8,518	2,195			10,500	
	F. D. Gray, Jr.	156	3,779	8,171	6C 4*	023	10,000	163268 163232
Medical College of Pennsylvania Affiliated Hospitals	D. Kaye				14C 2F	042		184968 184920
Hospital of the Medical College of Pennsylvania	D. Kaye	110	2,523	14,600				
Veterans Admin.	D. Kaye	98	1,800	11,270			12,750	
Mercy Catholic Medical Center	N. N. Cohen				10C 7F	036	10,000	163668 163620
Misericordia Division		144	4,714	5,473				
Fitzgerald Mercy Division (Darby)		133	3,607	4,136				
Pennsylvania	J. E. Wood	114	2,829	8,556	12C	026	11,700	163968
Philadelphia General (University of Pennsylvania Service)	E. S. Cooper	94	1,616	18,344	11C 11*	028	10,492	164068 164032
Presbyterian—University of Pennsylvania Medical Center	F. H. Gardner	125	3,640	15,612	10C 20C	015	10,650	164168 164668
Temple University Affiliated Hospitals	S. Sherry							
Germantown Dispensary and Hospital	W. G. Mc Cune	144	3,935	9,073			11,945	
Temple University	S. Sherry	171	4,827	26,447			11,299	
Thomas Jefferson University	R. I. Wise	151	4,446	16,396	12C	065	10,700	163068
University of Pennsylvania Affiliated Hospitals	A. S. Reiman				22C	061		162868
Hospital of the University of Pennsylvania		141	4,626	13,410			11,300	
Veterans Admin.		116	2,448	16,904			12,750	
PITTSBURGH								
Allegheny General	E. B. Rotheram, Jr.	252	5,236	22,874	10C 1F	030	12,285	164868 164820
Hospitals of the University Health Center of Pittsburgh	J. Leonard, A. Eichenholz				26C	074	10,017	165268
Presbyterian—University	J. Leonard	176	5,016	40,875				
Veterans Admin.	A. Eichenholz	120	1,586	24,060				
Hospitals of the University Health Center of Pittsburgh	P. Troen	218	6,240	17,102	14C 8*	045	11,130	165068 165032 165020
Montefiore					4F			
Mercy	F. J. Luparello	211	5,290	13,250	9*	027	11,300	164932 164920
St. Francis General	E. J. Holzinger	236	5,354	11,267	3F 7C 6*	025	11,500	188168 188132
Western Pennsylvania	C. R. Wilson, Jr.	198	5,649	13,299	5C 5*	016	11,615	165968 165932
READING								
Reading	E. A. Hildreth	153	5,264	33,720	4C	015	10,800	166168
SAYRE								
Robert Packer	B. D. Boselli	96	4,667	36,428	2*	007	8,500	166432
YORK								
York	D. M. Shearer	153	4,791	6,194	2C 2*	018	11,183	167468 167432 167420
					5F			
PUERTO RICO								
CAGUAS								
Caguas Sub—Regional	R. Correa Coronas	53	1,279	18,879	6C	018		
MAYAGUEZ								
Mayaguez Medical Center	J. Ramirez-Rivera	70	2,173	30,305	4C 2*	013	8,460	
PONCE								
Ponce District General	H. F. Rodriguez	118	2,772	32,698	3C 3*	009	7,260	
					3F			
SAN JUAN								
San Juan City	L. A. Roman	96	2,600	4,697	8C 5F	030	9,500	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1975-1976 1st Yr.	1976-1977 All Yrs.		
PUERTO RICO, SAN JUAN—Continued								
University District	M. R. Garcia-Palmieri	86	2,563	53,368	10C	060	9,660	
Veterans Admin. Center	E. A. Ramirez	232	6,544	71,450	12*	060	9,598	
RHODE ISLAND								
PAWTUCKET								
Memorial (See Brown University Affiliated Hospitals, Providence)								
PROVIDENCE								
Brown University Affiliated Hospitals								
Memorial (Pawtucket)	M. G. Baldini	127	3,443	4,070	6C	009	11,077	167668
Miriam	H. C. Lichtman	114	2,870	7,107	17C	032	11,200	195368
Rhode Island	M. W. Hamolsky	224	6,296	20,346	20C	047	11,860	167768
Roger Williams General	P. Calabresi	97	2,621	8,230	11C	024	11,860	167868
Veterans Admin.	S. W. Daum	187	3,884	23,515	12C	032		279768
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina								
Teaching Hospitals	J. C. Ross					25C	070	168068
Medical University of South Carolina		98	2,700	9,776			10,200	
Charleston County		25	932					
Veterans Admin.		145	2,767	11,858			9,902	
TENNESSEE								
CHATTANOOGA								
University of Tennessee Clinical Education Center								
Baroness Erlanger	C. E. Richardson	187	9,160	9,546	4C	016	10,200	168968
					2*			168932
					2F			168920
KNOXVILLE								
University of Tennessee Memorial Research Center and Hospital	A. D. Beasley	103	4,905	15,353	6C	014	9,111	183968
					4*			183932
					2F			183920
MEMPHIS								
Baptist Memorial	J. P. Milnor, Jr.	259	9,539	12,525	6C	064	10,440	169468
					6*			169432
					10F			169420
Methodist	R. C. Baskin	281	10,697	1,891	3C	009	10,500	169668
					6*			169632
University of Tennessee Affiliated Hospitals	G. H. Stollerman				24*	072		184432
					4F			184420
City of Memphis Hospitals	G. H. Stollerman	128	3,519	37,004			9,900	
Veterans Admin.	J. H. Kier	309	8,076	24,715			11,331	
West Tennessee Chest Disease	H. L. Davis	115	993	604				
NASHVILLE								
George W. Hubbard Hospital of the Meharry Medical College	K. R. Brown	57	1,403	2,146	2C	012	9,589	
					2*			
St. Thomas	C. F. Meador	96	3,947	1,724	3C	008	9,650	
Vanderbilt University Affiliated Hospitals	G. W. Liddle				32*	085	9,394	170232
Nashville Metropolitan General	T. Paine	29	1,085	21,118				
Vanderbilt University	G. W. Liddle	104	4,178	20,867				
Veterans Admin.	R. M. Oes Prez	179	5,507	14,120				
TEXAS								
AUSTIN								
Brackenridge	J. W. Moncrief	44	2,410	2,123	6C	020	11,200	170468
					5F			170420
DALLAS								
Baylor University Medical Center	R. Tompsett	200	8,425	5,919	7C	018	9,276	170668
					4F			170620
Methodist Hospital of Dallas	R. P. Norgaard	164	5,587	4,554	5*	010	9,500	170732
St. Paul	K. L. Waigren	178	6,892	2,620	2C	010	9,000	170968
					1*			170932
					1F			170920
University of Texas Southwestern Medical School Affiliated Hospitals	D. W. Seldin				38*	079		283532
					1F			283511
Parkland Memorial	D. W. Seldin	177	5,446	85,737			8,784	
Veterans Admin.	S. Eisenberg	264	6,957	45,392			9,514	
GALVESTON								
University of Texas Medical Branch Hospitals	W. P. Deiss, Jr.	229	6,395	26,769	20C	053	9,600	171468
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	H. D. Mc Intosh, R. J. Hill				45C	128		171668
					8*			171632
Ben Taub General	H. D. Mc Intosh	87	4,282	71,287			9,540	
Jefferson Davis	H. O. Mc Intosh	57	1,167	20,874				
Methodist	H. D. Mc Intosh	213	7,754				9,450	
St. Luke's Episcopal	R. J. Hall	147	7,522	187			10,140	
Veterans Admin.	R. J. Luchi	296	5,781	67,493			9,540	
University of Texas at Houston Affiliated Hospitals	W. M. Kirkendall				18C	048		292368
Hermann	W. M. Kirkendall	104	4,101	19,098			9,324	
St. Joseph	H. L. Fred	187	8,024	1,332			9,480	
University of Texas M. D. Anderson Hospital and Tumor Institute	C. C. Shullenberger	177	4,939	50,548				

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TEXAS—Continued								
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals	L. E. Earley	94	3,452	47,088	26C 3*	072	9,700	172232
Bexar County Teaching Veterans Admin.								
TEMPLE								
Scott and White Memorial	L. Brewer	326	8,651	84,771	7C 2* 1F	020	10,000	172568 172532 172511
UTAH								
SALT LAKE CITY								
Latter—Day Saints	D. H. Nelson	137	6,216	4,848	5C 2F	016	10,300	172968 172920
University of Utah Affiliated Hospitals	G. E. Cartwright	59	2,354	24,289	20C	042	10,300	173268
University Veterans Admin.	G. E. Cartwright G. Tikoff	94	3,686	8,582				
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	W. A. Tisdale	98	4,435	10,971	6C 12*	030	9,850	173432
WHITE RIVER JUNCTION								
Veterans Admin. Center (See Dartmouth Med. Sch. Affiliated Hospitals, Hanover, N.H.)								
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	E. W. Hook	110	3,932	31,530	14C 2F	069	9,400	173768 173720
University of Virginia Affiliated Hospitals	C. L. Crockett, Jr.				4* 5F	009		
Roanoke Memorial Hospitals	C. L. Crockett, Jr.	194	6,808	8,872			6,600	
Veterans Admin. (Salem)	W. E. Reeve	68	2,933	1,346			12,400	
NORFOLK								
Norfolk General	D. W. Drew	265	7,142	11,839	6* 2F	018	10,000	174132 174120
RICHMOND								
Virginia Commonwealth University M.C.V. Affiliated Hospitals	H. J. Fallon, D. Richardson				30C 6*	086		174368 174332
Medical College of Virginia Hospitals	D. Richardson, H. J. Fallon	202	30,000	210,000			9,870	
Veterans Admin.	J. J. Kelly, 3d	410	7,373	24,395			10,584	
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	R. G. Petersdorf				26C 1F	089		191868 191820
Harborview Medical Center	M. Turck		2,207	16,920				
University	R. G. Petersdorf	34	1,752	21,811			9,252	
U. S. Public Health Service	R. J. Griep	48	1,530	2,020				
Veterans Admin.	R. S. Evans	99	4,835	6,800			9,780	
Virginia Mason	R. M. Hegstrom	97	5,135	116,791	7*	018	8,839	175632
WEST VIRGINIA								
CHARLESTON								
Charleston Area Medical Center	M. L. Lewis				3C 1* 9F	023	9,000	190268 190232 190220
Charleston General Division		110	4,039	922				
Memorial Division		94	3,807	4,167				
MORGANTOWN								
West Virginia University Medical Center	E. B. Flink	81	3,568	17,265	8C 1F	036	9,700	183768 183720
WHEELING								
Ohio Valley Medical Center	E. T. Wong	95	2,376	2,100	4C 2* 2F	018	12,420	176968 176932 176920
WISCONSIN								
LA CROSSE								
La Crosse Lutheran Hospital and Gundersen Clinic	E. L. Overholt	89	4,012	71,051	4C 3F	014	8,100	177468 177420
MADISON								
University of Wisconsin Affiliated Hospitals	D. T. Graham				23*	070	10,200	177932
Madison General	E. N. Ehrlich	85	3,408					
University Hospitals	D. T. Graham	105	3,719	18,100				
Veterans Admin.	C. M. Kunin	139	4,817	17,879				
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	J. M. Cerletty				20C 4F	072		178468 178420
Milwaukee County General	J. M. Cerletty	136	5,868	53,894			10,532	
Veterans Admin. Center (Wood)	G. B. Theil	189	4,744	56,250			11,022	

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
PASADENA								
Huntington Memorial	C. H. Shelden	20	594	91	1C	004	13,000	
SACRAMENTO								
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)								
SAN FRANCISCO								
University of California Program H. C. Moffitt—University of California Hospitals	C. B. Wilson				2*	012		106292
Ralph K. Davies Medical Center—Franklin San Francisco General Veterans Admin.	C. B. Wilson R. K. Perkins J. Hoff P. R. Weinstein	42 15 12 19	1,460 634 472 428	981 483 1,403			11,700 10,300	
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 G. D. Silverberg R. D. Hamilton	19 13 10	597 232 776	2,821 468 1,046	1*	007	10,000 12,061	182092
TORRANCE								
Los Angeles County Harbor General (See U. C. L. A. Affiliated Hospitals, Los Angeles)								
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals Denver General University of Colorado Medical Center Veterans Admin.	W. M. Kirsch G. D. Vander Ark W. M. Kirsch W. M. Kirsch	12 24 12	450 645 189	1,200 2,081 551	1*	004	10,970 9,612	
CONNECTICUT								
HARTFORD								
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. B. B. Whitcomb W. F. Collins, Jr.	35 46 6	878 1,464 137	2,754 174 545	2C	009	12,210 11,000 12,632	
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 District of Columbia General Georgetown University Veterans Admin.	A. J. Luessenhop A. J. Luessenhop A. J. Luessenhop A. J. Luessenhop, J. Fox	20 30 15	258 447 159	2,496 222 119,601	1C	007	11,742 10,712	
George Washington University Affiliated Hospitals Children's Hospital of the District of Columbia George Washington University Veterans Admin. Washington Hospital Center	H. V. Rizzoli T. H. Milhorat H. V. Rizzoli H. V. Rizzoli, J. Fox H. V. Rizzoli	8 56 15	203 1,103 159	552 3,160 119,601	2C	008	11,150 10,712	
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals William A. Shands Teaching Hosp. and Clinics Veterans Admin.	A. L. Rhoton, Jr.	23 22	721 337	1,767 1,378	1C	006	9,666 9,891	
MIAMI								
University of Miami Affiliated Hospitals Jackson Memorial Veterans Admin.	H. L. Rosomoff	39 17	787 241	2,750 1,448	3C	012	12,427 10,816	
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals Emory University Grady Memorial Henrietta Eggleston Hospital for Children Veterans Admin. (Decatur)	G. T. Tindall	19 15 12	524 395 380	1,299 838	2C	006	10,080 10,560	
AUGUSTA								
Medical College of Georgia Hospitals Eugene Talmadge Memorial University Veterans Admin.	M. B. Allen, Jr. M. B. Allen, Jr. M. B. Allen, Jr. R. A. Gindin	27 71 16	481 2,867 264	1,736 253 817	3C	005	10,100	

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
GEORGIA—Continued								
DECATUR								
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)								
ILLINOIS								
CHICAGO								
Cook County	H. Henry	33	1,460	2,525	2C 1*	005	11,600	112792
Mc Gaw Medical Center of Northwestern University	A. J. Raimondi				4*	019	11,680	224792
Children's Memorial	A. J. Raimondi	23	631	1,857				
Northwestern Memorial	D. Ruge	21	841					
Veterans Admin. Research	A. J. Raimondi	24	300	1,250				
Evanston (Evanston)	J. Tarkington	10	300					
Rush—Presbyterian—St. Luke's Medical Center	W. W. Whisler	21	284	1,628	1*	004	10,501	114792
University of Chicago Hospitals and Clinics	J. F. Mullan	25	522	1,856	2C	005	11,925	
University of Illinois Affiliated Hospitals	O. Sugar				2C	008		
University of Illinois	O. Sugar	44	1,803	11,265			11,580	
Cook County	H. Henry	33	1,460	2,525			11,600	
Illinois Masonic Medical Center	O. Sugar	12	351					
Mercy Hospital and Medical Center	M. J. Jerva	45	972	402			12,020	
EVANSTON								
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)								
HINES								
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals	B. Bloor					1C 004		
Foster G. Mc Gaw	B. Bloor	14	457	1,336			11,000	
Veterans Admin. (Hines)	H. C. Voris, R. A. Manfredi	34	628	915			11,600	
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	R. Campbell				2C	008		
Indiana University Hospitals	R. Campbell	49	1,067	1,473			10,000	
Marion County General	J. L. Glover	10	323	695			10,000	
Methodist Hospital of Indiana	J. M. Goodman	80	2,296	279			11,436	
Veterans Admin.	R. Campbell	19	368	771			10,500	
IOWA								
IOWA CITY								
University of Iowa Affiliated Hospitals	G. E. Perret				2C	008	10,100	
University of Iowa Hospitals		32	487	2,002				
Veterans Admin.		20	450	1,054				
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	C. E. Brackett, Jr.	20	565	1,593	1C	005	10,000	
Veterans Admin. (Kansas City, Mo.)	S. Rengachary	26	556	660			9,500	
KENTUCKY								
LEXINGTON								
University	H. M. Blacker	34	1,080	3,949	1C	005	9,500	
LOUISVILLE								
University of Louisville Affiliated Hospitals	H. D. Garretson				1C	004		121769
Children's		6	267	229				
John N. Norton Memorial Infirmary		1	165					
Louisville General		10	390	654				
Veterans Admin.		15	165	622				
LOUISIANA								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals	D. G. Kline				1C	005		
Charity Hospital of Louisiana	D. G. Kline	10	342	1,282			9,600	
Ochsner Foundation	E. S. Connolly	23	769	3,577			9,492	
Tulane University Affiliated Hospitals	R. C. Llewellyn				2C 1*	007		
Charity Hospital of Louisiana	R. C. Llewellyn	9	296	1,103			9,600	
Ochsner Foundation	E. S. Connolly	23	769	3,577			9,492	
Veterans Admin.	R. C. Llewellyn	16	228	1,144			10,849	
MARYLAND								
BALTIMORE								
Johns Hopkins	D. M. Long	45	970	1,115	2C	010	11,000	
Baltimore City Hospitals	J. O. Mc Queen	9	108	951				
Veterans Admin.	J. D. Mc Queen	9	402	832			10,500	
University of Maryland Affiliated Hospitals	J. G. Arnold, Jr.	49	1,089	938	2C	010		
University of Maryland		31	612	738			12,050	
Mercy		18	477				11,000	
MASSACHUSETTS								
BOSTON								
Children's Hospital Medical Center—Peter Bent Brigham	W. K. Welch				1C	004	11,350	
Bent Brigham		85	485	927				
Children's Hospital Medical Center		10	289	414				
Peter Bent Brigham		60	1,654	980	2C	010	11,400	
Massachusetts General	W. H. Sweet	12	288	141			11,815	
Beth Israel	N. T. Zervas	12	288	529			11,441	
Boston City	V. H. Mark	12	265					
Tufts University Affiliated Hospitals	B. M. Stein				1C	005		
New England Medical Center	B. M. Stein	20	316	931			11,314	
Carney		25	690	469				
Veterans Admin.	W. Shucart	23	370	1,534			11,245	

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals	R. C. Schneider	21	619	1,707	2*	012		129392
St. Joseph Mercy	S. M. Farhat		318				11,650	
University	R. C. Schneider	39	1,006	3,869			10,700	
Veterans Admin.	R. C. Schneider, C. Miller	5	84	724			11,300	
DETROIT								
Henry Ford	R. S. Knighton	26	748	4,153	2C	008	11,100	
Wayne State University—Detroit Medical Center Affiliated Hospitals	L. M. Thomas				2C	006	11,920	
Children's Hospital of Michigan			154	216			10,815	
Detroit General	L. M. Thomas	16	376	760				
Grace	L. M. Thomas	17	446	43				
Harper	D. Austin	16	321					
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	S. N. Chou				2C	010		
University of Minnesota Hospitals		23	310	510			10,200	
Veterans Admin.		23	323	1,025			11,415	
ROCHESTER								
Mayo Graduate School of Medicine	C. S. Mac Carty			5,688	4C	016	11,000	
St. Mary's		69	3,082					
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	O. J. Andy				2C	006		
University		27	832	1,189			9,400	
Veterans Admin. Center		16	237	1,355			10,767	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	S. P. W. Black	14	302	1,142	1C	004	10,500	
St. Luke's (St. Louis)	G. Roulhac	29	985	6				
KANSAS CITY								
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Barnes Hospital Group	S. Goldring				2C	008	11,000	
St. Louis University Group of Hospitals	K. R. Smith, Jr.				1C	005		
Firmin Desloge General		27	806	48			10,628	
Cardinal Glennon Memorial Hospital for Children		10	379	368			10,628	
St. Mary's Health Center		18	493				10,920	
St. Luke's (See University of Missouri Medical Center, Columbia)								
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals	E. Sachs, Jr.				1C	005	10,100	
Mary Hitchcock Memorial		23	896	2,129				
Veterans Admin. Center (White River Junction, Vt.)		6	120	251				
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	L. Nelson				1C	005	11,800	
Albany Medical Center		36	1,126	450				
Veterans Admin.		6	192	370				
BUFFALO								
S. U. N. Y. at Buffalo Affiliated Hospitals	L. Bakay				1C	004		
Buffalo General	L. Bakay	15	421	39			12,800	
Children's Hospital of Buffalo	D. M. Klein	9	264	243			12,800	
Edward J. Meyer Memorial	L. Bakay	7	245	305				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	K. Shulman				2*	012	14,700	
Bronx Municipal Hospital Center		17	463	545				
Hospital of the Albert Einstein College of Medicine		14	252	634				
Montefiore Hospital and Medical Center		18	353	267				
Montefiore Hospital and Medical Center (See Albert Einstein College of Medicine Affiliated Hospitals)								
Mount Sinai Hospital Training Program	L. I. Malis				2C	010		
Mount Sinai		44	921	450			15,200	
City Hospital Center at Elmhurst		18	408	526			14,700	
Veterans Admin. (Bronx)		29	375	735			15,394	
New York Hospital—Cornell Medical Center and Affiliated Hospitals	R. H. Patterson, Jr.				1C	003	13,300	
New York Hospital	R. H. Patterson, Jr.	30	632	3,800				
Memorial Hospital for Cancer and Allied Diseases	J. Galicich	3	37	151				
New York University Medical Center	J. Ransohoff				2C	014		
Bellevue Hospital Center	J. Ransohoff	33	250	319				
St. Vincent's Hospital and Medical Center of New York	R. L. Rovit	18	318	296				
University	J. Ransohoff	40	703					
Veterans Admin. (Manhattan)	J. Ransohoff	19	67	624			15,394	
Presbyterian	E. B. Schlessinger	58	1,686	711	2C	010	14,455	
Harlem Hospital Center	J. L. Pool	13	182	576				

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
S. U. N. Y. Downstate Medical Center	A. W. Cook	45	595	1,572	3C	010	16,000	
Kings County Hospital Center		36	496	164				
Long Island College		16	207	313			15,549	
State University								
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	J. Mc Donald	22	797	465	1C	004	11,400	
SYRACUSE								
S. U. N. Y. Upstate Medical Center	R. B. King	24	801		2C	009	11,861	
Crouse Irving—Memorial	R. B. King	26	681	316				
State University	R. B. King	19	267	663				
Veterans Admin.	L. Modesti							
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	G. S. Dugger	17	529	1,245	1C	004	10,473	
DURHAM								
Duke University Affiliated Hospitals	G. L. Odom	31	386	1,840	1C	009		
Duke University Medical Center	G. L. Odom	39	1,232	3,929			10,850	
Veterans Admin.	W. A. Cook	31	386	1,840			10,350	
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals	E. Alexander, Jr.	35	1,042	1,510	1*	006	11,000	153792
North Carolina Baptist								
NORTH DAKOTA								
FARGO								
Neuropsychiatric Institute	L. A. Christoferson	45	951	2,345	1C	002	11,400	
OHIO								
CINCINNATI								
Good Samaritan	F. H. Mayfield	23	1,054	370	1C 1*	004	10,950	
Christ	F. H. Mayfield	36	970	216			11,918	
University of Cincinnati Hospital Group	R. L. Mc Laurin				1C	004		
Children's				114				
Cincinnati General		30	781	1,116			10,128	
Veterans Admin.		21	308	605			11,932	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	F. E. Nulsen	10	253	1,015	2*	007	11,500	
Cleveland Metropolitan General	R. J. White	18	521	604			11,500	
University Hospitals of Cleveland	F. E. Nulsen	17	82	540			12,006	
Veterans Admin.	J. S. Brodkey	60	1,198	4,103	2C	008	10,950	
Cleveland Clinic	D. F. Dohn	32	450	253				
St. Vincent Charity	E. J. Bishop							
COLUMBUS								
Ohio State University Affiliated Hospitals	W. E. Hunt	28	764	1,516	2C	008	8,500	156669
Ohio State University Hospitals	W. E. Hunt	20	732	528			8,000	
Children's	M. P. Sayers	42	1,301	21			11,000	
Riverside Methodist	J. N. Meagher							
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	B. J. Rutledge	40	1,628	18	1C	004		
St. Anthony	A. C. Lisle							
University of Oklahoma Hospital and Clinics	B. J. Rutledge	9	292	665			11,078	
Veterans Admin.	B. J. Rutledge	5	104	425			10,000	
OREGON								
PORTLAND								
Good Samaritan Hospital and Medical Center	J. Raaf	44	1,445	883	1C 1F	005	10,309	159520
University of Oregon Affiliated Hospitals	H. D. Paxton				1C 1F	005		159920
University of Oregon Medical School		16	480	1,339			9,000	
Hospitals and Clinics		15	158	275			11,088	
Veterans Admin.								
PENNSYLVANIA								
PHILADELPHIA								
Episcopal	H. A. Shenkin	24	869	1,117	1C	005	10,975	
Hahnemann Medical College and Hospital	J. L. Osterholm	28	501	2,832	1C	005	10,500	
Philadelphia General	T. W. Langfitt	10	87	454				
Temple University Affiliated Hospitals	F. Murtagh	30	724	2,771	2C	006	11,299	
Temple University	F. Murtagh							
Albert Einstein Medical Center (Northern Division)	M. R. Katz	17	320	96			10,761	
St. Christopher's Hospital for Children	F. Murtagh	25	220	515			11,000	
Thomas Jefferson University	H. B. Vogel	17	342	156	1*	008	11,600	
Wilmington Medical Center (Wilmington, Del.)	L. Olmedo	55	1,220	1,070				
University of Pennsylvania Affiliated Hospitals	T. W. Langfitt				2*	007		
Hospital of the University of Pennsylvania	T. W. Langfitt	686	32	245			11,300	
Children's Hospital of Philadelphia	L. Schut	21	395	205			12,000	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	P. J. Jannetta	21	579	666	2C	010	11,130	
Children's Hospital of Pittsburgh	P. J. Jannetta	9	194	40				
Montefiore	R. G. Selker	41	953	144				
Presbyterian—University	P. J. Jannetta	13	268	243				
Veterans Admin.	P. J. Jannetta							

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA, PITTSBURGH—Continued								
Mercy	G. H. Gray, Jr.	38	1,163	244	1*	004	11,300	164992
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	N. Rifkinson				1C 1F	004		
University District		30	634	2,314			9,660	
I. Gonzalez Martinez San Juan City		12	378	1,200				
Veterans Admin. Center		15	300	1,000			10,846	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals Medical University of South Carolina	P. L. Perot, Jr.	23	586	853	1C	005	10,200	
TENNESSEE								
MEMPHIS								
Methodist	C. D. Hawkes	118	3,649	541	1C	004	10,800	
Veterans Admin.	E. L. Cashion	17	497	1,424			11,331	
University of Tennessee Affiliated Hospitals Baptist Memorial	J. T. Robertson	101	3,880	752	2C	008	10,740	
City of Memphis Hospitals		14	538	839			11,533	
NASHVILLE								
Vanderbilt University Affiliated Hospitals	W. F. Meacham				2C	006		9,394
Nashville Metropolitan General	T. Paine	4	240	333				
Vanderbilt University	W. F. Meacham	56	1,570	1,040				
Veterans Admin.	W. F. Meacham	15	305	1,560				
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals Children's Medical Center	W. K. Clark		90	177	1C	005		
Parkland Memorial		17	565	1,850			8,784	
St. Paul		29	808				10,800	
Veterans Admin.		17	346	1,622			9,514	
GALVESTON								
University of Texas Medical Branch Hospitals	R. G. Grossman	25	757	1,144	1C	005	10,300	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	G. J. Ehni				3C	012		
Ben Taub General	G. J. Ehni	14	621	1,684			10,140	
Methodist	J. Greenwood	73	2,269				9,000	
Texas Children's	W. R. Cheek	3	90	113			10,740	
University of Texas M. D. Anderson Hospital and Tumor Institute	G. J. Ehni	2	64	671				
Veterans Admin.	G. J. Ehni	30	350	1,397			9,540	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching	J. L. Story	21	871	1,678	1C	003	9,700	
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	T. S. Roberts				1C	004		
University	T. S. Roberts	12	273	835			10,300	
Holy Cross Hospital of Salt Lake City	C. Powell, M. P. Heilbrun	401	9				9,600	
Veterans Admin.	M. P. Heilbrun	3	55	250				
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	R. M. P. Donaghy	27	867	100	1C	004	10,450	
WHITE RIVER JUNCTION								
Veterans Admin. Center (See Dartmouth Med. School Affil. Hospitals, Hanover, N. H.)								
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	J. A. Jane	31	962	2,202	1C	006	9,900	
RICHMOND								
Virginia Commonwealth University M.C.V. Affiliated Hospitals	D. P. Becker				2C	008		
Medical College of Virginia Hospitals	D. P. Becker	32	860	2,013			9,900	
Veterans Admin.	J. L. Ulmer	16	174	378			10,584	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	A. A. Ward, Jr.				2C	010		9,780
Harborview Medical Center			259	485				
University		10	198	692				
Veterans Admin.			213	865				
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	G. R. Nugent	32	1,171	3,751	1C	005	9,700	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	M. J. Javid	22	607	1,548	1C	005	10,700	
University Hospitals		22	607	1,548				
Madison General		13	205					
Veterans Admin.		20	294	1,081				

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WISCONSIN—Continued								
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	S. J. Larson				1C	005		
Milwaukee County General		22	794	2,518			10,532	
Veterans Admin. Center (Wood)		31	421	1,956			11,022	

12A. NEUROLOGY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education 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 Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS								
Wilford Hall U.S.A.F. Medical Center, San Antonio	E. R. Adelman	45	594	6,276	2*	008	16,278	
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	H. H. Schwamb	16	399	4,286	2C	006		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	H. H. Schwamb	40	520	9,366	3C 1*	011		
TEXAS								
Brooke Army Medical Center, San Antonio	C. H. Gunderson	17	447	6,912	2C	006		
UNITED STATES NAVY								
MARYLAND								
Naval, Bethesda	W. L. Brannon, Jr.	41	605	7,744	2C 2F	011		
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	J. H. Halsey, Jr.				2C	011	10,500	
University of Alabama Hospitals and Clinics		16	562	1,500				
Veterans Admin.		15	352	1,920				
ARIZONA								
PHOENIX								
St. Joseph's Hospital and Medical Center	J. C. White, Jr.	42	1,736	366	2C	006	11,448	
Barrow Neurological Institute of St. Joseph's								
TUCSON								
University of Arizona Affiliated Hospitals	W. A. Sibley	7	459	2,364	3C	009	10,925	
University	W. A. Sibley	19	813	1,017				
Tucson Medical Center	H. W. Buchsbaum	12	176					
Veterans Admin.	J. J. Thomas, Jr.							
ARKANSAS								
LITTLE ROCK								
University of Arkansas Medical Center	D. D. Lucy, Jr.				2C 2F	007		101870 101811
University		8	363	3,079			8,800	
Veterans Admin. Consolidated		22	284	916			10,308	
CALIFORNIA								
DAVIS								
University of California (Davis) Affiliated Hospitals	P. M. Dreyfus				2C	006	11,700	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		12	273	2,117				
IRVINE								
University of California (Irvine) Affiliated Hospitals	A. Starr	9	228	969	3C	009	14,176	
Orange County Medical Center (Orange)		56	594	1,790			15,394	
Veterans Admin. (Long Beach)								
LONG BEACH								
Veterans Admin. (See Univ. of California (Irvine) Affil. Hosps., Irvine)								
LOS ANGELES								
Kaiser Foundation	J. Wagner	24	174	9,488	1C	003	13,293	
Los Angeles County—U.S.C. Medical Center	J. P. Van Der Meulen	42	1,280	5,635	8F	020	14,916	103320
U. C. L. A.	A. S. Rose	5	215	5,069	4C 2F	020	11,700	195620
Veterans Admin. Center—Wadsworth	W. W. Tourtellotte	35	675	2,625	3C	010	15,394	

APPROVED RESIDENCIES

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
ORANGE								
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hosp., 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 Hosp., Davis)								
SAN DIEGO								
University of California (San Diego) Affiliated Hospitals								
	W. C. Wiederholt				4*	022		104993
		13	569	1,864			10,300	
		32	538	1,493			10,521	
SAN FRANCISCO								
Pacific Medical Center and Affiliated Hospitals								
	P. R. Calanchini	2	409	368	1C 2F	005	10,200	106120
Pacific Medical Center—Presbyterian								
	R. A. Fishman				6C 1F	018		105812
University of California Program								
	R. A. Fishman	16	739	4,364			14,700	
	F. Yatsu	10	375	1,518				
	J. R. Baringer	14	324	1,591			10,300	
STANFORD								
Stanford University Affiliated Hospitals								
	D. A. Prince	7	244	1,621	4C	012	10,000	
	D. A. Prince	29	272	1,155				
	R. W. Angel							
Stanford University Veterans Admin. (Palo Alto)								
TORRANCE								
Los Angeles County Harbor General								
	M. Goldberg	9	297	1,181	2C 1F	003	14,916	106720
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals								
	J. H. Austin				3* 1F	014		
University of Colorado Medical Center								
	J. H. Austin	10	341	4,651			10,170	
	P. R. Yarnell	12	465	1,250				
	E. Lewin	35	645	2,755			9,612	
CONNECTICUT								
NEW HAVEN								
Yale—New Haven Medical Center								
	G. H. Glaser	15	494	4,187	3C	009	12,210	
Yale—New Haven Veterans Admin. (West Haven)								
	L. L. Levy	42	625	2,335			12,632	
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
WILMINGTON								
Wilmington General (See Thomas Jefferson Univ. Hosp., Philadelphia, Pa.)								
Veterans Admin. (See Thomas Jefferson Univ. Hosp., Philadelphia, Pa.)								
DISTRICT OF COLUMBIA								
WASHINGTON								
Georgetown University Affiliated Hospitals								
	D. S. O' Doherty	14	380	1,029	4*	014	11,742	
	D. S. O' Doherty	57	903	2,402			10,712	
	J. F. Kurtzke							
George Washington University Affiliated Hospitals								
	S. O' Reilly	12	337	821	1C	004	11,150	
	S. O' Reilly							
George Washington University Children's Hospital of the District of Columbia								
	M. J. Malone	4	158	1,005			11,605	
Howard University Affiliated Hospitals								
	D. H. Wood	20	233	1,854	2*	005		
		10	80	1,358			12,581	
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals								
	M. Greer				3C	009		
William A. Shands Teaching Hosp. and Clinics								
		12	494	2,681			8,500	
Veterans Admin.								
		35	635	1,205			9,891	
University Hospital of Jacksonville (Jacksonville)								
				102				
JACKSONVILLE								
University Hospital of Jacksonville (See University of Florida Affil. Hosp., Gainesville)								
MIAMI								
University of Miami Affiliated Hospitals								
	P. Scheinberg	41	1,238	3,529	6C	018	12,427	
		22	440	1,647			10,816	
Jackson Memorial Veterans Admin.								

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
FLORIDA—Continued								
TAMPA								
University of South Florida Affiliated Hospitals	L. D. Prockop				2C	004	9,934	
Veterans Admin.		19	157	1,088				
Tampa General		8		244				
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	H. R. Karp				2C	006	10,080	
Emory University	H. R. Karp	9	299					
Grady Memorial	H. R. Karp	18	654	2,263				
Henrietta Eggleston Hospital for Children								
Veterans Admin. (Decatur)	J. C. Ammons	10	241	2,357				
AUGUSTA								
Medical College of Georgia Hospitals	J. B. Green				2*	006	9,600	198593
Eugene Talmadge Memorial		12	293	1,290	3F			198520
Veterans Admin.		17	290	511				
DECATUR								
Veterans Admin. (See Emory University Affil. Hosps., Atlanta)								
ILLINOIS								
CHICAGO								
McGaw Medical Center of Northwestern University	B. Boshes				2C	016	11,680	224770
Northwestern Memorial	B. Boshes	62	1,158	4,363	1*			224793
Veterans Admin. Research	H. Koenig	38	410	1,000				
Mount Sinai—Cook County—Hines Veterans Admin. Hospitals	M. E. Bruetman				4C	013		114470
Mount Sinai Hospital Medical Center of Chicago	M. E. Bruetman	15	450	862	1*			114493
Cook County	H. L. Meyers	16	372	6,593	1F			114420
Veterans Admin. (Hines)	F. A. Rubino	72	1,099	2,790				
Rush—Presbyterian—St. Luke's Medical Center	M. M. Cohen	40	310	614	2*	008	10,501	
University of Chicago Hospitals and Clinics	S. Schulman	14	351	4,318	2C	006	11,925	
University of Illinois Affiliated Hospitals	J. S. Garvin				3C	006	10,860	115070
University of Illinois	J. S. Garvin	17	568	9,040				
Veterans Admin. (West Side)	H. M. Manfredi	20	101	4,004				
HINES								
Veterans Admin. (See Mt. Sinai—Cook County—Hines Vet. Admin. Hosps., Chicago)								
Veterans Admin. (See Loyola University Affil. Hosps., Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals	J. Brumlik				3C	012	11,000	117020
Foster G. Mc Gaw	J. Brumlik	19	627	206	3F			
Veterans Admin. (Hines)	F. A. Rubino	72	1,099	2,790				
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	M. Dyken				5C	015	10,000	
Indiana University Hospitals		21	628	2,589				
Marion County General		16	448	2,740				
Veterans Admin.		29	547	837				
IOWA								
IOWA CITY								
University of Iowa Affiliated Hospitals	M. W. Van Allen				3*	012	10,100	120393
University of Iowa Hospitals		41	1,490	7,736				
Veterans Admin.		19	375	520				
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	D. K. Ziegler	10	425	2,039	3*	009	10,000	
Veterans Admin. (Kansas City, Mo.)	V. B. Matovich	20	394	980			10,000	
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	D. B. Clark	13	585	3,651	6C	006		
University								
LOUISVILLE								
University of Louisville Affiliated Hospitals	E. Roseman				2C	007	8,600	
Louisville General	E. Roseman	28	852	2,530				
Veterans Admin.	I. O. Dein	37	342	1,210				
LOUISIANA								
NEW ORLEANS								
Charity Hospital of Louisiana—Louisiana State University Division	R. M. Paddison	10	341	5,413	1*	009	7,800	122493
Tulane University Affiliated Hospitals	R. D. Paterson				2C	013		122420
Charity Hospital of Louisiana	R. G. Heath	8	281	3,739	7F		9,000	
Ochsner Foundation	R. E. Barron, 3d	2	153	2,989				
Veterans Admin.	J. F. Pierce	17	500	2,774			10,849	
MARYLAND								
BALTIMORE								
Johns Hopkins Hospital—Baltimore City Hospitals	G. M. Mc Khann				6C	018	10,500	
Baltimore City Hospitals	O. Marin	7	350	1,200				
Johns Hopkins	G. M. Mc Khann	40	1,012	6,512				

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MARYLAND, BALTIMORE —Continued								
University of Maryland Affiliated Hospitals University of Maryland	E. Nelson	19	413	3,373	4*	016	11,350	125293
MASSACHUSETTS								
BOSTON								
Boston City	N. Geschwind	14	309	2,262	2*	008	11,441	
Boston University Affiliated Hospitals University Veterans Admin.	R. G. Feldman	20 118	230 937	529 1,616	5C	016	11,245	
Children's Hospital Medical Center—Peter Bent Brigham—Beth Israel	C. F. Barlow L. R. Caplan	8	227	749	4C	013	11,815	
Children's Hospital Medical Center Peter Bent Brigham	C. F. Barlow H. R. Tyler	85 15	485 431	1,671			11,800 11,200	
Massachusetts General New England Medical Center	R. D. Adams, G. F. Winkler J. F. Sullivan	54 12	1,685 396	6,520 3,329	6C 3C	018 007	11,400 11,314	
St. Elizabeth's Hospital of Boston	R. Flynn	9	310	447				
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals University Veterans Admin.	R. N. De Jong R. N. De Jong E. R. Feringa	22 17	557 382	6,640 917	4C	012	11,300 10,700	
DETROIT								
Henry Ford Wayne State University—Detroit Medical Center Affiliated Hospitals	R. D. Teasdall J. Gilroy	10	299	4,433	2C 4C 1F	006 013	10,600 11,200	129520
Detroit General Harper Lafayette Clinic	J. Gilroy J. Gilroy E. A. Rodin	16 18 15	329 483 155	2,956 854 1,704				
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals Hennepin County General University of Minnesota Hospitals Veterans Admin. St. Paul—Ramsey, (St. Paul) Veterans Admin.	A. B. Baker M. G. Ettinger A. B. Baker M. Alter R. J. Gummit M. Alter	19 47 66 20 66	562 1,501 1,091 784 1,091	2,755 7,196 3,182 3,581 3,182	12*	036	10,000 8,450 10,585 10,900 9,587	
ROCHESTER								
Mayo Graduate School of Medicine Rochester Methodist St. Mary's	J. P. Whisnant	14 66	1,199 2,355	22,362	5C 2*	025	11,500	132893
ST. PAUL								
St. Paul—Ramsey (See University of Minnesota Affiliated Hosp., Minneapolis)								
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center University Veterans Admin. Center	R. D. Currier R. D. Currier A. E. Breland, Jr.	15 20	437 319	2,815 762	2C 1F	007	9,400 10,767	195720
MISSOURI								
KANSAS CITY								
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
St. Louis University Group of Hospitals Firmen Desloge General Cardinal Glennon Memorial Hospital for Children St. Louis County Veterans Admin. (Cochran) Veterans Admin. (Jefferson Barracks) Washington University Affiliated Hospitals Barnes Hospital Group St. Louis Children's St. Louis City	S. Horenstein S. Horenstein S. Horenstein S. Horenstein W. M. Landau P. R. Dodge	12 8 7 39 60 18	342 350 213 324 1,594 653	626 1,026 1,186 2,035 4,150	4C 1F 7C 1*	018 024	10,628 10,628 10,500 10,500	136520 135393
NEBRASKA								
OMAHA								
Creighton—Nebraska Universities Health Foundation Creighton Memorial—St. Joseph's University of Nebraska Bishop Clarkson Memorial Veterans Admin.	R. N. Baker R. N. Baker R. N. Baker A. S. Lorenzo	5 12 17 14	160 540 656 222	2,122 437	3C	009	10,400 10,400 10,500	137670
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial Veterans Admin. Center (White River Junction, Vt.)	A. G. Reeves A. G. Reeves B. E. Levin	19 3	806 73	3,581 65	2C	008	10,100	

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1975-1976 1st Yr.	All Yrs.		
NEW JERSEY								
NEWARK								
CMDNJ—New Jersey Medical School Affiliated Hospitals Martland Veterans Admin. (East Orange)	S. Cook	17 71	350 507	750 750	5C	015	12,446 11,966	
NEW MEXICO								
ALBUQUERQUE								
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center Veterans Admin.	J. M. Bicknell	7 25	296 657	3,941 1,341	4C	010	8,750	
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals Albany Medical Center Veterans Admin.	K. D. Barron	22 43	849 583	1,365 1,055	4C	012	11,800	
BUFFALO								
Edward J. Meyer Memorial	B. H. Smith	35	580	2,662	3C	008	10,800	
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	S. Louis	22	252	2,835	2C	007	11,874	
MANHASSET								
North Shore University (See N. Y. Hosp. -Cornell Med. Ctr. & Affil. Hosp., N. Y. City)								
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program Long Island Jewish—Hillside Medical Center Queens Hospital Center (New York City)	M. Nathanson	24	510	1,120 1,621	1C	001	16,400 13,500	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals Bronx Municipal Hospital Center Montefiore Hospital and Medical Center Hospital of the Albert Einstein College of Medicine	R. Katzman R. Katzman E. Weitzman R. Katzman	43 56 23	667 1,020 456	6,253 13,685 3,768	10C	030	14,700	
Montefiore Hospital and Medical Center (See Albert Einstein Coll. of Med. Affiliated Hospitals)								
Mount Sinai Hospital Training Program Mount Sinai City Hospital Center at Elmhurst	M. D. Jahr M. D. Jahr N. Christoff	80 26	1,500 432	3,955 2,542	6C	018	15,200 14,700	
New York Hospital—Cornell Medical Center and Affiliated Hospitals New York Hospital Memorial Hospital for Cancer and Allied Diseases	F. Plum F. Plum J. B. Posner	20 16	954 271	4,029 2,203	5C	013		
New York Hospital—Cornell Medical Center and Affiliated Hospitals North Shore University (Manhasset) Memorial Hospital for Cancer and Allied Diseases	H. R. Beresford J. B. Posner	18 16	550 271	750 2,203	2C	006	14,700	
New York Medical College—Metropolitan Hospital Center Unit 1—Flower and Fifth Avenue Hospitals Unit 2—Metropolitan Hospital Center Unit 3—Bird S. Coler Memorial Hospital and Home	R. J. Strobos	3 40 32	54 625 8	936 2,094 16,400	4C	013	16,000 14,700 16,400	
New York University Medical Center University Bellevue Hospital Center Veterans Admin. (Manhattan)	C. T. Randt	36 37 82	675 382 610	5,201 756	7C	020	15,394 13,715	
Presbyterian Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)	L. P. Rowland	126	3,197	13,969	6C	025	13,715	
St. Vincent's Hospital and Medical Center of New York	J. G. Chusid	39	654	2,548	3C 1F	010	13,500	150020
S. U. N. Y. Downstate Medical Center State University Kings County Hospital Center Veterans Admin. (Bronx)	H. Schutta M. Jahr	4 27 53	94 395 292	479 4,065 1,350	5C	017	14,772 14,700 15,394	
Veterans Admin. (Brooklyn)—Kingsbrook Jewish Medical Center Veterans Admin. (Brooklyn) Kingsbrook Jewish Medical Center	I. F. Norstrand I. F. Norstrand L. Schneck	113 36	668 406	635 4,259	11C	011	15,394 14,000	
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	R. J. Joynt	19	659	1,315	4C	009	10,900	
SYRACUSE								
S. U. N. Y. Upstate Medical Center	G. S. Ross				2C 3F	006	11,057	151112
Crouse Irving—Memorial State University Veterans Admin.	G. S. Ross G. S. Ross M. Chipman	6 10 20	172 380 354	2,711 1,560				
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	T. W. Farmer	13	490	3,993	3C	009	10,475	

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NORTH CAROLINA—Continued								
DURHAM								
Duke University Affiliated Hospitals	S. H. Appel				4C	012	10,350	
Duke University Medical Center	S. H. Appel	25	972	5,459				
Veterans Admin.	J. G. Burch	16	370	1,185				
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	J. F. Toole	23	1,004	1,643	3*	014	10,000	153793
OHIO								
CINCINNATI								
University of Cincinnati Hospital Group	C. D. Aring				3C	009		
Cincinnati General	C. D. Aring	19	531	3,571			10,128	
Children's	S. A. Shelburne, Jr.			552				
Veterans Admin.	C. D. Aring	22	339	1,595			11,932	
CLEVELAND								
Cleveland Clinic	T. W. Wallace	21	634	9,676	3C	010	10,950	
					1F			196820
Cleveland Metropolitan General	M. Victor	62	919	2,423	3C	009	11,500	
University Hospitals of Cleveland	J. M. Foley	18	502	2,557	4C	012	11,000	
Veterans Admin.	R. F. Bennett	38	465	591			11,506	
COLUMBUS								
Ohio State University Affiliated Hospitals	J. N. Allen				4C	012	10,000	
					3F			156620
Ohio State University Hospitals	J. N. Allen	25	628	1,133				
Children's	E. S. Sherard, Jr.	3	116	2,044				
Riverside Methodist	G. W. Paulson	17	624	21			9,500	
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	J. W. Nelson				2C	007		
					1F			159520
University of Oklahoma Hospital and Clinics							10,550	
Veterans Admin.		13	336	1,570			10,000	
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	R. L. Swank				4C	012		
Good Samaritan Hospital and Medical Center	R. S. Dow	25	1,022	1,411			10,309	
University of Oregon Medical School Hospitals and Clinics		8	242	1,905			9,600	
Veterans Admin.		28	440	489			11,088	
PENNSYLVANIA								
COATESVILLE								
Veterans Admin.	R. A. Farmer	45	105	150	2C	002	10,300	
PHILADELPHIA								
Hahnemann Medical College Affiliated Hospitals	E. L. Mancall				3C	006		162770
Hahnemann Medical College and Hospital		36	457	2,600				
Philadelphia General		33	281	1,931				
Medical College of Pennsylvania Affiliated Hospitals	R. A. Burns				2C	006		184970
Hospital of the Medical College of Pennsylvania				78			11,125	
Veterans Admin.				936			12,750	
Pennsylvania	G. R. Haase	10	320	1,218	2C	006	11,700	
Temple University Affiliated Hospitals	J. U. Toglia				3*	009		
Albert Einstein Medical Center	A. A. Bank	13	377	252			10,600	
St. Christopher's Hospital for Children	W. D. Grover	10	310	1,410			11,500	
Temple University	J. U. Toglia	9	266	1,485			11,299	
Thomas Jefferson University	R. A. Chambers	20	466	1,762	2*	006	11,600	
					1F			163020
Wilmington Medical Center (Wilmington, Del.)	D. Nelson	20	584	1,070			10,550	
Veterans Admin. (Wilmington, Del.)	L. Katz	3	17	870			9,052	
University of Pennsylvania Affiliated Hospitals	A. K. Asbury				4*	022		162893
Hospital of the University of Pennsylvania		27	777	2,743			11,300	
Children's Hospital of Philadelphia		11	230	2,250				
Graduate Hospital of the University of Pennsylvania		12	348	724			11,507	
Philadelphia General		33	281	1,931			10,492	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	H. B. Higman				3C	009	11,130	
					1F			165220
Presbyterian—University	H. B. Higman	15	318					
Children's Hospital of Pittsburgh	F. J. Samaha	5	102	1,016				
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	L. P. Sanchez-Longo				2C	010		
					2F			
University District		22	316	2,304			9,660	
San Juan City		12	154	856			9,000	
Veterans Admin. Center		14	166	1,405			9,782	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals								
Medical University of South Carolina	E. L. Hogan	9	326	3,651	3*	009	9,700	168093

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals	R. A. Utterback				4C 1F	012		184420
City of Memphis Hospitals	R. A. Utterback	16	393	6,054			9,900	
Veterans Admin.	E. F. Gonyea	13	146	280			11,331	
NASHVILLE								
Vanderbilt University Affiliated Hospitals	G. M. Fenichel				3C	009		
Vanderbilt University	G. M. Fenichel	9	494	3,478			9,394	
Nashville Metropolitan General	T. Paine	7	267	276				
Veterans Admin.	F. R. Freeman	16	376	634			9,579	
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals	R. N. Rosenberg				2C 1F	006		283511
Parkland Memorial Children's Medical Center	R. N. Rosenberg	1	57	2,295			8,784	
Veterans Admin.	R. N. Rosenberg L. M. Pence	12	262	1,025			9,514	
GALVESTON								
University of Texas Medical Branch Hospitals	J. R. Calverley	19	491	5,519	2C	008	10,300	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	J. S. Meyer				9C 2F	020		171620
Ben Taub General		11	438	4,241			10,140	
Methodist		37	1,455	3,484			9,000	
Veterans Admin.		34	466	2,699			9,540	
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	L. W. Jarcho				3C	009	10,300	
University	L. W. Jarcho	10	449	1,242				
Veterans Admin.	E. T. Ajax	37	370	599				
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	C. M. Poser	20	817	1,352	3C	007	9,850	
WHITE RIVER JUNCTION								
Veterans Admin. Center (See Dartmouth Medical School Affil. Hosp., Hanover, N. H.)								
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	T. R. Johns	22	951	4,974	4C	014	9,900	
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals	J. W. Harbison	30	1,060	5,134	3C	013	9,900	
Medical College of Virginia Hospitals	J. W. Harbison	44	532	614			10,584	
Veterans Admin.	J. R. Taylor							
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	P. D. Swanson				4C	012	9,780	
Children's Orthopedic Hospital and Medical Center	C. B. Carison	1	381	1,537				
Harborview Medical Center	S. M. Sumi	6	556	1,427				
University	P. D. Swanson	6	338	1,561				
Veterans Admin.	W. Crill	15	338	975				
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	L. Gutmann	19	659	4,488	1*	006	9,700	183793
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	F. M. Forster	18	663	5,620	5C	015	10,700	
University Hospitals	F. M. Forster	30	437	734				
Veterans Admin.	B. Messert							
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	M. P. Mc Quillen				4C 3F	012		178420
Milwaukee County General	M. P. Mc Quillen	10	99	738			10,532	
Milwaukee Children's		1	221	1,399				
Veterans Admin. Center (Wood)	E. Bravo-Fernandez	32	449	1,325			11,022	

12B. NEUROLOGY

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education 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 levels.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
National Institutes of Health—Clinical Center, Bethesda								

13. NEUROPATHOLOGY

Residency programs in Neuropathology are approved by the Council on Medical Education and the American Board of Pathology, and are listed following programs in Pathology, as List C.

14. NUCLEAR MEDICINE

Residency programs in the following institutions have been approved by the Council on Medical Education 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 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES ARMY								
TEXAS								
William Beaumont Army Medical Center, El Paso	M. L. Nusynowitz	5,618	16,766	20	2C	004		
UNITED STATES NAVY								
MARYLAND								
Naval, Bethesda	C. W. Ochs	5,300	21,474	26	1C	002		
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
National Institutes of Health—Clinical Center, Bethesda	G. S. Johnston	4,915			1C	001	13,000	
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	W. N. Tauxe				3C	006		
University of Alabama Hospitals and Clinics		5,023	12,408	27				
Veterans Admin.		6,482	6,458	16			10,500	
CALIFORNIA								
LOS ANGELES								
Veterans Admin. Center—Wadsworth	W. H. Blahd	6,178	2,579	13	2C	004	15,394	
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals	D. W. Brown				2C	002	13,800	
University of Colorado Medical Center		2,374	5,500	20				
Veterans Admin.		3,453	517	7				
CONNECTICUT								
NEW HAVEN								
Yale—New Haven Medical Center	R. P. Spencer				3C	003		
Yale—New Haven Hospital of St. Raphael		9,312		37			12,855	
		3,035	3,129	29			12,210	
DISTRICT OF COLUMBIA								
WASHINGTON								
Georgetown University	J. C. Harbert	6,293	2,269	38	1C	002	11,742	
George Washington University Affiliated Hospitals	V. M. Varma, R. C. Reba				1C	002		
George Washington University		5,013	2,195	37				
Washington Hospital Center		6,370	4,095	51				
ILLINOIS								
CHICAGO								
Mc Gaw Medical Center of Northwestern University	J. L. Quinn, 3d				2C	003		
Children's Memorial	J. J. Conway	1,481						
Northwestern Memorial	J. L. Quinn, 3d	7,493	4,867					
Veterans Admin. Research	J. J. Imarisio	3,757	1,979	5				

14. NUCLEAR MEDICINE—Continued

	Chief of Service or Program Director	Total In Vivo Procedures	Total In Vitro Procedures	Total Therapeutic Procedures	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1975-1976 1st Yr.	All Yrs.		
ILLINOIS, CHICAGO—Continued								
Michael Reese Hospital and Medical Center	S. M. Pinsky	5,719	8,861	28	1C	002	12,985	
LOUISIANA								
NEW ORLEANS								
Touro Infirmary	T. Bloch	5,706	5,459	37	1C	002	10,044	
MARYLAND								
BALTIMORE								
Johns Hopkins	H. N. Wagner, Jr.	3,475	5,614		2C	002	11,200	
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals University	W. H. Beierwaltes	5,247	13,751	86	2C	004	12,500	
ROYAL OAK								
William Beaumont	H. J. Dworkin	8,883	12,837	46	2C	004	12,540	
MISSOURI								
ST LOUIS								
St. Louis University Group of Hospitals Firmen Desloge David P. Wohl Memorial Mental Health Institute Veterans Admin.	J. Lindeman	6,988	4,818	25	2C	004	11,700	
Washington University Affiliated Hospitals Barnes Hospital Group Mallinckrodt Institute of Radiology	R. G. Evens	6,812	15,971	67	2C	004	11,000	
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals Albany Medical Center Veterans Admin.	R. B. Chodos R. B. Chodos S. S. Ciccio	4,284 2,350	2,061 1,179	75 15	2C	002	12,575 13,608	
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 M. A. Bender	5,842 3,805 3,995 2,794	224 3,156 3,852 3,583	6 6 58 46	1C	002	11,236 11,800 11,800	
NEW YORK CITY								
Memorial Hospital for Cancer and Allied Diseases	R. S. Benua	5,047	7,774		1C	002		
SYRACUSE								
S. U. N. Y. Upstate Medical Center State University	J. G. Mc Afee	11,827	28,100	147	4C	005	13,969	
OHIO								
CINCINNATI								
University of Cincinnati Hospital Group Cincinnati General Jewish Veterans Admin. Children's	E. L. Saenger	4,236 3,197 1,998	6,288 1,407 2,146	58 36 3	2C	004	11,932 11,932	
PENNSYLVANIA								
PHILADELPHIA								
University of Pennsylvania Affiliated Hospitals Hospital of the University of Pennsylvania Veterans Admin. Graduate Hospital of the University of Pennsylvania	D. E. Kuhl	5,107 3,113 2,875	9,737 9,304	83 11 112	2C	004	11,300	
TEXAS								
HOUSTON								
Baylor College of Medicine Affiliated Hospitals, Program 1 St. Luke's Episcopal Ben Taub General Texas Children's Texas Heart Institute	J. A. Burdine, Jr.	4,242 4,677	6,913 4,189	29 51	3C	006	10,740	
Baylor College of Medicine Affiliated Hospitals, Program 2 Methodist Veterans Admin. University of Texas M. D. Anderson Hospital and Tumor Institute	F. J. Pircher P. C. Johnson, Jr. F. J. Pircher T. P. Haynie, 3d	11,000 7,036 5,377	12,000 2,212	100 18 50	3C	005	10,740	
WISCONSIN								
MILWAUKEE								
St. Luke's	D. J. Kuban	4,113	6,211	80	1C	002	11,000	

15. OBSTETRICS-GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE									
CALIFORNIA									
David Grant U. S. A. F. Medical Center, Fairfield		J. G. Daley	27	2,566	63,012	4	4C 016		
U. S. A. F., Mather A. F. B.									
MISSISSIPPI									
U.S.A.F. Medical Center, Biloxi		D. R. Dunning	32	2,514	56,375	3	3C 3*	012	
TEXAS									
Wilford Hall U. S. A. F. Medical Center, San Antonio		A. L. Brekken	58	3,723	57,050	4	3*	012	
UNITED STATES ARMY									
CALIFORNIA									
Letterman Army Medical Center, San Francisco		D. L. Vaughn	23	1,620	28,315	3	1C 1F	009	
COLORADO									
Fitzsimons Army Medical Center, Denver		K. F. Deubler	38	2,719	43,531	3	4C 1F	011	
DISTRICT OF COLUMBIA									
Walter Reed Army Medical Center, Washington		W. E. Patow	41	2,112	21,372	3	4C 1F	011	
HAWAII									
Tripler Army Medical Center, Honolulu		J. A. Austin	64	6,123	82,130	3	2C 4F	017	
TEXAS									
William Beaumont Army Medical Center, El Paso		W. H. Scragg	39	3,625	76,800	3	2* 2F	016	
Brooke Army Medical Center, San Antonio		G. D. Plunkett	39	2,705	45,715	3	4C 1F	011	
WASHINGTON									
Madigan Army Medical Center, Tacoma		R. E. Rogers	43	4,365	71,139	3	6C 2F	016	
UNITED STATES NAVY									
CALIFORNIA									
Naval, Oakland		R. L. Baker	35	2,354	32,537	4	3C	012	
Naval, San Diego		B. D. Viele	50	4,739	76,434	3	4C	016	
MARYLAND									
Naval, Bethesda		D. R. Knab	41	2,600	53,593	3	3C	012	
PENNSYLVANIA									
Naval, Philadelphia		R. A. Baker	21	1,450	19,757	3	2C	008	
VIRGINIA									
Naval, Portsmouth		R. T. Upton	80	6,806	155,342	3	6C	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	12	783	10,216	3	1C 3F	006	183571 183520
WASHINGTON									
U. S. Public Health Service, Seattle (See Univ. of Washington Affil. Hospitals, Seattle, Wash.)									
OTHER FEDERAL									
CANAL ZONE									
Gorgas, Balboa Heights		A. Shoik	23	2,042	19,060	3	3F	007	13,238 180620
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
Carraway Methodist Medical Center		C. M. Tyndal	34	2,141	20,474	3	2C 1F	007	10,080 100671 100620
University of Alabama Medical Center University of Alabama Hospitals and Clinics		C. E. Flowers, Jr.	34	2,252	9,956	3	5*	019	9,900
FAIRFIELD									
Lloyd Noland		J. P. Hardy	14	984	16,164	3	1C	003	12,000 100871

15. 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 1975-1976 1st All Yrs.	Annual Salary (Min.)	NIRMP Number
ALABAMA—Continued								
MOBILE								
University of South Alabama Affiliated Hospitals Mobile General	H. W. Mendenhall	34	3,145	6,421	3	3* 012 3F	10,500	185235 185220
ARIZONA								
PHOENIX								
Good Samaritan	W. B. Cherny	78	5,548	7,422	3	4* 013	9,456	101135
Maricopa County General	W. E. Crisp	45	4,915	9,305	3	3C 014 6F	11,961	189871 189820
St. Joseph's Hospital and Medical Center U. S. Public Health Service Indian	R. J. Jennett D. L. Child	55 17	5,474 1,163	6,365 9,285	3	3C 009	11,448	101271
TUCSON								
University of Arizona Affiliated Hospitals Pima County General Tucson Medical Center University	C. D. Christian	3 55 14	230 5,168 1,311	6,194 10,784	3	3C 012		101571
ARKANSAS								
LITTLE ROCK								
University	D. L. Barclay	44	4,153	15,778	3	4C 014 2*	8,500	101871 101835
CALIFORNIA								
BAKERSFIELD								
Kern County General	L. E. Smale	16	2,013	10,551	3	2C 008	13,080	192171
DAVIS								
University of California (Davis) Affiliated Hospitals	K. R. Niswander				3	1C 011 2F	11,700	104671 104620
Sutter Community Hospitals of Sacramento (Sacramento)	G. A. Fields	71	7,556					
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	K. R. Niswander	12	1,389	9,865				
FONTANA								
Kaiser Foundation (See San Bernardino County General Hospital, San Bernardino)								
FRESNO								
Valley Medical Center of Fresno	G. E. La Croix	20	2,954	14,729	3	2C 009 4F	14,430	102220
GLENOALE								
Glendale Adventist	S. Engblom	25	2,137	14,410	3	2* 006	9,240	
IRVINE								
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	W. B. Thompson, Jr.	32	3,461	18,697	3	6* 015	10,300	104335
LOMA LINDA								
Loma Linda University Affiliated Hospitals Loma Linda University Los Angeles County—U.S.C. Medical Center (Los Angeles)	H. F. Ziprick, R. M. Nelson H. F. Ziprick, R. M. Nelson E. J. Quilligan	30 330 21	2,207 20,161 2,164	71,925 15,834	3	3* 012	10,560	102435
Riverside General (Riverside)	W. W. Brown, Jr.						12,204	
LOS ANGELES								
California Hospital Medical Center Cedars—Sinai Medical Center Cedars of Lebanon Hospital Division Kaiser Foundation Los Angeles County—U.S.C. Medical Center Los Angeles County—U. S. C. Medical Center (See Also Loma Linda Univ. Affil. Hosps., Loma Linda)	V. B. Slagerman M. E. Wade H. K. Ziel E. J. Quilligan	50 40 73 330	4,334 14,651 6,300 20,161	7,589 9,694 105,369 71,925	3 4 4 3	2C 006 4C 012 4* 016 15C 047	12,660 13,896 13,293 11,952	
Martin Luther King, Jr. General U. C. L. A.	E. Davidson J. G. Moore	36 53	4,692 3,939	19,167 16,323	4 4	6* 024 6* 018	11,496 11,700	205735 195635
White Memorial Medical Center	M. Nakamoto	17	2,674	13,056	3	3C 005 2F	11,220	
OAKLAND								
Kaiser Foundation	S. J. Sallomi	32	3,340	47,287	3	3C 009	10,560	104271
ORANGE								
Orange County Medical Center (See Univ. of Calif. (Irvine) Affiliated Hosps., Irvine)								
RIVERSIDE								
Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)								
SACRAMENTO								
Kaiser Foundation Sutter Community Hospitals of Sacramento (See Univ. of California (Davis) Affiliated Hospitals, Davis)	B. R. Marshall	37	3,929	68,409	3	2* 006	10,560	209735
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)								
SAN BERNARDINO								
San Bernardino County General Kaiser Foundation (Fontana)	W. J. Spanos W. G. Mc Cormick	16 47	1,544 4,748	10,307 53,646	3	2C 006 6F	10,080 10,635	104720
SAN DIEGO								
Mercy Hospital and Medical Center	J. F. Wanless	138	5,028	10,557	3	2* 009 1F	9,975	104835 104820

15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
CALIFORNIA, SAN DIEGO—Continued									
University of California, San Diego—University Hospital	S. S. C. Yen	18	2,090	9,735	3	3*	012	10,300	104935
SAN FRANCISCO									
Kaiser Foundation	G. C. Calderwood	44	4,858	47,602	3	3C	009	10,560	
Mount Zion Hospital and Medical Center	J. A. Kerner	28	2,175	5,147	3	1C 1F	005	9,900	105471 105411 106271
University of California Program Children's Hospital and Adult Medical Center	R. K. Laros, Jr.				4	6C	024		
H. C. Moffitt—University of California Hospitals	G. A. Webb	46	4,745	6,583				11,254	
San Francisco General	R. K. Laros, Jr. P. Goldstein	30 17	2,438 1,860	21,333 14,795				9,430 9,430	
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	E. C. Sandberg				3	6C 6*	024		182035
Stanford University	E. C. Sandberg	36	3,479	11,796				10,000	
Santa Clara Valley Medical Center (San Jose)	E. W. Lowe	18	1,772	11,057				12,061	
Kaiser Foundation (Santa Clara)	J. C. Portnuff	53	6,337	61,156					
STOCKTON									
San Joaquin General	H. John	18	2,240	13,804	3	2* 1F	008	11,502	102135 102120
TORRANCE									
Los Angeles County Harbor General	J. Marshall				4	5C 3F	018	14,916	106720
COLORADO									
DENVER									
St. Joseph	C. H. Alexander	73	6,047	4,714	3	2C 1* 1F	010	9,885	107471 107435 107420
University of Colorado Affiliated Hospitals	E. S. Taylor	40	4,168	21,891	3	M	4*	9,370	
University of Colorado Medical Center Denver General	E. S. Taylor H. E. Thompson	45	3,930	48,058					
University of Colorado Community Program Denver General	E. S. Taylor H. E. Thompson	45	3,930	48,058	3	3*	009		107635
General Rose Memorial	F. R. Abrams	45	4,734	3,475					
St. Luke's	L. W. Roessing	48	3,867	3,393				9,650	
University of Colorado Medical Center	E. S. Taylor	40	4,168	21,891				9,370	
CONNECTICUT									
BRIDGEPORT									
Bridgeport	J. R. Lyddy	40	3,877	4,168	3	2C 1F	006	12,720	107920
St. Vincent's	W. S. Bousa	18	1,729	2,195	3	1C 1F	003	11,000	108071 108020
FARMINGTON									
University (See University of Connecticut Affil. Hosps., Hartford)									
HARTFORD									
Hartford	R. C. Burchell	103	8,314	12,751	3	3C 2F	009	10,300	108371 108320
Mount Sinai	M. Baggish	35	5,144	3,529	3	3C 2*	008	10,300	185471
St. Francis	J. M. Gibbons, Jr.	69	6,065	8,157	3	3C 1F	009	10,300	108571 108520
University of Connecticut Affiliated Hospitals University (Farmington) New Britain General (New Britain)	J. N. Blechner	46	4,420	3,925	3	3C	009	11,100	109471
NEW BRITAIN									
New Britain General (See Univ. of Connecticut Affiliated Hospitals, Hartford)									
NEW HAVEN									
Yale—New Haven Medical Center Yale—New Haven	N. G. Kase	88	8,350	21,868	4	6*	018	10,930	
STAMFORD									
Stamford	A. Bellwin	30	2,373	1,958	3	2C	005	11,000	109571
DELAWARE									
WILMINGTON									
Wilmington Medical Center	W. Slate	103	9,452	8,896	3	4C 1F	012	10,550	109971 109920
DISTRICT OF COLUMBIA									
WASHINGTON									
Freedmen's District of Columbia General (Howard University Service)	J. F. J. Clark	57	3,735	2,905	4	6*	031	12,581	
Georgetown University Affiliated Hospitals Georgetown University District of Columbia General	A. O. Godette P. D. Bruns P. D. Bruns F. J. Bepko, Jr.	72 50 72	5,214 4,661 5,214	10,745 5,882 10,745	3	6C	015	11,370 10,568 11,370	180171

15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
DISTRICT OF COLUMBIA, WASHINGTON—Continued									
George Washington University Affiliated Hospitals	A. B. Weingold				3	9C 6*	027	10,565	180271 180235
George Washington University	A. B. Weingold	53	4,307	4,158					
Columbia Hospital for Women	J. L. Marlow	111	13,233	11,901					
Fairfax (Falls Church, Va.)	N. J. Price	82	7,980	4,536					
Providence	A. Robinson	35	3,468	4,246	3	2* 1F	008	9,872	180335 180320
Washington Hospital Center	W. F. Peterson	100	9,839	11,483	3	3C	012	10,565	180071
FLORIDA									
GAINESVILLE									
William A. Shands Teaching Hosp. and Clinics	W. N. Spellacy	55	5,430	27,876	4	4*	016	9,044	182435
JACKSONVILLE									
Jacksonville Hospitals Educational Program	R. J. Thompson				3	7C	021	9,550	110171
Baptist Memorial		41	3,453	3,238					
St. Vincent's		46	3,567	5,411					
University Hospital of Jacksonville		45	4,538	30,608					
MIAMI									
University of Miami Affiliated Hospitals Jackson Memorial	W. A. Little	128	86,629	18,276	3	10*	034		110435
MIAMI BEACH									
Mount Sinai Hospital of Greater Miami	H. Kraff	19	3,018	6,040	3	2C	006	11,723	
ORLANDO									
Orange Memorial	J. R. Jones, Jr.	91	7,511	10,720	3	3C	009	9,600	110771
PENSACOLA									
Pensacola Educational Program	G. T. Couch, W. H. Mc Caw				3	2C 2* 2F	010	10,080	182671 182635 182620
Baptist Sacred Heart University		51 30 6	3,883 2,679 883	6,553					
ST. PETERSBURG									
Bayfront Medical Center	W. R. Anderson	31	2,827	12,400	3	2C	006	10,080	191171
TAMPA									
University of South Florida Affiliated Hospitals Tampa General	J. M. Ingram	40	3,847	4,520	3	3C	009	9,349	110971
GEORGIA									
ATLANTA									
Emory University Affiliated Hospitals	J. D. Thompson				3	12C 12*	046	9,600	111335
Crawford W. Long Memorial	J. R. Mc Cain	47	4,146	4,305			000	9,600	
Emory University	J. D. Thompson	30	1,665						
Grady Memorial	J. D. Thompson	122	8,301	56,431					
Georgia Baptist	P. M. Payne	50	4,927	1,879	3	2C 3F	008	9,720	111271 111220
AUGUSTA									
Medical College of Georgia Hospitals Eugene Talmadge Memorial University	W. A. Scoggin	38 57	2,456 4,240	13,084 8,412	4	4*	016	9,600	198535
MACON									
Medical Center of Central Georgia	J. A. Souma	56	5,231	8,832	3	3* 2F	011	10,200	112035 112020
SAVANNAH									
Memorial Medical Center	D. W. Fillingim	29	2,452	5,639	3	1*	003	9,648	
HAWAII									
HONOLULU									
University of Hawaii Affiliated Hospitals	J. A. Krieger				3	3C 3F	009		180820
Kapiolani Maternity and Gynecological	J. A. Krieger	90	16,340	5,085					
Queen's Medical Center	J. Ohtani	21	2,792	4,911				10,922	
ILLINOIS									
BERWYN									
Mac Neal Memorial	D. M. Santilli	41	3,083	3,054	3	2*	008	10,500	112135
CHICAGO									
Columbus—Cuneo—Cabrini Medical Center	E. G. Nora				3	2C 3F	006	10,250	112671 112611
Columbus		56	3,400	525					
Frank Cuneo				2,324					
Cook County	R. C. Stepto	153	11,138	40,861	3	8* 5F	038	11,600	112735 112720
Illinois Masonic Medical Center	J. J. Barton, R. R. Greene	27	4,513	5,108	3	3C 1F	007	11,650	113771 113711
Mc Gaw Medical Center of Northwestern University	J. Sciarra								
Northwestern Memorial	M. A. Bayly	82	5,358	13,395					
Passavant Pavilion					3				
Wesley Pavilion					3				
Chicago Maternity Center									
Evanston (Evanston)	T. Mc Elin	33	2,770	6,925	3				
Mercy Hospital and Medical Center	C. J. Smith	60	4,947	6,726	3	2*	006	11,350	114135
Michael Reese Hospital and Medical Center	A. Scommegna	91	7,936	19,573	4	5C	005	11,718	114271
Mount Sinai Hospital Medical Center of Chicago	R. C. Stepto	41	3,134	11,496	3	1C 2F	009	11,000	114471 114420
Rush—Presbyterian—St. Luke's Medical Center	G. D. Wilbanks	78	5,048	18,587	3	4C	016	10,501	114771
St. Joseph	D. M. Fahrenbach	39	3,350	5,744	3	3*	009	10,500	115535
University of Chicago Hospitals and Clinics	F. P. Zusan	78	5,267	29,475	3	6C 3F	021	11,125	116071 115811

15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
MARYLAND, BALTIMORE—Continued								
University of Maryland Affiliated Hospitals	A. L. Haskins				3	6C 023		125271 125235
University of Maryland Mercy	A. L. Haskins J. P. Durkan	40 36	3,706 2,550	24,240 7,925			11,350 11,000	
CHEVERLY								
Prince George's General	J. E. Abell		5,063	6,905	3	3* 006	9,828	190535
MASSACHUSETTS								
BOSTON								
Beth Israel	E. A. Friedman	64	5,639	13,514	4	4C 016	11,815	
Boston City	E. Lowe	60	4,173	11,753	3	5* 015	11,441	125735
Framingham Union (Framingham)		34	3,236	250				
Malden (Malden)	B. C. Grodberg	35	2,638	464			11,441	
Waltham (Waltham)	L. J. Cibley	12	1,018	646			11,000	
Boston Hospital for Women	K. J. Ryan	170	16,137	42,042	3	4* 022	11,800	236535
St. Elizabeth's Hospital of Boston	J. Whelton	29	2,336	4,132		2C 006	11,210	
Tufts University Affiliated Hospitals	G. W. Mitchell, Jr.				3	4C 014	11,312	239471 239435
Carney						2*		
New England Medical Center		19	692	12,579				
St. Elizabeth's Hospital of Boston		29	2,336	4,132				
St. Margaret's		74	6,209	10,618				
Cambridge (Cambridge)		23	1,829	9,072			11,400	
FRAMINGHAM								
Framingham Union (See Boston City, Boston)								
MALDEN								
Malden (See Boston City, Boston)								
PITTSFIELD								
Berkshire Medical Center	R. Haling	43	2,465	2,606	4	2* 004	11,025	128135
SPRINGFIELD								
Wesson Women's	L. E. Lundy	101	9,046	5,635	3	3C 009	11,606	241371
WALTHAM								
Waltham (See Boston City, Boston)								
WORCESTER								
Memorial	R. E. Hunter	21	2,017	4,578	3	2C 006	10,300	128971
MICHIGAN								
ANN ARBOR								
St. Joseph Mercy	F. W. Jeffries	50	3,978	6,076	3	2* 006	11,150	129235 129220
University of Michigan Affiliated Hospitals	J. R. Willson				3	6C 024	10,700	129371
University	J. R. Willson	57	3,268	16,670			11,873	
Wayne County General (Eloise)	J. R. G. Gosling	30	2,412	12,087				
DEARBORN								
Oakwood	W. J. Yetzer	84	6,591	4,996	3	3* 012	11,400	194635
DETROIT								
Detroit—Macomb Hospitals	A. A. Hodari				4	4C 020		129635 129620
Detroit Memorial		27	2,589	12,980			11,700	
St. Joseph Mercy		35	2,425	6,590			12,000	
South Macomb (Warren)		26	2,554				11,700	
Grace	L. B. Stevenson	75	5,432	1,696	4	3C 013	11,200	
Henry Ford	B. H. Drukker	55	2,869	35,403	4	3* 012	10,800	130035
Mount Carmel Mercy (See Providence, Southfield)								
St. John	J. M. O' Lane	55	4,307	5,362	4	4* 011	11,800	191535 191511
Sinai Hospital of Detroit	A. I. Sherman	95	6,692	3,638	3	3C 012	11,075	192671
Wayne State University—Detroit Medical Center Affiliated Hospitals	T. N. Evans				4	7C 038	10,815	
Detroit General		17	722	4,822				
Harper		20	1,208	1,110				
Hutzel		161	11,183	20,055				
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	D. Wilson	26	4,204	2,381	3	2* 006	9,000	130735 130720
GRAND RAPIDS								
Blodgett Memorial—St. Mary's Hospitals	H. C. Visscher				3	2* 012	7,800	130935 130920
Blodgett Memorial	R. D. Visscher	53	4,051	2,361				
St. Mary's	R. D. Eward	34	2,475	2,414				
Butterworth	K. J. Vanderkolk	66	5,324	4,235	3	3C 012		131011
LANSING								
Lansing Residency Program	J. Hazen				3	2C 006	10,600	131571 131520
Edward W. Sparrow		78	6,632	24				
St. Lawrence		19	1,217					
Michigan State University Health Center (East Lansing)		1	59	9,500				

15. OBSTETRICS-GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
MICHIGAN—Continued								
PONTIAC								
Pontiac General	R. L. Segula	64	5,125	2,513	3	3C 3F	013	11,590 131871 131820
St. Joseph Mercy	J. Marshall	45	3,470	1,454	3	2C 1* 1F	009	11,550 131971 131935 131920
ROYAL OAK								
William Beaumont	R. R. Margulis	96	8,371	3,022	3	2C 1* 1F	013	11,495 197871 197835 197820
SAGINAW								
Saginaw Cooperative Hospitals	R. K. Barton				3	2C 3F	009	10,508 132071 132020
Saginaw General		69	4,943					
St. Mary's		14	1,079					
SOUTHFIELD								
Providence	D. R. Krohn	109	5,840	7,616	3	4C 1F	012	12,050 130371 130320
Mount Carmel Mercy (Detroit)	E. Cashman	29	1,545	3,705				
WARREN								
South Macomb (See Detroit-Macomb Hospitals, Detroit)								
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	J. J. Sciarra				4	8C	032	
Hennepin County General	D. W. Freeman	23	2,005	14,818				10,000 133471
University of Minnesota Hospitals	C. J. Lund	33	1,740	15,897				10,600
St. Mary's	L. L. Adcock	52	4,199	5,837				
St. Joseph's (St. Paul)	P. P. Williams	43	3,193					
ROCHESTER								
Mayo Graduate School of Medicine	D. G. Decker			46,413	4	5*	016	11,000 132835
Rochester Methodist		24	1,071					
St. Mary's		42	2,859					
ST. PAUL								
St. Joseph's (See University of Minnesota Affiliated Hosp., Minneapolis)								
St. Paul—Ramsey	E. Y. Hakanson	20	1,605	11,333	4	3*	012	10,000 133535
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center University	D. M. Shertline	67	5,245	13,002	4	4C 1F	017	9,400 195771 195720
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	D. G. Hall	32	1,873	14,146	4	3* 3F	010	9,500 199435 199420
KANSAS CITY								
Kansas City General Hospital and Medical Center	J. A. Favez	33	2,471	17,821	3	3C	003	10,000 134371
Menorah Medical Center	D. Aks	37	3,016	3,332	3	1C	004	11,600
St. Luke's	R. L. Newman		4,053	6,510	3	3C 1F	009	9,254 134871 134820
ST. LOUIS								
Barnes Hospital Group—Washington University	J. C. Warren	109	6,816	20,273	3	7C	019	10,500 135371
Deaconess—Missouri Baptist Hospitals	J. W. Durkin, Jr.	65	4,935	10,158	3	2C 7F	009	136071 136020
Deaconess Missouri Baptist	J. W. Durkin, Jr. R. Walther, Jr.							9,000 10,128
Homer G. Phillips	S. Monat	47	3,486	7,444	3	4F	013	10,476
Jewish Hospital of St. Louis	S. D. Soule, R. Burstein	64	3,448	4,394	3	3C	009	10,600 135871
St. John's Mercy Medical Center	R. I. C. Muckerman	95	6,952	5,981	3	3C 4F	013	8,220 136220
St. Louis University Group of Hospitals	D. Cavanagh				3	6C 1F	023	10,628 136571 136520
Firmin Desloge General	D. Cavanagh	7	465	5,047				10,628
St. Louis City	D. Cavanagh	52	3,325	14,217				10,628
St. Mary's Health Center	D. Cavanagh, H. Ott, Jr.	63	4,195	2,223				10,920
NEBRASKA								
OMAHA								
Creighton University Affiliated Hospitals	R. J. Luby				3	3C 2*	011	10,400 137271
Archbishop Bergan Mercy	W. J. Holden	67	3,903					
Creighton Memorial St. Joseph's	R. J. Luby	29	2,301					
University of Nebraska	R. H. Messer	268	3,068	19,483	3	3*	011	10,400 137635
NEW JERSEY								
CAMDEN								
Cooper	J. L. Gaines, T. W. Chong	14	4,447	2,764	3	2C 2* 2F	008	11,200 138071 138035 138020
LIVINGSTON								
St. Barnabas Medical Center	J. L. Breen	95	6,702	22,820	3	3C	012	11,209 139671
LONG BRANCH								
Monmouth Medical Center	A. J. Halpern	35	2,885	8,116	3	2C	006	12,200 139271
NEPTUNE								
Jersey Shore Medical Center—Fitkin	H. Hutchinson	41	3,359	411	3	3*	003	139535
NEWARK								
Martland	H. Caterini	73	4,156	44,271	3	5C	016	11,599 139871

15. 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 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
NEW JERSEY, NEWARK—Continued									
Newark Beth Israel Medical Center	P. Pedowitz	63	7,929	5,258	3	3C	008	12,465	
St. Michael Medical Center	J. Thompson	50	2,580	5,652	3	3C 3*	006	12,446	139971 139935
PATERSON									
St Joseph's Hospital and Medical Center	A. Dolan	34	3,230	4,898	3	2C 1F	006	11,385	140671 140620
PLAINFIELD									
Muhlenberg	R. L. Malatesta	40	3,521	2,315	3	2C 1* 2F	013	11,600	140771 140735 140720
NEW MEXICO									
ALBUQUERQUE									
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center	P. A. Henderson	30	2,954	26,875	3	2*	002		196235
NEW YORK									
ALBANY									
Albany Medical Center Affiliated Hospitals Albany Medical Center St. Peter's	D. P. Swartz D. P. Swartz J. J. Cassidy, Jr.	62 562	5,336 4,875	4,853 2,084	3	6C	018	11,125	141471
BUFFALO									
S. U. N. Y. at Buffalo Affiliated Hospitals	W. L. Johnson				3	14* 2F	050		196535 143920
Buffalo General		27	3,966	7,242				11,300	
Children's Hospital of Buffalo		48	6,061	722				11,300	
Deaconess Hospital of Buffalo	N. G. Courey	70	5,350	15,912				10,800	
Edward J. Meyer Memorial		22	1,474	10,986				10,800	
Mercy									
Millard Fillmore	M. J. Pleskow	79	5,381	3,596				10,800	
S. U. N. Y. at Buffalo Affiliated Hospitals Sisters of Charity	D. H. Nichols	74	5,459	3,942	4	2C 2F	012	11,025	144171 144120
COOPERSTOWN									
Mary Imogene Bassett	D. H. Barns	11	763	10,208	3	1C 1F	003	11,800	144220
EAST MEADOW									
Nassau County Medical Center—Meadowbrook Div. Mercy (Rockville Centre)	L. I. Mann E. N. Cartnick	37 56	3,475 3,526	15,666 1,241	4	4C	013	11,874	
JOHNSON CITY									
Charles S. Wilson Memorial	T. W. Nowicki	39	2,895	2,829	3	1*	004	10,400	145235
MANHASSET									
North Shore University	A. N. Fenton	86	5,086	5,418	4	2C	006	13,300	146771
MINEOLA									
Nassau	J. Malfetano	47	3,794	1,955	3	1C 1* 1F	008	13,211	145571 145335 145520
MOUNT VERNON									
Mount Vernon	N. M. Weinrod	23	1,908	3,324	3	1C 2F	006	11,000	145720
NEW HYDE PARK									
Long Island Jewish—Hillside Medical Center Program	J. J. Rovinsky				3	5C 3*	020		196371
Long Island Jewish—Hillside Medical Center	J. J. Rovinsky	54	5,007	3,110				13,500	
La Guardia (New York City)	W. H. Godsick	20	2,010					12,500	
Queens Hospital Center (New York City)	F. Benjamin	40	2,887	29,256				13,500	
NEW YORK CITY									
Albert Einstein College of Medicine Affiliated Hospitals Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine	H. Schulman	57 49	4,498 3,815	18,831 10,244	4	6*	024	13,500	
Albert Einstein College of Medicine Affiliated Hospitals Lincoln	A. Polliak	33	2,412	23,172	3	3C	012	13,500	
Beth Israel Medical Center	G. Blinick	86	5,234	30,815	4	4*	016	13,500	147035
Bronx—Lebanon Hospital Center	G. Kleiner	72	5,016	21,240	3	5C	013	14,000	147171
Brookdale Hospital Center	M. L. Tancer	85	6,434	13,325	4	4*	016	13,500	141935
Brooklyn—Cumberland Medical Center	V. T. Tricomi	114	8,542	21,952	4	2F	022	13,500	142020
Brooklyn Womens	A. Katz					2C	006	12,820	259571
Catholic Medical Center of Brooklyn and Queens	L. H. Tisdall				3	13*	025	13,500	145035
Mary Immaculate Division		24	1,826	4,684					
St. John's Queens Division		32	2,537	2,055					
St. Mary's Division		40	1,960	12,356					
Flushing Hospital and Medical Center	G. J. Lawrence, Jr.	31	2,436	2,445	4	2C 1* 1F	008	12,000	144571 144535 144520
French and Polyclinic Medical School and Health Center	C. H. Debrovner	35	2,734	5,260	4	2C	008	14,700	
Harlem Hospital Center	S. L. Matseoane	95	5,509	50,286	4	2C 2F	016	14,700	147871 147820
Jamaica	M. M. Abitbol	44	3,302	4,963	3	2C	008	13,240	144971
Jewish Hospital and Medical Center of Brooklyn	M. A. Schiffer	52 19		15,816 21,506	4	2C	022	14,700 14,700	142571
Greenpoint									
Jewish Memorial	R. Landesman	30	2,292	2,634	3	1C 4F	013	10,000	148020

15. 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 1975-1976 1st All Yr. Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA—Continued								
DANVILLE Geisinger Medical Center	J. S. Bates	28	1,875	21,773	3	2C 006	10,300	
DARBY Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)								
HARRISBURG Harrisburg	W. C. Everhart	45	3,297	6,478	3	1C 003	10,634	161471
HERSHEY Milton S. Hershey Medical Center of the Pennsylvania State University	V. G. Stenger	17	1,084	9,903	3	2C 008	10,584	161771
PHILADELPHIA Albert Einstein Medical Center	P. M. Wapner	71	5,513	9,215	3	2C 012	10,000	163171
Episcopal	L. Ifly	26	1,600		3	2C 006	10,400	162371
Germantown Dispensary and Hospital	J. G. Logue	23	1,705	5,443	3	1C 003	11,945	162571
Hahnemann Medical College Affiliated Hospitals	H. Balin				3	5C 015		162771 162720
Hahnemann Medical College and Hospital Crozer—Chester Medical Center (Chester)	H. Balin M. Klavan	20 58	1,728 4,978	5,166 2,687			11,200 10,500	
Hospital of the Medical College of Pennsylvania	E. R. Carrington	55	2,867	10,980	3	3C 009	10,650	184971
Lankenau	K. Smith	49	3,674	4,496	3	2* 008	10,000	163235
Mercy Catholic Medical Center Misericordia Division	J. E. Lynch				3	3C 009	10,000	163671
Fitzgerald Mercy Division (Darby)		22	981	1,679				
Pennsylvania		46	4,481	4,417				
Pennsylvania	E. E. Wallach	62	4,345	21,510	3	3* 015	11,700	163935
Presbyterian—University of Pennsylvania Medical Center	W. O. Chamblin	20	1,703	7,515	3	1C 003	10,650	164120
Temple University	M. J. Oaly	52	3,961	23,919	3	5* 015	11,299	164635
Thomas Jefferson University Affiliated Hospitals	J. H. Lee, Jr.				3	4* 016		163035 163020
Thomas Jefferson University Methodist	J. H. Lee, Jr. W. W. Bare	81 41	4,807 3,044	13,684 4,113			10,700 10,300	
University of Pennsylvania Affiliated Hospitals	L. Mastroianni, Jr.				3	6* 024		162835
Hospital of the University of Pennsylvania Philadelphia General		90 39	6,427 2,599	29,137 19,515			11,300 10,492	
PITTSBURGH Allegheny General Hospitals of the University Health Center of Pittsburgh Magee—Womens	J. Gilmore T. T. Hayashi	46 261	3,021 16,547	7,653 84,755	3 3	2C 008 8C 024 4*	12,285 10,568	165271 165235
Mercy St. Clair Memorial	J. Rivkind R. E. Dawson	72 37	4,253 2,163	4,959	3	2C 006	11,300 11,500	164971
Pittsburgh Columbia (Wilksburg)	R. G. Recio R. G. Recio	179 19	6,866 1,339	4,470 1,141	3	1C 003	11,400	165171
St. Francis General	H. R. Oailey	52	3,115	5,835	3	2C 006	11,500	188171
Shadyside	L. J. Frymire	21	1,118	668			10,800	
Western Pennsylvania	L. E. Laufe	63	3,952	10,583	3	3C 012 3*	11,615	165971 165935
READING Reading	E. R. Brubaker	61	4,201	3,681	3	1C 006 1*	10,800	166171 166135
WILKINSBURG Columbia (See Pittsburgh Hospital, Pittsburgh)								
YORK York	D. B. Spangler	45	3,933	5,539	3	1C 009 1* 1F		167471 167435 167420
PUERTO RICO								
CAGUAS Caguas Sub—Regional	J. Vargas-Cordero	65	5,594	8,400	3	4C 012		
MAYAGUEZ Mayaguez Medical Center	F. Roman-Aviles	49	5,024	6,818	3	4C 012	8,460	
PONCE Ponce District General	P. A. Castaing, Jr.	70	6,349	5,389	3	4C 005 1F	7,260	
SAN JUAN San Juan City	A. W. Axtmayer	134	9,581	7,297	3	4* 024 2F	9,500	
University District	I. A. Pelegrina	80	8,057	4,399	4	6* 024	9,660	
RHODE ISLAND								
PROVIDENCE Providence Lying—In Hospital—Rhode Island	R. G. Douglas				3	4C 012	11,860	279371
Providence Lying—In Rhode Island	R. G. Douglas H. C. Mc Duff, Jr.	126 11	10,617 662	23,234 1,820				
SOUTH CAROLINA								
CHARLESTON Medical University of South Carolina Teaching Hospitals	L. L. Hester	60	4,471	31,745	4	4C 016		168071
Medical University of South Carolina								
COLUMBIA Richland Memorial	E. J. Dennis, Jr.	49	4,270	4,714	3	3F 009	10,000	168111

APPROVED RESIDENCIES

15. 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 1975-1976 1st All Yr. Yrs.		Annual Salary (Min.)	NIRMP Number
VIRGINIA—Continued									
NEWPORT NEWS									
Riverside	C. W. Nickerson	60	4,526	10,245	4	2C	008	10,800	173971
NORFOLK									
Norfolk General	M. C. Andrews	54	4,903	13,403	3	1C 1* 1F	012	10,500	174171 174135 174120
RICHMOND									
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	L. J. Dunn	130	7,489	70,000	3	3C 5*	024	9,400	174371 174335
WASHINGTON									
SEATTLE									
Swedish Hospital Medical Center	C. G. Stipp	29	2,989	2,319	3	1C	003		
University of Washington Affiliated Hospitals	L. R. Spadoni			6,749	4	4*	016	9,252	191835
Harborview Medical Center		7	469	4,013					
U. S. Public Health Service		20	1,719	15,929					
University	L. R. Spadoni	27	3,076	16,380					
Virginia Mason									
SPOKANE									
Sacred Heart	W. H. Frazier	18	2,545	848	3	1C 6F	009	8,862	175820
WEST VIRGINIA									
CHARLESTON									
Charleston Area Medical Center Memorial Division	R. D. Patchell	49	5,047	12,685	3	3C	009	9,000	
MORGANTOWN									
West Virginia University Medical Center	C. A. White	27	1,755	10,519	3	2C	006	9,700	183771
WHEELING									
Ohio Valley Medical Center	F. G. Giustini	59	4,505	3,805	3	2C 1F	009	12,420	176971 176920
WISCONSIN									
MADISON									
University of Wisconsin Affiliated Hospitals	B. M. Peckham				4	5*	017	10,200	177935
Madison General	C. W. Horswill	38	3,068	1,162					
St. Marys Hospital Medical Center	W. Horswill	44	3,316						
University Hospitals	B. M. Peckham	28	1,232	15,544					
MILWAUKEE									
Medical College of Wisconsin Affiliated Hospitals									
Milwaukee County General	R. F. Mattingly	41	2,668	22,124	4	3* 2F	012	10,532	178420
Mount Sinai Medical Center	J. A. Larkey	58	4,472	3,519	3	2C	006	11,300	178771
St. Joseph's	D. V. Foley	101	7,093	3,275	3	2* 2F	010	11,000	178835 178820
St. Mary's	W. C. Fetherston	38	2,835	2,572	3	1C	003	10,500	179071

16. OCCUPATIONAL MEDICINE

The programs in Occupational Medicine which have been approved by the Council on Medical Education and the American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine. Lists 27C and 27D.

17. OPHTHALMIC FELLOWSHIPS

Ophthalmic Fellowships are approved by the Council on Medical Education and the American Board of Ophthalmology, through the Residency Review Committee for Ophthalmology, and are listed following the programs in Ophthalmology as List 18B.

18A. OPHTHALMOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education 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 Admis- sions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1975-1976 1st All Yr. Yrs.		Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE									
TEXAS									
Wilford Hall U. S. A. F. Medical Center, San Antonio	L. C. Kiplin	16	559	45,689		2C	006	16,278	
UNITED STATES ARMY									
CALIFORNIA									
Letterman Army Medical Center, San Francisco	F. L. Wergeland, Jr.	8	333	9,095		2C 1F	007		

18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES ARMY—Continued								
COLORADO								
Fitzsimons Army Medical Center, Denver	W. W. Mears	13	296	37,141	1C	003		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	B. Appleton	30	600	42,000	4C 1F	013		
HAWAII								
Tripler Army Medical Center, Honolulu	S. M. Galas	5	303	29,425	1C	003		
TEXAS								
Brooke Army Medical Center, San Antonio	J. R. Simmons	12	420	61,612	3C 1F	010		
UNITED STATES ARMY, NAVY, AND AIR FORCE								
DISTRICT OF COLUMBIA								
Armed Forces Institute of Pathology, Washington (See George Washington Univ. Affil. Hosp., Washington, D. C.)								
UNITED STATES NAVY								
CALIFORNIA								
Naval, Oakland	P. T. Briska	10	209	24,913	2C 2F	008		
Naval, San Diego	D. G. Boyden	24	627	66,930	3C 3F	012		
MARYLAND								
Naval, Bethesda	L. H. Seaton	11	282	28,488	3C 2F	011		
PENNSYLVANIA								
Naval, Philadelphia	B. R. Blais	6	176	18,191	2C 2F	008		
UNITED STATES PUBLIC HEALTH SERVICE								
CALIFORNIA								
U. S. Public Health Service, San Francisco	W. W. Richards	6	180	6,895	1C 2F	005	16,800	100120
LOUISIANA								
U. S. Public Health Service, New Orleans	C. D. Sanders	6	169	8,051	1C 3F	006		183520
MARYLAND								
U. S. Public Health Service, Baltimore	A. E. Iwantsch	4	144	8,977	2C 1F	007		183672
NEW YORK								
U. S. Public Health Service (Staten Island), New York City	M. Damast	6	164	6,790	2C 2F	006		184120
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. Hosp., Washington, D. C.)								
OTHER FEDERAL								
CANAL ZONE								
Gorgas, Balboa Heights	R. H. Rupp	5	200	12,484	1C	003	13,238	
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	R. Z. Levene				6*	018		
University of Alabama Hospitals and Clinics	R. Z. Levene N. E. Miles	35	1,989 14	10,307			10,000	
Children's Eye Foundation Veterans Admin.	R. Z. Levene	4	187	2,592			10,500	
TUSKEGEE								
Veterans Admin.	S. H. Settler, Jr.	8	145	3,075	4C	008	10,700	
ARIZONA								
TUCSON								
University of Arizona Affiliated Hospitals University Veterans Admin.	H. E. Cross	1 2	5 53	1,500 831	1*	003	11,225	
ARKANSAS								
LITTLE ROCK								
University of Arkansas Medical Center	F. T. Fraunfelder				1C 2F	012		101872 101811
Arkansas Baptist Medical Center		10	755					
Arkansas Children's University Veterans Admin. Consolidated		35 14	270 443	7,500 7,059			8,800 9,708	

18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA								
BAKERSFIELD Kern County General	D. H. Wetterholm	1	106	1,891	1C	002	13,080	
DAVIS University of California (Davis) Affiliated Hospitals	G. L. Portney				2C 1F	005		104620
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	G. L. Portney	5	180	7,000			11,700	
Veterans Admin. (Martinez)	H. N. Ricci	3	57	1,196			15,007	
Rancho Los Amigos (See White Memorial Medical Center, Los Angeles)								
FRESNO Valley Medical Center of Fresno	F. D. Berry	2	139	5,384	1C 1F	003	14,430	102220
GLENDALE Glendale Adventist (See White Memorial Medical Center, Los Angeles)								
IRVINE University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	J. G. Tirico	2	233	3,710	1C	003	14,176	
LOMA LINDA Loma Linda University Affiliated Hospitals Loma Linda University Riverside General (Riverside)	R. V. Shearer	12 1	928 86	25,868 2,677	2C	006		12,204
LONG BEACH Veterans Admin.	T. L. Balding	14	415	7,570	1*	004	15,394	204994
LOS ANGELES Hollywood Presbyterian Medical Center Los Angeles County—U. S. C. Medical Center	S. Rome A. E. Oberman	16 16	1,110 898	8,738 23,122	2C 4C 8F	006 020	13,200 14,916	103320
Martin Luther King, Jr. General U. C. L. A.	B. R. Straatsma	20	2,131	1,327 26,634	2C 4C 2F	005 016	11,100	195620
Veterans Admin. Center—Wadsworth White Memorial Medical Center	R. E. Bartlett G. K. Kambara	14 5	364 304	7,120 9,000	2C 1C 2F	005 009	15,394 11,220	
Santa Fe Memorial Rancho Los Amigos (Downey) Glendale Adventist (Glendale) Olive View Medical Center (Sylmar)	G. K. Kambara G. K. Kambara G. J. Barron	2 5 2	112 374 122	6,420 3,072 208 2,720			13,656	
ORANGE Orange County Medical Center (See Univ. of California (Irvine) Affil. Hosp., Irvine)								
PALO ALTO Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
RIVERSIDE Riverside General (See Loma Linda University Affil. Hosp., Loma Linda)								
SACRAMENTO University of Calif. (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)								
SAN FRANCISCO Pacific Medical Center—Presbyterian	B. E. Spivey	2	870	4,061	2C 2F	008	10,200	106120
University of California Program H. C. Moffitt—University of California Hospitals	M. J. Hogan M. J. Hogan	8	481	15,183	6C	024		11,700
Veterans Admin.	S. G. Kramer	10	210	6,091			10,300	
SAN JOSE Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)								
STANFORD Stanford University Affiliated Hospitals	A. R. Rosenthal				2C 1*	009		182024
Stanford University Veterans Admin. (Palo Alto)	A. R. Rosenthal A. Dellaporta	3 6	149 343	9,959 2,615			10,000	
Santa Clara Valley Medical Center (San Jose)	R. J. Miller	2	98	3,569			12,061	
San Joaquin General (Stockton)	A. R. Rosenthal	2	84	2,702				
STOCKTON San Joaquin General (See Stanford University Affiliated Hospitals, Stanford)								
SYLMAR Olive View Medical Center (See White Memorial Medical Center, Los Angeles)								
TDRRANCE Los Angeles County Harbor General	I. Pilger	3	215	11,864	2C 2F	008	14,916	106720

18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals	P. P. Ellis				5C	015		
University of Colorado Medical Center	P. P. Ellis	5	337	15,455			9,900	
Denver General	J. R. Cerasoli	3	146	9,414			10,729	
Veterans Admin.	D. Ploff	5	160	1,315			9,612	
CONNECTICUT								
HARTFORD								
University of Connecticut Affiliated Hospitals	J. O'Rourke				2C 1F	005	11,900	108320
University of Connecticut Hospital—Mc Cook Division	J. O'Rourke	3	144	1,186				
Hartford	W. B. Brewster, Jr.	15	927	1,713				
NEW HAVEN								
Yale—New Haven Medical Center					3C	009	12,210	
Yale—New Haven	M. L. Sears	13	706	14,566	2*			109794
DELAWARE								
WILMINGTON								
Veterans Admin. (See Thomas Jefferson University Affil. Hosp., Philadelphia)								
Wilmington Medical Center (See Thomas Jefferson University Affil. Hosp., Philadelphia)								
DISTRICT OF COLUMBIA								
WASHINGTON								
Freedmen's	G. S. Payseur	38	249	6,379	3C	007	12,581	
Georgetown University Affiliated Hospitals	P. Y. Evans				5C	015		
Georgetown University	P. Y. Evans	3	140	4,531			11,742	
District of Columbia General	S. R. Limaye, Z. B. Srajber	10	218	11,186			12,445	
Sibley Memorial	A. M. Reynolds, Jr.	12	505	3,982			11,742	
Veterans Admin.	P. Y. Evans, A. Pilkerton	9	170	119,601			10,712	
George Washington University Affiliated Hospitals	M. F. Armaly				3C	009	11,150	
George Washington University	M. F. Armaly	10	474	14,311				
Armed Forces Institute of Pathology	L. E. Zimmerman							
Children's Hospital of the District of Columbia	D. Friendly, M. Parks	6	1,297	5,655				
St. Elizabeths	H. S. Wicker	5	96	5,280				
Veterans Admin. Center (Martinsburg, W. Va.)	I. Harrison	3	132	1,429				
Washington Hospital Center	W. B. Glew	40	1,900	24,000	2C	012	10,565	180072
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	H. E. Kaufman				5C	015		
William A. Shands Teaching Hosp. and Clinics	H. E. Kaufman	25	1,343	22,825			9,666	
University Hospital of Jacksonville (Jacksonville)				8,136				
Veterans Admin.	N. S. Levy	14	475	5,273			9,891	
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		55	1,936	40,000			12,427	
Veterans Admin.		6	293	6,155			10,816	
TAMPA								
University of South Florida Affiliated Hospitals	W. C. Edwards				2C	008	9,349	297272
Tampa General		3	182	287				
Veterans Admin.		4	39	1,243				
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	F. P. Calhoun, Jr.				4C	012	10,080	
Emory University		4	245					
Grady Memorial		10	540	28,436				
Veterans Admin. (Decatur)		8	157	1,702				
AUGUSTA								
Medical College of Georgia Hospitals	M. N. Luxenberg				4C	009	10,100	
Eugene Talmadge Memorial University		6	330	7,554 919				
Veterans Admin.		3	81	535				
DECATUR								
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)								
ILLINOIS								
CHICAGO								
Cook County	A. A. Constantaras	9	405	18,584	3*	012	11,600	112794
McGaw Medical Center of Northwestern University	D. Shoch				4*	015	11,680	224794
Children's Memorial	P. Romano	3	349	5,831				
Northwestern Memorial	D. Shoch	20	1,083	4,589				
Veterans Admin. Research	R. Wertz	4	205	2,704				
Michael Reese Hospital and Medical Center	M. L. Stillerman	21	932	15,919	3*	009	11,718	

18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
ILLINOIS, CHICAGO—Continued								
Rush—Presbyterian—St. Luke's Medical Center	W. F. Hughes	11	545	5,600	1*	005	10,501	114794
University of Chicago Hospitals and Clinics	F. W. Newell	11	564	10,644	2C	007	11,125	116072
University of Illinois	M. F. Goldberg	33	1,607	64,431	8C	024	11,580	
EVANSTON								
Evanston	C. V. Barrett	10	572	1,355	1C	003	11,680	
HINES								
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals	J. E. McDonald				3C	009	11,000	
Foster G. Mc Gaw		3	279	3,976				
Veterans Admin. (Hines)		17	389	4,380				
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	F. M. Wilson	12	915	11,726	7C	021	10,000	
Indiana University Hospitals		3	200	9,230			10,000	
Marion County General		5	141	2,487			10,500	
Veterans Admin.		9	560		1C	003	11,436	
Methodist Hospital of Indiana	B. J. Shapiro				2F			118820
IDWA								
IDWA CITY								
University of Iowa Affiliated Hospitals	F. C. Blodi	28	1,900	30,824	6C	018	10,100	120372
University of Iowa Hospitals		20	450	5,769				
Veterans Admin.								
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	A. N. Lemoine, Jr.	9	618	10,692	3C	008	10,000	
St. Luke's (Kansas City, Mo.)	E. Padfield							
Veterans Admin. (Kansas City, Mo.)	W. A. Pilchard	6	284	1,513			9,500	
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	J. D. Wirtschaffer				3C	009	10,000	
University		6	500	9,637				
Veterans Admin.		3	144	1,898				
LOUISVILLE								
University of Louisville Affiliated Hospitals	A. H. Keeney				3C	012		
Louisville General	A. H. Keeney	5	228	6,613				
Children's	T. Lawwill	5	193	3,845				
Veterans Admin.	A. H. Keeney	4	189	1,997				
LOUISIANA								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals	G. M. Haik				1C 1*	008		
					1F			122411
Charity Hospital of Louisiana		13	423	14,420			9,000	
George M. Haik Eye Clinic		15	617	18,000			7,800	
Hotel Dieu		11	672					
Ochsner Foundation	R. A. Schimek	9	479	15,813	2C	009	9,492	196672
Tulane University Affiliated Hospitals	M. G. Holland				6C	020		
Charity Hospital of Louisiana	M. G. Holland	13	433	13,888			9,000	
Eye, Ear, Nose and Throat	M. G. Holland		1,948	10,647			9,000	
Touro Infirmary	W. Diaz	4	262	2,042			9,782	
Veterans Admin.	M. G. Holland	18	590	4,680			10,849	
SHREVEPORT								
L. S. U. (Shreveport) Affiliated Hospitals	L. A. Breffteilh				2F	008		
Confederate Memorial Medical Center		10		8,661	2F	008		123220
Veterans Admin.		9		469				
MARYLAND								
BALTIMORE								
Greater Baltimore Medical Center	R. E. Hoover	27	1,599	23,034	3C	009	12,000	124172
Johns Hopkins	A. E. Maumenee	50	2,368	29,157	5C	018	10,500	
Maryland General	A. A. Filar	20	1,059	16,528	2C 1F	006	11,350	124420
					1C	002	12,500	
Sinai Hospital of Baltimore	H. K. Goldberg	6	394	2,251				
University of Maryland Affiliated Hospitals								
University of Maryland	R. D. Richards	12	516	12,188	3C	010	12,050	
MASSACHUSETTS								
BOSTON								
Boston University Affiliated Hospitals	H. Leibowitz, S. Lessell				4*	012	11,000	
Boston City	S. Lessell	5	142	10,464				
University	H. Leibowitz	4	180	6,397				
Massachusetts Eye and Ear Infirmary	C. H. Dohlman	146	6,331	81,783	8C	022		
Tufts University Affiliated Hospitals	B. Schwartz				3C	012		
New England Medical Center	B. Schwartz	2	166	11,994			11,314	
Veterans Admin.	J. Price	12	327	1,870			11,245	
MICHIGAN								
ALLEN PARK								
Veterans Admin. (See Wayne State U.—Detroit Med. Ctr. Affil. Hosps., Detroit)								
ANN ARBOR								
University of Michigan Affiliated Hospitals	J. W. Henderson				5*	026		129394
University	J. W. Henderson	31	1,883	17,759			10,700	
Veterans Admin.	J. W. Henderson, J. Wolter	6	188	1,951			11,300	
Wayne County General (Eloise)	J. W. Henderson	4	206	4,870			11,873	

18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN—Continued								
DETROIT								
Henry Ford	J. S. Guyton	24	942	25,969	4C 4F	016	10,800	130020
Sinai Hospital of Detroit	H. S. Sugar	12	690	5,096	2C	007	11,075	
Wayne State University—Detroit Medical Center Affiliated Hospitals	R. Jampel				7C 1F	024	11,200	129520
Veterans Admin. (Allen Park)		5	246	3,655			10,815	
Children's Hospital of Michigan			1,074	6,218				
Detroit General		11	482	15,597				
Grace		15	639	4,592				
Harper		27	1,413	4,868				
ELOISE								
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)								
SOUTHFIELD								
Providence	C. Heyner	14	730	1,008	1* 1F	003	12,050	130320
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	J. E. Harris					6*	018	
Hennepin County General	H. A. Shaw	3	182	9,857			10,000	
University of Minnesota Hospitals	J. E. Harris	19	1,054	20,665			9,700	
Veterans Admin.	J. E. Harris	10	304	7,105				
St. Paul—Ramsey (St. Paul)	R. H. Monahan	3	163	6,451			10,000	
ROCHESTER								
Mayo Graduate School of Medicine	J. W. Henderson			79,285	6C	018	11,000	
Rochester Methodist		15	1,065					
ST. PAUL								
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)								
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	S. B. Johnson				4C	010		
University		5	250	2,436			9,400	
Veterans Admin. Center		4	177	2,877			9,767	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	W. M. Hart	7	650	7,000	3C	009	10,000	
KANSAS CITY								
University of Missouri at Kansas City Affiliated Hospitals	F. N. Sabates				2*	006		134394
Kansas City General Hospital and Medical Center	F. N. Sabates	3	228	5,957			10,700	
Kansas City General Hospital and Medical Center	L. Hamtil	2	184	2,963			11,400	
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	6	199	7,513	4F 4C 1F	017 015	10,476	
St. Louis University Group of Hospitals	W. H. Lewin							136520
Firmin Desloge General		5	188	3,759			10,628	
Cardinal Glenn Memorial Hospital for Children		3	286	3,672			10,628	
Deaconess		10	581	1,089			10,128	
St. Louis—Little Rock Hospitals								
Washington University Affiliated Hospitals	B. Becker				8*	023		
Barnes Hospital Group	B. Becker							
Jewish Hospital of St. Louis	E. Berg	6	383	2,455			11,100	
St. Louis City		4	143	5,799				
Veterans Admin.	B. Becker	6	294	4,325				
NEBRASKA								
OMAHA								
University of Nebraska Affiliated Hospitals	R. E. Records				3C	009		137672
University of Nebraska		3	143	8,105			10,400	
Veterans Admin.		5	204	3,694			10,500	
NEW JERSEY								
EAST ORANGE								
Veterans Admin. (See CMDNJ-New Jersey Medical School Affil. Hosps., Newark)								
JERSEY CITY								
Jersey City Medical Center (See CMDNJ-New Jersey Medical School Affil. Hosps., Newark)								
NEWARK								
CMDNJ—New Jersey Medical School Affiliated Hospitals	A. A. Cinotti	85	2,009	20,145	4* 1F	015		139811
Jersey City Medical Center (Jersey City)	A. A. Cinotti	12	486	4,892			12,000	
Martland	A. A. Cinotti	4	161	5,664				
United Hospitals Medical Center—Newark								
Eye and Ear Infirmary	M. L. Mund	45	1,749	7,866				
Veterans Admin. (East Orange)	J. L. Harris	8	175	3,500				

18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	R. O. Reinecke				4C	012	11,800	
Albany Medical Center		10	631	6,086				
Child's	J. C. Cetner	16	988	95				
Veterans Admin.				1,905				
BUFFALO								
Deaconess Hospital of Buffalo	E. P. Olmsted	11	736	12,007	2C	006	11,300	
Edward J. Meyer Memorial	J. V. Armenia	5	243	12,967	2C	006	10,900	
S. U. N. Y. at Buffalo Affiliated Hospitals	C. H. Addington				2C	006	11,300	
Buffalo General	C. H. Addington	9	448	3,508				
Children's Hospital of Buffalo	M. Kraus	2	317	2,394				
Veterans Admin.	C. H. Addington	6	129	1,265				
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	E. K. Rahn	10	350	14,500	4*	012	11,874	
MANHASSET								
North Shore University	I. H. Kaufman		324	2,304	1C	003	14,700	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	P. Ballen				3C	009	14,700	
Long Island Jewish—Hillside Medical Center		6	339	1,747				
Queens Hospital Center (New York City)		5	391	12,852				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	P. Henkind				7C	022	14,700	
Bronx Municipal Hospital Center		1	342	16,445				
Hospital of the Albert Einstein College of Medicine								
Montefiore Hospital and Medical Center Morrisania City		16	138	2,703				
			766	11,291				
				4,215				
Beth Israel Medical Center	T. G. Farkas	7	269	17,859	3C	009	14,700	
Bronx—Lebanon Hospital Center	D. Shapiro	23	1,033	18,826	3C	009	14,000	
Brooklyn Eye and Ear		27	1,912	35,699	4C	012	14,700	
Catholic Medical Center of Brooklyn and Queens	D. Willard				2C	006	13,500	145072
Hospital of the Holy Family	D. Willard	9	405	3,037				
French and Polyclinic Medical School and Health Center	R. P. Newhouse	8	441	3,043	1C	003	14,700	
Polyclinic Division								
Harlem Hospital Center	R. L. Farris	3	68	3,328	2C	006	14,700	
Edward S. Harkness Eye Institute								
Jewish Hospital and Medical Center of Brooklyn	M. A. Lasky	10	400	6,000	1C	004	14,700	
Lenox Hill	R. S. Coles	14	504	5,276	1C	003	15,155	
Manhattan Eye, Ear and Throat	S. Schutz	85	5,357	54,457	6*	018	14,900	
Montefiore Hospital and Medical Center (See Albert Einstein College of Medicine Affiliated Hospitals)								
Mount Sinai Hospital Training Program	I. H. Leopold				6C	017		
Mount Sinai	I. H. Leopold	25	500	10,000			15,200	
City Hospital Center at Elmhurst	A. Safir	9	307	16,504			14,700	
Veterans Admin. (Bronx)	I. H. Leopold	8	259	4,434			15,394	
New York Eye and Ear Infirmary	G. B. Kara	7	5,608	58,899	6C	018	14,700	
New York Hospital	D. M. Shafer	60	976	10,975	2C	006	14,700	
New York Medical College—Metropolitan Hospital Center	K. R. Barasch				3C	010	14,700	
Unit 1—Flower and Fifth Avenue Hospitals	K. R. Barasch	40	1,749	6,331				
Unit 2—Metropolitan Hospital Center	R. Caverio	47	180	15,265				
Unit 3—Bird S. Coler Memorial Hospital and Home	M. Best	3	25	3,809				
New York University Medical Center	G. M. Breinin				5C	020		
Bellevue Hospital Center		15	276	13,377				
University		13	736	1,200				
Veterans Admin. (Manhattan)		20	448	5,520			15,394	
Presbyterian (Edward S. Harkness Eye Institute)	A. G. De Voe	68	4,009	30,230	3C	009	13,715	
Queen's Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Prog., New Hyde Park)								
St. Clare's Hospital and Health Center	W. J. Maher	14	652	5,959	1C	004	13,000	149772
St. Luke's Hospital Center	J. C. Newton	9	366	11,163	2C	004	14,700	
St. Vincent's Hospital—Cabrini Health Care Center—Columbus Division	R. A. D'Amico	3	119	1,104	2C	006		
St. Vincent's Hospital and Medical Center of New York		16	556	4,981			14,700	
Cabrini Health Care Center—Columbus Hospital Division				1,104				
S. U. N. Y. Downstate Medical Center	R. C. Troutman				6C	021		
Brooklyn—Cumberland Medical Center	G. M. Gombos	10	200	4,090	1F			142720
Coney Island	I. Gerberg	5	123	8,211				
Kings County Hospital Center	R. C. Troutman	12	397	16,303			14,700	
Long Island College	A. I. Fink	1	350	1,389			14,700	
Maimonides Medical Center	L. Goldstein			288			2,858	
State University	D. Willard	3	156	6,657			14,772	
Veterans Admin. (Brooklyn)	A. M. Levine	9	337	5,850			15,394	
ROCHESTER								
St. Mary's	C. De Santis, S. Ianacone	8	691	2,349	1C	003	10,900	

18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, ROCHESTER—Continued								
Strong Memorial Hospital of the University of Rochester	A. C. Snell	4	337	7,211	2*	008	10,900	
SYRACUSE								
S. U. N. Y. Upstate Medical Center	J. L. Mc Graw				2C	006	11,861	
Crouse Irving—Memorial		3	902					
State University		3	65	5,142				
Veterans Admin.				2,598				
VALHALLA								
Grasslands	M. W. Dunn	3	130	5,759	1C	003	14,000	
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial Hospital—Mc Pherson	S. D. Mc Pherson, Jr.				1C	004		
North Carolina Memorial		5	374	8,200				
Mc Pherson (Durham)		14	1,038	33,693				
DURHAM								
Duke University Affiliated Hospitals	J. A. C. Wadsworth				4C	012	10,350	
Duke University Medical Center	J. A. C. Wadsworth	2,772		7,989				
Veterans Admin.	A. C. Chandler, Jr.	9	385	3,120				
Mc Pherson Hospital—North Carolina Memorial	S. D. Mc Pherson, Jr.				1C	004	10,475	
Mc Pherson		14	1,038	33,693				
North Carolina Memorial (Chapel Hill)		5	374	8,200				
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	R. W. Roberts	10	638	7,604	1*	005	10,500	153794
OHIO								
AKRON								
Akron City	D. W. Mathias	12	612	1,782	1*	004	10,500	154194
CINCINNATI								
University of Cincinnati Hospital Group	T. Asbury				3C	009		
Children's		2	279	1,176				
Cincinnati General		6	306	10,480			10,128	
Veterans Admin.		9	161	1,760			11,932	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	E. W. Purnell	6	287	9,317	5C	015		
Cleveland Metropolitan General	C. I. Thomas	14	846	9,285			11,000	
University Hospitals of Cleveland	E. W. Purnell	13	304	2,880			11,506	
Veterans Admin.	E. W. Purnell	8	709	19,884	1F	011	10,950	196820
Cleveland Clinic	F. A. Gutman	9	503	4,735				
St. Vincent Charity	H. S. Siegel	11	943	3,949	1C	005	11,000	155772
Mount Sinai Hospital of Cleveland	J. Gans	11	943	3,949	1C	003	11,000	156072
St. Luke's	R. J. Nicholl	12	829	3,181				
COLUMBUS								
Ohio State University Hospitals	W. H. Havener	34	6	17,000	5C	017	8,000	156672
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals	R. T. Torchia				1C 1*	003	10,634	157972
Hospital of Medical College of Ohio at Toledo	R. T. Torchia	18	5	2,000				
St. Vincent Hospital and Medical Center	R. L. Willard	6	317	539				
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	T. E. Acers				3C	009		
University of Oklahoma Hospital and Clinics	T. E. Acers	4	254	5,076			10,550	
Veterans Admin.	R. G. Small	9	364	4,115			10,000	
St. Anthony	W. S. Muenzler	17	1,170	290				
OREGON								
PORTLAND								
Good Samaritan Hospital and Medical Center	R. G. Chenoweth	23	1,579	5,490	1* 1F 3C	004 009	10,309	159594 159520
University of Oregon Affiliated Hospitals	K. C. Swan							
University of Oregon Medical School		9	445	11,219			9,600	
Hospitals and Clinics		11	371	1,309			11,088	
Veterans Admin.								
PENNSYLVANIA								
DANVILLE								
Geisinger Medical Center	J. L. Curtis	9	779	22,710	2C	006	11,000	160872
PHILADELPHIA								
Thomas Jefferson University Affiliated Hospitals	E. A. Jaeger				4C	012		
Thomas Jefferson University	E. A. Jaeger	6	407	5,664			11,600	
Lankenau	P. R. Mc Donald	13	895	529			10,800	
Wilmington Medical Center (Wilmington, Del.)	A. Wiener	9	782	4,448			10,550	
Veterans Admin. (Wilmington, Del.)	P. Morgan	6	151	1,880			9,052	
University of Pennsylvania Affiliated Hospitals	H. G. Scheie				7C	024		
Scheie Eye Institute	H. G. Scheie	54	2,020	4,686			11,500	
Frankford								
Graduate Hospital of the University of Pennsylvania	R. H. Trueman	1	255	2,310			11,507	
Hospital of the University of Pennsylvania	H. G. Scheie			5,946			11,300	
Pennsylvania Hospital	T. R. Hedges	25	5	500				
Philadelphia General Hospital	H. G. Scheie	4	74	5,421			10,492	
Presbyterian University of Pennsylvania	H. G. Scheie							
Veterans Admin.	H. G. Scheie	6	160	3,250			12,750	

18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA, PHILADELPHIA—Continued								
Wills Eye Hospital—Temple University	T. D. Duane				15C	031	9,500	
Wills Eye Hospital and Research Institute		102	6,089	71,850				
St. Christopher's Hospital for Children		5	400	8,750				
Temple University	G. H. Chan, Jr.			4,670				
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	S. I. Brown				5C	015	11,130	
Allegheny General	P. F. Holl	10	92	1,917				
Children's Hospital of Pittsburgh	D. A. Hiles	2	397	288				
Eye and Ear Hospital of Pittsburgh	S. I. Brown	61	4,012	16,693				
Mercy								
Veterans Admin.	D. Katzin	19	412	788				
Hospitals of the University Health Center of Pittsburgh					2C	004	165020	
Montefiore	S. Goldberg	19	882	3,158	1F			
St. Francis General—Western Pennsylvania Hospitals					1C	004	11,500	
St. Francis General	C. W. Weisser	22	583	7,221				
Western Pennsylvania		8	515	2,314			11,615	
SAYRE								
Robert Packer	E. Kulczycki	23	580	15,342	1C	003	8,500	166472
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	G. Pico				5C	020		
University District		9	432	24,289	3F		9,660	
San Juan City		24	568	8,367				
Veterans Admin. Center		14	351	12,925			9,598	
RHODE ISLAND								
PROVIDENCE					1C	003	11,860	
Rhode Island	R. S. L. Kinder	9	1,138	4,800				
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina					3C	009	10,200	
Teaching Hospitals	W. H. Coles	10	650	14,947				
Medical University of South Carolina	W. H. Coles	1	12					
Charleston County	W. W. Vallotton	6	234	2,554			9,902	
Veterans Admin.	W. W. Vallotton							
TENNESSEE								
CHATTANOOGA								
University of Tennessee Clinical Education Center	I. M. Long				1C	005	10,200	168920
Baroness Erlanger		17	1,256	3,969	2F			
T. C. Thompson Children's								
MEMPHIS								
University of Tennessee Affiliated Hospitals	R. L. Hiatt				4C	016	9,900	184420
City of Memphis Hospitals	R. L. Hiatt	6		10,618	1F			
Methodist	W. R. Morris	26	1,705	5,036			10,500	
Veterans Admin.	G. W. Woodbury	9	529	11,783				
NASHVILLE								
George W. Hubbard Hospital of the Meharry Medical College	A. C. Hansen	14	37		1C	003	9,589	
Vanderbilt University Affiliated Hospitals	J. H. Elliott				3C	012	9,394	
Vanderbilt University	J. H. Elliott	14	785	10,182				
Nashville Metropolitan General	T. Paine	1	92	2,652				
Veterans Admin.	J. H. Elliott	8	238	4,680				
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals	J. R. Lynn				6C	019	8,784	283511
Parkland Memorial	J. R. Lynn	6	362	11,642	1F			
Veterans Admin.	S. B. Gostin	15	398	6,627			9,514	
GALVESTON								
University of Texas Medical Branch Hospitals	E. C. Ferguson, 3d	12	718	12,255	3C	009	10,300	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	D. Paton				6C	020	10,140	171672
Ben Taub General	D. Paton	7	475	13,567				
Methodist	D. Paton	35	1,947	323			9,000	
Texas Children's	G. K. Von Noorden	1	117	769			10,140	
Veterans Admin.	D. B. Jones	18	586	11,408			9,540	
University of Texas at Houston Affiliated Hospitals	R. S. Ruiz				4C	011	9,324	292372
Hermann		21	1,616	5,451				
University of Texas M.D. Anderson Hospital and Tumor Institute			25	661				
St. Joseph							9,480	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals	G. W. Weinstein				3C	009	9,700	
Baptist Memorial								
Bexar County Teaching	G. W. Weinstein	6	372	10,968				
TEMPLE								
Scott and White Memorial	R. D. Cunningham	17	794	18,168	2C	006	10,000	

18A. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	H. J. L. Van Dyk				2C	006	10,300	
University		4	270	4,781				
Veterans Admin.		4	98	1,025				
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	M. K. Humphries, Jr.	10	418	16,743	2C	006	9,900	
RICHMOND								
Veterans Admin.	C. J. Heyner	10	294	5,346	1C	004	10,584	
Virginia Commonwealth University M. C. V. Affiliated Hospitals								
Medical College of Virginia Hospitals	R. Macdonald	17	424	13,622	4C	010	10,900	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	R. E. Kalina				3C	009		191872
University	R. E. Kalina	2	143	5,461			9,252	
Harborview Medical Center	D. F. Milam		82	4,535				
Children's Orthopedic Hospital and Medical Center	R. Johnson	1	225	2,196				
U. S. Public Health Service	P. O. Kramar	2	99	7,827			9,252	
Veterans Admin.	R. E. Kalina		128	2,000			9,780	
WEST VIRGINIA								
MARTINSBURG								
Veterans Admin. Center (See George Washington Univ. Affil. Hosps., Washington, D. C.)								
MORGANTOWN								
West Virginia University Medical Center	R. R. Trotter	4	198	9,760	2C	006	9,700	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	M. D. Davis, G. De Venecia				4C	015	10,200	177920
University Hospitals	M. D. Davis, G. De Venecia	20	1,281	144,440	3F			
Veterans Admin.	J. C. Allen	6	91	2,449				
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	R. O. Schultz				6*	020		178472
Milwaukee County General	R. O. Schultz	13	744	15,576			10,532	
Milwaukee Children's	P. H. Goldstein	2	334	3,796				
Veterans Admin. Center (Wood)	R. H. Lehman	13	710	8,817			11,022	

17B. OPHTHALMIC FELLOWSHIPS

Ophthalmic Fellowships are approved by the Council on Medical Education and the American Board of Ophthalmology, through the Residency Review Committee for Ophthalmology, in institutions having approval to offer residencies in Ophthalmology. The following have been approved to offer fellowships as described.

Name of Program	Chief of Service or Program Director	Description
CALIFORNIA		
LOS ANGELES Los Angeles County-U.S.C. Medical Center	P. C. Diorio	Pediatric Ophthalmology
SAN FRANCISCO Pacific Medical Center-Presbyterian	A. B. Scott	Retinal Diseases Visual Physiology Corneal Diseases External Eye Disease Glaucoma
University of California Program H. C. Moffitt-University of California Hospitals Veterans Admin.	T. E. Moore, Jr. S. J. Kimura R. Shaffer M. J. Hogan W. F. Hoyt J. B. Crawford C. Beard E. L. Stern L. J. Lonn G. F. Hilton	Medical Ophthalmology Neuro-ophthalmology Ophthalmic Pathology Ophthalmic Plastic Surgery Pediatric Ophthalmology Retinal Diseases Retinal Surgery
STANFORD Stanford University Affiliated Hospitals Stanford University Veterans Admin. (Palo Alto) San Joaquin County General (Stockton)	M. Allansmith S. R. Roberts A. Dellaporta M. Allansmith	Bacteriology and Immunology Veterinary Ophthalmology Retinal Diseases Ocular Immunology
CONNECTICUT		
HARTFORD University of Connecticut Affiliated Hospitals University of Connecticut Hospital-McCook Division Hartford	J. O'Rourke	Clinical Ophthalmology
GEORGIA		
AUGUSTA Medical College of Georgia Hospitals Eugene Talmadge Memorial University Veterans Admin.	T. S. Chiang	Aqueous Dynamics
ILLINOIS		
CHICAGO McGaw Medical Center of Northwestern University Children's Memorial Northwestern Memorial Veterans Admin. Research	P. E. Romano	Pediatric Ophthalmology
MARYLAND		
BALTIMORE Johns Hopkins	A. E. Maumenee D. Knox	Fluorescein Angiography Neuro-ophthalmology
MASSACHUSETTS		
BOSTON Tufts University Affiliated Hospitals New England Medical Center Veterans Admin.	B. Schwartz	Ophthalmic Glaucoma Corneal and Retinal Diseases Visual electrophysiology Retinal vascular diseases
MINNESOTA		
MINNEAPOLIS University of Minnesota Affiliated Hospitals University of Minnesota Hospitals Hennepin County General Veterans Admin. St. Paul-Ramsey (St. Paul)	J. E. Harris R. Letson	Corneal Diseases Pediatric Ophthalmology Retinal Diseases
NEW YORK		
ALBANY Albany Medical College Affiliated Hospitals Albany Medical Center Child's Veterans Admin.	W. A. J. Van Heuven O. Stasior R. S. Smith R. D. Reinecke	Retinal Diseases Ophthalmic Plastic Surgery Ocular Pathology Ocular Motility
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 Morrisania City Lenox Hill	G. N. Wise P. Wendler	Retinal Diseases Laser Photocoagulation Fluorescein Angiography

17B. OPHTHALMIC FELLOWSHIPS—Continued

Name of Program	Chief of Service or Program Director	Description
NEW YORK, NEW YORK CITY—Continued		
Manhattan Eye, Ear and Throat	D. M. Shafer R. Troutman B. Curtin	Retinal Diseases Corneal Diseases Myopia
New York Eye and Ear Infirmary New York Hospital	M. Rosenthal S. I. Brown L. S. Harris H. A. Lincoff	Retinal Diseases Corneal Diseases Glaucoma Retinal Diseases
NORTH CAROLINA		
CHAPEL HILL		
North Carolina Memorial Hospital-McPherson	S. D. McPherson	Experimental Ophthalmology Corneal Immune Reactions Corneal Histology
DURHAM		
McPherson Hospital-North Carolina Memorial	S. D. McPherson	Experimental Ophthalmology Corneal Immune Reactions Corneal Histology Macular Degeneration
Duke University Affiliated Hospitals Duke University Medical Center Veterans Admin.	M. B. Landers	
OHIO		
CLEVELAND		
St. Luke's	D. T. Weidenthal	Retinal Diseases
OREGON		
PORTLAND		
Good Samaritan Hospital and Medical Center	R. G. Chenoweth	Retinal Diseases
PENNSYLVANIA		
PHILADELPHIA		
University of Pennsylvania Affiliated Hospitals Scheie Eye Institute Children's Hospital of Philadelphia Frankford Graduate Hospital of the University of Pennsylvania Hospital of the University of Pennsylvania Pennsylvania Philadelphia General Presbyterian-University of Pennsylvania Medical Center Veterans Admin. Wills Eye Hospital and Research Institute	H. G. Scheie	Ophthalmic Pathology
	P. R. Laibson G. L. Spaeth W. H. Annesley, Jr. R. D. Harley G. M. Shannon M. Rodrigues	Corneal & External Diseases Glaucoma Retinal Diseases Pediatric Ophthalmology Oculo-plastics Ophthalmic Pathology
PITTSBURGH		
Hospitals of the University Health Center of Pittsburgh Eye and Ear Hospital of Pittsburgh Allegheny General Children's Hospital of Pittsburgh Veterans Admin.	D. A. Hiles	Pediatric Ophthalmology
TENNESSEE		
NASHVILLE		
Vanderbilt University Affiliated Hospitals Vanderbilt University Nashville Metropolitan General Veterans Admin.	M. Stahlman	Retrolental Fibroplasia
TEXAS		
HOUSTON		
Baylor College of Medicine Affiliated Hospitals Ben Taub General Methodist Texas Children's Veterans Admin.	M. Boniuk A. McPherson	Ophthalmic Pathology Retinal Diseases
University of Texas at Houston Affiliated Hospitals Hermann University of Texas M. D. Anderson Hospital and Tumor Institute St. Joseph	R. S. Ruiz	Malignant Melanoma Research
WISCONSIN		
MILWAUKEE		
Medical College of Wisconsin Affiliated Hospitals Milwaukee County General Lutheran Hospital of Milwaukee Milwaukee Children's Veterans Admin. Center (Wood)	T. M. Aaberg	Retinal Diseases

19. 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 approved by the Council on Medical Education, 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 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
UNITED STATES AIR FORCE										
TEXAS										
Wilford Hall U. S. A. F. Medical Center, San Antonio	H. J. De Witt	115	2,202	60,361	ACF	120	4C	016	16,278	
UNITED STATES ARMY										
CALIFORNIA										
Letterman Army Medical Center, San Francisco	S. B. Mutz	65	1,078	24,508	ACF	040	3C 2F	014		
Shriners Hospital for Crippled Children, Los Angeles	G. W. Westin	48	292	2,298		003 040 078				
Shriners Hospital for Crippled Children, San Francisco	L. J. Larsen	41	403	2,962		002 040 040				
Arizona Children's (Tempe, Ariz.)	W. A. Colton, Jr.	27	628	8,885		054 073 086				
COLORADO										
Fitzsimons Army Medical Center, Denver Children's, Denver	W. E. Burkhalter D. G. Messner	101 119	1,691 614	24,021 4,172	ACF	091 004 091	3C	009		
DISTRICT OF COLUMBIA										
Walter Reed Army Medical Center, Washington	G. I. Baker	110	834	10,800	ACF	075	3C 1F	010		
HAWAII										
Tripler Army Medical Center, Honolulu	Q. H. Becker	99	1,990	49,212	ACF	068 086	3C 3F	012		
Tripler Army Medical Center (See Univ. of Hawaii Affiliated Hospitals, Honolulu)										
TEXAS										
William Beaumont Army Medical Center, El Paso	C. A. Luekens, Jr.	87	1,852	18,500	ACF	096	1C 3F	003		
R. E. Thomason General, El Paso	E. A. Dehne	37	1,713			096			12,500	
Brooke Army Medical Center, San Antonio	W. C. Bouzard	139	1,468	51,751	ACF	117	3C 2F	011		
WASHINGTON										
Madigan Army Medical Center, Tacoma	R. Hoffmeister	96	2,434	91,017	ACF	178	2C 1F	007		
UNITED STATES NAVY										
CALIFORNIA										
Naval, Oakland	I. J. Woodstein	101	1,248	16,440	ACF	020	3C 2F	014		
Kaiser Foundation, Oakland	J. O. Johnston	30	1,197	32,016		002 020			10,560	
Naval, San Diego	G. W. Cady	262	2,747	35,772	ACF	079	2* 2F	016		
MARYLAND										
Naval, Bethesda	D. Q. Wilson	55	1,281	19,768	ACF	020	2C 2F	010		
James Lawrence Kernan, Baltimore	R. C. Abrams	66	2,044	7,717		020 070 088			11,250	
PENNSYLVANIA										
Naval, Philadelphia	F. J. Cremona	125	949	17,376	ACF	181	1* 1F	008		
SOUTH CAROLINA										
Naval, Charleston (See Med. Univ. of S. C. Teaching Hospitals, Charleston)										
VIRGINIA										
Naval, Portsmouth	C. S. Lambdin	192	2,129	52,343	ACF	130	4C 3F	012		

19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered		Annual Salary (Min.)	NIRMP Number
							1975-1976 1st Yr.	1976 All Yrs.		
CALIFORNIA, OAKLAND —Continued										
Samuel Merritt (See University of California Program, San Francisco)										
ORANGE										
Children's Hospital of Orange County (See Univ. of California (Irvine) Affil. Hospitals, Irvine)										
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hospitals, Irvine)										
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 General (See Loma Linda University Affiliated Hospitals, Loma Linda)										
SAN DIEGO										
University of California (San Diego) Affiliated Hospitals	W. H. Akeson				ACF	109	4C	016		
University of California, San Diego—University Hospital		28	1,088	6,298		109			11,700	
Children's Health Center		10	640	2,661		109			11,700	
Donald N. Sharp Memorial Community		30	1,597			109			11,700	
Mercy Hospital and Medical Center		62	2,263	1,003		109			11,700	
Veterans Admin.		33	740	3,300		109			11,891	
SAN FRANCISCO										
San Francisco Orthopedic Residency Training Program	L. W. Taylor				ACF	108		020		
Harkness Community Hospital and Medical Center	L. Johnson	18	2	2,250		108				
Mary's Help (Daly City)	F. R. Schneider	51	1,833	1,926		108			10,536	
Kaiser Foundation	J. J. Brennan	39	1,316	32,367		108			11,220	
St. Joseph's	R. Soto-Hall	24	766	1,109		108			11,208	
St. Mary's Hospital and Medical Center	L. W. Taylor	61	1,960	8,950		108			10,536	
Veterans Admin. (Martinez)	J. K. Wilhelmy	37	659	5,364		108			15,007	
Shriners Hospital for Crippled Children (See Letterman Army Medical Center, San Francisco)										
University of California Program	W. R. Murray				ACF	002	6*	040		106295
H. C. Moffitt—University of California Hospitals	W. R. Murray	53	1,334	7,036		002			10,300	
Children's Hospital and Adult Medical Center	L. J. Larsen	38	1,508	1,360		002			11,254	
Mount Zion Hospital and Medical Center	R. B. Gordon			1,679		002				
Pacific Medical Center—Presbyterian		18	663			002			11,100	
Ralph K. Davies Medical Center—Franklin	B. H. Maeck	40	1,395	8,580		002				
San Francisco General	E. Bovill	41	403	2,962		002				
Shriners Hospital for Crippled Children	L. J. Larsen					040				
Veterans Admin.	R. C. Maurer	30	454	2,440		002			10,300	
Children's Hospital Medical Center of Northern California (Oakland)	M. Barer	10	485	2,234		002			11,375	
Highland General (Oakland)	T. K. Smith	47	1,422	10,061		002			12,500	
Kaiser Foundation (Oakland)	J. O. Johnston	30	1,197	32,016		003			10,560	
Samuel Merritt (Oakland)		66	2,932	2,580		020			11,700	
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	D. A. Nagel				ACF	098	3C	014		182095
Stanford University	D. A. Nagel	39	1,469	5,049		098	2*		10,000	
Veterans Admin. (Palo Alto)	D. S. Burton	13	303	1,799		098				
Santa Clara Valley Medical Center (San Jose)	R. M. Jameson	34	619	5,520		098			12,061	
Kaiser Foundation (Santa Clara)	B. Horowitz	31	996	18,808		098				
TORRANCE										
Los Angeles County Harbor General	D. Street	34	1,159	23,536	AF	119	3C	012	14,916	106720
							2F			

19. ORTHOPEDIC SURGERY—Continued

Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
COLORADO									
DENVER									
Children's (See Fitzsimons Army Medical Center, Denver, U. S. Army)									
St. Joseph (See St. Francis Affiliated Hospitals, Wichita, Kan.)									
University of Colorado Affiliated Hospitals	J. S. Miles	26	987	9,562	ACF	004	4C	016	9,900
University of Colorado Medical Center	J. S. Miles	29	600	1,780		004			9,612
Veterans Admin.	M. Gibbens	12	614	4,172		004			10,000
Children's	D. G. Messner					091			
Denver General	R. M. Johnston	25	1,064	18,800		004			10,729
						091			
CONNECTICUT									
HARTFORD									
Hartford (See Yale-New Haven Medical Center, New Haven)									
University of Connecticut Affiliated Hospitals	M. Luby				AF	172	4C	012	
University of Connecticut Hospital—Mc Cook Division		5	217	1,612		172			
St. Francis	E. Powers	52	1,865	1,300		172			
Veterans Admin. (Newington)		11	228	3,620		172			
NEW HAVEN									
Yale—New Haven Medical Center	W. O. Southwick				ACF	005	6C	018	
Yale—New Haven	W. O. Southwick	55	1,774	8,328		005			10,930
Hospital of St. Raphael	A. H. Goodman	36	1,174	10,055		005			12,210
Hartford (Hartford)	H. R. Gossling	65	2,448	227		005			11,900
						172			
Newington Children's (Newington)	J. M. Cary	57	984	7,645		005			13,000
						082			
						172			
Veterans Admin. (West Haven)	W. O. Southwick	26	465	2,310		005			12,632
NEWINGTON									
Newington Children's	J. M. Cary	57	984	7,645	C	005	1C	001	13,000
						082	F		
						172			
Newington Children's (See Dartmouth Medical School Affil. Hosps., Hanover, N. H.)									
Newington Children's (See Yale-New Haven Medical Center, New Haven)									
Veterans Admin (See Univ. of Connecticut Affil. Hosps., Hartford)									
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	42	786	16,635	C	021			14,400
						077			
Veterans Admin. (See Thomas Jefferson University Affil. Hosps., Philadelphia)									
DISTRICT OF COLUMBIA									
WASHINGTON									
Georgetown University Affiliated Hospitals	G. W. Hyatt				ACF	014	2*	010	
Georgetown University	G. W. Hyatt	27	817	10,951		014			11,742
District of Columbia General (Crippled Children's Unit)	C. Keck, C. H. Epps, Jr.	16	217	3,725		014			13,310
						083			
						115			
Sibley Memorial	G. W. Hyatt					014			
Veterans Admin.	G. W. Hyatt, P. Kenmore	32	394	119,601		014			10,712
						083			
						115			
						014			
Arlington (Arlington, Va.)	J. O. Romness	30	1,103	326					
George Washington University Affiliated Hospitals	J. P. Adams				ACF	083	6C	024	
George Washington University	J. P. Adams	55	1,277	5,140		083			11,150
Children's Hospital of the District of Columbia	D. W. Mc Kay	13	449	5,285		083			
District of Columbia General (Crippled Children's Unit)	C. Keck, C. H. Epps, Jr.	16	217	3,725		014			13,310
						083			
						115			
Veterans Admin.	J. P. Adams, P. Kenmore	32	394	119,601		014			10,712
						083			
						115			
Washington Hospital Center	J. P. Adams					083			
Howard University Affiliated Hospitals	C. H. Epps, Jr.				ACF	115	4C	016	
Freedmen's	C. H. Epps, Jr.	17	488	70,113		115			12,581
District of Columbia General	M. P. Gladden	40	582	6,592		115			11,370
District of Columbia General Hospital (Crippled Children's Unit)	C. Keck, C. H. Epps, Jr.	16	217	3,725		014			12,760
						083			
						115			
Morris Calfritz Memorial	J. T. Lynn	24	885			115			
Providence	C. H. Epps, Jr.	27	577	2,283		115			12,445
Veterans Admin.	C. Epps, P. Kenmore	32	394	119,601		014			10,712
						083			
						015			

19. 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 1975-1976 1st All Yr. Yrs.		Annual Salary (Min.)	NIRMP Number
FLORIDA										
GAINESVILLE										
University of Florida Affiliated Hospitals	W. F. Enneking				ACF	123	3C	012		
William A. Shands Teaching Hosp. and Clinics	W. F. Enneking	21	780	2,889		123			9,500	
Veterans Admin.	H. A. Paschall	35	585	3,390		123			9,891	
JACKSONVILLE										
Jacksonville Hospitals Educational Program	R. G. Dedo				ACF	062	3C	012	10,336	
Hope Haven Children's	E. O. Todd, Jr.	3	107			062				
St. Luke's	R. G. Dedo	34	1,360			062				
University Hospital of Jacksonville	R. G. Dedo	26	799	7,092		062				
MIAMI										
University of Miami Affiliated Hospitals	A. Sarmiento				ACF	076	5C	020		
Jackson Memorial	A. Sarmiento	175	2,550	13,134		076			12,427	
Variety Children's	C. D. Holmes	10	451	6,438		076			13,387	
						118				
Veterans Admin.	A. Sarmiento	36	579	4,658		076			10,816	
MIAMI BEACH										
Mount Sinai Hospital of Greater Miami	L. A. Russin	49	1,275	1,040	ACF	118	2C	004	12,580	
Variety Children's (Miami)	C. D. Holmes	10	451	6,438		076			13,387	
						118				
ORLANDO										
Orange Memorial	J. G. Gresham	106	4,112	6,018	ACF	020	3*	009	9,600	110795
ST. PETERSBURG										
All Children's (See University of South Florida Affiliated Hospitals, Tampa)										
TAMPA										
University of South Florida Affiliated Hospitals	B. L. Manale				ACF	180	2C	006	10,480	
Tampa General		47	1,344	1,700		180				
Veterans Admin.		22	250	1,500		180				
All Children's (St. Petersburg)		10	210	2,200		180				
GEORGIA										
ATLANTA										
Emory University Affiliated Hospitals	R. P. Kelly				ACF	039	5C	015	10,560	
Emory University	R. P. Kelly	24	713			039				
Grady Memorial	R. P. Kelly	59	1,569	17,516		039				
Henrietta Egleston Hospital for Children						039				
Scottish Rite Hospital for Crippled Children (Decatur)	W. W. Lovell	24	1,022	7,128		039				
						113				
Veterans Admin. (Decatur)	J. S. Bethea, 3d	31	396	3,008		039				
Georgia Baptist	R. E. King	70	1,443	400	ACF	113	3C	012	9,720	
Scottish Rite Hospital for Crippled Children (Decatur)	W. W. Lovell	24	1,022	7,128		039				
						113				
AUGUSTA										
Medical College of Georgia Hospitals	F. E. Bliven				ACF	114	3C	012	10,100	
Eugene Talmadge Memorial	F. E. Bliven	24	714	6,478		114				
University	F. E. Bliven	62	2,282	5,406		114				
Veterans Admin.	N. A. Bhatti	29	476	3,161		114				
COLUMBUS										
Medical Center (See Tulane Univ. Affiliated Hosps., New Orleans, Louisiana)										
DECATUR										
Scottish Rite Hospital for Crippled Children	W. W. Lovell	24	1,022	7,128	C	039		006		
						113				
						145				
Scottish Rite Hospital for Crippled Children (See Emory University Affiliated Hospitals, Atlanta)										
Scottish Rite Hospital for Crippled Children (See Georgia Baptist, Atlanta)										
Veterans Admin (See Emory University Affiliated Hosps., Atlanta)										
HAWAII										
HONOLULU										
University of Hawaii Affiliated Hospitals	I. Larsen				ACF	068	2C	004	10,922	180873
Queen's Medical Center	A. Pavel	30	876	1,320		068			10,922	
Shriners Hospital for Crippled Children	I. J. Larsen	37	158	3,105		068				
						086				
Tripler Army Medical Center	Q. H. Becker	99	1,990	49,212		068				
						086				
ILLINOIS										
CHICAGO										
Cook County	A. M. Pankovich	99	3,535	28,120	ACF	007	1*	006	11,600	112795
						047	F			
						090				
Louis A. Weiss Memorial	L. K. Topouzian	20	783	596		090			11,650	
Mc Gaw Medical Center of Northwestern University	W. J. Kane				ACF	007	10*	050	11,680	224795
Children's Memorial	M. O. Tachdjian	28	1,110	11,238		007				
						121				
Northwestern Memorial	W. J. Kane	99	2,787	3,766		007				
Passavant Pavilion						007				
Wesley Pavilion						007				

19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered		Annual Salary (Min.)	NIRMP Number
							1975-1976 1st Yr.	All Yrs.		
ILLINOIS, CHICAGO—Continued										
Cook County	A. M. Pankovich	99	3,535	28,120		007 047 090			12,200	
St. Anne's	J. J. Callahan	21	1,201	5,248		007			10,900	
Veterans Admin. Research	N. A. Rana	30	397	6,534		007				
Evanston (Evanston)	N. C. Mead	55	1,875	981		007				
St. Francis (Evanston)	J. J. Fahey	68	1,490	7,808		007			11,100	
Michael Reese Hospital and Medical Center		43	960	18,103	ACF	135	3C	008		
Rush Medical College Affiliated Network Hospitals	J. O. Galante				ACF	174	3*	012	10,501	
Rush—Presbyterian—St. Luke's Medical Center	J. O. Galante	60	839	1,644		174				
Christ Community (Oak Lawn)	D. Girzadas	85	2,450	7,793		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	28	812	7,621	ACF	136 094 136	3C	008	11,925	
University of Illinois Affiliated Hospitals Cook County	R. D. Ray A. M. Pankovich	99	3,535	28,120	ACF	047 007 047 090	4C	020	12,200	
Ravenswood	R. O. Ray	41	1,244	1,404		047			11,025	
University of Illinois	R. O. Ray	42	886	12,086		047			11,580	
Veterans Admin. (West Side)	A. Ketenjian	40	646	4,208		047			11,580	
EVANSTON										
Evanston (See Mc Gaw Med. Center of Northwestern University, Chicago)										
St. Francis (See Mc Gaw Med. Center of Northwestern University, Chicago)										
HINES										
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)										
MAYWOOD										
Loyola University Affiliated Hospitals	A. C. Connor				ACF	050	3C 3*	023		117095 117011
Foster G. Mc Gaw	A. C. Connor					050				
Veterans Admin. (Hines)	J. F. Kurtz	52	913	6,035		050				
Shriners Hospital for Crippled Children (Chicago)										
West Suburban (Oak Park)	H. A. Sofield	39	1,425	6,167		050			11,000	
Lutheran General (Park Ridge)	W. F. Zwilling	65	1,964	1,611		050				
OAK LAWN										
Christ Community (See Rush Med. College Affil. Network Hosps., Chicago)										
OAK PARK										
West Suburban (See Loyola University Affiliated Hospitals, Maywood)										
PARK RIDGE										
Lutheran General (See Loyola University Affiliated Hospitals, Maywood)										
PEORIA										
St. Francis	J. J. Flaherty	74	2,058	8,173	ACF	137	2F	005	10,250	117511
INDIANA										
FORT WAYNE										
Lutheran Hospital of Fort Wayne	J. G. Buchholz	99	2,968	5,366	ACF	138	2C	008	10,300	
Veterans Admin.	J. G. Buchholz	22	264	993		138			10,300	
INDIANAPOLIS										
Indiana University Medical Center	D. E. Kettelkamp	28	938	8,120	ACF	008	6C	019	10,000	
Indiana University Hospitals	O. E. Kettelkamp	26	774	10,068		008			10,000	
Marion County General	R. Pierce	67	1,929	2,061		008			11,436	
Methodist Hospital of Indiana	F. R. Brueckmann	37	1,394	210		008			11,579	
St. Vincent's	G. F. Rapp	34	710	3,731		008			10,500	
Veterans Admin.	D. E. Kettelkamp									
IOWA										
IOWA CITY										
University of Iowa Affiliated Hospitals						139				
University of Iowa Hospitals	R. R. Cooper	65	2,539	17,671	ACF	139	4*	020	10,100	120395
KANSAS										
KANSAS CITY										
University of Kansas Medical Center	F. W. Reckling	29	823	10,606	ACF	140	3*	010		
WICHITA										
St. Francis Affiliated Hospitals	H. O. Marsh	84	2,911	6,030	ACF	106	4C	020	10,050	
St. Francis	H. O. Marsh	21	330	940		106			10,123	
Veterans Admin. Center	H. O. Marsh	96	3,074	719		106			9,750	
Wesley Medical Center	R. A. Rawcliffe	43	1,769	4,130		106			10,729	
St. Joseph (Denver, Colo.)	M. L. Clayton									
KENTUCKY										
LEXINGTON										
University of Kentucky—Lexington Residency Program	T. D. Brower				ACF	059	4C	012	9,500	
University	T. D. Brower	16	655	6,000		059				
Veterans Admin.	T. D. Brower	10	338	1,286		059				
Shriners Hospital for Crippled Children	T. D. Brower	43	509	3,574		059				
Good Samaritan	K. R. Thompson	20	952			059				
St. Joseph	D. P. Thomas	33	1,454			059				

APPROVED RESIDENCIES

19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
MASSACHUSETTS, BDSTDM—Continued										
Harvard Affiliated Hospitals	H. J. Mankin				ACF	011	12C	042		
Beth Israel	H. Yett	20	652	2,831		011			11,815	
Children's Hospital Medical Center	J. E. Hall	61	2,007	10,099		011				
Massachusetts General	H. J. Mankin	147	3,187	14,558		011			11,900	
New England Baptist	B. E. Bierbaum	1,602	54			011			11,300	
Peter Bent Brigham	C. B. Sledge	31	738	4,655		011			11,900	
Robert B. Brigham	C. B. Sledge	38	818	1,125		011			11,900	
Veterans Admin. (West Roxbury)	E. Barsamian, H. Gillies	10	218			011			10,700	
Tufts University Affiliated Hospitals	H. H. Banks				ACF	013	8C	028		
Boston City	H. H. Banks	48	1,174	35,000		013			12,275	
						045				
						066				
New England Medical Center	H. H. Banks	40	869	4,399		013			11,909	
Veterans Admin.	A. A. Thibodeau	47	118	2,183		013			11,245	
CANTON										
Massachusetts Hospital School (See Univ. of Mass. Coordinated Program, Worcester)										
Massachusetts Hospital School (See Boston University Affiliated Hospitals, Boston)										
Massachusetts Hospital School (See Carney Hospital, Boston)										
LAKEVILLE										
Lakeville (See Carney, Boston)										
SPRINGFIELD										
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				ACF	170				
Memorial	V. S. Johnson		1,178	175		170			11,000	
St. Vincent	N. E. Beisaw	42	987	8,888		170			10,700	
Worcester City	A. M. Pappas					170				
Massachusetts Hospital School (Canton)	R. M. Kilfoyle	108	157	1,012		045				
						066				
						170				
						170				
Tewksbury (Tewksbury)						170				
MICHIGAN										
ALLEN PARK										
Veterans Admin. (See Wayne State Univ-Detroit Med. Ctr. Affil. Hosps., Detroit)										
ANN ARBOR										
University of Michigan Affiliated Hospitals	W. S. Smith				ACF	074	6*	030		129395
University	W. S. Smith	43	1,357	11,518		074			10,700	
St. Joseph Mercy	L. P. Kivi	54	1,711	15,437		074			11,150	
Veterans Admin.	W. S. Smith, P. A. Kelley	14	423	3,211		074			11,300	
Wayne County General (Eloise)	W. S. Smith	35	1,047	8,374		074			11,873	
DEARBORN										
Oakwood (See Wayne State University Affiliated Hospitals, Detroit)										
DETROIT										
Henry Ford	E. R. Guise, Jr.	110	1,570	35,000	ACF	142	4C	025	11,000	
Metropolitan Northwest Detroit Hospitals	M. E. Castle				ACF	177	3C	012		130273
Mount Carmel Mercy	M. E. Castle					177			12,420	
Grace (Northwest Unit)	M. E. Castle	20	772			177			11,200	
Sinai Hospital of Detroit	R. Kamil					177			16,218	
Providence (Southfield)	M. E. Castle					177				
Wayne State University—Detroit Medical Center Affiliated Hospitals	H. E. Pedersen				ACF	012	3C 1F	015		129520
Veterans Admin. (Allen Park)	H. E. Pedersen	18	408	9,030		012			11,962	
Oakwood (Dearborn)	H. E. Pedersen	36	1,326	257		012			11,400	
Children's Hospital of Michigan			1,222	5,834		012			10,815	
Detroit General	H. E. Pedersen	42	906	10,323		012				
Grace	W. H. Blodgett	27	704	454		012			11,200	
Harper	A. J. Day	29	891	1,514		012				
ELDISE										
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)										
GRAND RAPIDS										
Blodgett Memorial Hospital—Butterworth	A. B. Swanson				ACF	159	1C 2F	010	7,800	130920
Blodgett Memorial		47	1,743	2,239		159				
Butterworth		39	1,312	1,340		159				
Mary Free Bed Hospital and Rehabilitation Complex		46	386			143				
						159				
St. Mary's	G. T. Aitken	41	1,413	2,575	ACF	143	1* 1F	005	7,800	131195 131120
Mary Free Bed Hospital and Rehabilitation Complex		46	386			143				
						159				

19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
MICHIGAN—Continued										
KALAMAZOO										
Southwestern Michigan Area Health Education Center	C. M. Hanson				ACF	126	2C	010	10,200	131420
Borgess		30	1,312	894		126				
Bronson Methodist		43	1,523	966		126				
PONTIAC										
Oakland Medical Center (See Wm. Beaumont Hosp.—Oakland Medical Ctr., Royal Oak)										
ROYAL OAK										
William Beaumont Hospital—Oakland Medical Center	S. Stanisavljevic				ACF	173	2C	008	12,020	
William Beaumont Oakland Medical Center (Pontiac)		45	1,696	1,068		173				
		14	195	576		173				
SOUTHFIELD										
Providence (See Metropolitan Northwest Detroit Hospitals, Detroit)										
MINNESOTA										
MINNEAPOLIS										
University of Minnesota Affiliated Hospitals	J. H. House				ACF	080	4C	020	10,000	
University of Minnesota Hospitals Fairview	J. H. House	26	652	4,452		080				
Hennepin County	R. B. Winter	66	1,903	3,562		080				
	R. B. Gustilo	28	1,060	9,161		016			10,000	
St. Mary's Veterans Admin.	R. B. Winter	40	1,309	1,609		080				
	R. Premer	53	1,052	6,790		016				
Gillette Children's (St. Paul)	R. B. Winter	43	981	22,631		080			11,000	
St. Paul—Ramsey (St. Paul)	T. H. Comfort	42	1,256	8,631	F	016			10,000	
Veterans Admin.	R. Premer	53	1,052	6,790	ACF	080	4C	020	10,378	
Hennepin County General	R. B. Gustilo	28	1,060	9,161		016	F		10,000	
Shriners Hospital for Crippled Children	D. R. Lannin	33	270	2,284		080				
Gillette Children's (St. Paul)	R. B. Winter	43	981	22,631		016			11,000	
St. Paul—Ramsey (St. Paul)	T. H. Comfort	42	1,256	8,631		080			10,000	
						016				
						080				
ROCHESTER										
Mayo Graduate School of Medicine	P. J. Kelly			75,609	ACF	121	5*	064	11,500	132895
Rochester Methodist		104	2,547			121				
St. Mary's		167	3,756			121				
ST. PAUL										
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)										
St. Paul—Ramsey (See Veterans Admin., Minneapolis)										
MISSISSIPPI										
JACKSON										
University of Mississippi Medical Center	P. S. Derian				ACF	006	3C	012		
Mississippi Baptist University	W. B. Thompson	49	1,821	1,221		006			9,400	
Veterans Admin. Center	P. S. Derian	37	1,138	10,784		006			9,767	
	E. F. Ward, 3d	28	493	3,858		006				
MISSOURI										
COLUMBIA										
University of Missouri Medical Center	L. O. Litton	24	703	5,018	ACF	148	2C	005	10,500	
Veterans Admin.	L. O. Litton	13	276	1,350		148				
KANSAS CITY										
Kansas City Affiliated Hospitals	J. L. Barnard				ACF	018	3*	016	10,000	134395
Children's Mercy	J. L. Barnard	5	184	4,608		018				
Kansas City General Hospital and Medical Center		15	367	4,170		018			10,000	
St. Luke's		68	1,899	6,800		018			9,254	
Veterans Admin.		18	490	1,400		018			9,500	
ST. LOUIS										
Barnes Hospital Group	A. H. Stein, Jr.				ACF	060	6C	024		
St. Louis City (Washington University Service)	M. B. Conrad	16	358	2,500	F	060				
St. Louis University Group of Hospitals	D. E. O' Reilly				ACF	046	3C	015		136520
Firmen Desloge General	D. E. O' Reilly	17	440	1,504		046	1F		10,628	
Cardinal Glennon Memorial Hospital for Children	D. E. O' Reilly	10	405	4,101		046			10,628	
St. Louis City	D. E. O' Reilly	16	358	2,500		046			10,628	
St. Mary's Health Center	D. E. O' Reilly, R. Funsch	35	1,055	30		046			10,920	
Shriners Hospital for Crippled Children	G. E. Scheer	65	917	7,472	C	060				
Veterans Admin.	A. Stein	25	590	4,470	A	060				
NEBRASKA										
OMAHA										
University of Nebraska Affiliated Hospitals	J. F. Connolly				ACF	001	3*	012		137695
University of Nebraska	J. F. Connolly	16	416	4,234		001	1F		10,400	137620
Nebraska Methodist	L. T. Hood	29	1,530	3,762		001				
Veterans Admin.	J. F. Connolly	17	432	1,890		001			10,500	

19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
NEW YORK, NEW HYDE PARK—Continued										
Long Island Jewish—Hillside Medical Center Program	L. S. Lavine				ACF	152	2C	009	14,700	
Long Island Jewish—Hillside Medical Center	L. S. Lavine	17	401	1,281		144 152				
Queens Hospital Center (New York City)	J. Manly	57	806	10,455		152				
NEW YORK CITY										
Albert Einstein College of Medicine Affiliated Hospitals	E. D. Sedlin				ACF	112	7C	021	14,700	
Bronx—Lebanon Hospital Center	A. I. E. Schildhaus	28	400	14,000		112 134				
Bronx Municipal Hospital Center	E. D. Sedlin	52	1,075	20,000		112 107				
Hospital of the Albert Einstein College of Medicine	R. J. Schultz	30	644	6,530		112				
Lincoln	E. D. Sedlin			12,550		112				
Bronx—Lebanon Hospital Center	A. I. E. Schildhaus	28	400	14,000	ACF	112 134	2C F	006	14,000	
Brookdale Hospital Center	A. Kenin	39	1,724	7,449	ACF	158	2C	008	13,500	141973
Catholic Medical Center of Brooklyn and Queens	J. S. Mülle	91	1,966	6,866	ACF	124	2C	008	13,500	145073
Mary Immaculate Division	J. S. Mülle	30	592	1,903		124				
Mary Immaculate Division (St. Charles Unit)	F. P. Vaccarino	11	291	2,168		124				
St. John's Queens Division	J. S. Mülle	28	624	655		124				
St. Mary's Division	J. S. Mülle	21	459	2,140		124				
Harlem Hospital Center	M. L. Shelton	67	637	8,871	ACF	150	2C	000	14,700	
Helen Hayes (West Haverstraw)	A. L. Garrett	72	452			128 150			15,386	
Hospital for Joint Diseases and Medical Center	H. Robbins	140	3,587	28,630	ACF	125	4C	023	13,500	
Beth Israel Medical Center	J. Graham	37	646	7,004		125			14,700	
Hospital for Special Surgery	P. D. Wilson, Jr.	176	3,658	33,346	ACF	022	8*	024	14,800	
New York Hospital						022				
Veterans Admin. (Bronx)	R. Patterson	37	801	4,966		022			17,147	
House of St. Giles the Cripple	J. W. Fielding	16	148	9,503	C	041 175				
Jewish Hospital and Medical Center of Brooklyn	L. J. Koven	45	822	4,067	ACF	084	1C	004	14,700	
Kingsbrook Jewish Medical Center	M. Schneider	39	555	3,552	ACF	084	2*	004	15,200	
Lenox Hill	J. A. Nicholas	59	1,254	10,948	AF	175	2C	006	15,155	
Maimonides Medical Center Training Program	H. Pearlman				ACF	107	3C	008		
Maimonides Medical Center	H. Pearlman	45	768	3,595		107			15,200	
Coney Island	C. Dharapak	65	560	8,758		107			14,700	
Montefiore Hospital Training Program	E. T. Habermann				ACF	125	4C	012	14,700	
Montefiore Hospital and Medical Center		63	892	7,658		125				
Morrisania City		57	626	9,682		125				
Mount Sinai Hospital Training Program	R. S. Siffert				ACF	065	3C	009	15,200	
Mount Sinai	R. S. Siffert	57	850	7,054		065			14,700	
City Hospital Center at Elmhurst	A. Schein	73	909	10,850		065				
New York Medical College—Metropolitan Hospital Center	J. F. Giattini				ACF	067	4C	016	14,700	
Unit 1—Flower and Fifth Avenue Hospitals		10	399			067				
Unit 2—Metropolitan Hospital Center		63	642	10,154		067				
New York University Medical Center	W. A. L. Thompson				ACF	051	6C	018		
Bellevue Hospital Center	H. Sprague	16	157	3,914		051				
University	H. Sprague	36	796			051			15,394	
Veterans Admin. (Manhattan)	H. Sprague	32	491	2,080		051				
Presbyterian	F. Stinchfield	142	3,922	33,270	ACF	128	8C	027	14,455	
St. Luke's Hospital Center	J. W. Fielding	61	1,235	6,532	ACF	041	2C	007	15,700	
S.U.N.Y. Downstate Medical Center	L. S. Lavine				ACF	144	5C	005		
Kings County Hospital Center	L. S. Lavine	35	624	6,502		144			14,700	
State University	L. S. Lavine	7	145	1,650		144			14,772	
Veterans Admin. (Brooklyn)	A. G. Smith	33	639	1,860		144			15,394	
Long Island Jewish—Hillside Medical Center (New Hyde Park)	L. S. Lavine	17	401	1,281		144 152			14,700	
PORT JEFFERSON										
St. Charles	J. S. Consoli	235	337	2,675	C	038 127			9,000	
ROCHESTER										
University of Rochester Affiliated Hospitals	L. A. Goldstein				ACF	031	4C	012		
Genesee	R. Dickerson	34	1,319	1,191		031			11,000	
Highland Hospital of Rochester	J. Daly			407		031				
Rochester General	J. D. States	44	1,399	966		031				
Strong Memorial Hospital of the University of Rochester	L. A. Goldstein	38	1,154	4,328		031			10,900	
SCHENECTADY										
Ellis (See Albany Medical Center Affiliated Hosps., Albany)										
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	11,861	
Crouse Irving—Memorial	D. G. Murray	55	1,465			048				
St. Joseph's Hospital Health Center	A. A. Vercillo	28	1,185	820		048				
State University	D. G. Murray	30	1,094	3,355		048				
Veterans Admin.	I. Yashruti	25	549	1,698		048				
Children's Hospital and Rehabilitation Center of Utica (Utica)	D. G. Murray, E. Friedman	44	1,404	1,798		048				

19. ORTHOPEIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
NEW YORK—Continued										
UTICA										
Children's Hospital and Rehabilitation Center of Utica (See S. U. N. Y. Upstate Medical Ctr., Syracuse)										
WEST HAVERSTRAW										
Helen Hayes	A. L. Garrett	72	452		C	128 150			15,386	
Helen Hayes (See Harlem Hospital Center, New York City)										
NORTH CAROLINA										
CHAPEL HILL										
North Carolina Memorial	F. C. Wilson	30	843	11,961	ACF	081	6C 6*	012	10,475	
North Carolina Orthopedic (Gastonia)	G. R. Miller	64	303	5,651		019 081			10,000	
Memorial Hospital of Wake County (Raleigh)	T. Dameron, Jr.	15	436			081				
CHARLOTTE										
Charlotte Memorial	C. F. Heinig	137	4,372	4,124	ACF	104	3C 2*	012	10,080	152795
DURHAM										
Duke University Affiliated Hospitals	J. L. Goldner				ACF	D19	10*	038		
Duke University Medical Center	J. L. Goldner	85	2,800	29,522		019			11,350	
Veterans Admin.	J. R. Urbaniak	35	701	5,040		019			10,350	
Watts	R. W. Coonrad	32	1,269	488		019			11,349	
North Carolina Orthopedic (Gastonia)	G. R. Miller	64	303	5,651		019 081			10,000	
Veterans Admin. (Oteen)										
Shriners Hospital for Crippled Children (Erie, Pa.)		23	280	1,667		019 156				
Shriners Hospital for Crippled Children (Greenville, S.C.)	F. H. Stelling	55	677	5,207		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)										
OTEEN										
Veterans Admin. (See Duke University Affiliated Hospitals, Durham)										
RALEIGH										
Memorial Hospital of Wake County (See North Carolina Memorial, Chapel Hill)										
WINSTON-SALEM										
Bowman Gray School of Medicine Affiliated Hospitals	A. G. Gristina				ACF	077 077 077	3*	015	10,500	153795
North Carolina Baptist		32	737	3,151						
Moses H. Cone Memorial (Greensboro)		41	1,147	53						
OHIO										
AKRON										
Akron City	G. J. Mallo	71	2,201	1,094	AF	015	2* 1F	012	10,500	154120
Akron General	H. W. O' Dell	71	2,130	13,889	AF	058	2* 1F	010	10,500	154295 154220
Children's Hospital of Akron	W. A. Hoyt	32	1,657	2,842	C	015 058	5C F	005	11,500	
CINCINNATI										
University of Cincinnati Hospital Group	E. H. Miller				ACF	017	7C	021		
Children's	E. H. Miller	10	402	1,017		017				
Cincinnati General	E. H. Miller	40	317	9,493					10,128	
Good Samaritan	N. J. Giannestras	118	3,181	900		017				
Veterans Admin.	E. H. Miller	23	390	2,710		017			11,932	
CLEVELAND										
Case Western Reserve University Affiliated Hospitals	C. H. Herndon				ACF	027	6C	018		
Cleveland Metropolitan General	R. P. Mack	30	776	8,321		027			11,500	
University Hospitals of Cleveland	C. H. Herndon	81	1,933	8,960		027			11,500	
Veterans Admin.	H. H. Bohman	56	481	3,360		027			11,506	
Cleveland Clinic	C. M. Everts	66	1,937	21,964	ACF	042	4C	016	10,950	
St. Vincent Charity	K. S. Alfred	36	1,123	2,326		042				
Mount Sinai Hospital of Cleveland	B. Friedman	54	1,581	2,961	ACF	101	2*	007	11,000	155795
St. Luke's	G. E. Spencer, Jr.	42	1,367	2,769	ACF	153	2*	008	11,000	156095
COLUMBUS										
Mount Carmel Medical Center	T. L. Meyer, Jr.	72	2,262	1,073	ACF	025	2C 2F	008	10,400	
Children's	P. H. Curtiss, Jr.	24	952	4,438		025 D99				156511
Ohio State University Affiliated Hospitals	P. H. Curtiss				ACF	099	3C	012		156673
Children's	P. H. Curtiss, Jr.	24	952	4,438		025 099			11,000	
Ohio State University Hospitals	P. H. Curtiss	26	900	2,576		099				
Riverside Methodist	R. C. Coleman	75	2,716	467		099			9,500	

19. ORTHOPEIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
OHIO—Continued										
DAYTON										
Miami Valley Children's Medical Center	H. E. Klaaren H. E. Klaaren	59 94	1,939 6,557	1,423 55,021	ACF	105 105	2*	008	10,845	
ELYRIA										
Elyria Memorial	W. L. Hassler	33	1,329	18,811	ACF	154	1F	004	9,900	190120
TOLEDO										
Medical College of Ohio at Toledo Affiliated Hospitals	I. Singh, S. S. Purewal				ACF	176	3C	012		
Hospital of Medical College of Ohio at Toledo	I. Singh, S. S. Purewal	20	369	6,803		176			10,634	
St. Vincent Hospital and Medical Center	J. Millis	37	1,544	4,334		176				
Toledo	T. H. Brown, Jr.	73	2,318	374		176			10,008	
OKLAHOMA										
OKLAHOMA CITY										
University of Oklahoma Health Sciences Center	J. A. Kopta				ACF	053	5*	024		158895
Bone and Joint	J. P. Evans	61	2,625			053				
St. Anthony	J. P. Evans	61	3,164	1,638		053				
University of Oklahoma Hospital and Clinics	J. A. Kopta	20	723	8,740		053			10,023	
Veterans Admin.	L. J. Greenfield	29	550	5,160		053			10,000	
OREGON										
PORTLAND										
University of Oregon Affiliated Hospitals	W. E. Snell				ACF	028	3C 3F	015		159920
Emanuel	L. Langston	76	2,326	453		028			10,500	
Shriners Hospital for Crippled Children	P. Campbell	39	467	3,349		028				
University of Oregon Medical School Hospitals and Clinics	W. E. Snell	21	670	6,064		028			9,000	
Veterans Admin.	P. J. Fagan	30	639	798		028			11,088	
PENNSYLVANIA										
ABINGTON										
Abington Memorial Hospital (See Temple Univ. Affiliated Hosps., Philadelphia)										
BRYN MAWR										
Bryn Mawr (See Thomas Jefferson University Affil. Hosps., Philadelphia)										
DANVILLE										
Geisinger Medical Center	R. D. Heath	32	1,138	23,000	ACF	155	2C 2*	008	11,000	160873 160895
ELIZABETHTOWN										
State Hospital for Crippled Children	J. J. Gartland, A. Berman	87	391	6,043	C	021 092 151 155	6C F	006	16,822	
State Hospital for Crippled Children (See Penn. State Univ. Affil. Hosps., Hershey)										
ERIE										
Hamot Medical Center	J. J. Monahan	122	3,916	18,000	ACF	156	3C 3F	012	10,600	161111
Shriners Hospital for Crippled Children		23	280	1,667		019 156				
Shriners Hospital for Crippled Children (See Duke University Affiliated Hospitals, Durham, N.C.)										
HARRISBURG										
Harrisburg (See Penn. State Univ. Affil. Hosps., Hershey)										
Harrisburg Polyclinic (See Penn. State Univ. Affil. Hosps., Hershey)										
HERSHEY										
Pennsylvania State University Affiliated Hospitals	R. B. Greer, 3d				ACF	151	3C	009		
Milton S. Hershey Medical Center of the Pennsylvania State University	R. B. Greer, 3d	15	578	4,367		151			11,160	
State Hospital for Crippled Children (Elizabethtown)	R. B. Greer, 3d.	87	391	6,043		021 092 151 155			16,822	
Harrisburg (Harrisburg)	G. A. Berkheimer	47	1,183	552		151 151 151			11,900	
Harrisburg Polyclinic (Harrisburg)										
PHILADELPHIA										
Albert Einstein Medical Center	S. M. Albert	49	1,197	2,056	ACF	157	2C	008	10,600	
Shriners Hospital for Crippled Children	H. H. Steel	65	639	4,320		029 157				
Hahnemann Medical College Affiliated Hospitals	A. T. Berman	43	694	8,650	ACF	092	3C	012	10,500	
Hahnemann Medical College and Hospital		17	224	3,693		092			10,492	
Philadelphia General										
Temple University Affiliated Hospitals	J. W. Lachman	34	1,066	4,233	ACF	029	5C	016	11,299	
Temple University	J. W. Lachman	10	380	5,000		029				
St. Christopher's Hospital for Children	J. W. Lachman	65	639	4,320		029				
Shriners Hospital for Crippled Children	H. H. Steel					157				
Abington Memorial (Abington)	P. R. Sweterlitsch	30	1,117	1,013		029			10,160	

APPROVED RESIDENCIES

19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
PENNSYLVANIA, PHILADELPHIA—Continued										
Thomas Jefferson University Affiliated Hospitals	J. J. Gartland				ACF	021	6C 1F	024		163020
Thomas Jefferson University	J. J. Gartland	44	1,211	3,401		021			11,600	
Lankenau	J. J. Dowling	39	1,102	2,913		021			10,800	
Methodist	P. J. Marone	16	592	1,836		021			10,300	
Bryn Mawr (Bryn Mawr)	H. E. Snedden	41	1,317	865		021			10,000	
Veterans Admin. (Wilmington, Del.)	P. Ramsey	25	424	2,780		021			9,052	
Cooper (Camden, N. J.)	H. Sherk		342	1,432		021				
University of Pennsylvania Affiliated Hospitals	E. L. Ralston				ACF	023 023	3*	032	10,185	
Children's Hospital of Philadelphia		10	268	2,880						
Graduate Hospital of the University of Pennsylvania		22	675	2,616		023			11,507	
Hospital of the University of Pennsylvania		68	1,632	6,062		023			11,300	
Pennsylvania		32	1,804	2,213		023			12,300	
Presbyterian—University of Pennsylvania Medical Center		15	285	1,717		023			12,300	
Veterans Admin.		32	573	5,100		023			12,750	
PITTSBURGH										
Hospitals of the University Health Center of Pittsburgh	A. B. Ferguson, Jr.				ACF	030 030 030	11C	031	12,243	
Children's Hospital of Pittsburgh		30	1,509	7,330						
Mercy						030				
Presbyterian—University						030			12,000	
St. Francis General		26	994	1,370		030				
Veterans Admin.		52	1,078	1,050		030				
READING										
Reading	L. C. Yund	56	1,304	14,791	ACF	072	1C 1*	008	10,800	166173 166195
PUERTO RICO										
SAN JUAN										
University of Puerto Rico Affiliated Hospitals	A. L. Lugo				ACF	161	3C 1F	011		
University District		28	783	15,562		161			9,660	
San Juan City		24	556	4,382		161				
Veterans Admin. Center		14	210	2,710		161			10,846	
RHODE ISLAND										
PROVIDENCE										
Rhode Island	A. A. Savastano	71	1,908	7,860	ACF	162	2C	008	11,860	
SOUTH CAROLINA										
CHARLESTON										
Medical University of South Carolina Teaching Hospitals	J. A. Siegling				ACF	052 052 052 052	2*	008	10,200	
Medical University of South Carolina		18	389	6,879						
Charleston County		5	211							
Naval		72	1,001	18,047						
Veterans Admin.		21	348	2,057					9,902	
COLUMBIA										
Richland Memorial	E. M. Lunceford	76	2,755	2,073	ACF	163	3F	011	10,000	168120
GREENVILLE										
Greenville General	F. H. Stelling	161	3,437	3,825	ACF	033	3C 3F	015	10,000	168320
Shriners Hospital for Crippled Children	F. H. Stelling	55	677	5,207		019 033				
Shriners Hospital for Crippled Children	F. H. Stelling	55	677	5,207	C	019 033	1C F	001		
Shriners Hospital for Crippled Children (See Duke University Affiliated Hospitals, Durham, N. C.)										
TENNESSEE										
CHATTANOOGA										
University of Tennessee Clinical Education Center	R. C. Coddington	84	3,177	5,679	ACF	164	3C 2F	012	10,200	168920
Baroness Erlanger										
KNOXVILLE										
East Tennessee Affiliated Hospitals	S. L. Wallace				ACF	085	3C 3F	009		183920
East Tennessee Baptist	C. P. Mc Cammon	61	2,394			085				
Fort Sanders Presbyterian	J. M. Burkhardt	63	2,406			085				
St. Mary's Memorial	D. F. Fardon	73	2,671			085				
University of Tennessee Memorial Research Center and Hospital	S. L. Wallace	34	1,554	5,004		085			9,111	
MEMPHIS										
Campbell Foundation and University of Tennessee	A. J. Ingram				ACF	061 061	8C	024		
Campbell Clinic	M. J. Stewart			39,576						
City of Memphis Hospitals	L. D. Anderson	52	1,160	8,737		061			10,432	
Baptist Memorial	M. J. Stewart	174	5,932	960		061			10,740	
Methodist	M. Moore, Jr.	86	2,854	374		061			10,800	
Le Bonheur Children's	A. S. Edmonson	7	136			061			8,400	
Veterans Admin.	C. W. Metz, Jr.	23	629	6,274		061			11,331	
Crippled Children's Hospital School	F. P. Sage	28	135	5,766		061			8,400	
NASHVILLE										
Vanderbilt University Affiliated Hospitals	P. P. Griffin				ACF	116 116 116	5C	015	9,394	
Nashville Metropolitan General	J. L. Sawyers	22	683	4,211						
Vanderbilt University	P. P. Griffin	35	1,173	19,750						
Veterans Admin.	P. P. Griffin	38	731	5,460		116				

19. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
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										
	C. F. Gregory				ACF	032	5C	020		
	B. C. Halley, Jr.	150	4,721	529		032			10,176	
	C. F. Gregory	36	957	11,082		032			8,784	
	Texas Scottish Rite Hospital for Crippled Children									
	B. Carrell	43	900	10,649		032			9,101	
	C. F. Gregory	46	756	5,200		032			9,514	
EL PASO										
R. E. Thomason General Hospital (See W. Beaumont Army Med. Center, El Paso, Texas, U.S. Army)										
FORT WORTH										
Fort Worth Affiliated Hospitals										
	J. E. Holmes				ACF	100	7F	018		171120
	John Peter Smith	19	593	7,968		100			10,320	
	Fort Worth Children's Hospital—Fort Worth Medical Center									
	J. J. Innis	11	603	1,414		100			10,920	
	Harris Hospital—Fort Worth Medical Center									
	O. D. Raulston, Jr.	46	1,636			100			10,680	
GALVESTON										
University of Texas Medical Branch Hospitals										
	E. B. Evans	177	3,630	11,876	ACF	165	4C	014	10,300	
HOUSTON										
Baylor College of Medicine Affiliated Hospitals										
	J. W. King				ACF	049	4C 2F	016		171620
	Ben Taub General								10,140	
	J. W. King	28	1,483	11,170		049			9,000	
	Methodist	83	2,868	2,768		049			10,140	
	Texas Children's	70	2,754	463		049			9,540	
	Veterans Admin.	30	800	8,389		049			10,800	
	Shriners Hospital for Crippled Children				C	049 166				
	M. M. Donovan	34	474	4,560		049 166				
University of Texas at Houston Affiliated Hospitals										
	F. F. Parrish				ACF	166	3C	012		
	Hermann	59	2,150	2,209		166			9,924	
	St. Joseph	61	1,068	699		166			9,480	
	Shriners Hospital for Crippled Children	34	474	4,560		049 166			10,800	
SAN ANTONIO										
University of Texas at San Antonio Teaching Hospitals										
	C. A. Rockwood, Jr.				ACF	095	6C	024	9,700	
	Baptist Memorial					095				
	Bexar County Teaching	60	2,819	13,511		095				
	Santa Rosa Medical Center	77	3,030	6,972		095 117 120 095				
	Veterans Admin.									
TEMPLE										
Scott and White Memorial										
	D. E. Pizar	115	2,856	19,188	ACF	171	2C 1F	010	10,000	172573 172512
	Santa Fe Memorial					171				
	Veterans Admin. Center					171			11,000	
	Ada Wilson Hosp. Physical Medicine & Rehabilitation (Corpus Christi)					171			10,400	
	L. H. Wilk	43	176	1,543		171				
UTAH										
SALT LAKE CITY										
University of Utah Affiliated Hospitals										
	S. S. Coleman				ACF	034	6C	020		
	University	20	960	9,125		034			10,300	
	Holy Cross Hospital of Salt Lake City	37	1,753			034			9,600	
	Latter—Day Saints	51	2,031	711		034			10,300	
	Primary Children's					034				
	St. Mark's	31	11,375	45,893		034			9,600	
	Shriners Hospital for Crippled Children	44	281	1,697		034				
	Veterans Admin.	35	508	3,500		034				
	A. C. Ruoff, 3d									
VERMONT										
BURLINGTON										
Medical Center Hospital of Vermont										
	F. T. Hoaglund	52	1,918	2,152	ACF	167	2*	008	9,850	
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.)										
	J. W. Leabhart	112	3,338	22,748	ACF	168	2C	008	10,546	
CHARLOTTESVILLE										
University of Virginia Affiliated Hospitals										
	W. H. Bunch	49	1,438	24,719	ACF	129	4C	016	9,900	
	University of Virginia	74	2,925	6,468		129			6,600	
	Roanoke Memorial Hospitals (Roanoke)	12	327	674		129			12,402	
	Veterans Admin. (Salem)					129				
NORFOLK										
Norfolk General—Children's Hospital of the King's Daughters										
	D. B. Young			17,093	ACF	103	2C	006	11,000	
	Norfolk General	63	3,020	1,667		103				
	Children's Hospital of the King's Daughters	4	149	1,149		103				

19. 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 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
VIRGINIA—Continued										
RICHMOND										
Virginia Commonwealth University M.C.V. Affiliated Hospitals	W. M. Deyerle				ACF	035	4C	012		
Crippled Children's	B. B. Clary	40		7,440		035			10,400	
Medical College of Virginia Hospitals	W. M. Deyerle	26	666	5,051		035				
Veterans Admin.	W. M. Deyerle	26	549	2,015		035			10,584	
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	D. K. Clawson				ACF	036	4*	026		191895
Children's Orthopedic Hospital and Medical Center	L. T. Staheli	19	797	4,759		036				
Harborview Medical Center	S. T. Hansen		1,059	9,306		036				
Swedish Hospital Medical Center	W. T. Thieme	82	3,684			036				
U. S. Public Health Service						036				
University	D. K. Clawson	21	968	9,069		036			9,252	
Veterans Admin.	F. G. Lippert		611	2,100		036			9,252	
Shriners Hospital for Crippled Children (Spokane)	R. W. Maris	33	238	2,775		036			9,780	
SPOKANE										
Shriners Hospital for Crippled Children (See University of Washington Affiliated Hospitals, Seattle)										
WEST VIRGINIA										
MORGANTOWN										
West Virginia University Medical Center	R. N. Clark	33	947	7,235	ACF	169	2*	008	9,700	
Monongalia General	R. N. Clark	30	1,200	5,848		169				
WISCONSIN										
MADISON										
University of Wisconsin Affiliated Hospitals	A. A. Mc Beath				ACF	097	4*	016	10,700	
Madison General	A. E. Cowle	61	2,269			097				
St. Marys Hospital Medical Center	G. H. Vogt	34	1,550			097				
University Hospitals	A. A. Mc Beath	36	958	8,484		097				
Veterans Admin.	S. C. Rogers	35	424	2,807		097				
MILWAUKEE										
Medical College of Wisconsin Affiliated Hospitals	B. J. Brewer				ACF	037	5C 2F	020		178420
Columbia	A. C. Schmidt	48	1,089	1,683		037			10,655	
Milwaukee Children's	H. Hickey	15	552	3,885		037				
Milwaukee County General	B. J. Brewer	30	933	11,781		037			10,532	
Veterans Admin. Center (Wood)	M. C. Collopy	33	737	8,173		037			11,022	

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
1.	Nebraska Methodist Hospital	Omaha, Neb.		Veterans Admin. Hospital	Oteen, N. C.
	University of Nebraska Hospital	Omaha, Neb.		Shriners Hospital for Crippled Children	Errie, Pa.
	Veterans Admin. Hospital	Omaha, Neb.		Shriners Hospital for Crippled Children	Greenville, S. C.
2.	H. C. Moffitt-University of California Hospitals	San Francisco	20.	Orthopaedic Hospital	Los Angeles
	Children's Hospital and Adult Medical Center	San Francisco		Kaiser Foundation Hospital	Oakland, Calif.
	Mount Zion Hospital and Medical Center	San Francisco		Naval Hospital	Oakland, Calif.
	Pacific Medical Center-Presbyterian Hospital	San Francisco		Orange Memorial Hospital	Orlando, Fla.
	Ralph K. Davies Med. Ctr.-Franklin Hosp.	San Francisco		James Lawrence Kernan Hospital	Baltimore
	San Francisco General Hospital	San Francisco		Naval Hospital	Bethesda, Md.
	Shriners Hospital for Crippled Children	San Francisco	21.	Alfred I. DuPont Institute	Wilmington, Del.
	Veterans Admin. Hospital	San Francisco		Veterans Admin. Hospital	Wilmington, Del.
	Children's Hospital Medical Center	Oakland, Calif.		Cooper Hospital	Camden, N.J.
	Highland General Hospital	Oakland, Calif.		Bryn Mawr Hospital	Bryn Mawr, Pa.
	Kaiser Foundation Hospital	Oakland, Calif.		State Hospital for Crippled Children	Elizabethtown, Pa.
	Samuel Merritt Hospital	Oakland, Calif.		Lankenau Hospital	Philadelphia
3.	Shriners Hospital for Crippled Children	Los Angeles		Methodist Hospital	Philadelphia
	Highland General Hospital	Oakland, Calif.		Thomas Jefferson University Hospital	Philadelphia
	Veterans Admin. Hospital	San Francisco	22.	Hospital for Special Surgery	New York City
4.	Children's Hospital	Denver		New York Hospital	New York City
	Denver General Hospital	Denver		Veterans Admin. Hospital (Bronx)	New York City
	University of Colorado Medical Center	Denver	23.	Children's Hospital of Philadelphia	Philadelphia
	Veterans Admin. Hospital	Denver		Graduate Hosp. of the Univ. of Pa.	Philadelphia
	Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N.M.		Hospital of the University of Pennsylvania	Philadelphia
5.	Hartford Hospital	Hartford, Conn.		Pennsylvania Hospital	Philadelphia
	Hospital of St. Raphael	New Haven, Conn.		Presbyterian-Univ. of Pa. Medical Center	Philadelphia
	Yale-New Haven Hospital	New Haven, Conn.		Veterans Admin. Hospital	Philadelphia
	Newington Children's Hospital	Newington, Conn.	24.	Buffalo General Hospital	Buffalo
	Veterans Admin. Hospital	West Haven, Conn.		Children's Hospital of Buffalo	Buffalo
6.	Mississippi Baptist Hospital	Jackson, Miss.		Edward J. Meyer Memorial Hospital	Buffalo
	University Hospital	Jackson, Miss.		Veterans Admin. Hospital	Buffalo
	Veterans Admin. Center	Jackson, Miss.	25.	Children's Hospital	Columbus, Ohio
7.	Children's Memorial Hospital	Chicago		Mount Carmel Medical Center	Columbus, Ohio
	Cook County Hospital	Chicago	27.	Cleveland Metropolitan General Hospital	Cleveland
	Northwestern Memorial Hospital	Chicago		University Hospitals of Cleveland	Cleveland
	St. Anne's Hospital	Chicago		Veterans Admin. Hospital	Cleveland
	Veterans Admin. Research Hospital	Chicago	28.	Emanuel Hospital	Portland, Ore.
	Evanston Hospital	Evanston, Ill.		Shriners Hospital for Crippled Children	Portland, Ore.
	St. Francis Hospital	Evanston, Ill.		University of Oregon Med. School Hospitals	Portland, Ore.
8.	Indiana University Hospitals	Indianapolis		Veterans Admin. Hospital	Portland, Ore.
	Marion County General Hospital	Indianapolis	29.	St. Christopher's Hospital for Children	Philadelphia
	Methodist Hospital of Indiana	Indianapolis		Shriners Hospital for Crippled Children	Philadelphia
	St. Vincent's Hospital	Indianapolis		Temple University Hospital	Philadelphia
	Veterans Admin. Hospital	Indianapolis		Abington Memorial Hospital	Abington, Pa.
9.	Kosair Crippled Children Hospital	Louisville, Ky.	30.	Children's Hospital of Pittsburgh	Pittsburgh
	Louisville General Hospital	Louisville, Ky.		Mercy Hospital	Pittsburgh
	Veterans Admin. Hospital	Louisville, Ky.		Presbyterian-University Hospital	Pittsburgh
10.	Rancho Los Amigos Hospital	Downey, Calif.		St. Francis General Hospital	Pittsburgh
	Charity Hospital of La. (Tulane U. Div.)	New Orleans		Veterans Admin. Hospital	Pittsburgh
	Touro Infirmary	New Orleans	31.	Genesee Hospital	Rochester, N.Y.
	U.S. Public Health Service Hospital	New Orleans		Highland Hospital of Rochester	Rochester, N.Y.
	Veterans Admin. Hospital	New Orleans		Rochester General Hospital	Rochester, N.Y.
	Veterans Admin. Hospital	Alexandria, La.		Strong Memorial Hospital	Rochester, N.Y.
	Huey P. Long Memorial Hospital	Pineville, La.	32.	Baylor University Medical Center	Dallas, Texas
	Shriners Hospital for Crippled Children	Shreveport, La.		Parkland Memorial Hospital	Dallas, Texas
	Medical Center	Columbus, Ga.		Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
11.	Beth Israel Hospital	Boston		Veterans Admin. Hospital	Dallas, Texas
	Children's Hospital Medical Center	Boston	33.	Greenville General Hospital	Greenville, S.C.
	Massachusetts General Hospital	Boston		Shriners Hospital for Crippled Children	Greenville, S.C.
	New England Baptist Hospital	Boston	34.	Holy Cross Hospital of Salt Lake City	Salt Lake City
	Peter Bent Brigham Hospital	Boston		Later-Day Saints Hospital	Salt Lake City
	Robert B. Brigham Hospital	Boston		Primary Children's Hospital	Salt Lake City
	Veterans Admin. Hospital (West Roxbury)	Boston		St. Mark's Hospital	Salt Lake City
12.	Veterans Admin. Hospital	Allen Park, Mich.		Shriners Hospital for Crippled Children	Salt Lake City
	Oakwood Hospital	Dearborn, Mich.		University Hospital	Salt Lake City
	Children's Hospital of Michigan	Detroit		Veterans Admin. Hospital	Salt Lake City
	Detroit General Hospital	Detroit	35.	Crippled Children's Hospital	Richmond, Va.
	Grace Hospital	Detroit		Medical College of Virginia Hospitals	Richmond, Va.
	Harper Hospital	Detroit		Veterans Admin. Hospital	Richmond, Va.
13.	Boston City Hospital	Boston	36.	Children's Orthopedic Hospital and Medical Center	Seattle
	New England Medical Center Hospital	Boston		Harborview Medical Center	Seattle
	Veterans Admin. Hospital	Boston		Swedish Hospital Medical Center	Seattle
14.	D. C. Gen. (Crippled Children's Unit)	Washington, D.C.		U.S. Public Health Service Hospital	Seattle
	Georgetown University Hospital	Washington, D.C.		University Hospital	Seattle
	Sibley Memorial Hospital	Washington, D.C.		Veterans Admin. Hospital	Seattle
	Veterans Admin. Hospital	Washington, D.C.		Shriners Hospital for Crippled Children	Spokane, Wash.
	Arlington Hospital	Arlington, Va.	37.	Columbia Hospital	Milwaukee
15.	Akron City Hospital	Akron, Ohio		Milwaukee Children's Hospital	Milwaukee
	Children's Hospital of Akron	Akron, Ohio		Milwaukee County General Hospital	Milwaukee
16.	Hennepin County General Hospital	Minneapolis		Veterans Admin. Center (Wood)	Milwaukee
	Shriners Hospital for Crippled Children	Minneapolis	38.	Nassau Hospital	Mineola, N.Y.
	Veterans Admin. Hospital	Minneapolis		St. Charles Hospital	Port Jefferson, N.Y.
	Gillette Children's Hospital	St. Paul, Minn.	39.	Emory University Hospital	Atlanta, Ga.
	St. Paul-Ramsey Hospital	St. Paul, Minn.		Grady Memorial Hospital	Atlanta, Ga.
17.	Children's Hospital	Cincinnati		Henrietta Egleston Hospital for Children	Atlanta, Ga.
	Cincinnati General Hospital	Cincinnati		Scottish Rite Hospital for Crippled Children	Decatur, Ga.
	Good Samaritan Hospital	Cincinnati		Veterans Admin. Hospital	Decatur, Ga.
	Veterans Admin. Hospital	Cincinnati	40.	Arizona Children's Hospital	Tempe, Ariz.
18.	Children's Mercy Hospital	Kansas City, Mo.		Shriners Hospital for Crippled Children	Los Angeles
	Kansas City General Hospital and Medical Center	Kansas City, Mo.		Letterman Army Medical Center	San Francisco
	St. Luke's Hospital	Kansas City, Mo.		Shriners Hospital for Crippled Children	San Francisco
	Veterans Admin. Hospital	Kansas City, Mo.			
19.	Duke University Medical Center	Durham, N.C.			
	Veterans Admin. Hospital	Durham, N.C.			
	Watts Hospital	Durham, N.C.			
	Graduate Hosp. of the Univ. of Pa.	Philadelphia			

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
41.	House of St. Giles the Cripple (Brooklyn)	New York City		University Hospital	Boston
	St. Luke's Hospital Center	New York City		Massachusetts Hospital School	Canton, Mass.
42.	Cleveland Clinic Hospital	Cleveland		Shriners Hospital for Crippled Children	Springfield, Mass.
	St. Vincent Charity Hospital	Cleveland	67.	Flower and Fifth Avenue Hospitals (Unit 1)	New York City
43.	Confederate Memorial Medical Center	Shreveport, La.		Metropolitan Hospital Center (Unit 2)	New York City
	Shriners Hospital for Crippled Children	Shreveport, La.	68.	Queens Medical Center	Honolulu
	Veterans Admin. Hospital	Shreveport, La.		Shriners Hospital for Crippled Children	Honolulu
44.	Children's Hospital	Birmingham, Ala.		Tripler Army Medical Center	Honolulu
	University of Alabama Hospitals and Clinics	Birmingham, Ala.	69.	Martin Luther King, Jr., General Hospital	Los Angeles
	Veterans Admin. Hospital	Birmingham, Ala.	70.	Baltimore City Hospitals	Baltimore
	Lloyd Noland Hospital	Fairfield, Ala.		James Lawrence Kernan Hospital	Baltimore
45.	Boston City Hospital	Boston		Johns Hopkins Hospital	Baltimore
	Carney Hospital	Boston		Sinai Hospital of Baltimore	Baltimore
	Massachusetts Hospital School	Canton, Mass.	71.	Rancho Los Amigos Hospital	Downey, Calif.
	Lakeville Hospital	Lakeville, Mass.		Childrens Hospital of Los Angeles	Los Angeles
46.	Cardinal Glennon Memorial Hospital for Children	St. Louis		Los Angeles County-U.S.C. Medical Center	Los Angeles
	Firmin Desloge General Hospital	St. Louis	72.	Reading Hospital	Reading, Pa.
	St. Louis City Hospital	St. Louis	73.	Arizona Children's Hospital	Tempe, Ariz.
	St. Louis University Group of Hospitals	St. Louis		Maricopa County General Hospital	Phoenix, Ariz.
	St. Mary's Health Center	St. Louis		St. Joseph's Hosp. and Medical Center	Phoenix, Ariz.
47.	Cook County Hospital	Chicago		U. S. P. H. S. Indian Hospital	Phoenix, Ariz.
	Ravenswood Hospital	Chicago	74.	St. Joseph Mercy Hospital	Ann Arbor, Mich.
	University of Illinois Hospital	Chicago		University Hospital	Ann Arbor, Mich.
	Veterans Admin. Hospital (West Side)	Chicago		Veterans Admin. Hospital	Ann Arbor, Mich.
48.	Crouse Irving-Memorial Hospital	Syracuse, N.Y.		Wayne County General Hospital	Eloise, Mich.
	St. Joseph's Hospital Health Center	Syracuse, N.Y.	75.	Walter Reed Army Medical Center	Washington, D.C.
	State University Hospital	Syracuse, N.Y.	76.	Jackson Memorial Hospital	Miami, Fla.
	Veterans Admin. Hospital	Syracuse, N.Y.		Variety Children's Hospital	Miami, Fla.
	Children's Hospital and Rehabilitation Center	Utica, N.Y.		Veterans Admin. Hospital	Miami, Fla.
49.	Ben Taub General Hospital	Houston, Texas	77.	Alfred I. DuPont Institute	Wilmington, Del.
	Methodist Hospital	Houston, Texas		Moses H. Cone Memorial Hospital	Greensboro, N.C.
	Shriners Hospital for Crippled Children	Houston, Texas		North Carolina Baptist Hospitals	Winston-Salem, N.C.
	Texas Children's Hospital	Houston, Texas	78.	Shriners Hospital for Crippled Children	Los Angeles
	Veterans Admin. Hospital	Houston, Texas		U. C. L. A. Hospital	Los Angeles
50.	Shriners' Hospital for Crippled Children	Chicago	79.	Naval Hospital	San Diego, Calif.
	Veterans Admin. Hospital	Hines, Ill.	80.	Fairview Hospital	Minneapolis, Minn.
	Foster G. McGaw Hospital	Maywood, Ill.		Hennepin County General Hospital	Minneapolis, Minn.
	West Suburban Hospital	Oak Park, Ill.		St. Mary's Hospital	Minneapolis, Minn.
	Lutheran General Hospital	Park Ridge, Ill.		University of Minnesota Hospitals	Minneapolis, Minn.
51.	Bellevue Hospital Center	New York City		Veterans Admin. Hospital	Minneapolis, Minn.
	University Hospital	New York City		Gillette Children's Hospital	St. Paul, Minn.
	Veterans Admin. Hospital (Manhattan)	New York City		St. Paul-Ramsey Hospital	St. Paul, Minn.
52.	Charleston County Hospital	Charleston, S.C.	81.	North Carolina Memorial Hospital	Chapel Hill, N.C.
	Medical University of South Carolina Hospital	Charleston, S.C.		North Carolina Orthopedic Hospital	Gastonia, N.C.
	Naval Hospital	Charleston, S.C.		Memorial Hospital of Wake County	Raleigh, N.C.
	Veterans Admin. Hospital	Charleston, S.C.	82.	Newington Children's Hospital	Newington, Conn.
53.	Bone and Joint Hospital	Oklahoma City		Mary Hitchcock Memorial Hospital	Hanover, N.H.
	St. Anthony Hospital	Oklahoma City		Veterans Admin. Center	White River Jct., Vt.
	University of Oklahoma Hosp. and Clinics	Oklahoma City	83.	Children's Hospital of the District	Washington, D.C.
	Veterans Admin. Hospital	Oklahoma City		of Columbia	Washington, D.C.
54.	Arizona Children's Hospital	Tempe, Ariz.		District of Columbia General Hospital	Washington, D.C.
	University Hospital	Tucson, Ariz.		(Crippled Children's Unit)	Washington, D.C.
55.	Albany Medical Center Hospital	Albany, N.Y.		George Washington University Hospital	Washington, D.C.
	Veterans Admin. Hospital	Albany, N.Y.		Veterans Admin. Hospital	Washington, D.C.
	Ellis Hospital	Schenectady, N.Y.		Washington Hospital Center	Washington, D.C.
	Sunnyview Hospital	Schenectady, N.Y.	84.	Jewish Hospital and Medical Center of Brooklyn	New York City
56.	E. A. Conway Memorial Hospital	Monroe, La.		Kingsbrook Jewish Medical Center	New York City
	Ochsner Foundation Hospital	New Orleans	85.	East Tennessee Baptist Hospital	Knoxville, Tenn.
57.	Baltimore City Hospitals	Baltimore		Fort Sanders Presbyterian Hospital	Knoxville, Tenn.
	Children's Hospital	Baltimore		St. Mary's Memorial Hospital	Knoxville, Tenn.
	Good Samaritan Hospital	Baltimore		Univ. of Tenn. Mem. Research Center	Knoxville, Tenn.
	Johns Hopkins Hospital	Baltimore	86.	Arizona Children's Hospital	Tempe, Ariz.
	Veterans Admin. Hospital	Baltimore		Shriners Hospital for Crippled Children	Honolulu
58.	Akron General Hospital	Akron, Ohio		Tripler Army Medical Center	Honolulu
	Children's Hospital of Akron	Akron, Ohio	87.	Baltimore City Hospitals	Baltimore
59.	Good Samaritan Hospital	Lexington, Ky.		Children's Hospital	Baltimore
	St. Joseph Hospital	Lexington, Ky.		Johns Hopkins Hospital	Baltimore
	Shriners Hospital for Crippled Children	Lexington, Ky.		Union Memorial Hospital	Baltimore
	University Hospital	Lexington, Ky.	88.	James Lawrence Kernan Hospital	Baltimore
	Veterans Admin. Hospital	Lexington, Ky.		University of Maryland Hospital	Baltimore
60.	Barnes Hospital Group	St. Louis	90.	Cook County Hospital	Chicago
	St. Louis City Hospital	St. Louis		Louis A. Weiss Memorial Hospital	Chicago
	Shriners Hospital for Crippled Children	St. Louis	91.	Children's Hospital	Denver
	Veterans Admin. Hospital	St. Louis		Denver General Hospital	Denver
61.	Baptist Memorial Hospital	Memphis, Tenn.		Fitzsimons Army Medical Center	Denver
	Campbell Clinic	Memphis, Tenn.	92.	State Hospital for Crippled Children	Elizabethtown, Pa.
	City of Memphis Hospitals	Memphis, Tenn.		Hahnemann Medical College and Hospital	Philadelphia
	Crippled Children's Hospital School	Memphis, Tenn.		Philadelphia General Hospital	Philadelphia
	Le Bonheur Children's Hospital	Memphis, Tenn.	93.	Bataan Memorial Hospital	Albuquerque, N.M.
	Methodist Hospital	Memphis, Tenn.		Bernalillo County Medical Center	Albuquerque, N.M.
	Veterans Admin. Hospital	Memphis, Tenn.		Veterans Admin. Hospital	Albuquerque, N.M.
62.	Hope Haven Children's Hospital	Jacksonville, Fla.		Carrie Tingley Crippled	
	St. Luke's Hospital	Jacksonville, Fla.		Children's Hospital	Truth or Consequences, N.M.
	University Hospital of Jacksonville	Jacksonville, Fla.	94.	Arkansas Children's Hospital	Little Rock, Ark.
63.	Rancho Los Amigos Hospital	Downey, Calif.		University Hospital	Little Rock, Ark.
	Kaiser Foundation Hospital	Fontana, Calif.		Veterans Admin. Consolidated Hospital	Little Rock, Ark.
	Loma Linda University Hospital	Loma Linda, Calif.	95.	Baptist Memorial Hospital	San Antonio, Tex.
	Riverside General Hospital	Riverside, Calif.		Bexar County Teaching Hospital	San Antonio, Tex.
	San Bernardino Co. Gen. Hospital	San Bernardino, Calif.		Santa Rosa Medical Center	San Antonio, Tex.
64.	Fairview State Hospital	Costa Mesa, Calif.		Veterans Admin. Hospital	San Antonio, Tex.
	Rancho Los Amigos Hospital	Downey, Calif.	96.	Arizona Children's Hospital	Tempe, Ariz.
	Veterans Admin. Hospital	Long Beach, Calif.		Carrie Tingley Crippled	
	Childrens Hospital of Orange County	Orange, Calif.		Children's Hospital	Truth or Consequences, N. M.
	Orange County Medical Center	Orange, Calif.		R. E. Thomason General Hospital	El Paso, Tex.
65.	City Hospital Center at Elmhurst	New York City		William Beaumont Army Medical Center	El Paso, Tex.
	Mount Sinai Hospital	New York City	97.	Madison General Hospital	Madison, Wis.
66.	Boston City Hospital	Boston		St. Marys Hospital Medical Center	Madison, Wis.
	Lahey Clinic	Boston		University Hospitals	Madison, Wis.
				Veterans Admin. Hospital	Madison, Wis.

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location	Program Number	Hospital	Location
98.	Stanford University Hospital	Stanford, Calif.	132.	Mobile General Hospital	Mobile, Ala.
	Veterans Admin. Hospital	Palo Alto, Calif.		Mobile Infirmary	Mobile, Ala.
	Santa Clara Valley Medical Center	San Jose, Calif.	133.	Kaiser Foundation Hospital	Sacramento, Calif.
	Kaiser Foundation Hospital	Santa Clara, Calif.		U.C. (Davis) Sacramento Medical Center	Sacramento, Calif.
99.	Children's Hospital	Columbus, Ohio	134.	Bronx-Lebanon Hospital Center	New York City
	Ohio State University Hospitals	Columbus, Ohio	135.	Michael Reese Hospital and Medical Center	Chicago
	Riverside Methodist Hospital	Columbus, Ohio	136.	Arkansas Children's Hospital	Little Rock, Ark.
100.	Fort Worth Children's Hospital	Fort Worth, Tex.		University of Chicago Hospitals and Clinics	Chicago
	Harris Hospital	Fort Worth, Tex.	137.	St. Francis Hospital	Peoria, Ill.
	John Peter Smith Hospital	Fort Worth, Tex.	138.	Lutheran Hospital of Fort Wayne	Fort Wayne, Ind.
101.	Mount Sinai Hospital of Cleveland	Cleveland		Veterans Admin. Hospital	Fort Wayne, Ind.
102.	Veterans Admin. Hospital	East Orange, N.J.	139.	University of Iowa Hospitals	Iowa City, Ia.
	Jersey Medical Center	Jersey City, N.J.	140.	University of Kansas Medical Center	Kansas City, Kan.
	Martland Hospital	Newark, N.J.	141.	Charity Hospital of Louisiana (L.S.U. Div.)	New Orleans
	United Hospitals Orthopedic Center-		142.	Henry Ford Hospital	Detroit
	Hospital for Crippled Children-Adults	Newark, N.J.	143.	St. Mary's Hospital	Grand Rapids, Mich.
	New Jersey Orthopaedic Hospital	Orange, N.J.		Mary Free Bed Hospital	Grand Rapids, Mich.
	Overlook Hospital	Summit, N.J.	144.	Kings County Hospital Center	New York City
103.	Children's Hospital of the King's Daughters	Norfolk, Va.		State University Hospital	New York City
	Norfolk General Hospital	Norfolk, Va.		Veterans Admin. Hospital (Brooklyn)	New York City
104.	Charlotte Memorial Hospital	Charlotte, N.C.		L. I. Jewish-Hillside Medical Center	New Hyde Park, N. Y.
105.	Children's Medical Center	Dayton, Ohio	145.	Scottish Rite Hospital for Crippled Children	Decatur, Ga.
	Miami Valley Hospital	Dayton, Ohio	146.	Monmouth Medical Center	Long Branch, N. J.
106.	St. Joseph Hospital	Denver, Colo.	147.	St. Joseph's Hospital and Medical Center	Paterson, N.J.
	St. Francis Hospital	Wichita, Kan.	148.	University of Missouri Medical Center	Columbia, Mo.
	Veterans Admin. Center	Wichita, Kan.		Veterans Admin. Hospital	Columbia, Mo.
	Wesley Medical Center	Wichita, Kan.	150.	Harlem Hospital Center	New York City
107.	Bronx Municipal Hospital Center	New York City		Helen Hayes Hospital	West Haverstraw, N.Y.
	Coney Island Hospital	New York City	151.	Milton S. Hershey Medical Center	Hershey, Pa.
	Maimonides Medical Center	New York City		State Hospital for Crippled Children	Elizabethtown, Pa.
108.	Mary's Help Hospital	Daly City, Calif.		Harrisburg Hospital	Harrisburg, Pa.
	Veterans Admin. Hospital	Martinez, Calif.		Harrisburg Polyclinic Hospital	Harrisburg, Pa.
	Harkness Community Hospital	San Francisco	152.	L. I. Jewish-Hillside Medical Center	New Hyde Park, N. Y.
	Kaiser Foundation Hospital	San Francisco		Queens Hospital Center	New York City
	St. Joseph's Hospital	San Francisco	153.	St. Luke's Hospital	Cleveland
	St. Mary's Hospital and Medical Center	San Francisco	154.	Elyria Memorial Hospital	Elyria, Ohio
109.	Children's Health Center	San Diego, Calif.	155.	Geisinger Medical Center	Danville, Pa.
	Donald N. Sharp Memorial Community Hosp.	San Diego, Calif.		State Hospital for Crippled Children	Elizabethtown, Pa.
	Mercy Hospital and Medical Center	San Diego, Calif.	156.	Hamot Medical Center	Erie, Pa.
	Univ. of Calif., San Diego-University Hosp.	San Diego, Calif.		Shriners Hospital for Crippled Children	Erie, Pa.
	Veterans Admin. Hospital	San Diego, Calif.	157.	Albert Einstein Medical Center	Philadelphia
110.	U. S. P. H. S. Alaska Native Med. Center	Anchorage, Alaska		Shriners Hospital for Crippled Children	Philadelphia
	U. S. P. H. S. Hospital	San Francisco	158.	Brookdale Hospital Center	New York City
	Charity Hospital of Louisiana (Tulane U. Div.)	New Orleans	159.	Blodgett Memorial Hospital	Grand Rapids, Mich.
111.	Rancho Los Amigos Hospital	Downey, Calif.		Butterworth Hospital	Grand Rapids, Mich.
	Glendale Adventist Hospital	Glendale, Calif.		Mary Free Bed Hospital	Grand Rapids, Mich.
	Los Angeles County—U. S. C. Medical Center	Los Angeles	161.	San Juan City Hospital	San Juan, P. R.
	White Memorial Medical Center	Los Angeles		University District Hospital	San Juan, P. R.
112.	Bronx-Lebanon Hospital Center	New York City		Veterans Admin. Center	San Juan, P. R.
	Bronx Municipal Hospital Center	New York City		Rhode Island Hospital	Providence, R.I.
	Hospital of Albert Einstein College of Med.	New York City	162.	Richland Memorial Hospital	Columbia, S. C.
	Lincoln Hospital	New York City	163.	Baroness Erlanger Hospital	Chattanooga, Tenn.
113.	Georgia Baptist Hospital	Atlanta, Ga.	164.	University of Texas Medical Branch Hospitals	Galveston, Tex.
	Scottish Rite Hospital for Crippled Children	Decatur, Ga.	165.	Hermann Hospital	Houston, Tex.
114.	Eugene Talmadge Memorial Hospital	Augusta, Ga.		St. Joseph Hospital	Houston, Tex.
	University Hospital	Augusta, Ga.		Shriners Hospital for Crippled Children	Houston, Tex.
	Veterans Admin. Hospital	Augusta, Ga.	167.	Medical Center Hospital of Vermont	Burlington, Vt.
115.	District of Columbia General Hospital	Washington, D.C.	168.	National Orthopaedic and Rehabilitation Hospital	Arlington, Va.
	D.C. Gen. Hosp. (Crippled Children's Unit)	Washington, D.C.	169.	Monongalia General Hospital	Morgantown, W. Va.
	Freedmen's Hospital	Washington, D.C.		West Virginia University Medical Center	Morgantown, W. Va.
	Morris Cafritz Memorial Hospital	Washington, D.C.	170.	Massachusetts Hospital School	Canton, Mass.
	Providence Hospital	Washington, D.C.		Tewksbury Hospital	Tewksbury, Mass.
	Veterans Admin. Hospital	Washington, D.C.		Memorial Hospital	Worcester, Mass.
116.	Nashville Metropolitan General Hospital	Nashville, Tenn.		St. Vincent Hospital	Worcester, Mass.
	Vanderbilt University Hospital	Nashville, Tenn.		Worcester City Hospital	Worcester, Mass.
	Veterans Admin. Hospital	Nashville, Tenn.	171.	Ada Wilson Hospital of Physical Medicine	Corpus Christi, Tex.
117.	Brooke Army Medical Center	San Antonio, Tex.		Santa Fe Memorial Hospital	Temple, Tex.
	Santa Rosa Medical Center	San Antonio, Tex.		Scott and White Memorial Hospital	Temple, Tex.
118.	Variety Children's Hospital	Miami, Fla.		Veterans Admin. Center	Temple, Tex.
	Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.	172.	Hartford Hospital	Hartford, Conn.
119.	Orthopaedic Hospital	Los Angeles		St. Francis Hospital	Hartford, Conn.
	Veterans Admin. Center-Wadsworth Hospital	Los Angeles		Univ. of Conn. Hospital-McCook Division	Hartford, Conn.
	Los Angeles County Harbor General Hospital	Torrance, Calif.		Newington Children's Hospital	Newington, Conn.
120.	Santa Rosa Medical Center	San Antonio, Tex.		Veterans Admin. Hospital	Newington, Conn.
	Wilford Hall U.S.A.F. Medical Center	San Antonio, Tex.	173.	Oakland Medical Center	Pontiac, Mich.
121.	Children's Memorial Hospital	Chicago		William Beaumont Hospital	Royal Oak, Mich.
	Mayo Graduate School of Medicine	Rochester, Minn.	174.	Rush-Presbyterian-St. Luke's Medical Center	Chicago
122.	William A. Shands Teaching Hospital	Gainesville, Fla.		Christ Community Hospital	Oak Lawn, Ill.
	Veterans Admin. Hospital	Gainesville, Fla.	175.	House of St. Giles the Cripple	New York City
123.	Mary Immaculate Division	New York City		Lenox Hill Hospital	New York City
	Mary Immaculate Division (St. Charles Unit)	New York City	176.	Hospital of Medical College of Ohio at Toledo	Toledo, Ohio
	St. John's Queens Division	New York City		St. Vincent Hospital and Medical Center	Toledo, Ohio
	St. Mary's Division	New York City		Toledo Hospital	Toledo, Ohio
124.	Beth Israel Medical Center	New York City	177.	Grace Hospital (Northwest Unit)	Detroit
	Hospital for Joint Diseases and Medical Center	New York City		Mount Carmel Mercy Hospital	Detroit
	Montefiore Hospital and Medical Center	New York City		Sinai Hospital of Detroit	Detroit
	Morrisania City Hospital	New York City		Providence Hospital	Southfield, Mich.
125.	Borgess Hospital	Kalamazoo, Mich.	178.	Madigan Army Medical Center	Tacoma, Wash.
	Bronson Methodist Hospital	Kalamazoo, Mich.	179.	Nassau County Med. Center	East Meadow, N.Y.
126.	St. Charles Hospital	Port Jefferson, N. Y.		Meadowbrook Div.	East Meadow, N.Y.
	U. S. Public Health Service Hospital	New York City	180.	All Children's Hospital	St. Petersburg, Fla.
127.	Presbyterian Hospital	New York City		Tampa General Hospital	Tampa, Fla.
	Helen Hayes Hospital	West Haverstraw, N.Y.		Veterans Admin. Hospital	Tampa, Fla.
128.	University of Virginia Hospital	Charlottesville, Va.	181.	Naval Hospital	Philadelphia
	Roanoke Memorial Hospitals	Roanoke, Va.			
	Veterans Admin. Hospital	Salem, Va.			
129.	Naval Regional Medical Center	Portsmouth, Va.			
130.	Gorgas Hospital	Balboa Heights, C. Z.			

20. OTOLARYNGOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	F. W. Fite	29	1,578	26,089	2C	008	15,078	
UNITED STATES ARMY								
COLORADO								
Fitzsimons Army Medical Center, Denver	E. A. Krekorian	19	845	27,627	2*	008	15,525	
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	M. J. Wegleitner	31	1,740	24,672	3*	012		
TEXAS								
Brooke Army Medical Center, San Antonio	S. R. Le May, Jr.	10	803	34,135	2* 1F	009		
WASHINGTON								
Madigan Army Medical Center, Tacoma	L. L. Hays	17	890	17,397	1*	004		
UNITED STATES NAVY								
CALIFORNIA								
Naval, Oakland	T. F. Miller	30	851	20,284	1* 1F	013		
Naval, San Diego	R. W. Cantrell	60	1,876	45,215	2* 1F	018		
MARYLAND								
Naval, Bethesda	H. O. De Fries	32	891	19,390	1C 2*	008		
PENNSYLVANIA								
Naval, Philadelphia	F. J. Stucker	41	1,024	14,442	2C 2F	010		
UNITED STATES PUBLIC HEALTH SERVICE								
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, J. N. Hicks				2C	013		
University of Alabama Hospitals and Clinics	J. J. Hicks	14	752	1,132				
Children's	J. J. Hicks	8	1,441	2,589				
Veterans Admin.	J. J. Hicks	18	344	5,400			10,500	
ARKANSAS								
LITTLE ROCK								
University of Arkansas Medical Center	R. N. Mc Grew				3C 3F	009		101820
University		4	203	955			8,800	
Arkansas Baptist Medical Center								
Arkansas Children's								
Veterans Admin. Consolidated		12	350	4,171			10,308	
CALIFORNIA								
DAVIS								
University of California (Davis) Affiliated Hospitals	L. Bernstein				2C	006	12,900	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		7	554	3,977				
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. Kohut	5	591	3,350	3C	009	15,244	
Orange County Medical Center (Orange)	R. Kohut		906	6,205			15,394	
Veterans Admin. (Long Beach)	A. Swirsky	30						
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	24	1,769		5* 2F	027	16,152	103396
Martin Luther King, Jr. General	M. P. Bowers	5	50	1,832	1C	004	13,656	103311

20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA, LOS ANGELES—Continued								
U. C. L. A. Los Angeles County Harbor General (Torrance)	P. H. Ward	12	969	11,288	4C	012	10,300	
Veterans Admin. Center—Wadsworth	M. J. Acquarelli	7	710	8,530			16,152	
White Memorial Medical Center	L. R. House	22	676	10,312	3C	009	15,394	
		11	1,235	7,830	2C	008	11,220	
					2F			
DAKLAND								
Kaiser Foundation	K. Adour, R. Hilsinger, Jr.	6	835	17,471		006	10,560	
ORANGE								
Orange County 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—University Hospital	A. M. Nahum	6	325	4,115	2*	010	11,700	
SAN FRANCISCO								
University of California Program	S. H. Baron				3C	013		105820
					4F			
H. C. Moffitt—University of California Hospitals	S. H. Baron	8	755	7,575				
San Francisco General	D. Tipton	4	330	2,758				
Valley Medical Center of Fresno (Fresno)	K. F. Westphal	5	130	1,192			17,038	
Veterans Admin. (Fresno)	J. A. T. Ross	12	449	5,449	3C	003	10,300	
Veterans Admin.								
SAN JOSE								
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)								
STANFORD								
Stanford University Affiliated Hospitals	F. B. Simmons				3C	012		182096
					1*			
Stanford University	F. B. Simmons	11	876	8,261			10,000	
Veterans Admin. (Palo Alto)	R. L. Goode	19	479	3,623				
Santa Clara Valley Medical Center (San Jose)	J. B. Shinn	7	588	5,314			12,061	
TORRANCE								
Los Angeles County Harbor General (See U. C. L. A., Los Angeles)								
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals	W. G. Hemenway	8	630	13,679	3*	012	10,170	
University of Colorado Medical Center	W. G. Hemenway	3	1,104	6,278			10,729	
Denver General	J. W. Templar	11	268	965			9,612	
Veterans Admin.	R. Wood							
CONNECTICUT								
HARTFORD								
University of Connecticut Affiliated Hospitals	J. M. Toomey				2C	006		109496
					2*			108320
					1F			
University of Connecticut Hospital—McCook Division	J. M. Toomey	26	1,101	6,119			10,800	
Hartford	C. G. Tucker	15	1,897	812			11,100	
Veterans Admin. (Newington)		9	159	2,160				
NEW HAVEN								
Yale—New Haven Medical Center	J. A. Kirchner				2C	007	12,210	
Yale—New Haven	J. A. Kirchner	11	1,001	7,520			12,855	
Hospital of St. Raphael	H. Smith	15	15	1,500				
NEWINGTON								
Veterans Admin. (See Univ. of Connecticut Affiliated Hosps., Hartford)								
DISTRICT OF COLUMBIA								
WASHINGTON								
Georgetown University Affiliated Hospitals	A. G. Di Biasio				2C	010	11,742	
Georgetown University	A. G. Di Biasio	8	1,854	5,937				
District of Columbia General	A. G. Di Biasio	20	706	7,460			10,712	
Veterans Admin.	A. G. Di Biasio, W. Tribble	8	166	119,601			10,565	
Washington Hospital Center	I. S. Jaffee	25	2,281	5,686	3*	009		
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	G. T. Singleton				2C	007		
William A. Shands Teaching Hosp. and Clinics		9	713	7,552			10,149	
Veterans Admin.		19	469	2,995			9,891	
MIAMI								
University of Miami Affiliated Hospitals	J. R. Chandler				3C	009		
Jackson Memorial		18	868	6,070			10,816	
Veterans Admin.		9	251	3,835				
TAMPA								
University of South Florida Affiliated Hospitals	T. S. Herman				2*	006	10,300	297296
Tampa General	T. S. Herman	12	220	2,255				
Veterans Admin.	J. A. Holliday	20	246	2,735				

20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	J. S. Turner, Jr.				3C	009	10,560	
Grady Memorial	J. S. Turner, Jr.	11	561	10,266				
Emory University	J. S. Turner, Jr.	5	364					
Henrietta Egleson Hospital for Children								
Veterans Admin. (Decatur)	D. W. Rooker	20	323	1,822				
DECATUR								
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)								
ILLINOIS								
CHICAGO								
Mc Gaw Medical Center of Northwestern University	G. A. Sisson				6*	023	11,680	224796
Children's Memorial	J. Elsen	2	555	2,629				
Cook County	A. Stemmer	20	989	15,387			11,600	
Mercy Hospital and Medical Center	J. D. Clemis	5	502	1,149				
Northwestern Memorial	G. A. Sisson	27	1,290	2,943				
Veterans Admin. Research	E. L. Applebaum	2	279	2,400				
Evanston (Evanston)	J. J. Ballenger	4	629	1,207				
Rush—Presbyterian—St. Luke's Medical Center	S. A. Friedberg	28	1,182	10,026	1*	003		114796
University of Chicago Hospitals and Clinics	R. F. Naunton	11	842	9,506	2C	006	11,925	
University of Illinois	A. H. Andrews	33	2,561	35,645	5C	015	11,580	
HINES								
Veterans Admin.	B. J. Soboroff	17	648	4,655	2C	006	11,600	
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	R. E. Lingeman				5C 1F	014		118820
Indiana University Hospitals	R. E. Lingeman	15	798	7,701			10,000	
Marion County General	R. E. Lingeman	7	467	5,597			10,000	
Methodist Hospital of Indiana	R. A. Sage	12	2,370				11,436	
Veterans Admin.	R. E. Lingeman	16	361	1,784			10,500	
IOWA								
IOWA CITY								
University of Iowa Affiliated Hospitals	B. F. Mc Cabe				6C	015	10,100	
University of Iowa Hospitals		54	2,855	35,334				
Veterans Admin.		20	450	5,566				
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	G. O. Proud	75	4	14,824	2C	006	10,000	
Veterans Admin. (Kansas City, Mo.)	H. A. Knauff	19	555	1,497			9,500	
LOUISIANA								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals	G. Lyons				2C	013	7,800	122474
Charity Hospital of Louisiana		23	761	9,895				
Veterans Admin.		14	443	3,234				
Tulane University Affiliated Hospitals	H. G. Tabb	24	798	10,184	5C	013	9,600	
Charity Hospital of Louisiana	H. G. Tabb	8	2,697	4,679			9,000	
Eye, Ear, Nose and Throat	H. G. Tabb	8	842	13,618				
Ochsner Foundation	F. E. Le Jeune, Jr.	10						
SHREVEPORT								
Confederate Memorial Medical Center	J. W. Pou	6	554	4,978	1C 1* 1F	005		123220
MARYLAND								
BALTIMORE								
Greater Baltimore Medical Center	A. P. Wenger	44	4,682	10,331	2C	007	12,000	
Johns Hopkins Affiliated Hospitals	G. T. Nager				3C	012	11,900	
Johns Hopkins		22	1,641	8,475				
Baltimore City Hospitals				2,921				
University of Maryland Affiliated Hospitals	C. L. Blanchard				12C	012		
University of Maryland	C. L. Blanchard	13	533	8,517			12,050	
Maryland General	D. P. Baker	21	3,352	9,478			11,350	
MASSACHUSETTS								
BOSTON								
Massachusetts Eye and Ear Infirmary	H. F. Schuknecht	146	4,187	39,419	5C	017	12,264	
Tufts University Affiliated Hospitals	W. D. Chasin				3C	009		
Boston City	C. D. Bluestone	13	633	8,748			12,275	
New England Medical Center	W. D. Chasin	6	462	9,151			11,314	
University Hospital Affiliated Program	M. S. Strong				2C	006		
University	M. S. Strong	12	396	5,486			11,500	
Lahey Clinic	P. Oliver	10	544	10,248			13,116	
Veterans Admin.	M. S. Strong	15	399	1,934			11,245	
MICHIGAN								
ALLEN PARK								
Veterans Admin. (See Wayne State U. -Detroit Med. Ctr. Affil. Hosps., Detroit)								
ANN ARBOR								
University	W. P. Work	19	1,033	11,500	4*	016	11,300	

20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN—Continued								
DETROIT								
Henry Ford	R. D. Nichols	16	1,068	25,693	2C 2F	008	10,800	130020
Wayne State University—Detroit Medical Center Affiliated Hospitals	P. M. Binns				3C 1F	010	11,560	129520
Children's Hospital of Michigan	P. M. Binns		1,548	2,646				
Detroit General	P. M. Binns	7	380	4,636				
Harper	N. I. Chalot	20	1,333	1,142				
Veterans Admin. (Allen Park)	P. M. Binns	5	132	3,700				
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	M. M. Paparella				5C	025		
Hennepin County General	R. H. Mathog	5	338	7,210			10,000	
University of Minnesota Hospitals	M. M. Paparella	12	852	10,300			9,700	
Veterans Admin.	M. M. Paparella	22	708	6,180			9,700	
St. Paul—Ramsey (St. Paul)	L. J. Boies, Jr.	5	478	5,242			10,000	
ROCHESTER								
Mayo Graduate School of Medicine Rochester Methodist	D. T. Cody	16	515	83,275	4C	016	11,500	
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		9	638	4,013			9,400	
Veterans Admin. Center		10	322	3,403			9,767	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	D. J. Joseph	18	849	7,210	2C	008	10,000	
KANSAS CITY								
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kan.)								
ST. LOUIS								
Homer G. Phillips	J. W. West	10	286	3,632	1C 1C 1F	003 009	10,920 10,628	136574 136520
St. Louis University Group of Hospitals	W. Leach							
Firmin Desloge General		10	550	1,194				
Cardinal Glennon Memorial Hospital for Children		3	1,381	2,615				
Washington University Affiliated Hospitals	J. H. Ogura				5C	029	11,000	135374
Barnes Hospital Group	J. H. Ogura	6	3,887	8,078				
Veterans Admin.	L. Pratt	15	331	4,250				
NEBRASKA								
OMAHA								
University of Nebraska Affiliated Hospitals	C. T. Yarrington, Jr.				4C	010		
University of Nebraska		12	750	4,011			10,400	
Bishop Clarkson Memorial		10	1,365	2,680			10,400	
Veterans Admin.		12	275	2,647			10,500	
NEW JERSEY								
MONTCLAIR								
Mountainside (See Newark Eye and Ear Infirmary—CMDNJ Affil. Hosps., Newark)								
NEWARK								
Newark Eye and Ear Infirmary—CMDNJ Affiliated Hospitals	D. A. Hilding				3C	009		
Newark Beth Israel Medical Center	M. Shapiro	7	1,143	853			12,970	
United Hospitals Medical Center—Newark Eye and Ear Infirmary	K. H. Han	18	1,173	10,752			12,971	
United Hospitals Medical Center—Presbyterian	K. H. Han	18	1,173	10,752			12,971	
Mountainside (Montclair)	W. A. Petryshyn	11	1,178	208				
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	G. Goldstein				2C	007	11,800	
Albany Medical Center	G. Goldstein	16	579	3,114				
Child's		8	1,170	88				
Veterans Admin.	F. B. Goffin	11	289	2,040				
BUFFALO								
S. U. N. Y. at Buffalo Affiliated Hospitals	J. M. Lore, Jr.				3C 1F	010		143820
Buffalo General		22	1,617	1,978			11,800	
Children's Hospital of Buffalo		12	3,621	1,237			11,400	
Edward J. Meyer Memorial		7	381	3,651			11,400	
Veterans Admin.		13	280	715			11,300	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	R. J. Ruben				4C	012	14,700	
Bronx Municipal Hospital Center		30	1,180	12,676				
Hospital of the Albert Einstein College of Medicine		15	834	6,551				
Lincoln		10	386	2,840				
Montefiore Hospital and Medical Center	I. A. Polisar	9	938	3,072	1C 4F	003	13,500	
Long Island College								
Manhattan Eye, Ear and Throat	R. J. Bellucci	25	3,249	45,044	4*	012	15,600	

20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
Mount Sinai Hospital Training Program	H. F. Biller				4C	012		
Mount Sinai	H. F. Biller	29	1,050	6,000			16,500	
City Hospital Center at Elmhurst	W. Friedman	11	524	16,128			14,700	
Veterans Admin. (Bronx)	H. F. Biller	18	413	4,861			17,147	
New York Eye and Ear Infirmary	F. De Pinies	3	3,601	31,514	4C	012	16,000	
New York Hospital	J. A. Moore	25	1,059	12,352	1C	006	14,700	
New York Medical College—Metropolitan Hospital Center								
Unit 1—Flower and Fifth Avenue Hospitals	R. J. Bellucci				1C	003	16,000	
Unit 2—Metropolitan Hospital Center	R. J. Bellucci							
	R. J. Bellucci, H. Kolson	16	500	15,000				
New York University Medical Center								
Bellevue Hospital Center	J. F. Daly	14	474	9,699	4C	012		
University		14	766	2,694				
Veterans Admin. (Manhattan)		20	497	2,080			15,394	
Presbyterian	D. Baker	29	1,920	15,883	3C	008	14,455	
Roosevelt	W. A. Wichern	18	706	3,447	1C	003	14,634	
St. Luke's Hospital Center	S. Whitfield	12	573	8,493	1C	003	15,700	
S. U. N. Y. Downstate Medical Center	A. Lapidot				2C	007		
Kings County Hospital Center		15	884	9,343			14,700	
State University		2	96	2,042			15,549	
ROCHESTER								
University of Rochester Affiliated Hospitals	J. P. Frazer				2C	005	11,400	
Genesee	R. Gulick	4	655					
Rochester General	D. S. Raines	8	1,684	471				
Strong Memorial Hospital of the University of Rochester	J. P. Frazer	5	449	3,846				
SYRACUSE								
S. U. N. Y. Upstate Medical Center	G. F. Reed				3C	009	11,861	
Crouse Irving—Memorial		6	2,112					
State University		9	511	4,335				
Veterans Admin.		9	221	1,210				
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	N. D. Fischer	9	721	9,772	2C	006	12,000	
DURHAM								
Duke University Affiliated Hospitals	W. R. Hudson				2*	008	10,350	
Duke University Medical Center	W. R. Hudson	14	952	14,103				
Veterans Admin.	T. B. Cole	10	313	1,640				
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	J. Harrill	6	990	5,284	1*	005	10,000	153796
OHIO								
CINCINNATI								
University of Cincinnati Hospital Group	D. A. Shumrick				5C	025		
Cincinnati General		17	910	7,476			10,587	
Veterans Admin.		24	405	2,245			11,932	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	W. H. Maloney				3C	009		
University Hospitals of Cleveland		8	814	4,475			11,500	
Cleveland Metropolitan General		9	583	5,749			11,500	
Veterans Admin.		16	382	2,880			13,006	
St. Luke's	T. W. Wykoff	8	1,066	2,449	1C	004	11,000	156074
COLUMBUS								
Ohio State University Affiliated Hospitals	W. H. Saunders				4C	015	6,900	156674
Ohio State University Hospitals	W. H. Saunders	22	1,231	13,368				
Children's	H. Birk	22	4,171	3,814				
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	W. B. Moran, Jr.				3C	009		
University of Oklahoma Hospital and Clinics		9	776	7,637	2F			158820
Veterans Admin.		18	468	4,655			10,000	
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	D. D. De Weese				3C	015		
University of Oregon Medical School					3F			159920
Hospitals and Clinics	D. D. De Weese	12	1,038	7,427			9,000	
Veterans Admin.	T. G. Teneyck	10	209	1,272			11,088	
PENNSYLVANIA								
DANVILLE								
Geisinger Medical Center	J. M. Cole	14	1,681	26,287	2C	008	11,000	160874
Milton S. Hershey Medical Center of the Pennsylvania State University	G. H. Conner	3	56	1,167	1C	003	11,160	160820
					2*			
PHILADELPHIA								
Temple University	M. L. Ronis	12	622	4,233	3*	009	11,852	
Thomas Jefferson University	J. J. O'Keefe	15	1,226	3,737	4C	012	11,600	
Philadelphia General		7	302	5,500			10,909	
University of Pennsylvania Affiliated Hospitals								
Children's Hospital of Philadelphia	J. B. Snow, Jr.			5,200	5*	016	10,000	162896
Graduate Hospital of the University of Pennsylvania		5	138	11,987			11,507	
Hospital of the University of Pennsylvania		15	800	5,229			11,300	
Presbyterian—University of Pennsylvania								
Medical Center		10	938	1,584			10,650	
Veterans Admin.		18	352	2,350			12,750	

20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA—Continued								
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	E. N. Myers	58	6,531	513	4C	016	11,130	165274
Eye and Ear Hospital of Pittsburgh		21	421	552				
Veterans Admin.		36	2,074	5,778				
Mercy	J. T. Dickinson				2*	008	11,300	164996
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	A. Rullan			10,760	2C 1F	005	9,660	
I. Gonzalez Martinez	J. Pico	3	65	1,398				
San Juan City	A. Rullan	13	887	3,562				
University District	A. Rullan	5	258	5,272				
RHODE ISLAND								
PROVIDENCE								
Rhode Island	F. L. Mc Nelis	21	2,920	2,554	2C	006	12,680	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	R. W. Hanckel	8	558	3,384	2C	006	10,200	
Medical University of South Carolina Charleston County		1	166				9,902	
Veterans Admin.		9	249	1,998				
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals	C. W. Gross				5C 2F	020		184420
City of Memphis Hospitals	C. W. Gross	12	717	5,566			10,432	
Methodist	C. W. Gross	11	1,324	1,732			10,800	
Veterans Admin.	T. A. Maguda	19	658	13,983			11,331	
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals	H. M. Carder				2C 1* 1F	012		283511
Parkland Memorial	H. M. Carder	5	363	7,410			8,784	
Children's Medical Center	M. C. Culbertson		592	2,498				
Veterans Admin.	J. F. Sudderth	26	453	6,066			9,514	
John Peter Smith (Fort Worth)	J. W. D' Rear	2	184	4,195			10,320	
FORT WORTH								
John Peter Smith (See Univ. Tex. Southwestern Med. Sch. Affil. Hosps., Dallas)								
GALVESTON								
University of Texas Medical Branch Hospitals	B. J. Bailey	16	880	10,570	2*	008	12,000	171496
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	B. R. Alford	10	626	11,434	5*	015	10,740	171696
Ben Taub General		12	1,376	237			9,000	
Methodist		29	660	10,466			9,540	
Veterans Admin.								
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals	G. A. Gates	8	427	4,904	2*	008		
Bexar County Teaching	G. A. Gates							
Santa Rosa Medical Center	S. R. Le May, Jr.	10	803	34,135				
Brooke Army Medical Center								
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	J. Parkin	3	414	3,659	2C	006	11,000	
University		6	210	1,500				
Veterans Admin.								
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	J. M. Mc Ginnis, Jr.	11	1,233	4,650	1*	003	9,850	
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	G. S. Fitz-Hugh	18	1,012	9,648	6C	006	9,900	
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals	P. N. Pastore	8	1,034	30,824	4C	010	10,400	
Medical College of Virginia Hospitals		10	231	3,994			10,584	
Veterans Admin.								
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	J. A. Donaldson				2*	012	9,252	191896
University	J. A. Donaldson	2	307	4,718				
Children's Orthopedic Hospital and Medical Center	A. J. Novack	5	1,330	1,921				
Harborview Medical Center	G. Strothers		228	2,914				
Swedish Hospital Medical Center	A. J. Novack	13	1,362					
U. S. Public Health Service	W. V. Morrison	7	429	6,313				

20. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WEST VIRGINIA								
MORGANTOWN West Virginia University Medical Center	P. M. Sprinkle	16	905	12,035	2C	008	9,700	
WISCONSIN								
MADISON University of Wisconsin Affiliated Hospitals University Hospitals Madison General Veterans Admin.	J. H. Brandenburg J. H. Brandenburg J. K. Scott J. H. Brandenburg	9 15 10	415 1,966 201	5,939 1,916	2*	008	10,700	
MILWAUKEE Veterans Admin. Center (Wood)	R. H. Lehman	18	231	7,225	4* 2F	015	11,022	178420

21A. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education 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—anatomic pathology only; C—clinical pathology only; P—anatomic pathology and clinical pathology; SP—Special pathology is a separate category. See also List 21B, Forensic Pathology, and List 21C, Neuropathology.

	Chief of Service or Program Director	Total		Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
		Number of Necropsies	Laboratory Exams.			1st Yr.	All Yrs.		
UNITED STATES AIR FORCE									
TEXAS									
Wilford Hall U. S. A. F. Medical Center, San Antonio	J. R. Snoga	297	4,351,291	17,786	17,642	4P	2C 008	15,078	
UNITED STATES ARMY									
CALIFORNIA									
Letterman Army Medical Center, San Francisco	W. B. Fuqua	177	1,760,822	6,371	6,275	4P	2C 008		
COLORADO									
Fitzsimons Army Medical Center, Denver	G. C. Glenn	258	2,117,995	8,515	8,400	4P	2C 008		
DISTRICT OF COLUMBIA									
Walter Reed Army Medical Center, Washington	D. M. Robinson	300	3,332,549	10,865	10,785	4P	3C 013		
HAWAII									
Tripler Army Medical Center, Honolulu	J. M. Hardman	182	6,800,000	13,711	12,340	4P	2C 008		
TEXAS									
William Beaumont Army Medical Center, El Paso	R. H. Stienmier	274	2,673,600	8,914	8,785	4P	2C 006		
Brooke Army Medical Center, San Antonio	L. R. Hieger	330	2,744,671	9,937	9,837	4P	2C 008		
WASHINGTON									
Madigan Army Medical Center, Tacoma	W. A. Meriwether	210	1,800,000	9,985	9,965	4P	2C 008		
UNITED STATES ARMY, NAVY, AND AIR FORCE									
DISTRICT OF COLUMBIA									
Armed Forces Institute of Pathology, Washington	E. B. Helwig	14,379		31,588	31,588	1A	5C 005		
UNITED STATES NAVY									
CALIFORNIA									
Naval, Oakland	M. Borowsky	121	2,231,997	10,514	10,013	4P	2C 008		
Naval, San Diego	C. F. Bishop	310	5,262,476	25,002	24,156	4P	3C 012		
MARYLAND									
Naval, Bethesda	M. J. Valaske	234	2,241,332	11,653	11,623	4P	3C 012		
SOUTH CAROLINA									
Naval, Charleston (See Med. Univ. of S. C. Teaching Hosps., Charleston, S. C.)									
VIRGINIA									
Naval, Portsmouth	N. A. D'Amato	245	3,199,867	16,333	14,699	4P	2C 008		
UNITED STATES PUBLIC HEALTH SERVICE									
LOUISIANA									
U. S. Public Health Service, New Orleans	J. R. Nickel	93	598,930	3,749	3,721	4P	1C 3F 007		183520
MARYLAND									
U. S. Public Health Service, Baltimore	V. L. Bauer	115	744,023	3,475	3,223	4P	2C 1F 005	10,500	183675
National Institutes of Health—Clinical Center, Bethesda	L. Thomas, J. Mac Lowry	193	1,038,395	3,244	2,244	4P	6* 011		

21A. 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 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES PUBLIC HEALTH SERVICE—Continued									
NEW YORK									
U. S. Public Health Service (Staten Island), New York City	P. F. Caracta	80	700,000	3,900	3,750	4P	1C 1F 004		184120
WASHINGTON									
U. S. Public Health Service, Seattle (See Univ. of Washington Affiliated Hospitals, Seattle, Wash.)									
OTHER FEDERAL									
CANAL ZONE									
Gorgas, Balboa Heights	C. White	134	1,288,056	4,919	4,600	4P	1C 004	13,238	
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
Baptist Medical Centers	H. J. Lohmann					4P	1C 2F 005	10,130	190375 190320
Baptist Medical Center—Montclair	C. Elliott	126	838,164	10,167	10,167				
Baptist Medical Center—Princeton	H. J. Lohmann								
Carraway Methodist Medical Center	G. F. Scofield	130	169,819	7,354	7,241	4P	1C 1F 005	10,080	100675 100620
University of Alabama Medical Center	C. Lupton, Jr., J. W. Foft					4P	5C 2* 019	10,500	
University of Alabama Hospitals and Clinics	C. Lupton, Jr. J. W. Foft	447	1,966,250	7,146	7,146				
Veterans Admin.	J. W. Foft, C. Lupton, Jr.	222	1,560,808	3,123	3,121				
MOBILE									
University of South Alabama Affiliated Hospitals									
Mobile General	A. E. Lewis	205	587,470	4,692	4,555	1A	2C 002	10,500	
ARIZONA									
PHOENIX									
Maricopa County General	R. Camponovo	296	1,691,821	5,486	5,050	4P	2C 008	11,961	
St. Joseph's Hospital and Medical Center	R. A. Brooks	337	1,700,000	1,159	8,924	4P	2C 006	11,448	101275
TUCSON									
University of Arizona Affiliated Hospitals	J. M. Layton	171	711,885	2,637	2,600	4P	3C 012	9,375	101575
University	J. M. Layton								
Veterans Admin.	W. C. Bucher	200	941,560	1,766	1,666				
ARKANSAS									
LITTLE ROCK									
University of Arkansas Medical Center	H. J. W					4P	2C 2* 2F 016	8,800	101875 101836 101811
University		293	360,244	6,675	6,675				
Veterans Admin. Consolidated		329	1,676,488	3,507	3,507				
CALIFORNIA									
BAKERSFIELD									
Kern County General	W. R. Schmalhorst	287	245,708	10,624	8,765	4P	2C 004	13,080	192175
DAVIS									
University of California (Davis) Affiliated Hospitals	W. E. Toreson					4P	3C 009	10,300	104675
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		350	1,606,400	5,400	5,400				
DUARTE									
City of Hope Medical Center	J. Mc Mahon, A. Schneider	163	525,000	4,029	4,029	2P	1C 002	13,000	
GLENDALE									
Glendale Adventist	H. I. Harder	137	180,269	7,090	6,502	4P	1C 004		
IRVINE									
University of California (Irvine) Affiliated Hospitals									
Orange County Medical Center (Orange)	E. R. Arquilla	222	1,590,861	9,253	7,361	4P	6C 020	10,300	104375
LOMA LINDA									
Loma Linda University Affiliated Hospitals Loma Linda University	B. S. Bull	384	3,148,000	63,986	61,747	4P	2C 006	9,667	102475
LONG BEACH									
Memorial Hospital of Long Beach	E. R. Jennings	279	1,847,244	13,900	11,100	4P	3* 008	9,450	102736
St. Mary Medical Center	T. Kiddie	198	219,424	8,265	6,716	4P	1C 003	12,000	102575
Veterans Admin.	I. M. Reingold	543	2,773,096	5,490	5,315	4P	4C 008	15,394	204975
LOS ANGELES									
Cedars—Sinai Medical Center	L. Kaplan, H. Sacks	225	525,064	10,810	8,654	4P	2C 007	13,896	103075
Cedars of Lebanon Hospital Division		104	241,718	5,548	4,143				
Mount Sinai Hospital Division		186	310,906	4,277	2,193	1A	2C 004	10,181	
Childrens Hospital of Los Angeles	B. H. Landing								
Hospital of the Good Samaritan Medical Center	W. H. Kern	216	526,688	7,136	6,073	4P	1C 004	13,656	103275
Kaiser Foundation	R. Snyder	320	3,400,000	21,091	20,036	4P	1C 004	13,293	
Los Angeles County—U.S.C. Medical Center	N. E. Warner	910	9,950,253	21,344	18,872	4P	7C 8* 036	11,952	103336 195675
U. C. L. A.	J. Waisman	407		11,919	11,196	4P	4C D23	10,300	
Veterans Admin. Center—Wadsworth	B. G. Fishkin	390	2,213,604	6,819	6,819	4P	3C 012	14,641	
White Memorial Medical Center	G. Kypridakis	197	575,646	5,455	3,886	4P	1C 2F 004	11,220	
MARTINEZ									
Veterans Admin.	C. M. Mc Candless, Jr.	195	690,607	2,514	2,427	4P	1C 004	13,387	
OAKLAND									
Highland General	R. J. Parsons	127	366,023	3,795	3,452	4P	1C 3F 007	10,860	104111
Kaiser Foundation Hospital	N. L. Morgenstern	224	619,000	11,311	9,801	4P	2C 003		

21A. PATHOLOGY—Continued

	Chief of Service or Program Director	Number Necropsies	Total Laboratory Exams.	Total Surgical Specimens	Surgical Specimens Examined Microscop.	Length of Program (Yrs.)	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
CALIFORNIA—Continued										
ORANGE										
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hosps., Irvine)										
PALO ALTO										
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)										
SACRAMENTO										
Sutter Community Hospitals of Sacramento	J. Masters	171	484,140	15,477	11,951	4P	1C	004		
University of Calif. (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hosps., Davis)										
SAN BERNARDINO										
San Bernardino County General	H. Braunstein	158	393,159	3,090	2,638	4P	1C	004	10,080	
SAN DIEGO										
Donald N. Sharp Memorial Community Mercy Hospital and Medical Center	H. R. Irwin	175	480,000	21,000	18,500	4P		000	10,000	
University of California (San Diego) Affiliated Hospitals	D. A. De Santo	201	350,381	10,832	9,337	4P	1C	004	9,975	
University of California, San Diego—University Hospital	A. A. Liebow					4P	8C	028		104975
Veterans Admin.		340	813,426	5,216	4,694				10,300	
		285	1,601,099	3,821	3,780				10,521	
SAN FRANCISCO										
Harkness Community Hospital and Medical Center	A. G. Scottolini	150	551,550	6,670	6,446	4P	1*	002	10,000	
Kaiser Foundation	M. L. Bassis	271	1,149,906	15,465	14,625	4P	2C	007	9,960	195975
Mount Zion Hospital and Medical Center	F. R. Elevitch	222	767,770	6,412	5,668	4P	1C	005	9,900	105475
							1F			105411
Pacific Medical Center—Presbyterian	R. J. Kleinhenz	180	498,764	4,020	3,600	4P	1C	004	10,200	106120
							2F			106275
University of California Program	O. N. Rambo, G. Brecher					4P	4C	025	10,300	105820
							5F			
H. C. Moffitt—University of California Hospitals	G. Brecher, O. N. Rambo	714	739,951	15,763	15,481				10,300	
San Francisco General	M. Polycove, D. Mc Kay	193	871,040	4,198	4,061					
Veterans Admin.	C. H. Choy, C. A. Hirsch	167	1,488,506	3,278	3,118					
SAN JOSE										
Santa Clara Valley Medical Center	R. S. Cox, Jr.	353	9,999,999	4,400	4,130	4P	2C	008	12,061	106375
STANFORD										
Stanford University Affiliated Hospitals	D. Korn	481	1,861,225	15,699	12,649		3A	6C	020	10,000
Stanford University	D. Korn			3,103	3,018					182075
Veterans Admin. (Palo Alto)	J. C. Kosek	150	1,422,658							
TORRANCE										
Los Angeles County Harbor General	L. Zamboni	442	3,441,728	7,734	7,251	4P	4C	015	14,916	106775
							2F			106720
COLORADO										
COLORADO SPRINGS										
Penrose	M. Berthrong	295	871,131	9,245	7,488	4P	1C	004	9,278	
DENVER										
Children's	B. E. Favara	148	403,446	2,125	2,042	2P	2C	002	10,800	
Mercy	T. N. Vincent	117	366,000	9,792	8,867	4P	3C	007	9,370	
Presbyterian Medical Center	A. E. Lubchenco	159	430,000	9,784	8,251	4P	1C	007	9,700	192236
							1F			107275
										107220
St. Anthony	S. K. Kurland	171	1,637,976	11,221	6,845	4P	1C	002	9,900	
St. Joseph	J. B. Holyoke	183	1,130,007	26,101	23,961	4P	1F	004	10,729	107420
St. Luke's	E. P. Elzi	218	709,623	9,604	8,610	4P	2C	008	9,650	107575
							2F			107520
University of Colorado Affiliated Hospitals	G. B. Pierce					4P	7C	036		107675
University of Colorado Medical Center	G. B. Pierce	272	655,629	5,101	4,914				9,370	
Denver General	J. A. Preston, D. M. Clark	275	1,300,000	5,300	5,200				10,729	
General Rose Memorial	W. R. Adams	149	657,191	9,543	6,439					
Veterans Admin.	W. S. Hammond	267	883,291	2,293	2,293				10,412	
CONNECTICUT										
BRIDGEPORT										
Bridgeport	R. H. Pope	282	500,077	8,521	6,707	4P	2C	006	11,665	107975
St. Vincent's	O. H. Lobdell	199	578,850	6,298	5,440	4P	1C	002	11,000	108075
							1F			108020
BRISTOL										
Bristol (See Univ. of Connecticut Affil. Hosps., Hartford)										
DANBURY										
Danbury	N. E. Herrera	182	613,322	6,807	5,210	4P	2C	006	10,650	108175
HARTFORD										
Hartford	G. B. Mc Adams	526	1,309,292	22,246	17,417	4P	3C	010	10,300	108375
							2F			108320
St. Francis	E. Sicklick	286	863,204	12,999	10,505	4P	1C	004	10,300	
							1F			108520
University of Connecticut Affiliated Hospitals	F. Sunderman, P. Hukill					4P	4C	016	10,300	109475
University of Connecticut Hospital—Mc Cook Division	F. Sunderman, P. Hukill	227	120,555	7,630	7,630					
Bristol (Bristol)	F. Sunderman									
Middlesex Memorial (Middletown)	C. E. McLeod	175	560,224	7,890	6,797					
Veterans Admin. (Newington)		101	185,174	1,757	1,710					

21A. 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 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CONNECTICUT—Continued										
MIDDLETOWN										
Middlesex Memorial (See Univ of Connecticut Affil. Hosps., Hartford)										
NEW BRITAIN										
New Britain General										
	T. J. Madden	289	367,000	9,642	8,084	4P	1C	002	11,750	
NEW HAVEN										
Hospital of St. Raphael										
	G. B. Solitare	259	668,212	8,400	8,035	4P	1C	004	10,930	109075
Yale—New Haven Medical Center										
	V. T. Marchesi, D. Seligson	557	1,376,477	21,734	18,539	4P	7C	022	10,930	108975
Yale—New Haven Veterans Admin. (West Haven)										
	R. Yesner	166	1,556,015	3,628	3,519	4P	1C	005	12,632	
NEWINGTON										
Veterans Admin. (See Univ. of Connecticut Affiliated Hospitals, Hartford)										
NORWALK										
Norwalk										
	R. N. Barnett	315	430,766	900	900	4P	1C	004	10,200	
STAMFORD										
Stamford										
	E. S. Breakell	177	782,986	5,508	4,826	4P	1C	004	11,600	109575
WATERBURY										
St. Mary's										
	M. E. Cox	175	313,961	6,078	4,852	4P	1C	004	10,020	
WEST HAVEN										
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)										
DELAWARE										
WILMINGTON										
Wilmington Medical Center										
	J. Casella	564	1,531,572	30,016	26,825	4P	1C 1F	004	10,550	109920
DISTRICT OF COLUMBIA										
WASHINGTON										
Children's Hospital of the District of Columbia										
	R. Chandra	127	385,983	4,080	1,333	1A	1C	002		
District of Columbia General										
	S. L. Perry	429	2,584,509	5,209	5,209	4P	1C	003	12,445	
Doctors Hospital—Sibley Memorial Doctors										
	O. B. Hunter, Jr.	94	336,910	6,026	5,399	4P	1C	004	11,130	179475
Sibley Memorial										
		131	466,228	8,740	7,891					
Freedmen's										
	M. A. Jackson	179	999,125	5,174	5,160	4P	2C	005	12,581	
Georgetown University										
	A. Golden	370	650,000	7,614	7,200	4P	3C	010	10,568	180175
George Washington University										
	F. N. Miller, Jr.	324	1,120,798	12,325	12,125	4P	4C	017	10,565	180275
Veterans Admin.										
	B. H. Smith	336	2,243,474	3,170	3,170	4P	3C	008	10,712	
Washington Hospital Center										
	V. E. Martens	464	1,305,648	21,195	19,216	4P	2C	010	11,129	180075
FLORIDA										
FORT LAUDERDALE										
Broward General										
	R. J. Poppiti	248	1,240,454	10,535	8,676	4P	4C	007	9,765	
GAINESVILLE										
University of Florida Affiliated Hospitals										
	K. K. Pierson					4P	2C 2*	015		182475
William A. Shands Teaching Hosp. and Clinics										
	K. K. Pierson	260	1,500,000	6,804	6,704				8,900	
Veterans Admin.										
	R. L. Hackett	202	1,072,771	3,249	3,152				9,891	
JACKSONVILLE										
Baptist Memorial										
	R. V. Joel	235	573,952	14,261	13,129	4P	4C	008	9,550	197075
Memorial Hospital of Jacksonville										
	G. Kalibah	90	163,312	7,911	6,798					
University Hospital of Jacksonville										
	R. M. Rhatigan	254	1,378,370	5,058	4,960	4P	2C	004	9,550	295475
MIAMI										
University of Miami Affiliated Hospitals										
	J. B. Miale	611	3,231,391	16,351	15,681				11,465	110475
Jackson Memorial										
		348	1,987,288	5,640	5,605				10,816	
Veterans Admin.										
	M. Bevilacqua, E. B. Blum	34	152,028	3,593	1,363	2P	1C	004	14,095	
Variety Children's										
MIAMI BEACH										
Mount Sinai Hospital of Greater Miami										
	A. M. Rywlin	364	1,871,493	10,794	10,455	4P	2C	008	11,723	110575
ORLANDO										
Orange Memorial										
	B. C. Willard, Jr.	362	1,090,593	8,095	7,501	4P	2C	008	9,600	110775
TAMPA										
University of South Florida Affiliated Hospitals										
	H. Sidransky	128	774,281	12,264	9,585	4P	4C	016	10,203	297275
St. Joseph's										
	J. E. Szakacs	271	951,486	11,707	9,660					
Tampa General										
	J. B. Hutcheson	112	190,718	2,225	2,225					
Veterans Admin.										
	H. A. Azar									
GEORGIA										
ATLANTA										
Crawford W. Long Memorial										
	J. F. Nickerson	136	414,940	7,811	7,684	4P	2C 2F	007	9,600	
Emory University Affiliated Hospitals										
	W. G. Campbell, Jr.					4P	4C 2*	026	9,600	111736
Grady Memorial										
	M. B. Gravanis	340	1,368,634	14,392	14,392					
Emory University										
	W. G. Campbell, Jr.	255	816,313	8,600	8,600					
Veterans Admin. (Decatur)										
	J. Mendeloff	166	1,661,374	3,163	2,960					
Piedmont										
	M. D. Vohman	81	435,603	11,962	11,734	4P	1C	004	9,495	
St. Joseph's Infirmary										
	J. T. Godwin	93	360,316	4,170	4,073	4P	1C	004	10,560	111575
AUGUSTA										
Medical College of Georgia Hospitals										
	A. B. Chandler	204	5,930,379	4,538	4,084	4P	1C	005	9,600	198575
Eugene Talmadge Memorial University										
	A. B. Chandler	166	1,660,955	8,601	8,000					
Veterans Admin.										
	J. G. Smith	158	620,665	3,763	3,188					
	M. L. Hobbs									
DECATUR										
Veterans Admin. (See Emory Univ. Affil. Hosps., Atlanta)										

APPROVED RESIDENCIES

21A. 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 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
GEORGIA—Continued										
SAVANNAH										
Memorial Medical Center	J. B. Jennings	260	497,063	5,015	4,837	4P	1*	002	9,648	
HAWAII										
HONOLULU										
Kuakini Hospital and Home	G. N. Stemmermann	123	313,327	4,308	4,058	4P	1C 1*	003	10,980	180775 180736
Queen's Medical Center	D. W. Will	194	672,550	10,988	10,937	4P	1C	004	10,922	180875
University of Hawaii Affiliated Hospitals St. Francis	E. T. Nishimura	117	926,739	4,497	4,266	4P	4C	008	10,980	180975
ILLINOIS										
BERWYN										
Mac Neal Memorial	B. H. Neiman	226	627,015	7,418	6,181	4P	1C	004	10,500	112175
CHICAGO										
Augustana	D. D. O' Sullivan	64	499,431	3,574	3,360	4P	1C	004	11,500	
Columbus—Cuneo—Cabrini Medical Center	C. J. Maso					4P	2C 2F	009	10,250	112675 112611
Columbus		140	440,520	5,416	5,369					
Frank Cuneo		45	152,983	1,642	1,580					
St. Frances Xavier Cabrini		25	131,485	2,020	1,930					
Cook County	P. B. Szanto	591	2,583,281	17,325	17,011	4P	3C	014	11,600	112775
Edgewater	D. D. Mark	106	543,964	4,311	4,025	4P	1C 1*	007	7,800	112875
Grant	S. S. Barron, J. G. Vega	142	192,377	4,308	3,838	4P	1C 4F	005	10,440	113275 113220
Illinois Masonic Medical Center	G. Gyorj	155	791,000	6,073	5,330	4P	1C	004	11,650	113775
Louis A. Weiss Memorial	W. Drwiega	159	620,136	5,962	5,594	4P	1C 1F	004	11,650	184675 184620
Mc Gaw Medical Center of Northwestern University	J. C. Sherrick					4P	5C	030	11,680	224775
Children's Memorial	J. D. Boggs	160	288,265	4,662	4,662				12,224	
Northwestern Memorial	J. C. Sherrick	380	777,577	21,621	21,621					
Veterans Admin. Research	T. Harwood	303	1,469,442	2,854	2,854					
Evanston (Evanston)	H. H. Friederici	299	951,233	7,904	7,904					
Mercy Hospital and Medical Center	G. W. Changus	205	1,246,051	5,794	5,794	4P	4C	010	11,350	114175
Michael Reese Hospital and Medical Center	D. E. Eshbaugh	424	1,807,487	12,727	11,178	4P	2C	014	11,719	114275
Mount Sinai Hospital Medical Center of Chicago	A. I. Rubenstone	227	662,194	5,676	5,506	4P	1C	008	11,000	114475
Rush—Presbyterian—St. Luke's Medical Center	G. M. Hass	528	1,955,000	12,102	11,757	4P	2C	010	10,501	114775
St. Joseph	J. R. Kraft	171	650,096	7,409	7,112	4P	2C	007	10,500	115575
University of Chicago Hospitals and Clinics	W. H. Kirsten	486	1,541,059	16,393	16,260	4P	4C	019	11,125	116075
University of Illinois Affiliated Hospitals	E. A. Mc Grew					4P	7C	022	10,860	115075
University of Illinois	E. A. Mc Grew	330	815,494	17,704	17,704					
Veterans Admin. (West Side)	J. Mir	229	1,895,880	3,972	3,972					
EVANSTON										
Evanston (See Mc Gaw Medical Cntr. of Northwestern University, Chicago)										
St. Francis	R. W. Wilhoite	201	605,310	6,657	6,200	4P	1C 1F	005	11,100	116811
EVERGREEN PARK										
Little Company of Mary	L. J. Knaff	147	1,000,000	10,000	10,000	4P	1C 4F	005	10,068	225575 225520
HINES										
Veterans Admin.	M. E. Rubnitz	523	2,786,136	6,230	5,607	4P	2C	008	11,000	225775
MAYWOOD										
Loyola University Affiliated Hospitals Foster G. Mc Gaw	G. Brynjolfsson	205	627,342	4,869	4,262	4P	2C	008	11,000	117075
OAK LAWN										
Christ Community	G. T. Rich, J. Bolanos	249	570,271	9,421	7,863	4P	1C	004	11,000	113175
OAK PARK										
Oak Park	J. T. Hicks	79	152,453			2P	1C	002		
West Suburban	F. I. Volini	175	647,303	6,343	5,410	4P	1C	004	10,500	117375
PARK RIDGE										
Lutheran General	J. Valaitis	304	537,000	7,003	5,812	4P	4C	008	11,820	
PEORIA										
St. Francis	K. G. Kechriotis	312	1,438,855	10,416	9,617	4P	2C	006	10,250	117575
University of Illinois—Peoria School of Med. Affiliated Institutions	D. Rahman	179	760,000	8,311	6,683	4P	1C	004	11,120	226775
Methodist Hospital of Central Illinois										
ROCKFORD										
Rockford Memorial	M. O. Alexander	276	576,000	7,893	5,297	4P	2C	006	10,000	117775
SPRINGFIELD										
Southern Illinois University Affiliated Hospitals	W. M. Nickey					4P	2C	004	10,000	292275
Memorial Hospital of Springfield		192	559,667	8,210	6,323					
St. Johns		309	904,118	9,779	6,928					
INDIANA										
ELKHART										
Elkhart General (See South Bend Medical Foundation Hospitals, South Bend)										
FORT WAYNE										
St. Joseph's Hospital of Fort Wayne	L. A. Schneider	193	487,931	10,445	9,076	4P	2C	004	12,000	
GARY										
Methodist Hospital of Gary	W. P. Loh, D. Han	329	576,823	8,345	5,951	4P	1C	004	12,000	
St. Mary Mercy	E. J. Mason	285	750,000	12,324	12,152	4P	1C 4* 4F	008	12,000	

21A. 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 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
INDIANA—Continued										
INDIANAPOLIS										
Indiana University Medical Center	J. Edwards					4P	4C	016		118775
Indiana University Hospitals	J. Edwards	361	780,000	7,500	7,452				9,500	
Marion County General	J. A. Benz	230	904,946	5,945	5,620				10,000	
Veterans Admin.	J. Edwards	208	1,141,195	4,036	4,016				10,500	
Methodist Hospital of Indiana	L. H. Hoyt	492	1,063,783	28,366	23,174	4P	2C	009	10,774	118875
St. Vincent's	L. N. Foster	155	348,598	7,300	5,702	4P	1C	004	11,579	118975
MISHAWAKA										
St. Joseph										
(See South Bend Medical Foundation Hospitals, South Bend)										
MUNCIE										
Ball Memorial	G. E. Branam	347	378,036	13,685	10,664	4P	2C	007	11,800	119275
SOUTH BEND										
South Bend Medical Foundation Hospitals	M. G. Quinn	79	320,560	4,139	4,133	4P	2C	008	10,400	117175
Elkhart General (Elkhart)		36	316,943	4,583	3,742					
St. Joseph (Mishawaka)		27	118,395	2,165	1,753					
Memorial Hospital of South Bend		108	328,844	6,611	5,206					
St. Joseph's		63	309,967	4,405	3,305					
IOWA										
CEDAR RAPIDS										
St. Luke's Methodist	R. F. Looker, K. B. Grant	153	707,486	7,344	4,695	4P	1C	002		
DES MOINES										
Iowa Methodist	J. W. Green, Jr.	248	503,074	12,880	7,066	4P	2C	006	10,000	120175
Mercy	J. Song	170	570,000	7,800	7,350	4P	1C	006	9,600	
							1*			
IOWA CITY										
University of Iowa Affiliated Hospitals	G. D. Penick	455	1,551,464	10,273	10,273	4P	6C	018	10,100	120375
University of Iowa Hospitals		179	1,232,650	2,536	2,215				9,600	
Veterans Admin.										
KANSAS										
KANSAS CITY										
University of Kansas Medical Center	D. G. Scarpelli	342	1,896,935	10,483	10,314	4P	7C	026	10,000	120875
Veterans Admin. (Kansas City, Mo.)	T. Sato	217	1,515,307	3,829	3,541				10,500	
WICHITA										
St. Francis	R. J. Taylor	316	404,855	10,674	7,481	4P	1C	005	10,050	
St. Joseph Hospital and Rehabilitation Center—Veterans Admin. Center	W. J. Reals					4P	1C	004		121175
St. Joseph Hospital and Rehabilitation Center	W. J. Reals	129	603,576	8,285	6,283					
Veterans Admin. Center	W. J. Reals, P. E. Matron	69	193,519	1,241	1,241				10,123	
Wesley Medical Center	L. P. Cawley	205	1,300,000	14,666	12,613	4P	1C	002	9,750	121075
KENTUCKY										
LEXINGTON										
University	J. J. Vazquez	275	2,700,000	7,500	7,500	4P	3C	012	9,500	184875
LOUISVILLE										
University of Louisville Affiliated Hospitals	W. M. Christopherson	104	170,980	1,990	963	4P	2C	010	8,600	
Children's	D. R. Kmetz	433	1,271,947	6,423						
Louisville General	W. M. Christopherson	160	643,845	1,905		4P	1C	004	9,380	
Veterans Admin.	W. L. Broghamer, Jr.									
LOUISIANA										
BATON ROUGE										
Earl K. Long Memorial										
(See Louisiana State Univ. Affiliated Hospitals, New Orleans)										
NEW ORLEANS										
Charity Hospital of Louisiana	C. E. Dunlap, J. Strong	884	4,268,685	14,237	14,237	4P	1C	025	9,000	122475
							1*			122436
Louisiana State University Affiliated Hospitals	J. P. Strong	267	975,817	4,292	4,166	4P	2C	008	10,849	122175
Veterans Admin.	B. W. Jarvis	104	556,263	4,487	3,999				9,000	
Earl K. Long Memorial (Baton Rouge)	J. A. Freeman	290	1,201,636	10,606	822	4P	2C	008	9,492	196675
Ochsner Foundation	W. T. Mitchell	200	666,366	6,337	5,791	4P	1C	003	9,782	
Touro Infirmary	D. Bradburn									
SHREVEPORT										
L. S. U. (Shreveport) Affiliated Hospitals	A. G. Smith	190	15,401	5,731	5,731	4P	1F	005	9,000	123220
Confederate Memorial Medical Center		112	647,589	1,701	1,701					
Veterans Admin.										
MAINE										
PORTLAND										
Maine Medical Center	J. Stocks	284	948,847	10,175	7,978	4P	1C	006	10,942	123675
							2F			123620
MARYLAND										
BALTIMORE										
Baltimore City Hospitals	R. Garcia-Bunuel	310	1,136,459	5,655	5,618	4P	2C	009		123775
Greater Baltimore Medical Center	C. C. Brown	129	478,000	14,600	10,700	4P	1*	004	12,000	
Johns Hopkins	R. B. Conn, R. Heptinstall	468	2,298,262	20,636	19,604	4P	10C	020	10,500	124275
Maryland General	W. B. King, Jr.	178	1,506,435	16,549	14,087	4P	1C	004	11,350	
							1F			124420
Mercy	R. G. Lancaster	111	920,698	6,323	5,880	4P	1C	004	11,000	
St. Agnes	W. J. Hicken	251	762,461	10,794	10,500	4P	1C	007	11,025	124775
St. Joseph	L. F. Misanik	167	1,055,716	10,007	9,075	4P	2C	004	11,200	
Sinai Hospital of Baltimore	H. Dorfman	159	936,772	25,933	25,817	4P	2C	006	12,500	124975
South Baltimore General	W. Kime	158	718,308	7,175	7,175	4P	1C	004	11,550	
Union Memorial	D. K. Merenyi	184	1,018,766	7,715	7,424	4P	1C	004	11,750	
University of Maryland Affiliated Hospitals	B. F. Trump					4P	6C	022		125275
University of Maryland	W. D. Tigertt	295	1,700,000	8,008	7,834				11,350	
Veterans Admin.	A. J. Saladino	98	799,744	1,733	1,733				12,500	

APPROVED RESIDENCIES

21A. 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 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
MARYLAND—Continued										
BETHESDA										
Suburban	J. Shaver	209	634,729	12,434	10,825	4P	1C 4F	005	10,710	125320
CHEVERLY										
Prince George's General	I. R. Mattei	254	1,028,536	11,330	11,062	4P	2C	004	9,828	190575
MASSACHUSETTS										
BOSTON										
Beth Israel	D. G. Freiman	283	954,078	9,448	9,200	4P	3C	008	11,815	125675
Boston City	L. S. Gottlieb	446	3,013	9,500	9,500	4P	2*	015	11,441	125736
Boston Hospital for Women	J. M. Craig	121	305,364	14,425	12,300	1A	1C	004	12,400	
Carney	H. J. Christian, Jr.	134	804,679	6,134	6,134	4P	4C	007	11,314	
Children's Hospital Medical Center	R. T. Mc Cluskey	206		3,726	3,386	1P	2C	008	10,250	125975
Massachusetts General	B. Castleman, E. B. Taft	880	2,304,813	19,860	19,860	4P	6C	016	10,900	126175
New England Deaconess	B. E. Copeland	274	654,367	14,652	13,872	4P	1C	012	11,063	126475
New England Medical Center	M. H. Flax, H. J. Wolfe	301	1,000,000	6,879	6,550	3A	2C	008	10,718	126375
Peter Bent Brigham	R. S. Cotran	390	7,751	7,751	7,647	4P	2C	017	11,200	126575
St. Elizabeth's Hospital of Boston	J. H. Graham	171	454,327	5,643	4,900	4P	1C	004	11,210	
University	J. S. Abercrombie, Jr.		642,000			3C	1C	003	11,816	
Veterans Admin.	L. D. Berman	253	1,926,419	3,282	3,282	4P	1C	008	11,245	
CAMBRIDGE										
Mount Auburn	H. A. Bird	163	767,276	4,419	4,384	4P	1C	004	11,441	126975
FRAMINGHAM										
Framingham Union	L. G. Tedeschi	200	280,284	11,074	8,608	4P	4C 3F	006	10,614	181220
LYNN										
Lynn	H. G. Olken	110	713,539	4,976	4,900	4P	2C 2F	005	10,733	
MALDEN										
Malden	M. V. Mac Kenzie	117	227,603	5,235	4,740	2P	1C	002	10,684	
NEWTON LOWER FALLS										
Newton—Wellesley	A. E. O' Dea	147	655,485	6,139	4,788	4P	1C	003	11,314	
NORFOLK										
Pondville	L. Gandbhir	131	166,615	1,784	1,770	2P	2C	003	18,506	
PITTSFIELD										
Berkshire Medical Center		231	1,115,815	11,219	6,731	4P	1C	004	11,025	128175
SALEM										
Salem	G. P. Keane	98	518,401	5,155	4,494	4P	1C 1*	004	9,000	128475
SPRINGFIELD										
Springfield Hospital Medical Center	J. P. Sullivan	330	1,652,745	12,874	11,108	4P	1C	004	11,606	
WORCESTER										
Memorial	R. Harper, L. P. James, Jr.	197	425,980	7,864	7,864	4P	1C	004	10,300	
St. Vincent	G. H. Friedell	254	31,181	6,383	5,743	4P	2C	010	10,700	129075
Worcester City	W. F. Mac Gillivray	204	551,423	6,150	5,404	4P	2*	008	10,576	129136
MICHIGAN										
ALLEN PARK										
Veterans Admin. (See Wayne State U.—Detroit Med. Ctr. Affil. Hosps., Detroit)										
ANN ARBOR										
St. Joseph Mercy	F. Holtz	308	571,356	10,903	10,700	4P	1C	004	11,150	
University of Michigan Affiliated Hospitals	A. J. French					4P	2C	024		129375
University	A. J. French	442	1,511,537	11,522	11,522				10,700	
Veterans Admin.	A. J. French, L. Weatherbee	142	881,244	2,259	2,259				11,300	
Wayne County General (Eloise)	R. W. Schmidt	223	890,688	4,054	3,970				11,873	
DEARBORN										
Oakwood (See Wayne State U.—Detroit Med. Ctr. Affil. Hosps., Detroit)										
DETROIT										
Detroit—Macomb Hospitals	F. B. Walker					4P	2C	008	11,700	
Detroit Memorial		118	769,887	3,664	3,560					
South Macomb (Warren)		79	438,460	5,390	5,240					
Grace	G. D. Stobbe	452	2,284,329	16,984	16,428	4P	3C	005	11,200	
Henry Ford	R. C. Horn, Jr.	475	2,453,649	14,942	14,222	4P	4C	015	11,000	130075
Mount Carmel Mercy	T. Reyman	264	1,297,836	8,696	8,392	4P	2C 2F	012	12,420	130275 130211
St. John	J. J. Humes	335	493,065	11,377	9,987	4P	2*	006	11,800	191536
Sinai Hospital of Detroit	S. D. Kobernick	298	1,260,137	16,712	14,173	4P	1C	002	11,075	
Wayne State University—Detroit Medical-Center Affiliated Hospitals	A. R. W. Climie					4P	5C	020		
Veterans Admin. (Allen Park)	B. A. Delever	194	1,418,184	3,143	3,143					
Oakwood (Dearborn)	R. Mainwaring	223	747,972	7,400	7,400				11,400	
Children's Hospital of Michigan	A. J. Brough	218	528,790	6,612	1,841				10,815	
Detroit General	J. L. Chason		699,820							
Harper	J. R. Mc Donald	238	1,251,246	7,524	6,699					
Hutzel	E. Booth	158	1,861,250	8,058	8,058					
ELOISE										
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor.)										
FLINT										
Hurley	F. V. Hodges	366	778,164	8,496		4P	1C	004	9,000	
Mc Laren General	E. G. Murphy, J. D. Wheeler	147	632,664	8,620	8,001	4P	1C	004	11,232	186675
St. Joseph	W. L. Eaton	129	608,206	6,294	5,723	4P	1C 1F	005	10,000	130875 130820
GRAND RAPIDS										
Blodgett Memorial	O. L. Kessler	409	579,789	12,367	11,534	4P	1C 1F	005		130975 130911

21A. 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 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MICHIGAN, GRAND RAPIDS—Continued										
Butterworth	J. O. Mann	383	886,772	10,020	8,226	4P	1C 1F	003	7,800	
St. Mary's	H. E. Bowman	179	1,288,037	10,269	9,816	4P	1C 1F	005	7,800	131011 131175 131120
KALAMAZOO										
Southwestern Michigan Area Health Education Center	F. H. Cox	205	664,075	8,013	4,699	4P	1*	004	10,200	131436
Borgess		223	495,189	11,598	9,960					
Bronson Methodist										
LANSING										
Edward W. Sparrow	W. E. Maldonado	316	275,000	10,938	10,515	4P	1C 1*	005	10,600	131575 131536 131520
St. Lawrence	L. Walker	149	465,028	5,179	4,965	4P	1C	004	11,200	
PONTIAC										
Pontiac General	J. H. Libcke	146	1,038,652	9,209	9,109	4P	1C 1F	005		131875 131811
St. Joseph Mercy	P. Eisenstein	153	350,000	8,500	7,100	4P	1C 1*	007	11,550	131975 131936 131911
ROYAL OAK										
William Beaumont	J. Bernstein, J. Rutzky	393	1,519,458	15,755	15,569	4P	2C 2F	008	11,495	197820
SOUTHFIELD										
Providence	E. Knights	219	753,262	9,439	8,633	4P	1*	004	12,050	130336 130320
WARREN										
South Macomb (See Detroit-Macomb Hospitals, Detroit)										
MINNESOTA										
DULUTH										
St. Mary's	A. C. Aufderheide	270	376,873	7,646	5,900	4P	2C	004	10,800	132575
MINNEAPOLIS										
Hennepin County General	J. I. Coe	278	1,347,228	6,163	5,694	4P	2*	008	10,000	132936
Metropolitan Medical Center	J. Popowich	238	271,924	8,194	6,273	4P	1C	004		
Mount Sinai	P. C. J. Ward, C. Horwitz	74	756,456	7,166	5,510	4P	1C	002	7,333	
Northwestern Hospital of Minneapolis	F. H. Lott	268	534,034	9,646	9,350	4P	1C	003	10,272	
University of Minnesota Hospitals	E. S. Benson	533	1,601,255	6,344	5,926	4P	6*	021		133436
Veterans Admin.	E. Benson	392	2,600,000	5,270	5,168	4P	1C	004		
ROCHESTER										
Mayo Graduate School of Medicine	K. E. Holley		3,060,259			4P	4C	028	11,000	132875
Rochester Methodist		225		19,058	19,058					
St. Mary's		474		20,991	20,991					
ST. PAUL										
St. Paul—Ramsey	E. Haus	372	705,600	5,600	5,300	4P	2*	010	10,000	133536
United Hospitals	J. E. Edwards	147	181,883	7,074	5,813	4P	1C 1F	007	11,000	133775 133720
Miller Division										
MISSISSIPPI										
JACKSON										
University of Mississippi Medical Center	J. G. Brunson, W. N. Bell					4P	4C	018		195775
University	J. G. Brunson, W. N. Bell	155	1,567,151	7,368	7,287					
Veterans Admin. Center	R. R. Gatling		1,116,243	2,441	2,387					
MISSOURI										
COLUMBIA										
Ellis Fischel State Cancer	C. M. Perez-Mesa	43	172,820	2,948	2,948	1SP	1C	001	10,000	
University of Missouri Medical Center	F. V. Lucas	395	431,768	6,352	6,301	4P	4C	016	9,500	199475
KANSAS CITY										
Kansas City General Hospital and Medical Center	M. A. Swerdlow	200	720,000	4,100	4,000	4P	1C	004	11,000	134375
Menorah Medical Center	H. E. Marshall	167	383,789	6,595	6,444	4P	1C	004		
St. Luke's	R. T. O'Kell	249	2,550,000	12,389	11,633	4P	2C	008	9,254	
Veterans Admin. (See Univ. of Kansas Medical Center, Kansas City, Kansas)										
ST. LOUIS										
Barnes Hospital Group	P. E. Lacy	624	922,330	21,651	21,651	4P	7C 3*	035	10,500	135375 135336
Deaconess	R. W. Brangle	260	580,658	8,494	5,793	4P	1C 6F	010	9,000	135675 135620
De Paul	J. D. Bauer	125	712,945	5,450	5,450	4P	1C	005	10,620	247775
Jewish Hospital of St. Louis	E. R. Rabin	248	683,188	8,751	8,500	4P	2C	008	10,600	135875
Missouri Baptist	W. R. Platt, V. Oumadag	108	357,901	9,672	9,672	4P	1C 3F	007	10,128	136020
St. John's Mercy Medical Center	F. T. Kraus	275	956,413	11,754	9,729	4P	1C	005	9,121	136275
St. Louis City	L. L. Alvarez	216	1,209,550	3,150	3,150	4P	4C	008	10,054	136375
St. Louis University Group of Hospitals	H. B. Taylor					4P	4C	016		136575
Firmin Desloge General	H. B. Taylor	173	306,196	3,608	3,151				10,628	
Cardinal Glennon Memorial Hospital for Children	H. B. Taylor	116	421,451	1,800	1,400				10,628	
St. Mary's Health Center	H. B. Taylor, E. F. Tucker	181	1,527,126	12,574	10,736				10,920	
NEBRASKA										
LINCOLN										
Physicians Pathology Laboratory Hospitals	F. H. Tanner					4P	1C	003	8,400	
Bryan Memorial		116	420,708	9,264	8,586				8,400	
Lincoln General		185	321,605	7,610	6,552					
OMAHA										
Bishop Clarkson Memorial	E. G. Greene	169	645,473	9,838	7,421	4P	1C	004	12,000	249975

APPROVED RESIDENCIES

21A. 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 1975-1976 1st All Yrs.	Annual Salary (Min.)	NIRMP Number
NEBRASKA, OMAHA —Continued									
Creighton University Affiliated Hospitals	W. A. Bardawil					4P	2C 008		137275
Creighton Memorial St. Joseph's Veterans Admin.	W. A. Bardawil	167	394,640	5,270	5,270			10,400	
Nebraska Methodist	J. R. Schenken	184	742,626	3,148	3,073			10,500	
University of Nebraska	J. R. Schenken	158	664,550	13,478	11,993	4P	1C 006	9,900	295175
	C. A. McWhorter	245	554,093	19,070	17,705	4P	1C 008	10,400	137675
							1*		137636
NEVADA									
LAS VEGAS									
Southern Nevada Memorial	R. R. Belliveau	175	682,430	3,904	3,904	2P	2C 004		
NEW HAMPSHIRE									
HANOVER									
Dartmouth Medical School Affiliated Hospitals	G. D. Sorenson					4P	3C 010	9,500	137775
Mary Hitchcock Memorial Veterans Admin. Center (White River Junction, Vt.)		287	608,683	6,051	5,669				
		102	341,035	1,224	1,143				
NEW JERSEY									
ATLANTIC CITY									
Atlantic City	M. Ackerman	296	1,247,099	6,422	5,865	4P	2C 004	9,400	
CAMDEN									
Cooper	S. Burrows	308	1,656,237	10,164	8,164	4P	1C 004	11,200	138075
							1F		138020
Our Lady of Lourdes	W. V. Harrer	120	355,000	5,850	5,800	4P	2C 002	11,600	
EAST ORANGE									
Veterans Admin.	D. Boehme	296	1,862,689	3,392	3,392	4P	3C 003	14,399	
ELIZABETH									
St. Elizabeth	D. H. Dreizin	99	48,479	4,641	4,419	4P	4C 006	10,088	
ENGLEWOOD									
Englewood	S. Czepiel	154	902,998	10,006	7,869	4P	1C 003	9,072	
GREEN BROOK									
Raritan Valley (See CMDNJ-Rutgers Medical Sch. Affiliated Hosps., Piscataway)									
HACKENSACK									
Hackensack	D. E. Brown, R. F. Robinson	237	556,533	9,973	6,627	3A	1C 003	11,660	138775
HOBOKEN									
St. Mary	T. J. Liddy	72	637,939	4,301	4,007	1A	2C 004	10,020	
JERSEY CITY									
Jersey City Medical Center	G. M. Mulcahy	163	575,014	7,004	6,919	4P	1C 004	11,300	
LIVINGSTON									
St. Barnabas Medical Center	R. V. Hutter	271	2,448,013	13,102	13,000	4P	1C 004	11,842	
LONG BRANCH									
Monmouth Medical Center	M. J. Salwen	666	6,890,967	8,267	7,322	4P	4C 010	12,200	139275
MONTCLAIR									
Mountainside	F. Y. Watson	146	1,067,579	7,889	7,369	4P	2C 004	11,776	
MORRISTOWN									
Morristown Memorial	H. F. Luddecke	208	1,363,000	11,175	11,054	4P	2C 008	11,000	139475
NEPTUNE									
Jersey Shore Medical Center—Fitkin	J. V. Price	273	404,407	6,997	5,855	4P	2* 003		139536
NEWARK									
Marlton	M. M. Lyons	160	1,250,000	5,498	4,929	4P	3C 009	12,446	
Newark Beth Israel Medical Center	K. Gal	233	1,861,539	8,554	8,554	4P	2C 004	12,465	
St. Michael Medical Center	R. Carnes	164	755,246	4,546	4,502	4P	1C 004	12,446	139975
							1*		139936
NEW BRUNSWICK									
Middlesex General	D. W. Smith, P. C. Smilow	113	422,329	7,076	6,301	4P	1C 004		
St. Peter's General	V. Galdi	111	1,295,272	7,964	6,586	4P	1C 004	12,000	
PARAMUS									
Bergen Pines County Hospital—Pasack Valley						4P	4C 007	10,511	
Bergen Pines County	E. Wagman	179	1,205,076	1,080	1,022				
Pasack Valley (Westwood)		56	192,168	5,560	4,170				
PATERSON									
Barnert Memorial Hospital Center	J. Churg	114	475,181	7,086	7,086	2P	1C 003	15,000	252975
St. Joseph's Hospital and Medical Center	P. Steinlauf	232	381,912	10,363	9,560	4P	2C 004	11,385	140675
PERTH AMBOY									
Perth Amboy General	L. Kiefer	115	375,256	6,346	5,615	4P	1C 005		187375
							1F		187320
PISCATAWAY									
CMDNJ—Rutgers Medical School Affiliated Hospitals	A. B. Morrison					4P	2C 008		291875
Hunterdon Medical Center (Flemington)	E. Olmstead	145	157,049	4,065	2,982			8,000	
Raritan Valley (Green Brook)	A. B. Morrison	36	122,772	2,122	1,819				
Somerset (Somerville)	A. S. Conston	254	529,767	7,216	7,216			11,599	
PLAINFIELD									
Muhlenberg	B. H. Hyun	224	1,040,182	8,717	8,087	4P	1C 005	11,600	140775
SOMERVILLE									
Somerset (See CMDNJ-Rutgers Medical Sch. Affiliated Hosps., Piscataway)									
SUMMIT									
Overlook	H. H. Stumpf	178	1,355,151	10,355	8,853	4P	1C 005	12,000	
TRENTON									
Mercer Medical Center	J. Mora	108	199,539	5,707	3,564	2P	1C 001		
St. Francis	F. Campo	247	574,231	10,497	8,463	4P	1C 004	11,500	
VINELAND									
Newcomb	M. N. Solomon	105	177,083	5,486	5,032	1A	1C 001	14,400	254575

21A. 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 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
NEW JERSEY—Continued									
WESTWOOD									
Pascack Valley (See Bergen Pines County Hospital-Pascack Valley, Paramus)									
NEW MEXICO									
ALBUQUERQUE									
University of New Mexico Affiliated Hospitals					4P	4C	017	8,750	196275
Bernalillo County Medical Center	R. E. Anderson	210	547,917	4,126	4,085				
Veterans Admin.	T. S. Mc Connell	164	769,860	6,231	6,169				
	R. L. Sopher								
NEW YORK									
ALBANY									
Albany Medical Center Affiliated Hospitals	W. A. Thomas				4P	4C	009	11,680	
Albany Medical Center	W. A. Thomas	383	1,275,743	10,779	10,700				
Veterans Admin.	W. A. Thomas, A. S. Daoud	307	1,275,743	2,421	2,400				
St. Peter's	T. S. Beecher	232	432,781	7,382	7,074	4P	1C	004	
State of New York Department of Health	W. W. Kaufmann		536,718	2,590	2,590	1C	1C	002	
BUFFALO									
Oeaconess Hospital of Buffalo	J. B. Sheffer	200	480,000	8,488	8,405	4P	2C	004	11,300
Mercy	A. B. Constantine	170	651,839	7,270	7,270	1A	2C	004	10,800
Millard Fillmore	A. Postoloff, E. Jenis	206	1,410,795	11,585	11,295	4P	1C	004	10,800
						1*			144075
									144036
Roswell Park Memorial Institute	J. W. Pickren	528	967,020	15,353	15,340	4P	1C	005	11,236
Sisters of Charity	C. F. Becker	170	636,889	10,790	9,733	4P	1C	004	11,025
S.U.N.Y. at Buffalo Affiliated Hospitals	H. Jockin					4P	9C	028	
Buffalo General	A. Prezyna	292	2,497,666	17,747	17,171				10,800
Children's Hospital of Buffalo	H. Jockin	161	574,509	6,056	5,607				11,300
Edward J. Meyer Memorial	A. Lukas	404	1,331,841	5,042	4,937				10,800
Veterans Admin.	H. Jockin, M. Montes	222	1,781,004	3,320	3,320				11,300
COOPERSTOWN									
Mary Imogene Bassett	C. V. Z. Hawn	146	568,303	3,335	3,184	1A	2C	003	11,800
EAST MEADOW									
Nassau County Medical Center—Meadowbrook Div.	V. S. Palladino	316	1,867,199	6,748	6,592	4P	3C	012	11,874
GLEN COVE									
Community Hospital at Glen Cove	A. S. Carlson	132	458,186	6,582	5,702	4P	2C	005	10,100
JOHNSON CITY									
Charles S. Wilson Memorial	G. Reynoso	251	773,449	6,434	5,866	4P	1C	004	10,400
MANHASSET									
North Shore University	S. Gross	283	2,750,060	10,460	9,960	4P	2C	006	13,300
MINEOLA									
Nassau	L. R. Ferraro	263	834,011	8,544	7,129	4P	1C	005	13,211
						1F			145575
									145520
MOUNT KISCO									
Northern Westchester	R. A. Fox	101	389,442	5,388	4,600	4P	1C	005	145675
MOUNT VERNON									
Mount Vernon	J. G. Sharnoff	144	433,977	6,268	6,035	2P	1C	006	11,000
						4F			145720
NEWBURGH									
St. Luke's Hospital of Newburgh	T. P. B. Payne	135	295,330	5,533	5,067	1A	2C	004	10,900
NEW HYDE PARK									
Long Island Jewish—Hillside Medical Center Program	J. I. Berkman					4P	4C	012	14,700
Long Island Jewish—Hillside Medical Center	J. I. Berkman	285	1,562,533	13,785	12,406				
Queens Hospital Center (New York City)	J. Klavins	420	2,011,613	6,846	6,846				
NEW ROCHELLE									
New Rochelle Hospital Medical Center	W. C. Schraft, Jr.	273	726,555	7,514	5,774	4P	2C	004	9,231
NEW YORK CITY									
Albert Einstein College of Medicine Affiliated Hospitals	R. D. Terry	391	3,948,648	11,950	11,950	4P	6C	024	13,500
Bronx Municipal Hospital Center		157	1,249,878	6,165	6,165				
Hospital of the Albert Einstein College of Medicine		169	1,231,103	2,577	2,537	1A	2C	002	
Beekman—Downtown	B. M. Wagner	196	1,777,857	12,466	12,466	4P	3C	012	13,500
Beth Israel Medical Center	R. J. Stenger	151	1,275,652	5,738	5,738	4P	1C	004	15,480
Booth Memorial	A. U. Blaustein	132	740,080	8,020	7,986	4P	2C	008	14,000
Bronx—Lebanon Hospital Center	L. Reiner	179	905,073	13,683	13,628	4P	2C	005	13,500
Brookdale Hospital Center	D. Spain	249	1,700,000	8,160	8,160	4P	3C	012	13,500
Brooklyn—Cumberland Medical Center	J. Suarez								141975
Catholic Medical Center of Brooklyn and Queens	H. Grinvalsky	185	1,043,850	16,879	16,765	4P	2C	008	13,500
Mary Immaculate Division	P. Remigio	89	514,941	7,280	7,166				
St. Mary's Division	Y. T. Cho	96	528,909	9,599	9,599				
Coney Island	K. Gerstmann	214	1,388,026	5,283	5,283	4P	8C	015	14,700
French and Polyclinic Medical School and Health Center	N. V. Brazenas	234	787,446	7,862	7,279	4P	1C	004	14,700
Polyclinic Division									
Harlem Hospital Center	T. W. Roberts, J. Hagstrom	236	1,713,576	5,781	5,781	4P	3C	013	14,700
Hospital for Joint Diseases and Medical Center	H. D. Dorfman	52	682,203	5,600	5,140	1A	2C	002	13,300
Jewish Hospital and Medical Center of Brooklyn	A. C. Allen	199	13,786	7,958	7,958	3A	1C	004	14,700
Jewish Memorial	A. Schwarz	88	449,854	2,585	2,585	4P	1C	004	
Kingsbrook Jewish Medical Center	B. W. Volk	304	700,000	10,000	9,600	4P	2C	006	15,200
Lenox Hill	S. C. Sommers	332	1,445,005	8,641	8,328	4P	2C	008	14,015
Lincoln	H. Lepow	86	1,717,509	2,320	1,990	3A	3C	006	14,700
Long Island College	J. Korzis	218	898,533	6,542	6,085	4P	1C	007	14,700
							3F		142720
Lutheran Medical Center	T. Ehrenreich	126	944,988	4,445	4,164	2P	2C	004	14,700

21A. 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			Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.	008		
NEW YORK, NEW YORK CITY—Continued											
Maimonides Medical Center	S. Minkowitz	210	1,950,706	9,383	9,383	4P	2C	008	14,000		
Memorial Hospital for Cancer and Allied Diseases	P. Fitzgerald	550		14,324	14,324	3A	5C	014			
Methodist	S. Werthamer	204	713,594	6,918	6,868	4P	4C	009	13,500	142975	
Misericordia—Fordham Training Program	P. E. Kalish					4P	1C	004	14,700		
Fordham Misericordia		123	1,152,851	3,840	3,091						
Montefiore Hospital Training Program	L. Koss	138	859,857	4,093	4,000						
Montefiore Hospital and Medical Center		439	2,985,204	21,555	21,555	4P	4C	013	13,500		
Morrisania City		101	200,234	4,368	4,368						
Mount Sinai Hospital Training Program						4P					
Mount Sinai	E. Rubin	432		16,236	16,236		3C	013	14,000	149075	
City Hospital Center at Elmhurst	W. Mautner	265	1,615,356	6,075	4,054		6C	016	14,000		
New York Hospital	J. T. Ellis	520	1,500,000	11,759	10,812	4P	6C	016	13,300	149275	
New York Medical College—Metropolitan Hospital Center	V. Tchertkoff					4P	4C	026	13,500	147375	
Unit 1—Flower and Fifth Avenue Hospitals	D. Spiro	125	910,095	6,741	6,741						
Unit 2—Metropolitan Hospital Center	V. Tchertkoff	238	6,900,000	7,665	7,469						
Unit 3—Bird S. Coler Memorial Hospital and Home	S. Levine	106	252,164	529	529						
New York University Medical Center	F. F. Becker, F. Gorstein					4P	6C 2F	030			297875
Bellevue Hospital Center		228	4,095,306	23,800	23,800						
University		172	1,306,455	9,625	9,095						
Veterans Admin. (Manhattan)	N. S. Cooper	196	2,658,916	3,679	3,605	4P	3C	010	15,394		
Presbyterian	D. W. King	454	1,642,939	11,624	11,624	4P	3C	020	12,660	149575	
Francis Delafield	D. W. King	69	308,411	1,623	1,623				14,700		
Queens Hospital Center											
(See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)											
Roosevelt	R. Garret	237	1,184,732	7,731	7,702	4P	2C	006	14,634		
St. Clare's Hospital and Health Center	J. R. Haddad	125	662,316	3,777	3,509	4P	1C	004	13,000	149775	
St. John's Episcopal	L. M. Fox, M. C. Oguzhan	74	378,660	5,740	5,740	2P	2C	004	14,804		
St. Luke's Hospital Center	C. F. Begg	280	697,045	9,435	9,435	4P	2C	007	14,700		
St. Vincent's Hospital and Medical Center of New York	W. E. Delaney	276	1,877,509	6,982	6,982	4P	1C 1F	007	13,500	150075 150020	
St. Vincent's Medical Center of Richmond	R. G. Howard	122	275,067	6,385	5,674	1A	2C 1*	004	14,700		
Staten Island	V. Altmann	158	444,000	5,195	4,770	2P	2C	004	12,894	151575	
S.U.N.Y. Downstate Medical Center	J. D. Broome					4P	6C	022		142675	
Kings County Hospital Center		437	3,013,877	15,500	15,500				13,500		
State University		77	748,498	4,204	4,204				14,772		
Veterans Admin. (Bronx)	F. Paronetto	213	1,549,672	3,778	3,650	4P	2C	006	15,394		
Veterans Admin. (Brooklyn)	F. A. Jimenez	235	1,360,619	4,339	4,339	4P	1C	004	15,394		
Wyckoff Heights	A. L. Statsinger	126	786,558	4,065	3,945	4P	2C 2*	008	14,700	143575	
NIAGARA FALLS											
Niagara Falls Memorial Medical Center	K. K. Lee	172	276,000	6,300	5,750	4P	1C 1*	006	8,600		
ROCHESTER											
Genesee	J. Abbott	267	11,489	13,854	12,115	3A	1C	002	10,900		
Rochester General	Z. M. Tomkiewicz	400	1,375,000	14,700	11,500	4P	2C	008	10,900		
Strong Memorial Hospital of the University of Rochester	S. F. Patten, Jr.	522	2,099,881	10,517	10,517	4P	5C	018	10,400	151175	
SCHEENECTADY											
Ellis	G. F. Parkhurst	375	861,396	11,272	10,292	4P	1C 5F	009	10,000	151275 151220	
SYRACUSE											
S.U.N.Y. Upstate Medical Center	R. B. Hill, Jr., J. Henry					4P	4C	014	11,057	151675	
Crouse Irving—Memorial	T. R. Simon	272	755,333	10,011	82,212						
State University	R. B. Hill, Jr., J. Henry	193	1,400,000	5,793	4,950						
St. Joseph's Hospital Health Center	N. A. Cohen	217	670,886	8,034	5,287						
Veterans Admin.	C. C. Cornwall	190	521,897	1,845	1,743						
VALHALLA											
Grasslands	M. Lefkowitz	109	571,736	1,944	1,820	4P	1C	004	14,700		
NORTH CAROLINA											
CHAPEL HILL											
North Carolina Memorial	J. W. Grisham	315	1,274,977	9,805	9,805	4P	4C	016	9,500		
CHARLOTTE											
Charlotte Memorial	W. M. Shelley	405	546,916	10,934	10,706	4P	1C	004	10,620		
OURHAM											
Duke University Affiliated Hospitals	T. D. Kinney					4P	8C	026	10,350	152975	
Duke University Medical Center	T. D. Kinney	800	2,265,504	13,446	13,446						
Veterans Admin.	P. C. Pratt	228	1,958,766	3,285	3,285						
GREENSBORO											
Moses H. Cone Memorial	C. M. Hassell, Jr.	325	853,554	22,899	21,430	4P	2C	004	9,500	194375	
WINSTON-SALEM											
Bowman Gray School of Medicine Affiliated Hospitals											
North Carolina Baptist	R. W. Prichard	554	1,869,120	10,443	10,443	4P	3C 1*	014	10,000	153775	
							2F				153711
NORTH DAKOTA											
GRAND FORKS											
University of North Dakota Affiliated Hospitals											
United	W. A. Wasdahl	300	200,000	11,439	10,000	4P	1C	004	9,600		

21A. 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 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OHIO										
AKRON										
Akron City	J. G. Lim	371	658,777	13,792	12,992	4P	1* 1F	004	10,500	154136 154120
Children's Hospital of Akron	H. J. Igel	99	548,854	5,183	2,574	2P	1*	003		
CANTON										
Aultman	W. S. Morgan	264	1,012,345	14,487	14,378	4P	3C	006	10,200	154475
CINCINNATI										
Good Samaritan	L. Z. Gordon	359	1,103,150	17,651	17,651	4P	1C	004	10,200	
Jewish	P. Wasserman	217	1,460,479	12,367	10,082	4P	1C	004	10,900	
University of Cincinnati Hospital Group	R. D. Smith					4P	5C	016		154875
Cincinnati General	R. D. Smith	358	563,738	6,454	6,056				9,685	
Children's	A. J. Mc Adams	141	6,560	4,570	2,580					
Veterans Admin.	R. D. Smith	214	1,141,998	2,528	2,528				11,932	
CLEVELAND										
Case Western Reserve University Affiliated Hospitals	J. R. Carter					4P	6C	024	10,500	155275
University Hospitals of Cleveland	J. R. Carter	560	2,249,702	12,524	10,968					
Veterans Admin.	W. A. Morningstar	325	2,045,290	7,096	6,386					
Cleveland Clinic	L. J. Mc Cormack	322	1,100,000	15,789	15,740	4P	3C	016	10,750	196875
Cleveland Metropolitan General	J. D. Reid	387	1,666,387	8,777	8,305	4P	3C	010	11,500	155375
Fairview General	H. F. Mc Corkle	177	554,725	8,138	7,302	2P	1C	002	12,000	
Huron Road	E. E. Siegler	213	618,600	7,036	6,484	4P	2C 1*	006	10,700	157136
Lutheran Medical Center	W. Sinclair	104	480,095	3,476	3,276	2P	2*	003		
Marymount	G. S. Garewal	88	255,542	6,543	6,129	4P	1*	004	12,000	157236
Mount Sinai Hospital of Cleveland	R. M. Abellera	192	1,122,197	9,517	9,012	4P	1C	004	11,000	155775
St. Alexis	A. F. Naji	149	406,661	3,998	3,998	4P	1C 4F	008	10,200	155875 155820
St. Luke's	A. J. Segal	227	261,922	7,822	6,810	4P	2C	008	11,000	156075
St. Vincent Charity	J. S. Mackrell, Jr.	151	1,048,344	5,163	4,153	4P	1C	004	10,600	
CDLUMBUS										
Children's	W. A. Newton, Jr.	161	394,376	6,472	6,243	2P	1C	002		
Grant	B. H. Hurd	159	736,964	9,153	8,636	4P	1C	004	10,200	156475
Ohio State University Hospitals	C. R. Mac Pherson	355	3,549,237	10,974	10,617	4P	3C	012	8,568	156675
DAYTON										
Miami Valley	J. W. Funkhouser	351	499,569	11,616	11,616	4P	2C 1F	008	10,845	
Veterans Admin. Center	L. G. Palileo	198	1,038,949	2,123	2,021	4P	1C	004	11,987	
ELYRIA										
Elyria Memorial	R. G. Thomas	223	457,069	9,529	7,891	4P	1F	004	9,900	190120
KETTERING										
Charles F. Kettering Memorial	E. Roth	179	947,000	15,447	14,847	4P	1C 1F	008	8,340	157620
LORAIN										
St. Joseph	J. Sym	174	370,000	5,921	4,582	4P	2*	003	9,900	
TOLEDO										
Medical College of Ohio at Toledo Affiliated Hospitals	J. R. Patrick	185	579,569	1,700	1,655	4P	1C	004	10,008	157975
Hospital of Medical College of Ohio at Toledo	D. J. Hanson	172	464,859	6,689	6,043	4P	1C	007	10,008	158075
Mercy										
YOUNGSTOWN										
St. Elizabeth	B. Taylor	300	11,758	9,992	9,775	4P	1C 1*	005	10,900	158475 158436
Youngstown	A. E. Rappoport	450	2,540,974	12,384	11,354	4P	2C 2F	010	10,500	158575 158511
OKLAHOMA										
OKLAHOMA CITY										
Baptist Medical Center of Oklahoma	J. Hensley	123	698,182	6,890	5,623	4P	3F	005	9,500	183020
St. Anthony	T. W. Violett	193	847,483	10,455	7,300	4P	1C 1F	004	9,500	158775 158720
University of Oklahoma Health Sciences Center	C. E. Marshall					4P	2C 3F	008		158875 158820
University of Oklahoma Hospital and Clinics		194	536,805	5,667	4,747				10,550	
Veterans Admin.		134	1,177,043	3,466	2,946				10,000	
TULSA										
Hillcrest Medical Center	D. E. Van Wormer	256	494,286	9,643	8,766	4P	1C	003	10,308	
St. Francis	J. Hale	157	1,309	10,615	10,615	4P	1C	004		
St. John's	B. O. Bliss	271	2,198	1,490	1,490	4P	1C	004		
OREGON										
PORTLAND										
Emanuel	N. Pickering, H. Harris	213	1,155,980	9,547	8,751	4P	1C	004	10,500	
Good Samaritan Hospital and Medical Center	D. S. Johnson	209	871,243	10,189	8,388	4P	1C 1F	005	10,309	159575 159520
Providence	R. Straus	208	765,324	8,986	8,489	4P	2C	004	10,548	
St. Vincent Hospital and Medical Center	J. E. Nohlgren	237	557,060	10,511	8,994	4P	2C	006	10,500	
University of Oregon Affiliated Hospitals										
University of Oregon Medical School Hospitals and Clinics	R. Moore, T. Hutchens	346	1,162,944	7,166	7,166	4P	2C 2*	018	9,000	159936
PENNSYLVANIA										
ABINGTON										
Abington Memorial	J. W. Eiman	240	1,402,107	12,412	10,508	4P	2C	006	10,160	

21A. 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 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
PENNSYLVANIA—Continued										
ALLENTOWN										
Allemtown	P. G. Panas	322	694,683	11,150	10,541	4P	1*	004	11,750	160136
ALTOONA										
Altoona	H. R. Cottle	174	400,000	7,000	6,800	4P	1C 1F	004	13,500	160375 160320
BETHLEHEM										
St. Luke's	E. J. Benz	232	520,417	9,550	8,061	4P	1C 1F	005	12,130	160575 160511
BRYN MAWR										
Bryn Mawr	J. J. Mc Graw	198	1,158,828	8,942	8,612	4P	3C 1F	005	10,000	160620
DANVILLE										
Geisinger Medical Center	J. J. Moran	289	784,012	11,872	10,253	4P	1C	004	11,000	160875
DARBY										
Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)										
ERIE										
Hamot Medical Center	R. G. Pellizzari	271	642,247	10,310	7,773	4P	1C 1F	005	10,100	161175 161120
St. Vincent	R. T. Renz	182	93,232	9,558	7,391	4P	10*	014	10,600	161236
HARRISBURG										
Harrisburg	S. K. Bhattacharji	321	699,402	10,233	9,564	4P	1C	004	10,634	161475
HERSHEY										
Milton S. Hershey Medical Center of the Pennsylvania State University	R. L. Naeye	239	502,046	4,335	4,130	4P	3C	008	10,584	161775
JOHNSTOWN										
Conemaugh Valley Memorial	S. A. Goldblatt	239	536,887	7,384	7,384	4P	1C 1F	004	9,450	161675 161620
PHILADELPHIA										
Albert Einstein Medical Center	I. Young, R. Rachman	330	1,287,597	14,246	13,668	4P	2C	008	10,600	163175
Chestnut Hill	Z. P. Woo	110	4,042,332	5,089	5,089	4P	1C	004	10,500	
Children's Hospital of Philadelphia	C. L. Witzleben	167	1,102	1,384	931	1SP	1C	002	10,345	
Episcopal	H. F. Watts	250	545,000	4,500	4,420	4P	2C	004	10,400	
Frankford	S. H. Arden	101	215,485	3,804	2,976	2P	1C	002	10,650	
Graduate Hospital of the University of Pennsylvania	A. Valdes-Dapena, O. Ross	201	535,620	3,753	3,609	4P	2C	003	11,507	
Hahnemann Medical College and Hospital	J. M. Dolphin	221	1,000,000	6,118	6,000	4P	2C	008	10,500	162775
Hospital of the University of Pennsylvania	J. E. Wheeler	298	1,883,912	11,100	10,469	4P	4C	016	11,300	162875
Langenkau	I. K. Kliene	243	503,663	8,465	8,040	4P	2C	008	10,000	163275
Medical College of Pennsylvania Affiliated Hospitals	J. Leighton					4P	2C	010	9,700	184975
Hospital of the Medical College of Pennsylvania	J. Leighton								9,700	
Germantown Dispensary and Hospital	F. K. Fite	239	351,075	4,406	4,025	4P	3C	008	11,945	10,000
Mercy Catholic Medical Center	W. H. Miller									
Misericordia Division	H. E. Marx	225	373,562	2,499	2,472					
Fitzgerald Mercy Division (Darby)	W. H. Miller	183	402,785	6,210	6,150					
Nazareth	E. M. Tassoni	128	653,229	6,515	5,183	4P	4C 4F	008	10,000	163875 163820
Pennsylvania	A. R. Crane	186	734,999	8,155	8,000	4P	1C	004	11,700	163975
Philadelphia General	L. B. Rorke	252	2,202,210	5,999	5,925	4P	3C	014	10,492	164075
Presbyterian—University of Pennsylvania Medical Center	G. A. Hermann	199	760,216	2,856	2,631	4P	1C 2F	005	10,650	164120
St. Christopher's Hospital for Children	J. B. Arey	138		1,799	1,024	1A	2C	004		
Temple University	W. H. Clark, Jr.	276	433,176	6,846	6,846	4P	3*	011	11,299	
Thomas Jefferson University	G. E. Aponte	324	650,616	9,219	9,219	4P	5C 1F	011	10,700	163075 163020
Veterans Admin.	P. V. Skerrett	217	1,042,224	4,670	4,670	4P	2C	004	12,750	
PITTSBURGH										
Allegheny General	R. J. Hartsock	228	1,435,347	8,989	8,534	4P	2C	006	12,285	
Hospitals of the University Health Center of Pittsburgh	T. J. Gill, 3d					4P	6C 6*	031	11,130	165275
Children's Hospital of Pittsburgh	G. H. Fetterman	153	195,297	3,262	3,232					165020
Magee—Womens	B. Klionsky	526	470,897	13,439	13,100					
Montefiore	H. Mendelow	217	2,033,993	6,082	5,498					
Presbyterian—University	R. S. Totten	318	879,810	9,870	9,771					
Veterans Admin.	H. R. Hellstrom	213	3,614,012	3,064	3,029					
Mercy	J. A. Cooper	315	662,932	8,868	7,106	4P	2C	006	11,300	164975
St. Margaret Memorial	J. E. Kurtz, R. C. Block	83	164,177	3,814	3,506	1A	1C	002	12,300	
Shadyside	E. R. Fisher	124	764,362	7,000	7,000	4P	2C 4F	008	10,800	165775 165720
Western Pennsylvania	E. R. Erickson	267	795,926	12,129	10,345	4P	2C 2*	010	11,615	165975 165936 165920
READING										
Reading	M. S. Reed	444	518,565	14,735	11,843	4P	1C	004	10,800	166175
St. Joseph's	J. G. Chen See	130	800,000	5,700	5,700	4P	1C	002	13,000	
WILKES-BARRE										
Wilkes—Barre General	W. C. Koehl	564	529,287	5,133		4P	2C	020		
YORK										
York	J. P. Whiteley	518	1,038,904	12,943	10,141	4P	1C	004	11,183	167475
PUERTO RICO										
SAN JUAN										
University of Puerto Rico Affiliated Hospitals	R. A. Marcial-Rojas					4P	6C 2*	020	9,660	
University District San Juan City		1,002	781,935	17,499	17,499					

21A. 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 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PUERTO RICO, SAN JUAN—Continued										
Veterans Admin. Center										
	G. A. Ramirez De Arellano	115	1,037,059	2,406	2,227	4P	1C	004	9,598	
RHODE ISLAND										
PAWTUCKET										
Memorial (See Brown University Affiliated Hospitals, Providence)										
PROVIDENCE										
Brown University Affiliated Hospitals										
	H. Fanger					4P	3C	010		
Memorial (Pawtucket)										
	T. Micolonghi	173	850,554	4,863	4,863				11,242	
	S. M. Aronson	119	714,819	6,411	5,392					
	Rhode Island	402	1,736,435	12,009	11,790				11,860	
	Roger Williams General	309	1,306,993	5,430	6,391				11,868	
	St. Joseph's	156	381,380	4,031	3,750	4P	1C	004	11,000	167975
SOUTH CAROLINA										
CHARLESTON										
Medical University of South Carolina										
	G. R. Hennigar	1,002	2,829,448	26,457	26,165	4P	5C	022	11,050	168075
Teaching Hospitals										
Medical University of South Carolina										
		95								
Charleston County										
		40	850,742	4,932	4,700					
Naval										
		150	1,056,154	2,342	2,300				9,902	
Veterans Admin.										
SOUTH DAKOTA										
SIOUX FALLS										
University of South Dakota Affiliated Hospitals										
	J. F. Barlow	126	221,336	5,004	5,004	4P	1C 1F	004	9,960	168775 168711
Sioux Valley										
TENNESSEE										
CHATTANOOGA										
University of Tennessee Clinical Education Center										
	J. Abramson, M. Kosanovich	236	1,124,896	17,886	17,672	4P	1C 1F	007	11,100	168975 168920
Baroness Erlanger										
KNOXVILLE										
University of Tennessee Memorial Research Center and Hospital										
	F. S. Jones	248	576,122	7,034	6,389	4P	4C 1F	005	9,111	183975 183920
MEMPHIS										
Baptist Memorial										
	E. E. Muirhead	414	2,974,415	26,669	26,340	4P	9C	021	10,440	169475
City of Memphis Hospitals										
	J. A. Shively	422	1,721,638	10,390	10,390	4P	4C 1F	016	9,280	184475 184420
Methodist										
	J. K. Ouckworth	284	2,000	18,410	18,246	4P	1C 1*	008	11,500	
Veterans Admin.										
	J. M. Young	351	1,180,141	3,970	3,758	4P	2C	004	11,331	
NASHVILLE										
George W. Hubbard Hospital of the Meharry Medical College										
	L. D. Green	175	275,000	2,500	2,500	4P	3C	004	9,589	
Vanderbilt University Affiliated Hospitals										
	W. H. Hartmann	322	1,146,570	10,610		4P	5C	015	9,394	
Vanderbilt University										
	W. H. Hartmann	84	729,043	3,021	2,958					
Nashville Metropolitan General										
	R. J. Freeman	154	1,840,600	3,166	3,012					
Veterans Admin.										
	R. D. Buchanan									
TEXAS										
AUSTIN										
Brackenridge										
	A. Q. Da Silva	183	468,595	7,608	7,608	4P	1C 4F	006	11,200	170420
DALLAS										
Baylor University Medical Center										
	G. J. Race	355	1,372,783	21,983	21,772	4P	4C	014	9,276	170675
Methodist Hospital of Dallas										
	G. Noteboom	164	984,796	26,125	26,071	4P	1C	004	9,500	170775
Parkland Memorial										
	V. A. Stembridge	391	3,350,465	11,144	11,144	4P	6C	024	8,784	283575
St. Paul										
	J. H. Childers	174	681,536	12,844	12,451	4P	1C 1F	004	9,000	170975 170920
Veterans Admin.										
	J. E. Mc Carty	237	1,896,586	4,247	4,241	4P	2C	008	9,514	
FORT WORTH										
Harris Hospital—Fort Worth Medical Center										
	C. B. Mitchell	211	408,681	21,423	19,006	4P	3C	007	10,320	171275
GALVESTON										
University of Texas Medical Branch Hospitals										
	E. V. Dahl	361	686,602	9,478	8,752	4P	2C	010	9,600	171475
HOUSTON										
Baylor College of Medicine Affiliated Hospitals										
	R. E. Fechner	479	2,896,136	9,150	9,150	4P	5C	021	9,540	171675
Ben Taub General										
	J. Titus		615,617							
Jefferson Davis										
	M. S. Anderson	417	1,925,565	20,731	13,460				9,000	
Methodist										
	H. S. Rosenberg	290	540,024	3,462	3,000				9,540	
Texas Children's										
	F. Gyorkey	445	2,185,165	11,130	11,130				9,540	
Veterans Admin.										
	P. M. Marcuse	294	1,420,862	10,854	8,960	4P	1C	005	9,480	171875
St. Joseph										
	C. J. Lind	242	1,012,862	12,170	11,947	4P	2C	008	9,540	170275
St. Luke's Episcopal										
University of Texas at Houston Affiliated Hospitals										
	H. J. Van Peenan	142	1,683,563	68,034	66,780	4P	1C	005	9,324	292375
Hermann										
University of Texas M. D. Anderson Hospital and Tumor Institute										
	B. Drewinko, W. O. Russell	451	1,800,000	14,111	14,111	4P	2C	012	9,000	
LUBBOCK										
Methodist										
	W. H. Long	176	360,000	7,900	5,950	4P	1C	001	8,400	
SAN ANTONIO										
Baptist Memorial										
	A. O. Severance	259	1,082,919	15,528	14,187	4P	3C	008	9,000	
University of Texas at San Antonio Teaching Hospitals										
	J. J. Ghidoni	235	1,256,609	45,403	45,100	4P	6C	018	9,700	172275
Bexar County Teaching										
		241	760,005	9,257	8,967					
Santa Rosa Medical Center										

21A. 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 1975-1976		Annual Salary (Min.)	NIRMP Number	
						1st Yr.	All Yrs.			
WISCONSIN, MILWAUKEE—Continued										
St. Joseph's	C. H. Altshuler	217	1,068,052	14,707	8,488	4P	1C	004	11,000	178875
St. Luke's	G. E. Batayias	226	1,362,427	7,824	7,273	4P	2C 4F	008	10,500	178975 178920
St. Mary's	D. J. Carlson	103	200,000	5,700	4,700	4P	1C	004	10,500	179075

21B. PATHOLOGY, FORENSIC

Residency programs in the following institutions and agencies have been approved by the Council on Medical Education and the American Board of Pathology, through the Residency Review Committee for Pathology, as offering acceptable training in Forensic Pathology.

Examined at Scene by Pathologist	Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxicological Tests Made	Necropsies on Bodies Exam.	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
UNITED STATES ARMY, NAVY AND AIR FORCE									
DISTRICT OF COLUMBIA									
Armed Forces Institute of Pathology, Washington	C. J. Stahl, R. C. Froede	1,000	120	2,875	580	4C	008		
NONFEDERAL AND VETERANS ADMINISTRATION									
CALIFORNIA									
LOS ANGELES									
Department of Chief Medical Examiner—Coroner County of Los Angeles	T. T. Noguchi	6,432	942	36,581	150	6C	012	30,276	
OAKLAND									
Institute of Forensic Sciences	G. S. Loquvam	1,616	163	19,064	1,616	1C	001	15,500	
SAN FRANCISCO									
University of California Medical Center	J. O. Trowbridge	2,300	94	11,130	2,300	1C	002	11,700	
SAN JOSE									
Santa Clara County Medical Examiner—Coroner's Office	J. E. Hauser	1,390	52	2,550	75	1C	001		
COLORADO									
DENVER									
Denver General	G. I. Ogura	457	76	1,524		1C	002		
DISTRICT OF COLUMBIA									
WASHINGTON									
Office of the Chief Medical Examiner	J. L. Luke	1,147	185	8,478	1,147	2C	002	15,000	
FLORIDA									
FORT LAUDERDALE									
Office of the Chief Medical Examiner, Broward County	G. T. Mann	733	130	700	733	2C	002	10,000	
MIAMI									
Office of the Medical Examiner of Dade County	J. H. Davis	2,011	228	6,757	150	3C	004	15,000	
INDIANA									
INDIANAPOLIS									
Marion County General	J. A. Benz	716	84	278	716	2C	002	10,000	
MARYLAND									
BALTIMORE									
Office of the Chief Medical Examiner—Maryland Medical—Legal Foundation	I. M. Sopher	3,900	480	11,500	2,323	4C	008	12,000	
MICHIGAN									
DETROIT									
Wayne County Medical Examiners Office	W. U. Spitz	2,500	822	22,500		1C	004	15,142	
MINNESOTA									
MINNEAPOLIS									
Hennepin County General	J. I. Coe	700	44	1,293	700	1C	002	10,000	
Office of Chief Med. Investigator—Univ. of New Mexico School of Med.	J. T. Weston	560	86	4,657	186	1C	002	12,300	
NEW YORK									
EAST MEADOW									
Office of the Medical Examiner, Nassau County	L. I. Lukash	1,056	31	22,861		1C	002	17,489	
NEW YORK CITY									
Office of the Chief Medical Examiner, City of New York	M. Helpern	8,000	1,800	6,000		6C	008		
ROCHESTER									
Office of the Monroe County Medical Examiner	J. F. Edland	579	51	3,675	579	1C	001	21,050	
VALHALLA									
Office of the Medical Examiner	H. Siegel	750	30	3,500		2C	003	18,000	
NORTH CAROLINA									
CHAPEL HILL									
Office of the Chief Medical Examiner	P. Hudson	3,931	901	7,530	11,200	2C	003	21,000	
OHIO									
CINCINNATI									
Hamilton County Coroner's Office	F. Cleveland, P. Jolly	773	88	991	100	2C	002	12,000	

21B. PATHOLOGY, FORENSIC—Continued

*Examined at Scene by Pathologist	Physician in Charge	Total	Necropsies	Necropsies,	Necropsies	Positions		Annual	NIRMP
		Medicolegal	on	Toxico- logical	on Bodies	Offered	Offered		
		Necropsies	Homicides	Tests Made	Exam.*	1st	All	(Min.)	Number
OHIO—Continued									
CLEVELAND									
Cuyahoga County Coroner's Office	L. Adelson, S. R. Gerber	1,598	325	3,226	125	1C	003		
OKLAHOMA									
OKLAHOMA CITY									
Office of Chief Medical Examiner	A. J. Chapman	973	228	1,742	973	2C	002		
PENNSYLVANIA									
PHILADELPHIA									
Office of the Medical Examiner	M. E. Aronson	1,700	490	1,800	200	2C	002	6,000	
PITTSBURGH									
Office of the Medical Examiner	C. H. Wecht	1,306	239	9,159	100	2C	002	16,000	
PUERTO RICO									
RIO PIEDRAS									
Institute of Legal Medicine, University of Puerto Rico	R. A. Marcial-Rojas	2,505	229	10,722		1C	001		
SOUTH CAROLINA									
CHARLESTON									
Medical University of South Carolina	G. R. Hennigar	340	85	1,435	340	1C	002	11,050	
TENNESSEE									
MEMPHIS									
University of Tennessee—Institute of Pathology	J. T. Francisco	510	157	9,874	510	2C	002		
TEXAS									
DALLAS									
Southwestern Institute of Forensic Sciences	C. S. Petty	1,242	334	6,923	500	2C	002	9,000	
UTAH									
SALT LAKE CITY									
Office of the Medical Examiner—University of Utah Medical Center	S. M. Moore	211	39	1,815	211	1C	001		
VIRGINIA									
RICHMOND									
Medical College of Virginia	D. K. Wiecking	2,130	381	3,173	1,321	2C	002	10,400	

21C. PATHOLOGY, NEUROPATHOLOGY

Residency programs in the following institutions and agencies have been approved by the Council on Medical Education 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 1975-1976		Annual Salary (Min.)	NIRMP Number
				1st Yr.	All Yrs.		
UNITED STATES ARMY, NAVY, AND AIR FORCE							
DISTRICT OF COLUMBIA							
Armed Forces Institute of Pathology, Washington	K. M. Earle	724	806	2	3C	006	
NONFEDERAL AND VETERANS ADMINISTRATION							
CALIFORNIA							
LOS ANGELES							
Los Angeles County—U.S.C. Medical Center	R. L. Davis	881	96	2	1C	002	14,916
SAN DIEGO							
University of California (San Diego) Affiliated Hospitals	P. W. Lampert			2	2C	002	
University of California, San Diego—University Hospital		496	42				
Veterans Admin.		280	145				
SAN FRANCISCO							
Langley Porter Neuropsychiatric Institute	N. Malamud	168	25	2	1C	002	11,700
University of California Program	S. L. Nielsen			2	2C	004	
H. C. Moffitt—University of California Hospitals	S. L. Nielsen	263	266				13,500
San Francisco General	D. Mc Kay	193					
Veterans Admin.	O. N. Rambo, J. R. Baringer	163	109				10,300
STANFORD							
Stanford University	L. J. Rubinstein	579	78	2	3C	005	10,000
FLORIDA							
MIAMI							
Jackson Memorial	N. Popoff	750	500	2	1C	001	
GEORGIA							
ATLANTA							
Emory University School of Medicine	Y. Takei	655	494	2	2C	002	11,040
INDIANA							
INDIANAPOLIS							
Indiana University Medical Center				2		000	
IOWA							
IOWA CITY							
University of Iowa Hospitals	P. A. Cancilla	300	525	2	2C	004	10,100

21C. PATHOLOGY, NEUROPATHOLOGY—Continued

	Chief of Service or Program Director	Necropsies with CNS Exams.	Neurosurgical Specimens	Length of Approved Program (Yrs.)	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
KENTUCKY								
LEXINGTON University of Kentucky Medical Center	J. C. Parker, Jr.	220	183	2	1C	002	10,500	
LOUISIANA								
NEW ORLEANS Louisiana State University Affiliated Hospitals Charity Hospital of Louisiana Veterans Admin.	P. Mc Garry	389 252	50 125 76	2	2C	002		
MARYLAND								
BALTIMORE University of Maryland School of Medicine	J. H. Garcia	440	250	2	1C	002	12,675	
MASSACHUSETTS								
BOSTON Beth Israel Hospital—Children's Hospital Medical Center Beth Israel Children's Medical Center	F. Gilles, T. Hedley-Whyte T. Hedley-Whyte F. Gilles	375 184 191	154 65 89	2	2C	003	11,815	
MISSOURI								
COLUMBIA University of Missouri Medical Center	F. V. Lucas, M. N. Hart	270	160	2	2C	002	11,600	
NEW YORK								
NEW YORK CITY Columbia University College of Physicians and Surgeons New York Hospital New York University Medical Center University Bellevue Hospital Center Goldwater Memorial	P. E. Duffy F. F. Becker, I. Feigin	401 97 166 37	703 275 68	2 2 2	1C 2C 2C	004 004 004	13,300	
ROCHESTER Strong Memorial Hospital of the University of Rochester	L. W. Lapham	455	158	2	1C	002		
NORTH CAROLINA								
DURHAM Duke University Medical Center	F. S. Vogel	925	700	2	4C	008		
OHIO								
CLEVELAND Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Cleveland Metropolitan General	R. L. Friede B. Q. Banker	327 375	144 44	2 2	1C 1C	002 005	12,500	
COLUMBUS Ohio State University Hospitals	L. Liss	638	36	2	2C	002	8,568	
PENNSYLVANIA								
PHILADELPHIA Philadelphia General	L. B. Rorke	280	130	2	1C	001	11,743	
RHODE ISLAND								
PROVIDENCE Brown University	S. M. Aronson	330	150	2	2C	003	12,917	
CHARLESTON Medical University of South Carolina	G. Hennigar, J. Balentine	1,026	198	2	3C	003	11,050	
UTAH								
SALT LAKE CITY University of Utah Affiliated Hospitals University Veterans Admin.	M. L. Grunnet M. L. Grunnet L. Peric-Golia	213 146	60 3	2	1C	001		
VIRGINIA								
CHARLOTTESVILLE University of Virginia	M. G. Netsky	300	374	2	1C	002	9,400	
RICHMOND Medical College of Virginia	W. I. Rosenblum	400	250	2	2C	002	10,400	
WASHINGTON								
SEATTLE University of Washington Affiliated Hospitals University	E. C. Alvord, Jr.	923	158	2	4C	008	7,710	
WISCONSIN								
MADISON University of Wisconsin Affiliated Hospitals University Hospitals Veterans Admin.	A. W. Dudley, Jr. A. W. Dudley, Jr. J. M. B. Bloodworth, Jr.	350 156	100 41	2	1C	001	11,200	

APPROVED RESIDENCIES

22. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been approved by the Council on Medical Education, 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 24C.

23. PEDIATRIC CARDIOLOGY

The programs in Pediatric Cardiology, which have been approved by the Council on Medical Education, 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 24D.

24A. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training in the specialty. See also List 24B.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. O. C. Newborn Pre- mature	Positions Offered 1975-1976 1st All Yr. Yrs.		Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE										
CALIFORNIA										
David Grant U. S. A. F. Medical Center, Fairfield	C. J. Beauchamp	34	1,616	47,784	1,2,3	020	5C	012		
MISSISSIPPI										
U. S. A. F. Medical Center, Biloxi	W. J. Lawson	14		50,000	1,2,3	020	3C	009		
TEXAS										
Wilford Hall U. S. A. F. Medical Center, San Antonio	H. H. Johnson	23	1,678	49,063	1,2,3	038	4C	016	15,078	
UNITED STATES ARMY										
CALIFORNIA										
Letterman Army Medical Center, San Francisco	J. L. Stewart, Jr.	9	590	20,047	1,2,3	010	3C 1F	010		
COLORADO										
Fitzsimons Army Medical Center, Denver	D. C. Plunket	26	2,458	108,742	ALL	023	4C 2F	014		
DISTRICT OF COLUMBIA										
Walter Reed Army Medical Center, Washington	J. E. Shira	19	1,471	57,029	1,2,3	018	4C	012		
HAWAII										
Tripler Army Medical Center, Honolulu	J. W. Bass	14	1,542	39,483	ALL	042	4C	012		
TEXAS										
William Beaumont Army Medical Center, El Paso	R. G. Fearnow	21	1,088	104,893	1,2,3	034	4C 2F	013		
Brooke Army Medical Center, San Antonio	L. Canales	24	1,389	50,000	1,2,3	016	4C	012		
WASHINGTON										
Madigan Army Medical Center, Tacoma	R. G. Scherz	23	1,847	95,628	ALL	023	4C 2F	014		
UNITED STATES NAVY										
CALIFORNIA										
Naval, Oakland	J. W. Hayes	22	1,484	56,329	1,2,3	012	3C	009		
Naval, San Diego	J. E. Schanberger	40	2,504	70,452	1,2,3	048	5C	015		
MARYLAND										
Naval, Bethesda	D. W. Bailey	15	966	31,862	1,2,3	016	3C	009		
PENNSYLVANIA										
Naval, Philadelphia	W. M. Bason	12	412	19,385	1,2,3	007	2C	006		
VIRGINIA										
Naval, Portsmouth	J. L. Hughes	15	880	54,559	1,2,3	050	5C	015		
OTHER FEDERAL										
CANAL ZONE										
Gorgas, Balboa Heights	D. Hirschl	12	619	16,505	1,2	010	3F	005	13,238	180620
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA										
BIRMINGHAM										
University of Alabama Medical Center Children's	J. W. Benton, Jr.	73	5,233	78,232	ALL	0	9C	026	9,900	
University of Alabama Hospitals and Clinics		11	1,832	3,397		029				
FAIRFIELD										
Lloyd Noland	H. L. Crandall	17	1,252	30,451	1,2,3	006	2C 1F	007	12,000	100880 100820

APPROVED RESIDENCIES

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24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. O. C. Newborn Pre-mature	Positions Offered 1975-1976 1st Yr. All Yrs.		Annual Salary (Min.)	NIRMP Number
ALABAMA—Continued										
MOBILE										
University of South Alabama Affiliated Hospitals										
Mobile General	H. P. Bentley, Jr.	31	1,863	6,389	1,2,3	027	4C 2F	008	10,500	185280 185220
ARIZONA										
PHOENIX										
Phoenix Hospitals Affiliated Pediatric Program										
	J. K. Charlton				ALL		14C 2F	042		295280 189820
Good Samaritan	P. Bergeson	23	2,473	4,349		041			9,456	
Maricopa County General	J. K. Charlton	27	1,502	23,386		050			10,629	
St. Joseph's Hospital and Medical Center	M. L. Cohen	32	2,919	4,855		038			11,448	
TUCSON										
University of Arizona Affiliated Hospitals										
Pima County General	G. Morrow, 3d			16,459	1,2,3			15C	035	9,375
Tucson Medical Center		30	2,435	162		060				101580
University		21	968	12,475		017				
ARKANSAS										
LITTLE ROCK										
University of Arkansas Medical Center										
University	R. E. Merrill	30	997	8,540	1,2,3	038	6C	018	8,500	101880
Arkansas Children's		32	956	43,970						
CALIFORNIA										
DAVIS										
University of California (Davis) Affiliated Hospitals										
	C. F. Abildgaard				ALL		4C 2F	021	10,300	104680 104620
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		20	1,190	12,584		009				
FRESNO										
Valley Medical Center of Fresno										
	J. F. Mc Kenna	37	3,166	13,596	1,2,3	014	3C 4F	009	14,430	102280 102220
IRVINE										
University of California (Irvine) Affiliated Hospitals										
Childrens Hospital of Orange County (Orange)	T. L. Nelson				ALL		12C	038		104380
Orange County Medical Center (Orange)	M. J. Carson	82	5,905	12,552		004				
Memorial Hospital of Long Beach (Long Beach)	T. L. Nelson	42	1,711	18,568		018			10,300	
	H. W. Orme	65	3,796	15,000		040			9,450	
LOMA LINDA										
Loma Linda University Affiliated Hospitals										
Loma Linda University	R. F. Chinnock	23	1,175	19,500	1,2,3	028	9C	025	10,568	102480
Riverside General (Riverside)	J. W. Mace T. Shafai	17	1,028	14,206		013			12,204	
LONG BEACH										
Memorial Hospital of Long Beach (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)										
LOS ANGELES										
Cedars—Sinai Medical Center										
Cedars of Lebanon Hospital Division	B. M. Kagan	37	1,619	5,000	1,2,3	038	6C	014	11,580	103080
Childrens Hospital of Los Angeles	C. Grushkin	168	12,376	64,949	1,2,3		22C	055	10,744	103180
Kaiser Foundation	M. R. Brody	36	2,814	62,451	1,2,3	037	3C	007	10,634	205580
Los Angeles County—U.S.C. Medical Center	J. P. Allen	85	4,174	48,824	ALL	174	26C	062	11,952	103380
Martin Luther King, Jr. General	R. E. Greenberg	24	1,621	44,889	1,2,3	027	10C	029	13,656	205780
U. C. L. A.	A. J. Moss	53	3,072	19,432	1,2,3	044	12C	047	11,700	195680
White Memorial Medical Center	N. S. Nation	21	1,092	10,400	1,2,3	019	3C 2F	007	11,220	
OAKLAND										
Children's Hospital Medical Center of Northern California										
Kaiser Foundation	R. H. Gerdson E. Schoen	97 28	7,263 2,594	74,104 90,125	1,2,3 1,2,3	024 018	10C 2C	030 009	11,375 10,560	193980 104280
ORANGE										
Childrens Hospital of Orange County (See University of California (Irvine) Affil. Hosps., Irvine)										
Orange County Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)										
RIVERSIDE										
Riverside General (See Loma Linda University Affiliated Hosps., Loma Linda)										
SACRAMENTO										
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)										
SAN DIEGO										
University of California, San Diego—University Hospital										
	W. L. Nyhan	40	6,000	15,000	1,2,3	022	10C	024	10,300	104980
SAN FRANCISCO										
Childrens Hospital—St. Mary's Training Program										
Children's Hospital and Adult Medical Center	S. T. Giammona, B. P. Cohn				1,2,3		5C	019		105080
St. Mary's Hospital and Medical Center	S. T. Giammona	28	2,171	13,694		024			10,217	
Kaiser Foundation	B. P. Cohn	13	1,244	12,438		009			10,540	
Mount Zion Hospital and Medical Center	H. R. Shinefield	18	1,424	78,613	1,2,3	023	4C	009	9,960	195980
	R. A. Ballard	12	935	9,115	1,2,3	016	3C 1F	009	9,900	105480 105420

24A. 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 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
CALIFORNIA, SAN FRANCISCO—Continued										
University of California Program	M. M. Grumbach				ALL		10C 2F	030	10,300	106280 105811
H. C. Moffitt—University of California Hospitals	M. M. Grumbach	611	4,155	14,806		012				
San Francisco General	M. Grossman	7	502	30,398		007				
SAN JOSE										
Santa Clara Valley Medical Center	J. R. Maloney	22	1,420	14,996	1,2	017	3C	003	12,061	106380
STANFORD										
Stanford University	I. Schulman	40	2,750	10,070	1,2,3	035	10C	032	10,000	182080
STOCKTON										
San Joaquin General	W. West	9	611	6,090	1,2	013	1C 1F	003	11,502	102180 102120
TORRANCE										
Los Angeles County Harbor General	J. St. Geme	54	2,688	14,684	ALL		8C	016	14,916	106780
COLORADO										
DENVER										
University of Colorado Affiliated Hospitals	J. H. Githens	31	1,762	47,964	ALL	018	23C	061	9,370	107680
University of Colorado Medical Center	J. H. Githens	60	4,107	82,178		028			10,000	
Children's	A. Silverman	26	1,729	18,108		030			9,885	
Denver General	J. R. Connell									
CONNECTICUT										
BRIDGEPORT										
Bridgeport	J. Landwirth	35	3,073	4,075	1,2,3	033	5C	014	11,665	107980
HARTFORD										
Hartford	L. Chameides	47	6,397	16,000	1,2,3	038	8C 2F	016	10,300	108380 108320
Newington Children's (Newington)	F. J. Flynn, Jr.	23	229	3,148					10,500	
St. Francis	W. E. Hart	33	2,375	10,777	1,2	035	3C 1F	007	10,300	108580 108520
University of Connecticut Affiliated Hospitals										
New Britain General (New Britain)	M. Markowitz	19	1,941		1,2,3	020	10C	025	10,800	109480
NEW BRITAIN										
New Britain General (See Univ. of Connecticut Affil. Hosps., Hartford)										
NEW HAVEN										
Hospital of St. Raphael	W. E. Lattanzi	18	1,878	9,911	1,2,3	012	4C 2F	012	10,930	109080 109020
Yale—New Haven Medical Center										
Yale—New Haven	C. D. Cook	62	3,765	17,431	1,2,3	057	13C	029	10,930	108980
NEWINGTON										
Newington Children's Hospital (See Hartford Hospital, Hartford)										
WATERBURY										
Waterbury Regional Program	B. C. Berliner				1,2,3		4C	012	11,163	109780
Waterbury	B. C. Berliner	29	2,500	4,267		017				
St. Mary's										
DELAWARE										
WILMINGTON										
Wilmington Medical Center	H. Rosenblum	122	10,043	9,261	1,2,3	067	6C 1F	015	10,550	109980 109920
DISTRICT OF COLUMBIA										
WASHINGTON										
District of Columbia General	S. M. Sinkford	46	1,670	44,500	1,2,3	040	10C	020	11,370	
Freedmen's	M. E. Jenkins	21	1,027	17,403	1,2,3	023	7C	016	12,581	
Georgetown University Affiliated Hospitals	C. E. Hollerman				1,2,3		10C	030		180180
Georgetown University	C. E. Hollerman	29	1,959	3,079		029			10,568	
Columbia Hospital for Women	C. E. Hollerman					050				
Arlington (Arlington, Va.)	D. Reese	12	1,115	536		013				
Fairfax (Falls Church, Va.)	E. V. Soto	46	1,436	80		051				
George Washington University Affiliated Hospitals										
Children's Hosp. of the District of Columbia	D. W. Delaney	96	4,522	93,488	1,2,3	038	18C	041	11,077	107080
FLORIDA										
GAINESVILLE										
William A. Shands Teaching Hosp. and Clinics	E. A. Egan	79	2,600	25,000	ALL	019	10C	030	9,496	182480
JACKSONVILLE										
Jacksonville Hospitals Educational Program	S. Levin				1,2		10C	030	9,550	110180
Baptist Memorial	J. J. Townsend	60	4,266	415		012				
University Hospital of Jacksonville	S. Levin	34	1,664	29,181		039				
MIAMI										
University of Miami Affiliated Hospitals										
Jackson Memorial	W. W. Cleveland	85	2,662	12,994	1,2,3	155	9C 3F	031		110480 110420
Variety Children's	R. B. Lawson	66	4,541	35,739	1,2,3	0	7C	016	12,188	111080
PENSACOLA										
Pensacola Educational Program	J. C. Pickens, W. R. Bell				1,2,3		2C 2F	008	10,080	182680 182620
Baptist		10	990			014				
Sacred Heart		39	3,529			016				
University				4,344		007				
TAMPA										
University of South Florida Affiliated Hospitals										
Tampa General	L. A. Barnes	50	1,630	15,000	1,2,3	051	6C	014	9,349	110980

24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. O. C. Newborn Pre-mature	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number	
GEORGIA										
ATLANTA										
Emory University Affiliated Hospitals	R. W. Blumberg				1,2,3		24C 3F	040	9,600	111380 111320
Grady Memorial		57	2,671	9,603		094				
Henrietta Eggleston Hospital for Children										
AUGUSTA										
Medical College of Georgia Hospitals	W. B. Strong				1,2,3		6C	016	9,600	198580
Eugene Talmdage Memorial University	W. B. Strong A. F. Robertson	26 31	905 1,023	18,612 3,656		018				
HAWAII										
HONOLULU										
University of Hawaii—Kauaikeolani Children's Kauaikeolani Children's	S. L. Hammar	46	3,527	11,907	1,2,3	058	6C 2F	013	12,192	172480 180820
ILLINOIS										
CHICAGO										
Columbus—Cuneo—Cabrini Medical Center	H. Weiss	48	3,571	9,640	1,2,3	017	3C	008	10,250	112680
Columbus	R. A. Miller	241	9,972	129,198	ALL	135	18C 4F	068	11,600	112780 112720 113780 113711
Cook County							4C 3F	012	11,650	
Illinois Masonic Medical Center	J. L. Braudo	28	1,926	8,498	1,2,3	027			11,680	184280
Mc Gaw Medical Center of Northwestern University	H. L. Nadler	88	4,133	24,670	ALL	0	16C	048	11,680	184280
Children's Memorial	H. L. Nadler	16	1,193	16,148		023			11,680	
Evanston (Evanston)	D. Ingail	52	2,774	13,572	1,2	024	4C	010	11,350	114180
Mercy Hospital and Medical Center	R. A. Poncher	68	6,509	36,312	1,2,3	068	17C	055	11,100	114280
Michael Reese Hospital and Medical Center	S. P. Gotoff									
Mount Sinai Hospital Medical Center of Chicago	A. Grossman		2,317	5,000	1,2,3	022	2C 1F	007	11,000	114480 114420
Rush—Presbyterian—St. Luke's Medical Center	J. R. Christian	.61	3,495	56,496	1,2,3	037	4C	016	10,501	114780
St. Joseph	H. M. Jacobs	31	2,151	7,266	1,2	019	2C	006		115580
University of Chicago Hospitals and Clinics	S. S. Spector	78	3,662	21,521	1,2,3	008	10C	030	11,125	116080
University of Illinois	I. M. Rosenthal	55	1,876	21,289	ALL	042	8C	024	10,860	115080
EVANSTON										
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)	J. P. Bicoff	25	1,683	2,273	1,2,3	011	2C 1F	006	11,100	116820
St. Francis										
MAYWOOD										
Loyola University Affiliated Hospitals Foster G. Mc Gaw	J. P. Connelly	30	1,442	11,638	1,2,3	015	6C 2F	014		117080
OAK LAWN										
Christ Community	D. G. Cunningham	37	2,985	489	1,2,3	035	3C	009		113180
PARK RIDGE										
Lutheran General	S. Metrick	41	2,587	1,843	ALL	039	4C	008	11,820	117680
PEORIA										
St. Francis	W. H. Albers	67	5,359	16,844	1,2,3	059	2C 1F	009	10,250	117580 117520
SPRINGFIELD										
Southern Illinois University Affiliated Hospitals	J. M. Garfunkei	17	1,359	44,000	1,2,3		4C	009	10,000	292280
Memorial Hospital of Springfield		45	3,372			015 037				
St. Johns										
INDIANA										
INDIANAPOLIS										
Indiana University Medical Center	M. Green	65	2,240	7,810	ALL	032	13C	034	9,500	118780
Indiana University Hospitals	M. Green	15	828	17,516					10,000	
Marion County General	J. Heubi								10,774	118880
Methodist Hospital of Indiana	G. J. Rosenberg	74	9,137	5,679	1,2,3	044	4C 1F	012		118820
IOWA										
DES MOINES										
Iowa Methodist (Raymond Blank Memorial Hospital for Children)	L. A. Wintermeyer	43	3,748	20,986	1,2	031	4C	012	10,000	120180
IOWA CITY										
University of Iowa Hospitals	A. Healy	51	2,076	15,564	1,2,3	026	7C	024	10,100	120380
KANSAS										
KANSAS CITY										
University of Kansas Medical Center	B. A. Dudding	33	1,669	11,982	1,2,3	018	9C	022	10,000	120880
KENTUCKY										
LEXINGTON										
University	J. A. Noonan	40	1,715	13,445	1,2,3	016	6C	019		184880
LOUISVILLE										
St. Joseph Infirmary	S. S. Dhanjal	53	4,165	14,133	1,2,3	026	3C 2F	011	9,620	122080 122011
University of Louisville Affiliated Hospitals	D. R. Mac Millan				1,2,3		14C 1F	038	8,600	121780 121711
Children's Louisville General		90 8	3,696 452	4,059 6,079		034				

24A. 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 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
LOUISIANA										
NEW ORLEANS										
Louisiana State University Affiliated Hospitals	R. L. Fowler	87	2,997	9,287	ALL	069	8C	029	7,800	122443
Tulane University Affiliated Hospitals Charity Hospital of Louisiana	H. C. Shirkey	79	3,033	11,620	1,2,3	070	8C	028	7,800	122480
SHREVEPORT										
Confederate Memorial Medical Center	J. A. Little	72	1,880	11,802	1,2,3	026	4C 4F	014		123280 123220
MAINE										
PORTLAND										
Maine Medical Center	G. Hallett	32	2,481	2,819	1,2	019	3C	009	10,942	123680
MARYLAND										
BALTIMORE										
Baltimore City Hospitals	H. E. Harrison	32	1,388	31,250	ALL	034	6C	014		123780
Johns Hopkins	J. W. Littlefield	76	3,140	108,927	ALL	030	19C	054	10,500	124280
John F. Kennedy Institute	A. J. Capute	23	224	5,545		0			10,000	
Mercy	S. H. Walker	24	1,854	6,674	1,2,3	015	3C	008	11,000	124580
St. Agnes	F. J. Heldrich, Jr.	39	3,064	5,479	1,2,3	026	2C	011	11,025	124780
Sinai Hospital of Baltimore	E. Kaplan	23	1,560	4,527	1,2,3	035	4C	010	11,500	124980
University of Maryland Affiliated Hospitals University of Maryland	M. Cornblath	36	1,264	16,704	1,2,3	027	10C	030	11,350	125280
MASSACHUSETTS										
BOSTON										
Boston City	J. J. Alpert	51	2,975	57,238	ALL	029	13C	035	10,726	125780
Children's Hospital Medical Center	C. A. Janeway	93	5,829	28,646	1,2,3		16C	057	10,250	125980
Massachusetts General	N. B. Talbot	69	2,912	65,168	ALL		9C	026	11,300	126180
New England Medical Center	S. S. Gellis	79	3,508	29,271	ALL	030	9C	028	10,718	126380
St. Elizabeth's Hospital of Boston	J. T. Bowers, Jr.	18	1,516	5,162	1,2	023	3C	006	11,210	
PITTSFIELD										
Berkshire Medical Center	A. Drescher	20	1,807	4,103	1,2	025	2C	003		128180
SPRINGFIELD										
Springfield Hospital Medical Center	M. Medalie	24	1,551	5,788	1,2,3	057	3C	009	10,566	128680
WORCESTER										
St. Vincent	J. A. Duggan	33	1,906	1,857	1,2,3	011	2C	009	10,700	129080
Worcester City	J. Brem	30	1,714	4,405	1,2,3	008	4C 2F	009	10,576	129180 129120
MICHIGAN										
ANN ARBOR										
University of Michigan Affiliated Hospitals University	W. J. Oliver	88	2,663	28,859	ALL	017	17C	048	10,700	129380
Wayne County General (Eloise)	W. J. Oliver R. Strang	13	631	17,338		023			11,873	
DETROIT										
Children's Hospital of Michigan	P. V. Woolley, Jr.		8,116	38,919	ALL		14C 1F	042	10,815	184380 129520
Henry Ford	R. H. High	22	1,333	25,611	1,2,3	024	2C	010	11,000	130080
Metropolitan Northwest Detroit Hospitals	W. C. Montgomery	65	8,976	21,528	1,2,3	130	8C 6F	024	12,420	130220
Grace (Northwest Unit) Mount Carmel Mercy Sinai Hospital of Detroit Providence (Southfield)									11,200	
St. John	A. Rabbani	44	3,298	3,349	1,2	060	3C 3F	007	11,800	191580 191511
EAST LANSING										
Michigan State University Associated Hospitals	F. Matthies				ALL		1C 1F	004	11,200	243680 243620
Michigan State University Health Center Edward W. Sparrow (Lansing) Ingham Medical (Lansing) St. Lawrence (Lansing)	F. Matthies	1 36 18 19	192 2,880 1,635 2,102			043 0 016				
ELOISE										
Wayne County General (See Univ. of Michigan Affil. Hospitals, Ann Arbor)										
FLINT										
Hurley	G. H. Baker	60	4,833	47,181	1,2,3	028	3C 2F	012	9,000	130780 130720
GRAND RAPIDS										
Butterworth—Blodgett Memorial Hospitals	D. F. Reardon				1,2		4C 1F	008		131080 130911
Butterworth Blodgett Memorial		50 11	3,076 571	4,382 1,005		036 031				
LANSING										
Edward W. Sparrow (See Michigan State Univ. Assoc. Hosps., East Lansing)										
Ingham Medical (See Michigan State Univ. Assoc. Hosps., East Lansing)										
St. Lawrence (See Michigan State Univ. Assoc. Hosps., East Lansing)										
PONTIAC										
Pontiac Affiliated Hospitals	N. Haque				ALL	060	4C 2F	017		131880 131920
Oakland Medical Center Pontiac General St. Joseph Mercy		49 36	2,098 3,091	2,018 1,777		036 022			11,590 11,550	

24A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Pediatric Levels	A. O. C. Newborn Pre- mature	Positions Offered 1975-1976 1st All Yrs. Yrs.	Annual Salary (Min.)	NIRMP Number
MICHIGAN—Continued									
ROYAL OAK									
William Beaumont	R. Kurnetz	62	4,688	3,954	ALL	060	3C 1F	11,495	197880 197820
SOUTHFIELD									
Providence (See Metropolitan Northwest Detroit Hospitals, Detroit)									
MINNESOTA									
MINNEAPOLIS									
University of Minnesota Affiliated Hospitals	J. A. Anderson				1,2,3		23C	053	133480
Hennepin County General	R. B. Raile	28	1,486	15,829		013		10,000	
University of Minnesota Hospitals	J. A. Anderson	106	3,946	15,894		008		10,200	
Childrens (St. Paul)	K. M. Saxena	63	3,874	20,089		008		10,000	
St. Paul—Ramsey (St. Paul)	H. D. Venters	15	738	7,719		005		10,000	
ROCHESTER									
Mayo Graduate School of Medicine	M. D. Cloutier	70	3,983	36,570	ALL	015	8C	022	11,000 132880
ST. PAUL									
Childrens	K. M. Saxena	63	3,874	20,089	1,2	008	2C	004	10,000
St. Paul—Ramsey (See University of Minnesota Affiliated Hosp., Minneapolis)									
MISSISSIPPI									
JACKSON									
University of Mississippi Medical Center University	B. E. Batson	41	1,382	11,758	1,2,3	053	8C	022	9,400 195780
MISSOURI									
COLUMBIA									
University of Missouri Medical Center	G. J. Barbero	38	863	8,195	1,2,3	022	7C	017	9,500 199480
KANSAS CITY									
Children's Mercy	N. W. Smull	84	5,467	120,170	ALL	030	12C	034	9,250 198880
ST. LOUIS									
St. Louis Children's	P. R. Dodge	131	7,105	71,696	ALL	032	20C	070	10,000 186980
St. Louis City	A. E. Bannon	34	1,974	6,832	1,2,3	027	8C	014	10,476 136380
St. Louis University Group of Hospitals Cardinal Glennon Memorial Hospital for Children	A. E. Mc Elfresh	155	9,450	174,212	1,2,3	036	12C 1F	035	9,995 136580 136520
NEBRASKA									
OMAHA									
Creighton University Affiliated Hospitals	F. M. Shepard				ALL		4C	010	10,400 137280
Creighton Memorial St. Joseph's Childrens Memorial		34 56	1,692 4,631	12,533		017 003			
University of Nebraska Affiliated Hospitals	G. Van Leeuwen	61	19,322	40,545	1,2,3	030	8C	024	10,400 137680
University of Nebraska Childrens Memorial	G. Van Leeuwen F. M. Shepard	56	4,631	12,533		003			
NEW HAMPSHIRE									
HANOVER									
Dartmouth Medical School Affiliated Hospitals			6,002,949						
Mary Hitchcock Memorial	S. Blatman	18	1,300	10,125	1,2,3	008	3C	007	9,500 137780
NEW JERSEY									
CAMDEN									
Cooper	R. M. Bernardin	20	1,455	3,262	1,2	026	1C 1F	003	138080 138020
JERSEY CITY									
Jersey City Medical Center	J. P. Curran	160	7,500	16,000	1,2,3	100	7C	015	12,000
LIVINGSTON									
St. Barnabas Medical Center		35	3,078	70,070	1,2,3	039	3C	007	11,209 139680
LONG BRANCH									
Monmouth Medical Center	W. C. Ellis	28	2,364	3,677	1,2,3	028	4C	011	12,200 139280
NEPTUNE									
Jersey Shore Medical Center—Fitkin	A. De Spirito	41	3,289	3,191	1,2	013	6C	010	139580
NEWARK									
Martland	F. C. Behrle	48	1,817	32,062	1,2,3	056	16C	034	11,599 139880
Newark Beth Israel Medical Center	J. A. Titelbaum	33	2,241	24,360	1,2,3	033	8C	019	12,465 139780
St. Michael Medical Center	F. Desposito	50	2,816	5,401	1,2,3	019	4C	008	12,446 139980
United Hospitals Medical Center—Children's Hospital of Newark	G. M. Gill	73	1,559	36,300	1,2,3	010	11C 6F	025	11,599 187280 187220
NEW BRUNSWICK									
St. Peter's General	J. J. Kangos	33	2,414	2,806	1,2,3	025	2C	002	12,000 140080
PLAINFIELD									
Muhlenberg	P. A. Winokur	31	2,210	6,581	1,2,3	022	4C 2F	016	11,600 140780 140720
SUMMIT									
Overlook	G. O. Schragger	5	353	299	1,2,3	005	3C 2F	009	12,000 140880 140820
NEW MEXICO									
ALBUQUERQUE									
University of New Mexico Affiliated Hospitals	E. A. Mortimer, Jr.				ALL	000	5C	017	8,750 196280
Bataan Memorial	P. M. Eicher	4	337	15,199		004			
Bernalillo County Medical Center	E. A. Mortimer, Jr.	25	1,661	26,501		022			
NEW YORK									
ALBANY									
Albany Medical Center Affiliated Hospitals	I. H. Porter				1,2,3		8C	028	11,125 141480
Albany Medical Center	I. H. Porter	25	1,221	5,060		023			
St. Peter's	A. Mac Collam	26	1,948	5,474					

24A. 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 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
NEW YORK—Continued										
BUFFALO										
S. U. N. Y. at Buffalo Affiliated Hospitals	J. A. Cortner				1,2,3		12C	038	10,800	196580
Children's Hospital of Buffalo	J. A. Cortner	149	12,262	26,228		047				
Edward J. Meyer Memorial	H. P. Staub	29	1,583	30,500		008				
EAST MEADOW										
Nassau County Medical Center—Meadowbrook Div.	P. J. Collipp	85	7	38,900	ALL	036	11C	026	11,176	144880
JOHNSON CITY										
Charles S. Wilson Memorial	V. Prasarn	24	2,211	10,890	1,2,3	014	1C	003	10,400	145280
MANHASSET										
North Shore University (See N. Y. Hosp.—Cornell Med. Ctr. & Affil. Hosp., N. Y. City)										
MINEOLA										
Nassau	N. S. Erhart	37	3,477	591	1,2	036	2C 1F	007	13,211	145580 145520
NEW HYDE PARK										
Long Island Jewish—Hillside Medical Center Program	P. Lanzkowsky				ALL		14C	038	13,500	196380
Long Island Jewish—Hillside Medical Center	P. Lanzkowsky	55	3,334	11,122		057				
Queens Hospital Center (New York City)	A. Aballi	42	1,463	20,960		027				
NEW YORK CITY										
Albert Einstein College of Medicine Affiliated Hospitals	C. M. Edelmann, Jr.				1,2,3		21C	056		193180
Bronx Municipal Hospital Center	C. M. Edelmann, Jr.	70	2,698	106,174		055				
Hospital of the Albert Einstein College of Medicine	I. Greifer	29	2,086	4,286		026				
Albert Einstein College of Medicine Affiliated Hospitals										
Lincoln	H. Rodriguez-Trias	55	1,687	80,319	1,2,3	021	13C	033	13,500	148480
Beth Israel Medical Center Training Program	A. R. Rausen				1,2,3		9C	027	13,500	147080
Beth Israel Medical Center	A. R. Rausen	39	1,730	31,174		045				
Gouverneur	S. Silverman	18	679	44,911						
Bronx—Lebanon Hospital Center	M. Davidson	53	2,166	47,000	1,2,3	035	10C	027	14,000	147180
Brookdale Hospital Center	R. Golinko	58	2,730	25,387	1,2,3		12C	023	13,500	141980
Brooklyn—Cumberland Medical Center	W. R. Stankewick	67	2,442	22,971	ALL	081	14C 2F	032		142080 142020
Catholic Medical Center of Brooklyn and Queens	H. Gordon				1,2		10C	018	13,500	145080
Mary Immaculate Division		22	1,091	12,093		012				
St. John's Queens Division		13	895	952		018				
St. Mary's Division		23	714	16,499		015				
French and Polyclinic Medical School—St. Clare's	E. M. Di Tolla				1,2		5C	009	14,700	149780
French and Polyclinic Medical School and Health Center		10	531	2,794		013				
St. Clare's Hospital and Health Center		16	720			006				
Harlem Hospital Center	E. J. Kahn	71	3,673	53,122	1,2,3	057	14C	028	13,500	147880
Jewish Hospital and Medical Center of Brooklyn	H. E. Evans	56	2,190	30,500	1,2,3	064	10C	035		142580
Greenpoint		19	772	29,889		021				
Lenox Hill	E. A. Davies	26	1,813	10,732	1,2,3	021	5C	013	14,015	148380
Long Island College	J. R. Bongiorno	40	2,042	21,276	1,2,3	023	5C 4F	014	13,500	142780 142720
Lutheran Medical Center	N. S. Chiara	26	1,254	29,205	1,2	018	3C 1F	006	14,700	143080 143020
Maimonides Medical Center Training Program	N. Rudolph				1,2,3		13C	030		142880
Maimonides Medical Center	N. Rudolph	37	2,238	9,762		059				
Coney Island	F. Feldman	37	1,214	24,513		012				
Methodist	B. S. Nangia	32	4,277	30,112	1,2,3	032	6C	014	13,500	142980
Misericordia—Fordham Training Program	M. Hollander				1,2,3		8C	028	14,700	148680
Misericordia		38	1,662	80,453		033				
Fordham		56	2,039			032				
Montefiore Hospital Training Program	L. Finberg				1,2,3		18C	045	13,500	148780
Montefiore Hospital and Medical Center		60	2,898	40,517		0				
Morrisania City		37	2,105	81,919		034				
Mount Sinai Hospital Training Program										
Mount Sinai	H. L. Hodes	75	2,522	54,451	1,2,3	066	7C	022	14,000	149080
City Hospital Center at Elmhurst	A. J. Steigman	68	2,819	59,039	1,2,3	033	12C	022	13,500	149180
New York Hospital—Cornell Medical Center and Affiliated Hospitals	W. W. Mc Crory				ALL		13C	031	13,300	149280
New York Hospital - Memorial Hospital for Cancer & Allied Diseases	W. W. Mc Crory	49	2,419	26,864		059				
New York Hospital—Cornell Medical Center and Affiliated Hospitals	M. L. Murphy									
North Shore University (Manhasset)		30	2,163	7,730	ALL	033	7C	015	13,300	146780
New York Medical College—Metropolitan Hospital Center	E. Wasserman	19	870	5,731	ALL	036	13C	040	13,500	147380
Unit 1—Flower and Fifth Avenue Hospitals	E. Wasserman	47	1,660	49,452		033				
Unit 2—Metropolitan Hospital Center	D. S. Gromisch				1,2,3		14C	049		297880
New York University Medical Center	S. Krugman	50	2,951	71,560		029				
Bellevue Hospital Center	S. Krugman, S. N. Cohen	49	2,089	319		019				
University	S. Krugman, S. Q. Cohlan	159	7,126	85,000	1,2,3	077	11C	029	12,660	149580
Presbyterian (Babies)	R. E. Behrman									
Queens Hospital Center (See L. I. Jewish-Hillside Med. Center Program, New Hyde Park)										
Roosevelt	L. Z. Cooper	36	1,027	45,028	1,2,3	030	6C	019	13,521	149680

24A. 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 1975-1976 1st All Yr. Yrs.	Annual Salary. (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY—Continued									
St. Luke's Hospital Center	D. Wethers	42	1,921	44,131	1,2,3	055	5C 015	13,500	149980
St. Vincent's Hospital and Medical Center of New York	P. Scaglione	20	2,266	8,279	1,2,3	025	4C 009 1F	13,500	150080 150020
St. Vincent's Medical Center of Richmond Staten Island	A. A. Claps	33	2,338	5,953	1,2,3	021	3C 009	13,500	151480
S.U.N.Y. Downstate Medical Center	E. C. Roldan	23	1,460	5,395	1,2	017	2C 004	12,894	151580
	D. Millman				1,2,3		30C 073 2F		142680 142620
Kings County Hospital Center State University		175 21	5,792 818	195,410 15,648		100 23		13,500 14,772	
ROCHESTER									
University of Rochester Community Pediatrics Program	R. J. Haggerty				ALL		16C 037 1F	10,400	295980 295920
Genesee	J. B. Hanshaw	20	2,861	10,259		022			
Rochester General	G. Miller	9	450	3,944		030			
Strong Memorial Hospital of the University of Rochester	R. J. Haggerty	57	5,341	17,300		031			
SYRACUSE									
S. U. N. Y. Upstate Medical Center	F. A. Oski, H. Weinberger				1,2,3		11C 030	11,057	151680
Crouse Irving—Memorial State University	M. L. Voorhess	36	2,350	4,000		055			
	F. A. Oski, H. Weinberger	27	1,400	10,974		0			
VALHALLA									
Grasslands	P. B. Farnsworth	29	816	4,924	1,2	003	3C 006 2F		152120
WEST ISLIP									
Good Samaritan	F. W. Grelfo	26	4,509	31,629	1,2	026	3C 005	14,700	149380
NORTH CAROLINA									
CHAPEL HILL									
North Carolina Memorial	F. W. Denny	31	1,100	19,194	1,2,3	021	9C 033 4F		190080 190020
CHARLOTTE									
Charlotte Memorial	J. C. Parke	20	727	13,170	1,2	052	3C 008	10,080	152780
DURHAM									
Duke University Medical Center	R. P. Krueger	44	1,703	17,352	ALL	027	10C 026	10,350	152980
GREENSBORO									
Moses H. Cone Memorial	M. K. Sharpless	32	1,343	15,648	1,2	022	2C 008 2F	9,500	194320
WINSTON-SALEM									
Bowman Gray School of Medicine Affiliated Hospitals									
North Carolina Baptist	J. L. Simon	31	2,238	21,119	1,2,3	027	7C 025 3F	10,000	153780 153720
OHIO									
AKRON									
Children's Hospital of Akron	J. D. Kramer	106	5,528	19,004	1,2,3	031	12C 030	10,500	189880
CINCINNATI									
University of Cincinnati Hospital Group	E. L. Pratt				ALL		20C 058		154880
Children's		185	11,858	5,338		033		9,865	
Cincinnati General		18	1,214	10,194		047		9,865	
Good Samaritan Hospital—Community Pediatric Program	D. J. Frank	46	3,485	6,661	1,2,3	074	5C 014	10,200	155080
CLEVELAND									
Case Western Reserve University Affiliated Hospitals	L. W. Matthews				ALL		13C 036 1F		155280 155320
Cleveland Metropolitan General University Hospitals of Cleveland	D. N. Medearis	67	2,702	65,249		027		11,000	
	L. W. Matthews	75	3,355	29,679		051		10,500	
Cleveland Clinic	R. Mercer	42	1,957	9,733	1,2,3		3C 007	10,750	196880
Mount Sinai Hospital of Cleveland	E. Smith	21	1,133	8,092	1,2	024	3C 006	11,000	
St. Luke's	C. F. Ward	17	1,227	5,304	1,2,3	022	2C 004	11,000	156080
COLUMBUS									
Ohio State University College of Medicine Children's	B. D. Graham	102	5,567	138,288	1,2,3	008	14C 040	9,500	156680
TOLEDO									
Medical College of Ohio at Toledo Affiliated Hospitals	R. Rodriguez-Torres				1,2,3		8C 016	10,008	157980
Hospital of Medical College of Ohio at Toledo	R. Rodriguez-Torres	12	565	7,444		001			
Mercy	C. P. Cochran	32	2,319	3,147		023			
St. Vincent Hospital and Medical Center	E. J. Pike	46	3,235	12,047		024			
Toledo	J. C. Roberts	34	2,869	545		046		10,008	
OKLAHOMA									
OKLAHOMA CITY									
University of Oklahoma Health Sciences Center									
Children's Memorial	H. D. Riley, Jr.	90	4,940	48,320	ALL	041	6C 024 5F	10,380	158880 158820
TULSA									
Tulsa Pediatric Educational Program	G. A. Lugo				1,2,3		4C 012	9,708	272980
Hilcrest Medical Center	M. D. French	22	1,746	6,011		022			
St. Francis	G. A. Lugo	32	937						
St. John's	G. E. Haslam, Jr.	32	2,744	3,449		025			
OREGON									
PORTLAND									
University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	W. M. Clark	29	2,921	20,606	ALL	025	7C 021	9,000	159980

24A. 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 1975-1976		Annual Salary (Min.)	NIRMP Number
							1st Yr.	All Yrs.		
PENNSYLVANIA										
DANVILLE										
Geisinger Medical Center	T. E. Cadman	28	2,000	15,837	1,2	005	3C	005	11,000	160880
DARBY										
Fitzgerald Mercy Division (See Mercy Catholic Med. Ctr., Philadelphia)										
HARRISBURG										
Harrisburg	R. D. Baltz	23	1,597	3,767	1,2,3	021	1C	003	10,634	161480
Harrisburg Polyclinic	C. N. Shumway	29	2,151	9,191	1,2,3	022	2C	006	10,500	161580
HERSHEY										
Milton S. Hershey Medical Center of the Pennsylvania State University	N. M. Nelson	13	488	5,951	1,2,3	016	2C	006	10,584	161780
PHILADELPHIA										
Albert Einstein Medical Center	H. Meyer	15	922	6,594	1,2,3	033	4C	007	10,000	163180
Children's Hospital of Philadelphia	L. Baker	68	3,500	59,533	ALL		26C	062	10,240	186380
Hahnemann Medical College and Hospital	J. M. Kaplan	33	1,058	13,101	1,2,3	015	4C	010	10,500	162780
Hospital of the Medical College of Pennsylvania	H. M. Arey	23	1,541	20,000	1,2,3	020	6C	012	9,700	184980
Mercy Catholic Medical Center	A. M. Sesso				1,2		2C	004	10,000	163680
Misericordia Division		16	1,427	4,615		007				
Fitzgerald Mercy Division (Darby)		26	2,513	1,478		024				
Philadelphia General	E. P. Wilson	33	1,004	13,747	1,2,3	014	13C	027	10,492	
Temple University Affiliated Hospitals	V. C. Vaughan, 3d	114	7,286	123,754	ALL	047	16C	060	10,441	164680
St. Christopher's Hospital for Children									10,441	
Temple University									10,700	163080
Thomas Jefferson University	A. R. Hervada	20	738	11,956	1,2,3	032	6C 1F	018	10,700	163020
PITTSBURGH										
Hospitals of the University Health Center of Pittsburgh	T. K. Oliver, Jr.				ALL		17C	051	10,017	165280
Children's Hospital of Pittsburgh	T. K. Oliver, Jr.	35	1,849	18,060						
Magee—Womens	P. M. Taylor	248	6,494			099				
Mercy	L. G. Linarelli	40	2,158	9,370	1,2,3	015	3C	008	11,300	164980
PUERTO RICO										
CAGUAS										
Caguas Sub—Regional	C. F. De Melecio	45	2,200	13,421	1,2,3	037	6C	013	8,460	
MAYAGUEZ										
Mayaguez Medical Center	A. Lopez-Gonzalez	54	2,817	7,419	1,2,3	092	3C	009	8,460	
PONCE										
Ponce District General	F. G. Torres-Aybar	84	2,327	6,844	1,2,3	040	4C 3F	015	7,800	
SAN JUAN										
San Juan City	J. F. Jimenez	63	3,421	13,763	ALL	079	10C 3F	032	9,500	
University District	J. E. Sifontes	75	1,934	14,973	1,2,3	077	10C	033	9,660	
RHODE ISLAND										
PROVIDENCE										
Brown University Affiliated Hospitals	L. Stern				ALL		9C	034	11,860	167780
Rhode Island		43	1,815	10,917		000				
Providence Lying—In		78	4,380	15,150		081				
SOUTH CAROLINA										
CHARLESTON										
Medical University of South Carolina										
Teaching Hospitals	M. Westphal	37	1,453	12,000	1,2,3	027	6C	018	9,700	168080
Medical University of South Carolina										
COLUMBIA										
Richland Memorial	T. L. Austin	22	1,209	4,414	1,2,3	032	2C 2F	008	10,000	161880 161811
GREENVILLE										
Greenville General	R. C. Brownlee, Jr.	41	978	5,793	1,2,3	052	3C 3F	012	10,000	168380 168320
TENNESSEE										
CHATTANOOGA										
University of Tennessee Clinical Education Center										
T. C. Thompson Children's	H. Massoud	53	3,955	16,093	1,2,3	026	3C 1F	008	9,600	280980 168920
KNOXVILLE										
University of Tennessee Memorial Research Center and Hospital	H. S. Christian	46	1,090	2,988	1,2		2C 1F	006	9,111	183980 183920
MEMPHIS										
St. Jude Children's Research	G. J. Billmeier, Jr.	18	829	19,076	1,2,3	018	6C	018	9,000	169880
St. Joseph		12	1,064	1,491		018				
University of Tennessee Affiliated Hospitals	J. G. Hughes				1,2,3		10C 1F	029		184480 184420
City of Memphis Hospitals		69	2,561	37,358					9,280	
Le Bonheur Children's		73	7,250	8,182					9,900	
NASHVILLE										
George W. Hubbard Hospital of the Meharry Medical College	E. P. Crump	15	943	11,694	1,2	016	6C	018	9,589	
Vanderbilt University Affiliated Hospitals	D. T. Karzon				1,2,3		10C	025	9,394	170280
Nashville Metropolitan General	W. Altmeier	6	390	7,518						
Vanderbilt University	D. T. Karzon	60	2,400	20,782		026				

24A. 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 1975-1976 1st All Yr. Yrs.		Annual Salary (Min.)	NIRMP Number
TEXAS										
AUSTIN										
Brackenridge	K. W. Teel	25	1,792	2,926	1,2	025	3C 5F	020	11,200	170480 170420
CORPUS CHRISTI										
Driscoll Foundation Children's	M. Kurzner	58	3,498	67,763	1,2,3	006	5C	012		170380
DALLAS										
Children's Medical Center	H. F. Eichenwald	112	8,028	85,665	1,2,3	114	17C 1F	041	8,928	195580 283511
GALVESTON										
University of Texas Medical Branch Hospitals	C. W. Daeschner, Jr.	28	891	11,965	ALL	030	10C	028	9,600	171480
HOUSTON										
Baylor College of Medicine Affiliated Hospitals	R. J. Blattner				ALL		20C	059		171680
Ben Taub General	R. J. Blattner	55	2,071	57,969					9,540	
Jefferson Davis	R. J. Blattner	13	215	6,921		146				
Methodist	E. B. Brandes									
Texas Children's	R. J. Blattner	138	10,020	25,252					9,540	
University of Texas at Houston Affiliated Hospitals	R. R. Howell				1,2,3		6C	012		292380
Hermann	R. R. Howell	6	477	6,526		028			9,324	
University of Texas M.D. Anderson Hospital and Tumor Institute	J. Van Eys	18	479	5,172					9,000	
SAN ANTONIO										
University of Texas at San Antonio Teaching Hospitals	P. A. Brunell				ALL		11C	027	9,700	172280
Bexar County Teaching	P. A. Brunell	46	2,209	9,851		066				
Santa Rosa Medical Center	H. A. Britton	168	8,911	17,600						
TEMPLE										
Scott and White Memorial	N. G. Lawyer	14	1,365	21,495	1,2	012	2C 2F	006	10,000	172580 172520
UTAH										
SALT LAKE CITY										
University of Utah Affiliated Hospitals	L. A. Glasgow				ALL		8C	022	9,600	173280
University	L. A. Glasgow	38	1,619	7,059		010				
Primary Children's	L. G. Veasy	40				018				
VERMONT										
BURLINGTON										
Medical Center Hospital of Vermont	R. J. Mc Kay, Jr.	29	2,915	7,630	1,2,3	027	3C	008	9,250	173480
VIRGINIA										
ARLINGTON										
Arlington (See Georgetown Univ. Affil. Hospitals, Washington, D. C.)										
CHARLOTTESVILLE										
University of Virginia	R. M. Blizzard	17	950	16,854	1,2,3	024	4C 2F	017	9,400	173780 173711
FALLS CHURCH										
Fairfax (See Georgetown Univ. Affil. Hospitals, Wash., D. C.)										
NORFOLK										
Children's Hospital of the King's Daughters	M. A. Warfield	62	3,950	22,950	1,2,3	027	5C	014	10,000	173880
RICHMOND										
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	W. E. Laupus	85	1,536	45,096	1,2,3	075	14C	042	9,900	174380
WASHINGTON										
SEATTLE										
University of Washington Affiliated Hospitals	B. C. Morgan				ALL		12C	042	9,252	199080
Children's Orthopedic Hospital and Medical Center	J. M. Docter	106	8,289	33,185		007				
Harborview Medical Center	J. Mc Cann	15	166	7,149						
University	B. C. Morgan	17	1,163	15,721		024				
WEST VIRGINIA										
CHARLESTON										
Charleston Area Medical Center Memorial Division	H. H. Pomerance	16	1,245	6,217	1,2,3	035	4C 1F	012	9,000	190220
MORGANTOWN										
West Virginia University Medical Center	W. G. Klingberg	37	2,014	13,931	1,2,3	012	14C	021	9,700	183780
WISCONSIN										
MADISON										
University of Wisconsin Affiliated Hospitals University Hospitals	W. E. Segar	32	1,012	12,660	ALL		11C	025	10,200	177980
Madison General	W. E. Segar	15	1,966							
St. Marys Hospital Medical Center	H. Moffet	20	1,968			034				
	O. L. Torstenson									
MILWAUKEE										
Medical College of Wisconsin Affiliated Hospitals	J. C. Peterson				ALL		12C	032		178380
Milwaukee Children's		80	5,438	73,588					10,535	
Milwaukee County General		13	631	4,328		045			10,532	

24B. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 24A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Pediatric Levels	A. D. C. Newborn Pre-mature	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
NONFEDERAL AND VETERANS ADMINISTRATION									
CONNECTICUT									
NORWALK Norwalk	J. P. Rossi	25	2,569	2,115	1,2	016	2C 006	10,200	109380
LOUISIANA									
BATON ROUGE Earl K. Long Memorial	L. Hebert	32	1,272	11,734	1,2	033	2C 3F 005	6,600	122180 122120
LAFAYETTE Lafayette Charity	D. James	16	585	5,357	1,2	023	3C 1F 006	6,600	122580 122520
MICHIGAN									
KALAMAZOO Southwestern Michigan Area Health Education Center Bronson Methodist	W. P. Bristol	58	3,554	7,966	1,2	042	6C 3F 009	10,200	131480 131420
NEW YORK									
NEW YORK CITY Flushing Hospital and Medical Center	J. N. De Hoff	29	2,749	2,981	1,2	023	3C 1F 009	12,000	144580 144511
Jamaica	M. L. Blumberg	18	920	3,506	1,2	023	1F 006	13,240	144920
Jewish Memorial	A. T. Goalwin	13	821	1,591	1,2	011	2C 2F 006	10,500	148020
New York Infirmary	M. W. Weber	14	851	2,209	1,2	023	3C 006	13,602	
St. John's Episcopal	B. H. Shulman, R. Garcia	33	1,337	6,791	1,2	023	2C 006	14,804	
Wyckoff Heights	A. N. Eden	21	1,034	3,123	1,2	018	3C 006	14,700	143580
TEXAS									
EL PASO R. E. Thomason General	J. D. Alva	30	1,875	5,596	1,2	026	4C 008	12,500	171080
WISCONSIN									
LA CROSSE La Crosse Lutheran Hospital and Gundersen Clinic	S. C. Copps	8	779	23,000	1,2	008	1C 002	8,100	

24C. PEDIATRIC ALLERGY

Residency programs in the following hospitals have been approved for ONE or TWO years of training by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics.

	Chief of Service or Program Director	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE						
TEXAS						
Wiford Hall U. S. A. F. Medical Center, San Antonio	M. I. Michels	40	52,800	2C 004	15,525	
UNITED STATES ARMY						
CDLORADO						
Fitzsimons Army Medical Center, Denver	H. S. Nelson	74	3,416	4C 008	15,525	
NONFEDERAL AND VETERANS ADMINISTRATION						
ARKANSAS						
LITTLE ROCK University	V. H. Gordon	161	2,340	1C 002	8,900	
CALIFORNIA						
IRVINE						
University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	T. L. Nelson		1,735	1C 002	16,312	
LOS ANGELES						
Kaiser Foundation	J. Easton	2,814	8,000	1C 002	14,622	
Los Angeles County—U. S. C. Medical Center	O. R. Hoffman	630	8,000	1C 002	17,400	
U. C. L. A.	E. R. Stiehm, S. C. Siegel	35	971		13,900	
ORANGE						
Orange County Medical Center (See University of California (Irvine) Affil. Hosps., Irvine)						

24C. PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
				1st Yr.	All Yrs.		
CALIFORNIA—Continued							
SAN DIEGO							
University of California, San Diego—University Hospital	R. N. Hamburger	135	2,500	1C	002	12,900	
SAN FRANCISCO							
Kaiser Foundation	D. F. German		113,276	1C	002	11,220	
University of California Program H. C. Moffitt—University of California Hospitals	O. L. Frick	50	1,849	1C	002	6,000	
STANFORD							
Stanford University Affiliated Hospitals Stanford University	N. J. Lewiston	185	4,105	3C	004	10,000	
TORRANCE							
Los Angeles County Harbor General	D. C. Heiner			2C	004	18,626	
COLORADO							
DENVER							
Children's Asthma Research Institute and Hospital	E. Middleton, Jr.	80					
University of Colorado Affiliated Hospitals University of Colorado Medical Center National Jewish Hospital at Denver	C. O. May, D. S. Pearlman	75 223	1,745 795	6C	012	11,000	
DISTRICT OF COLUMBIA							
WASHINGTON							
Children's Hospital of the District of Columbia	W. A. Howard	593	5,944	1C	002	12,132	
Georgetown University	J. A. Bellanti		1,749	2C	004	12,243	
Howard University Affiliated Hospitals Freedmen's District of Columbia General	M. A. Abrishami	44 250	731 15,004	2C	002	10,000 11,370	
FLORIDA							
GAINESVILLE							
William A. Shands Teaching Hosp. and Clinics	H. J. Wittig	10	2,211	3C	003	10,000	
ILLINOIS							
CHICAGO							
McGaw Medical Center of Northwestern University Children's Memorial	L. Pachman, R. Patterson	60	3,411	1C	001	12,767	
Michael Reese Hospital and Medical Center Rush—Presbyterian—St. Luke's Medical Center	R. Kretschmer, A. Rosenblum J. S. Hyde	314	917 3,990	1C	001	12,300	
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	178 125	3,789 7,709	3C	003	11,500 7,000	
KENTUCKY							
LOUISVILLE							
University of Louisville Affiliated Hospitals Louisville General Children's	J. M. Karibo			2C	004		
		270	9,667				
LOUISIANA							
NEW ORLEANS							
Charity Hospital of Louisiana—Louisiana State University Division	R. L. Fowler	65	4,779	1C	002	9,600	
MASSACHUSETTS							
BOSTON							
Children's Hospital Medical Center	H. R. Colten		2,897	2C	004	10,000	
MICHIGAN							
ANN ARBOR							
University	K. P. Mathews		4,500	1C	002	12,500	
DETROIT							
Henry Ford	J. A. Anderson	180	15,000	2C	002	11,100	
MINNESOTA							
ROCHESTER							
Mayo Graduate School of Medicine St. Mary's	E. J. O'Connell			1C	002	12,000	
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	C. E. Arbesman	277	3,525	1C	002	11,300	
EAST MEADOW							
Nassau County Medical Center—Meadowbrook Div.	N. S. Weiss	85	3,500	1C	001	13,272	
NEW YORK CITY							
Jewish Hospital and Medical Center of Brooklyn				1C	001		
Long Island College	L. T. Chiaramonte	103	3,646	2C	003	16,000	
New York Medical College—Metropolitan Hospital Center Unit 1—Flower and Fifth Avenue Hospitals Unit 2—Metropolitan Hospital Center	A. Ribon	193	3,186	1C	002	16,000	

24C. PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
				1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued							
Presbyterian (Babies)	W. J. Davis	165	6,600	1C	001	15,000	
Roosevelt	M. H. Grieco, H. I. Cohen	110	2,890	3C	006	15,413	
St. Vincent's Hospital and Medical Center of New York	P. Scaglione	125	2,611	1C	002	16,400	
ROCHESTER							
Strong Memorial Hospital of the University of Rochester	R. Schwartz, D. Johnstone	138	3,016				
NORTH CAROLINA							
DURHAM							
Duke University Medical Center	S. C. Dees		1,058	1C	003	10,350	
OHIO							
CINCINNATI							
University of Cincinnati Hospital Group Children's Cincinnati General Convalescent Hospital for Children	J. E. Ghory		2,076	1C	002		
PENNSYLVANIA							
PHILADELPHIA							
Children's Hospital of Philadelphia	H. I. Lecks	370	4,231	1C	002	12,000	
St. Christopher's Hospital for Children	P. A. Nell	493	4,500	3C	004	12,435	
Thomas Jefferson University	H. C. Mansmann, Jr.	225	3,940	3C	006	12,300	
PITTSBURGH							
Hospitals of the University Health Center of Pittsburgh Children's Hospital of Pittsburgh	P. Fireman	462	11,501	1C	002	12,243	
RHODE ISLAND							
PROVIDENCE							
Rhode Island	H. B. Freye		2,742	1C	002	12,680	
TENNESSEE							
MEMPHIS							
City of Memphis Hospitals (Frank Tobey Memorial Children's Hospital)	L. V. Crawford			1C	002		
TEXAS							
GALVESTON							
University of Texas Medical Branch Hospitals	A. S. Goldman	62	636	2C	004	9,600	
VIRGINIA							
RICHMOND							
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	F. S. Massie	213	7,485	1C	002	11,400	
WASHINGTON							
SEATTLE							
University of Washington Affiliated Hospitals University Children's Orthopedic Hospital and Medical Center Harborview Medical Center	C. W. Bierman		1,595	1C	002		
WISCONSIN							
MADISON							
University Hospitals	C. E. Reed		4,729	1C	002		
MILWAUKEE							
Medical College of Wisconsin Affiliated Hospitals Milwaukee Children's Milwaukee County General	J. N. Fink, R. R. Weller R. R. Weller J. N. Fink, R. R. Weller	257 10	1,449 1,371	1C	002	10,532	

24D. PEDIATRIC CARDIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
LDS ANGELES								
Childrens Hospital of Los Angeles	P. R. Lurie	10	519	2,303	1C	001	10,000	
U. C. L. A.	F. H. Adams	3	307	825			10,000	
DAKLAND								
Children's Hospital Medical Center of Northern California	S. M. Higashino	14	620	2,200	1C	002	10,500	
SAN DIEGO								
University of California, San Diego—University Hospital	W. F. Friedman	10	350	2,500	1C	003	11,700	

24D. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	HIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
SAN FRANCISCO								
University of California Program H. C. Moffitt—University of California Hospitals	A. M. Rudolph	10	565	133	3C	006	8,000	
STANFORD								
Stanford University Affiliated Hospitals Stanford University	D. Baum	3	350	610	1C	002	11,500	
COLORADO								
DENVER								
University of Colorado Affiliated Hospitals University of Colorado Medical Center Children's	J. J. Nora J. J. Nora C. Hawes	10 3	456 217	1,600 1,424	3C	005	7,000 10,000	
CONNECTICUT								
NEW HAVEN								
Yale—New Haven Medical Center Yale—New Haven	N. S. Talner	11	495	2,651	4C	004	8,500	
DISTRICT OF COLUMBIA								
WASHINGTON								
Children's Hospital of the District of Columbia	L. P. Scott	10	526	1,500	1C	001	12,132	
FLORIDA								
GAINESVILLE								
William A. Shands Teaching Hospital and Clinics	I. H. Gessner	15	850	1,500	2C	004	9,044	
GEORGIA								
ATLANTA								
Grady Memorial	D. Brinsfield			1,174	1C	002	10,560	
AUGUSTA								
Eugene Talmadge Memorial	W. B. Strong				1C	002	11,100	
ILLINOIS								
CHICAGO								
Cook County Mc Gaw Medical Center of Northwestern University Children's Memorial	R. A. Miller M. H. Paul	12 17	332 722	3,110 2,790	3C 2C	005 002	13,400 12,767	
Rush—Presbyterian—St. Luke's Medical Center	H. G. Bucheleres	9	302	1,286	1C	002	12,839	
University of Chicago Hospitals and Clinics	R. A. Arcilla	23	320	885	2C	003	12,700	
University of Illinois	A. R. Hastreiter	5	350	1,450	2C	003	12,312	
INDIANA								
INDIANAPOLIS								
Indiana University Hospitals	D. Girod	11	700	1,000			11,000	
IOWA								
IOWA CITY								
University of Iowa Hospitals	R. M. Lauer	8	353	3,572	1C	002	11,100	
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	A. M. Diehl	10	442	1,871	1C	002	11,500	
KENTUCKY								
LOUISVILLE								
Children's	K. Minhas	9	407	2,611	2C	004	9,900	
MARYLAND								
BALTIMORE								
Johns Hopkins	G. C. Rosenquist			2,113	2C	002	10,000	
MASSACHUSETTS								
BOSTON								
Children's Hospital Medical Center	A. S. Nadas	25	1,120	3,532	7C	012	7,000	
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals University Wayne County General (Eloise)	A. M. Stern A. M. Stern R. Strang	12 2	430 100	1,780 242	2C	004	12,500 11,873	
ELOISE								
Wayne County General (See University of Michigan Affiliated Hosps., Ann Arbor)								
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Hospitals	R. V. Lucas, Jr.	11	616	1,803	3C	007	11,000	
ROCHESTER								
Mayo Graduate School of Medicine St. Mary's	D. G. Ritter	15	385	2,991	2C	005	12,000	
MISSOURI								
KANSAS CITY								
Children's Mercy	R. V. Canent, Jr.	8	246	1,344	1C	001	10,000	
ST. LOUIS								
St. Louis Children's	D. Goldring	9	382	2,246	2C	002	11,000	
NEBRASKA								
OMAHA								
University of Nebraska	P. K. Mooring	1	300	900	1C	001	10,500	

240. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK								
ALBANY Albany Medical Center	R. Shafer	1	504	1,725	2C	002	12,575	
BUFFALO Children's Hospital of Buffalo	P. Vlad	9	522	3,268	3C	006	10,400	
NEW HYDE PARK Long Island Jewish—Hillside Medical Center Program	N. Gootman				1C	002	14,700	
Long Island Jewish—Hillside Medical Center		15	560	364				
Queens Hospital Center (New York City)		7	227	276				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine	G. Hait			808	2C	003		
Lincoln								
Mount Sinai	L. Steinfeld	16	487	2,265	1C	002	16,000	
New York Hospital	M. A. Engle	15	500	2,100	2C	006	12,000	
New York University Medical Center	S. Krugman	10	400	1,680	4C	004		
Bellevue Hospital Center	E. F. Doyle							
University	E. F. Doyle							
Presbyterian (Babies)	W. M. Gersony				1C	003		
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Prog., New Hyde Park)								
ROCHESTER								
University of Rochester School of Medicine Strong Memorial Hospital of the University of Rochester	J. A. Manning	12	508	2,158	1C	002		
NORTH CAROLINA								
CHAPEL HILL								
University of North Carolina School of Medicine North Carolina Memorial	H. S. Harned, Jr.	8	275	1,255	1C	001	10,800	
DURHAM								
Duke University Medical Center	M. S. Spach			1,245	2C	005	10,350	
OHIO								
CINCINNATI								
University of Cincinnati Hospital Group Children's	S. Kaplan			1,367				
CLEVELAND								
University Hospitals of Cleveland	J. Liebman			654	2C	004	11,500	
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center Children's Memorial	W. M. Thompson, Jr.	6	425	1,124	2C	002	10,980	
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	M. H. Lees	5	280	1,760	2C	002	10,800	
PENNSYLVANIA								
PHILADELPHIA								
Children's Hospital of Philadelphia	S. Friedman	20	3	1,400	2C	003	8,000	
St. Christopher's Hospital for Children	I. F. S. Black	15	563	1,996	3C	003		
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh Children's Hospital of Pittsburgh	J. R. Zuberhuler	14	623	2,969	2C	002		
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina	A. Hohn	12	500	3,000	1C	001	11,200	
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals City of Memphis Hospitals	R. C. Tierney	8	260	1,850	1C	003	9,900	
NASHVILLE								
Vanderbilt University Affiliated Hospitals Vanderbilt University	D. T. Karzon							
TEXAS								
DALLAS								
Children's Medical Center	W. W. Miller		547	675	1C	001		
GALVESTON								
University of Texas Medical Branch Hospitals	L. C. Harris	3	60	346	1C	002	10,300	
HOUSTON								
Texas Children's	D. G. Mc Namara	33	1,346	2,883	3C	006	9,000	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals Bexar County Teaching Santa Rosa Medical Center	C. M. Kohler	5 2	134 59	725 500	1C	002	9,700	

24D. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	H. D. Ruttenberg				1C	002	9,000	
University Primary Children's	H. D. Ruttenberg L. G. Veasy	4	480	171				
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	L. J. Krovetz	14	334	1,742	2C	002	10,400	
RICHMOND								
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	C. M. Mc Cue	11	416	2,192	2C	002	12,000	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals University	W. G. Guntheroth	2	225	691	1C	001	7,000	
WISCONSIN								
MILWAUKEE								
Milwaukee Children's	W. J. Gallen	9	450	1,782	1C	002	10,535	

25. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council on Medical Education 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 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	J. L. Roth	5,245	58,186	18,797	2C	006		
Kaiser Foundation Hospital and Rehabilitation Center (Vallejo)				991				
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 Univ. of Wash. Affiliated Hosps., Seattle)								
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	J. M. Miller, 3d				2C	002		
University of Alabama Hospitals and Clinics	J. M. Miller, 3d	4,705	75,374	4,052				
Veterans Admin.	W. C. Fleming	2,236	17,155	527			10,500	
ARIZONA								
PHOENIX								
Good Samaritan	J. B. Fenger	6,732	138,188	21,120	1C 1*	006	9,456	101181 101197
CALIFORNIA								
DAVIS								
University of California (Davis) Affiliated Hospitals	W. M. Fowler, Jr.				5C 1F	006		104620
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	W. M. Fowler, Jr.	2,798	21,828	2,476			11,700	
Veterans Admin. (Martinez)	J. Mennell	16,753	63,865	6,214			13,387	
IRVINE								
University of California (Irvine) Affiliated Hospitals	J. Tobis				6*	018		104397
Orange County Medical Center (Orange)	J. Tobis	6,782	9,746	6,080			10,300	
Memorial Hospital of Long Beach (Long Beach)	B. J. Michele	8,488	107,104	4,044				
Veterans Admin. (Long Beach)	H. Kent	5,753	207,854	44,160			13,272	
LONG BEACH								
Memorial Hospital of Long Beach (See University of California (Irvine) Affil. Hosps., Irvine)								
Veterans Admin. (See University of California (Irvine) Affil. Hosps., Irvine)								
LOS ANGELES								
Los Angeles County—U.S.C. Medical Center	R. Cailliet	99,442	293,293	26,812	1C	003	14,916	

APPROVED RESIDENCIES

25. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA, LOS ANGELES —Continued								
Veterans Admin. Center, Wadsworth	K. H. Haase, R. D. Fusfeld	5,604	138,907	13,622	3*	007	15,394	
MARTINEZ								
Veterans Admin. (See Univ. of Calif. (Davis) Affiliated Hospitals, Davis)								
ORANGE								
Orange County Medical Center (See University of California (Davis) 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	004	10,000	
Veterans Admin. (Palo Alto)	K. E. Carlson	3,620	94,120	3,070				
Santa Clara Valley Medical Center (San Jose)	G. G. Reynolds	361	41,681	52,678			12,061	
VALLEJO								
Kaiser Foundation Hospital and Rehabilitation Center (See Letterman Army Medical Center, San Francisco, U. S. Army)								
COLORADO								
DENVER								
University of Colorado Medical Center	J. W. Gersten, F. Cenkovich	4,703	36,822	36,822	1C 1*	006	9,370	
DISTRICT OF COLUMBIA								
WASHINGTON								
George Washington University	M. Mourad	4,266	64,490	21,495	1C	003	11,150	
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	M. Peszczynski				4C	012		
Grady Memorial	M. Peszczynski	5,741	33,222	38,665			10,080	
Elks Aidmore	R. D. Carr	337	6,916	2,696			10,800	
Emory University	S. B. Chyatte		15,853	1,336				
Veterans Admin. (Decatur)	R. D. Carr	1,356	22,150	1,768				
WARM SPRINGS								
Georgia Warm Springs Foundation Georgia Rehabilitation Center	R. L. Bennett, E. D. Haak K. A. Hoffman	1,180 156	61,098 5,631	3,619	4C	012	6,000	222981
DECATUR								
Veterans Admin. (See Emory University Affiliated Hosps., Atlanta)								
ILLINOIS								
CHICAGO								
Mc Gaw Medical Center of Northwestern University	H. B. Betts				4C	008	11,680	224781
Rehabilitation Institute of Chicago	H. B. Betts	74	500	900				
Veterans Admin. Research	J. Stratigoes	9	75	3,000				
Mount Sinai—Schwab Rehabilitation Hospitals	E. J. Rogers				2C 2*	008	11,000	114481 114497
Mount Sinai Hospital Medical Center of Chicago		4,156	8,912	1,565				
Schwab Rehabilitation		540	73,900	3,493				
University of Illinois Affiliated Hospitals	R. S. Oryshkevich				2C	008		
Michael Reese Hospital and Medical Center	K. H. Kohn	4,229	65,558	8,004				
University of Illinois	C. Schwab	2,525	32,346	25,844			11,580	
Veterans Admin. (West Side)	R. S. Oryshkevich	2,555	80,760	7,019			11,580	
HINES								
Veterans Admin.	M. Gratzler	4,464	310,292	4,750	1*	005	11,000	225797
PEORIA								
University of Illinois—Peoria School of Med. Affiliated Institutions Institute of Physical Medicine and Rehabilitation	R. O. Mc Morris	6,228	91,600	16,364	2C	003	10,500	
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	D. L. Rose	12,550	24,862	3,414	2*	004	12,000	
Veterans Admin. (Kansas City, Mo.)	G. E. Hassard	4,104	64,540	1,979			10,000	
KENTUCKY								
LOUISVILLE								
University of Louisville Affiliated Hospitals Institute of Physical Medicine and Rehabilitation	T. A. Kelley, Jr.	591	54,409	7,946	2C	006	9,600	

25. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1975-1976 1st Yr.	1976-1977 All Yrs.		
LOUISIANA								
NEW ORLEANS								
Charity Hospital of Louisiana	N. S. Gilbert	11,124	71,033	40,575	3C	009	9,000	
Veterans Admin. Center (Biloxi, Miss.)	J. C. Tanner	18,424	27,636	1,800			9,600	
MARYLAND								
BALTIMORE								
University of Maryland Affiliated Hospitals	P. F. Richardson				3*	008		125297
University of Maryland	L. J. Goldfine	2,726	29,814	7,097			11,350	
Sinai Hospital of Baltimore	B. S. Cohen	3,000	129,523	37,359			12,500	
Veterans Admin. (Fort Howard)	K. Raab	1,178	51,688	3,277				
FORT HOWARD								
Veterans Admin. (See University of Maryland Affiliated Hospitals, Baltimore)								
MASSACHUSETTS								
BOSTON								
Tufts University Affiliated Hospitals	C. V. Granger				3C	010		
New England Medical Center (Rehabilitation Institute)	C. V. Granger	3,400	50,231	10,521			11,314	
Veterans Admin.	W. O. Duane	3,100	88,000	2,000			11,245	
University	M. M. Freed	4,263	65,060	5,782	1C	004	11,000	
MICHIGAN								
ANN ARBOR								
University	J. W. Rae	17,100	74,700	14,500	3C	009	10,700	129381
DETROIT								
Wayne State University—Detroit Medical Center Affiliated Hospitals Rehabilitation Institute	J. N. Schaeffer	5,592	108,825	56,570	4*	012	11,900	243597
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	F. J. Kottke				6*	024	10,200	133497
University of Minnesota Hospitals	F. J. Kottke	3,702	205,567	9,893				
Hennepin County General	A. Quiggle	2,418	14,620	6,031			4,156	
Sister Kenny Institute	K. B. Sperling	426		1,456			1,408	
Veterans Admin.	F. J. Kottke	4,154	145,992					
ROCHESTER								
Mayo Graduate School of Medicine	G. K. Stillwell	19,030	46,482		3*	009	11,500	132897
Rochester Methodist		2,828	37,597					
St. Mary's		5,610	81,058					
MISSISSIPPI								
BILOXI								
Veterans Admin. Center (See Charity Hospital of Louisiana, New Orleans, Louisiana)								
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	C. R. Peterson	3,053	24,266	3,566	2*	006	9,500	199420
Mc Haney Rehabilitation Institute Veterans Admin.	T. S. Culley	44	154	355	4F			
KANSAS CITY								
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Jewish Hospital of St. Louis	F. U. Steinberg	4,061	39,466	5,051	2C	003	11,100	
NEW JERSEY								
EAST ORANGE								
Veterans Admin.	L. Stefaniwsky	3,696	111,780	11,808	2C	004		
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	B. J. Paul				2C	006	11,800	
Albany Medical Center	B. J. Paul	3,750	31,347	3,965				
Veterans Admin.	B. J. Paul	9,980	84,083	2,278				
Sunnyview Hospital and Rehabilitation Center (Schenectady)	R. S. Hoffman			18,260				
BUFFALO								
Veterans Admin.	K. H. Lee	3,191	138,794	16,659	2*	006		
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Division	R. F. Cane	6,494	53,129	15,751	2*	006	11,874	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program					3C	009		
Long Island Jewish—Hillside Medical Center		2,224	13,055	5,539		000	14,700	
Queens Hospital Center (New York City)		7,709	164,502	15,566			13,500	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	A. S. Abramson				4C	012	14,700	
Bronx Municipal Hospital Center		7,617	95,462	19,829				
Hospital of the Albert Einstein College of Medicine		2,939	49,143	10,892				
Lincoln		6,855	16,840	7,057				
Columbia University Affiliated Hospitals	B. Schoenberg				3C	010		
Presbyterian	B. Schoenberg	13,534	158,323	10,983			13,715	
Harlem Hospital Center		7,620	65,534	10,635				
Blythedale Children's (Valhalla)	B. Schoenberg	350	29,516	5,645				
Helen Hayes (West Haverstraw)	R. Reyes	351					15,386	

25. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
Kingsbrook Jewish Medical Center	H. Rosner	1,211	88,273	4,973	3C	009	15,200	
Montefiore Hospital Training Program	S. Bluestone	3,055	49,172	12,730	1C	004	13,500	
Montefiore Hospital and Medical Center		1,115	18,514	11,040				
Morrisania City								
Mount Sinai Hospital Training Program	L. H. Wisham	18,755	28,821	5,510	5C	014	15,200	
Mount Sinai	L. H. Wisham	1,451	105,095	7,239			14,700	
City Hospital Center at Elmhurst	L. Kaplan							
New York Hospital—Cornell Medical Center and Affiliated Hospitals	W. Nagler	4,702	110,422		1C	004	14,700	
New York Hospital		1,100						
Burke Rehabilitation Center (White Plains)								
New York Medical College—Metropolitan Hospital Center	C. Hinterbuchner				6*	016	14,700	152120
Unit 1—Flower and Fifth Avenue Hospitals		687	9,902	1,906	1F			
Unit 2—Metropolitan Hospital Center		6,895	68,004	4,406				
Unit 3—Bird S. Coler Memorial Hospital and Home		1,227	147,967					
Grasslands (Valhalla)				3,936			14,000	
New York University Medical Center	H. A. Rusk				17C	045		
Institute of Rehabilitation Medicine	H. A. Rusk	7,342	276,145	53,863				
Bellevue Hospital Center	B. B. Grynbaum	3,721	107,652	7,148				
Brookdale Hospital Center	L. Rothman	5,281	13,338	1,388			13,500	
Goldwater Memorial	M. H. M. Lee	1,488	119,135	670				
St. Barnabas Hospital for Chronic Diseases	V. A. Ribera	1,007	30,628	367				
St. Vincent's Hospital and Medical Center of New York	S. S. Sverdlik, Jr.	22,517	29,550	6,325				
Veterans Admin. (Manhattan)	E. L. Kristeller	3,819	267,168	33,822			15,394	
Queens Hospital Center (See L. I. Jewish Med. Center Training Program, New Hyde Park)								
S.U.N.Y. Downstate Medical Center	J. Benton				7C	021		
Kings County Hospital Center		4,348	55,746	11,031			14,700	
State University		2,813	24,653	1,126			14,772	
Veterans Admin. (Bronx)	H. J. Lindenauer	2,600	195,187	19,894	2C	003	15,394	
Veterans Admin. (Brooklyn)	L. C. Y. Chen	3,443	124,872	7,813	2C	005	15,394	
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	J. J. Whitmore	3,766	45,339	258	2C	006	10,400	151181
Monroe Community	J. J. Whitmore	111	158	29				
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)								
Grasslands (See N. Y. Med. Coll. -Metropolitan Hosp. Ctr., New York City)								
WEST HAVERSTRAW								
Helen Hayes (See Columbia Univ. Affiliated Hosps., New York City)								
WHITE PLAINS								
Burke Rehabilitation Center (See N. Y. Hosp. -Cornell Med. Ctr. & Affil. Hosp., N. Y. City)								
OHIO								
CINCINNATI								
University of Cincinnati Hospital Group	R. Jepsen				3C	009		154881
Children's	E. Griffith	740	2,770	546				
Cincinnati General	R. Jepsen	18,312	82,713	36,912				
Veterans Admin.	R. Jepsen	10,352	105,691	2,103				
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	C. Long, 2d				3C	010		
Cleveland Metropolitan General	N. Coyne	30,681	141,752	11,537			11,000	
Highland View	C. Long, 2d	6,249	212,638	5,189			11,500	
COLUMBUS								
Ohio State University Affiliated Hospitals	E. W. Johnson				5C	015	8,000	156681
Ohio State University Hospitals		7,067	94,737	6,247				
Mount Carmel Medical Center								
Riverside Methodist	G. W. Waylonis	36,884	74,877	2,522			9,500	
OREGON								
PORTLAND								
Veterans Admin.	P. S. King	4,516	248,452	2,606	1C	005	11,088	
PENNSYLVANIA								
PHILADELPHIA								
Temple University Affiliated Hospitals	D. Glass				5C	012	11,299	
Albert Einstein Medical Center	D. Glass	3,740	28,911	3,990				
Moss Rehabilitation	D. D. Glass	2,071	56,026	7,982				
Temple University	R. Herman	2,650	29,749	4,028				
Thomas Jefferson University	J. F. Ditunno, Jr.	2,700	28,682	4,043	1F	006	10,700	163020
University of Pennsylvania Affiliated Hospitals	W. J. Erdman, 2d				3C	009		
Hospital of the University of Pennsylvania		56,267	60,936	4,669	1F		11,300	
Philadelphia General		1,910	77,886	10,171			10,492	
Veterans Admin.		7,209	27,549	1,765			12,750	

25. PHYSICAL MEDICINE AND REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA—Continued								
PITTSBURGH								
St. Francis General	T. C. Hohmann	8,116	67,046	9,515	2*	006	11,500	188197
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	H. J. Flax				2*	008	9,660	
University District	R. Berrios Martinez	2,847	77,053	21,858	1F			
Puerto Rico Rehabilitation Center		8,597	315,691	28,018				
Veterans Admin. Center	H. J. Flax	8,061	286,556	17,109	2C	006	9,598	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals				1,821	2C	002		
Medical University of South Carolina								
TEXAS								
DALLAS								
Baylor University Medical Center	E. M. Krusen	107,373	187,460	53,100	2C	006	9,876	
Parkland Memorial	P. A. Heim	4,908	68,146	13,424			8,784	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	L. A. Leavitt				4C	012		171620
Ben Taub General	L. A. Leavitt	17,044	24,446	4,776	2F		10,140	
Jefferson Davis	L. A. Leavitt	18,782	18,011	477				
Methodist	L. A. Leavitt	3,843	23,241	3,066			9,000	
St. Luke's Episcopal	V. J. Kitowski	12,000	19,992	484			10,140	
Texas Children's	V. J. Kitowski	700	1,896	113			10,140	
Texas Institute for Rehabilitation and Research	L. A. Leavitt	2,161	7,377	5,950			10,140	
Veterans Admin.	W. P. Blocker, Jr.	4,322	232,090	1,406			9,540	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals	A. E. Grant			27,421	1C	003	9,700	
Bexar County Teaching		8,580	91,827	27,421				
Brooke Army Medical Center	D. H. See	84,957	132,436	27,625				
Santa Rosa Medical Center								
Veterans Admin.								
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	J. R. Swenson	1,765	28,268	1,060	1C	002	9,600	
University								
VIRGINIA								
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals	L. D. Amick				2C	004		
Medical College of Virginia Hospitals	L. D. Amick	632	10,112	583			9,900	
Veterans Admin.	A. W. Zalis	7,680	79,744	1,080			10,584	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	J. F. Lehmann				3C	026	9,252	191881
Children's Orthopedic Hosp and Medical Center	M. R. Horning	2,580	12,000	3,059				
Harborview Medical Center	B. De Lateur	1,854	17,525	575				
U. S. Public Health Service	T. Hongladarom	1,340	14,072	759				
University	J. F. Lehmann	2,579	29,910	4,695				
Veterans Admin.	E. Halar	183	1,000	493				
WISCONSIN								
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	J. L. Melvin				2C	008		178420
Curative Workshop of Milwaukee	J. L. Melvin	4,420	129,204	129,204	1*			
Milwaukee Children's					2F			
Milwaukee County General	J. L. Melvin	5,548	47,536	13,066			10,532	
Veterans Admin. Center (Wood)	M. Mantione	4,090	210,810	18,598			11,022	

26A. PLASTIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 26B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
UNITED STATES AIR FORCE									
TEXAS									
Wilford Hall U. S. A. F. Medical Center, San Antonio	D. G. Oibbell	23	729	6,518	2	2C	004	17,247	

26A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
UNITED STATES ARMY									
COLORADO									
Fitzsimons Army Medical Center, Denver	J. R. Zbylski	13	404	3,962	2	1C	002		
DISTRICT OF COLUMBIA									
Walter Reed Army Medical Center, Washington	R. W. Parsons	19	490	5,048	2	2C	004		
UNITED STATES NAVY									
MARYLAND									
Naval, Bethesda	W. C. Dempsey	20	594	7,636	2	1C	002		
UNITED STATES PUBLIC HEALTH SERVICE									
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	2C	004		
Arizona Children's (Tempe)		5	365	1,718					
Good Samaritan		5	293	293					
Maricopa County General								11,961	
TEMPE									
Arizona Children's (See Phoenix Plastic Surgery Residency, Phoenix)									
TUCSON									
University of Arizona Affiliated Hospitals University Veterans Admin.	W. C. Trier	6 19	401 595	4,067 2,100	2	4C	004	13,700	
CALIFORNIA									
DOWNEY									
Rancho Los Amigos (See U. C. L. A. Affiliated Hospitals, Los Angeles)									
IRVINE									
University of California (Irvine) Affiliated Hospitals	D. W. Furnas				2	2C	004		
Orange County Medical Center (Orange)		2	126	1,162				18,448	
Veterans Admin. (Long Beach)		18	140	365				21,216	
LONG BEACH									
Veterans Admin. (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)									
LOS ANGELES									
U. C. L. A. Affiliated Hospitals	H. A. Zarem				2	3C	006		
U. C. L. A.	H. A. Zarem	10	694	4,150				15,400	
Veterans Admin. Center—Wadsworth	T. A. Miller	13	220	810				18,720	
Rancho Los Amigos (Downey)	G. Brody	10	96	825					
Los Angeles County Harbor General (Torrance)	H. A. Zarem	1	80	1,028				19,896	
ORANGE									
Orange County Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)									
PALO ALTO									
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)									
SAN FRANCISCO									
St. Francis Memorial	V. Pennisi	24	1,630	5,085	3	2C	006	11,400	
University of California Program	W. J. Morris				2	2C	004		
H. C. Moffitt—University of California Hospitals	W. J. Morris	3	207	2,083				14,800	
Ralph K. Davies Medical Center—Franklin	W. J. Morris	3	358					14,100	
San Francisco General	W. J. Morris	4	141	460					
Veterans Admin.	J. Q. Owsley, S. H. Miller	3	175	276				10,300	
SAN JOSE									
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)									
STANFORD									
Stanford University Affiliated Hospitals	D. R. Laub				2	4C	020	10,000	
Stanford University	D. R. Laub	7	425	4,611					
Veterans Admin. (Palo Alto)	L. M. Vistnes	16	373	843					
Santa Clara Valley Medical Center (San Jose)	R. Pardoe	10	297	1,031				12,061	
TORRANCE									
Los Angeles County Harbor General (See U. C. L. A. Affil. Hospitals, Los Angeles)									
COLORADO									
DENVER									
University of Colorado Affiliated Hospitals	R. J. Hoehn				2	2C	004	12,570	
University of Colorado Medical Center	R. J. Hoehn	15	347	1,780					
Children's	J. D. Burrington	3	238	34					
Denver General	R. C. A. Weatherley-White	9		600				10,500	
Veterans Admin.	R. J. Hoehn	22	220	335				9,612	

26A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
INDIANA									
INDIANAPOLIS									
Indiana University Medical Center	J. E. Bennett				2	3C	006		
Indiana University Hospitals	J. E. Bennett	28	818	2,379				12,000	
Marion County General	J. L. Glover	12	291	1,359				10,000	
Veterans Admin.	J. E. Bennett	11	231	982				10,500	
KANSAS									
KANSAS CITY									
University of Kansas Medical Center	F. W. Masters	15	982	7,536	2	2C	004	11,000	
KENTUCKY									
LEXINGTON									
University of Kentucky Medical Center	W. M. Bryant				2	2C	004		
University	W. M. Bryant	12	490	2,990					
St. Joseph	A. M. Moore	6	437						
Veterans Admin.	W. M. Bryant								
LOUISVILLE									
University of Louisville Affiliated Hospitals	L. J. Weiner				2	2C	004	11,600	
Children's		12	7,262	11,540					
Jewish		262	12,459	33,440					
John N. Norton Memorial Infirmary		31	12,004	12,978					
Louisville General		119	12,283	28,601					
St. Joseph Infirmary		5	508	1,459					
Veterans Admin.		7	132	338					
LOUISIANA									
NEW ORLEANS									
Louisiana State University Affiliated Hospitals	G. W. Hoffman				2	2C	004	10,800	
Charity Hospital of Louisiana		7	234	1,579					
Southern Baptist		5	148	884				12,649	
Veterans Admin.					2	2C	004		
Tulane University Affiliated Hospitals	R. F. Ryan								
Charity Hospital of Louisiana	R. F. Ryan	6	198	2,031				11,400	
Ochsner Foundation	D. M. Mc Kee	5	337	3,773				11,074	
Touro Infirmary	R. F. Ryan	5	320	348				10,564	
U. S. Public Health Service	R. G. Clay	4	229	975					
MARYLAND									
BALTIMORE									
Johns Hopkins Affiliated Hospitals	J. E. Hoopes				2	2C	004	11,900	
Johns Hopkins	J. E. Hoopes	18	870	3,148					
Baltimore City Hospitals	C. T. Su	29	972	2,398					
Children's	E. J. Mc Donnell	79	491	581					
MASSACHUSETTS									
BOSTON									
Boston University Affiliated Hospitals	G. W. Anastasi		312	840	2	2C	002	12,000	
Boston City		8	312	840					
University		33	1,100	3,500	2	1C	002		
Massachusetts General	J. P. Remensnyder								
Peter Bent Brigham Hospital—Children's					2	1C	002	13,150	
Hospital Medical Center	J. E. Murray	6	324	934					
Peter Bent Brigham				1,460					
Children's Hospital Medical Center									
CAMBRIDGE									
Cambridge	F. G. Wolfort	10	740	2,500	2	1C	002	10,700	
MICHIGAN									
ALLEN PARK									
Veterans Admin.									
(See Wayne State U.—Detroit Med. Ctr. Affil. Hosps., Detroit)									
ANN ARBOR									
University of Michigan Affiliated Hospitals	R. D. Dingman	8	681	50	2	3C	006	13,650	
St. Joseph Mercy	R. O. Dingman	12	602	2,517				13,700	
University	R. O. Dingman, W. C. Grabb			98				11,300	
Veterans Admin.	R. O. Dingman	1	70	357				11,873	
Wayne County General (Eloise)									
DETROIT									
Henry Ford	A. P. Kelly, Jr.	13	635	15,412	2	1C	002	10,800	
Mount Carmel Mercy									
(See Providence, Southfield)									
Sinai Hospital of Detroit									
(See Providence, Southfield)									
Wayne State University—Detroit Medical Center Affiliated Hospitals	J. H. Binns	29	1,588		2	2C	005	12,280	
Veterans Admin. (Allen Park)	J. H. Binns	11	114	190					
Children's Hospital of Michigan	W. G. Mc Evitt								
Detroit General	J. H. Binns	7	189						
Grace	W. A. Lange	3	192	13					
Harper	E. Hill	8	583	9					
ELOISE									
Wayne County General									
(See University of Michigan Affiliated Hospitals, Ann Arbor)									
GRAND RAPIDS									
Grand Rapids Area Medical Education Center	R. Blocksma				2	1C	003	10,680	
Butterworth	R. Blocksma	3	173	2,749					
Blodgett Memorial	W. D. Simpson	6	315	63					
St. Mary's	B. H. Birkbeck	3	1,009	404					
ROYAL OAK									
William Beaumont	R. Pool	8	530	3,093	2	1C	002	13,065	

26A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA, HARRISBURG—Continued								
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	6	380	4,882			11,736	
Hamot Medical Center (Erie)	R. J. Demuth	5	782	5,760				
Harrisburg (Harrisburg)	R. L. Harding, S. J. Herceg	9	291	270			12,533	
Harrisburg Polyclinic (Harrisburg)								
PHILADELPHIA								
Temple University	L. M. Cramer			2,050	2	3C 006	13,846	
University of Pennsylvania Affiliated Hospitals	H. B. Lehr				2	4C 008	11,300	
Hospital of the University of Pennsylvania		10	662	1,123				
Children's Hospital of Philadelphia								
Graduate Hospital of the University of Pennsylvania		2	120	1,100			11,507	
Lankenau		4	347	753				
Pennsylvania		6	280	464			14,100	
Philadelphia General								
Bryn Mawr (Bryn Mawr)		4	208	550				
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	W. L. White				2	3C 006	14,469	
Children's Hospital of Pittsburgh		6	377	738				
Presbyterian—University		16	904	852				
Veterans Admin.		23	270	301				
Western Pennsylvania	D. C. Hanna, 3d	23	966	540	2	2C 004	14,075	
RHODE ISLAND								
PROVIDENCE								
Rhode Island	A. D. Versaci	11	950	1,312	2	1C 002	14,600	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	J. S. Harvin				2	2C 004	11,200	
Medical University of South Carolina Charleston County		7	187	1,271				
St. Francis Xavier		1	56					
Veterans Admin.		8	227	992			11,402	
TENNESSEE								
CHATTANOOGA								
University of Tennessee Clinical Education Center								
Baroness Erlanger	J. R. Reynolds	30	1,694	1,502	2	2C 004	12,600	
MEMPHIS								
University of Tennessee Affiliated Hospitals	J. H. Hendrix, Jr.				2	2C 004		
Baptist Memorial	R. C. Reeder	46		315			11,976	
City of Memphis Hospitals	J. H. Hendrix, Jr.	8	285	780			11,976	
Veterans Admin.	J. H. Hendrix, Jr.							
NASHVILLE								
Vanderbilt University Affiliated Hospitals	J. B. Lynch				2	2C 004	9,394	
Vanderbilt University	J. B. Lynch	6	284	1,119				
Baptist	G. Ricketson	4	384				15,708	
Nashville Metropolitan General	J. L. Sawyers	1	48	137				
Veterans Admin.	J. B. Lynch	7	156	364				
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals	K. E. Salyer				2	2C 004		
Parkland Memorial	K. E. Salyer	5	199	2,403			10,452	
Baylor University Medical Center	D. C. Kipp	6	653				10,776	
Presbyterian Hospital of Dallas		4	457					
Veterans Admin.	K. E. Salyer	12	241	1,342			9,514	
GALVESTON								
University of Texas Medical Branch Hospitals	S. R. Lewis	64	1,308	8,961	3	3C 009	12,700	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	S. B. Hardy				3	3C 009		
Ben Taub General	S. B. Hardy	14	398	4,459			11,340	
Methodist	S. B. Hardy	12	788				9,000	
St. Luke's Episcopal	S. B. Hardy	1	70					
Texas Children's	T. D. Cronin	1	77	58			11,940	
Veterans Admin.	S. B. Hardy	30	310	1,953			9,540	
St. Joseph	T. D. Cronin	13	957	9,959	2	2C 004	13,680	
University of Texas at Houston Affiliated Hospitals	R. J. Wise				2	1C 002	11,724	
Hermann	R. J. Wise	11	786	697				
University of Texas M. D. Anderson Hospital and Tumor Institute	R. H. Jesse	45	1,053	16,500				
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	C. C. Snyder				2	3C 006	13,100	
Latter—Day Saints	R. M. Woolf, T. Broadbent	7	521	127			10,300	
Primary Children's	T. Broadbent							
University	C. C. Snyder	5	270	3,147			13,100	
Veterans Admin.	C. C. Snyder	25	290	1,050				

APPROVED RESIDENCIES

26A. 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 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
VIRGINIA									
CHARLOTTESVILLE University of Virginia	M. T. Edgerton	24	1,033	5,301	2	2C	004	11,900	
HAMPTON Veterans Admin. Center (See Norfolk General, Norfolk)									
NORFOLK Norfolk General Veterans Admin. Center (Hampton)	J. E. Adamson	49	2,389	3,379	2	2C	004	12,000	
RICHMOND Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals	I. K. Cohen	12	400	4,200	2	2C	002	11,000	
WISCONSIN									
MADISON University Hospitals	F. D. Bernard	10	370	2,785	2	2C	004	12,700	
MILWAUKEE Medical College of Wisconsin Affiliated Hospitals	R. P. Gingrass	8	412	4,913	2	2C	004	10,532	
Milwaukee County General	R. P. Gingrass	4	270	313					
Milwaukee Children's	J. L. Teasley	4	270	313					
Veterans Admin. Center (Wood)	R. P. Gingrass	9	185	1,887				12,605	

26B. PLASTIC SURGERY

Programs in the following hospitals have been approved by the Council on Medical Education, 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 26A.

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
NEW YORK								
BUFFALO Roswell Park Memorial Institute	D. Shedd	18	293	2,905		3C	003	

26. PREVENTIVE MEDICINE
AEROSPACE MEDICINE

The following programs in Aerospace Medicine have been approved by 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	E.R. Goltra, Col., USAF, M.C.	3
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	W. W. Simmons, Cdr., M. C., U.S.N.	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			
Ohio State University Department of Preventive Medicine	Columbus, Ohio	R. L. Wick	3
Other affiliated training sites for the third year are: North American Rockwell Corp., Los Angeles; NASA Manned Spacecraft Center, Houston, Tex.; Lovelace Foundation, Albuquerque, N.M., Mayo Clinic, Rochester, Minn.; Northwest Airlines, Minneapolis, Minn.			
University of Oklahoma Health Sciences Center	Oklahoma City, Okla.	C. A. Lynn	

For information regarding program write to:
AFMPC/SGE
Randolph AFB, Texas 78148
*Program open only to members of the armed forces and employees of the federal government. Medical officers of the U.S. Army interested in this residency should write to the Director of Personnel and Training, Office of the Surgeon General, Department of the Army, Washington, D.C. 20314. Employees of the Federal Aviation Agency interested in this residency should address the Civil Air Surgeon, Federal Aviation Agency, Washington, D.C. 20553. National Aeronautics and Space Administration (NASA) physicians should address Director of Center Medical Programs, NASA Manned Spacecraft Center, 2101 Webster-Seabrook Road, Houston, Texas 77058.

For information regarding program write to:
Chief, Bureau of Medicine & Surgery (Code 5)
Department of the Navy
Washington, D.C. 20390

For information regarding program write to:
R. L. Wick, M.D., Dept. of Preventive Medicine,
410 W. 10th Avenue, Columbus, Ohio 43210

For information regarding program write to:
C. A. Lynn, M.D., 641 N.E. 15th St., Oklahoma City, Okla. 73180

GENERAL PREVENTIVE MEDICINE

The following institutions and agencies have been approved by 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	A. K. Cheng	Military Preventive Medicine, Epidemiology
UNITED STATES ARMY		
DISTRICT OF COLUMBIA		
Washington		
Walter Reed Army Institute of Research	T. Nowosiwsky	Military Preventive Medicine, Epidemiology
MARYLAND		
Edgewood Arsenal		
U.S. Army Environmental Hygiene Agency	M. V. Ranadive	Environmental Health
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE		
GEORGIA		
Atlanta		
Center for Disease Control, Health Services and Mental Health Administration	A. H. Holguin	Epidemiology
NONFEDERAL		
ALABAMA		
Birmingham		
University of Alabama Medical Center	P. B. Peacock	General Preventive Medicine, Epidemiology
ARIZONA		
Tucson		
University of Arizona College of Medicine, Department of Family and Community Medicine	A. R. Leonard	Health Services Administration, Epidemiology
CALIFORNIA		
Berkeley		
University of California School of Public Health Division of Epidemiology	H. L. Blum	Epidemiology, Health Services Administration, Maternal and Child Health, Environmental Health
Los Angeles		
Charles R. Drew Postgraduate Medical School, Department of Community Medicine	M. A. Haynes	
University of California School of Medicine and School of Public Health	P. R. Torrens	Epidemiology, Health Services Administration

APPROVED RESIDENCIES

28. PREVENTIVE MEDICINE—Continued

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. W. Meigs.....	Epidemiology, Clinical Preventive Medicine
HAWAII		
Honolulu University of Hawaii School of Public Health.....	R. M. Worth.....	Epidemiology, International Health, Population Dynamics, Family Planning
KENTUCKY		
Lexington University of Kentucky College of Medicine, Department of Community Medicine.....	A. S. Benenson.....	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.....	D. M. Paige.....	Clinical Preventive Medicine, 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.....	C. M. Wylie.....	Community Health Services, Epidemiology, Environmental Medicine, Maternal and Child Health, Medical Care Administration, Population Dynamics
MISSOURI		
Columbia University of Missouri 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.....	A. R. Jacobs.....	Health Services Administration
NEW YORK		
New York City Mount Sinai School of Medicine of the City University of New York, Dept. of Community Medicine.....	K. W. Deuschle.....	Epidemiology, Environmental Health, Community Medicine
NORTH CAROLINA		
Chapel Hill University of North Carolina School of Medicine and School of Public Health.....	W. P. Richardson.....	Epidemiology, Community Medicine, Maternal and Child Health
OHIO		
Columbus Ohio State University College of Medicine, Department of Preventive Medicine.....	M. D. Keller.....	Epidemiology, Community Health; Environmental Health
OKLAHOMA		
Oklahoma City University of Oklahoma Health Sciences Center, Department of Community Health.....	T. N. Lynn.....	Clinical Preventive Medicine, Medical Care Administration, Epidemiology and Environmental Health
UTAH		
Salt Lake City University of Utah Department of Community and Family Medicine.....	R. Kane.....	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

APPROVED RESIDENCIES

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26. PREVENTIVE MEDICINE—Continued

OCCUPATIONAL MEDICINE (Academic)

The following educational institutions have been approved by 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.

1st Year 2nd Year Total
Residencies Offered
1975-1976

Institution or Agency	Physician in Charge	1st Year	2nd Year	Total
MASSACHUSETTS				
Boston				
Harvard University, School of Public Health.....	J. L. Whittenberger.....	4	4	8
NEW YORK				
Rochester				
University of Rochester School of Medicine and Dentistry.....	T. S. Ely.....	2	0	2
OHIO				
Cincinnati				
University of Cincinnati Department of Environmental Health.....	R. R. Suskind.....	8	8	16
OKLAHOMA				
Oklahoma City				
University of Oklahoma Health Sciences Center, Department of Environmental Health.....	C. A. Nau.....	2	2	4

OCCUPATIONAL MEDICINE (In-Plant)

The following plants and agencies have been approved by 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.

Residencies Offered
1975-1976
Total All Years

Institution or Agency	Physician In Charge	Residencies Offered 1975-1976 Total All Years
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION		
DISTRICT OF COLUMBIA		
National Aeronautics and Space Administration, Office of Occupational Medicine and Environmental Health, NASA Headquarters, Code JG.....	L. B. Arnoldi.....	1
UNITED STATES AIR FORCE		
OHIO		
Headquarters, Air Force Logistics Command, Wright-Patterson Air Force Base.....	S. Gilbert, Jr.....	1
UNITED STATES ARMY		
MARYLAND		
U.S. Army Environmental Hygiene Agency, Edgewood Arsenal.....	M. V. Ranadive.....	4
UNITED STATES ATOMIC ENERGY COMMISSION		
IDAHO		
U.S. Atomic Energy Commission, Idaho Operations Office, Idaho Falls.....	J. H. Spickard.....	1
UNITED STATES NAVY		
OHIO		
Cincinnati Navy Industrial 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.....	A. W. Hoover.....	1
UNITED STATES TENNESSEE VALLEY AUTHORITY		
TENNESSEE		
Tennessee Valley Authority Division of Medical Services, Chattanooga.....	J. L. Craig.....	1
NONFEDERAL		
CALIFORNIA		
Fontana Kaiser Steel Corporation.....	S. L. Watson.....	1
DELAWARE		
Wilmington E. I. duPont de Nemours & Company.....	J. R. Zahn.....	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.....	S. D. Steiner.....	2
Midland Dow Chemical Company.....	H. L. Gordon.....	1
NEW YORK		
New York City American Telephone & Telegraph Company and Subsidiaries.....	M. B. Bond.....	1
Rochester Eastman Kodak Company.....	N. J. Ashenburg.....	2
PENNSYLVANIA		
Pittsburgh Jones & Laughlin Steel Corporation, Pittsburgh Works Division.....	R. J. Halen.....	0

APPROVED RESIDENCIES

28. PREVENTIVE MEDICINE—Continued
OCCUPATIONAL MEDICINE (In-Plant)—Continued

WASHINGTON

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

WISCONSIN

Milwaukee	Allis-Chalmers Corporation.....	C. Zenz.....			1
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PUBLIC HEALTH

Residency programs in Public Health in the following states and cities have been approved for training by 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)	Minimum Annual Salary
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.....	Berkeley, California.....	W. H. Clark.....	Alameda County.....	1,073,184	2	12,696
			Berkeley City.....	116,716		.....
			Contra Costa County.....	558,389		.....
			Los Angeles County.....	7,032,075		.....
			Orange County.....	1,420,386		.....
			Riverside County.....	4,459,074		.....
			Sacramento County.....	631,498		.....
			San Bernardino County.....	684,072		.....
			San Diego County.....	1,357,854		.....
			San Francisco County.....	715,674		.....
			San Mateo County.....	556,234		.....
			Santa Clara County.....	1,064,714		.....
			Santa Cruz.....	123,790		.....
			Yolo County.....	91,788		.....
District of Columbia Community Health and Hospitals Administration..	Washington, D.C.....	S. A. Khoury.....	District of Columbia.....	753,600*	2	11,300
State of Florida.....	Jacksonville, Florida.....	M. J. Ford.....	Dade-Miami.....	1,374,700*	2	20,462
			Hillsborough-Tampa.....	546,300*		.....
			Palm Beach-West Palm Beach.....	406,600*		.....
			Escambia-Pensacola.....	217,300*		.....
			Orange-Orlando.....	405,500*		.....
			Broward-Fort Lauderdale.....	761,100*		.....
			Brevard-Rockledge.....	246,300*		.....
			Lee-Fort Myers.....	132,200*		.....
			Florida State Division.....	.....		.....
State of Illinois.....	Springfield, Illinois.....	P. Q. Peterson.....	Cook County (Suburban).....	1,842,128*	2	15,960
			DuPage County.....	491,882*		.....
			Peoria City and County.....	195,318*		.....
State of Kentucky.....	Frankfort, Kentucky.....	W. P. McElwain.....	Lexington-Fayette County.....	176,000	2	17,700
			Louisville-Jefferson County.....	707,300		.....
State of Maryland.....	Baltimore, Maryland.....	J. R. Stiffer.....	Anne Arundel County.....	331,400*		16,100
			Baltimore County.....	660,000*		.....
			Baltimore City.....	882,300*		.....
			Montgomery County.....	607,000*		.....
			Prince George's County.....	743,100*		.....
			Washington County.....	106,300		.....
State of Massachusetts.....	Boston, Massachusetts.....		Boston City.....	626,326	2	12,706
			Brookline Town.....	53,608		.....
			Cambridge City.....	94,667		.....
			Central District.....	743,530		.....
			Newton City.....	88,514		.....
			Northeastern District.....	1,554,983		.....
			Southeastern District.....	1,406,948		.....
			Western District.....	735,988		.....
State of Minnesota.....	Minneapolis, Minnesota.....	W. R. Lawson.....	State of Minnesota.....	3,896,000*	2	14,000
State of Mississippi.....	Jackson, Mississippi.....	S. W. Mitchell.....	Mississippi State Board of Health.....	.....	2	17,610
State of New Jersey.....	Trenton, New Jersey.....	M. S. Gottlieb.....	Northern District.....	4,244,113	2	18,897
			Southern District.....	2,924,250		.....
State of New York.....	Albany, New York.....	J. L. Freitag.....	Selected local health departments.....	.....	2	12,250
New York City.....	New York City.....	W. J. Toft.....	New York City.....	7,896,000*	2	14,250
State of North Carolina.....	Raleigh, North Carolina.....	I. C. Grant.....	Charlotte-Mecklenburg County.....	500,000	2	7,500
			Guilford County (Greensboro).....	350,000		.....
			Orange-Person-Chatham-Lee-Caswell District Health Dept.....	185,000		.....
			Gaston County (Gastonia).....	175,000		.....
			North Carolina State Board of Health.....	.....		.....
State of Oklahoma.....	Oklahoma City, Oklahoma.....	T. N. Lyun.....	University of Oklahoma Health Sciences Center.....	.....	2	9,500
			Tulsa City-County Health Department.....	600,000*		.....
			Cleveland County Health Department.....	70,000*		.....

APPROVED RESIDENCIES

26. PREVENTIVE MEDICINE—Continued

PUBLIC HEALTH—Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
State of Oregon	Portland, Oregon	H. T. Osterud	.....	.....	2	9,100
			Lane County	227,200	.....	.....
			Jackson County	100,100	.....	.....
			Multnomah County	500,000*	.....	.....
			State of Oregon	2,183,270	.....	.....
Commonwealth of Pennsylvania	Harrisburg, Pennsylvania	C. L. Leedham	Allegheny County	1,603,100*	2	20,000
			Harrisburg State Health Department	66,800*	.....	.....
			Philadelphia City	1,944,200*	.....	.....
State of Tennessee	Nashville, Tennessee	E. W. Fowinkle	Chattanooga-Hamilton County	242,782	2	13,320
			Memphis-Shelby County	718,777	.....	.....
			Nashville-Davidson County	444,469	.....	.....
State of Texas	Austin, Texas	J. E. Peavy	.....	.....	2	20,000
State of Utah	Salt Lake City	E. A. Isaacson	Salt Lake City-County Health Department	500,000*	2	15,000
			Utah State Division of Health	.....	.....	.....
			Bear River District	.....	.....	.....
			Weber River District	.....	.....	.....
			Great Salt Lake District	.....	.....	.....
			Central Utah District	.....	.....	.....
			Southwestern District	.....	.....	.....
			Uintah Basin District	.....	.....	.....
.....		
State of Virginia	Richmond, Virginia	R. L. Wood	Richmond and selected rural areas	.....	2	13,128
State of Washington	Olympia, Washington	J. A. Bcare	Benton-Franklin	89,200	2	13,656
			Seattle-King	1,134,000	.....	.....
			Tacoma-Pierce	405,000	.....	.....
			Washington State	.....	.....	.....
State of Wisconsin	Madison, Wisconsin	R. W. Biek	Wisconsin State	4,418,083	2	23,604

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.

28A. PSYCHIATRY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education 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 28B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	J. C. Sparks	59	922	44,534	4*	012	15,078	
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	T. B. Hauschild	63	980	24,182	3C 3*	022		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	A. Johnson, Jr., F. Jones	126	842	18,756	8C 3*	029		
UNITED STATES NAVY								
CALIFORNIA								
Naval, Oakland	R. W. Steyn	126	1,170	10,171	3C	012		
MARYLAND								
Naval, Bethesda	V. M. Holm	80	664	8,690	4C	016		
PENNSYLVANIA								
Naval, Philadelphia	J. F. Mc Grail	130	1,105	13,885	4C 1F	017		
VIRGINIA								
Naval, Portsmouth (See East Virginia Medical School Affil. Hosps., Norfolk, Va.)								
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE								
DISTRICT OF COLUMBIA								
St. Elizabeths, Washington	D. D. Cowell	5,923	4,225	68,425	6C 4*	030	12,455	180482 180476
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	P. H. Linton				4C	012		
University of Alabama Hospitals and Clinics	P. H. Linton	58	1,387	10,498	1C	001		
Veterans Admin.	P. H. Linton, H. E. Kinnane			3,200			10,500	
ARIZONA								
PHOENIX								
Arizona State	H. E. Wulsin	737	1,465	33,923	3C 3*	018	12,096	
Good Samaritan	L. S. Cohn	19	483	5,918	3*	009	9,456	189820 101176
TUCSON								
University of Arizona Affiliated Hospitals	A. I. Levenson			3,757	8C	020	10,925	101582
University		14	245	3,757				
Palo Verde		24	391					
Veterans Admin.		29	357					
ARKANSAS								
LITTLE ROCK								
Arkansas State	E. W. Bennett	291	2,523	15,985	3C	009	16,236	
University of Arkansas Medical Center	R. F. Shannon				3C 3F	009		101882 101811
University		16	294	8,001			11,000	
Veterans Admin. Consolidated (North Little Rock Division)		695	3,794	49,973			14,618	
NORTH LITTLE ROCK								
Veterans Admin. Consolidated (North Little Rock Division) (See University of Arkansas Medical Center, Little Rock)								
CALIFORNIA								
BERKELEY								
Herrick Memorial	P. B. Hume	52	1,471	4,500	3C	009	11,064	
CAMARILLO								
Camarillo State	R. E. Moebius	2,087	7,019		4C	016	10,236	
DAVIS								
University of California (Davis) Affiliated Hospitals	D. G. Langsley				10C	030	10,300	104682
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	D. G. Langsley	35	1,200	64,000				
Stockton State (Stockton)	H. H. Brewster	939	1,655	9,338				

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
IMOLA Napa State	M. J. Ortega	2,171	5,327			7C 021	9,312	204182
IRVINE University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange) Veterans Admin. (Long Beach)	L. A. Gottschalk L. A. Gottschalk A. M. Warner	49 131	898 2,464	21,774 26,200		12* 055	10,300 13,272	104376
LOMA LINDA Loma Linda University Affiliated Hospitals Loma Linda University	H. S. Evans	17	301	9,500		7C 018	9,700	102482
LONG BEACH Veterans Admin. (See Univ. of California (Irvine) Affil. Hosps., Irvine)								
LOS ANGELES Cedars—Sinai Medical Center Cedars of Lebanon Hospital Division Mount Sinai Hospital Division Los Angeles County—U. S. C. Medical Center	S. Turkel S. M. Woods	23 180	256 5,262	3,500 23,842 93,917		6C 018 20C 086 20* 6F 9* 027	13,896 11,952	103376 103312 205776
Martin Luther King, Jr. General U. C. L. A. Veterans Admin., Brentwood Veterans Admin. (Sepulveda)	J. A. Cannon J. Yager J. Yager M. Greenblatt	204 42 409 267	10,081 694 3,583 1,826	173,873 24,050 141,054		18C 048 7C 021 20C 024 4*	11,700 15,394 13,272	
OAKLAND Highland General	J. L. Mahoney	37	1,397	29,606		4* 015 3F	10,860	104176 104120
ORANGE Orange County 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 Calif. (Davis) Affiliated Hosps., Davis)								
SAN DIEGO San Diego County Community Mental Health Services University of California (San Diego) Affiliated Hospitals University of California, San Diego—University Hospital Veterans Admin.	D. G. Zappella A. J. Mandell			11,672 12,238		000 12C 040	10,300 10,521	104982
SAN FRANCISCO Mount Zion Hospital and Medical Center Pacific Medical Center—Presbyterian St. Mary's Hospital and Medical Center San Francisco Community Mental Health Services University of California Program Langley Porter Neuropsychiatric Institute Veterans Admin.	E. M. Weinsel A. Enelow M. T. Khlentzos J. J. Katsuranis A. Simon A. Simon I. Feinberg	13 1 32 54 52	754 359 691 1,302 532	21,200 4,791 18,990 162,473 22,667 24,870		6* 019 1F 3C 008 2F 8C 025 1F 4C 012 11C 034 1F	9,900 10,200 9,875 10,894 10,300	105476 105420 106120 105720 106220
SAN MATEO San Mateo Community Mental Health Services	P. I. Wachter	27	883	87,619		6* 016	10,420	
SANTA BARBARA Santa Barbara County Mental Health Services Santa Barbara General Santa Barbara Cottage	C. H. H. Branch	49	1,437	3,388		2C 004		
STANFORD Stanford University Affiliated Hospitals Stanford University Veterans Admin. (Palo Alto)	W. S. Agras W. S. Agras B. S. Kopell	13 100	323 1,000	15,880		9C 035	10,000	182082
STOCKTON Stockton State (See Univ. of Calif. (Davis) Affiliated Hosps., Davis)								
SYLMAR Olive View Medical Center	J. C. Shipper	21	652	68,103		3* 009	11,496	
TORRANCE Los Angeles County Harbor General	C. Ford	29	394	24,998		8* 012 3F	14,916	106776 106720
COLORADO								
DENVER Denver General Fort Logan Mental Health Center	J. F. Yost W. F. Rehg	241 429	16,359 2,558	5,474 15,514		4C 012 3C 009	9,885 10,000	107782

APPROVED RESIDENCIES

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
COLORADO, DENVER—Continued								
University of Colorado Affiliated Hospitals	D. B. Carter				15C 1F	047		107682 107620
University of Colorado Medical Center		71	1,289	37,039			10,270	
Veterans Admin.		18	315				10,470	
CONNECTICUT								
HARTFORD								
Institute of Living	W. W. Zeller	366	644	15,053	8C	024	14,000	
University of Connecticut Affiliated Hospitals	R. Cancro				6C 1F	018		109482 108320
University of Connecticut Hospital—Mc Cook Division	R. Cancro	18	414	2,084			10,300	
Hartford	D. L. Brown	40	900	10,000			11,900	
Veterans Admin. (Newington)		17	272	4,670				
MIDDLETOWN								
Connecticut Valley	M. K. Arafeh	990	5,078	5,854	5C	015	11,320	
NEW HAVEN								
Yale—New Haven Medical Center	M. F. Reiser				7C 16*	066		108982 108976
Yale—New Haven	M. F. Reiser	33	436	9,205			12,210	
Yale Psychiatric Institute	M. F. Reiser	45	34				10,930	
Yale University Health Service, Div. of Mental Hygiene	M. F. Reiser		66	9,791			10,930	
Connecticut Mental Health Center		35	889	44,000			12,210	
Veterans Admin. (West Haven)	P. Errera	83	1,066	9,845			12,632	
NEWINGTON								
Veterans Admin. (See University of Connecticut Affiliated Hospitals, Hartford)								
NEWTOWN								
Fairfield Hills	D. W. Thomas	1,504	4,378		6C	018	11,636	
NORWICH								
Norwich	M. Martin	1,019	4,478	9,988	5C	015		
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
NEW CASTLE								
Delaware State	R. Winkelmayr	1,029	1,588	1,451	4C	012	12,726	
DISTRICT OF COLUMBIA								
WASHINGTON								
Freedmen's	W. H. Bradshaw, Jr.	22	242	3,265	4C	012	12,581	
Georgetown University Affiliated Hospitals	R. A. Steinbach				9C	027		180182
Georgetown University	R. A. Steinbach			23,812			10,568	
Veterans Admin.	G. Scarcella	172	1,097	12,858			10,565	
George Washington University	J. Zinner	28	427	2,626	6C	018	10,565	180282
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	R. F. Reinhardt				8C	028		182482
William A. Shands Teaching Hosp. and Clinics	R. F. Reinhardt	23	569	4,824			9,500	
Anclote Manor (Tarpon Springs)	W. H. Wellborn, Jr.	75	46	6,344			12,500	
Veterans Admin.	H. R. Lyons	79	672	246,200			9,891	
MIAMI								
University of Miami Affiliated Hospitals	R. L. Bragg				14C 5*	047		110482 110476
Jackson Memorial		130	2,105	15,714			11,465	
Veterans Admin.		148	2,126	26,111			14,463	
TAMPA								
University of South Florida Affiliated Hospitals	E. Klein				12C	036	9,340	297282
Tampa General		38	600	1,300				
St. Joseph's		72	644	7,101				
Veterans Admin.								
TARPON SPRINGS								
Anclote Manor (See University of Florida Affil. Hosps., Gainesville)								
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	B. C. Holland				20C	060	9,600	111782
Emory University	B. C. Holland	12	219					
Sady Memorial	B. C. Holland	31	1,558	20,738				
Georgia Mental Health Institute	B. C. Holland	144	2,806	36,958				
Veterans Admin. (Decatur)	T. E. Fulmer	54	683	53,603				
AUGUSTA								
Medical College of Georgia Hospitals	G. H. Longley	17	249	7,678	4C	010	10,100	198582
Eugene Talmadge Memorial								
HAWAII								
HONOLULU								
University of Hawaii Affiliated Hospitals	J. F. Mc Dermott, Jr.				4C 4F	018		223182 180820
Hawaii State (Kaneohe)	J. F. Mc Dermott, Jr.	226	805	1,000				
Queen's Medical Center	G. Bofian	25	840	6,030			10,922	
University of Hawaii, Leahi	J. F. Mc Dermott, Jr.	13	58	120				

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
HAWAII—Continued								
KANEHUE								
Hawaii State (See Univ. of Hawaii Affiliated Hospitals, Honolulu)								
ILLINOIS								
CHICAGO								
Illinois State Psychiatric Institute	C. Rhead	136	824	2,040	10C	033	12,708	
Mc Gaw Medical Center of Northwestern University	P. D. Barglow				7C 5*	033	11,680	224782 224776
Northwestern Memorial Veterans Admin. Research Evanston (Evanston)	H. Visotsky J. Gerber D. C. Greaves	75 26 33	1,200 258 434	8,000 9,574				
Michael Reese Hospital and Medical Center Mount Sinai Hospital Medical Center of Chicago	L. Kayton M. A. Falk	80 21	494 491	20,382 6,359	7C 1C 1F	021 020	11,718 11,000	114282 114482 114420
George J. London Memorial Rush—Presbyterian—St. Luke's Medical Center	M. Waldman P. E. Ebenhoeh			2,618 12,084				
		60	605		1* 3F	016	11,404	114776 114720
St. Joseph (See Loyola University Affiliated Hospitals, Maywood)								
University of Chicago Hospitals and Clinics University of Illinois Affiliated Hospitals University of Illinois Veterans Admin. (West Side)	D. X. Freedman G. H. Borowitz G. H. Borowitz B. Rappaport	17 14 80	464 165 1,481	15,280 22,078 76,085	8C 6C	026 021	11,125 10,860	116082 115082
DOWNEY								
Veterans Admin. (See Mc Gaw Medical Center of Northwestern Univ., Chicago)								
ELK GROVE VILLAGE								
Alexian Brothers Medical Center (See Loyola University Affiliated Hospitals, Maywood)								
EVANSTON								
Evanston (See Mc Gaw Medical Center of Northwestern Univ., 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				8C 2* 4F	030		117082 117076 117020
Foster G. Mc Gaw St. Joseph (Chicago)	J. A. Smith B. E. Rabin	30 30	525 576	6,426 8,506			11,000 10,500	
Alexian Brothers Medical Center (Elk Grove Village)	R. B. Thomas	34	542				12,000	
John J. Madden Zone Center (Hines) Veterans Admin. (Hines)	R. A. De Vito E. K. Mc Donald	140 199	2,296 2,647	22,582 8,379 400			11,000	
St. Joseph (Joliet)								
SPRINGFIELD								
Southern Illinois University Affiliated Hospitals	A. S. Norris T. A. Travis	130	862	1,380 12,500	4C	012	10,000	292282
Andrew Mc Farland Zone Center Memorial Hospital of Springfield Mental Health Association St. Johns	A. S. Norris T. A. Travis T. A. Travis A. S. Norris	52 25 30	1,080 3 827					
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center Indiana University Hospitals Larue D. Carter Memorial Marion County General Veterans Admin.	J. E. Simmons J. E. Simmons D. F. Moore J. Wright J. E. Simmons	96 51 71	307 1,216 744	5,325 3,886 22,543 5,020		20C 044	10,800 10,000 10,000 10,000	118782
IOWA								
CHEROKEE								
Mental Health Institute	E. A. Kjenaas	285	1,276	8,930	6*	014	15,984	
INDEPENDENCE								
Mental Health Institute	S. M. Korson	266	1,653	2,703	4C	012	14,508	
IOWA CITY								
University of Iowa Psychopathic	R. Noyes, Jr.	65	707	9,403	5C 3*	024	11,000	228682 228676
KANSAS								
KANSAS CITY								
University of Kansas Medical Center Veterans Admin. (Kansas City, Mo.)	S. Tubis F. V. Smith, Jr.	41 57	699 810	14,578 2,832	9C	036	11,000 11,500	120882
OSAWATOMIE								
Osawatomie State (See Menninger School of Psychiatry, Topeka)								

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
KANSAS—Continued								
TOPEKA								
Menninger School of Psychiatry	P. Woolcott, Jr.				18C	054	11,550	
C. F. Menninger Memorial	D. R. Aleksandrowicz	149	220	51,777				
Topeka State	W. W. Menninger	408	1,068	16,583				
Veterans Admin.	M. B. Ardis	765	4,282	76,904				
Osawatomie State (Osawatomie)	W. P. Mazur	454	1,653					
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	G. M. Henry				9C	029		184820
University	G. M. Henry	25	278	11,262	2F		9,500	
Veterans Admin.	A. M. Ludwig	412	3,040	2,704			9,868	
LOUISVILLE								
University of Louisville Affiliated Hospitals	N. Kateryniuk				5*	026	8,600	121776
Bingham Child Guidance Clinic	J. F. Ice	32	397	8,403	4F			121720
Central State	R. Alonso	487	1,923					
John N. Norton Memorial Infirmary	E. E. Landis	30	198	2,733				
Louisville General	N. Kateryniuk	23	2,064	1,519				
Veterans Admin.	N. S. Russinovich	40	716	3,643			11,000	
LOUISIANA								
MANDEVILLE								
Southeast Louisiana (See Tulane University Affiliated Hospitals, New Orleans)								
NEW ORLEANS								
Louisiana State University Affiliated Hospitals	W. J. Van Veen				6C	024		122411
Charity Hospital of Louisiana	W. J. Van Veen	36	921		6F		9,000	
Touro Infirmary	E. Svenson	15	415	10,651			9,782	
Tulane University Affiliated Hospitals	R. G. Heath				10C	030		
Charity Hospital of Louisiana	R. G. Heath	35	816				9,000	
De Paul								
Veterans Admin.	W. W. Wallace	40	369	7,417			11,438	
Southeast Louisiana (Mandeville)		404	2,421					
SHREVEPORT								
Confederate Memorial Medical Center	K. Shannon, Jr.	33	1,419	1,728	3C	012	9,000	123282
					3F			123220
MAINE								
PORTLAND								
Maine Medical Center	A. M. Elkins	28	960	27,924	3C	009	10,942	123682
					1F			123620
MARYLAND								
BALTIMORE								
Johns Hopkins	J. H. Stephens	65	616	19,918	10C	029	10,500	124282
Spring Grove Hospital Center	E. S. Long	1,889	4,503	7,196	3C	008	10,600	
University of Maryland Affiliated Hospitals								
University of Maryland	W. Weintraub	58	517	10,942	8C	030	11,350	125282
CROWNSVILLE								
Crownsville State	J. S. Wright	950	4,549	5,000	4C	012		
SYKESVILLE								
Springfield Hospital Center	D. Jolbitado	2,469	4,672		2C	010		
TOWSON								
Sheppard and Enoch Pratt	I. H. Cohen	244	480	5,134	8C	023	9,900	
MASSACHUSETTS								
BELMONT								
Mc Lean	H. M. Shein	240	716	18,377	7C	021	11,400	
BOSTON								
Beth Israel	J. C. Nemiah, H. G. Altman	14	211	8,259	5C	016	11,815	
Boston State	S. Rosenthal	656	1,501	93,138	5C	015	9,000	
Boston University Affiliated Hospitals	S. I. Cohen				12C	025		126282
Boston City		23	272	4,754			11,441	
University		15	105	1,872			11,000	
Massachusetts General	M. M. Brode	21	178	23,527	12C	036	10,900	126182
Massachusetts Mental Health Center	E. V. Semrad, R. I. Shader	199	916	37,000	18C	060	8,400	
St. Elizabeth's	J. Brennan	44	551	214	3C	006	11,210	
Tufts University Affiliated Hospitals	G. Adler				10C	030	10,718	239482
New England Medical Center		20	255	6,200				
Veterans Admin.		103	1,100	16,200				
CAMBRIDGE								
Cambridge	J. Mack	20	294	10,792	4C	016	10,700	126820
					2F			
HATHORNE								
Danvers State	E. A. Conboy	963	1,359	17,039	1C	004		
MEDFIELD								
Medfield State	N. S. Mittel	488	725	20,606	3C	009		
TAUNTON								
Taunton State	T. Iida	858	1,023	8,582	4C	012		
WALTHAM								
Metropolitan State	N. Papas	716	1,262	22,613	3C	007	15,000	
WORCESTER								
Worcester State	L. Prunier	579	1,489	30,824	4C	015	14,000	242582
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals	E. Draper				10C	030		129382
University	E. Draper	55	444	15,671			10,700	
Veterans Admin.	A. Silverman, R. Ging	62	677	3,453			11,330	

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN—Continued								
DETROIT								
Detroit Psychiatric Institute	M. O. Margolis	172	1,146	30,242	6C 12* 1F	018	14,200	
Henry Ford	H. Von Brauchitsch	36	600	10,000	2C	006	13,000	129520
Lafayette Clinic	C. E. Schorer	42	364	17,219	15C	048	14,200	130082
Sinai Hospital of Detroit	N. Rosenzweig	30	522	8,225	8C	018	13,475	243382
EAST LANSING								
Michigan State University Associated Hospitals	L. W. Rosen							
Michigan State University Health Center	A. Werner, L. W. Rosen	1	35	2,650	10C	028	12,600	
Genesee County Community Mental Health Services (Flint)	R. Chen, L. W. Rosen	239	185	15,299				
St. Lawrence Community Mental Health Center (Lansing)	E. Lynn, L. W. Rosen	32	1,057	32,000				
Clinton Valley Center (Pontiac)				34,814				
ELOISE								
Wayne County General	M. Minui	558	2,247	25,934	3C	013	13,618	
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	K. C. R. Nair			100,000	8C	026	14,094	
PONTIAC								
Clinton Valley Center (See Michigan State Univ. Associated Hosps., East Lansing)								
TRAVERSE CITY								
Traverse City State	P. E. Kauffman	1,207	1,034	9,997	6C	018	14,157	
YPSILANTI								
Ypsilanti State	V. A. Stehman	1,450	1,346	20,213	8C	024	12,820	
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals	R. W. Anderson				13C	039		133482
University of Minnesota Hospitals	R. W. Anderson	56	500	4,550			10,200	
Hennepin County General	W. W. Jepson	22	495	29,250			10,000	
St. Paul—Ramsey (St. Paul)	V. Tuason	63	1,837	25,935			10,000	
Veterans Admin.	W. Hausman	93	1,325	13,115				
Veterans Admin.	E. Posey	93	1,325	13,115	4C	012	10,730	
ROCHESTER								
Mayo Graduate School of Medicine	M. J. Martin			9,625	5*	024	11,500	132876
Rochester Methodist		17	312					
St. Mary's		42	741					
ST. PAUL								
St. Paul—Ramsey (See Univ. of Minn. Affiliated Hosps., Minneapolis)								
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	J. F. Suess				4C	012	9,400	195782
University	J. F. Suess	20	373	673				
Veterans Admin. Center	S. C. Russell	63	840	5,258				
Mississippi State (Whitfield)	A. G. Anderson	3,602	4,062	751				
WHITFIELD								
Mississippi State (See Univ. of Mississippi Medical Center, Jackson)								
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	J. M. A. Weiss	95	1,303	15,914	10C 4F	030	12,600	199482 199420
KANSAS CITY								
University of Missouri Residency In Psychiatry	R. K. Hornstra				5*	018	12,600	134376
Kansas City General Hospital and Medical Center								
Western Missouri Mental Health Center		126	6,102	41,256				
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Jewish Hospital of St. Louis	N. M. Simon	32	452	4,053	2C	006	10,000	135882
Malcolm Bliss Mental Health Center	M. Strahilevitz	162	2,276	66,451	18C	050	12,600	
Missouri Institute of Psychiatry—St. Louis State	A. D. Kitchen	773	4,441	56,918	12C	050	13,650	248382
St. Louis University Group of Hospitals	C. K. Hofling			37,614	4C 1F	027		136582 136520
Firmin Desloge General	C. K. Hofling						10,628	
Cardinal Glennon Memorial Hospital for Children	C. K. Hofling						13,000	
David P. Wohl Memorial Mental Health Institute	C. K. Hofling	40	651	5,743			13,000	
Veterans Admin.	E. T. Auer, C. K. Hofling	267	1,991	17,360				

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MISSOURI, ST. LOUIS—Continued								
Washington University Affiliated Hospitals Barnes Hospital Group	E. Robins	350	3,800	20,000	18C	069	12,600	135382
NEBRASKA								
OMAHA								
Creighton University Affiliated Hospitals Creighton Memorial St. Joseph's Douglas County	B. T. Mead	69 65	1,184 1,925		3C	009	10,400	137282
University of Nebraska Affiliated Hospitals Nebraska Psychiatric Institute Veterans Admin.	M. T. Eaton, Jr. M. T. Eaton, Jr. G. W. Bartholow	62 72	812 659	7,090 3,786	10C	030	9,900 10,350	137682
NEW HAMPSHIRE								
HANDOVER								
Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial Veterans Admin. Center (White River Junction, Vt.)	G. J. Tucker G. J. Tucker A. Nies	24 13	689 266	12,082 1,380	6*	018	9,500	137776
NEW JERSEY								
CEDAR GROVE								
Essex County Hospital Center	R. T. Latimer	2,335	1,441	9,621	5C	015	12,000	
EAST ORANGE								
Veterans Admin. (See CMDNJ—New Jersey Med. Sch. Affil. Hosp., Newark, N.J.)								
HACKENSACK								
Hackensack	D. Goldstein	21	507	18,680	1C	003	11,660	138782
HAMMONTON								
Ancora Psychiatric	S. Yu	1,205	3,254	9,442	5C	015	12,900	
LONG BRANCH								
Monmouth Medical Center	J. J. Verdon	25	577	7,486	2C	006	12,200	139282
MARLBORO								
Marlboro Psychiatric	N. Kiremitci	970	3,299	24,647	3C	009	12,900	
NEWARK								
CMDNJ—New Jersey Medical School Affiliated Hospitals	M. S. Denholtz				15C 1F	041		139820
Martland Newark Beth Israel Medical Center Veterans Admin. (East Orange)	M. S. Denholtz S. Olgiati P. E. Schneck	39 91	1,121 1,320	4,246 570			11,599 13,508	
PARAMUS								
Bergen Pines County		250	4,133	115,514	6C	018	10,511	
PISCATAWAY								
CMDNJ—Rutgers Medical School Affiliated Hospitals Rutgers Psychiatric Institute Hunterdon Medical Center (Flemington)	Y. Kramer Y. Kramer R. Adams	13 9	31 273	3,231 1,476	8C	024	12,446	291882
TRENTON								
Trenton Psychiatric	C. C. Buford	1,744	2,788	3,587	5C	015	12,900	
NEW MEXICO								
ALBUQUERQUE								
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center Veterans Admin.	R. Kellner R. Kellner J. R. Graham	31 66	6,854 925	21,000 8,766	4C	004	8,750 10,000	196282
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	R. Mastrodonato				8C 6*	030	11,125	141482 141476
Albany Medical Center Veterans Admin.	R. Mastrodonato A. M. Kraft, B. Berkowitz	56 110	1,168 1,130	4,670 15,766				
BINGHAMTON								
Binghamton State	G. Y. Faruki	1,147	1,105	5,716	3C	007	13,982	
BUFFALO								
Buffalo State S.U.N.Y. at Buffalo Affiliated Hospitals Edward J. Meyer Memorial	B. Salaban, Z. Taintor Z. Taintor	800 69	2,349 2,249	2,400 27,244	16C	043		143882
CENTRAL ISLIP								
Central Islip State Central Islip State, University Psychiatric Services (See S.U.N.Y. at Stony Brook Affil. Hosp., Stony Brook)	J. N. Crovello	2,972	4,217	18,489	6C	018	13,454	
COOPERSTOWN								
Mary Imogene Bassett	H. Gurian	15	229	2,965	2* 1F	004	11,800	144276 144220
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	M. W. Long	46	3,464	20,573	7C	018	11,874	
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 State	G. V. Laury	4,229	1,000	9,660	7C	021	14,193	
MANHASSET								
North Shore University	T. Vandersall	18	345	13,657	2C	004	14,700	

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK—Continued								
MARCY								
Marcy State	H. Buermann	2,289	1,032	3,466	5C	012	14,580	
MIDDLETOWN								
Middletown State	A. Del Giudice	1,564	882	27,197	4C	011	13,254	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	R. M. Chalfin				12C	036	13,500	196382 196376
Hillside Hospital Division (New York City)	R. M. Chalfin	251	1,357	17,540	2*			
Queens Hospital Center (New York City)	S. Shapiro	37	281	26,711				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	J. F. Wilder							
Bronx Municipal Hospital Center	E. J. Sachar	80	1,019	48,103	16C	048	13,500	193182
Bronx State	H. Butts	700	3,000	238,000	10C	030	13,254	258882
Lincoln	G. Koz	10	397	23,725	6C	018	13,500	
Hospital of the Albert Einstein College of Medicine	M. Greenhill			1,200			16,000	
Beth Israel Medical Center	R. A. Senescu, H. Pinsker	269	7,049	59,758	7*	021	13,500	147076
Bronx—Lebanon Hospital Center	H. Bluestone	14	300	12,000	1C	005	14,000	
Brookdale Hospital Center	J. Frosch	19	201	7,641	6*	018	14,700	141976
Brooklyn State	M. B. Wallach	1,559	1,632	60,000	10C	030	14,000	
Catholic Medical Center of Brooklyn and Queens	J. A. Alfano	2,496	28,549	16,652	2C	006	13,500	145082
Corona—Elmhurst Guidance Center								
Creedmoor State, South Shore—Woodridge Units								
South Shore—Rockaway Mental Health Center				11,174				
Columbia University Affiliated Hospitals	L. C. Kolb	97	417		10C	032	14,537	
New York State Psychiatric Institute Presbyterian								
Creedmoor State	W. L. Werner, G. Seaman	2,496	1,942	107,740	10C	025	14,194	259982
Dunlap—Manhattan Psychiatric	A. Tershakovec				6C	018		
Harlem Hospital Center	E. B. Davis	35	402	26,284	6C	019	13,500	
					2*			147820
					2F			
Hillside Hospital Division (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)								
Kirby—Manhattan Psychiatric	I. Kesselbrenner	640	985	36,782	9C	018	13,254	
Maimonides Medical Center	N. Sher	25	469	35,000	3C	014	14,000	
Meyer Manhattan Psychiatric	A. A. Arce	600	1,056	14,434	4C	013	14,083	
Montefiore Hospital and Medical Center	H. Weiner	21	337	13,680	6C	018	13,500	148782
Mount Sinai Hospital Training Program								
Mount Sinai	M. Stein	84	766	12,500	12C	030	14,000	149082
City Hospital Center at Elmhurst	H. I. Weinstock	123	3,427	13,324	12C	034	14,700	
New York Hospital	P. G. Wilson	85	690	19,818	9C	028	14,700	
					4F			149211
New York Medical College—Metropolitan Hospital Center	S. H. Nagler	96	1,875	56,044	8C	046	13,500	
					8*			147376
Unit 1—Flower and Fifth Avenue Hospitals								
Unit 2—Metropolitan Hospital Center								
New York University Medical Center University	M. Herman	20	305		14C	039		297882
Bellevue Hospital Center		380	9,156	119,858				
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)								
Roosevelt	S. E. Katz	40	619	32,793	7C	021	14,634	149682
St. Luke's Hospital Center	J. M. Cotton	31	499	16,996	6C	018	13,500	
St. Vincent's Hospital and Medical Center of New York	H. J. Tompkins	71	993	19,940	1*	025	13,500	150076 150020
					2F			
St. Vincent's Hsp. & M. C. of N. Y., Westchester Br. (Harrison)	H. J. Tompkins	82	887	3,181				
Staten Island Mntl. Hlth. Society—St. Vincent's Med. Ctr. of Richmond	L. C. Miller				3C	009	14,700	
Staten Island Mental Health Society								
St. Vincent's Medical Center of Richmond		25	594	12,424				
S.U.N.Y. Downstate Medical Center					7C	056		142682
					14*			142620
					2F			
Kings County Hospital Center		222	7,567	27,257			14,700	
State University		25	268	673			14,772	
Veterans Admin. (Bronx)	J. E. Pisetsky	87	881	34,580	2C	006	15,394	
Veterans Admin. (Manhattan)	M. H. Sacks	182	1,972	2,800	6C	020	15,949	
NORTHPORT								
Veterans Admin. (See S.U.N.Y. at Stony Brook Affil. Hosp., Stony Brook)								
ORANGETOWN								
Rockland State	J. L. Kroll	2,800	919	26,718	4C	012	13,075	263382
POUGHKEEPSIE								
Hudson River State	D. A. Berlin	2,716	1,425		3*	013	13,254	263976
ROCHESTER								
Rochester General	W. T. Hart	29	891	55,212	2C	006	10,400	
					1F			150920
Rochester State	R. Barton	1,892	1,593	14,409	4C	012	13,983	
Strong Memorial Hospital of the University of Rochester	L. C. Wynne	102	1,756	22,310	9C	040	10,400	151182 151112
					6F			

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1975-1976 1st Yr.	All Yrs.		
NEW YORK—Continued								
STONY BROOK								
S.U.N.Y. at Stony Brook Affiliated Hospitals	A. Brissenden				4*	012	14,792	
Central Islip State, University Psychiatric Services (Central Islip)	J. N. Crovello	2,972	4,217	18,489				
Veterans Admin. (Northport)	A. Brissenden	350	1,200	4,500				
SYRACUSE								
S.U.N.Y. Upstate Medical Center	D. Oken				8C	031	11,057	151682
Richard H. Hutchings Psychiatric Center	J. A. Prevost	54	873	47,957	7*			151676
State University	E. A. Kaplan	14	91	9,272				
Veterans Admin.	J. J. Danehy	67	507	810				
UTICA								
Utica State	J. Bamdad	1,316	666	2,213	5C	012	13,983	
VALHALLA								
Grasslands	F. J. Neuman	81	2,310	4,460	4C	016	14,700	152176
					3*			152120
					3F			
WEST BRENTWOOD								
Pilgrim State	C. Stamatovich	7,456	2,606	7,174	10C	030	13,983	
WHITE PLAINS								
New York Hospital—Cornell Medical Center (Westchester Division)				11,456	10C	025		296082
NORTH CAROLINA								
ASHEVILLE								
Highland	H. G. Gillespie	112	368	2,806	4C	012	11,000	297082
Blue Ridge Community Mental Health Center	H. R. Gollberg	8	190	3,700			11,000	
Broughton (Morganton)								
BUTNER								
John Umstead	A. Verwoerd	1,014	2,815		6C	018	14,388	
CHAPEL HILL								
North Carolina Memorial	S. L. Halleck	52	793	1,029	15C	040	10,500	190082
DURHAM								
Duke University Affiliated Hospitals	E. W. Busse	60	787	11,962	12*	044	10,350	152976
Duke University Medical Center	E. W. Busse	71	652	1,949				
Veterans Admin.	R. L. Green, Jr.							
MORGANTON								
Broughton (See Highland Hospital, Asheville)								
RALEIGH								
Dorothea Dix	P. A. Walker	1,539	6,951	4,502	5C	015	14,388	
					5*			
					5F			
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	R. C. Proctor	10	266	1,223	4C	018	10,000	153782
					2*			153776
OHIO								
CINCINNATI								
Rollman Psychiatric Institute	K. F. Finnen	103	1,151	13,994	9C	025	10,650	
University of Cincinnati Hospital Group	R. S. Daniels				14C	051		154882
Cincinnati General		40	647	2,177			9,685	
Veterans Admin.		69	882	3,390			11,932	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	L. D. Lenkoski				9*	028		155276
University Hospitals of Cleveland	L. D. Lenkoski	64	843	10,738			10,500	
Veterans Admin.	H. S. Sudak	30	348				11,506	
Cleveland Clinic	A. D. Weatherhead	27	308	10,232	2C	009	10,750	196882
					1F			196820
Cleveland Psychiatric Institute	I. M. Rosen	167	1,459	16,742	7C	017	10,650	
Fairhill Mental Health Center	P. Luczek	103	1,272	15,913	7C	019	10,650	
COLUMBUS								
Columbus State	L. Szabo	1,198	1,722	22,262	8C	024		
Ohio State University Hospitals	I. W. Gregory	100	1,300	11,000	8C	016	10,800	156682
					7F			156611
CUYAHOGA FALLS								
Fallsview Mental Health Center	R. K. Grewal	81	1,672	12,426	6C	017	10,650	
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals	M. E. Gottlieb				4C	012	13,011	157982
Hospital of Medical College of Ohio at Toledo	M. E. Gottlieb	24	20	1,100				
St. Vincent Hospital and Medical Center	W. J. King	45	817	568				
Toledo Mental Health Center	M. E. Gottlieb	25	250					
WORTHINGTON								
Harding	G. T. Harding, Jr.	94	527	2,973	3C	009	9,600	271982
OKLAHOMA								
NORMAN								
Central State Griffin Memorial	H. H. Donahue	709	4,531	30,116	15C	016	15,380	
					1F			
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	A. J. Glass				5C	017		158882
					3F			158820
University of Oklahoma Hospital and Clinics	A. J. Glass	9	105	2,446			10,023	
Veterans Admin.	C. E. Smith	90	1,403	25,608			9,500	

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	P. R. Mc Hugh	17	952	4,465	4C	020	9,000	159982
SALEM								
Oregon State	N. B. Jetmalani	641	2,794		4C	010	12,921	
PENNSYLVANIA								
COATESVILLE								
Veterans Admin.	J. C. Scott	1,290	2,592	36,696	5C	005	12,000	
HERSHEY								
Milton S. Hershey Medical Center of the Pennsylvania State University	A. Kales	16	168	2,200	3C	008	10,584	161782
NORRISTOWN								
Norristown State	R. M. Catton	1,649	657	5,295	10C	030	14,011	
PHILADELPHIA								
Albert Einstein Medical Center	N. Wong	39	802	17,294	5C	013	10,000	163182
Eastern Pennsylvania Psychiatric Institute	A. Lubizka, P. Mc Donough	100	406		5C	015	13,281	
Hahnemann Medical College and Hospital	E. F. Foulks	52	1,373	5,725	12C	048	10,500	162782
Hospital of the Medical College of Pennsylvania	L. Madow	3	85	807	3C 3*	018	10,650	184982
Institute of the Pennsylvania Hospital	J. M. Myers	163	1,161	6,655	3*	021	10,400	275576
Philadelphia Psychiatric Center	E. R. Smarr	113	1,412	4,894	6C	014		
Philadelphia State	D. Blain	1,503	540		10C	030	15,296	
Temple University	A. H. Cristol	15	347	4,285	3*	012	11,299	
Thomas Jefferson University	F. S. Cornelison	21	451	3,766	12C 1F	036	11,000	163082 163020
University of Pennsylvania Affiliated Hospitals	S. S. Hamilton				6*	036		162876
Hospital of the University of Pennsylvania		25	545	12,500			11,300	
Philadelphia General		40	451	4,058			10,492	
Veterans Admin.		32	595	1,084			12,750	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh Western Psychiatric Institute and Clinic	T. Detre	112	1,427	33,742	6C 6*	030	10,550	166082 166076 165020 188182 188120
St. Francis General	A. Twerski	204	3,290	26,888	1C 2C 2F	012	11,500	
WARREN								
Warren State	A. Y. Hoshino	1,246	616		10C	027	13,281	
PUERTO RICO								
SAN JUAN								
Puerto Rico Institute of Psychiatry	V. J. Bernal	211	1,089		8C	019		
Univ. of Puerto Rico School of Medicine (Department of Psychiatry)	J. A. Rossello	934	4,501	41,000	3C	009	8,460	
Veterans Admin. Center	C. E. Fuentes	232	1,903	34,050	4C	012	9,598	
RHODE ISLAND								
CRANSTON								
Rhode Island Medical Center—Institute of Mental Health	M. Ross	1,648	1,746		10C	020	10,800	278782
PROVIDENCE								
Brown University Affiliated Hospitals	D. R. Fowler				6C	018	11,000	
Butler	D. R. Fowler	72	958	3,631				
Miriam	D. R. Fowler							
Rhode Island	D. J. Fish	17	364	123				
Emma Pendleton Bradley (Riverside)	S. Alfie		65	5,342				
RIVERSIDE								
Emma Pendleton Bradley Hospital (See Brown University Affiliated Hospitals, Providence)								
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	B. C. Riggs				8C	024		168082
Medical University of South Carolina	B. C. Riggs	32	377	3,519			10,000	
Veterans Admin.	R. L. Mc Curdy	51	681	3,023			10,402	
COLUMBIA								
William S. Hall Psychiatric Institute	J. E. Freed	83	506	8,628	5C 3*	024	12,415	280376
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals	G. H. Aivazian				8C 2F	024		184482 184420
City of Memphis Hospitals		19	555	3,560			9,280	
Tennessee Psychiatric Hospital and Institute		178	1,775	19,862			9,280	
Veterans Admin.		157	1,586	13,414			11,331	
NASHVILLE								
George W. Hubbard Hospital of the Meharry Medical College	W. H. Grier	15	706	27,835	2C 6C	006	9,589	
Vanderbilt University Affiliated Hospitals	M. H. Hollender					016	9,394	
Central State Psychiatric Vanderbilt University	M. H. Hollender	19	395	9,430				
TEXAS								
AUSTIN								
Austin State	A. P. Rousos	1,100	4,000	75	7*	021	13,000	

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TEXAS—Continued								
DALLAS								
Timberlawn Psychiatric	J. M. Lewis	150	283	16,500	5*	015	11,232	
University of Texas Southwestern Medical School Affiliated Hospitals	A. W. De Loach				8C	040		283582
Parkland Memorial	A. W. De Loach	42	830	5,421			8,784	
Presbyterian Hospital of Dallas	A. W. De Loach	23	308	5,102			9,514	
Veterans Admin.	I. Kimbell, Jr.	121	1,226	3,874			17,000	
Terrell State (Terrell)	L. M. Cowley	1,967	3,537	3,392				
GALVESTON								
University of Texas Medical Branch Hospitals	E. I. Bruce, Jr.	275	2,149	7,181	10*	028	9,600	171476
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	R. L. Williams				12C	036		171682
Ben Taub General	R. L. Williams	19	657	6,311			9,540	
Methodist	R. L. Williams	40	794				9,000	
Texas Research Institute of Mental Sciences	E. E. Johnstone	61	899	34,414			9,540	
Veterans Admin.	W. E. Fann	363	2,998	15,868				
University of Texas at Houston Affiliated Hospitals	L. A. Failace	2	39	276	3C	006	9,324	292382
Hermann								
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals	M. B. Giffen	16	570	708	12C	025	9,700	172282
Bexar County Teaching								
TERRELL								
Terrell State (See U. of Tex., 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	019		173282
University	E. L. Bliss	21	650	1,287	2C	019	9,600	
Salt Lake Community Mental Health Center	L. J. Schmidt	13	347	26,916				
Veterans Admin.	T. A. Williams	125	1,480	24,120				
Utah State (Provo)	R. S. Kiger	273	489				16,000	
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont	L. R. Willmuth	30	502	4,603	4C	012	9,250	178482
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	J. Buckman	32	530	17,309	4*	023	9,400	173776 173711
FALLS CHURCH								
Northern Virginia Mental Health Institute	M. A. Jacobson	80	815	1,066	3C	009		
NORFOLK								
East Virginia Medical School Affiliated Hospitals	D. N. Ratnavale				4C	018	10,000	298082 298076
Community Mental Health Center and Psychiatric Institute	D. N. Ratnavale	27	164	5,064	2*			
Norfolk General	D. N. Ratnavale	57	1,086					
Naval (Portsmouth)	P. D. Mozley	72	781	6,527				
Portsmouth Psychiatric Center (Portsmouth)	T. K. Tsao	78	885					
Tidewater Psychiatric Institute (Virginia Beach)	D. N. Ratnavale	91	1,004	4,968				
PETERSBURG								
Central State	H. Sormus	1,958	2,381		4C	012	16,400	
PORTSMOUTH								
Portsmouth Psychiatric Center (See East Virginia Medical School Affil. Hosps., Norfolk)								
RICHMOND								
Virginia Commonwealth University M.C.V. Affiliated Hospitals	O. S. Zalis	46	2,500	10,400	4C	015	11,000	174382 174376
Medical College of Virginia Hospitals					3*			
VIRGINIA BEACH								
Tidewater Psychiatric Institute (See East Virginia Med. School Affiliated Hospitals, Norfolk)								
WILLIAMSBURG								
Eastern State	L. A. Garcia	2,000	2,120		4C	013		
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	C. Eisdorfer				3C	036	9,780	191882
Harborview Medical Center	L. Sata		1,696	12,640				
University	C. Eisdorfer	28	380	12,370				
Veterans Admin.	M. H. Johnson	60	782	15,706				
WEST VIRGINIA								
MORGANTOWN								
West Virginia University Medical Center	W. W. Spradlin	28	1,124	6,729	6*	019	10,000	183776 183720
					1F			

28A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	J. R. Marshall				10C 2F	032	10,200	177982 177920
University Hospitals	J. R. Marshall	12	389	23,338				
Mendota Mental Health Institute	L. I. Stein	282	2,022	12,648				
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	P. E. Veenhuis				8C	024		297482
Milwaukee Psychiatric (Wauwatosa)	P. E. Veenhuis	72	509					
Milwaukee Children's	H. D. Sackin	1	82	7,410			10,535	
Milwaukee County Mental Health Center	E. H. Olsen	238	3,302	79,693				
Veterans Admin. Center (Wood)	T. H. Bhatti	157	1,457	12,324			11,022	
WAUWATOSA								
Milwaukee Psychiatric (See Med. Coll. of Wis. Affiliated Hosps., Milwaukee)								
WINNEBAGO								
Winnebago Mental Health Institute	G. H. Gammell	503	2,127	1,567	9C	009	13,100	291182

28B. PSYCHIATRY

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education 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 28A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
National Institutes of Health, Clinical Center, Bethesda								
NONFEDERAL AND VETERANS ADMINISTRATION								
CONNECTICUT								
NEW CANAAN								
Silver Hill Foundation	J. G. Katis	58	306	1,051	2C	002	18,500	
MARYLAND								
ROCKVILLE								
Chestnut Lodge	J. L. Cameron	84	48	6,105	4C	004	17,500	
MASSACHUSETTS								
BOSTON								
Peter Bent Brigham	P. Reich			2,148	2C	003		
STOCKBRIDGE								
Austen Riggs Center	O. A. Will, Jr.	37	42	2,530	2C	007		
WALTHAM								
Walter E. Fernald State School	N. Bernstein, T. O. Rice				1C	002		
NEW YORK								
THIELLS								
Letchworth Village	E. A. Maurer	3,245	12	182	1C	002	16,778	

28C. CHILD PSYCHIATRY

The following residency training programs in Child Psychiatry are approved for TWO years of training in the sub-specialty of Child Psychiatry by the Council on Medical Education, 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 Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	C. K. Cordes			4,043	2C	004		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	J. A. Granger	26		6,500	4C	008		

28C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM University of Alabama Hospitals and Clinics	R. Estock	15	194	3,128	1C	002		
CALIFORNIA								
CAMARILLO Camarillo State	S. H. Silver	150	123		2C	004	10,236	
DAVIS University of California (Davis) Affiliated Hospitals University of Calif. (Davis) Sacramento Medical Center (Sacramento)	O. G. Langsley	35	1,200	64,000	2C	004	13,900	
IMOLA Napa State	S. W. Grinnell	135	81	225	2C	004	10,236	
IRVINE University of California (Irvine) Affiliated Hospitals Orange County Medical Center (Orange)	J. O. Call	9	32	6,436	2C	004	16,312	
LOS ANGELES Cedars—Sinai Medical Center Mount Sinai Hospital Division Childrens Hospital of Los Angeles Los Angeles County—U. S. C. Medical Center Reiss—Davis Child Study Center U. C. L. A.	S. L. Brown H. E. Hansen J. O. Teicher R. L. Motto J. Yager	48 2 57 63	522 20 228 209	9,887 1,904 22,460 12,189 12,038	2C 4C 6C 4C 2C	004 006 012 008 008	16,200 12,685 18,624 9,000 14,800	
ORANGE Orange County Medical Center (See University of California (Irvine) Aff. Hosps., Irvine)								
PASADENA Pasadena Child Guidance Clinic	J. M. Mead	80	7	14,000	2C	004	10,000	
SACRAMENTO University of California (Davis) Sacramento Medical Center (See University of California (Davis) Aff. Hosps., Davis)								
SAN DIEGO Community Mental Health Services of San Diego County Child Guidance Clinic	P. B. Bach T. L. Trunnell	16	56	3,952 14,464	2C	004	15,300	
SAN FRANCISCO Children's Hospital and Adult Medical Center Mount Zion Hospital and Medical Center St. Mary's Hospital and Medical Center University of California Program Langley Porter Neuropsychiatric Institute	R. A. Kimmich C. F. Settlage M. T. Khlentzos S. A. Szurek	24 26 11	91 266 6	9,110 6,000 7,623 8,181	1C 1C 4C 2C	003 002 008 004	11,254 13,380 11,870 13,900	
STANFORD Stanford University Affiliated Hospitals Stanford University	A. J. Rosenthal			2,631	2C	005	10,000	
TORRANCE Los Angeles County Harbor General	R. Rogers			10,034	8C	012	18,624	
VAN NUYS San Fernando Valley Child Guidance Clinic	L. M. Goldfine	486	1,483	20,557	1C	002	12,000	
COLORADO								
DENVER University of Colorado Medical Center	G. E. Blom	12	183	12,936	3C	006	11,970	
CONNECTICUT								
HARTFORD Child and Family Services of Connecticut Institute of Living—Children's Clinic	M. B. Rosenthal F. G. Bucknam	22 40	15 96	4,625 4,647	2C 1C	003 002	14,000 15,000	
NEW HAVEN Yale University Child Study Center	J. E. Schowalter			5,412	4C	009	10,000	
DISTRICT OF COLUMBIA								
WASHINGTON Children's Hospital of the District of Columbia Georgetown University	L. Cove E. S. Kessler	13	25	8,442 4,914	4C 2C	011 005	11,077 12,329	
FLORIDA								
GAINESVILLE William A. Shands Teaching Hosp. and Clinics	F. Carrera, 3d	17	12	4,764	3C	006	10,205	
MIAMI University of Miami Affiliated Hospitals Jackson Memorial	J. N. Sussex	7	16	5,012	3C	006	14,191	
TAMPA University of South Florida Affiliated Hospitals Tampa General St. Joseph's	W. E. Afield W. E. Afield	6	60	700	2C	004	13,500	
GEORGIA								
ATLANTA Emory University Affiliated Hospitals Georgia Mental Health Institute Grady Memorial	J. Wiener J. Wiener B. C. Holland	14	169	2,457 3,231	3C	006		

28C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
HAWAII								
HONOLULU								
University of Hawaii Affiliated Hospitals	J. F. Mc Dermott, Jr.				3C	006		
University of Hawaii, Leahi Diamond Head Mental Health Clinic		13	58	120	3F			
ILLINOIS								
CHICAGO								
Institute for Juvenile Research	J. G. Hirsch			8,037	4C	008	14,292	
Mc Gaw Medical Center of Northwestern University	J. L. Schulman	6	19	19,271	2*	004	12,224	
Children's Memorial	S. C. Feinstein, E. Mindel	44		7,230	6C	011	12,986	
Michael Reese Hospital and Medical Center					2*			
Rush—Presbyterian—St. Luke's Medical Center	P. E. Ebenhoeh	17	170	3,000	1C	002		
University of Chicago Hospitals and Clinics	J. F. Kenward	31	132	2,779	2C	005	12,700	
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	J. E. Simmons				8C	016		
Indiana University Hospitals Larue D. Carter Memorial		44	57	2,947 1,420			10,000 13,936	
IOWA								
IOWA CITY								
University of Iowa Psychopathic	M. A. Stewart	25	70	1,041	2C	004	13,500	
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	P. C. Laybourne, Jr.	5	63	4,534	4C	008	12,000	
TOPEKA								
Children's Division, the Menninger Foundation	J. T. Morrow, Jr.	68	42	14,419	6C	016	13,650	
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	R. G. Aug				3C	006		
University Children's Treatment Center (Anchorage)	R. G. Aug	5	56	4,058				
LOUISVILLE								
Bingham Child Guidance Clinic	J. F. Ice			8,403	2C	004		
LOUISIANA								
NEW ORLEANS								
Louisiana State University Medical Center	N. R. Haslett				3C	006	12,000	
Tulane University Affiliated Hospitals Southeast Louisiana (Mandeville)		69	88		3C	006		
MAINE								
PORTLAND								
Maine Medical Center	G. A. Heath	2	92	17,433	1C	002	12,774	
MARYLAND								
BALTIMORE								
Johns Hopkins	A. Rodriguez	10	182	5,325	3C	006	11,200	
University of Maryland Affiliated Hospitals University of Maryland	T. Modarressi	10	8	2,474	3C	006	12,675	
TOWSON								
Shepard and Enoch Pratt	J. J. Gibbs	36	40	2,800	3C	006	11,500	
MASSACHUSETTS								
BELMONT								
Beaverbrook Guidance Center	L. Hudson	38	234	7,491	1C	002		
Mc Lean Hospital, Children's Center	S. J. Onesti	40	260	3,600	6C	012	11,800	
BOSTON								
Beth Israel	J. C. Nemiah, J. H. Backman			7,704	2C	004	11,815	
Boston University Medical Center, Children's Ambulatory Services	S. T. Van Amerongen	23		4,460	3C	007		
Douglas A. Thom Clinic for Children Putnam Children's Center	B. Scherz	20	350	3,300	5C	005	11,000	
Children's Hospital Medical Center	V. B. Tisza			9,472	3C	007	6,000	
Judge Baker Guidance Center	V. B. Tisza	16	16	15,967	4C	008	6,000	
Massachusetts General	J. H. Lamont			3,000	1*	002		
Massachusetts Mental Health Center	G. Rochlin	12	2	6,054	4C	008	11,000	
New England Medical Center	K. S. Robson	1	199	6,711	4C	009	11,314	
CAMBRIDGE								
Cambridge Guidance Center	C. K. Tagiuri			8,126	3C	006	12,000	
QUINCY								
South Shore Mental Health Center	J. B. Nelson	44	800	11,000	1C	002	11,000	
WALTHAM								
Metropolitan State	D. S. Gair	90	150	11,000	5C	012	9,000	
					3*			
WORCESTER								
Worcester Youth Guidance Center	H. L. Wylie		500	9,310	4C	008	13,000	
MICHIGAN								
ANN ARBOR								
University	S. I. Harrison, H. Nagera	27	47	11,622	8C	016	11,900	
DETROIT								
Lafayette Clinic	C. B. Simson	47	186	6,672	4C	010	14,200	
NORTHVILLE								
Hawthorn Center	H. L. Wright	150	185	15,327	4C	008	14,094	

28C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN—Continued								
PONTIAC								
Clinton Valley Center	I. B. Sendi	110	182	4,982	3C	006	16,035	
YPSILANTI								
York Woods Center	W. E. Kirk	72	82	1,990	6*	012	14,094	
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Hospitals	R. W. Anderson				2C	004	10,200	
ROCHESTER								
Mayo Graduate School of Medicine	A. R. Lucas	15	66	3,250	3C	006	12,500	
ST PAUL								
Wilder Department of Child Guidance and Development	R. C. Knowles	48	147	18,100	3C	004	9,500	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	J. L. Chapel	15	104	4,522	5C	009	14,700	
KANSAS CITY								
Grtr. Kansas Cty. Mntl. Hlth. Fndn., U. Mo. Sch. Med., Kans. City Div.	J. R. Harte	35	496	3,684	3C	006	14,700	
ST LOUIS								
Malcolm Bliss Mental Health Center	H. Kusama	24	210	11,767	4C	008	14,700	
William Greenleaf Eliot Div. of Child Psych.—Wash. U. Sch. of Med.	E. J. Anthony	44	149	10,346	3C	006	11,000	
NEBRASKA								
OMAHA								
Nebraska Psychiatric Institute	M. T. Eaton, Jr.	11	32	487	2C	004	11,100	
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals Dartmouth—Hitchcock Mental Health Center Mary Hitchcock Memorial	R. Sobel	5	150	1,600	2C	003	10,800	
NEW JERSEY								
PISCATAWAY								
CMDNJ—Rutgers Medical School, Department of Psychiatry	L. B. Silver	75	125	8,500	2C	002	12,804	
TRENTON								
Child Guidance Center of Mercer County	L. Hollander	44	305	11,327	2C	004		
NEW YORK								
ALBANY								
Albany Medical Center	R. Filippi	90	30	300	2C	004	11,125	
BUFFALO								
S. U. N. Y. at Buffalo Affiliated Hospitals Children's Hospital of Buffalo	T. F. Anders	45	120	24,000	2C	004	12,000	
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program Hillside Hospital Division (New York City) Queens Hospital Center (New York City)	J. M. Roheim	45	272	600 15,633	4C	005	16,000	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals								
Bronx Municipal Hospital Center	J. B. Cramer	31	445	12,687	9C	014	13,500	
Brookdale Hospital Center	E. Toker			6,270	2C	004	16,400	
City Hospital Center at Elmhurst	D. Schulman	37	479	3,844	5C	010	16,400	
Columbia University Affiliated Hospitals	H. D. Dunton			2,476	2C	007	17,000	
New York State Psychiatric Institute Presbyterian		15	16	515 2,476				
Harlem Hospital Center	V. N. Wilking			23,500	2C	004	17,000	
Hillside Hospital Division (See L. I. Jewish-Hillside Med. Center Program, New Hyde Park)								
Madeleine Borg Child Guidance Institute	A. H. Esman			5,180	1C	003	15,500	
Maimonides Medical Center				9,000	1C	002		
Mount Sinai	M. Stein	12	53	2,500	3C	007	16,900	
New York Hospital	E. G. Dabbs			4,250	3C	006		
Queens Hospital Center (See L. I. Jewish-Hillside Med. Center Program, New Hyde Park)								
New York Medical College—Metropolitan Hospital Center	R. La Vietes				3C	006	16,000	
Unit 1—Flower and Fifth Avenue Hospitals Unit 2—Metropolitan Hospital Center				303 4,766				
New York University Medical Center Bellevue Hospital Center University	M. Herman T. Shapiro T. Shapiro	38	321	8,359	3C	006		
Postgrad. Ctr. for Mntl. Hlth., Clin. for Children and Adolescents	B. B. Pfeffer	40		40	1C	002	12,500	
Roosevelt	B. L. Pacella			2,836	2C	003	16,525	
St. Luke's Hospital Center	C. J. Kestenbaum			11,503	2C	005	16,250	
Staten Island Mntl. Hlth. Society—St. Vincent's Med. Ctr. of Richmond	B. L. New	145		19,900	4C	008	13,500	
Staten Island Mental Health Society St. Vincent's Medical Center of Richmond		27	625	7,800				
S. U. N. Y. Downstate Medical Center Kings County Hospital Center State University		43	525	18,878	8C	016	17,000	

28C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Censws	Annual Admis-sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK—Continued								
ROCHESTER Strong Memorial Hospital of the University of Rochester	D. W. Goodrich	1	12	2,283	3C	006	11,900	
VALHALLA Grasslands	R. L. La Vietes	10	63	960	2C 2*	009	15,700	
NORTH CAROLINA								
BUTNER John Umstead Hospital, Children's Psychiatric Institute	M. Amaya	44	34	12,357	2C 2*	006	15,852	
CHAPEL HILL North Carolina Memorial	H. P. Lineberger	8	49	1,072	5C	008	11,000	
DURHAM Durham Child Guidance Clinic, Duke University Medical Center	H. J. Harris	150	450	10,000	2C	004		
RALEIGH Dorothea Dix	T. M. Haizlip	14	64	3,600	2C 2*	011	16,620	
OHIO								
CINCINNATI University of Cincinnati Hospital Group Central Psychiatric Clinic Children's Psychiatric Center of the Jewish Hospital	O. Krug I. M. Dizenhuz O. Krug			6,789 7,824	6C	015	10,587	
LEVELAND Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Cleveland Guidance Center	C. Malone C. Malone G. R. Loomis	8	51	5,857 8,053	3*	006	12,000	
COLUMBUS Ohio State University Hospitals	L. E. Arnold	15	50	2,500	1C	004	11,400	
TOLEDO Medical College of Ohio at Toledo								
OKLAHOMA								
OKLAHOMA CITY University of Oklahoma Health Sciences Center	A. J. Glass	34	42	5,280	2C	004	11,087	
OREGON								
PORTLAND University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	H. I. Boverman	28	28	944	2C	004	10,800	
PENNSYLVANIA								
NORRISTOWN Central Montgomery Mental Health/Mental Retardation Center	S. I. Altman			15,629	2C	004	10,000	
PHILADELPHIA Albert Einstein Medical Center Hahnemann Medical College and Hospital Irving Schwartz Inst. for Children & Youth of the Phila. Psych. Ctr. Medical College of Pa.—Eastern Pennsylvania Psychiatric Institute Philadelphia Child Guidance Clinic St. Christopher's Hospital for Children	L. Magran W. C. Adamson H. H. Herskovitz R. C. Prall S. Minuchin P. R. Mc Ilhenny	150	5 939	4,000 8,500 12,580 40,608 32,746 7,706	1C 9C 3C 6* 5C 2C	002 011 005 012 008 004	10,600 10,500 10,600 16,822 12,700 12,058	
PITTSBURGH Hospitals of the University Health Center of Pittsburgh Western Psychiatric Institute and Clinic	P. B. Henderson	115	2,400	24,500	3C	012		
WILKES-BARRE Childrens Service Center of Wyoming Valley	M. E. Barnes			1,144	2C	004	12,000	
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 G. Santiago			1,008 27,000	2C 2C	004 004	7,500 11,400	
RHODE ISLAND								
RIVERSIDE Emma Pendleton Bradley	S. Alfie	124	65	5,342	2C	004		
SOUTH CAROLINA								
COLUMBIA William S. Hall Psychiatric Institute	R. C. Schnackenberg	10	21	6,766	4C	008	14,884	
TENNESSEE								
MEMPHIS University of Tennessee Affiliated Hospitals City of Memphis Hospitals Tennessee Psychiatric Hospital and Institute University of Tennessee Mental Health Center	W. C. Hiatt			2,840 5,000	2C	003	9,900 9,280	
NASHVILLE Vanderbilt University	H. P. Coppolillo	20	21	2,493	4C	007	12,000	

28C. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TEXAS								
AUSTIN Austin State Hospital—Children's Psychiatric Unit	B. J. Sutton	58	160	2,836	4C	008	13,000	
DALLAS University of Texas Southwestern Medical School Child Psychiatry Clinic Dallas Child Guidance Clinic	J. Forgotson L. Claman	13		3,096 6,016	6C	012		
GALVESTON University of Texas Medical Branch Hospitals	L. G. Hornsby	24	22	1,749	3C	006	11,000	
HOUSTON Baylor College of Medicine Affiliated Hospitals Ben Taub General Children's Mental Health Services Texas Children's Texas Research Institute of Mental Sciences	O. B. Hansen D. B. Hansen O. B. Hansen M. F. Mc Millan		34	4,800 1,365 1,263	5C	010	10,740	
SAN ANTONIO University of Texas at San Antonio Teaching Hospitals Community Guidance Center of Bexar County	A. C. Serrano	30	45	11,276	3*	006		
UTAH								
SALT LAKE CITY University of Utah Affiliated Hospitals University Primary Children's (Psychiatric Center) Salt Lake Community Mental Health Center	M. H. Egan M. H. Egan T. A. Halversen C. Berensen		149	29,998 26,916	2C	004	11,800 11,800	
VERMONT								
BURLINGTON Medical Center Hospital of Vermont	L. R. Willmuth			515	2C 2*	004	9,250	
VIRGINIA								
ANNANDALE Woodburn Center for Community Mental Health	S. L. Auster			29,448	1C	003	18,000	
CHARLOTTESVILLE University of Virginia	A. Derdeyn	30		5,991	4C	008	9,400	
RICHMOND Virginia Treatment Center for Children	W. Draper	42	91	4,686	2C	004	18,700	
WASHINGTON								
SEATTLE University of Washington Affiliated Hospitals University	I. N. Berlin	14	30	5,680	4C	009	10,860	
WEST VIRGINIA								
MORGANTOWN West Virginia University Medical Center	J. F. Kelley	4	105	1,601	2*	004	12,000	
WISCONSIN								
MADISON University of Wisconsin Affiliated Hospitals University Hospitals Child—Adolescent Center	J. R. Marshall J. R. Marshall J. C. Westman		34	796 17,786	2C	004	10,200 12,000	
MILWAUKEE Milwaukee Children's	H. D. Sackin	1	82	7,410	3C	006	10,535	

29. PUBLIC HEALTH

The programs in Public Health which have been approved by the Council on Medical Education and American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, as List 27E.

30A. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education 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 30B and 30C.

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.		
UNITED STATES AIR FORCE									
CALIFORNIA									
David Grant U.S.A.F. Medical Center, Fairfield	R. P. Hill	61,132	131	205	1,285	1C	003		

30A. RADIOLOGY—Continued

Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered		Annual Salary (Min.)	NIRMP Number
		Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1975-1976 1st Yr.	All Yrs.		
UNITED STATES AIR FORCE—Continued								
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	A. Hale	180,017	70	19	592	3* 1F	011	15,078
UNITED STATES NAVY								
U. S. Navy Coordinated Program Naval, Oakland, Calif.	M. Nieves, Jr.	370,980	62	8	62	2C 2F	011	
Naval, San Diego, Calif.	Q. E. Crews, Jr.	191,945	9	6	355	1* 2F	012	
Naval, Bethesda, Md.	C. W. Ochs	74,785	17	4	229	2C 1F	007	
Naval, Philadelphia, Pa.	H. L. Giard	54,000		58	6,982	3C 3F	012	
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
U. S. Public Health Service, Baltimore	W. L. Murphy	34,265	1	8	266	2C 1F	007	183683
NEW YORK								
U. S. Public Health Service (Staten Island), New York City	O. L. Manfredi	34,722				3C 3F	009	184120
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
Baptist Medical Centers	F. Henley					6C 2F	010	10,130 190383 190320
Baptist Medical Center—Montclair	O. Dick	52,151	69	55	505			
Baptist Medical Center—Princeton	F. T. Henley	834	64	38				
ARIZONA								
PHOENIX								
St. Joseph's Hospital and Medical Center	A. Kahn, R. Stejskal	80,704	14	219		2C	006	11,448
ARKANSAS								
LITTLE ROCK								
University of Arkansas Medical Center	G. V. Dalrymple					1C 2* 3F	017	8,800 101883 101842 101811
University		52,687	79	11	544			
Veterans Admin. Consolidated		53,430		1	169			
CALIFORNIA								
DAVIS								
University of California (Davis) Affiliated Hospitals	A. Raventos					1C	002	11,700
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		77,217	26					
Sutter Community Hospitals of Sacramento (Sacramento)		48,193	1,040	203	1,243			
IRVINE								
University of California (Irvine) Affiliated Hospitals	H. W. Pribram			235		3C	013	10,300
Orange County Medical Center (Orange)								
LOMA LINDA								
Loma Linda University	M. P. Judkins	87,632	9	30	377	6C	026	10,000
LONG BEACH								
Memorial Hospital of Long Beach	J. R. Anderson	59,066	30	196	302	1C	004	9,450
Veterans Admin.	H. W. Pribram	105,876		12	265	1C	015	15,394
LOS ANGELES								
Hospital of the Good Samaritan Medical Center	R. E. Lewis	45,000	25	65	303	1*	003	13,656
Kaiser Foundation	M. S. Kleinman	226,412	12,927	2,167	5,202	1C	004	205583
Veterans Admin. Center—Wadsworth	J. Jorgens	108,169	345	63	345	7C	024	14,641
White Memorial Medical Center	I. Sanders	43,950	281	52	70	2C 2F	006	11,220
OAKLAND								
Highland General	D. L. Mack	52,677	87	5	82	1C 3F	007	10,860 104111
ORANGE								
Orange County Medical Center (See Univ. of California (Irvine) Affil. Hospitals, Irvine)								
SACRAMENTO								
University of California (Davis) Sacramento Medical Center (See Univ. of Calif. (Davis) Affil. Hosps., Davis)								
Sutter Community Hospitals of Sacramento (See Univ. of Calif. (Davis) Affil. Hosps., Davis)								
SAN FRANCISCO								
Children's Hospital and Adult Medical Center	H. J. Burhenne	37,557				1C	003	11,254
SANTA BARBARA								
Santa Barbara General—Cottage Hospitals	P. A. Riemenschneider					1*	004	10,080
Santa Barbara General		11,154						
Santa Barbara Cottage		39,196	38	210	273			106442

30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.		
COLORADO									
DENVER									
Presbyterian Medical Center	J. E. List	43,596	68	86	812	1C 1F	005	9,700	107283 107220
St. Joseph	R. P. Spurck	62,062	10	10	360	1F	005	10,729	107420
St. Luke's	D. W. Fink	36,363	8	48	222	2* 2F	010	9,650	107520
University of Colorado Affiliated Hospitals	M. L. Daves					2C 8*	034		107683
Denver General	E. Salzman	97,423						10,729	
General Rose Memorial	M. L. Daves, S. Reich	38,805							
University of Colorado Medical Center Veterans Admin.	M. L. Daves	72,780	14	19	480			9,370	
CONNECTICUT									
BRIDGEPORT									
Bridgeport	J. J. Esposito	67,420	30	21	279	2C 1F	006	11,665	107983 107920
St. Vincent's	R. D. Russo	44,602	38	26	193	1C 1F	002	11,000	108083 108020
DANBURY									
Danbury	W. B. Goldstein	49,023	10	10	154	2C	006	10,650	108183
DELAWARE									
WILMINGTON									
Wilmington Medical Center	E. M. Renzi					2C 1F	007	10,550	109920
DISTRICT OF COLUMBIA									
WASHINGTON									
District of Columbia General Georgetown University	B. Gondos H. L. Twigg	145,900 72,431	199	34	233	3C	008 000	12,445	
George Washington University	S. D. Rockoff	88,248	45	92	409	2*	002	10,565	180242
FLORIDA									
JACKSONVILLE									
University Hospital of Jacksonville	W. D. Walkett	71,686	44		239	2C	006	9,550	295483
GEORGIA									
ATLANTA									
Emory University Affiliated Hospitals	T. F. Leigh					3C 3*	010	9,600	
Grady Memorial	H. S. Weens	146,263	57	29	277				
Emory University	J. V. Rogers	54,590	103	56	675				
Henrietta Egleson Hospital for Children	B. B. Gay	14,527							
Veterans Admin. (Decatur)	F. C. Owens	47,052		9	345				
AUGUSTA									
Medical College of Georgia Hospitals Eugene Talmadge Memorial	W. H. Pool, Jr.	47,775	631	60	3,405	3*	012	10,100	
DECATUR									
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)									
SAVANNAH									
Memorial Medical Center	W. A. Miller	57,160	69	81	439	2*	006	9,648	197142
ILLINOIS									
CHICAGO									
Columbus—Cuneo—Cabrini Medical Center Columbus	H. P. Girard	44,178	135	4,300	846	2C 2F	007	10,250	112611
Cook County	R. Pinc	374,329	60	75	362	6* 2F	028	11,600	112742 112720
Illinois Masonic Medical Center	R. T. Schmidt	67,900	10	19	202	2C	006	11,650	
Louis A. Weiss Memorial	S. Rabushka	74,134	342	57,255	342	1C 1F	005	11,650	184683 184620
Mercy Hospital and Medical Center	B. J. Hill	114,677	164	33	121	3C	009	11,350	114183
Michael Reese Hospital and Medical Center	L. Cohen				416	4C	004		
Mount Sinai Hospital Medical Center of Chicago	G. B. Greenfield	62,922	202	14	171	1C 1F	003	11,000	114483 114420
University of Illinois Affiliated Hospitals University of Illinois Veterans Admin. (West Side)	V. Capek V. Capek M. Liberson	97,366 34,975	330	45	290	4C	012	11,580	
EVANSTON									
St. Francis	R. L. Delfava	66,771	3	30	260	1F	007	11,100	116811
EVERGREEN PARK									
Little Company of Mary	J. H. Uhrich, C. A. Lekas	108,192	700	54	700	1C 4F	005	8,736	225583 225520
HINES									
Veterans Admin.	A. J. Pizarro, S. Stefani	85,852	40	251	758	8C	014	11,000	225783
MAYWOOD									
Loyola University Affiliated Hospitals Foster G. Mc Gaw	L. Love	55,921	123	2	142	3C	009	11,000	
OAK PARK									
West Suburban	H. A. Lerner	54,190	18	60	327	1* 3F	004	10,500	117342
PARK RIDGE									
Lutheran General	S. J. Mulopulos	99,845	28	41	574	3C	003	11,820	
PEDRIA									
St. Francis	B. C. Berg, Jr.	82,269	75	164	500	1C	003	10,250	117583

30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examina- tions	New Patients Treated With Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho- voltage Equipment	Mega- voltage Treatment Equipment	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
INDIANA									
INDIANAPOLIS									
Indiana University Medical Center						4C	027		
Indiana University Hospitals									
Marion County General Veterans Admin.	C. Helmen	222,198 1,950			78			10,000 10,500	
Methodist Hospital of Indiana	E. D. Van Hove	140,975	65	35	700	1C	004	11,436	
IOWA									
DES MOINES									
Iowa Methodist	J. T. Mc Millan	51,298	511	34	464	1C	004	10,000	120183
IOWA CITY									
University of Iowa Affiliated Hospitals	J. H. Christie	114,548	929	151	34,186	2C	006	10,100	
University of Iowa Hospitals									
KANSAS									
WICHITA									
St. Francis	M. M. Somers	81,923				3C	009		
Wesley Medical Center	S. E. Hershorn, T. W. Wolfe	77,451	462	99		1*	002	9,750	121042
KENTUCKY									
LOUISVILLE									
St. Joseph Infirmary	E. N. Maxwell	53,787	48	153	310	1*	006	9,620	122042
University of Louisville Affiliated Hospitals	J. T. Ling					2F			122020
Children's Louisville General Veterans Admin.	L. A. Davis J. T. Ling	24,275 62,585				3C 2F	012		121720
LOUISIANA									
NEW ORLEANS									
Ochsner Foundation	S. F. Ochsner	126,738	65	67	576	1C 2*	011	9,492	
Touro Infirmary	A. Payzant	52,650		1,232		1C	003	9,782	196642
MAINE									
PORTLAND									
Maine Medical Center	J. Gibbons	75,000	1,014	203	683	2C 2F	007	10,942	123620
MARYLAND									
BALTIMORE									
Johns Hopkins	M. W. Donner	163,850	111	83	774	6C	018	11,200	
Sinai Hospital of Baltimore	J. O. Salik	61,381	82	23	344	3C	007	11,500	
HAGERSTOWN									
Washington County	S. H. Macht	49,430	38	244		1C	003	9,000	234783
MASSACHUSETTS									
BOSTON									
Lahey Clinic	R. E. Wise, F. A. Salzman	102,359	6	18	399			11,353	
MICHIGAN									
ALLEN PARK									
Veterans Admin. (See Wayne State Univ-Detroit Med. Ctr. Affil. Hosps., Detroit)									
ANN ARBOR									
University of Michigan Affiliated Hospitals	W. M. Whitehouse	132,460	111	48	612	1C	002	10,700	129383
University	W. M. Whitehouse	27,001	63	39				11,300	
Veterans Admin.	W. M. Whitehouse, R. Rapp	90,479	97	5	92			11,873	
Wayne County General (Eloise)	S. Reuter								
DEARBORN									
Oakwood	A. T. Hennessy	94,156	17	78	454	3C 3F	012	11,400	194620
DETROIT									
Grace	F. K. Wietersen	93,143	426	14	46	1C	009	11,200	
Harper	J. C. Cook	76,674	24	102	416	3C 2*	013		
Henry Ford	W. R. Eyler	191,922	727	100	527	1F 3*	024	11,000	129920 130042 130020
Mount Carmel Mercy	K. Mc Ginnis	85,187	17	237	5,866	2C	008	12,420	130283
Sinai Hospital of Detroit	M. Tatelman	66,504	27	46	474	2C	006	11,075	192683
Wayne State University—Detroit Medical Center Affiliated Hospitals	K. L. Krabbenhoft								
Veterans Admin. (Allen Park)	J. E. Thornhill	57,530		4	109	10C	024	11,200	
Detroit General	R. Kurtzman	124,924	238	19					
Detroit Memorial		29,846	292	46	246				
ELOISE									
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)									
FLINT									
Hurley	R. S. Ormond	62,637	72	228	520	3C	009	9,000	
St. Joseph	E. P. Griffin, Jr.	51,249	22	320	200	1C 2F	006	10,000	130883 130820
GRAND RAPIDS									
Blodgett Memorial	J. P. Champion	58,802	16		429	1C 1F	004	7,800	130911
Butterworth	E. F. Wahby	60,756	23	60	439	1C 1F	005	7,800	131020

30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examina- tions	Radium or Cobalt (not Teletherapy) Treatments	New Patients Treated With Superficial and Ortho- voltage Equipment	With Mega- voltage Treatment Equipment	Positions Offered 1975-1976 1st All Yrs. Yrs.	Annual Salary (Min.)	NIRMP Number	
MICHIGAN—Continued									
LANSING Edward W. Sparrow	R. Bethards	48,741	73	55	362	2C 1* 2F	10,600	131583 131520	
PONTIAC St. Joseph Mercy	E. Keeffe	49,884		1,782		1C 1* 1F	11,550	131911	
ROYAL OAK William Beaumont	J. Farah	124,527	27	46	389	1C	003		
SOUTHFIELD Providence	T. James	79,995			470	2* 1F	12,050	130342 130320	
MINNESOTA									
MINNEAPOLIS Metropolitan Medical Center	S. Laxdal	68,000	423	82		1C	002		
ST. PAUL St. Joseph's United Hospitals Miller Division	A. Veinbergs T. E. Johnson	30,682 30,340	32 32	162 441	575 575	1C 1C 1F	9,895	133883 133720	
MISSISSIPPI									
JACKSON University	R. D. Sloan	90,261	147	48	440	4C	012	9,400 195783	
MISSOURI									
COLUMBIA University of Missouri Medical Center	G. S. Lodwick	46,813	47	65	150	4*	007	9,500 199482	
KANSAS CITY Menorah Medical Center St. Luke's	R. W. Lambie D. R. Germann	45,115 69,000	560 40	44 30	538 400	1C 2C	003 006	11,600 9,254 134883	
ST. LOUIS Homer G. Phillips St. Louis University Group of Hospitals	J. Garcia-Otero D. C. Weir	77,557	53	1	58	3C 1C 1F	009 021	10,476 10,628 136583 136520	
Firmin Desloge General		44,790	45	56					
Cardinal Glennon Memorial Hospital for Children		35,594							
St. Louis City		66,089	23						
St. Mary's Health Center		63,803	445	53	31				
Veterans Admin.	J. B. Shields	60,231	61	98	61	3C	007	11,200	
Washington University Affiliated Hospitals	R. G. Evens					8C	024	11,000	
Barnes Hospital Group	R. G. Evens	169,766	152	20	1,300				
Mallinckrodt Institute of Radiology	R. G. Evens								
Jewish Hospital of St. Louis	N. Susman	57,598	32	76	237				
NEBRASKA									
OMAHA Creighton University Affiliated Hospitals Creighton Memorial St. Joseph's Archbishop Bergan Mercy Douglas County Veterans Admin.	N. P. Kenney N. P. Kenney N. P. Kenney J. R. Zastera H. B. Saichek W. J. Wilson	45,000 45,000 16,028 33,038	254 197	65 65	254 197	2C	007	10,400 10,500	
University of Nebraska Affiliated Hospitals						4C 1*	012	137683 137642	
University of Nebraska Veterans Admin.	W. J. Wilson H. B. Saichek	37,089 33,038	260	5	255			10,400 10,500	
NEW HAMPSHIRE									
HANOVER Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial	R. F. Jeffery	66,000	31	56	424	3C	007	10,100	
NEW JERSEY									
ATLANTIC CITY Atlantic City	C. S. Walkoff	61,024	88	79	562	2C 1F	006	9,400	
ENGLEWOOD Englewood	J. J. Gallagher	59,326	7	10	310	2C	005	9,072	
HACKENSACK Hackensack	Y. Chang	52,693	15	71	301	1C	003	11,660 138783	
JERSEY CITY Christ	B. Garfinkel	44,000	19	10	253	2C	006	12,000	
LIVINGSTON St. Barnabas Medical Center	W. Matthey	82,296	332	55	651	1C	004	10,209 139683	
LONG BRANCH Monmouth Medical Center	M. Brodie, S. Schultz	53,066	28	73	324	2C	006	12,200 139283	
MORRISTOWN Morristown Memorial	D. L. Bloom	73,850	23	130	226	1C	003	11,000	
NEWARK Newark Beth Israel Medical Center	L. Spindell	60,926	5	27	322	1C	003		
SUMMIT Overlook	A. D. Crosett	48,807	6	26	441	2C 1*	006	12,000 140883 140842	
NEW MEXICO									
ALBUQUERQUE University of New Mexico Affiliated Hospitals Bataan Memorial Bernalillo County Medical Center St. Joseph Veterans Admin.	B. G. Brogdon C. G. Coin B. G. Brogdon B. G. Brogdon	4,757 57,000 41,375	413 2		413	1C	003		

30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	1st Yr.	All Yrs.		
NEW YORK									
ALBANY									
Albany Medical Center Affiliated Hospitals	J. F. Roach	115,189	42	87	606	2C	008	11,800	
Albany Medical Center Veterans Admin.		42,156							
St. Peter's	V. F. Cross	74,220	573		573	2C 3F	009	13,700	
BUFFALO									
Buffalo General	G. J. Culver	72,715	1,085	557	636	2C	006	11,300	
Deaconess Hospital of Buffalo	R. E. Seibel	70,000	335	120	215	1C 1F	004	11,300	143720
Edward J. Meyer Memorial	E. V. Leslie	60,748	3	26	116	3C	009	11,300	
Millard Fillmore	F. R. Sheehan	55,000				1C 1*	004	10,800	144083 144042
EAST MEADOW									
Nassau County Medical Center—Meadowbrook Div.	G. A. L. Irwin	89,228	40	18	140	2*	012	11,874	
MANHASSET									
North Shore University	H. L. Stein	61,919	414	78	300	2C	006	14,700	
MINEOLA									
Nassau	H. Chiat	50,371	6	52	402	1C 1F	004	13,211	145583 145520
NEW HYDE PARK									
Long Island Jewish—Hillside Medical Center Program							9C	023	196383
Long Island Jewish—Hillside Medical Center	B. S. Epstein	104,447	409	18	409			14,700	
Queens Hospital Center (New York City)	J. J. Smulewicz	122,849	143	37	249			13,500	
NEW YORK CITY									
Beth Israel Medical Center Training Program	A. Geffen						4C	012	14,700
Beth Israel Medical Center Gouverneur	A. Geffen	85,546	374	10	374				
	B. Brinsley	40,672							
Bronx—Lebanon Hospital Center	H. L. Miller	86,040	9	9	195	2C	004	14,000	
Brooklyn—Cumberland Medical Center	A. Camera	97,525	220	9		4C	012	13,500	
Harlem Hospital Center	C. A. Johnson	106,417	275	1	254	2C 2F	008	14,700	147820
Jewish Hospital and Medical Center of Brooklyn Greenpoint	D. Bryk	60,685	16	14	379	3C	009	14,700	
	D. Bryk	51,918						14,700	
Lenox Hill	E. E. Brant	105,413	23	244	289	2C	006	15,155	
Long Island College	R. L. Pinck	103,361	272	75		1C 3F	007	14,700	142720
Methodist	S. Raffla	72,538	451	30	394	3C	009	13,500	
Misericordia—Fordham Training Program	D. B. Hayt	49,557	280	32	280	3C	009	14,700	
Misericordia Fordham		64,010							
New York Hospital—Cornell Medical Center and Affiliated Hospitals	J. A. Evans						7C	021	
New York Hospital	J. A. Evans	136,470							
Hospital for Special Surgery	R. H. Freiberger	47,854							
Memorial Hospital for Cancer and Allied Diseases	C. Watson	70,000							
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)									
Roosevelt	A. A. Dunn	104,972	278	19		1*	003	14,634	
St. Luke's Hospital and Medical Center of New York	N. Finby	92,167	61	72	243	3C	009	14,700	
St. Vincent's Hospital and Medical Center of New York	A. R. Clemett	89,524	16	58	254	1C	003		
St. Vincent's Medical Center of Richmond	O. L. Manfredi	56,030	533	48		1*	004	14,700	
Veterans Admin. (Bronx)	K. F. Chan	58,714	17	14	250	1C	003	15,394	
Veterans Admin. (Manhattan)	D. J. Principato	73,238	29	39	289	5C	014	15,394	
NORTH CAROLINA									
CHAPEL HILL									
North Carolina Memorial	J. H. Scatliff	84,272	176	192	10,044	1C	003	9,370	
DURHAM									
Duke University Affiliated Hospitals	R. G. Lester						1C	004	10,350
Duke University Medical Center	R. G. Lester								
Veterans Admin.	T. T. Thompson	59,624							
NORTH DAKOTA									
BISMARCK									
Bismarck Affiliated Hospitals	S. K. Imes						1C	003	268383
Bismarck		13,167	13		149			8,400	
St. Alexius		18,038	45					8,700	
OHIO									
AKRON									
Akron City	R. H. Hamor	91,224		784	14,791	1C 1F	004	10,500	154120
CANTON									
Aultman	W. J. Howland	83,279	13	29	163	1C 2*	005	10,200	154483 154442
CINCINNATI									
Jewish	L. S. Rosenberg	64,994	25	23	225	1C	003	10,900	
CLEVELAND									
Cleveland Clinic	T. F. Meaney	171,464	15	69	530	3C 1F	021	10,750	196883 196820

30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With Radium or Cobalt (not Teletherapy) Treatments	Superficial and Orthovoltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
PENNSYLVANIA, PITTSBURGH—Continued									
St. Francis General	J. A. Marasco, Jr.	87,214	92	131	546	1* 1F	003	11,500	188142 188120
Western Pennsylvania	W. S. Mellon, Jr.	85,514	53	26	310	1C 1* 2F	008	11,615	165983 165942 165920
SAYRE									
Robert Packer	J. T. Littleton	49,868	130	25	10	1C	003	8,500	166483
RHODE ISLAND									
PROVIDENCE									
Rhode Island	J. J. Lambiase	119,840	575	50	575	3C	009	11,860	
SOUTH CAROLINA									
CHARLESTON									
Medical University of South Carolina Teaching Hospitals	H. S. Pettit					5C	015		168083
Medical University of South Carolina Charleston County	H. S. Pettit	60,000	150	80	900			10,200	
Charleston County Veterans Admin.	S. E. Puckette	30,445						9,902	
	H. S. Pettit	26,931	2						
TENNESSEE									
CHATTANOOGA									
University of Tennessee Clinical Education Center						1C 2F	004	10,200	
Baroness Erlanger	E. F. Besemann	92,962	23	20	246				168920
KNOXVILLE									
University of Tennessee Memorial Research Center and Hospital	E. Buonocore	53,737	271	6	215	1C	004	9,111	
MEMPHIS									
Baptist Memorial	J. L. Booth	151,430	95	47	823	1* 1F	006	10,440	169442 169420
Methodist	E. H. Mabry	119,491	82	114	604	3C 1F	010	8,900	169620
University of Tennessee Affiliated Hospitals	J. G. Rabinowitz					4C 2F	020		184483 184420
City of Memphis Hospitals	J. G. Rabinowitz	123,621						9,280	
Le Bonheur Children's	W. Riggs	21,605							
Veterans Admin.	B. E. Greenberg	77,178	3	18	330			11,331	
NASHVILLE									
George W. Hubbard Hospital of the Meharry Medical College	G. J. Tarleton, Jr.	18,958	9		46	2*	008	9,589	
TEXAS									
DALLAS									
Baylor University Medical Center	A. D. Sears	106,143	398	51	720	4C 2F	012	9,276	170683 170620
Methodist Hospital of Dallas	R. B. Connor	49,677			152	2C	006	9,500	170783
St. Paul	J. E. Miller	62,475	850	50		2C 1F	008	9,600	170920
University of Texas Southwestern Medical School Affiliated Hospitals	E. E. Christensen					1C	001	8,784	
Parkland Memorial	E. E. Christensen	158,420	234	13					
Children's Medical Center	G. Currarino	20,813							
Veterans Admin.	G. E. Williams, Jr.	80,871		16	287	3C	009	8,914	
GALVESTON									
University of Texas Medical Branch Hospitals	R. N. Cooley	106,405	38	69	448	1C	003	10,300	
HOUSTON									
Baylor College of Medicine Affiliated Hospitals									
Ben Taub General	R. S. Mac Intyre		262	3	262	1C	003	9,540	171683
Veterans Admin.	R. S. Mac Intyre		18	14	315			9,540	
Texas Children's	L. B. North	110,873						9,540	
University of Texas at Houston Affiliated Hospitals	E. B. Singleton	29,470							
Hospitals	G. D. Dodd					6C 6F	018		292383 292320
Hermann	G. D. Dodd	55,735	148	38	367			9,324	
St. Joseph	J. M. Keegan	88,567	26	53	310			8,600	
University of Texas M. D. Anderson Hospital and Tumor Institute	G. D. Dodd	62,506	306	37	1,588				
SAN ANTONIO									
Baptist Memorial	H. F. Elmendorf	104,469	419	91		1C	003	9,000	
University of Texas at San Antonio Teaching Hospitals						6C	020	9,700	
Bexar County Teaching	P. Zanca	130,147	97	6	40				
Santa Rosa Medical Center	P. Zanca	75,811	38	45	320				
Veterans Admin.	R. M. Maurer								
TEMPLE									
Scott and White Memorial	J. F. Bergstrom	116,415	12	336	1,339	2C	008	10,000	
UTAH									
SALT LAKE CITY									
Latter—Day Saints	P. R. Frederick	55,788	697	60	448	1C	001	10,300	
University of Utah Affiliated Hospitals	D. G. Bragg					3*	016	10,300	173242
University	D. G. Bragg	57,000	84	550	485				
Primary Children's	V. R. Condon								
Veterans Admin.	J. D. Armstrong, Jr.	28,803			102				
VERMONT									
BURLINGTON									
Medical Center Hospital of Vermont	J. P. Tampas	86,920	28	25	301	4C	012	9,250	

30A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-Ray Examinations	New Patients Treated With			Positions Offered		Annual Salary (Min.)	NIRMP Number
			Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	1975-1976 1st Yr.	All Yrs.		
VIRGINIA									
NEWPORT NEWS Riverside	J. T. Myles	102,000	14	27	321	2* 1F	006	10,000	173920
NORFOLK Oe Paul	J. Foster	69,383	19	38	218	2C 2F	005	10,000	174083 174020
Norfolk General	C. P. Wisoff	112,554	447	249	426	1C	004	10,000	
ROANOKE Roanoke Memorial Hospitals	J. A. Martin	60,511	593	50	545	2C 1F	007	7,100	174820
WASHINGTON									
SEATTLE Swedish Hospital Medical Center	R. R. Greening	42,079				1C	003	8,672	
Virginia Mason	L. L. Burnett	86,496	444	68	512	1C 1F	004	8,839	175620
SPOKANE Sacred Heart	C. A. Stevenson	40,855	18	414	9,621	1C 1F	004	8,862	175820
WEST VIRGINIA									
MORGANTOWN West Virginia University Medical Center	O. F. Gabriele	82,000	688	488		4C	012		
WHEELING Ohio Valley Medical Center	A. K. Butler	49,509	345	50	300	1*	005	12,420	176942
WISCONSIN									
MILWAUKEE Columbia	R. R. Byrne	52,730	2	65	108	1C	003	10,655	178183
Evangelical Oeaconess	A. F. Rymut, Jr.	34,133	6	50	284	1*	004	9,500	178242
Medical College of Wisconsin Affiliated Hospitals	J. E. Youker					3C 3F	009		178420
Milwaukee County General	J. E. Youker	136,887	32	707	7,623			10,532	
Milwaukee Children's	D. P. Babbitt	42,254			47			10,535	
Veterans Admin. Center (Wood)	G. F. Unger	92,000	16	14	211			11,022	
St. Joseph's	J. F. Wepler	73,102	414	74	414	2*	008	11,000	178842

30B. RADIOLOGY, DIAGNOSTIC

Residency programs in the following hospitals have been approved by the Council on Medical Education 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 30A and 30C.

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered		Annual Salary (Min.)	NIRMP Number
			1975-1976 1st Yr.	All Yrs.		
UNITED STATES AIR FORCE						
CALIFORNIA						
David Grant U. S. A. F. Medical Center, Fairfield	R. P. Hill	61,132	3C	009		
TEXAS						
Willford Hall U. S. A. F. Medical Center, San Antonio	A. Hale	180,017	3*	013	15,078	
UNITED STATES ARMY						
U. S. Army Coordinated Program Letterman Army Medical Center, San Francisco, Calif.	J. J. Du Bois	68,728	1C 1* 2F	014		
Fitzsimons Army Medical Center, Denver, Colo.	P. E. Sieber	104,780	4C 1*	013		
Walter Reed Army Medical Center, Washington, D. C.	M. M. Reeder	1,440,385	6C 1*	019		
Tripler Army Medical Center, Honolulu, Hawaii	H. T. Uhrig	92,683	1* 2F	015		
Brooke Army Medical Center, San Antonio, Tex.	R. O. Hagen	139,852	5C 1* 1F	017		
UNITED STATES NAVY						
U. S. Navy Coordinated Program Naval, San Diego, Calif.	Q. E. Crews, Jr.	191,945	1* 2F	012		
Naval, Bethesda, Md.	C. W. Ochs	74,785	2C 1F	007		
NON FEDERAL AND VETERANS ADMINISTRATION						
ALABAMA						
BIRMINGHAM						
Baptist Medical Centers Baptist Medical Center—Montclair Baptist Medical Center—Princeton	F. Henley	52,151 42,630	6C	006	10,130	

30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
ALABAMA, BIRMINGHAM —Continued						
University of Alabama Medical Center	D. M. Witten		6C	020	10,500	
University of Alabama Hospitals and Clinics	D. M. Witten	150,000				
Veterans Admin.	D. M. Witten, R. Luna	50,733				
ARIZONA						
PHOENIX						
St. Joseph's Hospital and Medical Center	A. Kahn, R. Stejskal	80,704	4C	006	11,448	
TUCSON						
University of Arizona Affiliated Hospitals	I. M. Freundlich	29,137			10,925	
University		31,400				
Veterans Admin.		29,137				
ARKANSAS						
LITTLE ROCK						
University of Arkansas Medical Center	G. V. Dalrymple		3C	017	8,800	101887
University	G. V. Dalrymple	52,687	2*			101898
Veterans Admin. Consolidated	G. V. Dalrymple	53,430				
CALIFORNIA						
DAVIS						
University of California (Davis) Affiliated Hospitals	P. E. S. Palmer		4C	020	11,700	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	P. E. S. Palmer	77,217	4F			
Sutter Community Hospitals of Sacramento (Sacramento)	B. A. Swerdloff	48,193				
IRVINE						
University of California (Irvine) Affiliated Hospitals			4*	013	10,300	104398
Orange County Medical Center (Orange)	H. W. Pribram	80,164				
LOMA LINDA						
Loma Linda University	M. P. Judkins	87,632	6C	026	10,000	102420
			8F			
LONG BEACH						
St. Mary Medical Center	J. F. Mack	57,087	1*	004	12,000	102587
Veterans Admin.	H. W. Pribram	105,876	5C	006	15,394	
LOS ANGELES						
Cedars—Sinai Medical Center						
Cedars of Lebanon Hospital Division	N. Zheutiin	46,298	3C	008	13,896	
Hospital of the Good Samaritan Medical Center	R. E. Levis	45,000	1*	004	13,656	103298
Kaiser Foundation	M. S. Kleinman	247,681	2*	008	13,293	205598
Los Angeles County—U.S.C. Medical Center	H. I. Meyers	401,756	16F	048	14,916	103320
Martin Luther King, Jr. General	J. A. Campbell	68,247	4*	016	14,340	205798
U.C.L.A.	G. H. Wilson	135,651	8C	025	11,700	
Veterans Admin. Center—Wadsworth	J. Jorgens	108,169	1C	004	14,641	
ORANGE						
Orange County Medical Center (See Univ. of Calif. (Irvine) Affil. Hosps., Irvine)						
PALO ALTO						
Veterans Admin. (See Stanford University Affiliated 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 of California (San Diego) Affiliated Hospitals	J. R. Amberg		8*	027		104998
University of California, San Diego—University Hospital		74,343			10,300	
Veterans Admin.		57,066			10,521	
SAN FRANCISCO						
Children's Hospital and Adult Medical Center	H. J. Burhenne	29,438	1C	003	10,217	
Mount Zion Hospital and Medical Center	A. J. Davidson	40,300	1*	011	9,900	105498
			1F			105420
St. Mary's Hospital and Medical Center	J. C. Bennett	36,438	2C	005	10,540	105720
			2F			
University of California Program H. C. Moffitt—University of California Hospitals	A. R. Margulis		12C	040		
San Francisco General	A. R. Margulis	82,316			12,255	
Veterans Admin.	W. Coulson	97,981				
	C. O. Ovenfors	72,172			10,300	
SAN JOSE						
Santa Clara Valley Medical Center	J. J. McCort	64,886	2C	008	12,061	106387
SANTA BARBARA						
Santa Barbara General—Cottage Hospitals	P. A. Riemenschneider	50,350	1*	004	10,080	
Santa Barbara General						
Santa Barbara Cottage						
Cancer Foundation of Santa Barbara						

30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
CALIFORNIA—Continued						
STANFORD						
Stanford University Affiliated Hospitals	W. H. Northway, Jr.		7C 3*	027	10,000	182098
Stanford University Veterans Admin. (Palo Alto)	W. H. Northway, Jr. L. M. Zatz	64,927 39,853				
TORRANCE						
Los Angeles County Harbor General	J. Tabrisky	140,000	6C 3F	018	14,916	106720
COLORADO						
DENVER						
University of Colorado Affiliated Hospitals	M. L. Daves		2C 8*	034		
University of Colorado Medical Center Denver General	M. L. Daves E. Salzman	72,780 97,423			9,370 10,729	
General Rose Memorial Veterans Admin.	M. L. Daves, S. Reich M. L. Daves	36,805 47,581			9,370	
CONNECTICUT						
HARTFORD						
Hartford	R. H. Janzen	103,463	3C 1F	008	11,000	108387 108320
NEW HAVEN						
Hospital of St. Raphael Yale—New Haven Medical Center	R. Shapiro R. H. Greenspan	64,717	2* 3C 1* 1F	009 018	10,930	109098
Yale—New Haven Veterans Admin. (West Haven)	R. H. Greenspan M. F. Keohane	125,580 33,321			10,930 12,632	109720
WEST HAVEN						
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)						
DISTRICT OF COLUMBIA						
WASHINGTON						
Freedmen's Georgetown University	H. C. Press, Jr. H. L. Twigg, Jr.	72,545 72,431	2* 4C	006 012	12,581 11,742	
George Washington University Affiliated Hospitals	S. D. Rockoff		5*	019	10,565	
George Washington University Washington Hospital Center		88,248 43,752				
FLORIDA						
GAINESVILLE						
University of Florida Affiliated Hospitals William A. Shands Teaching Hosp. and Clinics	O. F. Agee		6C	022		182487
Veterans Admin.	O. F. Agee F. C. Clore	61,000 50,071			10,149 9,891	
MIAMI						
Jackson Memorial	F. P. Gargano	166,315	6*	018	12,427	
MIAMI BEACH						
Mount Sinai Hospital of Greater Miami	M. Viamonte, Jr.	82,204	4C	016	11,723	110587
TAMPA						
University of South Florida Affiliated Hospitals	M. L. Silbiger		4C	012	9,349	297287
Tampa General St. Joseph's Veterans Admin.	M. L. Silbiger R. G. Isbell A. D. Graham	65,438 77,401 34,014				
GEORGIA						
ATLANTA						
Emory University Affiliated Hospitals	T. F. Leigh		10C 3*	033	9,600	111398
Grady Memorial Emory University Henrietta Eggleston Hospital for Children Veterans Admin. (Decatur)	W. H. Shuford J. V. Rogers B. B. Gay F. C. Owens	146,263 54,590 14,527 47,052				
AUGUSTA						
Medical College of Georgia Hospitals Eugene Talmadge Memorial	W. H. Pool, Jr.	46,598	3F	003	10,100	
DECATUR						
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)						
SAVANNAH						
Memorial Medical Center	W. A. Miller	57,160	2*	006	9,648	
ILLINOIS						
CHICAGO						
Mc Gaw Medical Center of Northwestern University	L. F. Rogers H. White	37,442	8*	023	11,680	224798
Children's Memorial Northwestern Memorial Veterans Admin. Research Evanston (Evanston)	L. Calenoff R. Marsan J. Fotopoulos B. Levin	115,410 47,087 72,124 107,329				
Michael Reese Hospital and Medical Center Mount Sinai Hospital Medical Center of Chicago	G. B. Greenfield	62,922	5* 1C 1F	015 007	11,700 11,000	114298 114487 114420
Rush—Presbyterian—St. Luke's Medical Center	R. E. Buenger	108,000	5*	020	10,501	
University of Chicago Hospitals and Clinics	J. J. Fennessy	117,557	5*	015	11,125	116098

30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
ILLINOIS—Continued						
EVANSTON						
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)						
MAYWOOD						
Loyola University Affiliated Hospitals Foster G. Mc Gaw	L. Love	55,921		009	11,000	
SPRINGFIELD						
Southern Illinois University Affiliated Hospitals Memorial Hospital of Springfield St. Johns	D. W. Sherrick	116,157	2C	006	10,000	292287
INDIANA						
INDIANAPOLIS						
Indiana University Medical Center	E. C. Klatte		10C	030		118787
Indiana University Hospitals	E. C. Klatte	237,223			10,000	
Marion County General	C. Helmen	222,198			10,000	
Veterans Admin.	E. C. Klatte	49,534			10,500	
Methodist Hospital of Indiana	E. D. Van Hove	140,975	4* 1F	013	11,436	118820
IOWA						
IOWA CITY						
University of Iowa Affiliated Hospitals University of Iowa Hospitals Veterans Admin.	J. H. Christie	114,548 40,798	2*	008	10,100	120398
KANSAS						
KANSAS CITY						
University of Kansas Medical Center	A. W. Templeton	82,464	5C	016	10,000	120887
WICHITA						
Wesley Medical Center	S. Hershorn, T. Wolfe	77,451	2*	002	9,750	121098
KENTUCKY						
LEXINGTON						
University	H. D. Rosenbaum	64,450	5C	015	10,000	184887
LOUISVILLE						
University of Louisville Affiliated Hospitals Children's Louisville General Veterans Admin.	J. T. Ling L. A. Davis J. T. Ling J. T. Ling	24,275 62,585 33,941	4C	016	8,600	121787
LOUISIANA						
NEW ORLEANS						
Ochsner Foundation	S. F. Ochsner		2C	006	9,492	
MAINE						
PORTLAND						
Maine Medical Center	J. Gibbons	75,000	2C 1F	007	10,942	123620
MARYLAND						
BALTIMORE						
Johns Hopkins	M. W. Donner	163,850	5C	015	11,200	
University of Maryland Affiliated Hospitals University of Maryland	J. M. Dennis	95,253	3C	012	11,350	125287
MASSACHUSETTS						
BOSTON						
Beth Israel	S. Paulin, M. Simon	53,800	4C	012	11,815	
Boston University Affiliated Hospitals Boston City University Pondville (Norfolk)	J. H. Shapiro J. H. Shapiro J. H. Shapiro R. J. Messer	129,936 40,000 43,386	21C	021	11,441	
Lahey Clinic—New England Baptist Lahey Clinic New England Baptist		96,654 24,077	3C	009		
Massachusetts General	J. M. Taveras	208,934	11C	033	11,400	126187
New England Deaconess	M. A. Kellett	43,844	1C	002	11,564	126487
Peter Bent Brigham Children's Hospital Medical Center	H. L. Abrams E. B. D. Neuhauser	71,800 69,514	5C	015	11,200 13,150	
Tufts University Affiliated Hospitals New England Medical Center Lemuel Shattuck Veterans Admin.	R. E. Paul, Jr. R. E. Paul, Jr. J. B. Dealy, Jr. A. H. Robbins	81,403 14,121 50,906	6C	021	10,718	239487
CAMBRIDGE						
Mount Auburn	S. C. Schatzki	51,032	1C	003	11,441	
NORFOLK						
Pondville (See Boston University Affiliated Hospitals, Boston)						
SPRINGFIELD						
Springfield Hospital Medical Center	R. A. Grugan	56,420	2C	006	11,606	
WORCESTER						
St. Vincent	M. L. Janower	65,698	2*	008	10,700	129098
MICHIGAN						
ANN ARBOR						
St. Joseph Mercy	F. Lee	110,000	1F	003	11,150	
University of Michigan Affiliated Hospitals University Veterans Admin. Wayne County General (Eloise)	W. M. Whitehouse W. M. Whitehouse W. M. Whitehouse, R. Rapp S. Reuter	132,460 27,001 90,479	11C	034	10,700 11,300 11,873	129387
DETROIT						
Harper Children's Hospital of Michigan Bon Secours (Grosse Pointe)	J. C. Cook J. O. Reed	76,674 56,335	4C	012		

30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
MICHIGAN —Continued						
Henry Ford	W. R. Eyler	191,922	3* 3F	024	11,000	130098
Mount Carmel Mercy	K. D. Mc Ginnis	85,187	2C	008		
Sinai Hospital of Detroit	M. Tatelman	66,504	2C	006	11,075	
ELOISE						
Wayne County General (See Univ. of Michigan Affiliated Hospitals, Ann Arbor)						
GROSSE POINTE						
Bon Secours (See Harper, Detroit)						
ROYAL OAK						
William Beaumont	J. Farah	124,527	1C 1* 2F	011	11,495	197820
MINNESOTA						
MINNEAPOLIS						
University of Minnesota Affiliated Hospitals	E. Gedgaudas		6*	025		133498
University of Minnesota Hospitals	E. Gedgaudas	95,508				
Veterans Admin.	E. Gedgaudas	88,680				
Hennepin County General	S. H. Tsai	95,254			10,000	
St. Paul—Ramsey (St. Paul)	R. G. B. Bjornson	80,938			10,000	
ROCHESTER						
Mayo Graduate School of Medicine	J. R. Hodgson	358,178	4C	032	11,500	132887
Rochester Methodist		52,992				
St. Mary's		107,359				
ST. PAUL						
St. Paul—Ramsey (See Univ. of Minnesota Affiliated Hospitals, Minneapolis)						
United Hospitals Miller Division	T. E. Johnson	30,340	1C 1F	003		133720
MISSOURI						
COLUMBIA						
University of Missouri Medical Center	G. S. Lodwick	46,813	4C	016	9,500	
KANSAS CITY						
St. Luke's	D. R. Germann	69,000	1C	001	9,254	
ST. LOUIS						
Washington University Affiliated Hospitals Barnes Hospital Group Mallinckrodt Institute of Radiology	R. G. Evens	169,766	8C	024	10,500	135387
NEW HAMPSHIRE						
HANOVER						
Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial	R. F. Jeffery	66,000	3C	007	10,100	
NEW JERSEY						
MORRISTOWN						
Morristown Memorial	D. L. Bloom	73,850	3C 2F	006	11,000	139420
NEWARK						
CMDNJ—New Jersey Medical School Affiliated Hospitals Martland	G. T. Curtis	82,622	4C 4F	016	12,446	139811
Newark Beth Israel Medical Center	L. Spindell	60,926	2C	006	12,465	
NEW MEXICO						
ALBUQUERQUE						
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center Bataan Memorial Veterans Admin.	R. O. Moseley, Jr. R. D. Moseley, Jr. C. G. Coin R. O. Moseley, Jr.	57,000 56,812 41,375	5C	014	9,400	
NEW YORK						
ALBANY						
Albany Medical Center	J. F. Roach	115,189	2C	008	11,800	
EAST MEADOW						
Nassau County Medical Center—Meadowbrook Div.	G. A. L. Irwin	89,228	2*	012	11,874	
MANHASSET						
North Shore University	H. L. Stein	55,800	2C	006		
NEW YORK CITY						
Albert Einstein College of Medicine Affiliated Hospitals Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine	M. Elkin	136,912 45,333	7C	019	14,700	
Bronx—Lebanon Hospital Center	H. L. Miller	86,040	1C	004	14,000	
Long Island College	R. L. Pinck	103,361	2C	008	14,700	
Methodist	N. F. Bartone	72,538	3C	009	13,500	142987
Montefiore Hospital and Medical Center	H. G. Jacobson	214,855	4C	017	13,500	
Mount Sinai Hospital Training Program Mount Sinai	B. S. Wolf	125,518	4*	016	15,200	149098

30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY—Continued						
New York Hospital—Cornell Medical Center and Affiliated Hospitals	J. A. Evans		6C 4F	020	14,700	149211
New York Hospital Memorial Hospital for Cancer and Allied Diseases	J. A. Evans	139,400				
Hospital for Special Surgery	R. C. Watson R. H. Freiberger	70,000 47,854				
New York Medical College—Metropolitan Hospital Center	R. M. Friedenber	199,780	1C 6*	021	13,500	147398
Unit 1—Flower and Fifth Avenue Hospitals Unit 2—Metropolitan Hospital Center						
New York University Medical Center Bellevue Hospital Center	N. E. Chase N. E. Chase, A. F. Keegan N. E. Chase, A. F. Keegan	166,595 80,407	6C	032		297887
University						
Presbyterian Roosevelt	W. B. Seaman A. A. Dunn	250,000	7* 1*	021 003	13,715 14,634	149598
St. Luke's Hospital Center	N. Finby	92,167	3C	009	14,700	
St. Vincent's Hospital and Medical Center of New York	A. R. Clemett	89,524	5C 2F 3C	016 003	13,500	150020 142687
S. U. N. Y. Downstate Medical Center Kings County Hospital Center State University	J. A. Becker	237,138 42,146			14,700 14,772	
Veterans Admin. (Bronx)	K. F. Chan	58,714	4C	009	15,394	
ROCHESTER						
Rochester General	T. F. Van Zandt	80,000	3C 2F	008	10,400	150920
Strong Memorial Hospital of the University of Rochester	H. W. Fischer, S. M. Rogoff	98,522	5C 1*	015	10,400	151187 151111
SYRACUSE						
S. U. N. Y. Upstate Medical Center State University	E. R. Heitzman	67,997	6C	019	11,057	156187
NORTH CAROLINA						
CHAPEL HILL						
North Carolina Memorial	J. H. Scatliff	84,272	4C	012	9,370	
DURHAM						
Duke University Affiliated Hospitals Duke University Medical Center Veterans Admin.	R. G. Lester R. G. Lester T. T. Thompson	178,818 59,264	10C	040	10,350	152987
WINSTON-SALEM						
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	I. Meschan	101,955	6*	021	10,000	153798
OHIO						
CANTON						
Aultman	W. J. Howland	83,279	1C	003	10,200	154487
CINCINNATI						
University of Cincinnati Hospital Group Cincinnati General Veterans Admin.	J. F. Wiot	105,519 43,640	9C	026	10,128 11,932	154887
CLEVELAND						
Case Western Reserve University Affiliated Hospitals University Hospitals of Cleveland Veterans Admin.	H. L. Friedell H. L. Friedell E. M. Bellon	141,464 56,351	4C	028	11,000 11,506	
Cleveland Clinic	T. F. Meaney	171,464	3C	021	10,750	
COLUMBUS						
Ohio State University Hospitals	S. W. Nelson	107,230	2C	006	8,500	156687
TOLEDO						
Medical College of Ohio at Toledo Affiliated Hospitals Hospital of Medical College of Ohio at Toledo	A. K. Freimanis	101,478	3C	006	10,634	
St. Vincent Hospital and Medical Center	A. K. Freimanis R. M. Stankey	25,775 75,713				
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	38,840	1C 3F	004	9,500	183020
University of Oklahoma Health Sciences Center	S. P. Traub		6C	024		158887
University of Oklahoma Hospital and Clinics	S. P. Traub	71,887				
Presbyterian St. Anthony	G. D. Hallum	43,000			10,000	
Veterans Admin. Central State Griffin Memorial (Norman)	S. P. Traub	53,786				
OREGON						
PORTLAND						
University of Oregon Affiliated Hospitals University of Oregon Medical School Hospitals and Clinics	C. T. Dotter	80,534	5C	015	9,600	

30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
PENNSYLVANIA						
BRYN MAWR Bryn Mawr	R. P. Cancelmo	52,306	2C 1F	005	10,000	160620
St. Christopher's Hospital for Children (Philadelphia)	J. A. Kirkpatrick, Jr.	19,546			11,250	
DANVILLE Geisinger Medical Center	J. L. Williams	85,111	2C 1*	012	11,000	160887 160898
DARBY Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)						
HARRISBURG Harrisburg	J. R. Croteau	52,313	1C	003	10,634	161487
PHILADELPHIA Albert Einstein Medical Center	B. J. Ostrum	81,243	1C	003	10,600	
Episcopal	H. Pollack	56,000	2*	006	10,400	
Hahnemann Medical College and Hospital	M. E. Kricun	76,000	5C	015	10,500	162787
Mercy Catholic Medical Center	J. F. Mahoney		2C	006	10,000	163687
Misericordia Division		38,319				
Fitzgerald Mercy Division (Darby)		49,548				
Pennsylvania	W. J. Tuddenham	53,509	2C	006	11,700	163987
Philadelphia General	H. Goldberg	64,514	2*	012	10,492	164098
Presbyterian—University of Pennsylvania Medical Center	G. N. Stein	35,690	1* 1F	006	10,650	164198 164120
St. Christopher's Hospital for Children (See Bryn Mawr Hospital, Bryn Mawr)						
Temple University	M. S. Lapayowker	67,594	5C	015	11,299	
Thomas Jefferson University	M. K. Dalinka	79,200	5C 1F	020	10,700	163087 163020
University of Pennsylvania Affiliated Hospitals	R. H. Chamberlain		6C 1F	022		
Hospital of the University of Pennsylvania		97,551			11,300	
Graduate Hospital of the University of Pennsylvania		38,792			11,507	
Veterans Admin.		52,213			12,750	
PITTSBURGH Allegheny General	J. H. Feist	67,416	2*	006	12,285	
Hospitals of the University Health Center of Pittsburgh	E. R. Heinz		8*	027		165298
Children's Hospital of Pittsburgh	B. Girdany	63,976				
Magee—Womens	J. Mazer	22,091				
Montefiore	H. W. Friedman	59,280				
Presbyterian—University	J. W. Lecky	77,583			11,130	
Veterans Admin.	E. R. Heinz	32,579			12,712	
Mercy	J. R. Lewin	85,000	2* 1F	006	11,300	164998 164920
St. Francis General	J. A. Marasco, Jr.	87,214	1* 1F	005	11,500	188198 188120
READING Reading	G. R. Matthews	83,104	1C 1*	008	10,800	166187 166198
PUERTO RICO						
SAN JUAN University of Puerto Rico Affiliated Hospitals	H. Pagan-Saez		5C 3F	017		
Industrial						
San Juan City		49,399				
University District	H. Pagan-Saez	92,017			9,960	
Veterans Admin. Center	J. M. Gonzalez	50,984			9,598	
RHODE ISLAND						
PROVIDENCE Rhode Island	J. J. Lambiase	119,521	3*	009	11,860	
TENNESSEE						
MEMPHIS Baptist Memorial	J. L. Booth	151,430	1* 1F	006	10,440	169498 169420
University of Tennessee Affiliated Hospitals	J. G. Rabinowitz		4C 1F	020		184420
City of Memphis Hospitals	J. G. Rabinowitz	123,621			9,280	
Veterans Admin.	B. E. Greenberg	77,178			11,331	
NASHVILLE Vanderbilt University Affiliated Hospitals	H. Burko		8*	018	9,981	
Nashville Metropolitan General	A. Hucks-Follis	36,103				
Vanderbilt University	H. Burko	90,300				
Veterans Admin.	V. A. Vix	50,085				
TEXAS						
DALLAS Baylor University Medical Center	A. D. Sears	106,143	1C	003		
University of Texas Southwestern Medical School Affiliated Hospitals	E. E. Christensen		6C	017	8,784	283587
Parkland Memorial	E. E. Christensen	158,420				
Children's Medical Center	G. Curarino	20,813				
GALVESTON University of Texas Medical Branch Hospitals	M. H. Schreiber	106,405	4C 1*	015	10,300	171498

30B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
			1st Yr.	All Yrs.		
TEXAS—Continued						
HOUSTON						
Baylor College of Medicine Affiliated Hospitals	R. S. Mac Intyre		6C 4F	018		171687 171620
Ben Taub General	R. S. Mac Intyre	161,376				
Jefferson Davis	R. S. Mac Intyre	34,370			9,000	
Methodist	R. S. Mac Intyre	148,409			9,540	
St. Luke's Episcopal	E. B. Singleton	66,642			9,540	
Texas Children's	E. B. Singleton	29,470			9,540	
Veterans Admin.	R. S. Mac Intyre	110,873				
University of Texas at Houston Affiliated Hospitals	L. F. Rogers, G. D. Dodd		5C 6F	024		
Hermann	G. D. Dodd	55,735			9,324	
St. Joseph	J. M. Keegan	88,567			8,600	
University of Texas M. D. Anderson Hospital and Tumor Institute	G. D. Dodd	62,506				
TEMPLE						
Scott and White Memorial	J. Bergstrom	116,415	2C	008	10,000	172587
UTAH						
SALT LAKE CITY						
University of Utah Affiliated Hospitals	D. G. Bragg		3*	012		
Primary Children's	V. R. Condon					
University	D. G. Bragg	57,000	3*	012	10,300	
Veterans Admin.	J. D. Armstrong, Jr.	28,803				
VIRGINIA						
CHARLOTTESVILLE						
University of Virginia	T. E. Keats	110,000	5C	015	9,400	
RICHMOND						
Virginia Commonwealth University M.C.V. Affiliated Hospitals	K. Ranniger		7C	028		174387
Medical College of Virginia Hospitals	K. Ranniger	130,225			10,584	
Veterans Admin.	K. Ranniger	59,354				
ROANOKE						
Roanoke Memorial	J. A. Martin	60,511	2C 1F	007	7,100	174820
WASHINGTON						
SEATTLE						
Swedish Hospital Medical Center	R. R. Greening	42,079	2*	006	8,672	175598
University of Washington Affiliated Hospitals	R. H. Troupin		2*	D16	9,252	191898
University	R. H. Troupin	43,000				
Children's Orthopedic Hospital and Medical Center	B. H. Ward	24,701				
Harborview Medical Center	J. Loop	41,621				
Veterans Admin.	J. D. Harley	32,784				
Virginia Mason	L. L. Burnett	86,496	1C 1F	004	8,839	
WEST VIRGINIA						
MORGANTOWN						
West Virginia University Medical Center	O. F. Gabriele	82,000	4C	012	9,700	
WISCONSIN						
MADISON						
University Hospitals	J. H. Juhl	66,540	4C 4F	016	10,800	177987
MILWAUKEE						
Lutheran Hospital of Milwaukee	R. E. Hinson	31,970	1C	001	9,650	178587
Medical College of Wisconsin Affiliated Hospitals	J. E. Youker		4C	015		
Milwaukee Children's	D. P. Babbitt	42,254			10,535	
Milwaukee County General	J. E. Youker	136,887			10,532	
Veterans Admin. Center (Wood)	G. F. Unger	92,000			11,022	
St. Joseph's	J. F. Wepfer	73,102	2*	008	11,000	178987
St. Luke's	J. R. Nellen	100,563	2C 2* 4F	008		178998 178920

30C. RADIOLOGY, THERAPEUTIC

Residency programs in the following hospitals have been approved by the Council on Medical Education 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 30A and 30B.

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Teletherapy Treatments	Interstitial, Intra-Cavitary Treatments	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES NAVY								
CALIFORNIA								
Naval, San Diego	Q. E. Crews, Jr.	370	8,313	9	1*	004		

30C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Teletherapy Treatments	Inter-stitial, Intra-Cavitary Treatments	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
University of Alabama Medical Center	R. E. Roth				1C	004		
University of Alabama Hospitals and Clinics		891	23,153	148				
Veterans Admin.		515	3,696				10,500	
ARIZONA								
TUCSON								
University of Arizona Affiliated Hospitals	M. L. M. Boone	319	9,608	93	2C	008	9,375	
University					6*			
CALIFORNIA								
DAVIS								
University of California (Davis) Affiliated Hospitals	A. Raventos				1C	004	11,700	
University of Calif. (Davis) Sacramento Medical Center (Sacramento)	A. Raventos	26		26				
Sutter Community Hospitals of Sacramento (Sacramento)	R. L. S. Doggett	1,243	28,539	105				
QUARTE								
City of Hope Medical Center (See Los Angeles County Harbor General, Torrance)								
IRVINE								
University of California (Irvine) Affiliated Hospitals	H. W. Pribram	235	9,494	21	1C	004	10,300	
Orange County Medical Center (Orange)								
LOMA LINDA								
Loma Linda University	J. M. Slater	484	11,581	82	2C	003	10,000	102420
					1F			
LONG BEACH								
St. Mary Medical Center (See Los Angeles County Harbor General, Torrance)								
LOS ANGELES								
Kaiser Foundation	A. R. Kagan	1,106	17,231	112	1C	002	13,293	
Los Angeles County—U.S.C. Medical Center	D. P. Anderson	950	30,000	150	3*	009	11,952	103399
U. C. L. A.	E. A. Langdon	650	14,862	21	2C	007	11,700	
ORANGE								
Orange County Medical Center (See Univ. of California (Irvine) Affiliated Hosps., 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 of California, San Diego—University Hospital	C. F. Von Essen	553	5,184	247	2*	005	11,700	
SAN FRANCISCO								
Mount Zion Hospital and Medical Center	J. R. Castro	501	9,901	40	1*	008	9,900	105420
					1F			
Pacific Medical Center and Affiliated Hospitals	J. M. Vaeth				2C	008		
Pacific Medical Center—Presbyterian		1,200	25,000	35			10,200	
St. Francis Memorial		353	12,465	7			10,200	
St. Mary's Hospital and Medical Center		1,200	25,000	35			10,540	
Santa Rosa Radiation Therapy Center (Santa Rosa)		600	12,000	16			9,000	
University of California Program	T. L. Phillips				1*	011	10,300	106299
					4F			105820
H. C. Moffitt—University of California Hospitals	T. L. Phillips	961	19,041	72				
Ralph K. Davies Medical Center—Franklin San Francisco General	L. W. Margolis	360	13,000	20				
SAN JOSE								
Santa Clara Valley Medical Center (See Stanford Univ. Affil. Hospitals, Stanford)								
SANTA BARBARA								
Cancer Foundation of Santa Barbara	D. W. Erickson	521	13,099	99	1*	002	11,080	106499
Santa Barbara Cottage	D. W. Erickson	521	13,099	99	1*	003	10,080	
SANTA ROSA								
Santa Rosa Radiation Therapy Center (See Pacific Med. Ctr. and Affil. Hospitals, San Francisco)								
STANFORD								
Stanford University Affiliated Hospitals	M. A. Bagshaw				4C	015		
					2*			
Stanford University	M. A. Bagshaw	1,330	21,992	29			10,000	182099
Veterans Admin. (Palo Alto)								
Santa Clara Valley Medical Center (San Jose)	J. W. Kraut	258	6,451	13			12,061	

30C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Teletherapy Treatments	Interstitial, Intra-Cavitary Treatments	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
TORRANCE								
Los Angeles County Harbor General	J. Byfield				1C	002	16,152	106720
City of Hope Medical Center (Duarte)	M. L. Jacobs	301	6,442	67	1F		16,728	
St. Mary Medical Center (Long Beach)	A. G. Litman	445	9,744	30			14,000	
COLORADO								
COLORADO SPRINGS								
Penrose		400	13,597	7	3C	012	9,000	
DENVER								
Presbyterian Medical Center	R. W. Lackey	908	32,856	68	1*	003	9,700	107299
CONNECTICUT								
NEW HAVEN								
Yale—New Haven Medical Center	J. J. Fischer				2C	008		108999
Yale—New Haven Veterans Admin. (West Haven)		890	15,312	205	1*		10,930	
		173	2,229				12,632	
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
WILMINGTON								
Wilmington Medical Center	C. Cuccia	1,395	25,569	240	1C	002	10,550	109920
DISTRICT OF COLUMBIA								
WASHINGTON								
Georgetown University	J. D. Cox	323	7,353	32	1C	002	11,742	
George Washington University Affiliated Hospitals	J. G. Maier	200	4,726		1*	004		10,565
George Washington University Children's Hospital of the District of Columbia	J. G. Maier	509	11,815	45				
Veterans Admin.	W. Henscacke, J. Andrews	200	4,575	5			10,712	
Howard University Affiliated Hospitals	U. K. Henschke				2C	006		12,581
Freedmen's District of Columbia General	U. K. Henschke	364	3,016	83				
	B. Gondos	110	1,770					
FLORIDA								
GAINESVILLE								
William A. Shands Teaching Hosp. and Clinics	R. R. Million	967	17,530	136	9C	009	9,666	
MIAMI								
University of Miami Affiliated Hospitals Jackson Memorial Mount Sinai Hospital of Greater Miami (Miami Beach)	K. K. N. Charyulu	689	16,704	81	1*	003	12,427	
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				3C	006	9,600	
Emory University	J. R. Mc Laren	740	14,000	85				67
Grady Memorial	A. B. Kirchner	881	6,141					
Veterans Admin. (Decatur)	F. C. Owens	412	5,160					
AUGUSTA								
Medical College of Georgia Hospitals	H. E. Brizel				1C	002	11,800	
Eugene Talmadge Memorial University	H. E. Brizel	238		44				91
University	H. E. Brizel	417	8,549					
Veterans Admin.	S. N. Freedman	91	1,400	1				
ILLINOIS								
CHICAGO								
McGaw Medical Center of Northwestern University	W. N. Brand				3C	009	11,680	
Northwestern Memorial		680	25,005	16				114720
Veterans Admin. Research		266	5,824					
Rush—Presbyterian—St. Luke's Medical Center	F. R. Hendrickson	1,000	12,784	33	1C	006		116099
University of Chicago Hospitals and Clinics	M. L. Griem	855	670	105	1*	003	11,925	
University of Illinois Affiliated Hospitals	E. J. Liebner				2C	006		11,580
University of Illinois	E. J. Liebner	330	7,694	54				
Columbus	D. J. Lochman	846	18,000	135				
Mercy Hospital and Medical Center	J. H. Chao	306	4,564	112			13,350	
HINES								
Veterans Admin.	S. Stefani	959	22,322	40	5C	009	11,000	
IOWA								
IOWA CITY								
University of Iowa Hospitals	H. B. Latourette	715	35,266	150	1C	004	10,100	
KENTUCKY								
LEXINGTON								
University	Y. Maruyama	2,150	12,000	100	1C	006	10,000	184888
					1F			184820

30C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele-therapy Treatments	Inter-stitial, Intra-Cavitary Treatments	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
KENTUCKY—Continued								
LOUISVILLE								
University of Louisville Affiliated Hospitals Children's Louisville General Veterans Admin.	R. M. Scott	1,061	22,656	153	1C	004	8,600	121788
MARYLAND								
BALTIMORE								
Johns Hopkins	M. W. Donner	774	22,849	167	1C	003	11,200	
University of Maryland Affiliated Hospitals University of Maryland	J. M. Dennis	929	16,110	193	2C 2*	008	11,350	
MASSACHUSETTS								
BOSTON								
Boston University Affiliated Hospitals Boston City University Pondville (Norfolk)	M. I. Feldman M. I. Feldman R. J. Messer	450 650	13,700 11,026	56 46			18,506	
Joint Center for Radiation Therapy Massachusetts General	S. Hellman H. D. Suit	1,760 1,297	26,509 37,108	188 90	16*	016	11,200	
Tufts University Affiliated Hospitals New England Medical Center Lemuel Shattuck Veterans Admin.	F. Bloedorn, J. Munzenrider F. Bloedorn, J. Munzenrider F. Bloedorn A. Ucmakli	721 46 308	17,035 1,545 11,040	159 8 6	3* 2*	010	10,718 11,936 11,245	126399
MICHIGAN								
ANN ARBOR								
University of Michigan Affiliated Hospitals University Veterans Admin. Wayne County General (Eloise)	J. V. Fayos J. V. Fayos W. M. Whitehouse, R. Rapp S. Reuter	612 39 97	15,861 2,100	111 1 15	1C	003	10,700 11,300 11,873	129388
DETROIT								
Harper	J. C. Cook	518	12,122	31	1C 1*	003		
Henry Ford Sinai Hospital of Detroit	M. Boles M. Tatelman	650	14,493	171	2C	004 001	11,100 11,075	
ELOISE								
Wayne County General (See University of Michigan Affiliated Hospitals, Ann Arbor)								
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals University of Minnesota Hospitals Veterans Admin.	H. Kuisk S. H. Levitt S. H. Levitt	800 243	13,486 5,531	127 6	1*	005		133499
ROCHESTER								
Mayo Graduate School of Medicine Rochester Methodist	P. W. Scanlon	2,119	32,741	154	2C	006	11,500	
MISSOURI								
COLUMBIA								
Ellis Fischel State Cancer	J. M. Thomson, Jr.	572	12,735	225	1C	001	10,000	
ST. LOUIS								
Washington University Affiliated Hospitals Barnes Hospital Group Mallinckrodt Institute of Radiology	R. G. Evens W. E. Powers W. E. Powers	3,200	25,414	192	2C	008	10,500	135388
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals Mary Hitchcock Memorial	F. W. Lane, Jr.	480	10,848	38	1C	004	10,100	
NEW YORK								
BUFFALO								
Buffalo General	Y. G. Laor	1,085	21,877	110	1*	003	11,300	143699
Roswell Park Memorial Institute	J. H. Webster	1,031	39,808	123	2C	005	11,236	
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals Bronx Municipal Hospital Center Hospital of the Albert Einstein College of Medicine	N. A. Ghossein	137 325	6,443 12,241	83 70	2C	006	14,700	
Memorial Hospital for Cancer and Allied Diseases	G. D'Angio	382			7C	015		
Montefiore Hospital and Medical Center	H. G. Jacobson, C. Bostein	933	22,596	43	1C	004	13,500	
New York University Medical Center Bellevue Hospital Center University Presbyterian	N. E. Chase J. Newall J. Newall C. H. Chang	223 512 1,200	4,566 8,624 1,150	12 23 36	2*	006	13,715	149599
St. Vincent's Hospital and Medical Center of New York	G. Schwarz	360	6,219	41	1C 1F	004	13,500	150020
S. U. N. Y. Downstate Medical Center Kings County Hospital Center State University Veterans Admin. (Bronx)	J. Bohorquez B. Roswit	401 310 281	7,105 5,966 8,639	81 57 17	2C	006	14,700 14,772 15,394	151688
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	H. W. Fischer, P. Rubin	769	14,998	36	2C	005	10,900	
SYRACUSE								
S. U. N. Y. Upstate Medical Center State University	R. H. Sagerman	892	14,312	116	2C	006	11,057	

30C. RADIOLOGY, THERAPEUTIC—Continued

		Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele- therapy Treatments	Inter- stitial, Intra- Cavitary Treatments	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
						1st Yr.	All Yrs.		
NORTH CAROLINA									
CHAPEL HILL									
North Carolina Memorial		G. S. Montana	736	10,236	176	1C	003	9,370	
OURHAM									
Duke University Affiliated Hospitals		R. G. Lester				2C	008	10,350	
Duke University Medical Center		R. G. Lester	931	7,864	110				
Veterans Admin.		T. T. Thompson	403	5,577					
WINSTON-SALEM									
Bowman Gray School of Medicine Affiliated Hospitals									
North Carolina Baptist		M. Raben	717	14,937	72	1C	004	10,000	153788
OHIO									
CINCINNATI									
University of Cincinnati Hospital Group		J. F. Wiot				1C	005	10,128	
Children's		F. N. Silverman, B. Aron	8	24					
Christian R. Holmes		J. F. Wiot							
Cincinnati General		J. F. Wiot	353	1,265	56				
CLEVELAND									
Case Western Reserve University Affiliated Hospitals		J. P. Storaasli				1C	003		
University Hospitals of Cleveland		J. P. Storaasli	808	22,414	66			11,000	
Veterans Admin.		P. S. Lavik	166	4,852				11,506	
Cleveland Clinic		A. Rodriguez-Antunez	1,496	17,088	32	1C	003	10,750	
COLUMBUS									
Ohio State University Hospitals		S. W. Nelson	1,047	15,226	91	1C	003	12,500	156688
OKLAHOMA									
OKLAHOMA CITY									
University of Oklahoma Health Sciences Center									
University of Oklahoma Hospital and Clinics		C. R. Bogardus, Jr.	651	18,102	64	3C	012	10,000	158888
OREGON									
PORTLAND									
University of Oregon Affiliated Hospitals									
University of Oregon Medical School Hospitals and Clinics		W. T. Moss	389	11,713	52	1C	003	9,600	
PENNSYLVANIA									
DANVILLE									
Geisinger Medical Center		D. D. Beiler	531	14,397	95	1C 1*	008	11,000	160888 160899
PHILADELPHIA									
Albert Einstein Medical Center		D. M. Sklaroff	692	19,529	72	1C	003	10,600	
American Oncologic		H. G. Seydel	1,397	16,377	59	1C	003	10,000	275188
Hahnemann Medical College and Hospital		L. W. Brady	1,320	22,095	300	1*	008	10,500	162799
Temple University		R. Robbins	508	10,668	32	2C	002	11,299	
Thomas Jefferson University		S. Kramer	800	21,000	50	3C 1F	009	11,600	163020
University of Pennsylvania Affiliated Hospitals		L. W. Davis				2*	008		
Hospital of the University of Pennsylvania			749	14,000	78			11,300	
Veterans Admin.			278	3,976				12,750	
PITTSBURGH									
Allegheny General		J. P. Concannon	540	520	100	1C 1F	003	12,285	
St. Francis General		J. D. McAllister	546	21,764	92	1*	003	11,500	164820
PUERTO RICO									
SAN JUAN									
University of Puerto Rico Affiliated Hospitals									
Puerto Rico Nuclear Center		V. A. Marcial	605	19,993	107	1C 1F	003	9,000	
TENNESSEE									
MEMPHIS									
University of Tennessee Affiliated Hospitals									
City of Memphis Hospitals		J. J. Nickson	288	5,488	109	1C	003	9,280	
NASHVILLE									
Vanderbilt University		J. R. Amberg	582	10,190	45	2C	003	9,394	
TEXAS									
DALLAS									
University of Texas Southwestern Medical School Affiliated Hospitals		E. E. Christensen				1C	003		
Children's Medical Center									
Parkland Memorial		E. E. Christensen	234	9,219	47			8,784	
St. Paul		D. Fuller	619	29,265	117			9,600	
GALVESTON									
University of Texas Medical Branch Hospitals		M. H. Olson	555	12,397	69	1C	003	10,300	
HOUSTON									
Baylor College of Medicine Affiliated Hospitals		R. S. MacIntyre				2C 1F	006		171620
Ben Taub General		P. T. Hudgins	265	4,048	64			10,140	
Methodist		P. T. Hudgins	1,131	21,467	207			9,000	
Veterans Admin.		P. T. Hudgins	510	5,067	18			9,540	
University of Texas M. D. Anderson Hospital and Tumor Institute		G. H. Fletcher	3,909	95,607	534	6C	022	9,000	

30C. RADIOLOGY, THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Teletherapy Treatments	Interstitial, Intra-Cavitary Treatments	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UTAH								
SALT LAKE CITY								
Latter—Day Saints	H. P. Plenk	537	674	58	4C 2F	006	10,300	172920
University	J. Eltringham	600		70	1*	004	10,300	
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	W. C. Constable	843	16,170	89	2C	006	9,900	
RICHMOND								
Virginia Commonwealth University M. C. V. Affiliated Hospitals Medical College of Virginia Hospitals	E. R. King	813	15,328	112	2C	006	10,395	
WASHINGTON								
SEATTLE								
University of Washington Affiliated Hospitals	A. J. Gerdes				1*	006	9,252	191899
University Children's Orthopedic Hospital and Medical Center	A. J. Gerdes	582	10,113	58				
Swedish Hospital Medical Center	J. T. Griffin	61	20					
Virginia Mason	G. Hibbs	1,337	18,531	55				
	W. J. Taylor	512	11,208	31				
WISCONSIN								
MADISON								
University Hospitals	W. L. Caldwell	949	18,711	180	2C	006	10,800	177988
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	J. D. Cox				1C 1*	004		
Milwaukee County General	J. D. Cox	475	8,080	27			10,532	
Milwaukee Children's	D. P. Babbitt	43	1,605				10,535	
Veterans Admin. Center (Wood)	G. F. Unger	223	5,568	22			11,022	

31A. SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 Lists 31B, 31C, and 31D.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
UNITED STATES AIR FORCE								
CALIFORNIA								
David Grant U. S. A. F. Medical Center, Fairfield	H. R. Zick	99	4,044	66,960	8C 6*	022		
MISSISSIPPI								
U.S.A.F. Medical Center, Biloxi	M. J. Williams	152	4,301	90,099	3C 3*	015		
TEXAS								
Wilford Hall U. S. A. F. Medical Center, San Antonio	C. O. Hagood	75	2,766	32,811	18*	034	16,278	
UNITED STATES ARMY								
CALIFORNIA								
Letterman Army Medical Center, San Francisco	H. B. Conklin	87	2,267	30,161	3C 3F	015		
COLORADO								
Fitzsimons Army Medical Center, Denver	J. H. Baugh, L. A. Mologne	84	3,054	17,611	6C 2F	017		
DISTRICT OF COLUMBIA								
Walter Reed Army Medical Center, Washington	R. W. Muir	80	1,150	13,250	4C 3F	019		
HAWAII								
Tripler Army Medical Center, Honolulu	D. F. Waugh	131	4,659	41,763	4C 4F	020		
TEXAS								
William Beaumont Army Medical Center, El Paso	A. Rodriguez, G. Lavenson	637	2,161	9,610	3* 4F	019		
Brooke Army Medical Center, San Antonio	T. L. Hudson	47	1,509	8,988	6C 1F	016		
WASHINGTON								
Madigan Army Medical Center, Tacoma	R. Hoffmeister	145	4,279	116,156	5C 2F	013		

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976 1st All Yr. Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES NAVY							
CALIFORNIA							
Naval Regional Medical Center, Long Beach (See Memorial Hosp. of Long Beach, Long Beach, Calif.)							
Naval, Oakland	V. H. Fitchett	88	2,350	12,740	2C 2*	016	
Naval, San Diego	C. C. Atkins	136	4,923	25,295	2C 4*	022	
MARYLAND							
Naval, Bethesda	W. J. Fouty	60	1,823	12,640	3C 2*	017	
PENNSYLVANIA							
Naval, Philadelphia	S. J. Mucha	101	1,658	6,972	2C	010	
VIRGINIA							
Naval, Portsmouth	J. T. Mullen	147	4,106	21,556	4C	020	
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. D. Tovey	71	1,441	9,649	3C 2F	014	16,800 100184 100120
LOUISIANA							
U. S. Public Health Service, New Orleans	R. G. Clay	77	1,287	5,346	4C 4F	012	183584 183520
MARYLAND							
U. S. Public Health Service, Baltimore	H. A. Ramsey	49	890	9,554	1C 1F	007	183684
WASHINGTON							
U. S. Public Health Service, Seattle (See University of Washington Affiliated Hospitals, Seattle)							
OTHER FEDERAL							
CANAL ZONE							
Gorgas, Balboa Heights	F. J. Montegut	28	1,244	9,300	2C 12F	019	13,238 180684 180620
NONFEDERAL AND VETERANS ADMINISTRATION							
ALABAMA							
BIRMINGHAM							
Baptist Medical Centers	J. Akin, Jr.				4C	012	10,130 190384
Baptist Medical Center—Montclair	J. Akin, Jr.	27	10,035	822			
Baptist Medical Center—Princeton	D. E. Merck				6C 4*	017	10,080 100684 100633 100620
Carraway Methodist Medical Center	R. B. Kent	152	5,548	22,501	1F 12C	060	
University of Alabama Medical Center	J. W. Kirklin						
University of Alabama Hospitals and Clinics	J. W. Kirklin	215	6,280	11,923			9,900
Veterans Admin.	J. W. Kirklin, W. Sterling	101	3,457	4,128			10,500
FAIRFIELD							
Lloyd Noland	J. M. Slaughter	50	2,343	28,633	4C 4F	012	12,000 100884 100811
MOBILE							
University of South Alabama Affiliated Hospitals							
Mobile General	A. J. Donovan	85	2,846	11,117	6C 1F	016	10,500 185284 185220
ARIZONA							
PHOENIX							
Maricopa County General	H. W. Hale, Jr.	115	3,955	27,989	6C 6F	029	11,961 189884 189820
St. Joseph's Hospital and Medical Center		114	6,272	785			
Phoenix Integrated Surgical Residency	W. P. Kleitsch				17C	026	10,859 298384
Good Samaritan		212	8,091	969			
U. S. Public Health Service Indian	F. L. Zwemer	61	1,080	3,722			
Veterans Admin.	W. P. Kleitsch	77	2,104	3,362			
TUCSON							
Tucson Hospitals Medical Education Program	E. G. Ramsay				2* 6F	016	10,000 101433 101420
Pima County General		36	1,358	16,484			
Tucson Medical Center		176	8,845	5,374			
University of Arizona Affiliated Hospitals	E. E. Peacock, Jr.				8*	024	9,375 101533
University		24	796	5,022			
Veterans Admin.		37	1,341	1,356			
ARKANSAS							
LITTLE ROCK							
University of Arkansas Medical Center	G. S. Campbell				5C 7F	019	101884 101820
University		40	1,001	6,600			
Veterans Admin. Consolidated		85	2,389	3,822			8,500 9,708

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31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA								
BAKERSFIELD								
Kern County General	N. R. Arbegast	54	2,234	17,254	5C 4*	012	13,080	192184 192133
DAVIS								
University of California (Davis) Affiliated Hospitals	E. F. Wolfman, Jr.				6* 3F	032	11,300	104633 104620
University of Calif. (Davis) Sacramento Medical Center (Sacramento)		140	6,187	16,864				
FRESNO								
Valley Medical Center of Fresno	P. A. Carlson	49	3,133	15,213	2C 4F	017	14,430	102284 102220
IRVINE								
University of California (Irvine) Affiliated Hospitals	J. E. Connolly					15C	038	104384
Childrens Hospital of Orange County (Orange)	J. E. Connolly	74	5,381	8,204				
Orange County Medical Center (Orange)	J. E. Connolly	38	1,757	11,489			10,300	
Veterans Admin. (Long Beach)	E. A. Stemmer	75	1,304	4,650			15,394	
LOMA LINDA								
Loma Linda University Affiliated Hospitals	D. B. Hinshaw				4C 2*	022		102484 102433
Loma Linda University	B. Branson	95	3,766	16,224			9,667	
Riverside General (Riverside)	J. Longerbeam	46	2,816	18,625			12,204	
LONG BEACH								
Memorial Hospital of Long Beach	S. Ede	194	7,840	135	4C 4*	017	9,450	102733
Naval Regional Medical Center	G. B. Hart	70	1,902	18,211				
Veterans Admin. (See U. of Calif. (Irvine) Affiliated Hosps., Irvine)								
LOS ANGELES								
California Hospital Medical Center	K. L. Senter	82	4,566	6,133	2C	005	12,660	
Cedars—Sinai Medical Center								
Cedars of Lebanon Hospital Division	L. Morgenstern	74	8,763	6,963	4C	017	13,896	103084
Kaiser Foundation	R. Dorazio	90	4,654	64,262	3C	014	10,634	205584
Los Angeles County—U.S.C. Medical Center	L. Rosoff, Sr.				12* 2F	039	14,916	103333 103311
Martin Luther King, Jr. General	J. L. Alexander	53	2,103	16,705	8C	028	11,496	205784
Queen of Angels	K. J. Schmutzer	81	3,604	211	2C	008	12,000	103684
U. C. L. A. Affiliated Hospitals	W. P. Longmire, Jr.				20*	056		195633
U. C. L. A.		1	2,066	14,282			10,300	
Veterans Admin. (Sepulveda)		139	1,929				13,272	
Veterans Admin. Center—Wadsworth	H. E. Gordon	72	2,470	7,295	6C	025	13,272	103984
White Memorial Medical Center	S. H. Fritz	40	1,488	3,873	4C 2F	010	11,220	
MARTINEZ								
Veterans Admin.	J. Yee	152	2,845	15,567	4C	011	13,387	
OAKLAND								
Highland General	A. J. Hunnicutt	39	1,858	6,079	4* 11F	030	10,860	104133 104111
Kaiser Foundation	H. D. Grant	51	3,038	31,782	5C	012	10,560	104284
ORANGE								
Childrens Hospital of Orange County (See U. of Calif. (Irvine) Affiliated Hosps., Irvine)								
Orange County Medical Center (See U. of Calif. (Irvine) Affiliated Hosps., Irvine)								
PALO ALTO								
Veterans Admin. (See Stanford University Affiliated Hospitals, Stanford)								
PANORAMA CITY								
Kaiser Foundation	D. Dean	91	4,698	46,730	2C	006	10,630	208984
PASADENA								
Huntington Memorial	E. N. Snyder, Jr.	125	5,434	2,060	4C	010	12,100	104484
RIVERSIDE								
Riverside General (See Loma Linda University Affiliated Hospitals, Loma Linda)								
SACRAMENTO								
Kaiser Foundation	D. B. Moore	42	2,434	79,674	2*	008	10,560	209733
University of California (Davis) Sacramento Medical Center (See Univ. of California (Davis) Affiliated Hospitals, Davis)								
SAN DIEGO								
Mercy Hospital and Medical Center	R. L. Bouterie	182	6,632	3,074	2C 6F	013	9,975	104884 104820
University of California (San Diego) Affiliated Hospitals	M. J. Orloff				25*	052		104933
University of California, San Diego—University Hospital	M. J. Orloff	107	4,573	27,142			10,300	
Veterans Admin.	G. W. Peskin	48	1,525	6,750			10,521	
SAN FRANCISCO								
Kaiser Foundation	P. D. Smith, Jr.	96	4,488	94,110	8C 1F	017	9,960	195984 105411
St. Mary's Hospital and Medical Center	A. Cohen	108	3,974	1,572	2C 4*	010	10,540	105733

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA, SAN FRANCISCO—Continued								
University of California Program	J. E. Dunphy				13C	063	10,300	106284
H. C. Moffitt—University of California Hospitals	J. E. Dunphy	74	2,616	11,151			10,300	
Children's Hospital and Adult Medical Center	V. Richards	65	4,340	3,211			11,254	
San Francisco General	W. Blaisdell	85	4,641	14,528				
Veterans Admin.	L. W. Way	33	955	7,184				
SAN JOSE								
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)								
SANTA BARBARA								
Santa Barbara General—Cottage Hospitals	J. E. Mc Kittrick				4*	008	10,080	106433
Santa Barbara General		16	696	835				
Santa Barbara Cottage		166	7,090					
STANFORD								
Stanford University Affiliated Hospitals	H. A. Oberhelman, Jr.				4C	035		182084
Stanford University	H. A. Oberhelman, Jr.	100	3,797	9,777	5*		10,000	182033
Veterans Admin. (Palo Alto)	S. Kohatsu	32	1,326	1,969				
Santa Clara Valley Medical Center (San Jose)	J. M. Guernsey	20	976	3,722			12,061	
STOCKTON								
San Joaquin General	W. Brock	42	1,837	15,568	1C	010	11,502	102184
					2F			102120
TORRANCE								
Los Angeles County Harbor General	O. State	63	3,795	9,767	10C	025	14,916	106784
					4F			106720
COLORADO								
DENVER								
St. Joseph Hospital—Colorado State	M. E. Johnson				4C	022		107484
					2*			107433
					1F		9,885	107420
St. Joseph Colorado State (Pueblo)	M. E. Johnson	211	7,818	6,138			9,900	
University of Colorado Affiliated Hospitals	T. J. Fogel	31	767	7,527				
	C. G. Halgrimson				26C	076		107684
					5*		9,885	107633
Denver General	B. Eiseman	38		10,000				
General Rose Memorial	E. Blair	84	3,650	4,666				
Presbyterian Medical Center	R. Mc Curdy, M. Lubchenco	169	7,512	6,683			9,700	
University of Colorado Medical Center	C. G. Halgrimson	147	4,792	6,506			9,800	
Veterans Admin.	I. Penn	54	1,202	815			9,612	
PUEBLO								
Colorado State (See St. Joseph Hospital—Colorado State, Denver)								
CONNECTICUT								
BRIDGEPORT								
Bridgeport	A. J. Panettieri	187	8,307	5,678	4C	019	11,665	107984
					2*			107933
St. Vincent's	W. H. Curley	125	7,471	811	4C	008	11,000	108033
					1F			108020
HARTFORD								
Hartford	J. H. Foster	197	7,755	7,186	12C	025	10,300	108384
					2F			108320
St. Francis	H. Mannix, Jr.	259	10,047	4,941	7C	013	10,300	108584
					1F			108520
University of Connecticut Affiliated Hospitals	M. Roberts				12*	036		109433
University of Connecticut Hospital—Mc Cook Division		9	286	1,798			10,300	
New Britain General (New Britain)		125	6,289	675			10,800	
Veterans Admin. (Newington)		71	1,285	8,710				
NEW BRITAIN								
New Britain General (See University of Connecticut Affiliated Hosps., Hartford)								
NEW HAVEN								
Hospital of St. Raphael	D. A. Farmer	180	7,634	1,794	8C	034	10,930	109084
					4*			109033
					6F			109020
Yale—New Haven Medical Center	H. K. Wright	120	3,814	10,015	18C	044	10,930	108984
Yale—New Haven Veterans Admin. (West Haven)	H. K. Wright	44	1,713	2,430			12,632	
	E. H. Storer							
NEWINGTON								
Veterans Admin. (See University of Connecticut Affiliated Hospitals, Hartford)								
NORWALK								
Norwalk	W. F. Hughes	96	4,052	1,401	2C	009	10,200	109384
					3F			
STAMFORD								
Stamford	J. F. Rogers	87	3,525	1,558	5C	015	11,000	109584
WATERBURY								
St. Mary's	W. C. Butterfield	200	6,000	2,900	3C	011	10,020	
Waterbury	E. Ounn	71	3,304	690	2C	010	11,163	109784
					2*			109733
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								

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31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
DELAWARE								
WILMINGTON								
Veterans Admin. (See Bryn Mawr, Bryn Mawr, Pa.)								
Wilmington Medical Center	J. Belgrade	326	16,063	6,120	6C	018	10,550	109984
DISTRICT OF COLUMBIA								
WASHINGTON								
Georgetown University Affiliated Hospitals	C. A. Hufnagel				12C	038		180184
District of Columbia General	H. H. Balch	26	753	3,298			11,370	
Georgetown University	C. A. Hufnagel	128	4,817	9,915			10,568	
Veterans Admin.	C. A. Hufnagel, G. Higgins	90	1,097	119,601			10,712	
Arlington (Arlington, Va.)	F. Cardenas	92	3,917	552				
Fairfax (Falls Church, Va.)	A. Hall	169	3,595	304				
George Washington University Affiliated Hospitals	P. E. Shorb, Jr.				12C	040		180284
George Washington University	P. E. Shorb, Jr.	62	2,541	10,637			10,565	
Veterans Admin.	P. C. Adkins, G. A. Higgins	90	1,097	119,601			10,712	
Howard University Affiliated Hospitals	L. D. Leffall, Jr.				2C 4*	026		
District of Columbia General	L. H. Kurtz	23	559	3,343			11,370	
Freedmen's	L. D. Leffall, Jr.	67	2,000	6,701			12,581	
Providence	L. Goffredi	117	5,167	5,790	2C 1F	013	9,872	180384 180320
Washington Hospital Center	K. A. Absolon	109	2,815	4,286	8C 11*	055	10,565	180084 180033
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	E. R. Woodward, W. W. Pfaff				14*	037		182433
William A. Shands Teaching Hosp. and Clinics	E. R. Woodward, W. W. Pfaff	130	4,714	19,106			9,722	
Veterans Admin.	E. I. Weinschelbaum	38	873	2,687			9,891	
Veterans Admin. (Lake City)	E. R. Woodward	71	1,485	4,750			9,891	
JACKSONVILLE								
Jacksonville Hospitals Educational Program	S. E. Stephenson, Jr.				12C	030	9,550	110184
Baptist Memorial		97	4,690	709				
St. Luke's		50	3,470					
St. Vincent's		139	5,407	2,289				
University Hospital of Jacksonville		56	2,259	40,364				
LAKE CITY								
Veterans Admin. (See University of Florida Affiliated Hospitals, Gainesville)								
MIAMI								
University of Miami Affiliated Hospitals	R. Zeppa				18*	054		110433
Jackson Memorial		89	2,258	11,025			11,141	
Veterans Admin.		66	1,088	4,955			10,816	
MIAMI BEACH								
Mount Sinai Hospital of Greater Miami	J. J. Greenberg	74	2,693	996	10*	017	11,723	110533
ORLANDO								
Orange Memorial	D. J. Davis	137	5,751	3,356	5C	013	9,600	
PENSACOLA								
Pensacola Educational Program	G. L. Carr, S. Shippey, Jr.				1C 1* 2F	008	10,080	182684 182633 182620
Baptist		163	7,083	859				
Sacred Heart		96	6,834	14,453				
University		15	656	5,336				
TAMPA								
University of South Florida Affiliated Hospitals	R. T. Sherman				10C	040	9,349	110984
Tampa General		75	2,945	4,825				
Veterans Admin.		108	1,629	6,257				
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	M. J. Jurkiewicz				44C 10*	078	9,600	111384 111333
Crawford W. Long Memorial	J. D. Martin, Jr.	132	6,219	7,733				
Emory University	W. D. Warren	54	2,081					
Grady Memorial	M. J. Jurkiewicz	130	4,334	17,259				
Henrietta Eggleston Hospital for Children								
Veterans Admin. (Decatur)	R. B. Smith, 3d	56	1,199	1,862				
Georgia Baptist	J. P. Wilson	140	8,326	1,206	3C 4F	015	9,720	111284 111220
Piedmont	H. R. Gertner, Jr.	171	8,147	1,863	3C	006	9,495	
St. Joseph's Infirmary	D. Shepard	116	5,361	3,049	3C	008	10,560	111584
AUGUSTA								
Medical College of Georgia Hospitals	A. R. Mansberger, Jr.				9*	031	9,600	198533
Eugene Talmadge Memorial	A. R. Mansberger, Jr.	45	1,241	5,368				
University	A. R. Mansberger	74	3,553	4,937				
Veterans Admin.	W. D. Jennings, Jr.	42	832	3,335				
DECATUR								
Veterans Admin. (See Emory University Affiliated Hospitals, Atlanta)								
MACON								
Medical Center of Central Georgia	R. O. Schoftstall	151	7,730	6,743	4* 3F	013	10,200	112033 112020
SAVANNAH								
Memorial Medical Center	T. J. Yeh	97	3,691	6,120	6*	012	9,648	197133

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31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
HAWAII							
HONOLULU							
University of Hawaii Affiliated Hospitals	T. J. Whelan, Jr.				10C 7* 3F	10,922	180884 180833 180820
Queen's Medical Center	J. J. Mc Namara	167	9,822	2,663			
St. Francis	G. M. Kokame	84	4,532	2,408			
Kuakini Hospital and Home	R. T. Tanoue	83	4,247				
ILLINOIS							
BERWYN							
Mac Neal Memorial (See Univ. of Illinois Metropolitan Hospital Group, Chicago)							
CHICAGO							
Columbus—Cuneo—Cabrini Medical Center	P. F. Nora				4C 6F	10,250	112684 112620
Columbus		138	3,941	1,772			
Frank Cuneo		69	1,663	2,159			
Cook County	J. Saletta	224	7,507	28,196	20C 8* 5F	11,600	112784 112733 112720
Grant	R. W. Seed	89	3,254	3,586	3* 4F	10,440	113233 113220
Illinois Central Community	W. R. Lawrence	139	5,098	22,277	5C	11,400	113684
Mc Gaw Medical Center of Northwestern University	J. M. Beal	156	5,161	1,796	15C	11,680	224784
Northwestern Memorial	J. M. Beal	187	3,178	6,534			
Veterans Adm. Research	T. W. Shields	154	2,180	7,940			
Evanston (Evanston)	J. M. Dorsey	120	2,870	8,708	10C 2*	11,718	114284
Michael Reese Hospital and Medical Center	J. T. Sheridan						
Mount Sinai Hospital Medical Center of Chicago	T. G. Baffes	98	4,748	8,910	3C 2F	10,200	114484 114420
Rush—Presbyterian—St. Luke's Medical Center	H. W. Southwick	72	2,938	1,983	7C 4* 1F	10,501	114784 114733 114720
St. Joseph	N. H. Stone	154	5,639	9,337	5*	10,500	115533
University of Chicago Hospitals and Clinics	D. B. Skinner	175	4,969	33,633	12C	11,125	116084
University of Illinois Affiliated Hospitals	L. M. Nyhus	189	9,066	34,212	14C	10,860	115084
University of Illinois	L. M. Nyhus	82	1,272	15,081			
Veterans Adm. (West Side)	W. Schumer						
University of Illinois Metropolitan Hospital Group	R. L. Schmitz				14C	11,630	292084
Illinois Masonic Medical Center	C. T. Drake	130	5,355	4,418			
Louis A. Weiss Memorial	J. M. Silver	56	2,042	908			
Mercy Hospital and Medical Center	R. L. Schmitz	174	4,819				
Ravenswood	J. Giannola	69	3,438	292			
Mac Neal Memorial (Berwyn)	R. G. Mrazek	149	6,303				
Lutheran General (Park Ridge)	C. J. Staley	227	9,446	6,994			
EVANSTON							
Evanston (See Mc Gaw Medical Center of Northwestern Univ., Chicago)							
St. Francis	J. H. Mason	170	8,100	5,223	6C 1F	11,100	116884 116820
EVERGREEN PARK							
Little Company of Mary	E. J. Rooney	217	7,945	10,126	4C 4F	10,075	225584 225520
HINES							
Veterans Adm. (See Loyola University Affiliated Hospitals, Maywood)							
MAYWOOD							
Loyola University Affiliated Hospitals	R. J. Freeark, H. Greenlee				14C	11,000	117084
Foster G. Mc Gaw	R. J. Freeark	36	1,358	2,865			
Veterans Adm. (Hines)	H. B. Greenlee	197	4,765	5,890			
DAK LAWN							
Christ Community	J. A. Lemons, E. Tsai	175	5,135	1,726	10*	11,000	113133
PARK RIDGE							
Lutheran General (See Univ. of Illinois Metropolitan Hospital Group, Chicago)							
PEORIA							
St. Francis	R. A. De Bord	182	7,381	16,915	3F	10,250	117511
SPRINGFIELD							
Southern Illinois University Affiliated Hospitals	A. G. Birtch				6C	10,000	292284
Memorial Hospital of Springfield		221	8,552				
St. Johns		188	6,552				
INDIANA							
INDIANAPOLIS							
Indiana University Medical Center	J. E. Jesseph				20* 6F		118733 118720
Indiana University Hospitals	J. E. Jesseph	76	2,077	1,427		9,500	
Marion County General	J. L. Glover	46	1,461	7,193		10,000	
Veterans Adm.	J. E. Jesseph	46	851	1,765		10,500	
Methodist Hospital of Indiana	D. M. Schlegel	125	4,296	1,954	2C 4* 2F	11,436	118884 118833 118820

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31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
IOWA								
DES MOINES								
Iowa Methodist	H. Jenkins	196	9,126	6,793	3C	010	10,000	120184
Broadlawn Polk County	R. B. Stickler	30	1,493	9,019				
Veterans Admin.	L. T. Palumbo	122	3,112	12,686	5C	015	13,013	
IOWA CITY								
University of Iowa Affiliated Hospitals	S. E. Ziffren				11C	043	10,100	120384
University of Iowa Hospitals		173	4,777	32,378				
Veterans Admin.		35	835	5,200				
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	L. J. Humphrey	55	1,734	6,145	9C	023	10,000	120884
Veterans Admin. (Kansas City, Mo.)	R. A. Boudet	66	2,427	1,797			9,500	
LEAVENWORTH								
Veterans Admin. Center	M. P. Mc Anaw	66	725	9,413	2C	005	12,000	
WICHITA								
St. Francis Hospital—Veterans Admin. Center	G. F. Farha				7*	023		
St. Francis	G. J. Farha	174	9,063	324			10,050	
Veterans Admin. Center	F. W. Robinson	67	887	868			10,123	
Wesley Medical Center	G. J. Mastio	143	6,511	931	2C 1*	009	9,750	121084 121033
KENTUCKY								
HARLAN								
Harlan Appalachian Regional	P. M. Walstad	66	3,381	33,578	1C 1*	010	12,000	230184
LEXINGTON								
University of Kentucky Medical Center	W. O. Griffen, Jr.				15*	040	9,500	184833
University		65	2,150	5,300				
Veterans Admin.		41	1,100	4,870				
LOUISVILLE								
University of Louisville Affiliated Hospitals	H. C. Polk, Jr.				14C 2F	049	8,600	121784 122011
Children's		55	3,495	3,855				
Jewish		151	9,038	2,558				
Louisville General		117	3,294	25,762				
St. Joseph Infirmary		144	6,755	1,827				
Veterans Admin.		65	2,496	12,818				
LOUISIANA								
ALEXANDRIA								
Veterans Admin. (See Tulane University Affiliated Hospitals, New Orleans)								
BATON ROUGE								
Earl K. Long Memorial (See Louisiana State Univ. Affil. Hosps., New Orleans)								
INDEPENDENCE								
Lallie Kemp Charity (See Tulane Univ. Affiliated Hospitals, New Orleans)								
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	052		122464
Charity Hospital of Louisiana	I. Cohn, Jr.	59	1,965	22,445			7,800	
Veterans Admin.	B. G. Taylor	59	1,464	1,872			10,849	
Earl K. Long Memorial (Baton Rouge)	I. Cohn, Jr.	42	1,277	8,344			6,600	
Lafayette Charity (Lafayette)	T. P. Walton, 3d	53	1,637	12,216			9,000	
Ochsner Foundation	J. L. Ochsner	67	2,353	26,456	6C 3*	016	9,492	196684 196633
E. A. Conway Memorial (Monroe)	J. W. Ochsner	29	1,058	5,225				
Tulane University Affiliated Hospitals	T. Drapanas				16C	040		122484
Charity Hospital of Louisiana		67	2,218	25,667			7,800	
Veterans Admin. (Alexandria)		69	1,389	2,430				
Lallie Kemp Charity (Independence)		21	1,161	6,584			9,000	
Huey P. Long Memorial (Pineville)		36	1,532	4,723				
PINEVILLE								
Huey P. Long Memorial (See Tulane Univ. Affiliated Hospitals, New Orleans)								
SHREVEPORT								
L.S.U. (Shreveport) Affiliated Hospitals	F. T. Kurzweg				6C 6* 6F	030		123284 123220
Confederate Memorial Medical Center		91	3,221	8,503			9,000	
Veterans Admin.		57	1,615	3,600			11,085	
MAINE								
PORTLAND								
Maine Medical Center	R. Britton	200	3,945	6,450	4*	017	10,942	123633
MARYLAND								
BALTIMORE								
Church Home and Hospital	J. M. Zimmerman	95	3,535	8,430	3C	006	11,750	

31A. SURGERY—Continued

	Chief of Service or Program Director	Average - Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MARYLAND, BALTIMORE—Continued								
Franklin Square	P. J. Ferris	95	3,912	37,678	14*	021	9,300	124033
Johns Hopkins Affiliated Hospitals	G. D. Zuidema				18C	056		124233
Johns Hopkins	G. D. Zuidema	149	6,752	15,947			11,000	
Baltimore City Hospitals	G. W. Smith	33	914	9,541				
Veterans Admin.	R. F. Kieffer, Jr.	45	1,163	1,950			10,500	
Lutheran Hospital of Maryland	M. Fraiman	90	2,476	4,909	1*	009	10,500	124333
					2F			124320
St. Agnes	A. S. Garrison	162	6,047	5,253	5C	021	11,025	124784
					2*			124733
St. Joseph	A. A. Alecce	154	6,302	4,369	6C	020	11,200	124884
Sinai Hospital of Baltimore	M. E. Gann	104	4,048	4,770	8C	020	11,500	124984
South Baltimore General	N. Novin	122	4,776	12,017	6*	021	11,550	
Union Memorial	T. H. Wilson, Jr.	117	4,652	10,202	7C	022	11,250	125184
University of Maryland Affiliated Hospitals	G. R. Mason				12*	030		125233
Maryland General	F. A. Clark, Jr.	97	3,421	18,094			11,350	
Mercy	T. B. Hubbard	77	3,067	6,688			11,000	
University of Maryland	G. R. Mason	57	5,471	9,676			11,350	
CHEVERLY								
Prince George's General	W. B. Hagan	147	4,498	5,128	6*	014	9,828	190533
MASSACHUSETTS								
BEVERLY								
Beverly (See Boston City, Boston)								
BOSTON								
Beth Israel	W. Silen	112	3,297	3,473	12C	022	11,815	125684
Boston City	L. F. Williams, Jr.	102	3,553	12,942	15*	054	10,726	125733
Lemuel Shattuck	M. Hume		759	829				
Beverly (Beverly)	T. S. Risley	68	3,585	5,846				
Cardinal Cushing General (Brockton)	J. J. Byrne			1,247			10,726	
Framingham Union (Framingham)	R. E. Mc Carthy, Jr.	93	4,693	10,143			46,008	
Lawrence General (Lawrence)		235		14,249			339	
Bon Secours (Methuen)	M. Sargent	297		1,386			1,746	
Quincy City (Quincy)	S. J. Hoyer	55		4,309			1,620	
Memorial (Pawtucket, R. I.)	F. A. Simeone	111					11,200	
Miriam (Providence, R. I.)								
Boston University Affiliated Hospitals	J. A. Mannick				8C	034	11,245	126284
Program 2	J. A. Mannick	65	2,167	1,980				
University	D. C. Nabseth	41	1,001	2,642			11,245	
Veterans Admin.	H. Harrower, J. Mannick	61	1,359	9,445				
Veterans Admin. (Providence, R. I.)	L. L. Williams, Jr.				12C	020	10,684	125584
Program 3	F. D. Cogliano	255	10,923	53,867			10,684	
Brockton (Brockton)	L. L. Williams, Jr.			281				
Carney	W. Taylor, J. Cafarella	124	4,940	21,200	14C	061	10,800	126184
Malden (Malden)	L. W. Ottinger	358	8,900					
Massachusetts General	W. V. Mc Dermott				8C	038		126484
New England Deaconess Hospital—Harvard	M. P. Osborne	100	2,600	659			10,700	
Surgical Service	W. V. Mc Dermott	130	4,791	8,735			11,054	
Faulkner	M. A. Aliapoulis	56	1,986	114			10,700	
New England Deaconess	F. W. Ackroyd	119	4,456	34,275			11,441	
Cambridge (Cambridge)	J. A. Lynch	51	1,217	7,353				
Mount Auburn (Cambridge)	R. A. Deterling, Jr.	59	1,831	2,642	10C	034	10,718	126384
Mount Auburn (Cambridge)	D. C. Nabseth	41	1,040	32,304			11,245	
Veterans Admin. (Manchester, N. H.)	F. D. Moore	159	5,603	22,892	8*	033	10,700	126533
New England Medical Center	E. M. Barsamian	41	315	6,177			10,700	
Veterans Admin.	R. H. Stanton	126	4,690	3,537	7C	017	10,690	126684
Peter Bent Brigham	G. F. Miller	30	770					
Veterans Admin. (West Roxbury)								
St. Elizabeth's Hospital of Boston								
Lawrence F. Quigley Memorial (Chelsea)								
BROCKTON								
Brockton (See Boston Univ. Affil. Hosps. (Program 3), Boston)								
Cardinal Cushing General (See Boston City, 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)								
FRAMINGHAM								
Framingham Union (See Boston City, Boston)								
LAWRENCE								
Lawrence General (See Boston City, Boston)								
MALDEN								
Malden (See Boston Univ. Affil. Hosps. (Program 3), Boston)								
METHUEN								
Bon Secours (See Boston City, Boston)								
PITTSFIELD								
Berkshire Medical Center	R. Zupanec	157	5,844	6,934	2C	010	11,025	128184
					2*			128133

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MASSACHUSETTS—Continued								
QUINCY								
Quincy City (See Boston City, Boston)								
SPRINGFIELD								
Springfield Hospital Medical Center								
	P. Friedmann	170	7,390	2,020	6*	021	10,566	128633
WORCESTER								
Memorial								
	W. T. Small	140	6,634	336	5C	013	10,300	128984
St. Vincent								
	H. B. Wheeler	198	6,945	9,269	2C	016	10,700	129084
Worcester City								
	J. B. Herrmann	137	5,348	5,647	4C	015	10,576	129184
					3F			129111
MICHIGAN								
ALLEN PARK								
Veterans Admin. (See Wayne State U.—Detroit Med. Ctr. Affil. Hosps., Detroit)								
ANN ARBOR								
St. Joseph Mercy								
	R. O. Kraft	91	3,418	8,650	3C	019	10,350	129284
					4*			129233
University of Michigan Affiliated Hospitals								
University								
	J. Turcotte	114	2,653	9,960	12*	044	10,700	129333
Veterans Admin.								
	J. Turcotte, S. Lindenauer	52	917	3,136			10,700	
Wayne County General (Eloise)								
	C. F. Frey	71	2,069	8,125			11,873	
DETROIT								
Detroit—Macomb Hospitals								
	P. T. Lee				6*	015	11,700	129633
					10F			129620
Detroit Memorial								
		63	2,474	632				
South Macomb (Warren)								
		76	3,496					
Grace								
	Y. S. Kim	170	7,776	2,005	8C	031	11,200	129884
					3*			129833
					2F			129820
Henry Ford								
	D. E. Szilagyi	142	3,749	55,369	8C	038	10,800	130084
Mount Carmel Mercy								
	W. C. Carpenter	227	9,180	2,564	6C	016	12,420	130284
					2*			130233
					2F			130211
St. John								
	J. A. Grady	158	7,096	1,668	6*	024	11,800	191533
					4F			191520
St. Joseph Mercy (See Providence, Southfield, Mich.)								
Sinai Hospital of Detroit								
	S. Sakwa, S. Hamburger	152	6,312	965	4C	016	11,075	
Wayne State University—Detroit Medical Center Affiliated Hospitals								
	A. J. Walt				12C	046	10,815	129584
					4*			129533
					4F			129520
Veterans Admin. (Allen Park)								
		83	2,358	12,490				
Detroit General								
		111	3,296	20,438				
Harper								
		84	4,272	1,585				
Hutzel								
		47	1,608	633				
ELOISE								
Wayne County General (See U. of Mich. Affil. Hosps., Ann Arbor)								
FLINT								
Hurley								
	M. E. Dodds	187	6,193	4,199	3*	012	9,000	130733
					6F			130720
Mc Laren General								
	L. H. Hudson	180	8,039	3,057	3C	009	11,232	186684
GRAND RAPIDS								
Blodgett Memorial								
	R. A. Wehrenberg	118	6,777	706	2*	011	7,800	130933
					1F			130920
Butterworth								
	H. J. Bratt	70	3,736	2,305	7*	021	7,800	131033
St. Mary's								
	F. S. Gillett	89	4,824	3,459	2*	008	7,800	131133
					2F			131120
HIGHLAND PARK								
Highland Park General								
	H. G. Harris	140	20		2C	008	11,398	
KALAMAZOO								
Southwestern Michigan Area Health Education Center								
	J. B. Kilway	111	5,837	441	.6*	024	10,200	131433
Bronson Methodist								
PONTIAC								
Oakland Medical Center (See William Beaumont, Royal Oak)								
Pontiac General								
	S. M. Baylis	128	6,786	995	4C	017	11,590	131884
					4F			131811
Oakland Medical Center								
	M. Plagge	25	285	106				
St. Joseph Mercy								
	A. Silbergleit	118	5,489	899	2C	014	11,550	131984
					2*			131933
					2F			131911
ROYAL OAK								
William Beaumont								
	F. A. Arcari, R. Lucas	210	6,307	3,452	5C	031	11,495	197884
					1*			197833
					9F			197820
Oakland Medical Center (Pontiac)								
	L. Mengoli	25	283	616				
SAGINAW								
Saginaw Cooperative Hospitals								
	W. T. Rice				2C	011	10,508	132084
					3F			132020
Saginaw General								
		83	4,057					
St. Luke's								
		88	3,995					
St. Mary's								
		60	3,221					
Veterans Admin.								
		74	1,307	3,234				
SOUTHFIELD								
Providence								
	J. R. Pfeifer	151	5,859	2,944	3C	018	12,050	130384
					3*			130333
					2F			130320
St. Joseph Mercy (Detroit)								
	L. J. Gregory	66	2,496	2,295			12,100	

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MICHIGAN—Continued								
WARREN								
South Macomb (See Detroit-Macomb Hospitals, Detroit)								
MINNESOTA								
MINNEAPOLIS								
Hennepin County General	C. R. Hitchcock	57	1,708	10,113	12*	034	10,000	132933
University of Minnesota Affiliated Hospitals	J. S. Najarian				20C	075		133484
Mount Sinai	M. M. Eisenberg	108	6,298	5,754			9,700	
University of Minnesota Hospitals	J. S. Najarian	91	2,187	6,272				
Veterans Admin.	J. S. Najarian	112	2,322	7,080				
ROCHESTER								
Mayo Graduate School of Medicine	R. B. Wallace			77,447	12C	066	11,000	132884
Rochester Methodist		104	5,113					
St. Mary's		80	5,031					
ST. PAUL								
St. Paul—Ramsey	J. F. Perry, Jr.	57	2,544	7,569	6*	019	10,000	133533
United Hospitals	F. A. Miller				3C	007	11,000	133733
					1F			133720
Miller Division		140	5,174	3,060				
St. Luke's Division		10	2,235	90				
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	J. D. Hardy				8*	030		195733
University	J. O. Hardy	60	2,156	8,122			9,400	
Veterans Admin. Center	J. H. Conn	70	1,806	9,268			9,267	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center	M. S. De Weese	44	1,396	4,405	10*	024	10,000	199484
Veterans Admin.	W. F. Keitzer	31	752	1,897				
KANSAS CITY								
University of Missouri at Kansas City								
Kansas City General Hospital and Medical Center	A. Mc Canse	34	1,161	6,338	6*	014	10,000	134333
St. Luke's	P. G. Koontz, Jr.	120	8,179	946	2C	010	9,254	134884
					2*			134833
University of Missouri at Kansas City								
Affiliated Hospitals								
Memorah Medical Center—Baptist					3C	008	11,600	
Memorial		79	3,764	2,309				
Memorah Medical Center		284	15,009	7,570				
Baptist Memorial								
Veterans Admin.								
(See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS								
Deaconess	R. O. Frederick	182	7,068	2,638	3C	022	9,000	135684
					9F			135620
Homer G. Phillips	A. D. Spencer	118	3,750	8,071	12F	034	10,920	
Jewish Hospital of St. Louis	A. E. Baue	155	5,213	2,829	7C	025	10,600	135884
St. John's Mercy Medical Center	W. W. Monafio, Jr.	227	8,866	905	4C	016	8,220	136284
St. Louis—Little Rock Hospitals	F. E. Pennington	85	2,500	37,000	4*	010	9,840	
St. Louis University Group of Hospitals	V. L. Willman				10C	048		136584
					1F			136520
Firmin Desloge General	V. L. Willman	45	1,566	1,590			9,995	
Cardinal Glennon Memorial Hospital for Children	V. L. Willman	18	1,373	1,084			9,995	
St. Louis City	V. L. Willman	32	938	3,708			9,995	
St. Mary's Health Center	V. L. Willman, T. Dubuque	95	3,150	74			10,920	
Veterans Admin.	J. E. Codd	34	788	2,450				
St. Luke's	C. A. Mc Afee	94	3,188	1,083	4*	014	9,600	136433
Washington University Affiliated Hospitals	W. F. Ballinger				5C	045		135384
					10*			135333
Barnes Hospital Group	W. F. Ballinger						11,000	
St. Louis City	G. J. Hill, 2d	32	938	3,708			10,476	
St. Louis County	W. F. Ballinger	43	1,480	30,640				
Veterans Admin.	W. T. Newton	53	917	2,500				
NEBRASKA								
LINCOLN								
Veterans Admin.	C. R. Mota	69	1,387	5,735	4C	010	10,500	249784
St. Elizabeth Community Health Center	C. R. Mota, R. W. Gillespie	159	8,903	41,368				
OMAHA								
Creighton University Affiliated Hospitals	C. H. Organ, Jr.				18C	028		137284
Creighton Memorial St. Joseph's	C. H. Organ, Jr.	31	921				10,400	
Douglas County	C. H. Organ, Jr.	22	419				10,400	
Veterans Admin.	C. A. Assimacopoulos	106	2,253	2,405			10,500	
University of Nebraska Affiliated Hospitals	P. E. Hodgson				6*	021		137684
					1F			137620
University of Nebraska	P. E. Hodgson	61	989	7,533			10,400	
Veterans Admin.	W. C. Davis	106	2,253	2,405			10,500	
NEW HAMPSHIRE								
HANOVER								
Dartmouth Medical School Affiliated Hospitals	R. C. Karl, W. B. Crandell				12C	035	9,500	137784
Mary Hitchcock Memorial	R. C. Karl	91	3,309	38,359				
Veterans Admin. Center (White River Junction, Vt.)	W. B. Crandell	34	707	3,490				
MANCHESTER								
Veterans Admin.								
(See N. E. Deaconess Hosp. Harvard Surg. Svc., Boston, Mass.)								

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW JERSEY								
ATLANTIC CITY Atlantic City	M. J. Elowitz	137	6,035	1,515	2C 5F	015	9,400	
CAMDEN Cooper	E. H. Kain, D. Villanueva	210	4,914	1,236	2C 1* 1F	009	11,200	138084 138033 138020
EAST DRANGE 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	9,072	
GREEN BROOK Raritan Valley (See CMDNJ-Rutgers Med. School Affil. Hospitals, Piscataway)								
HACKENSACK Hackensack	R. B. Grant	96	5,661	13,200	2C 2* 1F	018	11,000	138784 138733 138720
JERSEY CITY Jersey City Medical Center	J. J. Timmes	72	2,870	5,490	7C	018	12,000	139084
LIVINGSTON St. Barnabas Medical Center	L. R. M. Del Guercio	223	7,581	18,900	8C	018	11,209	139684
LONG BRANCH Monmouth Medical Center	C. S. Arvanitis	101	4,694	4,028	6C	016	12,200	139284
Jersey Shore Medical Center—Fitkin (Neptune)	E. M. Lance	144	4,705	3,193				
MORRISTOWN Morristown Memorial	A. L. Filippone, Jr.	153	8,055	2,080	6C 2F	014	11,000	139484 139420
MOUNT HOLLY Burlington County Memorial	W. R. Muir	220	4,993	1,186	6*	011	10,500	138333
NEPTUNE Jersey Shore Medical Center—Fitkin (See Monmouth Medical Center, Long Branch)								
NEWARK CMDNJ—New Jersey Medical School Affiliated Hospitals	B. F. Rush, Jr.				28C	060		139884
Martland	B. F. Rush, Jr.	106	2,441	6,087			11,599	
Newark Beth Israel Medical Center	V. Parsonnet	125	3,584	3,296				
St. Michael Medical Center	A. R. Wychulis	72	2,606	2,926			12,446	
Veterans Admin. (East Orange)	O. Serlin	216	2,510	2,190				
NEW BRUNSWICK Middlesex General	N. Rosenberg	140	7,183	3,583	4C	014	12,000	197984
St. Peter's General	F. Clarke, Jr., G. Hardy	128	5,552	1,472	3C	009	12,000	
PATERSON St Joseph's Hospital and Medical Center	J. M. Connolly	109	2,907	2,263	4C 1F	010	11,385	140684 140611
PERTH AMBOY Perth Amboy General	R. Lev	110	4,015	393	1C 1F	005	10,000	187384 187320
PISCATAWAY CMDNJ—Rutgers Medical School Affiliated Hospitals	J. H. Landor				4C	012	11,599	291884
Raritan Valley (Green Brook)	J. H. Landor							
Hunterdon Medical Center (Flemington)	C. B. Katzenbach	26	1,283	1,555				
Medical Center at Princeton (Princeton)	J. J. Chandler							
PRINCETON Medical Center at Princeton (See CMDNJ-Rutgers Medical School Affiliated Hospitals)								
TRENTON St. Francis	F. A. Camp	159	7,155	4,628	7* 2F	010	10,000	141133
NEW MEXICO								
ALBUQUERQUE University of New Mexico Affiliated Hospitals	W. S. Edwards				6C	018		196284
Bernalillo County Medical Center	W. S. Edwards	25	700	3,796			8,750	
Bataan Memorial	J. D. Mc Carthy	36	1,542	15,495				
Veterans Admin.	D. E. Smith	28	701	438			9,566	
NEW YORK								
ALBANY Albany Medical Center Affiliated Hospitals.	S. Powers				12C	034	11,125	141484
Albany Medical Center	S. Powers	85	2,585	1,311				
St. Peter's	J. J. Phelan, Jr.	138	4,652	3,305				
Veterans Admin.	C. E. Eckert	86	1,131	2,565				
Memorial	P. Glasier	66	3,045	1,944	3C	006	12,350	141584
BUFFALO Deaconess Hospital of Buffalo	D. R. Becker	117	3,250	24,104	4C 1F	013	10,800	143784 143720
Millard Fillmore	P. B. Wels	176	6,078	21,229	3C 3*	018	10,800	144084 144033
Sisters of Charity	F. M. Zaepfel	157	5,986	1,720	2C 2F	016	11,025	144184 144120
Emergency Hospital		84	1,788	4,967				

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APPROVED RESIDENCIES

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, BUFFALO—Continued							
S. U. N. Y. at Buffalo Affiliated Hospitals, Program 1	J. H. Siegel				14C 035		143684
Buffalo General Veterans Admin.	J. H. Siegel	150	4,547	3,010		10,800	
	A. A. Gage	54	1,049	997		11,300	
S. U. N. Y. at Buffalo Affiliated Hospitals, Program 2	W. G. Schenk, Jr.				4C 024		143884
					3*		143833
					1F		143820
Edward J. Meyer Memorial Veterans Admin.	W. G. Schenk, Jr.	110	2,085	18,609		10,400	
	A. A. Gage	41	787	747		11,300	
CASTLE POINT							
Veterans Admin. (See St. Clare's Hospital and Health Center, New York City)							
CROPERSTOWN							
Mary Imogene Bassett	D. A. Blumenstock	54	1,632	19,247	3C 018	11,800	
					4*		144233
					3F		144220
EAST MEADOW							
Nassau County Medical Center—Meadowbrook Div.	A. Di Benedetto	77	2,919	8,965	10C 019	11,176	144884
HUNTINGTON							
Huntington (See S. U. N. Y. at Stony Brook Affil. Hospitals, Stony Brook)							
JOHNSON CITY							
Charles S. Wilson Memorial	F. W. Wood	101	4,159	8,349	3* 009	10,400	145233
MANHASSET							
North Shore University (See N. Y. Hosp.-Cornell Med. Ctr. Affil. Hosps., N. Y. City)							
(See New York Hospital-Cornell Medical Ctr. and Affil. Hosps.)							
MINEOLA							
Nassau	D. Janelli	94		298	1C 016	13,211	145584
					1*		145533
					1F		145520
MOUNT VERNON							
Mount Vernon	J. F. Bagg	128	4,316	5,225	3C 014	11,000	
					6F		145720
NEW HYDE PARK							
Long Island Jewish—Hillside Medical Center Program	A. Aufses				8* 042	13,500	196333
Long Island Jewish—Hillside Medical Center	A. Aufses	103	4,399	6,215			
Queens Hospital Center (New York City)	I. Teicher	57	2,174	6,012			
NEW ROCHELLE							
New Rochelle Hospital Medical Center	W. J. Mc Cann	159	6,578	2,704	4C 015	9,231	145984
					3F		145920
NEW YORK CITY							
Albert Einstein College of Medicine Affiliated Hospitals	R. W. M. Frater				20*	066	13,500
Bronx Municipal Hospital Center	P. Weil	130	3,663	18,977			193133
Hospital of the Albert Einstein College of Medicine	R. Ger	100	3,220	5,365			
Lincoln	E. Dargan	70	2,040	11,159			
Beekman—Downtown	R. B. Nolan	130	2,842	12,860	5C 012	11,500	
Beth Israel Medical Center	W. I. Wolff	129	4,031	17,258	14C 042	13,500	147084
Booth Memorial	J. L. Chassin	106	4,259	4,523	8C 017	14,280	182284
					2*		182233
Bronx—Lebanon Hospital Center	P. H. Gerst	135	4,500	32,000	9C 028	14,000	147184
Brookdale Hospital Center	W. Mackler	167	5,387	7,500	20C 038	13,500	141984
					5*		141933
Brooklyn—Cumberland Medical Center	H. R. Freund	203	5,965	32,117	7C 033	13,500	142084
					2F		142020
Cabrini Health Care Center—Columbus Hospital Division	L. Rosati	158	3,485	6,213	6C 025	12,500	147284
					3*		147233
					10F		147220
Catholic Medical Center of Brooklyn and Queens	A. Klaum				19*	039	13,500
Mary Immaculate Division	N. D. Tiscione	106	3,287	7,695			145033
St. John's Queens Division	J. J. Morrissey	68	2,379	847			
St. Mary's Division	B. Savits	71	2,182	5,337			
Flushing Hospital and Medical Center	J. J. Creedon	116	3,844	3,071	3C 015	12,000	144584
					2*		144533
					1F		144520
French and Polyclinic Medical School and Health Center	J. E. Mc Manus	138	4,303	3,932	7* 027	14,700	147533
Harlem Hospital Center	H. P. Freeman	210	3,497	42,104	18C 065	13,500	147884
Hospital for Joint Diseases and Medical Center	J. R. Wilder	97	2,569	5,148	4C 012	13,500	
Jamaica	H. Barber	89	2,755	8,235	3C 011	13,240	144984
Jewish Hospital and Medical Center of Brooklyn	B. S. Levowitz	144	3,526	5,376	12C 030	14,700	142584
					6*		
Greenpoint		47	1,522	23,653		14,700	
Jewish Memorial	R. T. Purdy	72	1,973	8,474	4C 011	10,500	148020
					4F		148333
Lenox Hill	J. O. Vieta	166	4,676	22,443	14* 024	14,015	

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31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK, NEW YORK CITY—Continued								
Long Island College	R. A. Mainzer	80	2,546	5,325	5C 4F	013	14,700	142720
Lutheran Medical Center	G. F. Cucolo	110	2,848	8,062	5C 1* 2F	017	14,700	143084 143033 143020
Maimonides Medical Center Training Program	G. Degenshein				14C 13*	042	14,000	142884 142833
Maimonides Medical Center	G. Degenshein	209	3,029	2,066				
Coney Island	A. Kane	77	1,886	10,595				
Methodist	I. F. Enquist	130	4,468	9,855	8C	024	13,500	142984
Misericordia—Fordham Training Program	B. M. Reynolds				11C	031	14,700	148684
Misericordia		109	3,107	6,306				
Fordham		107	2,731	18,992				
Montefiore Hospital Training Program	M. L. Gliedman				4C 20*	052	13,500	148733
Montefiore Hospital and Medical Center		145	2,762	4,148				
Morrisania City		60	1,166	8,335				
Mount Sinai Hospital Training Program	A. Aufses, Jr.				28C	064		149084
Mount Sinai	A. Aufses, Jr.	220	7,500	5,200			14,000	
City Hospital Center at Elmhurst	A. Singer	93	2,162	12,570			13,500	
New York Hospital—Cornell Medical Center and Affiliated Hospitals	P. A. Ebert				14C	047	13,300	149284
New York Hospital	P. A. Ebert	242	7,349	22,750				
Memorial Hospital for Cancer and Allied Diseases	N. Martini	233	6,413	35,794				
New York Hospital—Cornell Medical Center and Affiliated Hospitals								
North Shore University (Manhasset)	A. R. Bell, Jr.	112	6,051	16,608	10C	020		146784
New York Medical College—Metropolitan Hospital Center	W. L. Mersheimer				12C 12*	055	13,500	147384 147333
Unit 1—Flower and Fifth Avenue Hospitals		71	2,442	1,276				
Unit 2—Metropolitan Hospital Center		133	3,107	22,000				
Unit 3—Bird S. Coler Memorial Hospital and Home		10	360	769				
New York University Medical Center	F. C. Spencer				21*	069		297833
Bellevue Hospital Center	F. C. Spencer	208	2,510	18,468				
University	F. C. Spencer	136	3,538	664				
Veterans Admin. (Manhattan)	D. A. Tice	111	1,939	3,900			14,479	
Presbyterian	K. Reemtsma	184	7,572	62,644	12C	039	13,715	149584
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)								
Roosevelt	W. A. Wichern	170	4,123	22,672	10C	031	13,521	149684
St. Clare's Hospital and Health Center	J. L. Madden	110	2,568	4,421	12C	025	13,000	149784
Veterans Admin. (Castle Point)		64	848	2,586				
St. John's Episcopal	J. E. Mule	70	2,152	11,305	1* 6F,	013	14,804	143220
St. Luke's Hospital Center	H. F. Fitzpatrick	109	2,817	13,499	8C	026	13,500	149984
St. Vincent's Hospital and Medical Center of New York	T. F. Nealon, Jr.	234	6,428	14,329	10* 1F	033	13,500	150033 150020
St. Vincent's Medical Center of Richmond	W. C. Frederick	95	2,748	3,971	2C 4*	012	14,700	151484 151433
Staten Island	J. S. Snider	80	2,744	3,636	4* 4F	011	12,894	151533 151520
S. U. N. Y. Downstate Medical Center	S. L. Kountz				20* 2F	053		142633 142620
Kings County Hospital Center	S. L. Kountz	197	4,834	22,559			14,700	
State University	S. L. Kountz	48	1,624	1,775			14,772	
Veterans Admin. (Brooklyn)	H. H. Le Veen	125	1,739	3,915			15,394	
Sydenham	E. L. Dargan	47	1,266	3,540	2C	008	14,700	150184
Unity	G. Koota	54	2,699	4,160	3C	009	13,200	143484
Veterans Admin. (Bronx)	D. Dreiling	108	1,604	8,360	8C	021	15,394	
Wyckoff Heights	P. A. Zoller	116	3,637	4,741	5C	023	14,700	143584
NORTHPORT								
Veterans Admin. (S. U. N. Y. at Stony Brook Affil. Hospitals)								
ROCHESTER								
University of Rochester Affiliated Hospitals	C. Rob				14C 9*	090		295984 295933
Strong Memorial Hospital of the University of Rochester	C. Rob	76	2,787	5,695			10,400	
Genesee	R. Menguy	134	6,226	3,001			10,900	
Highland Hospital of Rochester	H. Kingsley, T. Dass	100	5,103	2,108			11,000	
Rochester General	J. R. Hinshaw	203	8,432	2,208				
St. Mary's	A. J. Graziani	104	4,477	2,272			10,900	
SCHENECTADY								
Ellis	M. J. Tsapogas	131	6,069	296	7C 5F	017	10,000	151284 151220
STONY BROOK								
S. U. N. Y. at Stony Brook Affiliated Hospitals	H. S. Soroff				8C	017	15,394	
Veterans Admin. (Northport)	H. S. Soroff							
Huntington (Huntington)	R. W. Unangst	170	8,900	35,000				
SYRACUSE								
St. Joseph's Hospital Health Center	A. A. Vercillo	122	6,286	1,488	4*	011	10,555	151833
S. U. N. Y. Upstate Medical Center	W. R. Webb				12*	042	11,057	151633
Community General Hospital of Greater Syracuse	B. E. Chamberlain	117	5,368	1,383				
Crouse Irving—Memorial	W. R. Webb	56	2,518					
State University	W. R. Webb	47	1,749	3,163				
Veterans Admin.	W. R. Webb	59	677	5,105				

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK—Continued								
VALHALLA Grasslands	M. Rohman	50	1,902	8,330	2* 3F	013	14,700	152133 152120
NORTH CAROLINA								
CHAPEL HILL North Carolina Memorial	C. G. Thomas, Jr.	22	755	10,649	15*	026	10,000	190033
CHARLOTTE Charlotte Memorial	H. F. Hamit	61	2,409	7,195	3*	013	10,080	152733
DURHAM Duke University Affiliated Hospitals Duke University Medical Center Veterans Admin.	D. C. Sabiston, Jr. D. C. Sabiston, Jr. R. W. Postlethwait	81 71	2,546 1,225	20,324 4,240	18C	048	10,350	152984
WILMINGTON New Hanover Memorial	L. B. Mason	170	8,187	1,715	2C	005	9,500	153484
WINSTON-SALEM Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	R. T. Myers	68	2,709	3,277	8C 2*	035	10,000	153784 153733
OHIO								
AKRON Akron City	C. W. Loughry	158	5,338	1,237	3C 6*	016	10,500	154184 154133
Akron General	D. M. Evans	102	3,516	14,735	4C 1F	012	10,500	154284 154220
St. Thomas	C. R. Fox	140	4,712	1,574	6C 7F	019	10,929	154320
CINCINNATI Christ	J. R. Newstedt		3,008	606	7* 3F 8C	024	10,878	154720 155084
Good Samaritan Hospital Training Program Good Samaritan Providence	J. J. Cranley J. J. Cranley R. A. Matuska	123 318	8,412 13,229	549 8,465		024	10,200	
Jewish	H. J. Heimlich	242	10,611	2,158	5C 2F	015	10,900	155184 155120
University of Cincinnati Hospital Group Children's Cincinnati General Veterans Admin.	W. A. Altemeier	50 197 71	2,890 4,331 1,107	2,610 16,169 3,850	18C	049	9,685 11,932	154884
CLEVELAND Case Western Reserve University Affiliated Hospitals	W. D. Holden				20* 2F	066		155233 155320
University Hospitals of Cleveland Cleveland Metropolitan General Veterans Admin.	W. D. Holden W. D. Holden, W. J. Pories J. W. Benson	96 70 87	3,870 2,100 1,192	7,965 19,107 1,920			11,000 11,000 11,506	
Cleveland Clinic—St. Vincent Charity Cleveland Clinic St. Vincent Charity	P. H. Mullally R. E. Hermann P. H. Mullally	72 77	2,847 2,637	26,315 4,619	8*	036	10,750	196833
Fairview General Robinson Memorial Portage County (Ravenna)	S. O. Hoerr B. A. Ceraldi	142 93	5,437 5,935	2,172 503	9*	027	12,000	155433
St. John's Huron Road Mount Sinai Hospital of Cleveland	J. J. McLaughlin M. D. Ram J. Berk	108 160 104	3,658 5,405 5,137	1,210 6,703 5,533	4* 4C 3*	014 016	12,000 10,700 11,000	157133 155784 155733 155720
St. Alexis	C. R. Lulenski	148	5,480	2,486	5C 4F	015	10,200	155884 155820
St. Luke's	F. S. Cross	88	3,440	8,011	2C 2*	010	10,500	156084 156033
COLUMBUS Mount Carmel Medical Center	R. W. Zollinger	125	4,378	1,319	4C 5F	015	10,400	156511
Ohio State University Hospitals Riverside Methodist	L. M. Keith R. Patton	334 16	11,883 5,684	46,920 887	12C 4C 3F	064 012	8,500 9,500	156684 156784 156720
DAYTON Good Samaritan	J. Greene, W. Reiling, Jr.	183	9,409	2,229	3C 4F	012	12,000	156884 156820
Miami Valley	R. K. Finley, Jr.	209	7,965	2,598	2C 2* 1F	010	10,845	156984 156933 156920
Veterans Admin. Center	C. L. Cogbill	159	1,978	4,547	6*	012	11,987	
KETTERING Charles F. Kettering Memorial	R. A. De Wall	139	6,242	244	1* 2F	011	8,340	157620
RAVENNA Robinson Memorial Portage County (See Fairview General, Cleveland)								
TOLEDO Medical College of Ohio at Toledo Affiliated Hospitals Hospital of Medical College of Ohio at Toledo Mercy St. Vincent Hospital and Medical Center Toledo	W. S. Blakemore W. S. Blakemore R. A. Gandy, Jr. G. Stark J. B. Rank	37 48 116 137 37	896 5,637 4,262 1,433	2,201 1,144 1,095 280	7C	027	10,634	157984
YOUNGSTOWN St. Elizabeth	F. A. Pesa	237	6,541	1,246	8C 6*	022	10,900	158484 158433

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31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
OHIO, YOUNGSTOWN —Continued Youngstown	J. J. Turner	339	14,559	3,285	2C 2* 3F	021	10,500	158584 158533, 158511
OKLAHOMA								
NORMAN Central State Griffin Memorial (See Univ. of Oklahoma Health Sciences Center, Oklahoma City)								
OKLAHOMA CITY St. Anthony	R. C. Arnold	58	2,627	1,189	1C 2F	006	9,500	158784 158720
University of Oklahoma Health Sciences Center	G. R. Williams				10* 2F	036		158833 158820
University of Oklahoma Hospital and Clinics	G. R. Williams	51	2,015	11,271			10,023	
Presbyterian	E. R. Munnell	48	2,274				10,000	
Veterans Admin. Central State Griffin Memorial (Norman)	L. J. Greenfield	46	3,212	4,615			10,000	
TULSA Tulsa Surgical Education Trust Hillcrest Medical Center St. Francis St. John's	E. Dunlap E. Dunlap L. I. Nienhuis F. S. Nelson	141 203 156	5,329 11,231 6,503	1,735 1,280		6C 012	9,708	273184
OREGON								
PORTLAND Emanuel	P. Parshley	69	4,136	881	3C 2*	011	10,500	159484 159433
Good Samaritan Hospital and Medical Center	M. Mc Kirdie	169	7,776	9,108	2C 1* 1F	013	10,309	159584 159533 159520
St. Vincent Hospital and Medical Center University of Oregon Affiliated Hospitals	R. C. Liechty W. W. Krippaehne	215	10,857	29,000	6* 7C 6F	009 032	10,500	159833 159920
University of Oregon Medical School Hospitals and Clinics Veterans Admin.	W. W. Krippaehne R. M. Vetto	73 84	2,334 1,168	12,533 1,591			9,000 11,088	
PENNSYLVANIA								
ABINGTON Abington Memorial	A. S. Frobese	84	4,425	785	6*	015	10,160	160033
ALLENTOWN Allentown	D. H. Gaylor	165	7,606	13,857	3* 2F	012	11,750	160133 160120
ALTOONA Altoona	R. B. Magee	108	4,422	9,107	2C 1* 1F	007	13,500	160320
BETHLEHEM St. Luke's	P. V. Kiehl	142	6,430	2,834	2C 2* 3F	011	12,130	160584 160533 160511
BRYN MAWR Bryn Mawr Veterans Admin. (Wilmington, Del.)	W. C. Stainback D. Pecora	153 67	6,766 1,107	5,868 1,580	9C	018	10,000 9,052	160684
CHESTER Crozer—Chester Medical Center (See Hahnemann Medical College Affil. Hosp., Philadelphia)								
DOANVILLE Geisinger Medical Center	H. M. Klinger	80	3,320	19,000	2C 2* 2F	016	11,000	160884 160833 160820
DARBY Fitzgerald Mercy Division (See Mercy Catholic Medical Center, Philadelphia)								
EASTON Easton	L. S. Serfas	93	3,132	646	4* 2F	012	12,000	161033 161020
ERIE Hamot Medical Center	M. L. Brockmyer	150	7,490	1,505	2* 3F	010	10,100	161133 161111
HARRISBURG Harrisburg	R. P. Dutiinger	114	4,485	2,266	1C 2* 1F	009	10,634	161484 161433 161420
Harrisburg Polyclinic	L. T. Patterson	162	7,880	4,662	2C 2*	012	10,500	161584 161533
HERSHEY Milton S. Hershey Medical Center of the Pennsylvania State University	J. A. Waldhausen	83	2,924	18,087	2C 3* 1F	016	10,584	161784 161733 161720
JOHNSTOWN Conemaugh Valley Memorial	J. B. Lovette	141	5,297	1,040	2C 2F	008	9,450	161684 161620
MC KEESPORT Mc Keesport	F. R. Bondi	344	9,679	2,557	3* 3F	011	11,500	162033 162020

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA—Continued								
NORRISTOWN								
Sacred Heart	H. M. Nelson	120	6,298	7,244	2*	006	10,000	
PHILADELPHIA								
Albert Einstein Medical Center	A. D. Bennett	242	3,806	3,332	11C	023	10,000	163184
Episcopal	L. H. Stahlgren	96	2,740		2C	010	10,400	162384
					2*			162320
					1F			162584
Germantown Dispensary and Hospital	J. S. C. Harris	84	2,454	5,877	1C	004	11,945	
Graduate Hospital of the University of Pennsylvania	P. Nemir, Jr.	110	2,150	3,181	6C	021	11,507	162684
Hahnemann Medical College Affiliated Hospitals	C. C. Wollerth, Jr.				12C	042	10,500	162784
Hahnemann Medical College and Hospital	C. C. Wollerth, Jr.	184	2,340	8,340			10,500	
Philadelphia General	M. Perlman	27	570	2,842				
St. Agnes	F. De Clement, J. Cossa	79	8,518	2,619			10,500	
Crozer—Chester Medical Center (Chester)	H. V. Armitage	111	4,214	1,608			10,500	
Hospital of the Medical College of Pennsylvania	D. R. Cooper	71	2,951		5C	022		184984
					5*			184920
					2F			
Veterans Admin.	J. O. Finnegan	31	768	2,200			12,750	
Lankenau	E. W. Shearburn	55	2,198	2,098	2C	012	10,000	163284
					2*			163233
Mercy Catholic Medical Center	W. D. O' Sullivan				3C	015	10,000	163684
					1F			163620
Misericordia Division	E. D. Mc Laughlin	65	2,478	10,528				
Fitzgerald Mercy Division (Darby)	E. C. Meyer	114	5,186	3,423				
Nazareth	P. R. Casey	139	5,721	16,628	2C	009	10,000	163884
					2*			163820
					4F			163984
Pennsylvania	J. E. Rhoads	52	1,783	2,327	4C	012	11,700	
Presbyterian—University of Pennsylvania Medical Center	L. W. Stevens	98	3,059	12,566	3C	008	10,650	164184
Temple University	W. P. Maier	80	2,886	7,338	9*	021	10,523	164633
Veterans Admin. (Wilkes—Barre)	H. S. Irons, Jr.	99	1,306				12,139	
Thomas Jefferson University Affiliated Hospitals	G. F. Schwartz				6C	023		163084
Thomas Jefferson University	G. F. Schwartz	106	2,867	2,823			10,700	
Chestnut Hill	J. W. Stayman, Jr.	80	3,542	1,490				
Methodist	J. J. De Tuerk	43	1,712	1,760			10,300	
University of Pennsylvania Affiliated Hospitals	W. T. Fitts, Jr.				20*	063		162833
Hospital of the University of Pennsylvania	W. T. Fitts, Jr.	191	5,620	8,983			11,300	
Philadelphia General	W. Inouye	29	720	3,822			10,492	
Veterans Admin.	E. F. Rosato	35	1,027	2,600			12,750	
PITTSBURGH								
Allegheny General	R. C. Wilde	84	2,885	9,041	6C	018	12,285	164884
					1F			164820
Hospitals of the University Health Center of Pittsburgh	H. T. Bahnson				12C	046	10,017	165284
Children's Hospital of Pittsburgh	W. B. Kiesewetter	25	1,968	2,974				
Montefiore	M. M. Ravitch	142	5,155	2,707				
Presbyterian—University	H. T. Bahnson	79	1,981	4,989				
Veterans Admin.	D. W. Elliott	68	315	808				
Mercy	C. E. Copeland	95	2,923	3,405	3*	015	11,300	164933
					2F			164920
St. Francis General	T. J. Madigan	215	11,546	9,865	3C	020	11,500	188184
					3*			188133
Shadyside	W. E. Novogradac	94	3,484	2,018	3*	013	10,800	165784
					5F			165720
Western Pennsylvania	J. C. Gaisford	222	5,593	5,671	6C	020	11,000	165984
					5*			165933
READING								
Reading	L. L. Cramp	268	9,901	1,349	1C	005	10,800	166184
					1*			166133
SAYRE								
Robert Packer	J. M. Thomas	108	4,554	31,803	2C	005	8,500	166484
WILKES-BARRE								
Veterans Admin. (See Temple University, Philadelphia)								
YORK								
York	L. A. Lindquist	193	7,326	6,200	2C	012	10,550	167484
					2*			167433
					1F			167420
PUERTO RICO								
CAGUAS								
Caguas Sub—Regional	J. J. Cerra				4C	010		
MAYAGUEZ								
Mayaguez Medical Center	J. E. Ibanez	82	3,004	31,925	3C	015	8,460	
PONCE								
Hospital De Damas	L. F. Sala	86	3,228	1,879	2F	005	9,600	
Ponce District General	R. A. Armstrong	154	4,144	17,647	4C	016	7,260	
					2F			
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	V. S. Gutierrez				6*	037		
					3F			
University District	V. S. Gutierrez	113	4,006	54,712			9,600	
I. Gonzalez Martinez	R. A. Llobet	13	367	5,154				
San Juan City	G. Escalera	64	2,412	6,009			9,500	
Veterans Admin. Center	J. H. Amadeo	140	2,778	7,705				

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31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
RHODE ISLAND								
PAWTUCKET Memorial (See Boston City, Boston, Mass.)								
PROVIDENCE Brown University Affiliated Hospitals Rhode Island	H. T. Randall	128	5,418	5,569	7C 7*	032	11,860	167784 167733
Miriam (See Boston City, Boston, Mass.) Veterans Admin. (See Boston Univ. Affil. Hosps. (Program 2), Boston, Mass.)								
SOUTH CAROLINA								
CHARLESTON Medical University of South Carolina Teaching Hospitals	C. P. Artz				4C 7*	023		168084 168033
Medical University of South Carolina		56	1,714	11,257			9,700	
Charleston County		24	856					
Veterans Admin.		35	1,184	3,253			9,902	
COLUMBIA Richland Memorial	H. C. Mc Gown	136	5,057	2,694	2C 2F	010	10,000	168184 168120
GREENVILLE Greenville General	C. D. Bessinger, Jr.	161	3,437	5,505	5C 3F	015	10,000	168384 168320
SPARTANBURG Spartanburg General	W. D. Young	213	9,492	4,980	2C 2* 2F	016	10,000	168584 168533 168520
SOUTH DAKOTA								
YANKTON Sacred Heart	C. B. Mc Vay	42	2,721	5,333	2C	007	9,600	280584
TENNESSEE								
CHATTANOOGA University of Tennessee Clinical Education Center Baroness Erlanger	Y. Kato	82	3,166	4,151	4C 2F	020	10,200	168984 168920
KNOXVILLE University of Tennessee Memorial Research Center and Hospital	H. A. Blake	105	4,385	5,543	1* 1F	008	9,111	183932 183920
MEMPHIS Baptist Memorial	R. M. Miles	558	12,823	1,531	4C 4* 4F	018	10,440	169484 169432 169420
Methodist	T. V. Stanley, Jr.	188	8,158	1,979	3C 8* 1F	016	10,500	169684 169633 169620
St. Joseph University of Tennessee Affiliated Hospitals	M. C. Pian, Jr. J. W. Pate	129	6,168	2,019	1C 6C 8F	004 047	10,500	
City of Memphis Hospitals Veterans Admin.	J. W. Pate J. J. Mc Caughan, Jr.	102 60	3,695 2,242	13,952 2,796			9,900 11,331	184420
NASHVILLE Baptist George W. Hubbard Hospital of the Meharry Medical College St. Thomas Vanderbilt University Affiliated Hospitals Nashville Metropolitan General Vanderbilt University Veterans Admin.	J. Harris L. J. Bernard R. A. Daniel, Jr. H. W. Scott, Jr. J. L. Sawyers H. W. Scott, Jr. R. E. Richie	263 63 136 34 89	11,824 1,604 5,942 1,275 1,539	888 7,449 526 10,140 11,683 10,922	6C 4* 6* 20C	012 017 016 051	10,200 9,589 9,650 9,394	169984 170133 170284
TEXAS								
AUSTIN Brackenridge (See St. Joseph, Houston)								
DALLAS Baylor University Medical Center	R. S. Sparkman	131	4,678	2,445	10* 2F	026	9,360	170684 170620
John Peter Smith (Fort Worth)								
Methodist Hospital of Dallas	W. H. Gossard	160	9,404	3,784	5*	008	9,500	170733
St. Paul	E. Poulos	253	9,966	1,362	2C 2F	014	9,000	170984 170920
University of Texas Southwestern Medical School Affiliated Hospitals	R. C. Jones				27* 1F	040		283533 283520
Parkland Memorial Veterans Admin.	R. C. Jones S. H. Phillips, Jr.	124 75	3,769 1,600	19,275 6,484			8,784 9,514	
FORT WORTH John Peter Smith (See Baylor University Medical Center, Dallas)								
GALVESTON University of Texas Medical Branch Hospitals	J. C. Thompson	65	1,911	6,988	13*	034	9,600	171433

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APPROVED RESIDENCIES

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number	
					1st Yr.	All Yrs.			
TEXAS—Continued									
HOUSTON									
Baylor College of Medicine Affiliated Hospitals	M. E. De Bakey				15C 15* 4F	065		171684 171633 171620	
Ben Taub General Methodist	M. E. De Bakey	79	4,688	19,282			9,540		
St. Luke's Episcopal	J. W. Overstreet	67	2,760				9,000		
Texas Children's	W. D. Seybold	146	5,926	115			9,540		
Veterans Admin.	F. J. Harberg, L. W. Able	38	3,355	331			9,540		
St. Joseph	P. H. Jordan, Jr.	68	2,185	9,554			9,540		
Brackenridge (Austin)	D. L. Moore	236	8,945	1,326	4C	018	9,480	171884	
University of Texas at Houston Affiliated Hospitals	R. M. Hood	57	2,679	2,632			11,200		
Hermann	S. J. Dudrick	85	3,425	4,674		8C 023	9,324	292333	
SAN ANTONIO									
University of Texas at San Antonio Teaching Hospitals	J. B. Aust					18*	047	9,700	172233
Bexar County Teaching									
TEMPLE									
Scott and White Memorial	C. W. Broders	114	6,450	14,892	2C	008	10,000	172584	
Veterans Admin. Center	A. S. Haisten	174	3,207	10,103			10,500		
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	050		173284	
University	F. G. Moody	28	3,106	5,729			10,300		
Latter—Day Saints	M. W. Muir	139	7,027	879			10,300		
Holy Cross Hospital of Salt Lake City	D. Albo, Jr.	144	8,532				9,600		
Veterans Admin.	H. M. Lazarus	30	725	1,515					
Mc Kay—Dee Hospital Center (Ogden)									
VERMONT									
BURLINGTON									
Medical Center Hospital of Vermont	J. H. Davis	75	3,188	9,920		8C 020	9,850	178484	
WHITE RIVER JUNCTION									
Veterans Admin. Center (See Dartmouth Medical School Affil. Hosps., Hanover, N.H.)									
VIRGINIA									
CHARLOTTESVILLE									
University of Virginia Affiliated Hospitals	W. H. Muller, Jr.					13*	034	173733	
University of Virginia		49	1,740	16,304			9,400		
Veterans Admin. (Salem)		36	999	1,428			12,402		
FALLS CHURCH									
Fairfax (See Georgetown University Affil. Hosps., Washington, D. C.)									
NORFOLK									
De Paul	J. S. Berger	141	6,596	5,729	3C 3F	014	10,000	174084 174020	
Norfolk General	B. J. Innes	30	1,100	3,437	1C 2* 1F	015	10,000	174184 174133 174120	
RICHMOND									
Virginia Commonwealth University M. C. V. Affiliated Hospitals	W. Lawrence, Jr.				14C 4*	035		174384 174333	
Medical College of Virginia Hospitals	W. Lawrence, Jr.	246	7,350	24,379			9,400		
Richmond Memorial	J. F. Oates, 3d.	235	6,939	1,986					
Veterans Admin.	J. S. Wolf	73	1,390	5,494			10,584		
ROANOKE									
Community Hospital of Roanoke Valley	P. Kistler	140	5,344	40,904	5*	009	11,280	174633	
Roanoke Memorial Hospitals	R. E. Berry	276	9,682	6,891	2C 2* 1F	011	6,600	174884 174833 174820	
SALEM									
Veterans Admin. (See University of Virginia Affil. Hosps., Charlottesville)									
WASHINGTON									
SEATTLE									
Providence	L. R. Sauvage	142	38,574	341	2*	006	14,670	175333	
Swedish Hospital Medical Center	R. D. Pinkham	206	11,352	590	3C 2*	012	8,672	175584 175533	
University of Washington Affiliated Hospitals	G. T. Shires				12C 12*	036	9,252	191833	
Harborview Medical Center	J. R. Cantrell		969	5,796					
U. S. Public Health Service	W. W. Sikkema	26	714	4,526					
University	G. T. Shires	30	1,209	6,275					
Veterans Admin.	H. M. Radke	108	2,571	1,425					
Virginia Mason	P. C. Jolly	95	4,338	37,232	6C 6F	020	8,839	175620	
WEST VIRGINIA									
BECKLEY									
Appalachian Regional	S. T. Lee		3,536	24,354	3C 5*	016	12,000		

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APPROVED RESIDENCIES

31A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WEST VIRGINIA—Continued								
CHARLESTON								
Charleston Area Medical Center	B. Bradford, Jr.				2C 2F	020	9,000	190220
Charleston General Division		123	7,219	2,928				
Memorial Division		113	4,866	6,999				
CLARKSBURG								
Veterans Admin. (See West Virginia Univ. Medical Center, Morgantown)								
MORGANTOWN								
West Virginia University Medical Center	A. L. Watne	71	2,328	6,671	6C	022	9,700	183784
Veterans Admin. (Clarksburg)	R. L. Bonnabeau, Jr.	165	3,730	19,164				
WHEELING								
Ohio Valley Medical Center	C. D. Hershey	133	4,309	1,021	4C 1F	011	12,420	176984 176920
WISCONSIN								
LA CROSSE								
La Crosse Lutheran Hospital and Gundersen Clinic	A. E. Gundersen	55	2,163	14,788	2C 3F	009	8,100	177484 177420
MADISON								
University of Wisconsin Affiliated Hospitals	W. H. Wolberg				4C 2*	025	10,200	177984 177933
Madison General Methodist	E. I. Boldon	55	2,458					
St. Marys Hospital Medical Center	R. J. Botham	50	2,049					
University Hospitals	W. H. Wolberg	43	1,217	4,672				
Veterans Admin.	J. T. Mendenhall	31	792	2,779				
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	J. J. De Cosse	61	2,178	9,498	12C	045	10,532	178484
Milwaukee County General	J. J. De Cosse						11,022	
Veterans Admin. Center (Wood)	R. E. Condon	54	1,474	8,698			10,644	
Lutheran Hospital of Milwaukee	D. E. Koepke	49	1,696	1,523			10,655	
Columbia	W. J. Boulanger	89	4,368	5,564				
Milwaukee Childrens	M. Glicklich	22	2,164	5,840				
Mount Sinai Medical Center	E. C. Saltzstein	271	12,898	3,367	2*	010	11,300	178733
St. Joseph's	W. Weisel	239	10,370	18,211	2* 2F	012	11,000	178833 178820
St. Luke's	J. F. Zimmer	179	7,449	1,356	4C 4* 4F	018	10,500	178984 178933 178920

31B. SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Residency Review Committee for Surgery, for ONE year of training as an integral part of an approved program of four or more years' duration.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
MASSACHUSETTS								
BOSTON								
Lahey Clinic	B. Cady	79	4,000	11,500	6C	006	13,134	
MISSOURI								
COLUMBIA								
Ellis Fischel State Cancer	J. S. Spratt, Jr.	40	1,242	12,227	2C	004	10,500	
NEW YORK								
NEW YORK CITY								
Francis Delafield	J. A. Buda	65	2,352	4,839	5C	013	14,700	
Memorial Hospital for Cancer and Allied Diseases	N. Martini	233	6,413	35,794	1C	002		
WASHINGTON								
SEATTLE								
Children's Orthopedic Hospital and Medical Center	A. H. Bill	37	3,848	3,593	3C	003		

31C. SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
DUARTE City of Hope Medical Center	R. L. Byron	35	1,125	14,940	4C	006	13,200	
COLORADO								
DENVER Children's	J. D. Burrington	23	1,471	454	1C	003	10,000	
DISTRICT OF COLUMBIA								
WASHINGTON Children's Hospital of the District of Columbia	J. G. Randolph	35	2,215	6,510	3C	006	11,077	
ILLINOIS								
CHICAGO Children's Memorial	J. Raffensperger	21	1,290	2,386	4C	004	12,224	
MASSACHUSETTS								
BOSTON Children's Hospital Medical Center	R. M. Filler	71	2,749	22,757	8C	010	10,750	
NORFOLK Pondville	M. Yatsushashi	72	1,277	17,940	4C	004	18,506	
MICHIGAN								
DETROIT Children's Hospital of Michigan	J. H. Hertzler		1,906	8,098	2C	002	12,006	
MISSOURI								
COLUMBIA Ellis Fischel State Cancer	J. S. Spratt, Jr.	40	1,242	12,227	3C	006	10,500	
NEW JERSEY								
NEWARK United Hospitals Medical Center—Children's Hospital Newark	A. Falla	73	2,211	10,000	1C	001	14,500	
NEW YORK								
BUFFALO Children's Hospital of Buffalo	T. C. Jewett, Jr.	40	2,773	14,502	1C	002	13,500	
Roswell Park Memorial Institute	E. D. Holyoke	130	590	11,611	1C	011	11,236	
NEW YORK CITY Francis DeLafield Memorial Hospital for Cancer and Allied Diseases	J. A. Buda	65	2,352	4,839	5C	013	14,700	
Presbyterian	N. Martini	233	6,413	35,794	1C	002	16,880	
T. V. Santulli					2C	002	16,880	
OHIO								
COLUMBUS Children's	E. T. Boles, Jr.	37	1,786	5,230	1C	002	12,000	
PENNSYLVANIA								
PHILADELPHIA American Oncologic	P. Grotzinger, J. Strawitz	58	1,860	18,142	1C	002	14,000	
Children's Hospital of Philadelphia	C. E. Koop	33	1,722	1,960	1C	002	12,000	
St. Christopher's Hospital for Children	S. L. Cresson	18	1,152	2,070	2C	002	13,085	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh								
Children's Hospital of Pittsburgh	W. B. Kiesewetter	25	1,968	2,974	7C	007		
PUERTO RICO								
SAN JUAN I. Gonzalez Martinez	R. A. Llobet	13	367	5,154	1C	001		
TEXAS								
HOUSTON University of Texas M. D. Anderson Hospital and Tumor Institute	E. C. White	91	2,585	25,379	2C	009	9,000	
WASHINGTON								
SEATTLE Children's Orthopedic Hospital and Medical Center	A. H. Bill	37	3,848	3,593	1C	001	11,916	

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33. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
SAN FRANCISCO								
University of California Program	B. B. Roe				1C	002		
H. C. Moffitt—University of California Hospitals	B. B. Roe	11	306	179			16,000	
Veterans Admin.	D. J. Ulyot	23	505	1,110			10,300	
SAN JOSE								
Santa Clara Valley Medical Center (See Stanford University Affiliated Hospitals, Stanford)								
STANFORD								
Stanford University Affiliated Hospitals	J. B. D. Mark				1C	002		
Stanford University	J. B. D. Mark	8	250	150			10,000	
Santa Clara Valley Medical Center (San Jose)	J. M. Guernsey	2	395				12,061	
CONNECTICUT								
NEW HAVEN								
Yale—New Haven Medical Center	W. W. L. Glenn				2C	005		
Yale—New Haven	W. W. L. Glenn	29	759	2,115			14,140	
Hospital of St. Raphael	M. G. Carter	25	603	80			14,140	
Veterans Admin. (West Haven)	W. W. L. Glenn	10	193	625			12,632	
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DISTRICT OF COLUMBIA								
WASHINGTON								
George Washington University Affiliated Hospitals	P. C. Adkins				1C	002		14,678
George Washington University	P. C. Adkins	16	502	1,168				
Children's Hospital of the District of Columbia	J. G. Randolph	4	129	364				
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	G. R. Daicoff				2C	004		
William A. Shands Teaching Hosp. and Clinics	G. R. Daicoff	17	538	1,820			12,206	
Veterans Admin.	P. V. Moulder	24	356	1,190			11,456	
MIAMI								
University of Miami Affiliated Hospitals	G. A. Kaiser				2C 2*	004		
Jackson Memorial		18	346	437			15,796	
Mount Sinai Hospital of Greater Miami (Miami Beach)								
Veterans Admin.		11	152	497			11,723	
MIAMI BEACH								
Mount Sinai Hospital of Greater Miami (See University of Miami Affiliated Hospitals, Miami)								
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	C. R. Hatcher, Jr.	17	551		3C	006	12,000	
Emory University	C. R. Hatcher, Jr.	17	551					
Grady Memorial	C. R. Hatcher, Jr.	11	440	1,447				
Veterans Admin. (Decatur)	W. H. Fleming	11	143	620				
AUGUSTA								
Medical College of Georgia Hospitals	R. G. Ellison				2C	004	12,100	
Eugene Talmadge Memorial	R. G. Ellison	17	410	1,179				
Memorial Medical Center (Savannah)								
Veterans Admin.	J. W. Rubin	10	144	423				
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. Tautoles	34	336	2,031	2C	004	15,200	
Rush—Presbyterian—St. Luke's Medical Center	H. Najafi	80	2,100	5,500	1C 1*	005	10,501	
University of Chicago Hospitals and Clinics	D. B. Skinner	17	453	1,185	2C	004	15,000	
City of Chicago Municipal Tuberculosis Sanitarium	W. M. Lees	29	192	3,551			12,000	
University of Illinois Affiliated Hospitals	C. J. Tautoles				2C	004	13,764	
University of Illinois	C. J. Tautoles	10	307	1,534				
Veterans Admin. (West Side)	S. Burman	31	610	1,462				
HINES								
Veterans Admin. (See Loyola University Affiliated Hospitals, Maywood)								
MAYWOOD								
Loyola University Affiliated Hospitals	R. Pifarre				2C	004		
Foster G. Mc Gaw	R. Pifarre	25	10	178				
University of Chicago Hospitals and Clinics (Chicago)	D. B. Skinner	17	453	1,185				
Veterans Admin. (Hines)	R. Pifarre	18	440	960			13,400	
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	H. King				2C	004		
Indiana University Hospitals		9	216	183			12,000	
Veterans Admin.		5	141	757			10,500	

33. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered		Annual Salary (Min.)	NIRMP Number
					1975-1976 1st Yr.	All Yrs.		
INDIANA, INDIANAPOLIS—Continued								
Methodist Hospital of Indiana	H. Siderys	31	624			1C 002	14,052	
IOWA								
IOWA CITY								
University of Iowa Hospitals	J. L. Ehrenhaft	50	1,303	2,997		3C 006	15,000	
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	R. L. Reis	12	224	99		1C 002	11,000	
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	J. R. Utley					2C 004	10,500	
University Central Baptist Veterans Admin.	R. B. Mc Elvein	55 208 11	1,089 12,223 210	1,054 14,913 590				
LOUISVILLE								
University of Louisville Affiliated Hospitals	M. W. Wheat, Jr.					2C 004	11,600	
Children's Jewish Louisville General Veterans Admin.		19 30 12 15	229 329 258 181	329 507			11,600	
LOUISIANA								
NEW ORLEANS								
Charity Hospital of Louisiana—Tulane University Division	T. Drapanas	3	94	731		1C 002	11,400	
Louisiana State University Affiliated Hospitals	L. R. Bryant					1C 1*		
Charity Hospital of Louisiana Veterans Admin. Ochsner Foundation	L. R. Bryant S. F. Sayegh J. L. Ochsner	5 8	166 176	555 208		1C 002	10,800 13,249 11,602	
MARYLAND								
BALTIMORE								
University of Maryland Affiliated Hospitals University of Maryland Mount Wilson State (Mount Wilson)	J. S. Mc Laughlin	25 283	589 848	718		2C 005	14,075 13,050	
MOUNT WILSON								
Mount Wilson State (See University of Maryland Affiliated Hospitals, Baltimore)								
MASSACHUSETTS								
BOSTON								
Boston University Affiliated Hospitals Boston City University New England Deaconess	R. L. Berger F. H. Ellis, Jr.	11 15 45	358 354 904	793 6,290		2C 004 1C 1*	14,301 15,864	
MICHIGAN								
ANN ARBOR								
University	H. Sloan	22	473	1,576		3C 006	13,700	
DETROIT								
Henry Ford	J. C. Davila	36	432	1,508		3C 006	12,000	
MINNESOTA								
MINNEAPOLIS								
University of Minnesota Affiliated Hospitals University of Minnesota Hospitals Veterans Admin.	E. W. Humphrey R. L. Varco R. L. Varco	37 25 37	735 865 735	872 778 872		2C 004	11,700	
ROCHESTER								
Mayo Graduate School of Medicine Rochester Methodist St. Mary's	D. C. Mc Goon	21 48	951 1,601	4,654		3C 006	13,000	
MISSISSIPPI								
JACKSON								
University of Mississippi Medical Center	J. D. Hardy					1C 2*		
University Veterans Admin. Center	J. D. Hardy J. H. Conn	5 8	149 206	89 1,059			9,400 13,367	
MISSOURI								
COLUMBIA								
University of Missouri Medical Center Missouri State Chest (Mount Vernon)	C. H. Almond S. Saab	9 334	331 1,486	469		1C 002	12,000 12,500	
KANSAS CITY								
St. Luke's	W. A. Reed	30	1,750	1,250		1C 002	9,254	
MOUNT VERNON								
Missouri State Chest (See University of Missouri Medical Center, Columbia)								
ST. LOUIS								
Barnes Hospital Group	C. S. Weldon					2C 004	13,000	
NEW MEXICO								
ALBUQUERQUE								
University of New Mexico Affiliated Hospitals Bernalillo County Medical Center Veterans Admin.	W. S. Edwards	8 16	179 128	771 255		1C 002	11,900 12,066	

33. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	R. Alley				2C	004	14,475	
Albany Medical Center	R. Alley	24	920	2,668				
Veterans Admin.	A. Stranahan	11	160	415				
BUFFALO								
S. U. N. Y. at Buffalo Affiliated Hospitals	R. H. Adler				2C	004	13,800	
Buffalo General	R. H. Adler, G. Schimert	20	352	335				
Children's Hospital of Buffalo	S. Subramanian	8	155	200				
Veterans Admin.	A. J. Federico	12	245	492				
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	B. G. Wisoff				1C	002	17,500	
Long Island Jewish—Hillside Medical Center		27	650	541				
Queens Hospital Center (New York City)		10	148	117				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	W. A. Cook				1C	002	16,600	
Bronx Municipal Hospital Center		10	331	863				
Hospital of the Albert Einstein College of Medicine		10	287	509				
Columbia University Affiliated Hospitals	J. R. Malm				2C	004	16,880	
Presbyterian	J. R. Malm							
Harlem Hospital Center	J. W. Hutchinson	10	152	644				
Jewish Hospital and Medical Center of Brooklyn	E. Senderoff	12	331	403	1C	002	14,700	
Montefiore Hospital and Medical Center	G. Robinson	29	590	62	2C	004	16,400	
Mount Sinai	R. S. Litwak	50	775	1,540	1C	003	18,000	
New York University Medical Center	F. C. Spencer				4C	008		
Bellevue Hospital Center		8	153	209				
University		45	933	2,707				
Veterans Admin. (Manhattan)		24	275	520			15,394	
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Program, New Hyde Park)								
S. U. N. Y. Downstate Medical Center					4*	004		
Kings County Hospital Center		21	208	610			17,500	
State University							17,881	
ROCHESTER								
University of Rochester Affiliated Hospitals	J. De Weese				2C	004	13,400	
Rochester General	R. S. Weiner	19	629					
Strong Memorial Hospital of the University of Rochester	J. De Weese	20	600					
SYRACUSE								
S. U. N. Y. Upstate Medical Center	W. R. Webb				2C	004	14,160	
Crouse Irving—Memorial		14	628					
State University		13	351	334				
Veterans Admin.		10	172	232				
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial	B. R. Wilcox	15	490	1,473	1C	002	15,000	
CHARLOTTE								
Charlotte Memorial	F. Robicsek	55	2,047	361	2C	004	12,300	
DURHAM								
Duke University Medical Center	D. Sabiston, Jr., W. Sealy	35	1,050	2,842	1C	002	10,350	
OTEEN								
Veterans Admin.	T. Takaro	27	485	1,175	2C	004	13,040	
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals								
North Carolina Baptist	R. T. Myers	19	503	120	1C	002	12,500	
OHIO								
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	J. L. Ankeney				2C	004		
University Hospitals of Cleveland	J. L. Ankeney	21	791	317			13,000	
Cleveland Metropolitan General	H. J. Mendelsohn	8	246	374			13,000	
Veterans Admin.	D. Van Heeckeran	12	154	360			13,506	
Cleveland Clinic	D. B. Effler	88	2,502	1,468	3C	006	13,000	
St. Vincent Charity	E. B. Kay	35	719	525	2C	004	13,000	
COLUMBUS								
Ohio State University Affiliated Hospitals	K. P. Klassen				2C	004	12,000	
Ohio State University Hospitals		47	1,164	4,719				
Children's		8	185					
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	G. R. Williams				2C	004		
University of Oklahoma Hospital and Clinics	G. R. Williams	5	115	273				
Children's Memorial								
Veterans Admin.	L. J. Greenfield	5	189	710			10,000	
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	A. Starr				2C	004		
University of Oregon Medical School								
Hospitals and Clinics	A. Starr	13	402	1,395			12,000	
Veterans Admin.	R. P. Anderson	8	57	284			13,488	

33. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA								
PHILADELPHIA								
Hahnemann Medical College and Hospital	D. M. Billig	23	504	150	2C	004	12,500	
Temple University Affiliated Hospitals	G. M. Lemole				2C	004	13,846	
Temple University Episcopal	G. M. Lemole							
St. Christopher's Hospital for Children	F. N. Niguidula	8	176	416			13,751	
University of Pennsylvania Affiliated Hospitals	L. H. Edmunds, Jr.				2C	004	11,300	
Hospital of the University of Pennsylvania		15	196				10,000	
Children's Hospital of Philadelphia		9	200	500				
Graduate Hospital of the University of Pennsylvania							12,750	
Veterans Admin.								
PITTSBURGH								
Allegheny General	G. J. Magovern	45	1,331	1,400	2C	004	15,225	
Hospitals of the University Health Center of Pittsburgh	H. T. Bahnson				2C	004	14,469	
Presbyterian—University		4	64					
Children's Hospital of Pittsburgh		9	242	201				
Veterans Admin.		9	90	76				
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina Teaching Hospitals	W. H. Lee, Jr.				2C	004	11,200	
Medical University of South Carolina		25	717					
Charleston County		1	77					
Veterans Admin.		10	205	785			11,402	
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals	J. W. Pate				3C	009	11,976	
City of Memphis Hospitals	J. W. Pate	17	416	492			11,331	
Veterans Admin.	C. E. Eastridge	15	375	507			11,760	
West Tennessee Chest Disease	F. H. Cole	24	337	150				
NASHVILLE								
Vanderbilt University Affiliated Hospitals	H. W. Bender, Jr.				2C	004	9,394	
Vanderbilt University		18	485	915				
Nashville Metropolitan General Veterans Admin.		15	312	932				
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals	W. L. Sugg				3C	006	10,452	
Parkland Memorial	W. L. Sugg	8	382	1,427			10,776	
Baylor University Medical Center	D. L. Paulson	53	1,556	154				
Children's Medical Center	W. L. Sugg							
Veterans Admin.	W. L. Sugg	17	283	1,144			9,514	
GALVESTON								
University of Texas Medical Branch Hospitals	R. T. Padula	21	708	1,003	1C	002	13,000	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals	M. E. De Bakey				4C	008	11,940	
Ben Taub General		8		870			9,000	
Methodist		210	6,088	743			9,540	
Veterans Admin.		6	120					
Texas Heart Institute	D. A. Cooley	109	2,882	4,074	1C	003	12,540	
St. Luke's Episcopal	W. D. Seybold	92	2,409				12,540	
Texas Children's	L. W. Able	17	473	200			12,540	
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals	R. M. Nelson				3C	006	13,100	
University	R. M. Nelson	5	225	144				
Latter—Day Saints	R. M. Nelson	48	2,208	43				
Primary Children's	C. B. Jenson	4	190	360				
Veterans Admin.	M. W. Wolcott	4	155	210				
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia	S. P. Nolan	39	1,250	1,282	2C	004	11,900	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals	D. R. Kahn				2C	004		
University Hospitals	D. R. Kahn	26	630	1,228				
Veterans Admin.	J. T. Mendenhall	2	22	147				
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	D. Lepley, Jr.				3C	006		
Evangelical Deaconess	B. G. Narodick		166	131				
Milwaukee County General	L. W. Worman	4	279	948			10,532	
Milwaukee Children's	S. B. Litwin	12	275	137				
St. Luke's	A. J. Tector	39	858	955			12,500	
Veterans Admin. Center (Wood)	B. F. Stengel	13	345	1,841			13,132	
St. Joseph's	R. R. Watson	21	705	757	1C	002	13,000	

34. UROLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 Admissions	Annual Outpatient Visits	Positions Offered 1975-1976 1st Yr. All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE							
TEXAS							
Wilford Hall U. S. A. F. Medical Center, San Antonio	T. P. Ball	32	1,030	11,206	2* 010	15,078	
UNITED STATES ARMY							
CALIFORNIA							
Letterman Army Medical Center, San Francisco	R. E. Stutzman	15	555	10,523	1C 1F 005		
COLORADO							
Fitzsimons Army Medical Center, Denver	J. W. Weigel	14	573	10,775	1C 004		
DISTRICT OF COLUMBIA							
Walter Reed Army Medical Center, Washington	B. T. Mittemeyer	38	833	18,362	2C 011		
HAWAII							
Tripler Army Medical Center, Honolulu	D. T. Schamber	18	907	20,545	1C 004		
TEXAS							
Brooke Army Medical Center, San Antonio	M. P. Gangai	35	769	16,855	2C 1F 009		
WASHINGTON							
Madigan Army Medical Center, Tacoma	J. N. Wettlaufer	21	1,058	25,694	1C 1F 005		
UNITED STATES NAVY							
CALIFORNIA							
Naval, Oakland	G. A. Le Blanc	20	732	11,883	1C 2F 006		
Naval, San Diego	C. R. Sargent	60	1,575	42,314	2C 2F 010		
MARYLAND							
Naval, Bethesda	M. Edson	25	720	15,528	1C 1F 005		
PENNSYLVANIA							
Naval, Philadelphia	E. C. Sacher	20	594	6,421	1C 1F 005		
VIRGINIA							
Naval, Portsmouth	O. W. Chenault, Jr.	28	1,154	16,041	2C 2F 010		
UNITED STATES PUBLIC HEALTH SERVICE							
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	M. W. Justice	33	495	5,272	1C 1F 004		184120
WASHINGTON							
U. S. Public Health Service (See University of Washington Affiliated Hospitals, Seattle)							
OTHER FEDERAL							
CANAL ZONE							
Gorgas, Balboa Heights	D. Gates	12	470	8,548	1C 003	14,108	
NONFEDERAL AND VETERANS ADMINISTRATION							
ALABAMA							
BIRMINGHAM							
Carroway Methodist Medical Center	H. C. Hudson	23	1,077	8,424	1C 1F 004	10,080	100620
University of Alabama Medical Center Children's	A. J. Bueschen E. V. Scott	9	926	683	3C 010		
University of Alabama Hospitals and Clinics	A. J. Bueschen	20	620	2,326		11,100	
Veterans Admin.	A. J. Bueschen	32	998	4,160		10,500	
MOBILE							
Mobile General (See Ochsner Foundation, New Orleans, La.)							
ARIZONA							
TUCSON							
University of Arizona Affiliated Hospitals University Veterans Admin.	G. W. Drach	9 13	336 483	1,933 1,058	2* 002	10,400	

34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
CALIFORNIA—Continued								
STANFORD								
Stanford University Affiliated Hospitals	T. A. Stamey				3C 1*	013		182089
Stanford University	T. A. Stamey	14	667	5,276			10,000	
Veterans Admin. (Palo Alto)	J. S. Elliot	14	495	1,934				
Santa Clara Valley Medical Center (San Jose)	R. Kessler	3	233	2,238			12,061	
Kaiser Foundation (Santa Clara)	L. L. Smith	7	521	6,411				
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	008		
University of Colorado Medical Center	R. R. Pfister	6	338	3,410			10,370	
Denver General	N. E. Peterson		136	1,757				
Veterans Admin.	O. Stonington	20	679	720			9,612	
CONNECTICUT								
HARTFORD								
University of Connecticut Affiliated Hospitals	E. M. Sigman				2*	006		
Hartford	R. J. Spillane	33	2,272	412			12,700	
New Britain General (New Britain)	E. M. Sigman	21	1,008	50				
St. Francis	B. M. Fox	27	1,315	409				
Newington Children's (Newington)	E. M. Sigman	5	180	180				
Veterans Admin. (Newington)		10	255	1,650				
NEW HAVEN								
Yale—New Haven Medical Center	B. Lytton				2C	008		
Yale—New Haven	B. Lytton	17	1,668	4,159			12,210	
Veterans Admin. (West Haven)	B. Lytton	12	480	1,430			12,632	
Waterbury (Waterbury)	J. K. Shearer	15	938	88				
NEWINGTON								
Newington Children's (See University of Connecticut Affiliated Hospitals, Hartford)								
Veterans Admin. (See University of Connecticut Affiliated Hospitals, Hartford)								
WATERBURY								
Waterbury (See Yale-New Haven Medical Center, New Haven)								
WEST HAVEN								
Veterans Admin. (See Yale-New Haven Medical Center, New Haven)								
DELAWARE								
WILMINGTON								
Wilmington Medical Center	J. Furlong	32	739	1,461	1C 1F	004	11,658	109920
Veterans Admin. (See Thos. Jefferson Univ. Affil. Hosps., Philadelphia)								
DISTRICT OF COLUMBIA								
WASHINGTON								
Freedmen's	G. W. Jones	27	818	4,100	2C 2*	008	12,581	
Georgetown University Affiliated Hospitals	R. Baker				1C	007	12,581	
District of Columbia General	A. G. Jackson	20	827	2,700				
Georgetown University	R. Baker	71	2,041	4,860				
Sibley Memorial	R. Baker							
Veterans Admin.	R. Baker, J. Bresette	26	577	119,601			10,712	
George Washington University Affiliated Hospitals	H. C. Miller, Jr.				3C	008		
Children's Hospital of the District of Columbia	J. C. Kenealy	5	516	526			12,581	
District of Columbia General	A. G. Jackson	20	827	2,700			11,735	
George Washington University	H. C. Miller, Jr.	26	1,187	2,452			10,712	
Veterans Admin.	H. Miller, F. Hendricks	26	577	119,601			10,565	
Washington Hospital Center	W. D. Jarman	37	1,432	1,584	2*	008		
Children's Hospital of the District of Columbia	J. C. Kenealy	5	516	526				
FLORIDA								
GAINESVILLE								
University of Florida Affiliated Hospitals	D. M. Drylie				3C	008		182485
William A. Shands Teaching Hospital and Clinics	D. M. Drylie	8	400	2,983			9,666	
Veterans Admin.	G. H. Miller, Jr.	20	538	3,036			9,891	
Veterans Admin. (Lake City)	D. M. Drylie	19	371	2,250			9,891	
JACKSONVILLE								
Jacksonville Hospitals Educational Program					1C	003		
University Hospital of Jacksonville				5,546				
St. Vincent's				370				
LAKE CITY								
Veterans Admin. (See University of Florida Affiliated Hospitals, Gainesville)								
MIAMI								
University of Miami Affiliated Hospitals	V. A. Politano				4C	012		
Jackson Memorial		44	1,437	3,661			13,335	
Veterans Admin.		28	763	3,702			11,723	

34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
FLORIDA—Continued								
MIAMI BEACH								
Mount Sinai Hospital of Greater Miami	S. B. Goldman	36	1,520	994	1C	003	12,580	
TAMPA								
University of South Florida Affiliated Hospitals	R. P. Finney	34	1,914	1,048	2C	010	9,349	297285
Tampa General		15	166	492				
Veterans Admin.								
GEORGIA								
ATLANTA								
Emory University Affiliated Hospitals	K. N. Walton				3C	009	10,560	
Emory University	K. N. Walton	20	905					
Grady Memorial	K. N. Walton	20	595	7,871				
Henrietta Eggleston Hospital for Children								
Veterans Admin. (Decatur)	E. Haltiwanger	21	494	2,314				
AUGUSTA								
Medical College of Georgia Hospitals	R. Witherington	13	444	2,942	2C	006	10,600	
Eugene Talmadge Memorial	R. Witherington							
Veterans Admin.	A. G. Franceschi	14	461	2,568				
DECATUR								
Veterans Admin.								
(See Emory Univ. Affil. Hosps., Atlanta)								
SAVANNAH								
Memorial Medical Center	P. L. Scardino	35	2,063	1,670	1*	003	10,314	
ILLINOIS								
CHICAGO								
Cook County	I. M. Bush	75	2,616	7,155	3*	016	11,600	112789
Mc Gaw Medical Center of Northwestern University	J. T. Grayhack				3C	009	11,680	
Children's Memorial	L. R. King	10	778	2,123				
Northwestern Memorial	V. J. O'Conor	31	1,112	600				
Veterans Admin. Research	J. T. Grayhack	34	9,806	3,900				
Evanston (Evanston)	J. B. Graham	11	559	291				
Michael Reese Hospital and Medical Center	O. Presman	37	1,200	2,053	2C	006	11,718	114285
Mercy Hospital and Medical Center	E. T. Wilson	22	661	1,229				
Mount Sinai Hospital Medical Center of Chicago	N. Sadoughi	28	1,680	1,700	1C	004	10,800	
Louis A. Weiss Memorial	H. Sohn	21	799	364			11,650	
Rush—Presbyterian—St. Luke's Medical Center	J. E. Mobley	33	1,243	1,381	1*	004	10,501	114789
University of Chicago Hospitals and Clinics	E. S. Lyon	12	373	3,572	1C	004	11,925	
University of Illinois Affiliated Hospitals	S. S. Clark				2C	006	12,312	
University of Illinois		14	487	8,032				
Veterans Admin. (West Side)		40	930	4,413				
EVANSTON								
Evanston								
(See Mc Gaw Med. Center of Northwestern Univ., Chicago)								
HINES								
Veterans Admin.	F. A. Lloyd	52	1,023	5,495	3C	009	12,200	
SPRINGFIELD								
Southern Illinois University Affiliated Hospitals	A. D. Beck			20,000	1C	003	12,000	
Memorial Hospital of Springfield		31	1,154					
St. Johns		34	1,401					
INDIANA								
INDIANAPOLIS								
Indiana University Medical Center	J. P. Donohue				3*	009	10,500	
Indiana University Hospitals		16	664	1,611				
Marion County General		9	836	5,948			10,000	
Veterans Admin.		17	397	1,988			10,500	
Methodist Hospital of Indiana	D. M. Newman	66	4,019	940	2C	008	11,436	
IOWA								
DES MOINES								
Veterans Admin.								
(See University of Iowa Affiliated Hospitals, Iowa City)								
IOWA CITY								
University of Iowa Affiliated Hospitals	D. A. Culp				3*	015	10,100	120389
University of Iowa Hospitals	D. A. Culp	75	2,439	17,294				
Veterans Admin.	R. H. Flocks	20	450	3,336				
Veterans Admin. (Des Moines)	R. E. H. Puntenney	29	724	5,074			14,213	
KANSAS								
KANSAS CITY								
University of Kansas Medical Center	W. L. Valk	22	884	5,165	3C	009	10,000	
Veterans Admin. (Kansas City, Mo.)	W. K. Mebust	32	887	1,886			9,500	
LEAVENWORTH								
Veterans Admin. Center								
(See Univ. of Mo. at Kansas City Affil. Hosps., Ks. City, Mo.)								
KENTUCKY								
LEXINGTON								
University of Kentucky Medical Center	J. W. Mc Roberts				2*	008	9,500	
St. Joseph	E. H. Ray, Jr.	17	887					
University	J. W. Mc Roberts	16	718	2,996				
Veterans Admin.	J. W. Mc Roberts	10	511	1,389				
LOUISVILLE								
University of Louisville Affiliated Hospitals	M. Amin				2C	004	8,600	121785
Children's		5	314	433				
Louisville General		14	254	893				
Veterans Admin.		15	396	1,912				

34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
MICHIGAN—Continued								
ROYAL OAK William Beaumont	H. E. Lichwardt	38	1,718	746	2C	006	12,540	
SAGINAW Veterans Admin. (See Michigan State University Assoc. Hosp., East Lansing)								
MINNESOTA								
MINNEAPOLIS University of Minnesota Affiliated Hospitals	C. E. Blackard	19	727	15,000	3C	013	8,900	
University of Minnesota Hospitals	E. E. Fraley	11	460	3,327			10,000	
Hennepin County General	A. C. Markland	43	935	4,135				
Veterans Admin.	E. E. Fraley							
ROCHESTER Mayo Graduate School of Medicine								
Rochester Methodist	D. C. Utz	22	698	28,686	6C	024	11,500	
St. Mary's		30	950					
ST. PAUL St. Paul—Ramsey								
	A. S. Cass	10	629	4,971	1C	004	10,000	
MISSISSIPPI								
JACKSON University of Mississippi Medical Center								
University	W. L. Weems	17	669	3,250	2*	008	9,400	
Veterans Admin. Center		25	514	3,178			9,767	
MISSOURI								
COLUMBIA University of Missouri Medical Center								
	I. M. Thompson	27	955	4,750	2*	008	10,000	
KANSAS CITY University of Missouri at Kansas City								
Affiliated Hospitals	A. L. Stockwell				2*	006		134389
Kansas City General Hospital and Medical Center	A. L. Stockwell	12	219	3,640			11,400	
Veterans Admin. Center (Leavenworth, Kan.)	J. Desai	19	485	9,413			13,000	
Veterans Admin. (See University of Kansas Medical Center, Kansas City, Kansas)								
ST. LOUIS Homer G. Phillips								
St. Louis University Group of Hospitals	M. Abrams	15	380	2,385	1C	003	10,920	
	H. W. Schoenberg	45	1,893	3,966	4C	012		136520
					1F			
Firmin Desloge General	H. W. Schoenberg	7	246	750			10,628	
Cardinal Glennon Memorial Hospital for Children	H. W. Schoenberg	4	413	622			10,628	
St. Louis City	H. W. Schoenberg	13	336	2,576			10,628	
St. Mary's Health Center	H. W. Schoenberg, W. Melick	21	898	18			10,920	
Washington University Affiliated Hospitals	R. K. Royce				3*	009	11,500	
Barnes Hospital Group	R. K. Royce							
Veterans Admin.	B. Lucas	21	554	2,265				
NEBRASKA								
OMAHA Creighton University Affiliated Hospitals								
Creighton Memorial St. Joseph's	M. P. Walzak, Jr.	15	659	1,019	1C	003	10,400	
Douglas County		24	573	1,115			10,500	
Veterans Admin.								
University of Nebraska Affiliated Hospitals	F. F. Bartone				1C	003		137620
					1F			
University of Nebraska	F. F. Bartone	5	217	1,849			11,600	
Bishop Clarkson Memorial	F. F. Bartone	18	798	349			11,600	
Douglas County								
Nebraska Methodist	H. Kammandel	23	1,122	673				
Veterans Admin.	F. F. Bartone	24	573	1,115			10,500	
NEW HAMPSHIRE								
HANOVER Dartmouth Medical School Affiliated Hospitals								
Mary Hitchcock Memorial	L. J. Morin	12	732		1C	003	10,800	
Veterans Admin. Center (White River Junction, Vt.)		12	234	850				
NEW JERSEY								
CAMDEN Cooper (See Thomas Jefferson University Affil. Hosp., Philadelphia)								
EAST ORANGE Veterans Admin. (See CMDNJ-New Jersey Med. School Affil. Hosp., Newark)								
JERSEY CITY Jersey City Medical Center (See CMDNJ-New Jersey Med. School Affil. Hosp., Newark)								
NEWARK CMDNJ—New Jersey Medical School Affiliated Hospitals								
	J. J. Seebode				2C	013		139811
					2*			
					1F			
Martland	J. J. Seebode	18	405	1,670			12,971	
Veterans Admin. (East Orange)	A. Sporer	36	631	1,460			12,900	
Jersey City Medical Center (Jersey City)	J. J. Seebode	25	625	1,200			12,000	

34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW MEXICO								
ALBUQUERQUE								
University of New Mexico Affiliated Hospitals	T. A. Borden				2C	006	10,000	
Bernalillo County Medical Center		8	316	2,156				
Veterans Admin.		24	600	1,500				
NEW YORK								
ALBANY								
Albany Medical Center Affiliated Hospitals	M. W. Woodruff				2C	006	11,800	
Albany Medical Center		27	1,724	2,500				
Veterans Admin.		21	546	1,285				
BUFFALO								
Millard Fillmore	P. A. Greco	44	2,165	3,062	1*	003	11,800	
S. U. N. Y. at Buffalo Affiliated Hospitals	W. J. Staubitz				4C	012		
Buffalo General	W. J. Staubitz	24	922	2,094			11,300	
Children's Hospital of Buffalo	W. J. Staubitz	11	841	612				
Deaconess Hospital of Buffalo	T. F. Kaiser	18	709	954			12,800	
Edward J. Meyer Memorial	W. J. Staubitz	22	478	2,123			11,300	
Roswell Park Memorial Institute	G. P. Murphy	29	3,000	4,200			11,236	
Veterans Admin.	W. J. Staubitz	32	646	1,995			11,300	
EAST MEADOW								
Nassau County Medical Center—Meadowbrook Div.	M. Goldfarb	18	623	2,786	3*	003	12,571	
MINEDLA								
Nassau	S. Rudansky	19	897	114	1*	005	13,212	145589 145520
					1F			
NEW HYDE PARK								
Long Island Jewish—Hillside Medical Center Program	S. Rothfeld				2C	006	14,700	
Long Island Jewish—Hillside Medical Center		12	455	577				
Queens Hospital Center (New York City)		21	487	3,769				
NEW YORK CITY								
Albert Einstein College of Medicine Affiliated Hospitals	H. R. Newman				4C	011	14,700	
Bronx Municipal Hospital Center		30	1,065	4,769				
Hospital of the Albert Einstein College of Medicine		25	818	1,683				
Lincoln				3,535				
Beth Israel Medical Center	L. A. Orkin	56	1,389	3,526	2C	008	14,700	
Francis Delafield Hospital—Harlem Hospital Center	R. J. Veenema, H. Garnes				2*	002		260189
Francis Delafield	R. J. Veenema	30	366	2,031				
Harlem Hospital Center	H. Garnes	22	342	832				
French and Polyclinic Medical School and Health Center	R. D. Amelar	44	1,616	1,209	1C	003	15,000	
Jewish Hospital and Medical Center of Brooklyn	M. E. Klinger	39	1,678	1,540	2C	005	14,700	
Lenox Hill	J. H. Mc Govern	17	641	1,093	1C	003	15,155	
Long Island College	J. J. Ippolito	25	947	1,413	4C	004	14,700	
Methodist	J. J. Ippolito	8	739	945				
Maimonides Medical Center Training Program	G. Wise				2C	006	15,200	
Maimonides Medical Center		45	1,104	1,343				
Coney Island		20	504	3,230				
Kings County Hospital Center	R. K. Waterhouse	19	655	6,331			16,000	
Misericordia—Fordham Training Program	R. L. Gentile				1C	003	16,000	
Misericordia		24	478	652				
Fordham			303	1,805				
Montefiore Hospital Training Program	S. Z. Freed				3C	009	14,700	
Montefiore Hospital and Medical Center		41	982	2,546				
Morrisania City		5	177	2,908				
Mount Sinai Hospital Training Program	H. Brendler				8C	016		
Mount Sinai	H. Brendler	44	524	3,417			16,500	
City Hospital Center at Elmhurst	M. Pincus	18	346	4,680			14,700	
Veterans Admin. (Bronx)	H. Brendler	30	744	4,296			17,147	
New York Hospital	V. F. Marshall	80	2,390	8,465	2C	008	13,300	
New York Medical College—Metropolitan Hospital Center	J. E. Davis				4C	010	16,000	
Unit 1—Flower and Fifth Avenue Hospitals	J. E. Davis	35	850	1,600				
Unit 2—Metropolitan Hospital Center	C. Mallouh	29	497	4,296				
Unit 3—Bird S. Coler Memorial Hospital and Home	J. E. Davis	10	2	872				
New York University Medical Center	P. Morales				4*	016		
University		34	1,380					
Veterans Admin. (Manhattan)		42	699	2,340			15,394	
Bellevue Hospital Center		29	506	4,379				
Presbyterian	J. K. Lattimer	71	2,901	9,830	4C	011	14,455	
Queens Hospital Center (See L. I. Jewish-Hillside Med. Ctr. Prog., New Hyde Park)								
Roosevelt	P. B. Snyder	31	932	3,687	1C	003	14,634	
St. Luke's Hospital Center	R. W. Lavengood, Jr.	25	773	4,096	1C	004	15,700	
S. U. N. Y. Downstate Medical Center	R. K. Waterhouse				4C	012		
Brooklyn—Cumberland Medical Center	P. Finkelstein	14	560	1,587				
Kings County Hospital Center	R. K. Waterhouse	19	655	6,331			16,000	
State University	R. K. Waterhouse	12	529	3,107			14,772	
Veterans Admin. (Brooklyn)	J. Abraham	33	963	1,585			15,394	
ROCHESTER								
Strong Memorial Hospital of the University of Rochester	A. T. K. Cockett	13	608	1,558	2C	008	11,400	

APPROVED RESIDENCIES

34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
NEW YORK—Continued								
SYRACUSE								
S. U. N. Y. Upstate Medical Center	O. M. Lilien				2C	006	11,861	
Crouse Irving—Memorial		11	475					
State University		17	732	1,106				
Veterans Admin.		18	479	1,820				
NORTH CAROLINA								
CHAPEL HILL								
North Carolina Memorial Memorial Hospital of Wake County (Raleigh)	F. A. Fried	15	473	4,971	2C	006	11,575	
CHARLOTTE								
Charlotte Memorial	H. R. Justis	51	2,435	1,430	1C	003	10,500	
DURHAM								
Duke University Affiliated Hospitals	J. F. Glenn				5*	013		
Duke University Medical Center	J. F. Glenn	31	1,270	16,329			11,350	
Veterans Admin.	J. E. Dees	17	429	3,340			10,350	
Veterans Admin. (Oteen)	S. V. Kishev	25	405	1,380			13,040	
OTEEN								
Veterans Admin. (See Duke University Affiliated Hospitals, Durham)								
RALEIGH								
Memorial Hospital of Wake County (See North Carolina Memorial Hospital, Chapel Hill)								
WINSTON-SALEM								
Bowman Gray School of Medicine Affiliated Hospitals North Carolina Baptist	W. Boyce	23	1,027	7,651	2*	010	11,000	153789
OHIO								
AKRON								
Akron City	M. L. Ford	46	2,003	634	1C 1F	004	10,500	
Akron General	L. D. Arbuckle, Jr.	30	1,494	6,027	2* 1F	010	10,500	154289 154220
CINCINNATI								
Good Samaritan	H. W. Ratledge	41	1,707	319	1C	003	10,950	
University of Cincinnati Hospital Group	A. T. Evans				4C	012		
Cincinnati General		22	1,269	4,630			11,046	
Children's		5	470	396				
Christ		48	2,624	175			12,272	
Veterans Admin.		25	627	1,975			11,932	
CLEVELAND								
Case Western Reserve University Affiliated Hospitals	L. Persky				2C	006		
University Hospitals of Cleveland		39	2,218	2,683			11,500	
Cleveland Metropolitan General		10	391	2,894			11,000	
Veterans Admin.		33	584	1,440			12,006	
Cleveland Clinic	R. A. Straffon	64	5,673	10,232	3C	009	10,950	
St. Vincent Charity	J. A. Kmieck	9	357	944				
Huron Road	P. F. Boyd	19	645	381			11,300	
COLUMBUS								
Ohio State University Affiliated Hospitals	C. C. Winter				2*	006		156689
Ohio State University Hospitals	C. C. Winter	22	736	5,992			8,300	
Children's	J. P. Smith	9	506	723				
Riverside Methodist	R. A. Rehm	24	934	104			11,000	
DAYTON								
Veterans Admin. Center	B. Pilloff	24	362	1,914	1*	003	12,304	
TOLEDO								
Medical College of Ohio at Toledo Affiliated Hospitals	K. A. Kropp				2C	006	11,259	
Hospital of Medical College of Ohio at Toledo	K. A. Kropp	7	269	1,036				
St. Vincent Hospital and Medical Center	E. F. Ockuly	33	1,293	461				
OKLAHOMA								
OKLAHOMA CITY								
University of Oklahoma Health Sciences Center	W. L. Parry				2* 4F	015		158889 158820
University of Oklahoma Hospital and Clinics		16	611	3,301			11,078	
Veterans Admin.		24	525	2,940			10,000	
OREGON								
PORTLAND								
University of Oregon Affiliated Hospitals	C. V. Hodges				6C 3F	018		159920
University of Oregon Medical School Hospitals and Clinics	C. V. Hodges	24	824	4,402			9,000	
Veterans Admin.	J. M. Barry	19	489	721			11,088	
PENNSYLVANIA								
ABINGTON								
Abington Memorial (See Hahnemann Med. College Affiliated Hosps., Philadelphia)								
CHESTER								
Crozer—Chester Medical Center (See Hahnemann Med. College Affiliated Hosps., Philadelphia)								
DANVILLE								
Geisinger Medical Center	H. E. Brown	20	1,112	13,840	1* 1F	005	11,000	160889 160820

34. UROLOGY—Continued

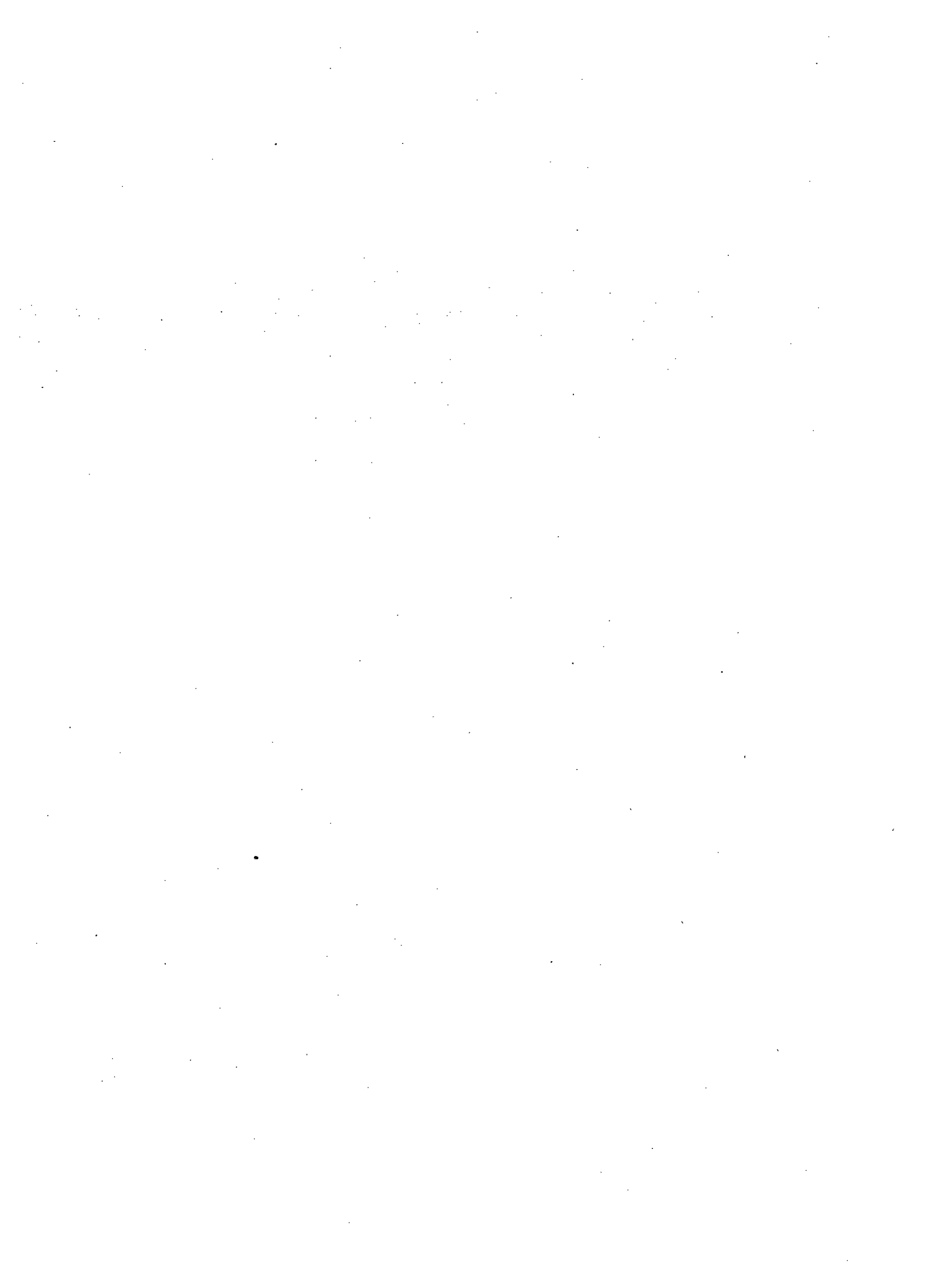
	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
PENNSYLVANIA—Continued								
ERIE								
Hamot Medical Center—St. Vincent	J. H. Petre				3*	009	11,100	161289
Hamot Medical Center	J. H. Petre	28	1,905	5,648	4F			161120
St. Vincent	H. J. Mc Laren	29	1,518	11,979				
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, Jr.	11 36	493 825	2,608 624	1C	003	11,160 11,900	
PHILADELPHIA								
Albert Einstein Medical Center Episcopal	W. Wolgin M. Bogash	27 15	1,075 570	963 3,500	2C 1C 1F	004 004	11,200 10,975	162320
Graduate Hospital of the University of Pennsylvania	H. M. Burros	15	308	794	1C	003	11,507	
Hahnemann Medical College Affiliated Hospitals	P. Gonick				2C	006		162785
Hahnemann Medical College and Hospital	P. Gonick	9	406	2,589			11,200	
Abington Memorial (Abington)	G. J. Gislason	18	872	284			10,180	
Crozer—Chester Medical Center (Chester)	L. Iozzi	22	1,041	580			10,500	
Pennsylvania	T. R. Malloy	16	606	1,290	1C	002	11,000	
Philadelphia General	S. G. Mulholland	19	205	4,874	1C	004	10,492	
Temple University Affiliated Hospitals	K. B. Conger				2C	006		
Temple University	K. B. Conger	18	478	1,774			11,852	
Hospital of the Medical College of Pennsylvania	L. Karafin	10	200	976			12,000	
St. Christopher's Hospital for Children	L. Karafin	6	196	600			11,300	
Thomas Jefferson University Affiliated Hospitals	P. D. Zimskind				2C 1F	007		163020
Thomas Jefferson University	P. D. Zimskind	30	944	2,404			11,600	
Veterans Adm. (Wilmington, Del.)	A. Raney	12	260	1,130			9,052	
Cooper (Camden, N.J.)	J. Pulliam		189	363				
University of Pennsylvania Affiliated Hospitals	J. J. Murphy				3C	009		
Hospital of the University of Pennsylvania		19	934	1,945			11,300	
Children's Hospital of Philadelphia		3	300	250			11,514	
Veterans Adm.		21	680	4,450			12,750	
PITTSBURGH								
Hospitals of the University Health Center of Pittsburgh	F. N. Schwentker				2C	006		
Presbyterian—University		18	809	1,493				
Children's Hospital of Pittsburgh		7	503	437				
Veterans Adm.		18	402	568				
Mercy	N. J. Mc Cague	19	845	800	1*	005	11,300	164989
Western Pennsylvania	S. H. Johnson, 3d	24	1,001	675	1C	003	12,230	165985
PUERTO RICO								
SAN JUAN								
University of Puerto Rico Affiliated Hospitals	B. Gonzalez-Flores				5C 1F	014		
I. Gonzalez Martinez	B. Gonzalez-Flores	8	179	1,127				
San Juan City	R. Fortuno	16	457	3,297				
University District	B. Gonzalez-Flores	15	386	7,050			9,600	
Veterans Adm. Center	B. Gonzalez-Flores	22	503	8,090			10,846	
RHODE ISLAND								
PROVIDENCE								
Rhode Island	E. K. Landsteiner	23	1,028	1,128	1C	003	12,680	
SOUTH CAROLINA								
CHARLESTON								
Medical University of South Carolina	W. R. Turner, Jr.				2C	006		
Teaching Hospitals		27	2,534	2,847			10,700	
Medical University of South Carolina		8	303					
Charleston County		13	558	1,914			9,902	
Veterans Adm.								
TENNESSEE								
MEMPHIS								
University of Tennessee Affiliated Hospitals	C. E. Cox				4C 1F	016		184420
City of Memphis Hospitals	C. E. Cox	207	674	5,115			10,432	
Veterans Adm.	W. P. Jordan, Jr.	23	898	4,431			11,331	
NASHVILLE								
George W. Hubbard Hospital of the Meharry Medical College	D. V. Bradley	8	240	1,100	1C	004	9,589	
Vanderbilt University Affiliated Hospitals	R. K. Rhamy				2*	008	9,394	
Nashville Metropolitan General	T. Paine	7	267	1,414				
Vanderbilt University	R. K. Rhamy	32	1,738	11,590				
Veterans Adm.	R. K. Rhamy	28	688	3,905				
TEXAS								
DALLAS								
University of Texas Southwestern Medical School Affiliated Hospitals	P. C. Peters				3C	015		
Parkland Memorial	P. C. Peters	16	586	4,680			8,784	
Baylor University Medical Center	F. Fuqua	53	2,493	462			10,176	
Children's Medical Center	P. C. Peters		954	312				
Presbyterian Hospital of Dallas		20	1,263					
Veterans Adm.	T. D. Allen	36	598	3,274			9,514	
John Peter Smith (Fort Worth)	G. F. Begley	3	197	2,048			10,320	

34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
TEXAS—Continued								
FORT WORTH								
John Peter Smith (See Univ. of Texas S. W. Med. School Affil. Hosps., Dallas)								
GALVESTON								
University of Texas Medical Branch Hospitals								
	D. F. Mc Donald	12	533	3,776	1C	003	11,000	
HOUSTON								
Baylor College of Medicine Affiliated Hospitals								
	C. E. Carlton, Jr.				4C 2F	016		171620
	Ben Taub General	17	627	12,285			10,140	
	St. Luke's Episcopal	55	3,137	142			10,740	
	Texas Children's	15	1,587	305			10,740	
	Veterans Admin.	39	675	5,763			9,540	
University of Texas at Houston Affiliated Hospitals								
	J. N. Corriere	26	1,669	1,968	2C	006	10,524	
	Hermann	35	1,800	375			9,480	
	St. Joseph							
	University of Texas M. D. Anderson Hospital and Tumor Institute	16	588	3,049			9,000	
SAN ANTONIO								
University of Texas at San Antonio Teaching Hospitals								
	H. M. Radwin	20	486	4,608	2*	007	9,700	
	Bexar County Teaching	31	1,616	178				
	Santa Rosa Medical Center							
TEMPLE								
Scott and White Memorial Veterans Admin. Center								
	P. S. Nussbaum	19	317	9,808	1F	005	10,000	175212
	P. S. Nussbaum	19	366	1,535			10,500	
UTAH								
SALT LAKE CITY								
University of Utah Affiliated Hospitals University Veterans Admin.								
	R. G. Middleton	6	372	2,541	2C	006	11,000	
	R. G. Middleton	30	460	1,800				
	D. S. Dahl							
VERMONT								
BURLINGTON								
Medical Center Hospital of Vermont								
	G. W. Leadbetter, Jr.	16	1,025	403	1C	003	10,450	
WHITE RIVER JUNCTION								
Veterans Admin. Center (See Dartmouth Med. School Affil. Hospitals, Hanover, N.H.)								
VIRGINIA								
CHARLOTTESVILLE								
University of Virginia Affiliated Hospitals University of Virginia Veterans Admin. (Salem)								
	J. Y. Gillenwater	30 9	923 234	9,373 446	2C	008	9,900 12,402	
DANVILLE								
Memorial								
	R. R. Landes	55	3,849	20,000	1C	003	10,000	
NORFOLK								
Norfolk General—Children's Hospital of the King's Daughters Children's Hospital of the King's Daughters Norfolk General								
	P. C. Devine	67	2,454	5,000	2C	005	11,000	
RICHMOND								
Virginia Commonwealth University M.C.V. Affiliated Hospitals Medical College of Virginia Hospitals Richmond Memorial Veterans Admin.								
	W. W. Koontz, Jr.	33	978	7,967	3C	009	10,400	
	W. W. Koontz, Jr.	12	513	202				
	J. E. Hill, W. M. Anderson	34	869	3,448			10,584	
	R. H. Hackler							
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								
	J. S. Ansell		193	2,892	2C	012	9,252	191885
	M. Kiviat	6	298	4,117				
	J. S. Ansell	8	381	2,284				
	G. D. Monda		276	2,460				
	J. A. Tremann	14	1,282	7,248				
	R. J. Correa							
WEST VIRGINIA								
CHARLESTON								
Charleston Area Medical Center Memorial Division Charleston General Division								
	J. W. Lane	29 13	1,210 646	944	1C	003	9,360	
MORGANTOWN								
West Virginia University Medical Center								
	D. F. Milam	17	790	3,123	2C	006	9,700	
WISCONSIN								
MADISON								
University of Wisconsin Affiliated Hospitals Madison General St. Mary's Hospital Medical Center University Hospitals Veterans Admin.								
	J. B. Wear, Jr.	16	858		2*	014	10,200	177989
	A. P. Schoenenberger	13	658					
	A. M. Sonneland	17	561	3,454				
	J. B. Wear, Jr.	29	649	1,828				
	P. O. Madsen							

34. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis- sions	Annual Outpatient Visits	Positions Offered 1975-1976		Annual Salary (Min.)	NIRMP Number
					1st Yr.	All Yrs.		
WISCONSIN—Continued								
MILWAUKEE								
Medical College of Wisconsin Affiliated Hospitals	N. B. Hodgson				2C	009		
Columbia	J. W. Kearns	12	594				10,655	
Lutheran Hospital of Milwaukee	N. B. Hodgson	8	308	69				
Milwaukee Children's	N. B. Hodgson	3	415	241				
Milwaukee County General	N. B. Hodgson	16	387	4,284			10,532	
Veterans Admin. Center (Wood)	R. B. Bourne	19	532	6,719			11,022	



Essentials of Approved Residencies*

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 Council.

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

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 educa-

tional 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

*Previous versions of this publication were given the caption "Approved Residencies and Fellowships." Because of the multiple meanings of Fellowship, this part of the caption has been deleted. There is no accompanying intent to change the Council's relationship to programs identified by the sponsoring institution under this term.

1. Candidates may be certified by either the American Board of Internal Medicine or by the American Board of Pediatrics: applicants must fulfill the certification requirements of the board concerned before they are eligible for examination in the subspecialty.

2. Beginning in 1974, the American Board of Allergy and Immunology (a Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics) will certify candidates in Allergy and Immunology.

3. Candidates must fulfill the certification requirements of the American Board of Surgery before they are eligible for examination by the Board of Thoracic Surgery.

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 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 resident 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 internship or 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 Internship and Residency Review Committees the disapproval of those training programs whose rosters contain graduates of foreign medical 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 preparation 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 specialities 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 assignments 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 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)

Frederic D. Burg, M.D., Executive Secretary
3930 Chestnut Street, Philadelphia, Pa. 19104

American Board of Anesthesiology
Robert T. Patrick, M.D., Secretary-Treasurer
100 Constitution Plaza, Hartford, Conn. 06103

American Board of Colon and Rectal Surgery
Norman D. Nigro, M.D., Secretary
301 Commerce Bldg., 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
Palmer H. Fletcher, M.D., Executive Director
3930 Chestnut St., Philadelphia, Pennsylvania 19104

American Board of Neurological Surgery
Kemp Clark, M.D., Secretary-Treasurer
5323 Harry Hines Blvd., Dallas, Texas 75235

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)

Tyra T. Hutchens, M.D., Secretary
475 Park Avenue South, New York, N.Y. 10016

American Board of Obstetrics and Gynecology
Clyde L. Randall, M.D., Secretary-Treasurer
100 Meadow Road, Buffalo, New York 14216

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
1301 E. Ann St., HR-5032, Ann Arbor, Michigan 38103

American Board of Pathology
A. James French, M.D., Executive Director
Office of Board, Suite 1820
610 N. Florida Ave., Tampa, Fla. 33602

American Board of Pediatrics
F. Howell Wright, M.D., Executive Secretary
Museum of Science and Industry
57th St. & South Lake Shore Dr., Chicago, Ill. 60637

American Board of Physical Medicine and Rehabilitation
Earl C. Elkins, M.D., Secretary-Treasurer
1903 S. Broadway, Rochester, Minn. 55901

American Board of Plastic Surgery
Charles E. Horton, 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 APPROVED 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, will assume 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 Education 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 manner in which they should be listed in the Directory of Approved Residencies, which book is published annually by the Council on Medical Education of the American Medical Association.

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 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, re-activation 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 postoperative 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.

2. 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.

3. 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 1-9 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 Approved Internships and 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.*

4. 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 understanding 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.

5. 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 specialties 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.

6. Special Requirements for Residency Training in General Surgery

A. Duration of Training.—Residencies in General Surgery which are designed to meet the requirements of the Council on Medical Education, The American College of Surgeons, and the American Board of Surgery, should include four years of

progressive residency training. A program need not necessarily be confined to a single hospital. Collaborative programs can be developed where two hospitals of graduate education caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

The American Board of Surgery, as of July 1971, requires a minimum of four years of surgical education following the awarding of the M.D. degree. The first year may consist of a "dual appointment" as indicated below. Group II programs, consisting of three years residency and two years of preceptorship or other acceptable training were discontinued on July 1, 1972, by the Conference Committee on Graduate Education in Surgery (now the Residency Review Committee for General Surgery), which represents the American Board of Surgery, The American College of Surgeons, and the Council on Medical Education of the American Medical Association.

For a resident who, on or after July 1, 1971, has a dual appointment as surgical intern and first year surgical resident, the residency program must include 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 in Clinical Surgery. Up to six months of these four clinical years may be in allied disciplines such as anesthesiology, surgical pathology, internal medicine, or pediatrics. Any additional full time assignments to clinical areas other than surgery or to non-clinical pursuits such as research must be in addition to the "four years of clinical experience."

Training in General Surgery is recommended as a preliminary to graduate education in most special fields of surgery. For some surgical specialists, a definite amount of preliminary training in general surgery is required. This type of preliminary surgical education may be obtained in regular four year 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, 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 education 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.

B. Scope of Training.—Residencies in general surgery should offer broad surgical education which will provide the residents with detailed knowledge of surgery; of the gastro-intestinal tract and other abdominal conditions; of the breast; and of the head and neck. In addition, the resident should be provided the opportunity to acquire a firm understanding of the fundamental principles applying to the management of: musculoskeletal trauma; head injuries; and the more common problems encountered in cardiothoracic, vascular, gynecologic, neurologic, orthopedic, pediatric, plastic and urologic surgical specialties. Large hospitals which have narrowly departmentalized services can usually provide appropriate experience for the residents by agreements between chiefs of services to exchange residents, or by planning resident rotations to selected specialty services. At least two years, including the senior year, should be spent specifically in general surgery. Assignments for experience in special fields of surgery should be selected in each program according to local conditions, in such a manner as to provide the most effective training for general surgeons.

C. Application of Basic Medical Sciences in Surgical Education.—The application of the basic medical sciences should be stressed in relation to the clinical work of the residents throughout the whole training program. Frequent departmental conferences for a detail discussion of problem cases on the surgical service are important for this, as are also the clinicopathology conferences. The residents should study all tissues removed at operation and all autopsy material from patients

on their respective services and discuss them with the pathologist. It is desirable, but not essential, to have the resident 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 it is feasible in the performing of autopsies. Opportunity for the residents to work out special anatomical problems by performing regional dissections should be provided if possible.

Research offers an important opportunity for stressing 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. Full time assignment to the research laboratory is not acceptable in the minimum program of four years following graduation from medical school.

D. Surgical Staff:—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. The members of the staff should have a real interest in teaching and must be willing to give the time and effort required by the educational program. The staff must be organized, and the Chief of the Service must be responsible for the quality of the work done by the service, and the supervision of the resident training program. Continuity of this responsibility and supervision of residents is highly desirable. Therefore, the appointment or election of the Chief of Service should be considered more than honorary, and should be of such duration as to insure this continuity.

E. Clinical Material:—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reflect these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a surgical residency, should have a minimum of 300-500 admissions annually to the surgical division. The residency program should be organized so that residents will hold positions of increasing responsibility for the care and management of patients. For a surgical residency, the hospital should be able to provide an adequate number and variety of surgical problems to give the progressive operative experience necessary for residents in their third and fourth years. This is to insure surgical skill and judgment through the performance of operations with a high degree of responsibility, but under circumstances providing adequate supervision.

Valuable experience may be obtained from efficient outpatient services and by well developed follow-up services.

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 the American Board of Surgery should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

7. 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.

8. Special Requirements for Residency Training in Neurological Surgery

Institutions offering residencies in neurological surgery must provide ample facilities for a well rounded training in this field. The clinical material must be sufficient to provide adequate experience to the trainee. The minimal requirement is 200 major procedures, including at least 25 surgically-verified intracranial neoplasms, for each resident completing his training each year. Close contact must be maintained between the staff neurosurgeons and the resident staff. It is essential that the resident participate actively in the diagnostic study, operative treatment, and postoperative care of patients. The period of training consists of four years and must be preceded by at least one year of training in surgery, either a straight surgical internship or residency training.

The residency period must be chiefly clinical and not didactic, and there must be concurrent instruction in neurology and the basic sciences, particularly as they relate to neurosurgery. To qualify for the full four years of approval, a residency must provide broad experience in neurosurgery.

The residency program should be adequate to insure competence and skill. Under supervision the resident should be given the responsibility for the diagnostic studies and some of the operations, especially in his final year.

Quantitative Requirements.—An acceptable service for residency training in this field must have sufficient hospital patients to provide a minimum of 200 major neurosurgical procedures annually. Included in these must be at least 25 surgically verified intracranial tumors.

Applied Basic Science Instruction.—Organized basic science work as applied to neurological surgery is especially desirable in neuroanatomy, neuropathology, neurophysiology, neuroradiology and neuro-ophthalmology. This should be closely related with clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical 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.

9. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

10. 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 medicine.

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 Approved 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 Approved 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.

11. Special Requirements for Residency Training in Obstetrics and Gynecology

Residency programs in obstetrics and gynecology are not designed primarily to provide hospital service, but should constitute and educational opportunity in the area of diseases peculiar to women. The principles enunciated under General Requirements are of utmost importance, and a thorough study of these is not only imperative for the director of the residency training, but is also urged for all who participate in resident teaching. Any additional statements made here for purposes of amplification will parallel those found in the General Requirements.

Facilities and Patient Load.—Good residency training can be given in large or in small hospitals. The size of the hospital is not the criterion as much as the quality of the care and the supervision given. Overloading a service with too many appointees is to be avoided. In general a residency training program should have approximately 300 obstetrical admittances and 100 gynecological admittances per resident per year, these cases to include only those admitted to the obstetrics-gynecology service.

It is recognized that obstetrical and gynecological units are subject to special regulations. To provide an approved program, an obstetrical and gynecological unit should meet any local requirements for licensing. Separate operating rooms are desirable but not required, an adequate access to the operating room facilities both for regularly scheduled cases and emergencies being more important. Hospitals should be cognizant of the recommendations of the American Academy of Pediatrics as to Standards and Recommendations for Hospital Care of Newborn Infants.

The question is often asked as to the exact number of major gynecologic and obstetric procedures each resident should have performed. It must be stated that no amount of assisting is a substitute for primary surgical experience. One of the basic principles of training is that it should be progressive in the experience and the responsibility given the trainee. A full residency program in obstetrics and gynecology must give sufficient independent operating experience to make the trainee competent and safe. The variety and magnitude of operations, and the quality of the surgery are more important than the actual number.

It is equally important for each resident to have adequate training in medical gynecology and antepartum and postpartum care. An outpatient facility capable of providing such experience is an essential part of an approvable program and must provide instruction in the management of the problems of the ambulatory gynecological and obstetrical patient.

Staff.—It is desirable that the Chief of Service of the Department be certified by the American Board of Obstetrics and Gynecology, in the interests of the proper teaching of the specialty 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.

In instances where the services of obstetrics and gynecology are separate in any given hospital, the chief of such service seeking approval, and at least one of his subordinates, 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 with 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 man certified by the American Board of Obstetrics and Gynecology or otherwise qualified as specialists in this field as specified above.

Program.—All programs must strive to strike a balance between the training acquired through patient care on the one hand, and the purely educational activities of the department on the other. In addition to the meetings listed, such conferences as a Neonatal CPC to consider the perinatal mortality and a Maternal Morbidity Survey are recommended. Basic sciences training should emphasize the relation of anatomy, pathology, biochemistry, and bacteriology to the application of surgical principles which are fundamental in all branches of surgery. Particularly for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, psychosomatic medicine, and the non-operative methods of diagnosis and treatment. A resident must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, wound healing, etc.

The Residency Review Committee for Obstetrics-Gynecology does not approve residencies of less than three years' duration. While experience in general surgery, internal medicine, and urology is desirable, such training should not be a part of the three years required clinical program in obstetrics-gynecology. A minimum of 36 months of obstetrics and gynecology is required. Likewise, formal courses in the basic sciences or periods of research activity which separate a resident from clinical responsibility should not be included in the three-year minimal clinical program.

In the rotational plan for residents who have had an internship year at a hospital with an approved obstetrics-gynecology residency, and who have spent four or more months on that service, such time will be deductible from the requirement for 36 months of clinical experience in obstetrics-gynecology, and may be spent in appropriate allied fields of medicine. Such periods are to be assigned on an elective basis by arrangement with the program director. Such time will not, however, be deductible from the total duration of the residency period.

In the final year, the resident's experience must include the responsibilities of the chief or senior resident of the program for the period of time approved by the Residency Review Committee for Obstetrics-Gynecology. Each resident is expected to keep a record of the number and types of obstetrics and gynecologic procedures performed during his entire residency, so that he would be able, if requested to do so, to demonstrate the adequacy of his operative experience as a resident.

As stated in the General Requirements, however, it is not essential that all residencies adopt exactly the same program or a rigidly uniform sequence of experience. In addition, programs may be arranged for more than three years provided the above requirement is not diluted. The additional time may be allocated, for example, to training in general surgery, urology or basic sciences and the sequence of these in the training program adjusted to the individual hospital or institution. When such programs are arranged the trainee must complete the entire residency to meet the training requirement of the Board.

The principle of the "parallel" (or "non-pyramidal") residency assignment is the policy of the Residency Review Committee for Obstetrics and Gynecology in reviewing programs for approval. However, non-parallel programs will not necessarily be disapproved on this basis alone.

Affiliation.—Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training.

Assignment of residents to unapproved institutions is not acceptable unless the work of such services is carefully supervised by the chief of the approved program in which the resident is enrolled. Such an arrangement should be attested in the hospital information supplied to the Committee.

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.

12. 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, 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.

13. 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.

14. Special Requirements for Residency Training in Otolaryngology

Duration of Training.—Prior to July 1, 1960, 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, should include, after one year of internship, three years of progressive training in the specialty. One of these years may be spent in an approved residency in general surgery or medicine, or an additional year of rotating internship.

After July 1, 1960, residencies will be of 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. It is emphasized that the above are minimal requirements for certification and as a foundation for further development in the broad field of otolaryngology.

Scope of Training.—Residencies in otolaryngology should offer a broad training and should preferably include some experience in closely related fields of surgery. Adequate clinical and operative experience should be provided. 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.

Adequate experience in bronchoesophagology, allergy, anesthesiology, maxillofacial surgery, and surgery of the neck, as they relate to otolaryngology, must be provided. The training shall include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of otolaryngology.

As stated in the general requirements (Section 7, Part 1), 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 requirements for an approved program and, either alone or in collaboration, should attain comparable results in the quality of training and in the experience obtained.

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 hospital, 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 Basic Medical Sciences.—There should be training in the applied anatomy of the ear, nose, throat, neck, chest, and esophagus, including the related nervous system. Applied microbiology, biochemistry, embryology, pathology, pharmacology and physiology should be included and should be closely correlated with the clinical experience. Frequent departmental conferences for a detailed discussion of problem cases are important, as are also the 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 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 residents should be provided, together with stimulating guidance and supervision.

Staff.—It is desirable that the chief of service of the department be certified by the American Board of Otolaryngology, in the interests of the proper teaching of the specialty of otolaryngology. 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.

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. The position of chief of service should not be rotated as an honorary appointment, but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real 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 subdivision or subservice of general surgery unless the subdivision of otolaryngology is headed and staffed by a chief and at least one other man certified by the American Board of Otolaryngology or otherwise qualified as specialists in this field as specified above.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reveal these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a residency in otolaryngology, should have annual admissions numbering approximately 300 to 500 patients to that service. The hospital must be able to provide an adequate number and variety of service cases. 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. The residents will have sufficient operative experience to acquire surgical skills and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

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.

15. 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 Approved 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 Approved 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 APCP-2. In both anatomic and clinical pathology for a total of two years. (One year in anatomic pathology and one year in clinical pathology).

Category AP-3. In anatomic pathology only for three or more years.

Category AP-1. In anatomic pathology only for one year.

Category CP-3. In clinical pathology only for three or more years.

Category CP-1. In clinical pathology only for one year.

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.

16. 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.

Allergy. (See also Requirements for Internal Medicine.)—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 angiocardiology 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.

17. 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 physi-

cally 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.

18. 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 re-

search 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.

19. Special Requirements for Residency Training in Preventive Medicine

Preventive medicine embraces a broad spectrum of professional activity in the present-day highly organized and complex structure of medical practice which has been differentiated into closely related yet discretely identified specialty areas. These are differentiated less by basic differences in professional competences or skills than by the environment in which the practice of preventive medicine is conducted or by the special requirements of the population groups being served. Each of these specialty areas is dependent upon a common core of fundamental scientific knowledge and the professional discipline of preventive medicine.

Residencies in preventive medicine are approved by the Council on Medical Education and the American Board of Preventive Medicine in General Preventive Medicine without designation of specialized field and in the three special affiliated fields of Aerospace Medicine, Occupational Medicine, and Public Health. Residency programs in all of these fields ordinarily include an academic phase and an appropriate period of practical training. While the provisions of the section on "General Requirements" (Sections 1 to 10) are not directly pertinent to residencies in preventive medicine, relating as they do more specifically to the clinical specialties, the principles underlying them do apply to programs in all fields of preventive medicine.

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 resident by two or more institutions or agencies.

The educational and training experience of the residency training program should include two phases: one of academic

study (normally of one year's duration) in which the candidate is enrolled as a graduate student, in residence; and a second phase (normally of two years' duration) in which the candidate secures field training and experience. These two phases may be carried out consecutively or concurrently. In the latter case, three years are required for the program.

Academic Training: The academic phase of the residency training must be at least one year of graduate study. The character and quality of advanced study engaged in by the resident should be equivalent to that of students seeking advanced degrees. However, the content of the residency program may differ from the curriculum required for an advanced degree, and achievement of such a degree is not a requirement. The program of instruction should be individualized as far as possible to the needs of each resident, when feasible, conducted on a tutorial basis.

The content of courses offered should include but not be limited to: principles and practices of preventive medicine, medical and public health administration, human ecology, environmental medicine, and both basic and advanced study in biometry and epidemiology. Every effort should be made to strengthen the resident's competence in the clinical and laboratory disciplines and to provide an effective integration of the clinical sciences in relation to human health problems with that of epidemiology. Supplementary courses should be available to the resident in such areas as microbiology, immunology, genetics, cytology, biophysics, and the social sciences; especially, sociology, anthropology, economics and psychology.

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.

The content of field training may vary greatly. However, since research methods and scientific inquiry have an important role in the practice of preventive medicine, special efforts should be directed toward providing each resident with an opportunity to participate in an organized research program or to undertake an independent research project of his own, under proper supervision. For those who elect to pursue an advanced degree (beyond the required one year of academic work), an original research project culminating in a thesis replaces the field training phase of the residency.

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 approved and 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.

Eligibility of Applicants: In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the qualification of each applicant for an appointment to an approved residency in general preventive medicine without designation of specialized field should be reviewed by an appropriate committee appointed by the training institution or agency. The committee should make special effort to evaluate each candidate's suitability for career training in preventive medicine on the basis of preliminary and medical education, including internship, professional motivation and career objectives.

Aerospace Medicine

A formal training program in aerospace medicine should include academic training in the fundamental disciplines of preventive medicine and public health; it should also include training and experience in the basic and clinical sciences related to aerospace operations and ground support, and in administrative support of aerospace medicine programs. The formal training program should be of at least three years' duration. One year should be devoted to academic study in preventive medicine and public health, and two years to a residency in aerospace medicine. The residency should include an academic component and an applicatory component; the entire residency should normally be under 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. It 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 the 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 through affiliation with the sponsoring agency.

Academic Program—Public Health and Preventive Medicine.

Courses should normally be such as to satisfy requirements for the Master of Public Health Degree or its equivalent. These courses should normally cover 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 to health.
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.

Residency.

The residency should provide 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 residency should include an academic component which covers the following subjects:

1. Aviation physiology: responses of the body to changes in temperature, pressure, and oxygen concentration, and to acceleration, which may be encountered in flight.
2. Selection of aircrews: medical examination and selection of persons to be trained for flying or 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, and neuropsychiatry.
4. Flying safety, including accident prevention and medical support of accident investigation (aviation pathology).
5. Environmental 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.

The applicatory component of the residency should provide an opportunity for the planned and supervised application of the knowledge and concepts of preventive medicine and aerospace medicine gained in the academic phases of the program. The program should impose definite responsibilities upon the resident. The program may be in a civilian or military organization having responsibility for the health of a reasonable number of flying personnel and/or personnel concerned with ground support of aeronautical or aerospace operations. It should encompass experience in the following fields:

1. 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.
2. Administrative aerospace medicine: planning, administration, and supervision of a broad health program for flying and/or ground support personnel.

The entire residency training program should be under the supervision of a Director of Training who is certified in aerospace 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 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. The supervisor in such a situation should be furnished a clearly defined statement of experience and

responsibility required during the period of affiliation.

Eligibility of Applicants.

In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicant for an appointment to an approved residency in aerospace medicine should have completed at least one academic year of graduate study in preventive medicine, or training and study deemed by the American Board of Preventive Medicine to be substantially equivalent to such graduate study.

Occupational Medicine

Residencies in occupational medicine, as a specialized branch of preventive medicine, should include training in the principal divisions of preventive medicine and public health, such as administration, health education, epidemiology (control of communicable and degenerative diseases), accident prevention, and sanitation. The training should not neglect the broad problems of community health but should emphasize their relation to the industrial population as an important part of the general population and to occupational hazards and disease.

The training period comprises a period of specialized training of three years' duration, two years of which are given to academic study of occupational medicine and one year of which is carried out in supervised practice in an industrial medical organization. Ordinarily these programs should be conducted under the sponsorship of an educational institution. They may be organized in a school of medicine, a school of public health, or an associated graduate school, in which the facilities of a university as a whole are available for intramural instruction. Extramural training should be provided by an organization affiliated with the educational institution, and having a satisfactory medical service. The intramural and extramural phases may be carried on simultaneously or as separate periods.

I. Content of Academic Program

A. Basic Disciplines. The basic disciplines may vary in their content to some degree (and in their emphasis on matters of general importance in the field of preventive medicine and of special significance to the industrial physician) in accordance with the availability of facilities for instruction in various institutions of learning. Courses should be offered to include the following:

1. Preventive Medicine as it relates to community health generally, rather than to industrial health specifically, includes microbiology, control of communicable diseases and their transmission, and various aspects of administrative medicine.

2. Industrial health practice which concerns itself with the medical problems and practices of industry, as well as other activities of the industrial physician in his professional, advisory, and administrative relationship to industrial employees in all categories, to his immediate and more general professional associates, to the hygienic authorities, and to management.

3. Industrial hygiene, under which term is included all measures for the determination of the significant and extent of occupational stresses and hazards, and for the development and application of means of controlling such stresses and hazards, so as to promote and maintain industrial health.

4. Physiology and other basic sciences with particular reference to the manner in which the occupation and environment affect man.

5. Epidemiology and biostatistics and their application to the health problems of the industrial population.

B. Related Fields.

1. Special fields of medicine such as mental health, rehabilitation, and gerontology.

2. Legal and insurance aspects of industrial medical practice.

3. History, structure, and functions of industry.

4. Social studies (human relations) including such subjects as personnel relations, industrial relations, labor relations, and public relations.

C. Clinical Training. Clinical training requires well-developed clinical facilities in a medical center in which a well-staffed outpatient dispensary, ample and well-staffed inpatient services, and a variety and a reasonable volume of patients and problems from industry are available for study. Organized and well-staffed clinics in industrial establishments, as well as many other organized medical services in the community, may be utilized. Clinical training should provide experience in at least the following areas:

1. Medical appraisal of abilities and disabilities in relation to the requirements of job, job placement, and adjustment of worker to job.

2. Management of occupational injury and diseases to include etiology, pathology, diagnosis, prognosis, therapy, rehabilitation, and prevention.

3. Medical appraisal of the individual with particular reference to qualitative standards and compensation for disability.

4. Rehabilitation. Adequate training in rehabilitation can best be provided in an institution in which there is a properly staffed department of rehabilitation. Well-developed services in medicine, surgery, and the medical and surgical specialties should be available. The efforts of these services and the department of rehabilitation should be co-ordinated in achieving the objective of the rehabilitative process, the return of the industrial casualty to a suitable and useful occupation.

D. Research. Investigation of the industrial environment and the response of individuals to it, studies of new materials and new sources of energy, and training in the significance of research are an essential part of professional instruction. The resident may be required to prepare a thesis worthy of publication on his own study.

II. In-Plant Training.

A. Personnel and Facilities.

1. Personnel. An industrial medical organization which participates in the training of residents in occupational medicine should be under the direction of a competent physician having position and authority in the organization commensurate with his responsibilities, including that of assuming a high level of ethical conduct and practice within the medical department. All of the activities of the industry relating to the health of employees, industrial hygiene and sanitation, and the hygiene problems of the community as derived from the industry should lie clearly within the authority or area of consultation of the physician in charge.

The staff of the medical department, including nurses and technical assistants, should be adequate in numbers, competent to perform the work which is required of them, and should have such relationship to the chief of the medical staff and such functions in the performance of the work of the medical department as are in keeping with sound professional standards.

The local professional relationships of the medical staff should be such as to insure appropriate liaison with private physicians of the employees. The services of fully qualified consultants in specialized fields of medical and surgical practice should be utilized as necessary.

B. Facilities. The quarters and facilities of the medical department should be adequate in location, arrangement, and equipment to provide freedom from noise, to insure comfort, cleanliness, and orderliness in the conduct of the medical work, and especially to yield complete privacy for interviews, medical examinations, and the maintenance of wholly confidential medical records.

Laboratories, equipment for the conduct of clinical and environmental observations and investigations, and appropriate reference books and periodicals shall be available within the medical or other plant facilities, or in such proximity elsewhere as to meet adequately the needs of the practice of medicine and industrial hygiene.

C. Industrial Medical Practice. The type of medical practice conducted by the industrial medical department shall be of a high professional quality and shall extend into all of the fields of medical activity that are appropriate to the needs of the industry concerned.

The medical examinations and the medical records should be such as to reveal the hygienic status of the population of the plant or industry in a reasonably effective manner, with respect to injury, illness, and disease of non-occupational or occupational origin. They should also be adequate in respect to the medical problems of the individual employee. The information on the respective occupations, hygiene problems, and hazards associated with specific occupations and operations within the plant or industry should be comprehensive and up-to-date; the means by which such information is kept current, through reports, trips of inspection, analytical and other environmental data, should be part of the regular mechanisms of the medical operations and relationships within the industrial organization.

D. Adaptation and Utilization of Personnel and Facilities for Medical Instruction. In addition to the general adequacy of the medical personnel and facilities for the performance of their necessary duties, the conditions within the medical department and the industrial organization which it serves must be such as to provide time for the training of medical residents. The competence of the preceptors within industry and the affiliation of the personnel of the medical department with the institution responsible for professional instruction must be such as to insure the fulfillment of an educational function, rather than to provide a means of delegating the less exacting and less responsible work of the medical department to a subordinate in training.

Eligibility of Applicants.—In addition to qualifications required for applicants in other specialties, applicants in this field should have completed one year in an approved internship, or a period of experience deemed by the Board to have been equivalent to such internship.

The provisions of the section on General Requirements (Sections 1 to 9) must also be met for approval.

Board Requirements.—Candidates for examination in occupational medicine must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least four additional years of training and experience in occupational medicine. Two of these years must have been devoted to the academic study of occupational medicine.

At least one of the remaining two years must have been spent in an approved occupational medicine program in one or more industrial medical organizations approved for scope and quality of service. (Section II, 16.)

Public Health

Residencies in this field should provide supervised training and experience in all aspects of general public health practice, including communicable and chronic disease control, community health organization (public, private, and professional), 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 is usually organized under a state health agency using one or more local health departments, although a large and well organized local health department may have independent approval. The residency may be of one or two years' duration. In a two-year program, one year may be spent in an appropriate clinical specialty training program.

The health department in which 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 department 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 the residents' training. It should co-operate actively with other agencies, official and non-official, in the development and conduct of a community-wide health program.

The facilities of the health department, 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 department 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 department.

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.

Residency training at the state and local level should be under the direction of a qualified physician trained in public health who has demonstrated his ability to administer a comprehensive public health 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. A state department of health responsible for the organization and conduct of a training plan should make available consultative service in the several basic and special public health fields.

Eligibility of Applicants. In addition to the qualifications required for applicants in the other specialties (General Requirements, Section 6), the applicant for appointment to an approved residency in public health should have completed one academic year, leading to a degree of Master of Public Health, in an accredited school of public health, or plans for such an academic year should be correlated with the residency training program.

Board Requirements.—Candidates for examination in public health must meet the general requirements of the American Board of Preventive Medicine in that they complete a year of internship in an approved hospital and at least four additional years of training and experience in public health.

One of these years shall have been devoted to graduate study leading to a degree of Master of Public Health or its equivalent in an approved college or university (or equivalent training and study satisfactory to the Board) and at least two years of supervised field experience in public health practice in an approved residency. The remaining year must have been limited to the practice of public health, preferably under the supervision of a well-qualified specialist in that field.

It is recognized that an individual may obtain suitable training in programs other than those of an official health department: among such are the federal services, industry, and certain voluntary agencies. The training of such persons will be adjudged on an individual basis.

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 Psychiatry and Neurology

Residencies in Psychiatry and Neurology are offered separately.

Training Programs.—Approved training in either specialty must include instruction in the basic and clinical sciences as applied to both specialties and clinical experience in both specialties. Training programs may be approved for one, two, or three years. The rare one-year program will be approved only on the basis of unique characteristics. It is not essential, or even desirable, that all training centers should adopt exactly the same program or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals requesting approval for graduate training be able to meet the general and special fundamental requirements described in this section for Psychiatry and Neurology.

General Requirements.—The principal purpose of training programs is the training of residents in the clinical experience of diagnosis, prognosis, and therapeutic management of patients. The prime consideration of a training program is that it will be a rich educational experience for the resident in training, and the service functions of the resident should be subordinate to this primary objective. Although such activities as hospital administration, ward management, the teaching of other hospital personnel, and investigation in clinical and basic sciences are significant and desirable parts of the residency program, they should not displace the chief objective of clinical competence in care of patients. Only programs of demonstrated quality and excellence will be given continuing full approval.

The program director is responsible for providing each resident with a well-organized and integrated educational program. Assisting him should be a staff sufficient in competence and number to provide proper supervision of the residents in all aspects of the professional education and specialty training. The resident should receive regular instruction from members of the staff in theoretical knowledge and in practical experience in the specialty, its history and development, its relation to general medicine and its special diagnostic and therapeutic procedures. Emphasis should be placed on the study of etiology, pathogenesis, symptomatology, and course of the various diseases so that the residents may develop skill and accuracy in diagnosis, mature clinical judgment based on the understanding of the natural history of the diseases, and resourcefulness in therapy. The resident should be taught to comprehend the meanings of complaints, symptoms, and signs in terms of the anatomical, physiological, and psychological mechanisms, as well as in terms of the genetic, social, and cultural attributes of the individual patient.

The clinical material available to each resident must be of such a nature as to encompass a reasonably wide range of experience with respect to diversity of diagnostic categories of patients: their age, sex, cultural, and economic distribution. The load of patients for which each resident is responsible should be commensurate with his ability to study individual patients adequately. The clinical service must be so organized that the resident is in fact responsible for his patients. There should be a reasonable balance between the supervision and the amount of responsibility which the resident actually carries for his patients. This amount of responsibility should increase as the resident advances in his experience.

Clinical case conferences should be an integral part of the bedside clinical teaching. The residents should learn to present patients at the conferences in a precise and thoughtful manner, and he should participate actively in the discussion. It will often be valuable to include in these conferences other personnel who bear related responsibilities for the care of the patient under discussion. In these, as in all other teaching and training activities, close liaison should be maintained not only between the fields of psychiatry and neurology but also between these and other related medical and allied disciplines. Senior members of the staff should teach residents to observe thoughtfully, communicate the observed clearly, and record the observations so that the records will bespeak the observed rather than the observer.

It is essential that residents with a recent foreign background have sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers.

The trainees should at all times be made aware that there are no short cuts to clinical therapeutic experience and no substitutes for hard individual thinking and study. The trainees' critical sense should be stimulated and independence of thought safeguarded. Intellectual coercion should be avoided lest training become mere indoctrination. The trainees should be led, through a wide range of information imparted to them, to choose between various theoretical systems, but the hardship of choice should be strictly theirs, for this is the prerequisite of a sound professional training.

Formal didactic instruction by means of prepared lectures, seminars, assigned reading, and laboratory work is desirable. However, staff meetings, round table conferences, journal clubs, and lectures by visitors, while commendable in themselves, are not satisfactory substitutes for an organized curriculum. The program should not be limited to a single narrow point of view; rather, residents must become thoroughly acquainted with major developments in the etiology, pathogenesis and therapy of the various disorders in this country and abroad.

Teaching by residents is essential in a training program. The senior residents should share with their supervisors the responsibility of instructing their juniors, the medical students, and other hospital personnel.

It is desirable to offer opportunities for clinical and basic science investigation to interested and talented residents, but the completion of a research project need not be required from each resident. In no case should research activities supersede the clinical training.

Training centers should provide residents adequate space and facilities for examination of patients, special diagnostic procedures, consultations, interviewing, seminars, and lectures. This space and the necessary equipment should be available in addition to space and equipment required for the hospital laboratories and the ward care and treatment of patients.

A library of basic reference books and of periodical literature should be available to the resident. There should be adequate coverage of the basic literature in psychiatry, neurology, and related fields with sufficiently wide representation of current periodicals and other publications. It is highly desirable that residents and training staff also have available to them the resources of the other libraries in the community and through participation in the American Library Association, General Interlibrary Loan Code.

Training in Psychiatry.—The residency in psychiatry must be so designed as to provide the resident with competence in general psychiatry. The resident must be acquainted with the major trends and movements in psychiatric thought, theory and practices. They should be instructed in the descriptive aspects and the psychodynamic interpretation of the symptomatology of mental disorders and, at the same time, be kept aware of the general medical and surgical aspects of the patient's problems. Knowledge of the sciences basic to human behavior, including anatomy, physiology, biochemistry, psychology, and the social sciences both from the normal and pathological standpoints, is essential to the understanding of disease processes. In all two-year training programs not offering the final year, all those clinical methods which are essential in reaching a diagnostic formulation, such as anamnesis, mental status, use of other diagnostic procedures, psychopathology, psychodynamics, and nosology, as well as theories of personality development, should be presented in the first year.

Although the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology, Inc., and the Council on Medical Education is unalterably opposed to specifying rigidly either course content or course sequence, here follow some suggestions for directors of training programs:

- A. Organized instruction in the fundamentals of dynamics of the mental illnesses, psychopathology, interviewing techniques, and psychotherapy.
- B. Supervised experience in conducting individual psychotherapy and group therapy, and in the administration of the somatic or physiologic therapies and in ward management.
- C. Sufficient contact through consultation and associated conferences with the services other than their own, such as general medicine, neurology, surgery, and pediatrics, so that the residents may become cognizant of the content and operational framework of these other fields of clinical experience and learn to apply their special training relevantly and helpfully to these fields. Residents should be competent in and responsible for the medical examination and treatment of their patients.
- D. Organized instruction in medical neurology sufficient to gain competence in neurological history-taking, neurological examination, and the differential diagnosis and treatment of the more common affections of the nervous system. This requirement is particularly important because of the natural and frequent blend of the manifest psychiatric processes with the underlying, yet not always immediately obvious, neurological disorders.
- E. Sufficient experience in child psychiatry is essential for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and childhood as influenced by the family and by the socio-cultural milieu of which the family is a part. This knowledge should be imparted through formal didactic instruction and through supervised clinical experience with children.
- F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema and many others in the causal mechanism of which the emotional psychological factors appear to play an important role. The body of information on these disorders and the methods useful for diagnosis and treatment in this field of clinical experience deserves a special place in the program and are to be distinguished from the psychiatric problems common to general medical and surgical practice described in paragraph C.
- G. The special data and methods now being developed under the name of social psychiatry deserve a place in the curriculum. Orientation to "community psychiatry," including the problems of proper provisions for mentally ill patients, public education, public relations, optimal use of social agencies, and proper relations with the courts, as well as some forensic psychiatry are important in psychiatric training.
- H. Active collaborative work with psychologists, social workers and all other allied personnel is required. Residents should have working familiarity with the more common psychological testing techniques and should learn to correlate them with the clinical data.
- I. Elective time in the schedule of resident training should be provided so that selected residents may have the opportunity to participate in research and to become interested and gain special experience in any of the areas mentioned above or to acquire additional experience in such areas as mental deficiency, congenital and early acquired encephalopathies, the epilepsies, alcoholism, drug addiction, forensic psychiatry, geriatrics, and the like.
- J. Instruction in such elements of physiology, anatomy, endocrinology, biochemistry, pharmacology, psychology, anthropology, and related disciplines as may be applicable to psychiatry is essential in the curriculum.
- K. Experience with Chronic Psychotic Patients: The resi-

dent 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, senility, and cerebral arteriosclerosis so that they may appreciate the natural course of these conditions.

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 obstetric 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 community child guidance clinics, departments of psychiatry in medical schools, 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 outpatient 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 psychobiological and pharmacological 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 opportunities 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 community child guidance clinics, university teaching centers, 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.

21. Special Requirements for Residency Training in Radiology, Diagnostic Radiology, and Therapeutic Radiology

RADIOLOGY

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 diagnostic 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.

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 diag-

nosis, 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 sciences 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.

22. Special Requirements for Residency Training in Thoracic Surgery

Thoracic surgery residencies should be so organized as to

provide experience and tutelage in all aspects of surgical diseases of the thorax, thereby relating pathology, physiology and the basic sciences to clinical experience.

The thoracic surgical experience must encompass two years of graded responsibility in all aspects of the field. It should include twelve months of senior responsibility in thoracic and cardiovascular surgery.*

The educational program may take advantage of complementary services, laboratories, and institutions in order to provide adequate experience.

When affiliations occur between services or institutions where special emphasis is placed on particular segments of the specialty (cardiovascular, pulmonary, tuberculosis, etc.) services should be of sufficient duration so that proper benefits will be obtained from each training period. Simultaneous service at more than one geographically separate institution is usually not acceptable because continuity of experience is sacrificed.

The two years of training in thoracic surgery preferably should be consecutive. Similarly, the twelve months of senior responsibility preferably should be consecutive. However, a continuous residency program of five or more years, designed to give the resident a year of senior responsibility in general surgery and a year of senior responsibility in thoracic surgery may be approved by the Residency Review Committee for Thoracic Surgery, provided the other requirements are met.

A program in which the resident has simultaneous responsibility for thoracic and general surgery is a "mixed" program. The Residency Review Committee for Thoracic Surgery does not approve "mixed" programs. Candidates for examination whose training has been acquired in a "mixed" program should request a review of their experience on an individual basis by the American Board of Thoracic Surgery.

Scope of Training.—The training must be so planned as to fulfill the following objectives:

- thorough understanding of the basic sciences as they apply to thoracic surgery;
- graded and progressive assumption of operative responsibility;
- assumption of relatively complete responsibility for the patient's care under proper supervision, and finally;
- residents in approved programs should have completed the training requirements for examination by the American Board of Surgery, or should have completed such requirements at the conclusion of a specified period of the training in thoracic surgery.

Clinical Material.—Since few hospitals are capable of providing uniform experience in all aspects of this field, affiliations are encouraged between diverse services. These areas of varying emphasis include: cardiovascular diseases, pulmonary diseases (tuberculosis), diseases of the mediastinum including the esophagus, and the chest wall, including diaphragm. Training in endoscopic techniques should be included.

No more than six months of intensified activity in research (animal surgery), cardiopulmonary laboratories, or on medical (non-surgical) services may be used to satisfy the requirements of two years of training.

Due consideration is given to the value of experience obtained in the care of private patients, particularly when combined with "ward" or service patients, but preceptorship training alone will not be approved.

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.

*Programs which do not provide two years of training, including twelve months of senior responsibility, will not be approved after July 1, 1970. No new applications for one year of training are now being accepted.

23. 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 Approved 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 a reprint, available upon request, covering these pages of the Directory of Approved Internships and Residencies, entitled "Requirements for Certification."

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 I, 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 Services	Alternate Plans for Training	Osteopaths 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 ⁸	
AMERICAN BOARD OF:																
Allergy and Immunology.....	x	x	2					x	x	x		x	300	350	5	
Anesthesiology.....	x	x	3-4	2-0				x	x	x		x	75	225	7	
Colon and Rectal Surgery.....	x		1-2		x		x	x	x	x		x	50	250	3	
Dermatology.....	x	x	3	1	x		x	x	x	x		x	25	250	3	
Family Practice.....	x			3		x	x	x					50	350	2	
Internal Medicine ¹			3		x		x	x	x			x	250	250	5	
Neurological Surgery.....	x		4	2	x			x	x	x			25	300	3	
Nuclear Medicine.....	x	x	2-3		x			x	x	x			300	300		
Obstetrics and Gynecology.....	x		3	2				x	x				25	325	2	
Ophthalmology.....	x		3	1		x		x	x				150	250	2	
Orthopedic Surgery.....	x	x	4	1	x	x		x	x	x			50	350	3	
Otolaryngology.....	x		4					x					175	350	3	
Pathology.....	x		3-4	1	x	x	x	x	x				250	250	3	
Pediatrics ²		x	2	2	x	x	x	x	x				250	250		
Physical Medicine and Rehabilitation.....		x	3	2	x		x	x	x				175	325	6	
Plastic Surgery.....			5		x	x		x	x				125	325	5	
Preventive Medicine.....	x	x	3	1	x			x	x				50	250	3	
Psychiatry and Neurology ³	x		3-5	2-1	x		x	x	x				125	325	3	
Radiology.....		x	3					x	x				300	300		
Surgery ⁴			4			x		x	x				75	325	5	
Thoracic Surgery ⁴			2		x			x					50	400	3	
Urology.....	x	x	4	2	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 Allergy, Pediatric Cardiology, Pediatric Hematology-Oncology, and Pediatric Nephrology.
 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.
 8. 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 1973	Certificates Awarded During 1973	Total to 12/31/73	Active Certificates as of December 31, 1973†	Year Board Was Activated
American Board of Allergy and Immunology*	—	—	—	440††	1971
American Board of Anesthesiology	5,911	491	6,402	5,782	1937
American Board of Colon and Rectal Surgery	494	20	514	403	1949
American Board of Dermatology	3,497	198	3,693	2,990	1932
American Board of Family Practice	4,589	1,240	5,809	5,756	1989
American Board of Internal Medicine	27,401	3,296	30,699	26,967	1938
<i>Allergy and Immunology</i>	301	—	301	—	
<i>Cardiovascular Disease</i>	1,351	367	1,718	—	
<i>Endocrinology and Metabolism</i>	248	197	445	—	
<i>Gastroenterology</i>	929	215	1,144	—	
<i>Hematology</i>	374	—	374	—	
<i>Infectious Disease</i>	88	—	88	—	
<i>Medical Oncology</i>	—	351	351	—	
<i>Nephrology</i>	212	—	212	—	
<i>Pulmonary Disease</i>	651	—	651	—	
<i>Rheumatology</i>	164	—	164	—	
American Board of Neurological Surgery	1,818	133	1,951	1,577	1940
American Board of Nuclear Medicine**	940	414	1,354	1,277	1972
American Board of Obstetrics-Gynecology	13,552	703	14,255	11,903	1930
<i>Gynecology</i>	15	—	15	—	
<i>Obstetrics</i>	24	—	24	—	
American Board of Ophthalmology	8,601	425	9,028	7,018	1916
American Board of Orthopedic Surgery	7,618	541	8,359	7,450	1934
American Board of Otolaryngology	7,622	319	7,941	4,853	1924
<i>Endoscopy</i>	4	—	4	—	
American Board of Pathology	10,826	643	11,469	8,300	1936
<i>Anatomic Pathology</i>	4,438	98	4,536	—	
<i>Anatomic Pathology and Medical Microbiology</i>	1	—	1	—	
<i>Anatomic Pathology and Clinical Pathology</i>	3,937	323	4,260	—	
<i>Anatomic Pathology and Forensic Pathology</i>	6	6	12	—	
<i>Anatomic Pathology and Neuropathology</i>	48	8	56	—	
<i>Medical Chemistry (now Chemical Pathology)</i>	31	1	32	—	
<i>Medical Microbiology</i>	35	—	35	—	
<i>Medical Microbiology and Medical Chemistry</i>	1	—	1	—	
<i>Clinical Pathology</i>	1,941	58	1,999	—	
<i>Forensic Pathology</i>	236	20	256	—	
<i>Hematology</i>	45	7	52	—	
<i>Clinical Pathology/Hematology</i>	1	1	2	—	
<i>Neuropathology</i>	109	9	118	—	
<i>Anatomical, Clinical and Forensic Pathology</i>	3	—	3	—	
<i>Blood Banking</i>	—	112	112	—	
American Board of Pediatrics	15,621	879	16,700	13,944	1933
<i>Pediatric Allergy</i>	362	1	363	—	
<i>Pediatric Cardiology</i>	330	32	362	—	
American Board of Physical Medicine and Rehabilitation	962	70	1,032	863	1947
American Board of Plastic Surgery	1,170	127	1,297	1,150	1937
American Board of Preventive Medicine	3,170	105	3,275	2,348	
<i>Aerospace Medicine</i>	653	25	678	—	
<i>Occupational Medicine</i>	680	21	701	—	
<i>Public Health</i>	1,639	23	1,722	—	
<i>General Preventive Medicine</i>	198	36	234	—	
American Board of Psychiatry and Neurology	12,388	542	12,930	11,001	
<i>Psychiatry</i>	10,022	416	10,438	—	
<i>Neurology</i>	1,326	107	1,433	—	
<i>Child Neurology</i>	42	19	61	—	
<i>Psychiatry and Neurology</i>	998	—	998	—	
<i>Child Psychiatry</i>	705	55	760	—	
American Board of Radiology	12,977	927	13,904	10,461	1934
<i>Diagnostic Roentgenology</i>	833	—	833	—	
<i>Diagnostic Radiology</i>	856	455	1,311	—	
<i>Medical Nuclear Physics</i>	11	—	11	—	
<i>Radiological Physics</i>	128	7	135	—	
<i>Radiology</i>	9,481	387	9,868	—	
<i>Radium Therapy</i>	8	—	8	—	
<i>Roentgen Ray and Gamma Ray Physics</i>	28	—	28	—	
<i>Roentgenology</i>	1,018	—	1,018	—	
<i>Therapeutic Radiology</i>	509	75	584	—	
<i>Therapeutic Roentgenology</i>	5	—	5	—	
<i>Therapeutic Radiological Physics</i>	—	2	2	—	
<i>Therapeutic & Diag. Radiological Physics</i>	—	1	1	—	
American Board of Surgery	20,237	799	21,036	17,954	1937
<i>Proctology</i>	81	—	81	—	
American Board of Thoracic Surgery	2,851	—	2,851	2,589	1949
American Board of Urology	4,538	227	4,765	3,923	1935
Totals	187,163	12,099	179,262	148,919	

*A conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics. The ABA&I will give its first certifying examination in 1974.

**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 indicates 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 or FPO addresses or whose addresses were unknown.

††Certificates issued by ABA&I without examination to physicians previously certified by the Subspecialty Board of Allergy of the American Board of Internal Medicine or the Subspecialty Board of Pediatric Allergy of the American Board of Pediatrics.

Table 3 shows that, during the calendar year 1972, there were 20 approved primary boards and 2 conjoint boards. The boards issued 13,832 certificates, bringing the total number issued at December 31, 1972, to 167,163 certificates. In the subspecialties and areas of special competence, 1,599 certificates were issued.

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 John C. Nunemaker, 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 of Certification, 1953-1973

Year Ending:	No. of Boards in Existence	Number of Certificates Issued	Cumulative Totals
1953 (June 30)	19	4,022	52,486
1954 (June 30)	19	4,133	56,619
1955 (June 30)	19	3,843	60,464
1956 (June 30)	19	3,083	63,727
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)	20	9,126	144,338
1971 (December)	22	9,993**	153,331**
1972 (December)	22	13,832	167,163
1973 (December)	22	12,099	179,262

*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 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	Robert T. Patriek, 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	320 West Lafayette Detroit, Mich. 48226	(313) 961-7880
American Board of Dermatology	Clarence S. Livingood, M.D. Executive Secretary	Henry Ford Hospital Detroit, Mich. 48202	(313) 871-8739
American Board of Family Practice	Nicholas J. Pisacano, M.D. Secretary	University of Kentucky Medical Center Lexington, Ky. 40506	(606) 255-2237
American Board of Internal Medicine	Palmer H. Fitcher, M.D. Executive Director	3930 Chestnut Street Philadelphia, Pa. 19104	(215) 386-7551
American Board of Neurological Surgery	Kemp Clark, M.D., Secretary-Treasurer	5323 Harry Hines Blvd. Dallas, Texas 75235	(214) 631-3220
American Board of Nuclear Medicine (a conjoint board of the American Board of Internal Medicine, American Board of Pathology, and American Board of Radiology)	Tyra T. Hutchens, M.D. Secretary	3181 S.W. Sam Jackson Park Road Portland, Oregon 97201	(503) 225-8589
American Board of Obstetrics and Gynecology	Clyde L. Randall, M.D. Secretary-Treasurer	100 Meadow Road Buffalo, N.Y. 14216	(716) 875-1573
American Board of Ophthalmology	Francis H. Adler, M.D. Secretary-Treasurer	8870 Towanda St., Philadelphia, Pa. 19118	(215) 242-1123
American Board of Orthopaedic Surgery	Wood W. Lovell, M.D. Secretary	430 N. Michigan Blvd., Room 800 Chicago, Ill. 60611	(312) 822-9572
American Board of Otolaryngology	Walter Work, M.D. Exec. Secretary-Treas.	1301 E. Ann St., HR5032 Ann Arbor, Mich. 48104	(313) 761-7185
American Board of Pathology	A. James French, M.D. Executive Director	Office of the Board, Suite 1820 610 N. Florida Ave., Tampa, Fla. 33602	(813) 223-1818
American Board of Pediatrics	F. Howell Wright, M.D. Executive Secretary	Museum of Science and Industry 57th and Lake Shore Drive, Chicago, Illinois 60637	(312) 643-6350
American Board of Physical Medicine and Rehabilitation	Earl C. Elkins, M.D. Secretary-Treasurer	1903 South Broadway Rochester, Minn. 55901	(507) 282-1776
American Board of Plastic Surgery	Charles E. Horton, M.D. Secretary-Treasurer	4647 Pershing Avenue St. Louis, Mo. 63108	(314) 361-8781
American Board of Preventive Medicine	Raymond Seltser, M.D. Secretary-Treasurer	615 North Wolfe St. Baltimore, Md. 21205	(301) 955-3347
American Board of Psychiatry and Neurology	Lester H. Rudy, M.D. Executive Director	1603 Orrington Avenue Evanston, Illinois 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, Michigan 48205	(313) 372-2632
American Board of Urology	William L. Valk, M.D. Secretary-Treasurer	4121 West 83rd St., 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)

CHARLES E. REED, Co-Chairman, Madison, Wisconsin
SHELDON C. SIEGEL, Co-Chairman, Los Angeles
HERBERT C. MANSMANN, JR., Secretary, Philadelphia
ROY PATTERSON, Treasurer, Chicago
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BERNARD A. BERMAN, Brookline, Mass.
C. WARREN BIERMAN, Seattle
MURRAY DWORETZKY, M.D., New York City
ELLIOT F. ELLIS, Denver
SIDNEY FRIEDLAENDER, Southfield, Mich.
DOUGLAS E. JOHNSTON, Rochester, N.Y.
PHILIP S. NORMAN, Baltimore
DAVID S. PEARLMAN, Denver
JOHN E. SALVAGGIO, New Orleans
HERBERT C. MANSMANN, JR., Executive Secretary,
3930 Chestnut Street, Philadelphia, 19104
FREDRIC D. BURG, Consultant, Philadelphia
EUGENE A. HILDRETH, Consultant, Reading, Pa.
WILLIAM A. HOWARD, Consultant, Washington
PALMER H. FUTCHER, Consultant, Philadelphia

SPECIAL NOTICE

At the time this publication went to press, the American Board of Allergy and Immunology was in the process of reviewing its qualifications for certification. The latest information may be obtained by writing the Executive Secretary at the address given above.

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.* The Certifying Written Examination will be administered approximately every other year. At present, it is a six-hour, multiple-choice question examination which will be given simultaneously in at least three different sections of the United States and Canada. 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 auto-immune diseases, transplanted 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. The interval between two examinations will be not less than one year.

2. Candidates failing three examinations must undertake an additional year of approved full-time graduate education, which is acceptable to the ABAI before readmission to examination.

APPLICATIONS

Applications are available from the Executive Office as of September 1, 1972 and must be completed and returned by November 15, 1973.

FEES

The Registration and Examination fee is \$300.00 and must accompany the application. Candidates whose applications are rejected will receive a refund of \$250.00; the Board will retain \$50.00 of the fee to cover the application evaluation costs.

The Certification fee is \$50.00, payable after successful passage of examination.

Those physicians previously certified by the Subspecialty Board on Allergy of the American Board of Internal Medicine or the American Board of Pediatrics may obtain a diploma

from the American Board of Allergy and Immunology by transmitting a fee of \$50.00 to the office of the Executive Secretary on or after July 1, 1972.

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

WILLIAM K. HAMILTON, President, San Francisco

ALBERT M. BETCHER, Vice President, New York

DONALD W. BENSON, Baltimore

HARRY H. BIRD, Hanover, N.H.

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RICHARD A. THEYE, Rochester, Minnesota

ROBERT T. PATRICK, Secretary-Treasurer, Casper, Wyoming,

Office of the Board, 100 Constitution Plaza, Hartford, Connecticut 06103

Each applicant before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have graduated from a medical school approved by the Council on Medical Education of the American Medical Association, or have been sanctioned by an organization acceptable to the Board (ECFMG, FLEX, National Board of Medical Examiners, or any recognized medical licensing body); and

2. Establish in a manner satisfactory to the Board that (a) he is a physician with an M.D. or D.O. degree duly licensed by law to practice medicine, and, (b) he is of high ethical and professional standing; and

3. Submit proof to the Board that he has satisfactorily completed the Continuum of Education in Anesthesiology consisting of three years of training after receiving the M.D. or D.O. degree. Twelve months of the Continuum must be devoted to clinical training in a program other than clinical anesthesia (hereinafter referred to as Clinical Base), and 24 months must be devoted to approved residency training in clinical anesthesia (hereinafter 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 24 months of Clinical Anesthesia must be spent in an institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc., or in Canada in an institution approved by the Royal College of Physicians and Surgeons of Canada.

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.

The time during the Continuum at which the candidate 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 candidate; but the Board urges that at least a portion of the Clinical Base occur early in the Continuum.

Following completion of the Continuum or two years of the Continuum plus one Optional Year as described in Plan 1 below, the candidate will be eligible for the written (Part I) examination. Having passed the written examination he will become eligible for the oral (Part II) examination by fulfilling the requirements of Plan 1 or 2 outlined as follows:

PLAN 1

Under this plan the candidate becomes eligible for oral examination upon completion of the Continuum plus one year of training (hereinafter referred to as the Optional Year) in an area of research, in clinical anesthesia that is more advanced and specialized than the usual experience gained during the 24 months of Clinical Anesthesia, or in a basic science or a clinical discipline other than anesthesiology but not including the Clinical Base year of the Continuum.

The Optional Year (which may occur in any chronologic sequence) will be at the discretion of the Program Director and must be spent in an institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc., or in Canada in an institution approved by the Royal College of Physicians and Surgeons of Canada.

PLAN 2

Under this plan the candidate becomes eligible for oral examination upon completion of the Continuum plus two years of practice acceptable to the Board following the period of training.

Up to one year of practice time credit can sometimes be granted a candidate for military service if he had six months or more of approved residency training in anesthesiology prior to entrance into the Armed Forces and was assigned as an anesthesiologist in the service; and under certain other special circumstances. The amount of this credit will depend upon both the extent of the previous residency training and the applicant's duties in the military service.

Up to one year of practice credit can 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 this country or Canada.

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 the residency in clinical anesthesiology:

- (a) a year of scientific work, post-baccalaureate
- (b) a year of approved residency training in any medical specialty accredited by the American Board of Medical Specialties, but not including the Clinical Base year.
- (c) a PhD in the field of science

Grants of practice time credit under the circumstances described in the three paragraphs above are at the discretion of the Board and must be sought on an individual basis from the Credentials Committee of the Board.

The Board's policy on absences from actual training is that there may be two weeks of vacation during each of the two years of Clinical Anesthesia and that there may be two weeks of sick leave during each of these years of training. Vacations

and sick leaves during the Clinical Base year and the Optional Year should conform to the policy of the institutions and departments in which that portion of the training was served. Any other absences from actual training in excess of those specified will require that the applicant's total training time be lengthened to the extent of absence.

Each applicant shall be classified for the purposes of examination, and shall be examined in such a manner and under such rules as the Board may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the Board shall be final.

EXAMINATIONS

Method of Making Application: Application for admission to the examination may be made only after a physician has completed any two years of the Continuum of Education in Anesthesiology or one year of the Continuum plus the Optional Year described in Plan 1. Admission to the written examination will be contingent on completion at the time of that examination of the three year Continuum or any two years of the Continuum plus an Optional Year.

Application must be made to the Secretary upon a form prescribed by the Board, procured only on written request of the applicant, and 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.

1. **Written Examination**—eligible applicants may take this examination upon completion of the Continuum or upon completion of any two years of the Continuum plus an Optional Year. Written examinations are held annually in approximately twenty locations throughout the United States on the second Friday in July. Written examinations cover the basic and applied aspects of anatomy, chemistry and physics, pharmacology, pathology and physiology. A passing grade, as determined by the Board, is required.

In the event a candidate fails the written examination, three opportunities will be provided at yearly intervals to take the examination. This three year period begins on the date an applicant is first declared eligible for the written examination.

2. **Survey Examination**—the Board may require a survey in addition to the letters and annual reports which it currently requires.

3. **Oral Examination**—after completion of the Continuum plus (1) two years of practice (or its equivalent) or plus (2) one Optional Year, the candidate's qualifications are reviewed and he may be declared eligible to appear for the oral examination. However, at least six months must elapse between the written and oral examination. Oral examinations are conducted at six month intervals in the spring and fall. Examiners consist of Directors of the Board and others who assist as associate examiners. Oral examinations cover all phases of anesthesiology, including the basic sciences and clinical applications.

In the event a candidate fails an oral examination, at least twelve months must elapse before he may reappear for oral examination. An applicant is entitled to repeat the oral examination each year for a three year period, which begins on the date an applicant 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 extenuating circumstances a candidate may apply for an extension of the three-year period by writing to the Secretary's office prior to the expiration of the three-year period. Under similar 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.

A re-examination fee of \$85.00 will be charged for each repeat in either the written or oral examination.

If an applicant fails to pass either the written or oral examination within the allowed period, having taken one or more written or oral examinations, his application will be declared void.

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 neither necessary nor desirable, and that the F.F.A.R.C.S. certificates of England, of South Africa, of Ireland, and of Australasia, and the F.R.C.P. of Canada, are comparable to the Diploma of the American Board of Anesthesiology; and that it should not be necessary for the holders of these advanced certificates to obtain the Board's Diploma.

If those holding these advanced certificates insist on obtaining the Board's Diploma in addition, the training requirement will be waived and they will be admitted directly to the written examination, providing that all of their other credentials are in order.

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; and 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 that time; and if the applicant is adjudged to meet existing requirements, he will be 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.

BOARD ELIGIBILITY

An individual is board eligible only after his credentials have been examined by the Board and he is notified that he has been accepted for admission to the examinations. He remains "board eligible" until he has either been certified by the Board or is notified that his application has been voided. Except in unusual circumstances it is expected that this will be accomplished within a period of 7 years. The Board decries the usage of the term either by the candidate or any organization in such a way as to imply that having received notification that he has been accepted for examination the candidate is now possessed of some special qualification which is more or less equivalent to certification.

FEE

The fee shall be \$225.00; an initial installment of \$75.00 will be paid upon filing the application (of which sum, \$60.00 will be returned if the candidate is not accepted for examination); and the remainder (\$150.00) will be paid before taking the examination.

A re-examination fee of \$85.00 will be charged for each repeat in either the written or oral examination.

The Board is a non-profit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and conducting examinations. The Board reserves the right to change the fee when necessary.

Proper forms for making application and other information may be obtained by writing to the Secretary, Robert T. Patrick, M.D., The American Board of Anesthesiology, 100 Constitution Plaza, Hartford, Connecticut, 06103.

AMERICAN BOARD OF COLON AND RECTAL SURGERY

JAMES A. FERGUSON, President, Grand Rapids, Mich.
MATTHEW A. LARKIN, Vice President, Miami, Fla.
H. WHITNEY BOGGS, Shreveport, La.
ALEJANDRO F. CASTRO, Washington
DONALD M. GALLAGHER, San Francisco
STANLEY M. GOLDBERG, Minneapolis, Minn.
GEORGE J. HUGO, Los Angeles
EUGENE P. SALVATI, Plainfield, N.J.
DAVID C. SHIPP, Louisville, Kentucky
EUGENE SULLIVAN, Portland, Oregon
NORMAN D. NIGRO, Secretary-Treasurer, 320 West Lafayette, Detroit, Michigan 48226

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. He shall limit his practice to colon and rectal surgery, shall appear personally before the Board and shall submit to the required examination.
2. He may be required to deliver to the Board sufficient case reports to demonstrate proficiency in colon and rectal surgery.
3. Upon request, he shall submit a bibliography of papers and books published by him.

PROFESSIONAL QUALIFICATIONS

1. He 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 he shall have completed one year of approved residency in colon and rectal surgery, or:
2. He 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 demonstrated special expertise in this area, may be considered for examination at the discretion of the American Board of Colon and Rectal Surgery.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain a record of the candidate's premedical and medical training, internships, residencies, precepteeships, other postgraduate study, hospital and dispensary appointments, teaching positions, service in the Armed Forces, service in federal, state or local government, membership in medical societies, and any additional information considered valuable by the Board.

The applicant must request letters of endorsement from two surgeons, one of which *must* be the Chief of Colon and Rectal Surgery, 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 and oral examination largely in the basic sciences, including anatomy, physiology, bacteriology, and biochemistry. The examination will be held in the fall of the year.

Candidates who have passed Part I of the American Board of Surgery are exempt from taking Part I, and are eligible to take Part III of the examinations 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. 1 colon or rectal resection and one anorectal procedure
2. Hospital rounds
3. Hospital and office records
4. Office practice

Part III:

This consists of written and oral examination on the theory and practice of colon and rectal surgery, pathology, and roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States.

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.

ELIGIBILITY

A candidate eligible for examination by the Board, who does not take his examination within three years will no longer be considered eligible, unless re-approved by the Board.

FEES

Fees:

Application fee: A fee of \$50.00 shall accompany the application.

Examination fee: A fee of \$200.00 is due and payable when the candidate is notified that he has been approved for examination.

Re-examination fee: A fee of \$100.00 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

JOHN R. HASERICK, President, Pinehurst, N.C.
 E. RICHARD HARRELL, Vice-President, Ann Arbor, Michigan
 HARRY L. ARNOLD, JR., Honolulu, Hawaii
 ROBERT W. GOLTZ, Minneapolis, Minnesota
 ALFRED W. KOPF, New York City
 J. FREDERICK MULLINS, Galveston, Texas
 REES B. REES, San Francisco
 RICHARD B. STOUGHTON, La Jolla, California
 CLAYTON E. WHEELER, JR., Chapel Hill, N.C.
 CLARENCE S. LIVINGOOD, Executive Secretary, 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 oral examinations, upon which certification depends.

A. General Qualifications

(1) Good moral and ethical standing in the medical profession.

(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 Council for Foreign Medical Graduates (E.C.F.M.G.) or the certificate of the National Board of Medical Examiners. Also, graduates of osteopathic schools who have satisfactorily completed the residency training requirements and experience qualifications as outlined below in Section B, part (1), 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 joint action of the Board and the Residency Review Committee of the American Medical Association. Details in regard to the approved programs are listed in the Directory of Approved Residencies published annually by the American Medical Association.

Candidates may take up to 24 months of their training at an institution approved for less than three years, 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 is required. This may be spent in an AMA-approved internship, or an approved residency in another specialty, or an approved dermatology training program, or other supervised year of training or experience approved by the Training Director and the Requirements Committee of the Board. This fourth year may precede, follow or be interspersed with the approved three years of training in Dermatology.

(3) Preceptee training is available only as a part 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.

(4) 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 paragraph (2) of 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.

(5) After completion of training, at least six months of additional experience in dermatology is required. Candidates who have completed the training requirements as outlined in paragraphs (1) and (2) of this section (B) by December 31st of any given year are eligible to take the examinations during the following year.

(6) 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 examination, upon which certification depends.

(1) High moral and ethical standing in the medical profession.

(2) Graduation from a Medical School listed in the World Directory of Medical Schools (World Health Organization).

(3) Possession of the standard certificate from the Educational Commission for Foreign Medical Graduates (E.C.F.M.G.).

(4) Citizenship of the country to which the candidate is returning and possession of a valid license to practice medicine in that country.

(5) One year of an AMA-approved internship, or an approved residency in another specialty, or an approved dermatology training program, or other supervised year of training or experience approved by the Training Director and the Requirements Committee of the Board.

(6) Satisfactory completion of three years of training in an institution or institutions approved by the Board and the AMA Residency Review Committee for graduate training in dermatology, and passing the written and oral examinations given by the American Board of Dermatology.

DEFINITION OF BOARD ELIGIBILITY

A candidate is not "Board Eligible" until his application to take the examination 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 additional training in an institution approved for three years of training is required before a candidate again becomes eligible for examination.

THE BOARD EXAMINATIONS

A. Preliminaries

Candidates who have completed the training requirements as outlined in paragraphs (1) and (2) of the section entitled "Residency Training Requirements and Experience Qualifications" by December 31st of any given year are eligible to take the examinations the *following* year. Those candidates who are applying for the Special Homeland Certificate are not required to have one year of experience, and therefore are eligible to take the examinations at the end of three years of formal training.

Toward the end of completion of formal training, it is essential that the candidate request an Application for Certification form from the office of the Secretary of the Board. This completed form must be filed with the Secretary of the Board before March 1st of any given year in which the candidate plans to take the examination. The Application is then submitted to the Committee on Requirements 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 examinations. 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.

B. The Writtens

The written examination is held in various centers throughout the country each June. It is three hours in length and is of the multiple choice, machine-scorable type. Every effort is made to avoid "tricky" or ambiguous questions. This examination is designed to test the candidate's knowledge of clinical dermatology, as well as his understanding of anatomy, physiology, bio-chemistry, pathology, microbiology, radiologic physics, radiation therapy, physical therapy, pharmacology, genetics, hematology, immunology, photobiology, venereology, dermatologic surgery, and electron microscopy, as related to dermatology. Considerable emphasis is placed on extensive reading of the literature. Special attention is also directed toward internal medicine as it pertains to dermatologic problems.

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.

C. Orals

The oral examinations are held each fall for those candidates who successfully pass the written exam. These are taken at one of the major training centers and consist of a half day oral and practical examination for each candidate. Here the candidate appears before each member of the Board for practical questioning concerning clinical problems. The candidate will be asked to examine and evaluate patients, interpret slides of clinical and histopathologic material, equipment, laboratory reports and actual cultures. The examination has heavy clinical weighting with one section on internal medicine. It also includes demonstration of competency in the fields of histopathology, allergy and immunology, microbiology and therapy, including physical treatment modalities and dermatologic surgery.

The decision of the Board is final as to whether the candidate passes, fails or is conditioned. Such decisions are based on the results of both the written and oral examinations, and the annual training reports from the Director of the candidate's Training Center.

RE-EXAMINATION

A candidate who fails the written examination or who fails or is conditioned in the oral examinations is automatically eligible the following year for a second examination without formal application, but with payment of a re-examination fee of \$125.00.

If a candidate fails to complete successfully all or part of the examination on two occasions, "Board Eligible" status is lost, and he must present evidence of additional training and experience in an institution approved for three years of training, before being eligible for further examination. The candidate must then file a new Application and pay another fee of \$250.00. All candidates seeking re-examination must apply before the closing date of March 1st.

If a candidate who has failed or has been conditioned does not appear for re-examination before the expiration of three ensuing years, "Board Eligible" status is lost and additional training and experience in an institution approved for three years of training is required before a candidate again becomes eligible for examination. The candidate must then file a new application and pay another fee of \$250.00 before he can be re-examined.

GENERAL INFORMATION

All queries concerning training programs, requirements, etc., should be made in writing and directed to the Executive Secretary of the Board. In view of the nature and significance of the decisions made, group action is necessary and hence all communications between the Executive Secretary and the candidate must be in writing.

It is the responsibility of the candidate to make early contact with the Board by requesting a preliminary registration form. This is to be filed at the beginning of training by the trainee and returned with the registration fee of \$25.00 to the office of the Executive Secretary of the Board. The filing of the preliminary registration form will establish the identity and status of the candidate and will begin his permanent file. This makes it possible to assess the preliminary training plan of the candidate, and to call his attention to deficiencies which should be corrected. In addition, an evaluation of progress in training is made possible by annual reports from the Director of the training center to the Board.

Training programs in Dermatology are approved by the American Medical Association Dermatology Residency Review Committee. Information concerning acceptable training programs may be found in the Directory of Approved Residencies, which is published annually by the American Medical Association.

A list of Diplomates of the Board appears in the current Directory of Medical Specialists, published by the A. N. Marquis Company of Chicago, Illinois.

In addition to its natural concern with training programs, the Board acts as an advisor to prospective residents and residents in training. Finally, it conducts both written and oral examinations for candidates, and it issues certificates to those who successfully meet the requirements listed.

AMERICAN BOARD OF FAMILY PRACTICE

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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 REQUIREMENTS

Each candidate must have the following general qualifications:

- (a) He must be of high moral and professional character.
- (b) He must have been graduated from an approved medical school in the United States or Canada; or, if he is a graduate of a foreign medical school and licensed to practice in a state or territory of the United States subsequent to 1961, he must have received a certificate from the Educational Commission for Foreign Medical Graduates.
- (c) He must hold a valid license to practice medicine and surgery in the United States or Canada.

REQUIREMENTS FOR CERTIFICATION

A physician otherwise qualified desiring to take the certification examination of the American Board of Family Practice may apply by one of the following mechanisms:

PLAN I Completion of a three (3) year *Family Practice* residency which is *approved* by the Council on Medical Education of the American Medical Association and verification of this completion by letter from the director of the program.

NOTE: This does not include "General Practice" residencies.

PLAN II Completion of *either A or B* in this plan.

(A) Evidence of having 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 continuing education which are acceptable to the Board of Directors and were accumulated during this period. Continuing education is defined as that type of education accrued *while* a physician is in the actual practice of medicine and does not include post-baccalaureate degrees or fellowships.

NOTE: All courses approved by the American Academy of Family Physicians will automatically be credited as approved by the Directors of the American Board of Family Practice.

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.

PLAN III Completion of *both Part 1 and 2* of this plan, with the options noted.

Part 1 *Either A or B* must be checked in this category.

(A) Evidence of having engaged in Family Practice during the immediate past three years with documentation of a minimum of 150 hours of continuing education courses which are acceptable to the Board of Directors and which were accumulated during this period. Continuing Education is defined as that type of education accrued *while* a physician is in the actual practice of medicine and does not include post-baccalaureate degrees or fellowships.

NOTE: All courses approved by the American Academy of

Family Physicians will automatically be credited as approved by the Directors of the American Board of Family Practice.

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.

Part 2 In addition to checking either A or B above, you must check 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 can *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 a one (1) year internship (straight, rotating, or mixed) approved by the Council on Medical Education of the American Medical Association.

(E) Completion of one or more years of a residency program approved by the Council on Medical Education of the American Medical Association in a presently recognized and established primary medical specialty discipline. NOTE: Physicians who have completed two or more years of residency training in approved programs in *General Practice, Internal Medicine* or *Pediatrics* may seek approval for a maximum of two 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. A photocopy of discharge papers must accompany application.

A candidate who meets the requirements of one of the aforementioned three plans is qualified to sit for examination; however, this does not constitute "Board eligibility." This will be determined *only* after satisfactory performance on the written examination.

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 examinations usually cover a period of two (2) days. 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., 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.

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.

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 post-graduate programs for such materials.

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.

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.

RE-CERTIFICATION

By action of the Board of Directors of the American Board of Family Practice, a committee is working on detailing a process for re-certification. However, it has been determined that re-certification must take place any time between the end of the fifth year and the end of the seventh year of certification (or recertification). For example, if date of certification was July 1972, re-certification can be initiated not before July 1977 and not after July 1979.

RE-EXAMINATION

By action of the Board of Directors of the American Board of Family Practice a candidate may take the Board examination for a maximum of three times within a seven year period. Failure to pass within this period (after three examinations) requires the candidate to take at least (1) year of an *approved Family Practice* residency before becoming eligible for examination.

AMERICAN BOARD OF INTERNAL MEDICINE

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GENERAL QUALIFICATIONS

All candidates must present evidence of satisfactory moral and ethical standing in the medical profession and appreciate the importance of good interpersonal relationships in patient care.

PROFESSIONAL QUALIFICATIONS

1. Graduation from a medical school approved by the American Medical Association or the Canadian Medical Association at the date of graduation, or from an approved college of osteopathic medicine approved by the American Osteopathic Association. (Graduates of Foreign Medical Schools are referred to below.)

2. Satisfactory completion of training according to Plans 1, 2, or C.

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 general internal medicine or a subspecialty. Although all candidates must have undertaken at least three years of postdoctoral training before admission to examination, it is recognized that a few candidates will have developed sufficient competence in the broad field of internal medicine that they can appropriately undertake the examination after devoting to general internal medicine the acceptable minimum period of two of the three required years of training detailed below. These candidates must obtain authorization from the director of their second year of training in internal medicine before devoting the third year of education to a field other than general 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.

It is emphasized that the requirements presented below are offered as providing the minimum postdoctoral educational background which will prepare a well-trained medical graduate for the examination of the Board. All candidates are urged to discuss with the directors of their educational programs the details and the duration of the course of instruction which are indicated in order to prepare them, as individuals,

for the examination.

3. Evidence of competence in the clinical evaluation of patients.

Substantiation of competence in clinical skills by appropriate authority: Of outstanding importance in the practice of internal medicine is the ability of the internist to interview a patient, to perform a physical examination, and to transmit to another physician the information thus obtained. In June, 1971, the Board designated the directors of residency training programs in internal medicine as the authorities who can most appropriately provide to the Board the necessary documentation of clinical competence. It is requested that the directors establish committees to assist them in the evaluation. The Board urges that the evaluation be a continuing one, extending throughout the duration of a trainee's tenure in a hospital's program. The Board, after receipt of an application for examination, requests from the director(s) of the applicant's training programs substantiation of his competence in clinical skills. The Board reviews the director's report before accepting the candidate for examination. For further information on this procedure for evaluating clinical skills, the reader is referred to the *Annals of Internal Medicine*, 76:491-496 (March) 1972.

If it is reported to the Board by the Program Director of any of the three required years of training that the clinical skills were judged unsatisfactory, the candidate shall be excluded except in the circumstance that the Board finds his overall performance meets its standards. An excluded candidate, if he had devoted the minimum period of three years to his training in internal medicine, will be required to undertake a fourth year of training and devote special attention to the development of his clinical skills. All candidates thus excluded from examination who desire to apply for a subsequent examination by the Board must also apply for a Special Evaluation of their clinical skills conducted by a member of the Board. During the evaluation the candidate will be observed as he elicits the history of, and examines two patients; he will also be asked to provide a brief presentation of differential diagnostic possibilities, based on the information available to him. Candidates whose skills are judged satisfactory by this procedure will be admitted to the subsequent examination for which they apply.

MINIMUM REQUIREMENTS FOR CERTIFICATION IN INTERNAL MEDICINE AND ITS SUBSPECIALTY AREAS, APPLICABLE TO CANDIDATES BEGINNING TRAINING IN INTERNAL MEDICINE ON OR ABOUT JULY 1, 1975

In anticipation of the date on which the free-standing internship will no longer be acceptable to the Council on Medical Education of the American Medical Association, the following requirements have been evolved.

A. *Minimum Training for Certification in Internal Medicine:*

Thirty-six months of training in internal medicine under the supervision of the director of an approved residency program in internal medicine, constituted of:

A minimum of twenty-four months of general internal medicine with primary patient responsibility (see definition at end of Paragraph A).

No more than six months (of the 36) devoted to rotation through activities, other than in internal medicine and its subspecialties, deemed appropriate for the training of internists in comprehensive medical care. These rotations may be dispersed throughout the required thirty-six months of training and internal medicine.

(Definition of general internal medicine with primary patient responsibility. This term refers to:

Training on a service on which the patients are unselected as to diagnosis and on which the trainee is involved in the comprehensive care of the patients;

Training on a service on which the patients fall into one subspecialty area and on which the trainee is involved in

their comprehensive care; no more than four of the required twenty-four months may be devoted to the same subspecialty area; and

Training in the emergency room, medical intensive care unit, medical outpatient clinic, and on the neurologic and dermatologic services, during which the trainee is involved in the comprehensive care of the patient).

B. Minimum Training for Certification in Subspecialty Areas:

Thirty-six months of general training described in Section A are recommended as a preliminary to subspecialty training. In addition, the candidate is required to undertake two years of training in the subspecialty.

It is recognized that some candidates have developed sufficient competence in the broad field of internal medicine that they can appropriately undertake the examination of the Board after devoting to general internal medicine the acceptable minimum period of twenty-four months of the required thirty-six months of training detailed in Section A. Such candidates should be restricted to those whose training has included twenty-four months of general internal medicine with primary patient responsibility. These candidates must obtain authorization from the director of their second year of training in internal medicine before devoting the third year to training in a subspecialty of internal medicine. The Board will request from the director substantiation of such authorization during the process of evaluation of the candidate's application for the examination. No candidate will be admitted to examination until he has completed a minimum of three years of postdoctoral training in internal medicine.

C. Allocation against these requirements of training undertaken in programs other than internal medicine:

Physicians transferring from such programs may allocate against the required thirty-six months of training only that period served under the supervision of the director of an approved program in internal medicine.

It is emphasized that these requirements in Sections A, B, and C as stated above are offered as providing the minimum postdoctoral educational background which will prepare a well-trained medical graduate for the examination of the Board. All candidates are urged to discuss with the directors of their educational programs the details and the duration of the course of instruction which are indicated in order to prepare them, as individuals, for their careers.

AREAS OF CERTIFICATION OFFERED

Certification as a Diplomate of the Specialty of Internal Medicine is offered to candidates who (1) have completed three years' postdoctoral education in general internal medicine, and a third year of clinical education in internal medicine, or a related area (the three years must offer a minimum of twenty-four months of primary patient responsibility—see Definitions); (2) have demonstrated competence in the clinical evaluation of patients; and (3) have passed the Certifying Examination in Internal Medicine. Physicians awarded this Diplomate Certificate will have demonstrated that they have prepared themselves for the practice of general internal medicine. The Certifying Examination is an objective written examination offered annually in June after completion of, or when the candidate is in the last month of, the minimum postdoctoral education specified. The Certifying Examination will be given June 17-18, 1975.

The Board also offers certification of competence in certain subspecialty areas of internal medicine.

DEFINITIONS

(As applied to requirements of the Board)

1. *Required minimum training in the broad field of internal medicine* is defined as 24 months of general internal medicine with *primary patient responsibility*.

This requirement relates to the policy of the Board that the training of all candidates for examination include edu-

cation in the primary care of patients. Primary patient responsibility refers to:

Training on a service on which the patients are unselected as to diagnosis and on which the trainee is involved in the comprehensive care of the patients;

Training on a service on which the patients fall into one subspecialty area and on which the trainee is involved in their comprehensive care; no more than four of the required twenty-four months may be devoted to the same subspecialty area; and

Training in the emergency room, medical intensive care unit, medical outpatient clinic, and on the neurologic and dermatologic services, during which the trainee is involved in the comprehensive care of the patient.

Training in internal medicine undertaken during internship is applicable, as well as appropriate residency training. At the discretion of the director of a candidate's program up to four months of the prescribed 24 month period of primary patient responsibility in internal medicine may be spent in other specialties related to medicine, provided that they involve primary patient responsibility as defined above.

In the determination of the number of months of primary patient responsibility accrued by a candidate, the following allocations apply when the requirements defined above are met:

During an approved straight medical internship, 12 months
During another type of internship, the exact number of months spent in *internal medicine*

During medical residency, the exact number of months during which the trainee assumed primary patient responsibility

During fellowship, the exact number of months during which the trainee assumed primary patient responsibility

The sum of the total number of months of primary patient responsibility in *internal medicine* accrued during the categories of training tabulated above must equal at least 20 months. The other four months may be devoted to internal medicine, or may be accrued during rotations on other services where primary patient responsibility is assumed, such as pediatrics, surgery, neurology, psychiatry, etc.

Under no circumstances will a physician be examined until he is in the final stages of completion of three years (Plan 1) or four years (Plan 2) of approved postdoctoral education. These periods of training are to include the 24 months of primary patient responsibility described above.

2. *An approved internship* is defined as an internship of not less than one year approved by the Council on Medical Education of the American Medical Association or a Canadian internship approved by the Royal College of Physicians and Surgeons of Canada. (The Board has no requirement for a period of training specifically termed an "internship." Thus, acceptable alternative terms for a straight medical internship might be "first year of training in internal medicine" or "first year of residency".)

3. *A straight medical internship* is one approved as such by the Residency Review Committee in Internal Medicine or an approved internship, undertaken in a hospital approved for a residency in internal medicine by that Committee, which provides at least six months of general internal medicine and either another two months of general medicine or two months of pediatrics, or two months in the emergency room, or one month of pediatrics and one month in the emergency room.

4. *An approved residency in internal medicine* is defined as postgraduate training approved by the Residency Review Committee in Internal Medicine of the Council on Medical Education or a Canadian residency approved by the Royal College of Physicians and Surgeons of Canada.

REQUIREMENTS FOR CERTIFYING EXAMINATION IN
INTERNAL MEDICINE AND RELATED CERTIFICATION
AS DIPLOMATE IN INTERNAL MEDICINE

Plan 1

Education: Under no circumstances will a physician be examined until he is in the final stages of completion of three years of approved postdoctoral education. The three years of postdoctoral education, which must also provide the required minimum training in the broad field of internal medicine (see *Definitions*) are as follows:

Alternative 1 A:

- Year 1—Approved straight medical internship; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—A second year of approved residency in general internal medicine

Alternative 1 B:

- Year 1—An approved internship providing at least 8 months of internal medicine in a program approved for residency in general internal medicine; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—A second year of approved residency in general internal medicine

Alternative 1 C:

- Year 1—Approved straight medical internship; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Alternative 1 D:

- Year 1—An approved internship providing at least 8 months of internal medicine in a program approved for residency in general internal medicine; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Alternative 1 E:

- Year 1—One year of approved residency in general internal medicine; and
- Year 2—A second year of approved residency in general internal medicine; and
- Year 3—A third year of approved residency in general internal medicine

Alternative 1 F:

- Year 1—One year of approved residency in general internal medicine; and
- Year 2—A second year of approved residency in general internal medicine; and
- Year 3—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Plan 2

Education: Under no circumstances will a physician be examined until he is in the final stages of completion of four years of approved postdoctoral education. The four years of postdoctoral education, which must also provide the required minimum training in the broad field of internal medicine (see *Definitions*) are as follows:

Alternative 2 A:

- Year 1—Any approved internship other than an approved straight medical internship; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—A second year of approved residency in general internal medicine; and
- Year 4—A third year of approved residency in general internal medicine

Alternative 2 B:

- Year 1—An approved internship providing at least 8 months of internal medicine in a program that is not approved for medical residency; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—A second year of approved residency in general internal medicine; and
- Year 4—A third year of approved residency in general internal medicine

Alternative 2 C:

- Year 1—Any approved internship other than an approved straight medical internship; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—A second year of approved residency in general internal medicine; and
- Year 4—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Alternative 2 D:

- Year 1—An approved internship providing at least 8 months of internal medicine in a program that is not approved for medical residency; and
- Year 2—One year of approved residency in general internal medicine; and
- Year 3—A second year of approved residency in general internal medicine; and
- Year 4—One year of clinical education in internal medicine or training in a related area (see section on *Requirements for Examination in Subspecialty Areas, Acceptable programs, and Important note on minimum aspects of requirements*).

Plan 1 and 2

Internship and residency: This training must be conducted in programs approved by the Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada.

Acceptable programs meeting the requirements for one year of clinical education in related areas (Year 3 of Plan 1 or Year 4 of Plan 2): The Board will accept as fulfilling the requirement for the third year of internal medicine the following training if conducted under acceptable auspices such as approved residency programs, providing that the director of a candidate's second year of training in internal medicine authorizes the candidate to undertake examination after completing the minimum requirement of two years in general internal medicine (see *Important Note*):

A fellowship or residency in one of the subspecialty areas in which the Board or its related Conjoint Boards examine; and

Training in other fields than internal medicine, in exceptional instances, with the approval of the Board.

Examination: Candidates who on or before July 1 of a given year will have completed the prescribed training are eligible to undertake the Certifying Examination given in June of that year. Completed application forms must be received in the office of the Board on or before November 1 of the year preceding the examination (see section on *Methods of Examination* for further details). Candidates will be informed of

the results of the examination on or after October 15 of the year of administration.

Certification: After successfully undertaking the Certifying Examination, the candidate will receive a Diplomate Certificate in Internal Medicine.

Plan C

Plan C has been devised to broaden the opportunities in graduate education for meeting the requirements of the Board. The Plan is intended for candidates who have had unusual educational programs in the field of Internal Medicine, which do not fit with the usual requirements of other "Plans" of the Board.

Specific recommendation that candidates 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. *Candidates may not initiate an application for examination involving Plan C.* The candidate must be a *full-time member of the faculty* of a school of medicine in the United States or Canada, must have been trained in the field of internal medicine for a minimum of three years after graduation from medical school, and during this period must have had adequate direct responsibility for patient care in the broad field of internal medicine. He should have the abilities and stature to qualify him for admission to the examination even though his training program may have been unusual. Plan C was originally proposed as a plan for full-time faculty members of medical schools, but can also include other individuals who have had unusual training backgrounds in the field of Internal Medicine.

The candidate's curriculum vitae and bibliography should be transmitted with the proposal. Each proposal will be considered individually by the Executive Committee of the Board as to the acceptability of the candidate's training. Appropriate candidates will then be sent an application form. Subsequently, in accordance with the practice applying to all candidates for examination, the proposer will be transmitted a form upon which the report of the Committee on Evaluation of Clinical Competence of the proposer's hospital is to be recorded.

A candidate admitted under the foregoing provisions who is successful in the Certifying Examination in Internal Medicine may then apply for an examination in a subspecialty area if he has the appropriate additional training.

REQUIREMENTS FOR EXAMINATION IN SUBSPECIALTY AREAS AND RELATED CERTIFICATION

A second certificate is offered designating as a Diplomate in a specific subspecialty area of internal medicine a person having special competence in such an area. Candidates initiating their residency training in internal medicine on July 1, 1970 or after must have completed a minimum of four years of postdoctoral education, including two years in the subspecialty, before undertaking and passing a Subspecialty Area Examination.

Educational and related requirements: The minimum requirements are:

Certification as a Diplomate in Internal Medicine (or success in the Qualifying (Written) Examination of 1969 or 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. 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 atmo-

sphere. Training in a subspecialty area undergone while the candidate holds a junior faculty appointment in a school of medicine in the United States or Canada is applicable against the two year requirements.)

Examination: Candidates who on or before October 1 of a given year will have completed the prescribed training are eligible to undertake an Examination in a Subspecialty Area given in October of that year. Completed application forms must be received in the office of the Board on or before March 15 of the year of the examination (see section on *Methods of Examination*, for further details). Candidates who will have completed the required two years of subspecialty training by a given October and who are also 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 on their passing the Certifying Examination. Candidates will be informed of the results of the examination on or after January 15 following the date of administration.

Schedule of examinations: When relatively small numbers of candidates are involved, the expense of preparing objective examinations increases and psychometric problems arise in evaluating a candidate's performance. Hence, examinations in any given subspecialty area will be offered on alternate years. Following the administration of the examinations in four areas on October 16, 1973, the schedule for the two subsequent years is as follows:

Cardiovascular Disease—October 21, 1975
Endocrinology and Metabolism—October 21, 1975
Gastroenterology—October 21, 1975
Hematology—October 19, 1976
Infectious Disease—October 19, 1976
Nephrology—October 19, 1976
Medical Oncology—October 21, 1975
Pulmonary Disease—October 19, 1976
Rheumatology—October 19, 1976

For further details on the examination in Cardiovascular Disease, see *Methods of Examination*.

Certification: A certificate attesting that the physician is a Diplomate in the appropriate subspecialty field will be issued to the physician who has passed an examination in a subspecialty area.

PLAN S

This mechanism for admission to examination relates to candidates who have undertaken less than the required two full years of approved formal training in a subspecialty area. If such a candidate is a *full-time faculty member* of a school of medicine in the United States or Canada, has had training in a subspecialty area which is the equivalent of two full years of approved formal training, and has been previously certified in internal medicine by the American Board of Internal Medicine or has passed the Board's Qualifying Examination of 1969 or 1970, he may be proposed under Plan S by the Chairman of the Department of Medicine of an approved medical school in the United States or Canada.

The candidate may not elect this plan independently; rather the proposal must be presented in writing to the Board by the Departmental Chairman. This Chairman must be able to verify the clinical competence of his 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. Appropriate candidates will then be sent an application form.

CERTIFICATION IN AREAS RELATED TO INTERNAL MEDICINE OFFERED BY JOINT 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 Board 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, New York, New York 10016

REGULATIONS FOR TRANSITION FROM FORMER RULES
TO THOSE PRESENTED IN THIS DOCUMENT

Certifying Examination: All candidates entering their first year of residency training in internal medicine on July 1, 1970 or after are expected to meet the educational requirements and other regulations stipulated above in this document.

Candidates who entered their first year of residency prior to July 1, 1970 and who establish eligibility for the Certifying Examination in Internal Medicine under 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, are regarded as having met the training requirements for admission to the Certifying Examination.

Candidates who have passed a written examination in general internal medicine in years preceding the Certifying Examination of June 1972 and have not subsequently passed an Oral Examination will be given special consideration. They will be admitted to the Certifying Examination and will be awarded the related Diplomate Certificate if successful. (Candidates in this category who would be classified as "inactive" by the regulation under "Inactive Candidates," stated below, will nonetheless be permitted to undertake three Certifying Examinations but must observe the inactivity rule subsequently.)

Examination in Subspecialty Areas: All candidates entering their first year of residency training in internal medicine on July 1, 1970 or after are expected to meet the educational requirements and other regulations stipulated in this document, involving two years of full-time training in the subspecialty. The same two year training requirement holds for those physicians who passed the Qualifying Examinations in Internal Medicine offered in 1969 and 1970, have not passed the Oral Examination in Internal Medicine, and desire Examination in a Subspecialty Area.

Physicians who initiated residency training in Internal Medicine before July 1, 1970 and who have passed the Oral Examination, or the Certifying Examination, in Internal Medicine may apply for Examination in a Subspecialty Area. If they 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.

Physicians who passed the Qualifying Examination offered in 1969 and 1970, have had two years of formal training in a subspecialty area, and are successful in a subspecialty area examination (success in both the written and the oral examination in Cardiovascular Disease is required), or the examination offered by a Conjoint Board related to the American Board of Internal Medicine (Allergy and Immunology, Nuclear Medicine), will be certified as Diplomates in Internal Medicine as well as in the subspecialty area. A candidate in this category will be admitted to a subspecialty 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 in order to achieve certification in general internal medicine.

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 are eligible for examination and subsequent certification by both

Boards if they complete one of the following programs involving a minimum of four years of approved house officer training:

1. Straight pediatric internship, one year of pediatric residency, and two years of residency in internal medicine; or
2. Straight medical internship, one year of residency in internal medicine, and two years of pediatric residency; or
3. Internship other than straight pediatric or straight medical, two years of pediatric residency, and two years of residency in internal medicine.

The times at which the candidate may take the examination of each Board will continue to be as described in the booklets of information published by the respective Boards. (For American Board of Internal Medicine, see sections on requirements for examinations above.) All candidates will undertake the Certifying Examination in Internal Medicine; those successful will receive the related certificate and will be eligible for an examination in a subspecialty area after completion of the stipulated training.

EDUCATION UNDERGONE WHILE FULFILLING
REQUIREMENT FOR OBLIGATED MILITARY SERVICE

Candidates may fulfill the educational requirements of the Board for both the Certifying and the Subspecialty Area Examinations on the basis of training which is acceptable to the Board as specified above and which simultaneously fulfilled the candidates' requirement for obligated military service.

METHODS OF EXAMINATION

1. *The Certifying Examination in Internal Medicine* is an examination administered simultaneously in June in different sections of the United States, in Canada, and elsewhere outside the continental limits of the United States where sufficient eligible candidates are located. Only one Certifying Examination will be given each year. The next examination begins on the morning of Tuesday, June 18, 1974, and continues throughout the next day. The questions are framed in such manner as the Board elects and are of the objective type. They are designed to test the candidate's clinical acumen and, to an appropriate degree, his knowledge of the sciences fundamental for internal medicine.

2. *The Examinations in Subspecialty Areas* are held at such times and places in the United States and Canada as may be designated by the Board. An outline of the subjects covered in each examination is available upon request.

With the exception of the examination in cardiovascular disease, the examination procedure will be limited to an objective multiple-choice examination occupying one day. In addition to this written examination, candidates for certification by the Subspecialty Board on Cardiovascular Disease will undertake an oral examination which will be administered after successful completion of the written examination. The oral examination will test the clinical skills of candidates and will involve patients with cardiovascular disease.

OTHER INFORMATION

Graduates Of Foreign Medical Schools

1. Candidates in this classification not licensed to practice in a state, territory, province or possession of the United States or Canada, or who have not passed the examinations of the National Board of Medical Examiners, must pass the examination of the Educational Council for Foreign Medical Graduates and have received a permanent certificate. A photostatic copy of the 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 training in the United States via the Fifth Pathway of the American Medical Association.

2. The educational requirements other than the requirement for graduation from a medical school approved by the American Medical Association or the Canadian Medical Association, are the same as those presented for other candidates. Twelve months of an approved residency in internal medicine may be substituted for the year of straight medical internship. In any case, the candidate and the director of his residency program should assure themselves that the candidate's education in the United States or Canada will meet the required minimum of training in the broad field of internal medicine (see *Definitions*) at the time the candidate makes application for the Certifying Examination in Internal Medicine.

3. Graduates of foreign medical schools may be proposed under Plan C.

4. Candidates who are accepted for the Certifying Examination in Internal Medicine may take this examination in the United States or at designated examining centers in foreign countries. Substantiation of competence in clinical skills must take place in the United States or Canada.

5. All subspecialty area examinations will be given in the United States and Canada.

GRADUATES OF OSTEOPATHIC SCHOOLS OF MEDICINE

Graduates of approved osteopathic schools of medicine in the United States of America are eligible for admission to examination when they have satisfactorily completed the post-doctoral training requirements specified above under Plans 1, 2, and C. Training in osteopathic hospitals is not acceptable as fulfillment of these requirements.

REEXAMINATION

1. *Certifying Examination in Internal Medicine*: Unsuccessful candidates are not restricted as to the number of opportunities for reexamination.

2. *Examinations in Subspecialty Areas*: Unsuccessful candidates are not restricted as to the number of opportunities for reexamination. Candidates for examination in Cardiovascular Disease are not restricted as to the number of written examinations they may undertake; however, they are permitted only three attempts to pass the oral segment of the examination after successful completion of the written.

3. Candidates who have failed three examinations, one or more of which was undertaken in 1966 or after, including the Certifying Examination, and the Written and Qualifying Examinations given in 1970 and before, are no longer required to undertake an additional year of training for reinstatement to the Certifying Examination. They will be admitted to additional examinations despite the fact that their last examination may have been undertaken more than five years before the date of the examination for which they apply and that they are hence in an "inactive" status. While they will not be restricted as to the number of examinations they undertake, they must undertake an examination at least every five years after initiating a new series of examinations. *This same regulation applies to the written examinations in subspecialty areas.*

4. The fees for reexamination are as follows:	
Certifying Examination in Internal Medicine	\$250.00
Subspecialty Area Written Examinations	\$250.00
Cardiovascular Disease Oral Examination	
(additional)	\$150.00

CANCELLATIONS

Candidates who cancel or fail to keep appointments for any of the examinations of the Board after assignments have been completed are subject to forfeiture of their fees.

INACTIVE CANDIDATES

Any candidate whose record reveals inactivity (i.e., failure to take an examination, either Certifying or subspecialty

area), for five years or more, will revert to the same status as a new applicant, and must then comply with all current regulations in force for new candidates. (For an exception to this regulation, see "Reexamination" item 3.)

RECERTIFICATION

Physicians holding a certificate of the Board will be offered the opportunity to undertake an examination, successful performance in which will provide the physician with a new certificate dated the year of the examination. The date on which this procedure will be initiated and related details will be announced.

APPLICATION AND FEES

Candidates for any examination must make their application on a prescribed form which may be obtained from the office of the Executive Director.

Candidates contemplating eligibility under Plan C must arrange a proposal to the Board from a medical school departmental chairman before submitting an application form.

Certifying Examination in Internal Medicine: During or after completion of, the final year of related training, candidates may apply for the examination to be given in June of the year of such completion. The next examination in general internal medicine will be held June 17-18, 1975. *The closing date for receipt in the Board Office of the completed application forms for both an initial and a repeat examination is November 1, 1974.* Application forms will be available upon request on or after August 1, 1974. The attention of those whose commitments at the time of the June examinations are uncertain is invited to the section on Cancellations. The application must be accompanied by two recent signed photographs of the candidate and the registration and Certifying fee of: \$250.00

Two hundred and twenty-five dollars will be refunded if the application is disapproved; the balance defrays the cost of evaluating the application.

Subspecialty Area Examination: (See also the section on "Examination"). Candidates may apply for examination after passing the Certifying Examination, during, or after completion of the second year of subspecialty training. Examinations are offered on alternate years according to the schedule presented above. Application forms for a written examination to be given in October will be available on or after January 1 of the same year. *The closing date for receipt in the Board office of the completed application forms for both an initial and a repeat examination is March 15.* The application must be accompanied by two recent signed photographs of the candidate. The fees for examination are as follows:

Subspecialty Area Written Examinations	\$250.00
Cardiovascular Disease Oral Examination	
(additional)	\$150.00

Of the Written Examination fee, two hundred and twenty-five dollars will be refunded if the application is disapproved; the balance defrays the cost of evaluating the application.

Sequence of procedures relating to admission to examination: Following review of an applicant's training as presented on this application form, the Board itself solicits reports from those who trained him and/or are familiar with his performance. Subsequently, the applicant is informed of his admission and the place of examination identified. In its correspondence with those who trained the candidate, the Board enquires concerning the approval of the appropriate Program Director in the case of candidates offering only two years of training in general internal medicine (see "Important Note" under "Professional Qualifications").

Certificate fees: There is a charge of \$25.00 for each certificate issued to Diplomates in Internal Medicine or in a Subspecialty Area.

Journals publishing information on application and examination schedules: The journals include *The Annals of Internal Medicine* (Medical News Section), *The Bulletin of the American College of Physicians* (Certifying Board Examinations Section), and *The Journal of the American Medical Association* (Examinations and Licensure Monthly Section).

SUMMARY OF REGISTRATION DATA

Certifying Examination

Registration Period:	August 1-November 1 Annually
Examination Date:	Annually in June
Fee:	\$250.00
Deadline for Cancellation:	May 1st
Refund:	\$225.00
Admission card transmittal:	Three weeks preceding examination

Subspecialty Examinations

Registration Period:	January 1-March 15 Annually
Examination Dates:	October, alternate years as shown below:
<i>October 1975</i>	<i>October 1976</i>
Cardiovascular	Hematology
Endocrinology	Infectious Disease
Gastroenterology	Nephrology
Med. Oncology	Pulmonary Disease
	Rheumatology
Fee:	\$250.00
Deadline for Cancellation:	September 1st
Refund:	\$225.00
Admission card transmittal:	Three weeks preceding examination

Please address all correspondence to:
Executive Director, American Board of Internal Medicine
3930 Chestnut Street, Philadelphia, Pennsylvania 19104

CERTIFICATION IN SUBSPECIALTY OF
CARDIOVASCULAR DISEASE

- HERBERT N. HULTGEN, Chairman, Palo Alto, California
- 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 October 21, 1975, 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 on October 21, 1975 should request an application form in January, 1975.
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 accept-

able; 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

JAMES A. CLIFTON, Chairman, Iowa City
HENRY W. BOYCE, JR., Washington, D.C.
THOMAS C. CHALMERS, Bethesda, Maryland
WILLIAM T. FOULK, Rochester, Minnesota
MARTIN KALSER, Miami, Florida
PHILIP KRAMER, Boston
TELFER B. REYNOLDS, Los Angeles
JOHN T. SESSIONS, JR., Chapel Hill, North Carolina
MALCOLM P. TYOR, Durham, North Carolina
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

MORTON M. ZISKIND, Chairman, New Orleans
GERALD L. BAUM, Cleveland
R. DREW MILLER, Rochester, Minnesota
JOHN F. MURRAY, San Francisco
JOSEPH C. ROSS, Charleston, S.C.
GORDON L. SNIDER, Boston

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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GENERAL QUALIFICATIONS

- (1) Moral, ethical, 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 have passed the examinations given by the Educational Commission for Foreign Medical Graduates, or be licensed by examination to practice in this country.

(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 surgery in the United States or Canada. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this Board.

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 own 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 forfeit this Foreign Certificate and re-appear before the American Board of Neurological Surgery after two years of practice in the United States of America or Canada. The fee for re-examination is two hundred fifty dollars (\$250). It is planned to discontinue the Foreign Certificate for any individual who enters a program after July 1, 1972.

PRELIMINARY PROFESSIONAL STANDING

(I)

(1) Graduation from a medical school which is acceptable to the American Board of Neurological Surgery, Incorporated.

(II)

(1) Completion of training in general surgery (internship or residency) of not less than one year in a hospital acceptable to the American Board of Neurological Surgery, or its equivalent in the opinion of the American Board of Neurological Surgery. No credit can be applied for rotating or medical internship.

Plus

(2) Satisfactory completion of a minimum period of graduate study of not less than four (4) years following completion of the training acceptable to the American Board of Neurological Surgery. Of this training period at least thirty (30) months must be devoted to clinical neurological surgery and the remaining eighteen (18) months should be devoted to some aspect of the neurological sciences. 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. Prior to acceptance for examination, the Board requires a statement from the candidate's program director to the effect

*Candidates initiating their residency training in internal medicine on July 1, 1970 or after will be required to undertake a minimum of two years of training in the subspecialty (see Requirements for Examination in Subspecialty Areas and Related Certification, above).

that he has met with the minimum time requirements and that his performance has been satisfactory.

Upon recommendation of the head of an approved neurosurgical 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 arrangement between the chiefs of the two programs; 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 pre-requisite training in general surgery, medical neurology or in the basic neurological sciences.

These provisions in no way alter the basic minimum requirements of 4 years training in neurosurgery including 30 months of clinical neurosurgery of which 24 months must be in one institution.

The candidate must prepare himself to pass examinations given by the Board in neurological surgery, general surgery, medical neurology (including neuro-ophthalmology and electroencephalography), neuropathology, neuroanatomy, neurophysiology, and neuroradiology.

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 EXAMINATION

A primary examination will be given each year, usually in the Spring. Subsequent to 1973, the candidate must have received a passing score on the primary examination.

This examination may be taken during the last two years of the candidate's training program or any time subsequent to this. It must have been passed successfully at least six months prior to the oral examination. The candidate may take this examination as often as he desires.

After 1973 the primary examination will be required prior to taking the oral examination.

Those individuals who have applied to take the oral examination prior to December 31, 1973, may elect to take an oral examination in neuroanatomy-neurophysiology, neuropathology, neuroradiology, general surgery, neurosurgery and neurology in lieu of the primary examination.

PRACTICE REQUIREMENTS

Following completion of graduate study, an additional period of not less than two years of satisfactory practice of neurological surgery is required prior to examination.

At the time of examination the candidate will be required to submit 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.

No minimum volume of diagnostic or operative procedures is required. The candidate should keep accurate records at all times so that this material be readily available when requested. The candidate should bring this list with him to the examination. He should not send it to the Secretary-

Treasurer ahead of time. The Board will request reference letters from physicians who have known the candidate during this period of practice. The Board at its discretion may send representatives to call upon the candidate for a review of his practice.

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 year.

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 examination as soon as the schedule permits after completion of his training and practice requirements. He must take the examination within 3 years of the time he is eligible or re-apply as a new candidate. If he fails 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. An applicant who fails neurology or neurological surgery or any two (2) other subjects may apply for re-examination and, if he does so, will be required to take the entire examination. If a candidate has failed twice and wishes to re-apply, he must first withdraw from practice and take a minimum of six (6) months period of formal study which shall be consecutive and shall be carried out in an approved center for neurosurgical training. Foreign and other centers may be employed only by specific permission of the Board. He shall re-apply as soon as his study period has been completed and, if his credentials are in proper order, must take the examination within one (1) year. Failure of the total examination shall require a further six (6) months of formal training and re-application as before.

An individual who has failed the oral examination on two occasions is no longer required to withdraw from practice for six months but is required to pursue a further course of study and then take the Primary Examination (written). If he passes the written examination, he is then eligible to repeat the Oral Examination.

BOARD ELIGIBILITY

One becomes Board Eligible after his training has been approved by the American Board of Neurological Surgery. If he fails to take the examination within three (3) years, he is no longer Board eligible and must re-apply as a new candidate.

If he fails the examination and does not reapply within three (3) years, he is no longer Board eligible.

PAYMENT OF FEES

The fee for Certification shall be three hundred dollars (\$300). The candidate for examination on filing his application shall accompany it with an application fee of twenty-five dollars (\$25.). 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 two hundred seventy-five dollars (\$275.) to the Secretary-Treasurer at least two (2) weeks before the date of the examination.

A candidate who has failed in one (1) examination is

eligible for re-examination in the subject, or subjects, in which he failed within three (3) years, on payment of a re-examination fee of two hundred fifty dollars (\$250.). If the holder of a Foreign Certificate returns to or remains in the United States of America or Canada to practice and re-appears before the American Board of Neurological Surgery after two (2) years of practice in the United States of America or Canada, he shall pay a re-examination fee of two hundred fifty dollars (\$250.).

If the candidate has failed twice and wishes to re-apply, his application must be submitted with an application fee of twenty-five dollars (\$25.). When notified by the Secretary-Treasurer that he is eligible for examination, he will send the examination fee of two hundred seventy-five dollars (\$275.) to the Secretary-Treasurer at least two (2) weeks before the date of the examination. If the candidate should sustain a partial failure and is eligible for re-examination in the subject or subjects in which he failed within three (3) years, he must repeat that portion of the examination that he failed by the payment of re-examination fee of two hundred fifty dollars (\$250.).

REVOCATION 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.

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., Chicago, 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 passed upon by the Residency Review Committee for Neurological Surgery, consisting 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 final. Each training program is reconsidered by the Residency Review Committee every three (3) years. When the directorship of a training program changes, the new director should inform the American Board of Neurological Surgery and the Council on Medical Education of the AMA promptly of this change. The program will then be reviewed at this time rather than waiting until the usual three (3) years interval has been completed.

A Directory of Approved Internships and Residencies, listing acceptable training programs, is available in most medical libraries or upon request from the American Medical Association Council on Medical Education, Chicago, Illinois.

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, 305 East 45th Street,
 New York, New York 10017

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, 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 Organizations sponsoring the American Board of Nuclear Medicine (the ABNM) are the American Boards of Internal Medicine, Pathology, and Radiology and the Society of Nuclear Medicine. 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.

FUNCTIONS AND OBJECTIVES

a. To elevate the standards of graduate education in Nuclear Medicine. 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.

b. To determine the competence of specialists in Nuclear Medicine, to establish qualifications and to arrange, control, and conduct investigations and examinations to test the qualifications of voluntary candidates for certificates to be issued by the board.

c. To grant and issue certificates in the name of "The American Board of Nuclear Medicine, a Conjoint Board of the American Boards of Internal Medicine, Pathology and Radiology and also sponsored by the Society of Nuclear Medicine" to voluntary applicants who have been found qualified by the Board.

d. To maintain a registry of holders of such certificates, and serve the medical and lay public by preparing and furnishing lists of practitioners who have been certified by the Board to the Directory of Medical Specialists.

e. To encourage the study and improve the practice of Nuclear Medicine.

SIGNIFICANCE OF CERTIFICATION

Certification in Nuclear Medicine by the American Board of Nuclear Medicine certifies that the Diplomate is qualified to practice as a specialist in all aspects of Clinical and Laboratory Nuclear Medicine, including, but not limited to radiobioassay, nuclear imaging, *in vivo* measurements and therapy with unsealed radionuclides.

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

1. Assurance that the applicant represents himself to be a specialist in Nuclear Medicine.

B. General Professional Education

1. 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, 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, one of which must be successfully completed before a candidate can enter an approved residency for special training in Nuclear Medicine. Preparatory programs are:

1. Internal Medicine: Completion of at least two years of general training in Internal Medicine (with the approval of the director of the second year of training and with twenty-four months of primary patient responsibility) in programs approved by the Council on Medical Education of the American Medical Association. 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 a clinical internship or its equivalent and one year of training in an approved residency 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.

D. Special Post-doctoral Training

1. After completion of the preparatory post-doctoral training programs, there shall be a period of special training in a Nuclear Medicine facility 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 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 radiobioassay, nuclear imaging, *in vivo* measurements 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 occupy six complete months of training or incorporated in whole or in part in the period of preliminary training.

E. Total Patient Care Responsibility

Candidates for certification in Nuclear Medicine will have the equivalent of at least two years 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 relative to Nuclear Medicine, including patient care. The American Board of Internal Medicine recommends three years of training in General Internal Medicine.

F. Alternative Training Requirements. (To remain in effect through a period of 5 years after the Board is established, i.e. through 1976.)

1. An internship and 10 years experience in Nuclear Medicine.

2. An internship, 1 year approved residency training in Internal Medicine, Pathology or Radiology, and 5 years experience in Nuclear Medicine.

3. Certification by an American medical specialty board with 1 year training in Nuclear Medicine or 3 years experience in Nuclear Medicine.

4. An internship plus 1 year of residency and 2 years training in Nuclear Medicine.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

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TYPES OF BOARD APPROVAL

Board Eligible

A candidate is Board Eligible if he:

1. Has been ruled eligible to write the examination.
2. Holds an unrestricted license to practice medicine and is limiting his practice to obstetrics-gynecology in one of the States or Territories of the United States of America or in a Province of Canada.

A certificate will be issued after a candidate has completed an approved residency and has passed the written examination. A certificate attesting to the passing of the written examination neither confers, nor purports to confer, upon any individual a degree, legal qualification or privileges.

Diplomate

A Diplomate is an individual who has been awarded the Board's diploma after successfully passing the written and the oral examinations.

Each year the Board office notifies the American College of Obstetricians and Gynecologists of the names and addresses of the Diplomates certified in that year. A list of the names of the most recently certified Diplomates is also sent to The American Medical Association and to the American Board of Medical Specialties with the request they be included in the next issues of (1) the American Medical Directory and (2) in the Directory of Medical Specialists.

After this effort to assure initial listings of the newly certified Diplomate, the Board assumes no responsibility for the Diplomate's listing in subsequent issues of any Directory.

THE WRITTEN EXAMINATION

Inquiries, applications and correspondence must be in English.

A three-hour comprehensive written examination in obstetrics-gynecology and related basic sciences is given at various centers in late June each year. Arrangements must be made well in advance if a candidate in governmental service outside the United States or Canada wants to write the examination at or near his duty station.

REQUIREMENTS

SPECIAL NOTICE

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 one year of graduate education and training in a broadly oriented approach to patient care.

Candidates making application to write the examination must have fulfilled the following requirements:

Graduates of United States or Canadian Schools are required

1. To possess a degree of Doctor of Medicine, or an equivalent degree, and/or unrestricted license to practice medicine in one of the States or Territories of the United States or a Province of Canada, and
2. To have completed or be about to complete (see Application p. 14) a graduate program in obstetrics-gynecology presently approved by the Residency Review Committee for Obstetrics and Gynecology or the Council of the Royal College of Physicians and Surgeons of Canada.

Graduates of a medical school not in the United States or Canada are required

1. To possess a 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, and
2. To have completed 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 in obstetrics-gynecology as required of graduates of United States and Canadian schools. A year of internship preceding a three-year residency will fulfill this requirement.

A graduate of a foreign medical school requesting consideration of his in-hospital experience in another country rather than the completion of an approved residency in the United States or Canada must provide evidence of:

1. In-hospital experience which the Board considers comparable to that of presently approved graduate programs in the United States or Canada.
2. In addition:
 - a. Unrestricted license to practice medicine in one of the States or Territories of the United States or in a Province of Canada.
 - and
 - b. A professional practice with unrestricted hospital privileges to practice as an obstetrician-gynecologist for at least 12 months in one of the States or Territories of the United States or in a Province of Canada.

Three Year Limitation of Eligibility to Write the Examination

An individual becomes eligible to take the written examination by successfully completing an approved residency in obstetrics-gynecology. A candidate scheduled to complete his residency before September 1 must write the examination either in June of the last year of his residency or in June of the first or second year following completion of his program.

A candidate who fails to pass the written examination must write one of the next three examinations in order to maintain his Board Eligible status. An individual who fails to write the examination within the prescribed period of three years becomes ineligible unless his postponement has been explained to the satisfaction of the Board and his re-admission to the next examination has been approved by action of the Board.

APPLICATION

A candidate scheduled to complete, and a candidate who has completed an approved residency program within the three years preceding August 31, 1975 may apply on or before November 30, 1974 to write the examination on June 23, 1975.

An application submitted by a candidate who completed an approved graduate program before August 31, 1972 will be considered if by letter, the candidate provides the Board with a satisfactory explanation for his failure to request examination within the three years following completion of his residency.

The form on which to apply to write the examination on June 23, 1975 may be obtained from the office of the Board after August 15, 1974. Each applicant must meet the requirements effective in the year he requests admission to the examination. The Board will make the final decision concerning the applicant's eligibility after considering all circumstances affecting his eligibility.

A candidate's application, completed in all details, together with the application fee of \$25.00, must be received in the Board office postmarked on or before November 30, 1974. *Applications postmarked after November 30, 1974 will not be accepted for the 1975 examination, and can be considered for the examination in June 1976.* As a part of the application form, endorsement and verification of the resi-

dent's experience and confirmation of the scheduled date for completion of the candidate's residency are requested (1) of the Director or Administrator of the hospital and (2) the director of the obstetric-gynecologic residency program.

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.

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 affirmed (1) by the signature of the administrator of the hospital, (2) on the Authorization for Admission form, (3) within the month the candidate is scheduled to write the examination.

RESULTS OF THE EXAMINATION

When the Board considers that circumstances justify an exception, a candidate may be ruled eligible to write the examination within six months before the scheduled completion of his residency, but before the results of such early examination will be made known to the candidate the Board office must have received a letter from the administrator attesting to the candidate's satisfactory completion of his residency program.

REQUESTS FOR RE-EXAMINATION

A candidate eligible to write the examination in 1975 who fails to do so, as well as the candidate who writes but fails to pass the examination in 1975 must write the Board office on or before November 30, 1975 asking to be scheduled for the examination in 1976. All such requests must be accompanied by payment of the reapplication fee of \$25.00, but it is not necessary to submit a new application in order to repeat the examination.

The examination fee (see FEES) must be paid each year a candidate is to be scheduled to write the examination.

THE ORAL EXAMINATION

The oral examination is designed (1) to test the general qualification of the candidate as a specialist in obstetrics-gynecology, (2) the extent of his experience and knowledge in clinical obstetrics-gynecology and related basic sciences, as well as (3) his familiarity with recent obstetric-gynecologic literature.

The candidate's current listing of patients will be reviewed by the examiners before the examination and may be used as a basis for part of the questioning.

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

To establish eligibility to take the Oral Examination,

1. A candidate practicing in the United States or Canada—

A. A candidate fulfilling the required post residency responsibilities for patient care in a private practice setting shall have:

- (1) passed the written examination and
- (2) for no less than 12 months preceding the date of his application, held unrestricted license to prac-

tice medicine and have been in active practice in one of the States or Territories of the United States or a Province of Canada

and

(3) throughout the 12 months preceding June 30 of the year of scheduled examination been in active practice with unrestricted privileges to practice as an obstetrician-gynecologist in the hospital(s) in which he has been responsible for patient care. On the day of examination the candidate will be expected to sign and date the following statement on the Authorization for Admission form:

"There have been no restrictions in my hospital privileges since the date of my application."

and

(4) shall submit on or before August 31, preceding his examination, a typewritten list (in duplicate) of all patients dismissed from his care in all hospitals during the 12 months preceding June 30 of the year of Scheduled Examination.

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, he shall have:

- (1) passed the Written Examination and
- (2) for no less than 12 months preceding his application shall have been serving satisfactorily in a setting acceptable to the Board which provides significant clinical and/or educational responsibility in obstetrics-gynecology.

Responsibility for patient care in an entirely ambulatory care setting may not provide adequate opportunity to fulfill the requirements to take the Oral Examination.

and

(3) shall submit (in duplicate) on or before August 31, a critical evaluation-study of 25 representative patients for whom he has assumed an appreciable degree of direct responsibility during the 12 months immediately preceding June 30 of the year of the scheduled examination.

2. A candidate practicing in a country other than the United States or Canada shall have:

A—passed the written examination

and

B—been engaged exclusively in professional activities relating to obstetrics-gynecology for no 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,

and shall

(1) have submitted on or before August 31 preceding his scheduled examination,

(a) Typewritten summaries (in duplicate) providing critical evaluation studies of 25 representative patients for whom he has assumed a significant degree of responsibility during the 12 months preceding June 30 of the year of his scheduled examination,

and

(b) a letter verifying the candidate's responsibility for, and his involvement in, the care of obstetric and gynecologic patients from either (1) the chief of the obstetric and gynecologic services in the hospital(s) in which the candidate has been involved in patient care, or (2) the supervisor of the candidate's activities during the year in which the candidate had compiled his critical summaries of 25 representative cases.

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 in which the candidate is known.

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 that does not involve appointment to the staff of an approved hospital with unrestricted privileges to practice as an obstetrician and gynecologist, is not acceptable evidence of a degree of responsibility for patient care that is acceptable fulfillment of the required "time in post-residency practice."

Time in a post-residency fellowship that involves responsibility for patient care and has been approved by a specialty Division of the Board as part of an individual's approved program of preparation to practice as a specialist will be accepted as fulfillment of the "time in practice" required of the candidate to take the oral examination.

APPLICATION

Application to take the oral examination in November, 1975 must be made on the "application for the 1975 examination form." The application, complete in all details, and with payment of the application fee of \$50.00, must be received in the Board office during January or February, 1975. Applications which are postmarked after February 28, 1975 cannot be considered for the examination the following November. A candidate ruled eligible to take the oral examination in November, 1975 will be so notified on or before July 1, 1975. He must then submit, *on or before August 31, 1975*:

1. (a) Duplicate, typewritten and verified lists of all patients dismissed from his care in all hospitals during the 12 months preceding June 30, 1975. The candidate's lists of patients will be used as a basis for questions during the oral examination and will not be returned to the candidate, or—
- (b) A critical evaluation-study of 25 representative patients for whom he has assumed an appreciable degree of responsibility,
(See Requirements)
and
2. A personal check or money order for \$175.00 in payment of the examination fee.

VERIFICATION OF CLINICAL OR EDUCATIONAL RESPONSIBILITY

A candidate in a full-time institutional setting or in governmental service may be required to provide the Board with a letter from the chief of obstetrics and gynecology or other appropriate authority verifying the candidate's clinical or educational responsibilities during the year in which the candidate compiled critical summaries of 25 representative cases.

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.

RE-EXAMINATIONS

The application of a candidate who fails to pass the oral remains valid during his three calendar years of eligibility to take the examination. He will be accepted for examination during the three years of eligibility if (1) he submits a written request for re-examination during January or February of the year in which he is requesting re-examination, provided (2) his request is postmarked on or before February 28th, and (3) is accompanied by check or money order in payment of the \$50.00 re-application fee.

A candidate accepted for re-examination must 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 to be scheduled to again take the oral, or (2) a critical evaluation-study of 25 representative patients as required of the candidates whose responsibilities in obstetrics and gynecology primarily involve 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 the circumstances of a candidate's previous failure.

POSTPONEMENT OF ORAL EXAMINATION

A candidate failing to take the oral examination for which he had been scheduled, if his three years of eligibility will permit re-examination the following year, must

1. Request by letter, during January or February of the following year, permission to take the examination the following November. As a Board Eligible candidate he will not be required to submit a new application, but payment of the \$50.00 re-application fee must accompany a request for re-examination.

2. 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 involve only supervision in an institutional setting.

Letters requesting re-examination, which are postmarked after February 28 and lists of patients or critical evaluation and studies postmarked after August 31, will not be considered for the oral examination the following November.

TIME LIMITATIONS TO PASS ORAL EXAMINATION

A candidate who fails to pass the oral examination within 3 years after being notified of his eligibility to take the examination must again write and pass the written examination in order to regain eligibility to take the oral.

A candidate, when advised in December of his failure in the November oral examination (the third year after being ruled eligible to take the oral), will also be advised that he may by letter, postmarked on or before February 28: (1) ask to be scheduled to write the examination the following June, and (2) include payment of the \$25.00 reapplication fee, in order to again write the examination before he can again take the oral. There is no other way for a candidate to regain eligibility to take the oral examination.

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 \$25.00 must be enclosed with each application, reapplication or request to write the examination. The candidate will be notified when 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 Board 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 \$50.00 must be enclosed with each application, reapplication or request to take the oral examination. A candidate notified of his eligibility 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 Board office postmarked on or before

August 31 the candidate will not be scheduled to take the oral in November.

REVOCAION 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 the 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 his 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.

THE RESIDENCY PROGRAM

1. The final year of a resident's experience must include the responsibilities of a chief or senior resident in accordance with the description of the program as approved by the Residency Review Committee for Obstetrics and Gynecology.

2. A resident who has spent four or more months in obstetrics-gynecology during an internship can apply this time to the 36 months required of the graduate in clinical obstetrics-gynecology, if the internship experience was gained in a hospital conducting a currently approved residency in obstetrics-gynecology. Less than 12 months in obstetrics-gynecology during an internship cannot usually be used to reduce the 36 months of residency the individual will be required to serve in order to complete the usual time in the program as a chief resident. Time on obstetrics-gynecology as an intern may, however, be used to provide time, within a 36 month residency, for appropriate electives on other services.

3. When a resident's experience is acquired in more than one residency program, his application must be accompanied by verification of the candidate's satisfactory performance in each program. Less than six months service in a program is not acceptable as a part of an approved clinical experience.

4. A hospital conducting residency programs of varying duration must provide progressive responsibility and opportunity to serve as a chief resident for each resident completing the programs.

5. If an individual has completed his residency requirements and remains in the program in an administrative, fellowship or teaching capacity, his duties must not detract from the progressive responsibilities of the other residents in that program.

6. Within a three-year program education in the basic sciences should be integrated with clinical experience to emphasize the application of the several divisions of these fields to total care of the patient. Assignment to another discipline which removes the candidate from daily contact with obstetrics-gynecology is not permitted within the required minimal experience and time with clinical responsibility.

7. An exchange of residents between approved programs of obstetrics-gynecology is acceptable but an exchange into other specialties cannot be permitted within a three-year residency program designed to fulfill only the minimum of required clinical experience in obstetrics-gynecology.

8. Assignment of residents to the clinical services of institutions not approved for residency training is permitted for no more than six months when (1) the care of patients on that service is approved by the Director of the residency program, (2) the arrangement has been described in the hospital information form supplied to the Residency Review Committee and (3) the exchange or rotation was approved by the Committee when the program was most recently reviewed.

9. The Board will not rule on the acceptability of such graduate education and experience as may have been gained in a country other than the United States or Canada in lieu of a portion of the experience required in an approved residency in the United States or Canada.

The Director of an approved residency may, however, be authorized to start an applicant at an advanced level in his program provided:

(1) Prior to his appointment the applicant has submitted documentary evidence of acceptable in-hospital (a) graduate, (b) educational, (c) clinical experience in a country other than the United States or Canada,

(2) The Director of the residency program writes the Board proposing to appoint the candidate at an advanced level in his program and indicates agreement that the candidate will remain in the residency until he has completed the usual time as chief resident, and

(3) The Director receives written assurance that the Credentials Committee of the Board has approved of the manner in which the candidate is being scheduled to complete his residency in less than the time usually required to complete that program.

10. Each resident is expected to keep a record of the number and type of obstetric and gynecologic procedures performed during his residency, so that he can demonstrate the adequacy of his operative experience.

11. A resident may not be considered to be properly fulfilling his educational opportunity if he concurrently devotes any portion of his time to his own private practice. This statement is not to be construed as preventing the resident from assuming the responsible or major role in the management of patients assigned to him in his capacity as a resident.

RESPONSIBILITY OF A CANDIDATE

It is the responsibility of the candidate to seek information concerning the current requirements for certification as an obstetrician and gynecologist. The Board does not assume responsibility for notifying a candidate of current requirements or the impending loss of his eligibility to take an examination.

A physician who formally obligates himself to an approved residency program and later breaks his agreement without justifiable cause (1) may be required to provide an explanation satisfactory to this Board, (2) before he will be considered to have satisfactorily served as a resident in an approved program.

OTHER CONSIDERATIONS

Governmental Services:

1. Residency Experience: An applicant, under orders in a hospital conducted by governmental authority, may be credited with an approved residency experience only if that hospital is conducting a currently approved residency program in obstetrics-gynecology.
2. Time-in-Practice Requirement: A candidate for the oral examination may receive time-in-practice credit for a period of time in governmental service under the following conditions:
 - (a) With verification of the duration of active duty.
 - (b) When practice has involved chiefly the care of obstetric and gynecologic patients, and
 - (c) The Board has received favorable reports of the candidate's professional activities while in service.

If a candidate for the oral examination has fulfilled a portion of the required 18 months in obstetrics-gynecologic practice as a civilian before entering governmental service, the remainder of the time needed to fulfill his 18 months' requirement may be time in governmental service provided the conditions listed above have been fulfilled.

Location of Practice:

A candidate who has been in practice less than 18 months in one community may add time in practice in a second location, but evidence will be required of the candidate's satisfactory practice as a specialist in both communities. Inquiry will be made by the Board in each area in which the candidate has been in practice during fulfillment of the time-in-practice requirement.

Emergency Care and Limitation of Practice:

Physicians who assume responsibility for the health of male patients for operative or other care, will not be regarded as specialists in obstetrics-gynecology, except as this practice is related to governmental services or care in an emergency. Candidates for certification may when necessary participate in general emergency care.

What constitutes a satisfactory limitation of practice to the specialty necessarily depends upon the qualifications and experience of the individual, the availability and capabilities of other physicians in the community, and to some extent, what is customary in local practices. As a rule the privileges granted physicians in the practice of obstetrics-gynecology in any hospital are the prerogative of that hospital, not of this Board.

AMERICAN BOARD OF OPHTHALMOLOGY

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REQUIREMENTS

All applicants must comply with current rules and regulations of the Board.

Applicants must be of high moral, ethical and professional standing. In determining whether an applicant has such high moral and ethical standing, the Board and its committees

shall apply the Principles of Medical Ethics of the American Medical Association as interpreted from time to time by the Judicial Council of the American Medical Association. An applicant's professional standing may be determined in part on the basis of the ophthalmic operations which he performed within the two years immediately preceding the filing of his application or during residency, which shall be summarized in the application.

Applicants must have graduated from a medical school in the United States of America or Canada which is acceptable to the Board. Schools approved by the American Medical Association's Council on Medical Education are acceptable. An applicant may have graduated from a medical school of some country other than the United States of America or Canada, but he will not be eligible for certification by the Board unless he is certified by the Educational Commission for Foreign Medical Graduates, or, if a citizen of the United States, is licensed to practice medicine in one of the states of the United States or has passed the examination of the National Board of Medical Examiners.

Applicants must have a valid license to practice medicine in a state of the United States or a province in Canada, or, in the case of a citizen of a country other than the United States or Canada, of the nation where he intends to practice unless a license to practice is not required by the law of such jurisdiction.

Applicants must have completed a satisfactory course of postgraduate studies including active clinical experience and didactic instruction. Individuals who have completed a minimum of thirty-six (36) months of residency and basic science courses in ophthalmology may apply for the written qualifying test after completion of twelve (12) additional months of institutional work or ophthalmic practice. Applicants must have completed a minimum total of forty-eight (48) months of ophthalmology *by the date of the written qualifying test.*

SPECIAL OPHTHALMIC TRAINING

Specialized training leading to competence in ophthalmology may be obtained by graduate studies in the medical sciences, by research, and by residency training. A candidate is expected to be familiar with the fundamental sciences pertaining to ophthalmology and with their application in the diagnosis and treatment of ocular diseases and abnormalities. The following studies are considered fundamental to the adequate practice of ophthalmology.

1. Anatomy, histology, and embryology of the eye and ocular adnexa.
2. Developmental abnormalities of the eye and ocular adnexa and their enzymatic, genetic and chromosomal basis
3. Biochemistry, nutrition, and metabolism of the eye
4. Physiology of the eye and ocular adnexa
5. Microbiology and immunology as related to ophthalmology
6. Physical, physiologic, and geometric optics
7. Histopathology
8. Systemic diseases and their ocular manifestations
9. Pharmacology, toxicology and therapeutics
10. Neuro-ophthalmology
11. Principles of ophthalmic surgery

Special training in ophthalmology may be obtained in a variety of ways:

1. By study in a systemic course of the basic sciences related to ophthalmology.
2. By means of organized study of basic topics with appropriate laboratory aids during the period of residency training.
3. By research carried out in an established laboratory under the supervision of an experienced investigator, with the development of special skills in certain of

the basic sciences. It must be recognized that investigation frequently involves a limited sphere of knowledge and that an applicant must make provision for instruction in areas of knowledge which is not encompassed by his research experience.

4. Individual courses in basic sciences are provided by various institutions and permit the candidate intensive instruction in special areas.
5. The Continuing Education Course in ophthalmology of the American Academy of Ophthalmology and Otolaryngology may be used to supplement other courses. It constitutes a valuable method of organizing and applying the results of one's reading.

CLINICAL EXPERIENCE

Clinical experience can be obtained only by means of the examination, diagnosis, and care of many patients having a wide variety of ocular disorders. A residency, fellowship or traineeship in an approved hospital provides the only way of obtaining adequate clinical skill.

MILITARY SERVICE

Credit for military service is based upon individual consideration of the medical activities of the applicant by the Board, and full verified information concerning the type of assignment, the clinical experience and the supervision must be provided with the application.

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 may be obtained from the Secretary-Treasurer. *Applications must be postmarked no later than July 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 be received by August 1.*

Applications shall be accompanied by a check payable to the Board for \$150 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.

Officers of the Board and members of the Board of Directors are not authorized to estimate the eligibility of applicants, who are requested not to discuss or write for opinions regarding the status of their applications. After an applicant has been advised by the Board that he has been accepted for examination, he shall promptly submit to the Secretary-Treasurer a photograph of himself, signed by him, which shall be used to identify him when he presents himself for examination.

SPECIAL REVIEW OF SURGICAL CASES

Although no definite number of surgical cases are required, applicants should submit with the application a numerical summary of all ophthalmic operations performed within the previous two years or during residency. This list must be typed on 8½" x 11" white bond paper and include the following information:

1. Summary giving the totals of each category of surgery indicating whether assistant or surgeon. For example, number of cataract extractions, number of glaucoma operations, number of retinal detachment procedures, etc.
2. The surgery should be confirmed by the appropriate authority within the hospital, or in the residency by the department or division Chairman.

FEES

The current fees of the Board are as follows:

Application fee, \$150, payable with application
Oral examination, \$100, payable on successful completion of the written qualifying test

To repeat the written qualifying test, \$100

To repeat the entire oral examination, \$100

To repeat a single subject of the oral examination, \$35

To repeat two or three subjects of the oral examination, \$50

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 that his application has been accepted will not thereafter be accepted for examination unless he 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 that his application has been accepted. Thereafter, he 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 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 usually consisting of 200 questions which may cover any topics of ophthalmology and are especially devoted to the following subjects:

1. Anatomy and histology
2. Embryology and developmental anomalies
3. Biochemistry, nutrition and metabolism
4. Physiology
5. Microbiology, Immunology, and external diseases
6. Optics and refraction
7. Medical ophthalmology (systemic diseases)
8. Ocular motility
9. Neuro-ophthalmology
10. Pharmacology, toxicology and therapeutics
11. Histopathology
12. Surgery

The test has been described in the Board's brochure entitled "Written Qualifying Test."

The written qualifying test is given simultaneously in a number of designated cities 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 \$100.00 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 re-examination and will be permitted to repeat the examination if he presents evidence of acceptable additional training and

pays the reexamination fee of \$100.00. If an applicant does not repeat the test within twenty-four (24) months after such failure, he 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 training.*

A candidate must understand and agree that in the consideration of his application his ethical and professional standing will be reviewed and assessed by the Board; that the Board may make inquiry of the persons named in his application and of such other persons as the Board deems appropriate with respect to his ethical and professional standing; that if information is received which could adversely affect his application, he will be so advised and given an opportunity to rebut such allegations, but will not be advised as to the identity of the individuals who have furnished adverse information concerning him; and that all statements and other information furnished to the Board in connection with such inquiry shall be confidential, and not subject to examination by him or by anyone acting on his behalf.

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 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.*

If an applicant fails to pass all subjects within three or fewer partial or complete examinations, he 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.

The oral examination is divided into the following Topics:

1. External diseases
2. Medical ophthalmology
3. Histopathology
4. Refraction
5. Ocular motility
6. Neuro-ophthalmology
7. Principles of ophthalmic surgery

1. EXTERNAL DISEASES OF THE EYE AND ADNEXA. Kodachrome pictures or slides of common 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 instruments used in biomicroscopy and in gonioscopy. Methods of examination, diagnoses and treatment will be discussed.

2. MEDICAL OPHTHALMOLOGY. Candidates are expected to demonstrate a broad knowledge of systemic diseases with particular reference to their manifestations in the eye and adnexa. It is anticipated that candidates will be familiar with the advantages of the various types of ophthalmoscopes and with other methods of examining the ocular fundus. A series of illustrations and abnormalities of the ocular fundus will be used as a basis for discussion of various ocular and systemic diseases.

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.

4. REFRACTION AND VISUAL PHYSIOLOGY. Candidates are expected to demonstrate familiarity with the following:

- (a) The underlying optional 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 for 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 mechanisms and the 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 on the perimeter and tangent screen.

7. PRINCIPLES OF OPHTHALMIC SURGERY. Candidates should understand the principles of ophthalmic surgery including the pathogenesis, course, and treatment of various surgical disorders of the eye. They should understand the use of radiant energy in the management of ocular disease. They are expected to be familiar with the management of trauma to the orbit and its soft tissues. They should be able to indicate the methods of diagnoses, the differential diagnoses, and the management of various ocular disorders. They should be familiar with the indications, the prognosis, the complications and their management, and the long-term results of various surgical procedures.

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 presents evidence of acceptable additional training and pays the re-examination fee of \$100.00. If an applicant does not repeat the test within twenty-four (24) months after such failure, he 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 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 training.

An applicant who fails the entire oral examination may apply for re-examination and will be permitted to repeat the examination within twenty-four (24) months after such failure if he presents evidence of acceptable additional training and pays the re-examination fee of \$100.00. However, re-examination will not be permitted for a period of twelve (12) months following such failure, in order to allow time for such additional training. If an applicant does not repeat the test within twenty-four (24) months after such failure, he 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 re-examination limited to the subjects which he failed to pass. He shall present evidence of acceptable additional preparation and shall pay a re-examination fee of

\$35.00 to repeat the examination in one subject or \$50.00 in two or three subjects. If an applicant does not repeat the one or more topics within twenty-four (24) months after such failure, he 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.

The Board, in its discretion, may deny candidates the privilege of re-examination with respect to either the written qualifying test or oral examinations, or with respect to parts of the latter on the ground of inadequate additional training or preparation, as the case may be.

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.

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 (not members) of the Board.

REVOCAION 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 application or otherwise,
- (d) If the certificate holder is convicted of a crime which involves moral turpitude,
- (e) If a license to practice medicine of the certificate holder is forfeited, revoked or suspended, or he is expelled from one of the societies which is a member of the Board, a county medical society, a state medical association, or the American Medical Association, or
- (f) If the certificate holder is guilty of unethical conduct or any other conduct which brings the specialty of ophthalmology into disrepute.

The American Board of Ophthalmology considers it unethical for physicians to divide fees, to pay commissions to any persons referring cases to them, and to accept commissions or rebates from opticians, druggists, or makers of appliances in any way connected with the medical care of patients.

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 \$15.00 per Diplomat certified, to the American Board of Medical Specialties, as do all other medical specialty boards, in support of the activities of ABMS.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

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 FRANK H. STELLING, III, Greenville, South Carolina
 WILLIAM A. LARMON, Executive Secretary, Office of the Board, 430 North Michigan Avenue, Chicago, Illinois 60611

MINIMAL EDUCATIONAL REQUIREMENTS FOR BOARD CERTIFICATION

The American Board of Orthopaedic Surgery evaluates all candidates for their proficiency in Orthopaedic Surgery. The minimal educational requirements of the Board should not be interpreted as restricting programs to the minimal standards. Directors of programs may retain residents in the educational program as long as necessary beyond the minimum time of four years in order to 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 minimal educational requirements which are as follows:

1. A candidate must have an unrestricted license to practice medicine in the States or Territories of the United States or the provinces of Canada.
2. A candidate holding a degree of Doctor of Medicine from a foreign medical school, who has obtained the certificate of the Educational Commission for Foreign Medical Graduates, may be acceptable to the Committee on Eligibility of the American Board of Orthopaedic Surgery. (Inquiries relative to the examination are to be sent to the Educational Commission for Foreign Medical Graduates, 3624 Market Street, Philadelphia, Pennsylvania 19104.)
3. Four years of post-doctoral orthopaedic education are required of all candidates, including foreign graduates.
 - a. During the four years some approved programs may elect to schedule two or more subject areas concurrently. It is necessary that clearly defined education and training in orthopaedic skills be emphasized in the categories of Adult Orthopaedics, including removal of protruded intervertebral discs and other surgery of the spine, Children's Orthopaedics, Fractures and Trauma, Surgery of the Hand, and Basic Science. It is emphasized that where time requirements are indicated, as in Children's Orthopaedics, these must be considered as *minimal*; additional experience is very desirable.
 - b. One year of orthopaedic education may be obtained from the following categories:
 - (1) Internship.
 - (2) Assistant resident in General Surgery.
 - (3) Assistant in orthopaedic surgery in any of the subject areas described in c. below.
 - (4) Assistant resident in related medical and surgical areas.
 - (5) Research or study (one year) 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 credit for one month of training when obtained on ap-

proved programs. One month of credit may be granted for two months of training, 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, Form DD-408, may be obtained from the Office of the Surgeon General, Washington, D.C.

- c. It is mandatory that three of the required four years of orthopaedic surgery education conform to the following relative distribution of subject areas, determined either on the basis of specific minimal time assignments or by proportion of experience where the concurrent or integrated plan is used:

Adult Orthopaedics	12 months
Children's Orthopaedics	6 months
Fractures/Trauma	9 months
Elective	9 months

The elective period may be fulfilled by additional assignments in areas described above, by a block of basic science study, surgery of the hand, prosthetics and orthotics, rheumatology, rehabilitation, neurology, or other areas related to orthopaedic surgery as approved by the Residency Training Committee of the Board.

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.

Surgery of the Hand. The required time in Adult Orthopaedics, Children's Orthopaedics, Fractures/Trauma, or the Elective must include a significant experience in Surgery of the Hand.

Note: The educational experience must be in programs approved by the Residency Review Committee for Orthopaedic Surgery. (See list of approved services in the Directory of Approved Residencies of the American Medical Association.) The Board also accepts training in Canada taken in services approved by the Royal College of Physicians and Surgeons of Canada for training in orthopaedic surgery.

REQUIREMENTS FOR EXAMINATION

In order to be eligible for the examination a candidate must meet the following requirements:

1. Completion of the minimal educational requirements as listed above.
2. 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 in this section 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. Acceptable ethical and professional standards and satisfactory moral standing within the community. 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.
4. A candidate is required to be actively engaged in practice, teaching or research in orthopaedic surgery for twelve months in one locality immediately prior to the examination. Representatives of the Board may visit a community in order to evaluate the work of a candidate.
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 government 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 examination 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 requiring other qualifying examinations shall be considered only after consultation between the American Board of Orthopaedic Surgery and the appropriate orthopaedic organizations in the country in which he has had his orthopaedic surgery education.

NOTE: The Committee on Eligibility shall be the sole arbiter on determining a candidate's acceptability. The Secretary may answer questions pertaining to Rules and Procedures.

The date and place of the examination are announced in the Journal of the American Medical Association and in the Journal of Bone and Joint Surgery, and in the Bulletin of the American Academy of Orthopaedic Surgeons.

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 should be sent by registered or certified mail.*
2. Once an application is accepted it shall remain in force for three years unless some gross error or intentional fraud is subsequently discovered in the application. It shall be the obligation of the candidate to reactivate his application before April first of the year of the examination if for any reason he has not taken the preceding examination after having been declared eligible to do so. The examination must be taken within three years following the completion of the educational program unless a reason acceptable to the Committee on Eligibility is established. A new application must be completed if the candidate for any reason does not take or successfully pass the examination within a three-year period. *This and the non-refundable fee of \$50.00 should be sent by registered or certified mail.*
3. The decision of the Committee on Eligibility is mailed to the applicant at least 30 days in advance of the examination.
4. Upon notification of eligibility for the examination the candidate must submit a fee of \$300.00, which shall be forfeited if the candidate fails to appear for the examination or if he cancels after being scheduled. *This fee should be sent by registered or certified mail.*

SCOPE OF EXAMINATION

The examination shall be comprehensive in all aspects of orthopaedic surgery.

CERTIFICATION BY THE AMERICAN BOARD
OF ORTHOPAEDIC SURGERY

1. The American Board of Orthopaedic Surgery awards a Certificate to a candidate who successfully passes the certifying examination, confines his practice to orthopaedic surgery and is acceptable on the basis of his moral and ethical standing. This portion of the Board's responsibility is discharged by issuing a Certificate to an individual found qualified as of the date of certification. A Certificate may be revoked because of intentional and substantive misrepresentation to the Board respecting the candidate's education and other requirements for eligibility.

2. In signing his application the candidate agrees to the revocation of his Certificate upon request by the Board on grounds of his violation of standards of ethical practice and/or any cause resulting in forfeiture of his license to practice.

3. Before the revocation of a Certificate is carried out the Diplomate will be informed 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

1. Unsuccessful candidates may be permitted to repeat the examination.

2. The Committee on Eligibility will consider candidates for re-examination 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 \$300.00. *All applications and fees should be sent by registered or certified mail.*

3. Each candidate's application must again be sanctioned by the Committee on Eligibility and a new application may be requested.

4. The applicant should not delay more than two years after his last unsuccessful attempt before applying for the privilege of taking subsequent examinations. Candidates who delay more than two years before re-applying for the certifying examination will be required to submit a new application.

FOREIGN GRADUATES

The following regulations apply to physicians who intend to practice in a country other than the United States or Canada.

1. Physicians who do not practice in the United States or Canada may be considered individually for 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 those pertaining to practice.

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. A candidate who has completed the required education and is returning immediately to his country to practice may, at the discretion of the American Board of Orthopaedic Surgery, be accepted for the next scheduled examination.

5. 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 under visa, exchange, immigration quota, or by any other means, he will surrender

his Certificate and agree to have his name removed from the list of Diplomates until he has met the practice requirements of the American Board of Orthopaedic Surgery. A contract incorporating these points is available from the Board office.

6. 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.

7. 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 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 approved for resident training in orthopaedic surgery by the Residency Review Committee. The Committee consists of representatives of the American Board of Orthopaedic Surgery, the American Academy of Orthopaedic Surgeons, and the Council on Medical Education of the American Medical Association. A list of approved institutions is published annually in the Directory of Approved Residencies, and is obtainable from the American Medical Association, 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 start of the resident education period if the institution becomes approved during the time the candidate is in training.)

3. A candidate engaged in residency education in an institution which becomes disapproved in whole or in part will receive education 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. Approved institutions or programs have the option of using facilities of institutions not individually approved for residency education in orthopaedic surgery, provided:

- That the period of residency education in an unapproved facility is for a period not longer than six months.
- That in the category of education for which this type of training is presented for credit, at least half of the minimum required time is spent in an approved institution.

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 six months or more of education may be listed in the Directory of Approved Residencies.

REQUIREMENTS OF INSTITUTIONS
OFFERING ORTHOPAEDIC TRAINING

1. Institutions approved for full programs and including all parts of the education requirements may integrate all parts so that they may be given concurrently. The Chief of the program or the supervising committee is entirely responsible for comprehensive education in all aspects of the specialty for each resident.

2. Individual hospitals approved for portions of a total

program are expected to confine their education primarily to the categories approved by the Residency Review Committee.

3. The institutions which offer orthopaedic surgery education are responsible for providing educational setting and physical facilities which are in keeping with the objectives of the minimal requirements as outlined above.

4. The Board considers that active participation in patient care is an essential feature in teaching the objectives outlined in the minimal educational requirements by the Board.

5. The educational program shall provide adequate staff and facilities to carry out basic science education as outlined above.

6. Candidates in residency education may not engage in private practice.

Note: The Board looks with disfavor upon candidates who have completed their residency requirements by education for short periods of time in several approved institutions, even though all the requirements are satisfied.

AMERICAN BOARD OF OTOLARYNGOLOGY

- DAVID D. DEWEESE, President, Portland, Oregon
- GEORGE F. REED, Vice-President, Syracuse, New York
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- HAROLD G. TABB, New Orleans
- WALTER P. WORK, Secretary-Treasurer, 1301 East Ann Street, Ann Arbor, Michigan 48104

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 and Hospitals of the American Medical Association or by the appropriate Canadian medical authority.
3. Is not required to serve an internship.
4. Must have satisfactorily completed four years of resident education in a manner acceptable to the head of that residency program.
5. Must have a four year minimum resident education program which must include at least one year of surgical residency in a program approved by the Residency Review Committee for Surgery and three years in otolaryngology, in a program approved by the Residency Review Committee of Otolaryngology. The year or years of surgical residency should be taken before the residency in Otolaryngology. However, it may be taken between the first and second years

or second and third years of the residency in otolaryngology, but *not following completion of the residency*. Approved residencies in surgery and otolaryngology must be served in educational centers listed by the American Medical Association or the appropriate Canadian medical authority.

6. 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.

7. Who has received medical and/or residency training other than in the United States or Canada will be considered on an individual basis.

8. Trained by the preceptor method is not acceptable.

9. Who does not meet these stated requirements will not be accepted for Board examination unless special circumstances indicate review by the Board.

10. No credit is allowed for resident education received in governmental service unless it is in an approved resident 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, internships, 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. 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.

3. 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
- d. Hospital chiefs of staff

4. The application shall be signed by two diplomates of the American Board of Otolaryngology. It shall be accompanied by (a) two 4" x 3½" 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 application fee.

5. 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 1 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. This program is geared to do away with long waiting periods before a candidate appears for examination. Your cooperation will expedite your examination date materially. You will be notified by the Secretary-Treasurer when and where to appear for examination if approved by the Credentials Committee.

6. An applicant having received notification of acceptance for examination from the Secretary-Treasurer of the Board shall be designated as "Board Eligible." This "Board Eligible" status remains active for three years from the date of mailing. If, at the termination of this period of time, a candidate has failed to appear for examination, the applica-

tion is no longer considered valid and the application fee and "Board Eligible" status are forfeited. The application may be reactivated only upon payment of an additional renewal of application fee. If the applicant again fails to appear for examination within three years following such reactivation of the application, he will no longer be considered as "Board Eligible" and no further consideration will be given to any subsequent application submitted without substantiated evidence of additional acceptable training.

7. The Board reserves the right to reject any application.

FEES FOR EXAMINATION

Effective January 1, 1971, the fee for examination will be \$350. Of this sum \$175 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 \$175 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 \$175 is refundable.

The order in which candidates are accepted for examination is at the discretion of the Board.

EXAMINATION PROCEDURE

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 the specialty of otolaryngology. The examination format now consists of oral and written examinations.

The examinations seek 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. Diagnoses 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.

RE-EXAMINATION APPLICATION

A candidate who fails the examination may be permitted to take a subsequent examination after a lapse of eleven months. Eligibility for re-examination expires forty-eight (48) months from the date of notification of first failure. A request for re-examination must be approved by the Board. An additional fee of \$350.00, no part of which is refundable, must be paid when the candidate is notified of acceptance. A request for re-examination must be mailed to the Secretary-Treasurer at least nine months prior to the time for re-examination.

A candidate who fails a second examination may apply for a third. A new application must then be filed. The applicant is advised to submit evidence of further study and professional progress with this application. The fee for the third examination is \$350.00; \$175.00, no part of which is refundable, must accompany the application, and no application will be processed until this amount is received by the Secretary-Treasurer of the Board. The balance of the fee, \$175.00, is due upon notification of acceptance for the examinations under the same conditions stipulated under fees for the first examination.

A candidate who has failed a fourth examination will be required to serve a year of approved education in otolaryngology before he may be considered for re-examination. The fee and the manner of payment will be the same as for the first examination.

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 examinations. The fee for this certificate is \$10.00.

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 were 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 agreement:

I hereby apply to the American Board of Otolaryngology for examination for certification in accordance with the rules, regulations and policies, and herewith enclose the fee of \$175.00 for processing this application, none of which is refundable. I shall pay the remaining \$175.00 of the total fee of \$350.00 if and when accepted for examination and agree that this \$175.00 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 a 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

FRANK C. COLEMAN, President, Tampa, Florida
 JOHN BERNARD HENRY, Vice-President, Syracuse, New York
 ROBERT W. WISSLER, Secretary, Chicago
 RICHARD E. PALMER, Treasurer, Alexandria, Virginia
 MURRAY R. ABELL, Ann Arbor, Michigan
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 JERALD R. SCHENKEN, Omaha, Nebraska
 VERNIE A. STEMBRIDGE, Dallas, Texas
 A. JAMES FRENCH, Executive Director, Ann Arbor, Michigan
 OFFICE OF THE AMERICAN BOARD OF PATHOLOGY, (MRS.)
 Edith C. Smith, Administrative Assistant, 1820
 Exchange National Bank Building, 610 North Florida
 Avenue, Tampa, Florida 33602.

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 approved by the Council on Medical Education of the American Medical Association as follows:
 - (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 either 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 either 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 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 no longer requires a clinical internship as part of the residency training in pathology.

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.

ELIGIBILITY 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 eligibility 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 eligibility for examination in anatomic pathology by means of experience after certification in clinical pathology.

ELIGIBILITY 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 approved by the Council on Medical Education of the American Medical Association, or by the Board, or two additional years of full-time experience under circumstances satisfactory 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 approved by the Council on 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 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 1977, 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 eligible 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 approved by the Council on 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 1978. 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—one year of supervised training in neuropathology in institutions approved by the Council on 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 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 approved by the Council on 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 in forensic pathology in a situation comparable to that of an institution approved for training in forensic pathology.

F. *Qualification for special competence for those not holding a certificate in pathology.*

(1) Three years of training in the special field of choice in institutions approved for such training by the Council on Medical Education of the American Medical Association, or by the Board, and

(2) an additional year which may be spent either in supervised training, research, or practice of the special field in circumstances satisfactory to The American Board of Pathology.

Candidate may, at their own election, substitute not to exceed twelve months of a straight pathology internship, or a fellowship or instructorship in any of the pre-clinical departments of a medical school for one of the three years of supervised training.

CERTIFICATION IN SUBSPECIALTY OF DERMATOPATHOLOGY

VERNIE A. STEMBRIDGE, Chairman, Dallas, Texas
 ROBERT W. GOLTZ, Chairman-Elect, Minneapolis
 MURRAY R. ABELL, Ann Arbor, Michigan
 JOHN R. HASERICK, Pinehurst, North Carolina
 ELSON B. HELWIG, Washington, D.C.
 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 eligible 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 July 1, 1974, and will be effective until July 1, 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 approved by the Council on Medical Education of the American Medical Association.

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 Dermatologist one-half time of the one-year program in general anatomic pathology.

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. 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.

The fee for examination will be \$250.00.

D. Board Eligibility

The eligibility 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 Eligibility 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 blank from their respective Board:

Dermatologists—Dr. Clarence S. Livingood
 Executive Secretary
 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
 1820 Exchange National Bank
 Building
 610 North Florida Avenue
 Tampa, Florida 33602

CERTIFICATION IN AN AREA RELATED TO PATHOLOGY
 OFFERED BY CONJOINT EXAMINING BOARD

The American Board of Pathology has joined with other specialty Boards in sponsoring the examining body listed below. Physicians certified in pathology who are interested in certification in the indicated area should make inquiry to:

The American Board of Nuclear Medicine (A Conjoint Board of the American Boards of Internal Medicine, Pathology, and Radiology)
 305 East 45th Street, New York, New York 10017

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 approved for training in pathology by the Council on 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.

CREDIT FOR FOREIGN TRAINING

Credit for foreign training is evaluated on an individual basis. For this type of evaluation, write to the Office of The American Board of Pathology.

BOARD ELIGIBLE

Effective January 1, 1975, the American Board of Pathology will allow one 3-year period of Board Eligibility. When this period expires an additional 3-year period of Board Eligibility will be permitted upon evidence that the candidate has obtained an additional year of training in an approved pathology program and upon evidence from the Program Director that the candidate has received such training.

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 two hundred and fifty dollars (\$250). 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 two hundred and fifty dollars (\$250) 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 ineligible or withdraws an application, \$50 of the fee is not returnable. Candidates who fail to appear for examination and have not notified the Office of The American Board of Pathology at least one month prior to the date of the examination will be subjected to an additional fee of \$50 when registering for a future examination.

EXAMINATIONS

Examinations will be held at the discretion of the Board. The examinations are based on the broad principles of pa-

thology with emphasis on diagnosis, interpretation, and technique. The applicant may apply for certification in anatomic and clinical pathology, anatomic pathology only, clinical pathology only, or a special field.

Examinations in special fields are given once a year in conjunction with the spring examination.

ISSUANCE OF CERTIFICATE

A candidate who is eligible 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 eligible for examination in anatomic or clinical pathology, and a related special field, and claiming eligibility 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 "Board Eligibility."

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.

AMERICAN BOARD OF PEDIATRICS

C. W. DAESCHNER, President, Galveston, Texas
 ROBERT C. BROWNLEE, JR., President-Elect, Greenville, S.C.
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 G. B. STICKLER, Rochester, Minnesota
 F. HOWELL WRIGHT, Executive Secretary, Museum of Science and Industry, 57th Street & South Lake Shore Drive, Chicago, Illinois 60637
 FREDRIC D. BURG, Associate Executive Secretary, Philadelphia
 MARC BEEM, Assistant Executive Secretary, Chicago
 M. WILLIAM SCHWARTZ, Assistant Executive Secretary, Philadelphia

REQUIREMENTS FOR ADMISSION TO EXAMINATION

GRADUATES OF MEDICAL SCHOOLS IN THE UNITED STATES

All candidates 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. Candidates must be graduates of an approved medical school. Graduates from osteopathic medical schools are accepted if they satisfy the other requirements.

II. Candidates must have three years of hospital-based training in programs approved by the appropriate agencies of the American Medical Association for internship or residency training. During this period of training the candidate is expected to progress in the degrees to which he assumes responsibility for the care of his patients. The Board strongly recommends that the three years of hospital-based training

be spent in pediatrics, but it will permit the substitution of other varieties of approved training as explained in paragraph V below.

III. In addition to the three years of hospital-based training, candidates 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 Board will 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.

PL-1 The first post-graduate year in general pediatric training in an approved program. It may occur immediately after graduation from medical school (straight pediatric internship) or follow training at the PL-0 level (first year of junior pediatric residency).

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.

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 candidate 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 programs in pediatric allergy and pediatric cardiology; pediatric hematology and pediatric nephrology; 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 Residency Review Committee for Pediatrics will now survey potential PL-3 and PL-4 programs for *categoric* approval as substitutes for the required third year of clinical training. Such programs must be integrated with an approved core (PL-1 and PL-2) program, and must have the explicit approval and endorsement of the director of the core program. Application for such approval should be made through the director of the *core* program to the Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

Candidates seeking approval for individualized programs of specialized training which are not encompassed by recognized PL-3 or PL-4 programs must ask their program direc-

*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.

tors to submit details to the American Board of Pediatrics for evaluation by its Credentials Committee. A description of the program proposed and brief curricula vitae of the supervisor of the program and of the candidate should be included. When individualized approval is given, it will not imply automatic approval of future candidates until the program receives categoric 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 of admission to its examinations:

PL-0 + PL-1 + PL-2 + 2 years of practice of further experience.

PL-1 + PL-1 + PL-2 + 2 years of practice of further experience.

PL-1 + PL-2 + PL-2 + 2 years of practice of further experience.

PL-1 + PL-2 + PL-3 + 2 years of practice of further experience.

PL-1 + PL-2 + PL-4 + 1 year of practice of 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.

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 Council 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. Ordinarily not more than one year of credit will be given for hospital-based training in other countries. This credit will be as a rotating internship (PL-0) regardless of the number of years of training. The candidate will be expected to serve his two basic years of pediatric hospital-based training (PL-1 and PL-2) in approved residencies either in the United States or Canada.

All such candidates must hold the standard certificate of the Educational Council 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. In cases where this regulation would impose a hardship, the Board will consider appeals. Applications must be received prior to January 31st of the year in which a candidate wishes to take the written examination. Results in each of five areas of examination will be reported to candidates and to the directors of their training programs as soon as possible after grading has been completed. It is hoped that by taking the examination earlier in his program of training, the individual candidate will be able to discover his areas of weakness and take appropriate measures to correct any such deficiencies before appearing for the final oral examination.

The written examination is given in two three-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.

Candidates are separately graded in the sub-divisions of pediatric knowledge enumerated below, including diagnosis and treatment. Both total score and performance within the five major categories are considered in determining success or failure on the examination. Since areas I and III are uniquely pediatric, satisfactory performance will be considered mandatory.

I. The Newborn

To include prenatal care and obstetric practices as they relate to the offspring; embryology, physiology and pathology of the fetus and newborn; infant feeding; vitamin requirements and deficiencies; infections and metabolic disorders peculiar to the newborn; anomalies and other disorders which require attention in early life.

II. Metabolic Disorders

Principles of fluid and electrolyte balance and management; inborn and acquired errors of metabolism; molecular and chemical disorders; endocrinology; renal and genitourinary disease; malabsorption syndromes.

III. Growth and Development

General genetic theory; physical, mental and behavioral development; neurology, psychology and psychiatry; school problems; adolescence; family medicine; mental retardation; perceptual handicaps.

IV. Infectious Disease

Bacterial, viral, fungal and protozoal disease; infectious and inflammatory disease of uncertain origin; "auto-immune" disease; principles of immunity; immunization; public health measures; allergy; mechanical respiratory problems; dermatology.

V. Other Pediatric Areas

Cardiology; hematology; pathology; coagulation defects; surgery and orthopedics; anaesthesia; emergencies; burns, poisonings and drugs; nutrition of the older child; obesity; oncology.

CLOSING DATE FOR RECEIPT OF APPLICATIONS FOR THE WRITTEN EXAMINATION IS THE PRECEDING JANUARY 31ST. 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 four or five times each year at centers offering suitable facilities. As far as possible, candidates are given a choice of locations, 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 are returning 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.

LETTERS OF RECOMMENDATION

The Board requires at least two letters of recommendation. Candidates will be asked to furnish the names and addresses of all program directors under whom they took PL-1 and PL-2 training. If all such training has been under a single director, the name of an additional diplomate of the American Board of Pediatrics who is familiar with the candidate's work should be furnished.

FEES

The fee for examination is \$250 payable at the time of application. This fee includes a registration charge of \$50 which is not returnable. It entitles the candidate to three written examinations if necessary and one oral examination if successful on the written examination.

Re-examination fees of \$100 are charged for each oral examination beyond the first one; and for each written examination beyond the third one.

Fees 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.

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 and two years later without additional charge. After a third failure, the situation will be reviewed by the Board to decide subsequent procedure.

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 appear 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 \$75.00 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.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics of high quality. Emphasis is therefore placed on practical aspects but since good practice is founded on sound scientific knowledge, the candidate must be prepared to demonstrate that he can utilize basic data.

Clinical and abstract aspects of growth and development are fundamental parts of pediatric training, and about one-fourth of the oral examination is devoted to this phase. Diagnosis and treatment of disease fill another quarter, and the remainder of the examination is devoted to study and discussion of "clinical cases."

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. Upon request of the registered candidate it will reveal progress toward certification.

CERTIFICATION IN THE SUBSPECIALTY OF PEDIATRIC CARDIOLOGY

Sub-Board of Pediatric Cardiology

WILLIAM J. RASHKIND, Chairman, Philadelphia

IRA H. GESSNER, Gainesville, Florida

JULIEN I. E. HOFFMAN, San Francisco

ALEXANDER S. NADAS, Boston

MADISON S. SPACH, Durham, North Carolina

NORMAN S. TALNER, New Haven, Connecticut

The American Board of Pediatrics has established a procedure for certification in Cardiology as a Subspecialty of Pediatrics.

ELIGIBILITY CRITERIA

1. Certification by the American Board of Pediatrics.
2. Completion of two years of full-time training in an approved program in Pediatric Cardiology.

The candidate may embark on his training in Pediatric Cardiology after two years resident training in Pediatrics following a rotating internship. In the case of a straight pediatric intern, the first year of pediatric cardiology fellowship may be concurrent with the required third year of hospital training in Pediatrics provided that the subspecialty continues for two or more years and that at least half the work is clinical work with children.

3. Special cases not meeting in full the requirements of (1) and (2) above may be considered for examination only by unanimous agreement of the Sub-board of Pediatric Cardiology and the American Board of Pediatrics.

4. Letter(s) of Recommendation.

A letter of recommendation from the program director under whom the applicant received his training in Pediatric Cardiology must be solicited by the applicant. This letter should not accompany the application but should be sent directly to the Subspecialty Office of the American Board of Pediatrics. If an applicant received training in more than one program, a letter must be solicited from each program director under whom he trained during the period necessary to complete the required two years of full-time training.

Each Pediatric Cardiology application is individually considered and must be acceptable to the Sub-Board of Pediatric Cardiology.

TRAINING PROGRAMS

There are approximately 60 approved training programs in Pediatric Cardiology. Candidates should consult the Directory of Approved Residencies, published by the American Medical Association each fall, for listing of hospitals approved for residency training in Pediatric Cardiology.

EXAMINATIONS

Pediatric Cardiology examinations consist of a written examination and an oral examination. These examinations will be given together every two years at a center designated by the Sub-Board.

Candidates must take both the written and oral examinations and achieve a satisfactory grade on both before being certified.

The purpose of these examinations is to determine the candidate's competency to practice Pediatric Cardiology. Emphasis is therefore placed on practical aspects. But since good practice is founded on scientific knowledge, the candidate must be prepared to demonstrate that he can use basic data.

The Subspecialty Office will send appropriate information to journals and to Pediatric Cardiology program directors 6 months or more prior to a scheduled examination. All applicants already in the Active File of the Sub-Board will be notified of coming examinations. All applicants who are about to be placed in the Inactive File will be notified of when this change in status is about to occur.

FAILURES IN EXAMINATIONS

Candidates who fail the examination are eligible to be readmitted for examination at the next examination period. After a second failure, examination will again be permitted at the subsequent examination period. After a third failure, candidates must present a plan of preparation for further re-examination acceptable to the Credentials Committee of the Sub-Board of Pediatric Cardiology. They must also make new application for the examination.

FEEs

The application fee for certification in Pediatric Cardiology is \$300.00 (registration fee—\$50.00; examination fee—\$250.00). The full fee must be remitted with the initial application.

If the applicant is not accepted for examination, the examination fee (\$250) will be returned to him. The registration fee (\$50) will be retained to meet the cost of processing the application.

The fee for re-examination is \$250.00. (Candidates are permitted to take three (3) examinations without having to resubmit the registration fee of \$50.)

Fees are subject to change at any time. Checks (U.S. funds only) should be made payable to the American Board of Pediatrics.

RE-APPLICATION AND RE-EXAMINATION FEES

a. Candidates must reapply and pay registration and examination fee if they have not been examined in the past 3 years.

b. Candidates must reapply and pay registration and examination fee if they have failed 3 examinations.

c. Candidates who have failed at least one examination will be assessed a fee of \$250.00.

d. Candidates desiring new examination, who have paid initial fee of \$175.00 and who have not been examined, will be assessed a fee of \$125.00.

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 examination of the Sub-Board of Pediatric Cardiology.

APPLICATIONS

Applications are available from the Subspecialty Office of the American Board of Pediatrics, 3930 Chestnut Street, Philadelphia, Pennsylvania 19104. Telephone: 215-349-6400.

CERTIFICATION WITH SPECIAL COMPETENCY IN

PEDIATRIC HEMATOLOGY-ONCOLOGY

The American Board of Pediatrics has established a procedure for certification in Hematology-Oncology as an area of special competency in Pediatrics.

ELIGIBILITY CRITERIA

1. Certification by the American Board of Pediatrics.
2. Specialty Training or Experience

Following a rotating internship the candidate may begin training in Pediatric Hematology-Oncology after two years of residency training in Pediatrics (PL1-PL2). In the case of a straight pediatric intern (PL1), the two years of Pediatric Hematology-Oncology residency or fellowship after a second year of General Pediatrics (PL2) will satisfy the requirement for a third year equivalent (PL4) of hospital training in Pediatrics, provided that during these two years at least half the time is spent in clinical work with children.

Until July 1978 one of the following requirements must be met:

- A. Two years of full-time graduate training in Pediatric Hematology-Oncology.
- B. Five years in the clinical practice of Pediatric Hematology-Oncology.

After July 1978 two years of full-time graduate training in an approved Pediatric Hematology-Oncology program will be required.

3. *Until July 1978 Letters of Recommendation will be required from at least one of those listed below:*

- a. If eligibility is claimed on the basis of full-time training in Pediatric Hematology-Oncology (A above),
 - (1) From the Pediatric Hematology-Oncology program director where training occurred.
 - or (2) From the Pediatric department chairman where training occurred.
- b. If eligibility is claimed on the basis of practice of Hematology-Oncology (B above),
 - (1) From the Pediatric Hematology-Oncology program director in the hospital where the candidate is seeing patients.
 - or (2) From the Pediatric department chairman in the hospital where the candidate is seeing patients.
 - or (3) From the Chief of Pediatrics in the hospital where the candidate is now in the practice of Pediatric Hematology-Oncology.

After July 1978 Letters of Recommendation will be required from the Pediatric Hematology-Oncology director of the program where training occurred.

These letters must be solicited by the applicant. They should not accompany the application but should be sent by the writer directly to the Subspecialty Office of the American Board of Pediatrics.

Each application is individually considered and must be acceptable to the Special Competency Committee in Pediatric Hematology-Oncology.

TRAINING PROGRAMS

At present there are no officially approved programs in Pediatric Hematology-Oncology.

EXAMINATIONS

An examination in Pediatric Hematology-Oncology will be offered by the American Board of Pediatrics every two years beginning in the fall of 1974. The examination is a one-day written examination. The purpose of this examination is to determine the candidate's competency to practice Pediatric Hematology-Oncology. Emphasis is therefore placed on practical aspects. But 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.

After a second failure, examination will again be permitted at the subsequent examination period. After a third failure, candidates must present a plan of preparation for further re-examination acceptable to the Credentials Committee of the Special Competency Committee in Pediatric Hematology-Oncology. Acceptance for a fourth examination can only occur after completion of the proposed program of study.

FEES

The application fee for certification in Pediatric Hematology-Oncology is \$300.00 (registration fee—\$50.00; examination fee—\$250.00). The full fee must be remitted with the initial application.

If the applicant is not accepted for examination, the examination fee (\$250) will be returned. The registration fee (\$50) will be retained to meet the cost of processing the application.

The fee for re-examination is \$250.00. (Candidates are permitted to take 3 examinations without having to resubmit registration fee of \$50.)

Fees are subject to change at any time. Check (U.S. funds only) should be made payable to the American Board of Pediatrics.

CERTIFICATION BY THE BOARD

A certificate for special competency in Pediatric Hematology-Oncology is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examination of the Special Competency Committee in Pediatric Hematology-Oncology.

APPLICATIONS

Applications are available from the Subspecialty Office of the American Board of Pediatrics, 3930 Chestnut Street, Philadelphia, Pennsylvania 19104. Telephone: 215-349-6400.

CERTIFICATION WITH SPECIAL COMPETENCY IN PEDIATRIC NEPHROLOGY

The American Board of Pediatrics has established a procedure for certification in Nephrology as an area of special competency in Pediatrics.

ELIGIBILITY CRITERIA

1. Certification by the American Board of Pediatrics.
2. Specialty Training or Experience.

Following a rotating internship the candidate may begin training in Pediatric Nephrology after two years of residency training in Pediatrics (PL1-PL2). In the case of a straight pediatric intern (PL1), the two years of Pediatric Nephrology residency or fellowship after a second year of General Pediatrics (PL2) will satisfy the requirement for a third year equivalent (PL4) of hospital training in Pediatrics, provided that during these two years at least half the time is spent in clinical work with children.

Until July 1978 one of the following requirements must be met:

- A. Two years of full-time graduate training in Pediatric Nephrology.
- B. Five years in the clinical practice of Pediatric Nephrology.

After July 1978 two years of full-time graduate training in an approved Pediatric Nephrology program will be required.

3. *Until July 1978 Letters of Recommendation will be required from at least one of those listed below:*

- a. If eligibility is claimed on the basis of full-time training in Pediatric Nephrology (A above),
 - (1) From the Pediatric Nephrology program director where training occurred.
 - or (2) From the Pediatric department chairman where training occurred.

b. If eligibility is claimed on the basis of *practice* of Nephrology (B above),

- (1) From the Pediatric Nephrology program director in the hospital where the candidate is seeing patients.
- or (2) From the Pediatric department chairman in the hospital where the candidate is seeing patients.
- or (3) From the Chief of Pediatrics in the hospital where the candidate is now in the practice of Pediatric Nephrology.

After July 1978 Letters of Recommendation will be required from the Pediatric Nephrology director of the program where training occurred.

These letters must be solicited by the applicant. They should not accompany the application but should be sent by the writer directly to the Subspecialty Office of the American Board of Pediatrics.

Each application is individually considered and must be acceptable to the Special Competency Committee in Pediatric Nephrology.

TRAINING PROGRAMS

At present there are no officially approved programs in Pediatric Nephrology.

EXAMINATIONS

An examination in Pediatric Nephrology will be offered by the American Board of Pediatrics every two years beginning in the fall of 1974. The examination is a one-day written examination. The purpose of this examination is to determine the candidate's competency to practice Pediatric Nephrology. Emphasis is therefore placed on practical aspects. But 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. After a second failure, examination will again be permitted at the subsequent examination period. After a third failure, candidates must present a plan of preparation for further re-examination acceptable to the Credentials Committee of the Special Competency Committee in Pediatric Nephrology. Acceptance for a fourth examination can only occur after completion of the proposed program of study.

FEES

The application fee for certification in Pediatric Nephrology is \$300.00 (registration fee—\$50.00; examination fee—\$250.00). The full fee must be remitted with the initial application.

If the applicant is not accepted for examination, the examination fee (\$250) will be returned. The registration fee (\$50) will be retained to meet the cost of processing the application.

The fee for re-examination is \$250.00. (Candidates are permitted to take 3 examinations without having to resubmit registration fee of \$50.)

Fees are subject to change at any time. Check (U.S. funds only) should be made payable to the American Board of Pediatrics.

CERTIFICATION BY THE BOARD

A certificate for special competency in Pediatric Nephrology is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examination of the Special Competency Committee in Pediatric Nephrology.

APPLICATIONS

Applications are available from the Subspecialty Office of the American Board of Pediatrics, 3930 Chestnut Street, Philadelphia, Pennsylvania 19104. Telephone: 215-349-6400.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

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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 Council 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 eligible 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 eligible for Part II of the examination, a minimum of two years of full-time clinical practice in the specialty of physical medicine and rehabilitation.

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, eight years of full-time practice in the specialty of physical medicine and rehabilitation may qualify a candidate for eligibility 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.

INTEGRATED GRADUATE PROGRAM

An 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 integrated 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 integrated 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 eligibility for admission to 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 eligible 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 eligibility for the examination may be suspended until the Board obtains satisfactory references; however, any applicant, having had his consideration of eligibility so suspended, may petition for a hearing before the Board, and the Board shall notify the suspended 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 requirement on or before August 31 following the scheduled examination date for which he has applied in order to have his application considered for that year's examination. 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 eligible for the examination, will the Board refund the candidate's fees.

If a candidate is declared eligible for the examination, the fees paid are not refundable.

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 ELIGIBILITY

Board eligible is a term used by the Board to define the status of candidates who have been accepted by the Board as *currently* eligible for examination for the *particular year in which a candidate has applied*; eligibility designation does not continue beyond the examination date for which a candidate has applied regardless of results.

The procedures required of candidates to be designated Board eligible 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 eligibility from the Secretary of the Board to the candidate, verifying that the applicant has fulfilled all requirements and is Board eligible.

B.

CANDIDATES WHO ARE RE-APPLYING FOR PART ONE, HAVING FAILED PART ONE; OR WHO ARE APPLYING FOR PART II, 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 eligibility from the Secretary of the Board to the candidate, verifying that the applicant has fulfilled requirements and is Board eligible.

Following the establishment of Board eligibility, 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 eligibility for re-examination.

FAILURE TO APPEAR

Failure to take the examination once eligibility is established for either Part I or Part II shall result in forfeiture of the fees 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 training required by the Board outlined above.

Part II (oral) may be taken only after passing Part I and after two years of full-time practice in physical medicine and rehabilitation, following residency training.

Both the written and oral examination 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 certifiants 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

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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—atomy, 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 Approved 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 on the first Saturday following Labor Day. The regional distribution of the Board examinations will be determined on a yearly basis by the Board, and 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.

GRADES

Successful completion of the Part I examination requires a grade of 75% or better in each of the three separate parts of the Part I examination.

RE-EXAMINATIONS

In case of failure, the candidate will be required to repeat that particular segment of the Part I examination that was failed. The candidate must give the Board office notice requesting re-examination and pay a fee of \$100.00 for the written re-examination.

All re-examinees must also obtain a minimum grade of 75% in each part taken in order to qualify for the oral examinations.

Candidates who have failed in any portion of 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. Each candidate will then be required to submit a one-page summary of eight major cases indicative of his independent work in the field of plastic surgery.

CASE SUMMARIES

Case summaries, which are indicative of independent work, must be submitted to the Board office by March 15th. 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 (a copy of that submitted on the previous March 15th).

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 \$325.00. Of this sum, \$125.00 must accompany the application and the remaining \$200.00 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

EARL T. CARTER, Chairman, Rochester, Minnesota
 FRANKLYN B. AMOS, Vice Chairman for Public Health, Albany, New York
 FRANK L. BABBOTT, JR., Vice Chairman for General Preventive Medicine, Burlington, Vermont
 HAROLD J. MAGNUSON, Vice Chairman for Occupational Medicine, Ann Arbor, Michigan
 HOWARD R. UNGER, Vice Chairman for Aerospace Medicine, USAFE APO, New York
 CLARENCE L. BRUMBACK, West Palm Beach, Florida
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 D. JOHN LAUER, New York City
 ERNEST MASTROMATTEO, Toronto, Ontario
 PAUL Q. PETERSON, Chicago
 CLIFFORD P. PHOEBUS, Pensacola, Florida
 EDYTH H. SCHOENRICH, Baltimore, Maryland
 WARREN WINKELSTEIN, JR., Berkeley, California
 RAYMOND SELTSE, Secretary-Treasurer, 615 North Wolfe Street, Baltimore, Maryland 21205

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. Good moral character and high ethical and professional standing;
2. 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;
3. A period of at least one year of postgraduate clinical training developed as part of a residency program in preventive medicine or in a program approved by one or more Residency Review Committees and comprising experience relevant to preventive medicine; or has had service or training deemed by the Board to be equivalent to such training; and
4. Authority to practice medicine in a State, Territory, Commonwealth or possession of the United States or in a Province of Canada, unless the applicant is employed in a position in which such authority is not required.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. Residency of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved by 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 an equivalent Canadian residency approved by the Board; one year of such period in both instances may be an approved clinical residency in a field directly related to public health;

3. A period of not less than one year, in addition to 1 and 2 above, of special training in, or teaching or practice of, public health;

4. The candidate must have been engaged in the practice of, or training for, public health for at least two of the five years preceding application.

5. Limitation of practice to full-time teaching, research, or practice of public health as a Specialty.

SPECIAL REQUIREMENTS IN AEROSPACE MEDICINE

1. Successful completion of at least one academic year of graduate study in preventive medicine in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;

2. Residency of not less than two years, in addition to 1 above, which shall have provided planned instruction in the principles of aerospace medicine, and supervised participation in a comprehensive program of aviation medicine approved by 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; one year of such requirement may be satisfied by one or more years of training in an approved residency in a clinical specialty deemed by the Board to be directly related to aerospace medical practice.

3. A period of not less than one year, in addition to 1 and 2 above, of special training or research in, or the teaching or practice of, aerospace medicine.

4. The candidate must have been engaged in the practice of, or training for, aerospace medicine for two of the five years preceding application.

5. Limitation of practice to full-time teaching or research in, or practice of, aerospace medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion of at least two academic years of graduate study in preventive and occupational medicine in a school of medicine, a university graduate school, a school of public health, or a combination of these schools, all of which must be acceptable for such graduate training by the joint Residency Review Committee for Preventive Medicine of the Council on Medical Education of the American Medical Association and the American Board of Preventive Medicine; or training or study deemed by the Board to be substantially equivalent to such graduate study.

2. Residency of not less than one year, in addition to 1 above, of supervised experience in occupational medical practice in an industrial or medical organization approved by 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 an equivalent Canadian residency approved by the Board; one year of such requirement may be satisfied by one or more years of training in an approved residency in a clinical specialty deemed by the Board to be directly related to occupational medical practice.

3. A period of not less than one year, in addition to 1 and 2 above, or special training in, or teaching or practice of, occupational medicine;

4. The candidate must have been engaged in the practice of, or training for, occupational medicine for two of the five years preceding application.

5. Limitation of practice to full-time teaching, research, or practice of occupational medicine.

SPECIAL REQUIREMENTS IN GENERAL PREVENTIVE MEDICINE

1. Successful completion of at least one academic year of graduate education in residence at a medical school with a program of training in preventive medicine recommended by the joint Residency Review Committee for Preventive Medi-

cine and approved by the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine, or at a school of public health accredited for the purpose of such study by the American Public Health Association, or in Canada, an equivalent academic program approved by the Board; and

2. Residency of at least two years of instruction, observation and supervised experience in a comprehensive organized Preventive Medicine Residency Training Program approved for this type of residency training by 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 an equivalent Canadian residency approved by the Board. One year of the residency experience may be in a clinical residency approved by the American Medical Association's Council on Medical Education, or an equivalent Canadian residency, in a field directly related to preventive medicine;

3. A period of not less than one year (in addition to 1 and 2 above) of special training or research in, or teaching or practice in, some area (or areas) of preventive medicine;

4. The candidate must have been engaged in the practice of, or training for, preventive medicine for two of the five years preceding application.

5. Limitation of practice to full-time teaching, practice or research in preventive medicine as a specialty.

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) and must be filed with the Secretary by November 1st in order for eligibility to be established for the examination in the spring of the next year. It must be accompanied by the required documentation, application fee, and one recent, clear, unmounted, autographed photograph of the applicant which should be attached to the application.

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 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.

Properly qualified applicants may take Parts I and II of the examination together following the four years of graduate education, residency and additional specialized experience, or may elect to take Part I of the examination after completion of the graduate study and the required residency training. In either situation, an applicant will not be admitted to examination until he has completed satisfactorily all requirements of graduate study and residency.

An applicant declared ineligible for admission to examination may refile or reopen his 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, except as specified above, 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

A person who has been certified in one field (e.g. Public Health), may apply for certification in another field (e.g.

Occupational Medicine); however, the applicant must meet in full the special requirements for each of the fields in which he desires to be examined.

In determining whether the applicant meets such requirements, no period of training or experience, other than the year of formal graduate study, will be taken into account if the same period shall have been taken into account in determining his eligibility for another field.

FEEES

Application fee	\$50
Must be submitted with application; is not refundable.	
Examination fee	\$200
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	\$100
Examination fees for additional field	
Specialties: Each field	\$100

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. Part II is a comprehensive written examination or, in the case of candidates being examined in General Preventive Medicine, a comprehensive oral examination emphasizing the applicant's knowledge in the special field in which he requests certification.

An oral interview or practical examination is also required of candidates being examined in Public Health, Aerospace Medicine, or Occupational Medicine which usually will be held at the completion of Part II of the examination. An endeavor will be made to adapt the details of the oral interview or practical examination to each candidate's experience and practice.

Candidates for certification in a second or third field will be required to pass only that portion of the written and/or oral 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 in his application. 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 he misstated, misrepresented, or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching, research, or practice of the specialty in which he has been certified. The issuance of a Certificate to any person does not constitute such person a member of the Board.

CERTIFICATION OF FOREIGN MEDICAL GRADUATES

The Board may issue certificates to graduates of foreign medical colleges indicating the possession of special knowledge in Preventive Medicine, or a field thereof. Such certificates are issued only to individuals who have had full residency training in Preventive Medicine in the United States or Canada.

The application procedures, the examinations, and the fees are the same as those required of all others seeking certification by this Board.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

HARVEY J. TOMPKINS, President, New York City
WILLIAM M. LANDAU, Vice-President, St. Louis
ROBERT L. STUBBLEFIELD, Secretary-Treasurer, Boulder, Colorado

DAVID B. CLARK, Lexington, Kentucky
THOMAS W. FARMER, Chapel Hill, N.C.
MILTON GREENBLATT, Los Angeles
MARC H. HOLLENDER, Nashville, Tennessee
ROBERT J. JOYNT, Rochester, New York
CLARK H. MILLIKAN, Rochester, Minnesota
CHESTER M. PIERCE, Cambridge, Massachusetts
RICHARD M. STEINHILBER, Rochester, Minnesota
SAMUEL A. TRUFANT, Cincinnati
LESTER H. RUDY, Executive Director, Office of the Board,
1603 Orrington Avenue, Suite 490, 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. He shall receive a separate certificate for each area in which he 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) the person to whom the certificate was issued is convicted of a crime which involves moral turpitude, or

(d) a license to practice medicine of the person to whom the certificate was issued is forfeited, revoked or suspended.

APPLICATION

An applicant who wishes to be examined by the Board shall complete, sign and file with the Executive Secretary-Treasurer an application on the official form together with the required supporting data. Applications may be obtained from the Executive Secretary-Treasurer. An application must be received in the Executive Office of the Board no later than the October 31 preceding the date of the Part I examination for which the applicant is applying. An applicant must complete his training and experience requirements no later than June 30 of the year he is requesting admission to examination.

GENERAL REQUIREMENTS

Each candidate for examination must establish that:

1. Physician (M.D.)

(a) He has an unlimited license to practice medicine in a state of the United States or its possessions, or a province of Canada, if residing in Canada.

(b) He has a satisfactory moral, ethical and professional standing.

(c) He has satisfactorily completed the Board's specialized training and experience requirements in Psychiatry or Neurology, or both.

2. Osteopathic Physician (D.O.)

(a) He has unlimited license to practice medicine in a state of the United States or its possessions.

(b) He is of satisfactory moral, ethical and professional standing.

(c) He has satisfactorily completed the Board's specialized training and experience requirements in Psychiatry or Neurology, or both.

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 Council on Medical Education of the American Medical Association or the Royal College of Physicians and Surgeons of Canada and have had two full years of satisfactory experience. Both the training and experience shall be in the specialty in which he seeks certification and shall be undertaken in the United States or Canada.

For an applicant who began training after June 30, 1956, at least 24 months of his 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 seeks certification. For an applicant whose training began after June 30, 1964 at least two full years of his three years of training must be spent in a single program approved for two or three years of training credit. Training programs approved by this Board and by the Council on Medical Education of the American Medical Association may be found in the current issue of the Directory of Approved Residencies published by the American Medical Association. This Directory includes the "Essentials of an Approved Internship" and the "Essentials of Approved Residencies."

Experience credit will not be given an applicant for work performed before he has had at least one full year of postgraduate training in Psychiatry or Neurology or for work performed in any other medical or surgical specialty, except, however, that two years of postgraduate training in an approved training program for a specialty other than Psychiatry or Neurology may be substituted for one year of experience in Psychiatry or Neurology. If an applicant seeks certification in both Psychiatry and Neurology, he must have satisfactorily completed four full years of postgraduate training, two years in each specialty, in approved training programs and have had one full year of satisfactory experience, all undertaken in the United States or Canada. For an applicant whose training began after June 30, 1964, two full years in each specialty must be spent in a single program approved for two or three years of training credit.

**CERTIFICATE IN NEUROLOGY WITH SPECIAL COMPETENCE
IN CHILD NEUROLOGY**

The American Board of Psychiatry and Neurology 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. Straight Pediatric internship is not an absolute requirement but is

strongly urged. An applicant seeking admission to examination for certification in Neurology with Special Competence in Child Neurology must have completed the following specialized training:

1. One year of general Pediatric residency.

2. Two years of general Neurological residency.

3. One of the following:

(a) Two years of Neurological residency devoted to Child Neurology; or

(b) One year of Neurological residency devoted to Child Neurology plus two years of experience in Child Neurology.

4. During the period of Neurological residency, the candidate must have satisfactory training in the sciences basic to Neurology and in Psychiatry and Neurological Surgery as outlined in the "Essentials of Approved Residencies" as they apply to 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 and he must, at all times, continue to meet all requirements of the Board for certification in General 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."

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 training or experience, or where he 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 professional goals and accomplishments. The candidate must have completed at least five years of training, and evidence must be submitted showing that he has had satisfactory direct responsibility for patient care in his 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 and the Board of Directors.

EXAMINATIONS

General Information

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 some 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 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 shall conduct such examinations as 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 shall be notified by the Executive Secretary-Treasurer as to the results.

A candidate who is unable to attend any examination to which he has been admitted and who fails to notify the Executive Secretary-Treasurer at least three (3) months before the start of such examination shall forfeit the examination fee. All fees may be modified from time to time as necessary.

Part I Examination

A 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. This Part I examination is given once a year, in April, 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 their locale, but candidates may not select the site of examination, and no transfer to another area can be made during the three month period preceding the Part I examination.

After an applicant has been advised by the Board that he has been accepted for Part I examination, he shall, upon request, submit the required examination fee and three signed photographs of himself, of such quality and recent date to permit ease of identification at the time of examination.

A candidate must take Part I within two years following the date he is accepted for examination. A failure to do so will require reapplication and payment of the application fee.

A candidate who passes Part I shall, upon request, submit to the Executive Secretary-Treasurer 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 within one year following notification of successful completion of Part I.

A candidate who fails the initial Part I examination may, upon payment of Part I fee, repeat the examination the following year. Two failures will necessitate a waiting period of two years after the second failure before retaking Part I. The candidate must submit a new application and application fee together with satisfactory evidence of additional training. In order to minimize the waiting period a candidate may reapply between July 1 and October 31 of the second year.

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. Candidates who successfully complete 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 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.

Candidates assigned to Part II examination may not 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 another date or location will be available within the one year limit.

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/or 2 hours minor
- Condition** = Fails 1 hour major and 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 fails his initial Part II examination must upon re-examination repeat the entire Part II examination and pass all subjects in which he is being reexamined.

**A candidate who conditions his initial Part II examination must upon reexamination pass all subjects in which he is being reexamined.

A candidate who conditions in Part II is eligible upon payment of Part II fee for reexamination in the subject or subjects that he failed within a period of six (6) months. A candidate who fails to take the reexamination in such subject or subjects within the time specified, or who fails the re-examination, must submit a new application and application fee and, if accepted, repeat both Parts I and II.

A candidate who fails the initial Part II is eligible, upon payment of a reexamination fee, for reexamination within a period of six (6) months. A candidate who fails to repeat Part II within the time specified must submit a new application and application fee and repeat both Part I and Part II.

A candidate who fails both his initial Part II examination and his reexamination will be required to wait a period of two years after the second failure before retaking Part I. The candidate must submit a new application and application fee together with satisfactory evidence of additional training. In order to minimize the waiting period a candidate may reapply between July 1 and October 31 of the second year.

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 his credentials for such other certificate are acceptable to the Board, he thereupon becomes eligible to take the Part I and Part II examinations in the supplementary subject.

FEE SCHEDULE

Application Fee	\$125.00
Part I Examination	50.00
Part I Reexamination	50.00
Part II Examination	150.00
Part II Reexamination—Condition	100.00
Part II Reexamination—Failure	150.00

NEW POLICY

Effective July 1, 1973, the Board will accept an Application for Certification immediately after the applicant completes his training program provided the following requirements are met:

1. The applicant completes his training requirement no later than June 30 preceding the date of the Part I examination to which he is seeking admission;
2. The applicant files an application on the official form after July 1 of the year he completes training and the application is received in the Executive Office no later than October 31 preceding the date of the Part I examination.

A candidate who elects this option will be required to take the next scheduled Part I following the date he is accepted for examination. Failure to do so will require reapplication and payment of the application fee. A candidate who passes Part I will be scheduled for Part II upon completion of two years of experience credit

APPLICATION FOR CERTIFICATION IN CHILD PSYCHIATRY

An applicant who wishes to be certified in Child Psychiatry shall complete, sign and file with the Executive Secretary-Treasurer of the Board an application on the official form then in use by the Board, together with the supporting data required by the application. Applications may be obtained from the Executive Secretary-Treasurer. The application shall be accompanied by a check payable to the Board for \$150 to cover the application fee. No part of such 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 Secretary-Treasurer. The application, supporting data and fee must be received by the Board no later than November 30 in order for the applicant to be considered for the examination to be conducted during that calendar year.

The Executive Secretary-Treasurer, upon receipt of an application, shall make inquiries from those who the candidate designates as references and from such other persons as the Executive Secretary-Treasurer may deem desirable. Determinations of applicants' eligibility will be made in accordance with the rules and regulations of the Board in effect from time to time.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for certification in Child Psychiatry must comply with the following requirements:

- (a) He must have been certified by the Board in the specialty of General Psychiatry prior to taking the examination in Child Psychiatry, and he must at all times, continue to meet all requirements of the Board for certification in General Psychiatry.
- (b) He must have satisfactorily completed the required training in Child Psychiatry as a specialty.

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

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.

Candidates who have had 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 if the director of the training program in Child Psychiatry recommends such credit. This recommendation should be set forth in the form of a letter from the director of the training program to the Child Psychiatry trainee and 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 plus 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 being TWO FULL YEARS.

It is advisable that any trainee or potential trainee in Child Psychiatry who contemplates a training program at variance with one of the above training patterns submit his proposed training sequence to the Secretary of the Board before he begins his Child Psychiatry training, or as early as possible thereafter, for an advisory opinion of the Committee on Certification in Child Psychiatry as to whether his proposed training is likely to meet minimum requirements for admission to examination.

The applicant should obtain from his training director(s) a statement certifying his satisfactory completion of the training requirements during the period for which training credit was granted.

Experience in Child Psychiatry following completion of training is no longer a requirement for admission to examination in Child Psychiatry.

The Committee may require, at its discretion, as part of the qualifications of eligibility for examination for Certification in Child Psychiatry, the publications of the applicant and/or a series of case reports of children treated by the applicant.

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 \$200.00 is payable when such payment is requested by the Executive Secretary of the Board.

Should the applicant be found not eligible for examination for certification in Child Psychiatry, he will be notified of his deficiencies so that these may be corrected before expiration of application. The application remains valid for three (3) years from date of submission. After this period, the applicant must submit a new application and pay a new application fee to receive further consideration.

EXAMINATIONS

Examinations will be held whenever there are a sufficient number of candidates. These will be oral and/or written examinations and will include examination in all areas re-

lating to normal personality development and pathological deviations. It will cover any area of developmental disturbance, including mental retardation, etiological mechanisms and therapeutic measures and planning. Knowledge of the history and literature of Child Psychiatry will constitute a part of the examination. The utilization of psychological testing, contributions of collaborative personnel and types of social planning will constitute a part of the examination. An important part of the examination will be the candidate's ability to reason from the material presented to him and to organize a practical program of therapy and management from these data.

A candidate who fails in the initial examination may be re-examined within one year after payment of a \$200.00 re-examination fee. If he does not appear for re-examination within one year, the application lapses, and he may receive further consideration only after submitting a new application and a new application fee.

A candidate who fails not more than two of the six examination hours may receive a "conditional result." His re-examination will consist of one hour of examination in each of the subjects failed in the initial attempt and must be taken within a one-year period. The fee for a conditioned examination is \$150.00.

Should the candidate not be successful in re-examination, he must wait for two years before submitting a new application. During these two years, he must remain in the full-time practice of Child Psychiatry as defined above and undertake such further preparation which will correct the deficiencies which he should have noted in his two previous examinations.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary of the Board at least three (3) months before the date of examination will forfeit his examination fee. Any candidate who has been declared eligible for examination and who fails to appear for examination within a period of two (2) years from the date of submission of application shall be required to submit a new application and pay a new application fee.

RULES AND REGULATIONS

Applicants should write to the Board Office for a copy of the current Rules and Regulations. Address:

American Board of Psychiatry and Neurology,
1603 Orrington Avenue, Suite 490,
Evanston, Illinois 60201

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, privi-

leges, 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 been found qualified to practice Radiology in all of its branches, or

2. A certificate to the effect that the applicant has been found qualified to practice Radiology in one of the following categories: (a) Diagnostic Radiology; (b) Therapeutic Radiology.

3. A certificate to the effect that the applicant has been found qualified to practice Radiological Physics in all of its branches, or

4. A certificate to the effect that the applicant has been found qualified to practice Radiological Physics in one of the following categories: (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 application of certain forms of radiant energy such as roentgen rays, radium and radionuclides.

2. *Diagnostic Radiology* is that branch of radiology which deals with the diagnostic application of roentgen rays and radionuclides.

3. *Therapeutic Radiology* is that branch of radiology which deals with the therapeutic application of roentgen rays, radium or equivalent sources and radionuclides.

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 applications of roentgen rays, of electron beams, of radium and other radionuclides used in a similar manner, of beta rays, of neutrons, and of radionuclides in teletherapy units and in all other therapeutic applications, and (2) the equipment associated with their production and use in these applications.

6. *Diagnostic Radiological Physics* is that branch of *radiological physics* which deals with (1) the diagnostic applications of roentgen rays, and (2) the equipment associated with their production and 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:

1. Satisfactory moral and ethical standing in the profession.
2. Assurance that the applicant holds himself out to be a specialist in Radiology or one of its branches as defined under "Definitions" and that he limits his practice to the field of Radiology.

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 native born citizen of the United States or one of its possessions and is a graduate of a medical school outside the United States or Canada, he must be a Diplomate of the National Board of Medical Examiners or be screened with approval by an agency designated by the Executive Committee. If the applicant is a citizen of a country, other than the

United States or Canada and a graduate of a foreign medical school, he may be required to be screened with approval by an agency designated by the Executive Committee.

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.

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 of Radiology 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.

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 Radiology. Time spent in Nuclear Radiology 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.

DIAGNOSTIC RADIOLOGY

Candidates beginning their training in Diagnostic Radiology after June 30, 1971 will be required to have four years of approved postgraduate training. Three of these years must be spent in a Department of Radiology 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 Diagnostic Radiology.

The three-year training period must include training in Pathology and training in the diagnostic aspects of Nuclear Radiology. Training in the latter field may not exceed twelve months. It may include a maximum of three months' training in Therapeutic Radiology.

THERAPEUTIC RADIOLOGY

Candidates beginning their training in Therapeutic Radiology after June 30, 1971 will be required to have four years of approved postgraduate training. Three of these years must be spent in a Department of Radiology 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 Therapeutic Radiology.

The three-year training period must include training in Pathology and training in the therapeutic aspects of Nuclear

Radiology. It may include a maximum of three months' training in Diagnostic Radiology.

Candidates applying for Therapeutic Radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources, as well as proficiency in roentgen and other teletherapy modalities.

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 \$300.00 (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. 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.) Checks should be made payable to The American Board of Radiology, Inc.

WRITTEN EXAMINATION:

Written examinations are given during the latter part of June.

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 time in the service or because of 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.

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. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

If a candidate, after accepting an appointment, fails to appear for examination and gives no satisfactory explanation for his absence, he shall be required to submit a new application accompanied by the 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 cancels without offering an excuse acceptable to the Executive Committee shall be required to

submit an additional \$25.00 before being given another opportunity for examination.

FAILURES

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 \$175.00. 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.)

After a second failure a re-examination fee must be filed.

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. 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 during this two-year interval. 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. 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 during this three-year interval. 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 fails the entire field and desires to be re-examined only in a partial field must fulfill the requirements for certification in this partial field. In addition, he shall be required to take the written examination. (Not applicable if candidate previously took written examination.)

A candidate who fails in one branch of Radiology (i.e., either Diagnostic Radiology or Therapeutic Radiology) may be certified in the field in which he was successful provided he satisfies the training requirements and passes another oral examination in the field in which he wishes to be certified. In addition, he shall be required to take the written examination. (Not applicable if candidate previously took written examination.)

CONDITIONS

Candidates who have been conditioned once may be accepted for re-examination at any subsequent examination. A fee of \$175.00 is required.

Candidates who fail twice subsequent to an original condition are required to wait one year before being eligible to appear for the third re-examination in that subject. A re-examination fee is required.

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REQUIREMENTS FOR ADMISSION TO THE EXAMINATIONS AND CERTIFICATION

I. GENERAL QUALIFICATIONS

Professional competence in surgery, an ethical standing in the profession and a moral status in the community which are satisfactory to the Board.

Engagement 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 and other abdominal conditions, of the breast, of the head and neck, of the peripheral vascular system, of the endocrine system; and of the principles of trauma and management of 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 cardi thoracic, gynecologic, neurologic, orthopedic, 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 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 or chief year of residency in an approved program in a manner satisfactory to the Board in order to be considered for admission to the examinations. The chief or senior appointment should be the final year.

The graduate educational requirements set forth in this Booklet 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 evaluation and actions of the Residency Review Committee for Surgery.

Those programs in Surgery in the United States approved by the Residency Review Committee and in Canada by the Royal College of Surgeons of Canada for "full training" are acceptable to the Board.

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.

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 Approved Residencies published annually by the American Medical Association; in the ap-

propriate issues of the Bulletin of the American College of Surgeons; and in the Annals of the Royal College of Physicians and Surgeons of Canada.

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 in an approved program post-medical school is the minimum required of all candidates. 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 the 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 or Chief Residency in the last year.
 - a. For candidates entering a program of graduate education after June 30, 1971, a freestanding internship is not required, but for the program to be acceptable, the training must include a minimum of four years of *clinical* experience after graduation from medical school. Of these four years, at least three and one-half years must be in clinical surgery. Up to six months of these four clinical years may be spent in allied disciplines such as anesthesiology, surgical pathology, internal medicine or pediatrics. Any additional full-time assignments to disciplines other than surgical, or to non-clinical pursuits such as research, must be in addition to the *four years of clinical experience*. A program of five or more years may include assignments to research, basic science or other electives, but there must be at least four years of clinical experience to include three and one-half years of clinical surgery of which two years must be General Surgery. The Senior or Chief Residency should be in the last year.
 - b. For candidates who have had a freestanding internship or other suitable clinical experience of at least one year, after graduation from medical school, the ensuing four-year 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. A senior year is required.
 - c. Candidates serving in approved programs 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 year of true senior responsibility.
 - 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 approved as a component of that program by the Residency Review Committee for Surgery.
 - e. Rotations for not more than a total of one year during junior years may be made to hospitals approved by the Residency Review Committee as "Affiliates" of the parent program. If the total time to be spent outside the parent hospital exceeds one year, special

approval by the Residency Review Committee is required. The senior year must be accomplished in the parent institution except where special approval has been granted by the Residency Review Committee for a part thereof to be spent in specified "Affiliate."

- f. Rotations for not more than six months' total during junior years of the program may be made to hospitals in the U.S. or Canada which are not approved as "Affiliates."
 - g. Resident rotations to hospitals outside the U.S. or Canada 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 clinical 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, preferably 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 a 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 REPORT**—A candidate is required to submit a list of the operative procedures performed by him during his period of approved graduate education in surgery. In the case of Group II candidates this applies also to the additional years required after formal residency. Failure to submit the required operative list will constitute incomplete credentials and will result in deferral of the candidate's admission to examination.

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 surgical program. 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 or Canada. 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

I. GENERAL RULES

- A. A candidate is admissible to the examinations only when he has successfully fulfilled the 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 have been considered and deemed acceptable and his formal Application has been approved. He then becomes an "Active Candidate," admissible to the examinations, and will be so notified.
- B. A candidate must successfully complete all examinations within ten examining (Academic) years after the approval of his original Application. Failure to do so renders him inadmissible to the examinations. If he wishes to be considered again for admission to the examinations he must satisfactorily complete at least

one year of residency in surgery at an advanced level in a program approved by the Residency Review Committee for Surgery for four or more years of residency, and upon completion thereof he will be treated as a "New Applicant".

- C. A candidate whose Application has been approved and who has not successfully completed all the examinations within five examining years loses his status as an "Active Candidate." He will not again be offered an opportunity to be admitted to examination unless he requests that the Board review his credentials and reinstate him as an "Active Candidate." He must then provide the Board with such information as it may require upon which to base a decision in his case. If he is reinstated as an "Active Candidate" he will retain this status for the remainder of the ten years from the approval of his original Application.
- D. A candidate who has not successfully completed all the examinations of the Board within ten examining years from the approval of his original Application will have his file removed from the records of the Board and disposed of. After that date if he wishes to be considered for examinations, he will be treated as a "New Applicant".

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.

II. RE-EXAMINATION RULES

- A. PART I—A candidate may be examined in Part I for a second, third, and fourth time at intervals of no less than one year. If he has been unsuccessful in Part I on four occasions he loses his status as an "Active Candidate" and is required to complete satisfactorily at least one year of residency in surgery at an advanced level in a program approved by the Residency Review Committee for Surgery for four or more years of residency before he will be considered for readmission to examination. A candidate who is accepted for a fifth examination and is unsuccessful will be treated as a "New Applicant" and required to complete at least three years, including a senior year, in an approved program in general surgery.
- B. PART II—A candidate may be examined for the second time in Part II after an interval of at least one year. He may be examined for a third time after an additional interval of two years provided he presents evidence satisfactory to the Board that he has attempted to prepare himself adequately. A candidate failing Part II on three occasions must subsequently complete satisfactorily at least one year of residency in general surgery at an advanced level in a program approved by the Residency Review Committee for Surgery for four or more years of residency before he will again be considered for readmission to examination. A candidate who is accepted for a fourth examination in Part II and is again unsuccessful will be required to complete satisfactorily at least three years, including a senior year, in an approved program in general surgery and will be treated as a "New Applicant." He will be required to submit to a new *Application for Examination* and must successfully complete the Part I examination before he can be admitted to Part II.
- C. A candidate who in previous years passed a portion of the Part II examination when it was divided into Clinical Surgery and Basic Sciences or Anatomy and/or Pathology and who now applies for re-examination must complete the entire Part II because basic sciences have been integrated into the examination and are not offered separately.

- D. 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.

THE EXAMINATIONS

The examination required for General Certification in Surgery is composed of a Part I (written) and a Part II (oral). In both, a knowledge of the practical application of the sciences is required.

Beginning with candidates whose formal Applications are approved in 1975, the Board may report their performance on any and all of the Board's examinations to the Director of the program in which they completed the Senior or Chief Residency year.

I. PART I

This examination is written and is offered once a year, usually on the first Wednesday in December. It is given simultaneously in a number of locations in the United States and Canada and by special arrangement at certain locations abroad.

Candidates whose applications have been approved and who are "Active Candidates" are sent annually a list of examination centers from which to choose. Shortly before the date of examination they are sent a *Letter of Admission* to the Examination 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.

The examinations are composed annually by members of the American Board of Surgery with the technical assistance of the National Board of Medical Examiners.

Successful completion of Part I is a requirement for admission to Part II.

II. 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. Part II is not held outside the continental United States.

The examinations are conducted by members of the American Board of Surgery and certain selected diplomates acting as guest associate examiners.

The examination consists of oral interviews in clinical surgery and a session 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 application 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.

APPLICATION FOR EXAMINATION

A prospective candidate for examination by the Board should carefully read the requirements set forth in this 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 December of 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 December of that year.

Candidates who complete the educational requirements after September 30th will *not* be considered for admission to Part I in December of 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. \$ 75.00
Part I—payable upon assignment to center..	U.S. \$125.00
Part II—payable upon assignment to center	U.S. \$125.00

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 at least 3 business days prior to the examination 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.

PART I—SPECIAL THORACIC SURGERY CANDIDATES

The American Board of Thoracic Surgery has requested that specifically identified Candidates for Certification in Thoracic Surgery whose training is received in approved "Special Training Programs in Thoracic Surgery" be admitted to the Part I examination given by the American Board of Surgery. It has been agreed that such candidates are strictly Thoracic Surgery Candidates only, and that the American Board of Surgery is making its Part I examination available to the American Board of Thoracic Surgery as a cooperative service. Successful completion of the examination on the part of these Special Thoracic Surgery Candidates does not entitle them to credit from the American Board of Surgery for the examination or to admission to the American Board of Surgery Part II examination if they later meet all

other requirements for admission to the examination of the American Board of Surgery.

All inquiries and correspondence relating to admission to the examination of Candidates for Certification in Thoracic Surgery from "Special Training Programs in Thoracic Surgery" are to be addressed directly to the American Board of Thoracic Surgery, 14624 East Seven Mile Road, Detroit, Michigan 48205.

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

The American Board of Surgery has established within its structure a *Committee on Pediatric Surgery* and offers *Certification of Special Competence in Pediatric Surgery*. The educational and other requirements to be met for the award of this Special Certification are to be found in the section below headed "Special Certification in Pediatric Surgery."

III. RECERTIFICATION

All candidates whose initial Certification, either General or Special, is received after September 1, 1975, will be required to be Recertified at intervals of ten years. Certificates issued after September 1, 1975, will bear a limiting date, after which they are no longer valid.

Voluntary Recertification will be offered, starting in 1980, to Diplomates who were certified before September 1, 1975. The details of the process have not been finalized and appropriate announcements will be made in advance.

SPECIAL CERTIFICATION IN PEDIATRIC SURGERY

The American Board of Surgery offers *Certification of Special Competence in Pediatric Surgery*. Examinations are developed by the Committee on Pediatric Surgery of the American Board of Surgery and offered during the Spring of each year. Candidates desiring admission to examination should communicate with the Board immediately following completion of their residency, requesting an Evaluation Form. Candidates who appear to have met all of the educational requirements will then be sent an *Application for Examination* form. This *Application for Examination* form must be completed and returned to the Board *no later than December 1st* in order to be considered for examination the following Spring. No candidate will be sent an *Application for Examination* form or admitted to examination until he has met all of the specified requirements.

I. REQUIREMENTS FOR ADMISSION TO EXAMINATION

- 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 an approved program in pediatric surgery of two years' duration. A senior year is required.
- A candidate must be recommended by the Director of the program in which he received his pediatric surgical education.
- A candidate must submit an authenticated list of his operative experience as primary surgeon and assistant.
- Special consideration may be given to applicants who have had a significant portion of their practice in pediatric surgery over the past five years and whose credentials and education appear to be adequate, although they may not have fulfilled the requirements specified above.

II. RULES GOVERNING ADMISSIBILITY TO EXAMINATION

- A. General Rules—Applicable as outlined above for General Certification.
- B. Re-Examination Rules—
 - (1) 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 pediatric surgery in a program approved by the Residency Review Committee for 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 treated as a "New Applicant" and subsequently required to complete two additional years, including a senior year, in an approved program in pediatric surgery.
 - (2) 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.

III. FEES (PEDIATRIC SURGERY)

- U.S. \$75.00 Registration—payable with *Application* form.
- U.S. \$225.00 Examination—payable upon assignment.
- U.S. \$125.00 Re-examination—payable upon assignment.

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 at least 3 business days prior to the examination to which he is assigned or who fails to attend the examination may be required to forfeit the entire fee for that examination.

IV. ISSUANCE OF CERTIFICATE

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." All Certificates issued will be subject to recertification at ten-year intervals, effective with the first granted.

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

- C. FREDERICK KITTLE, Chairman, Chicago, Illinois
- PAUL C. ADKINS, Vice-Chairman, Washington, D.C.
- HERBERT SLOAN, Secretary-Treasurer, Ann Arbor, Michigan
- RALPH D. ALLEY, Albany, New York
- JAY L. ANKENY, Cleveland, Ohio
- W. STERLING EDWARDS, Albuquerque, New Mexico
- F. HENRY ELLIS, JR., Boston
- ROBERT G. ELLISON, Augusta, Georgia
- THOMAS B. FERGUSON, St. Louis
- JAMES R. MALM, New York City
- RUSSELL M. NELSON, Salt Lake City, Utah
- BENSON B. ROE, San Francisco
- WILL C. SEALY, Durham, North Carolina
- ALBERT STARR, Portland, Oregon
- MYRON W. WHEAT, JR., Louisville, Kentucky
- MISS LOUISE SPER, Executive Assistant, 14624 East Seven Mile Road, Detroit, Michigan 48205

REQUIREMENTS FOR EXAMINATION

- 1. Certification by the American Board of Surgery.
- 2. Adequate training in thoracic and cardiovascular surgery.

Definition of what constitutes adequate training.

Candidates who have satisfactorily completed two years of training in a program approved by the tripartite Residency Review Committee for Thoracic Surgery are eligible for examination by the American Board of Thoracic Surgery.

The applications of candidates who have started their training in programs approved by the Residency Review Committee on or after January 1, 1972, and whose independent operative experience falls below the thirtieth percentile of the entire group of candidates from such programs will be referred to the Credentials Committee of the Board for review. The applications of candidates from programs approved by the Residency Review Committee who start 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 also 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.

Candidates trained in thoracic and cardiovascular surgery in programs not approved by the Residency Review Committee for Thoracic Surgery must have their qualifications reviewed by the Credentials Committee of the American Board of Thoracic Surgery on an individual basis. Requests for such evaluation should be directed to the Secretary, Herbert Sloan, M.D., 14624 East Seven Mile Road, Detroit, Michigan 48205.

The Board does not accept training by preceptorship.

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, he is nevertheless held accountable for knowledge concerning all phases of the field. Not more than one year of training credit is to be allowed for experience that is confined to any one such segment.

Since few hospitals are capable of providing adequate experience in all facets of thoracic surgery, affiliation between diverse institutions is recommended. By preference the twenty-four months of training should be consecutive, and rotation through affiliated institutions or services should be appropriately spaced for proper benefit from each. It is also required that the candidate be familiar with the basic sciences as they relate to thoracic surgery.

TWELVE-MONTH SENIOR RESIDENCY REQUIREMENT

The American Board of Thoracic Surgery has adopted a provision that every candidate for certification must have satisfactorily completed 12 months of senior responsibility in thoracic and cardiovascular surgery, which preferably should be continuous. The Chief of Thoracic Service will be required to sign a statement to that effect as a part of the application of the American Board of Thoracic Surgery. These policies apply to all candidates who began their senior resident responsibilities on or after January 1, 1969.

FOREIGN TRAINED CANDIDATES

After individual evaluation, the Credentials Committee of the Board may grant credit for training in thoracic surgery acquired on services outside of the United States.

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 secretary's office, outlining briefly their training and experience in thoracic surgery.

An application blank will be sent to those candidates who have completed residency training programs that 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, he will then be sent an application blank.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training but also upon information available to the Board concerning their professional ability as Thoracic Surgeons and their ethical standing. The candidate must be recommended for examination by the individual primarily responsible for his training.

EXAMINATIONS

In the fall of 1972, the examination was changed to an objective multiple choice written examination and a practical oral and interpretive skills examination. Only one examination will be given each year.

Candidates who are eligible for examination or re-examination and who fail to exercise the examination privilege within three years must file a new application and pay a new examination fee.

Information regarding the date and place of examination 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.

It is the policy of the American Board of Thoracic Surgery to examine candidates only upon completion of their thoracic surgery residency.

RE-EXAMINATIONS

Candidates who fail the examination are eligible to repeat the examination the following year.

FEE

Registration fee\$50.

This fee must be submitted with the application. It is not refundable.

Examination fee.....\$350.

This fee is due and payable when the candidate is notified that he has been approved for examination.

Re-examination fee\$250.

This fee is due and payable when the candidate is notified that he has been approved for re-examination.

CERTIFICATE

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.

AMERICAN BOARD OF UROLOGY

W. DABNEY JARMAN, President, Washington, D.C.
 ROBERT LICH, JR., Vice-President, Louisville, Kentucky
 WILLIAM L. VALK, Secretary-Treasurer, Prairie Village, Kansas
 RUSSELL SCOTT, JR., Chairman, Examination Committee, Aspen, Colorado
 J. HARTWELL HARRISON, Boston
 JAMES H. McDONALD, Rochester, New Hampshire
 RUBIN H. FLOCKS, Iowa City, Iowa
 CLARENCE V. HODGES, Portland, Oregon
 ORMOND S. CULP, Rochester, Minnesota
 Office of the Board, 4121 West 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 place of practice.

F. The applicant must assure the Board that he is engaged in the full time practice of Urology.

FEE

The examination fee is \$500.00. Two hundred fifty dollars should accompany the application; the remainder will be payable when the candidate is notified that 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, he will be permitted a second examination after one year or within three years, but he must give sixty days' notice of his intention to appear for re-examination. When an applicant has failed twice he may file a new application after two years and shall pay a second full fee.

A candidate who has failed twice in any part of the examinations may be required to have additional training in accordance with recommendations from the full Board before he may be permitted further examination. A candidate who has been conditioned in one or more parts of the examination will be charged a fee of \$50.00 for each re-examination.

Any candidate who has failed any portion of the examination three times will not be permitted to take the examination

again, subject to the Board's discretion in special cases after documentation of additional education.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include:

A. EVIDENCE OF HOSPITAL PRACTICE

1. A list of all major and minor hospital cases during the most recent two year post-residency period. These lists should include the name of the hospital, identification of the patient, date of admission and designation of the specific surgical procedure. This index must be verified by the various hospital administrators.

2. Photostatic copies of one or more of the full hospital record 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. Written

The written examination is designed to demonstrate the candidate's knowledge of the entire field of urology and allied subjects; i.e., clinical, urology, embryology, anatomy, physiology, pathology, bacteriology, physiological chemistry, endocrinology, etc.

This examination may be held simultaneously on a specified date in different parts of the country at places convenient for candidates.

2. Pathology

The examination in pathology will consist of the identification of gross and microscopic morphology and urinary sediments.

It will be held at the time of the oral-clinical examination.

3. Oral-clinical

This will consist of a discussion of urological problems, subjects forming the basis of this examination include all phases of urography and clinical urology (male, female and child) 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.

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.

REVOCAION 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*

Graduate Training Requirements of Licensing Boards

While 16 state licensing boards do not require graduate training as a prerequisite for licensure for graduates of U.S. medical schools, all but a few boards have this requirement for graduates of foreign medical schools. Indiana permits foreign medical graduates to take the state board examination (FLEX) and, if they pass, they must serve a 2-year preceptorship with an Indiana practitioner after which they are awarded a permanent license. The West Virginia board this year eliminated graduate training in the U.S. as a requirement for foreign medical graduates, subject to the discretion of the board in individual cases. Some states will accept graduate training in Canada as fulfilling this requirement for licensure of foreign graduates, and others will credit graduate training in any English-speaking country toward this requirement.

For U.S. and Canadian graduates, the laws of 2 states, Georgia and Minnesota, specify a year of rotating internship, whereas all other state boards permit candidates to substitute a straight internship or the first year of a residency. Similar substitution is permitted by most boards for graduates of foreign medical schools, but 12 states and dependencies—Colorado, Delaware, Georgia, Hawaii, Idaho, Puerto Rico, Virgin Islands, Wyoming, New Hampshire, Oregon, Rhode Island, and West Virginia—insist the foreign graduates have a rotating internship as a prerequisite.

Thirteen states that require a year of graduate training for licensure permit applicants to take the board examination immediately upon graduation from medical school. While the license is not issued until these physicians complete their year of graduate training, 5 boards date the license to the time the examination was taken and passed; the remaining 8 boards date the license at the time of issuance.

The California board permits graduates of foreign medical schools to take their licensure examination (FLEX). If they pass, they must serve one year of graduate training (in a California hospital), after which they take an oral clinical examination for final licensure.

With the acceptance of a passing grade in FLEX as equivalent to a passing grade on ECFMG (a 1972 decision of the ECFMG Board), this pro-

cedure is acceptable to the Council on Medical Education. A foreign-trained physician who passes FLEX may obtain an ECFMG certificate which qualifies him for an AMA-approved internship or residency.

Licensure or Registration Requirements for Interns and Residents

In general, physicians serving internships are not required to be licensed in the same state as the hospital in

which they are interning. Puerto Rico, however, does require a license for interns. Hawaii, Indiana, Missouri, Rhode Island, South Carolina, Texas, and Vermont require interns to obtain a temporary permit from the licensing board. Michigan, New Mexico, and West Virginia specify that only graduates of foreign medical schools are required to have a temporary permit. Other boards have a requirement of registration with the licensing board

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	D	X
Alaska	X	..	X	X	X
Arizona	X	..	X	X	X
Arkansas	X	X ⁶	NO	D	X ⁷
California	X	..	X	..	X
Canal Zone	X	..	X	..	X
Colorado	X	X ⁹	X	..	X
Connecticut	X	..	X	D	..
Delaware	X	..	X	D	X
District of Columbia	X	..	X	..	X
Florida	X	..	X	D	X
Georgia	X	..	X	..	X _r
Guam	X	..	X	..	X
Hawaii	X	..	X	D	X
Idaho	X	..	X	D	X
Illinois	X	..	X	..	X ⁵
Indiana	X	..	X	..	..
Iowa	X	..	X	D	X
Kansas	X	..	X	..	X
Kentucky	X	..	X	..	X
Louisiana	X	..	NO	D	X
Maine	X	..	X	I	X
Maryland	X	..	X	D	..
Massachusetts	X	..	X	D	..
Michigan	X	..	X	..	X
Minnesota	X	..	X	D	X ⁷
Mississippi	X	..	X	D	..
Missouri	X	..	X	..	..
Montana	X	..	X	X ³	X
Nebraska	X	..	X	D	..
Nevada	X	..	X	D	X
New Hampshire	X	..	X	D	X ⁷
New Jersey	X	..	X	..	X ⁵
New Mexico	X	..	X	D	..
New York	X	..	X	D	..
North Carolina	X	..	X	I	..
North Dakota	X	..	X	..	X
Ohio	X	..	X	I	..
Oklahoma	X	..	X	D	X ⁶
Oregon	X	..	X	..	X
Pennsylvania	X	..	X	..	X
Puerto Rico	X	..	X	I	X
Rhode Island	X	..	X	D	X
South Carolina	X	..	X	I	X
South Dakota	X	X ⁹	X	D	..
Tennessee	X	..	X	..	..
Texas	X	X	NO	..	..
Utah	X	..	X	D	X
Vermont	X	..	X	D	X
Virgin Islands	X	..	NO	..	X _r
Virginia	X	..	X	..	..
Washington	X	..	X	..	X
West Virginia	X	..	X	..	..
Wisconsin	X	..	X	I	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 X_r 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

	Offer FLEX Examination	ECFMG Certificate	Citizenship	Special Basic Science Certificate	Internship	Examination Fee, \$
Alabama	X	X	D	X	X	100
Alaska	X	X	..	..	X	150
Arizona	X	X	X	X	X	100
Arkansas	X	X	D	X	X	125
California	X	..	..	..	X	50
Canal Zone	..	X	..	..	X	50
Colorado	X	X	..	X	X	75
Connecticut	X	..	D	X	..	150
Delaware	X	X	D	..	X	115
District of Columbia	X	X	..	..	X	80
Florida	..	X	D	..	X	50
Georgia	X	X	..	..	X	50
Guam	..	X	..	..	X	50
Hawaii	X	X	D	..	X	125
Idaho	X	X	D	..	X	150
Illinois	X	..	..	..	X	75
Indiana	X	..	..	..	..	85
Iowa	X	X	D	..	X	50
Kansas	X	X	..	X	X	100
Kentucky	X	X	..	..	X	125
Louisiana	X	X	D	..	X	100
Maine	X	X	I	..	X	125
Maryland	X	X	D	..	X	100
Massachusetts	X	X	D	..	..	125
Michigan	X	X	..	..	X	100
Minnesota	X	X	D	..	X	125
Mississippi	X	X	D	..	..	100
Missouri	X	X	I	..	X	100
Montana	X	X	X	..	X	65
Nebraska	X	X	D	X	..	100
Nevada	X	X	D	..	X	200
New Hampshire	X	X	D	..	X	100
New Jersey	X	..	..	..	X	100
New Mexico	X	X	D	..	..	100
New York	X	X	D	..	X	40
North Carolina	X	X	I	..	X	100
North Dakota	X	X	..	..	X	125
Ohio	X	X	I	..	X	125
Oklahoma	X	X	D	..	X	125
Oregon	X	X	..	..	X	150
Pennsylvania	X	X	..	..	X	100
Puerto Rico	..	..	D	..	X	30
Rhode Island	X	X	D	..	X	150
South Carolina	X	X	I	..	X	100
South Dakota	X	X	D	X	X	100
Tennessee	X	X	..	X	X	50
Texas	..	X	..	X	..	50
Utah	X	X	D	..	X	75
Vermont	X	X	D	..	X	105
Virgin Islands	..	X	..	..	X	100
Virginia	X	X	..	..	X	100
Washington	X	X	..	X	X	35
West Virginia	X	X	..	..	..	100
Wisconsin	X	X	I	X	X	100
Wyoming	X	X	D	..	X	100

X—Implies yes.

D—Declaration of intention to become citizen of United States.

I—Immigrant visa (blue card).

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 FMSCs. 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.

DELAWARE. Internship for 1 year required.

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.

GEORGIA. Reciprocity applicants may furnish certification of passing examination of Educational Council for Foreign Medical Graduates in lieu of acceptable medical school, and applicants are given consideration on an individual basis. Must appear before licensing board for interview.

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 3 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. Certificate from medical college specifying in detail the physical equipment of the school, the curriculum, current catalog showing courses of study, 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 counsel. ECFMG certificate required.

KENTUCKY. Applicant required to complete at least 3 years training in the US in an institution approved by the board.

LOUISIANA. Must have had 3 years graduate training, 1 year of which training occurred in Louisiana.

MAINE. Maintains list of acceptable medical schools.

MISSISSIPPI. Endorsement of FLEX examination.

MASSACHUSETTS. If a candidate is a diplomate of an approved specialty board, he may be admitted to the examination for licensure without being required to hold ECFMG certificate.

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. If a graduate of a foreign medical school has been licensed and has practiced continuously for 7 years immediately preceding application in a state with requirements equal to those of New Mexico he may be granted a license by endorsement at the discretion of the New Mexico Board of Medical Examiners.

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.

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 is required.

TENNESSEE. Each applicant considered on an individual basis; 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 within the 5 years prior to application.

WEST VIRGINIA. Original medical school diploma and official listing of medical school courses must be submitted.

WISCONSIN. Temporary license issued after passing FLEX to foreign graduate physicians for 2-year periods renewable twice and after 6 years, if applicant has remained in Wisconsin practicing, permanent license will be issued.

WYOMING. Oral examination required. ECFMG waived for US citizens.

for interns or a stipulation that the physician must be eligible for licensure. In all, 20 states require some form of licensure for interns.

In 37 states, physicians serving as residents in hospitals in those states are required to be licensed or registered. Six boards (Minnesota, Mississippi, Nebraska, South Dakota, Vermont, and Wisconsin) state that a hospital resident must hold a regular license. Other boards do not require licensure but stipulate registration with the licensing board. Connecticut, Louisiana, West Virginia, and Wisconsin specify that graduates of foreign medical schools are required to have a temporary permit. In some instances, the hospitals will take the initiative to register residents with the state boards, but it is the responsibility of the individual resident to inquire into the policy of any given state in order that he may obtain a temporary permit if such is a requirement.

Licensure Policies of U.S. Medical Examining Boards for Canadian Graduates

The licensing boards report that they will accept graduates of approved medical schools in Canada for licensure by examination on the same basis as graduates of approved medical schools of the United States. The accompanying table records the registration policies for citizens of Canada. Twenty-five states indicate that they will endorse a Canadian license and grant their license without examination. Modifications are made, in some instances, in the citizenship requirement for candidates from Canada. The table indicates for each state whether U.S. citizenship is required, whether the candidate must declare his intention of becoming a citizen of the U.S., or whether there is no citizenship requirement.

A Canadian Internship is accepted by 49 boards as equivalent to an internship served in a hospital in the United States (even though Canadian graduate education programs are not included in the AMA's mechanism for program approval).

Boards of Examiners in the Basic Sciences

Fourteen states and the District of Columbia have basic science requirements as a prerequisite for licensure. In recent years, Alaska, Arizona, Florida, Iowa, Michigan, Minnesota, New Mexico, Oklahoma, Oregon, and Rhode Island have repealed their basic science laws, and 6 others (Connecti-

cut, District of Columbia, Kansas, Nebraska, Utah, and Wisconsin) relaxed their basic science requirements for 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 indicates 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, chiroprody, 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. Candidates for the examination are generally required to be high school graduates and to have studied a branch of the healing arts at a recognized professional school for at least two years. They are expected to have taken courses at the college level in the

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	D
Alaska	X	X	X	..
Arizona	X	X	X	X
Arkansas	X	..	X	D
California	X	..	X	..
Colorado	X	..	X	..
Connecticut	X	X	X	D
Delaware	X	X	X	D
District of Columbia	X	..	X	..
Florida	X	..	X	D
Georgia	X	..	X	..
Guam	X	X	..	..
Hawaii	X	..	X	D
Idaho	X	..	X	D
Illinois	X	..	X	D
Indiana	X	X	X	D
Iowa	X	X	X	D
Kansas	X	X	X	..
Kentucky	X	X	X	..
Louisiana	X	..	X	D
Maine	X	X	X	I
Maryland	X	..	X	D
Massachusetts	X	X	X	D
Michigan	X	..	X	..
Minnesota	X	..	X	..
Mississippi	X	X	X	..
Missouri	X	..	..	..
Montana	X	X	X	D
Nebraska	X	..	X	D
Nevada	X	X	X	D
New Hampshire	X	X	X	..
New Jersey	X	..	X	..
New Mexico	X	X	..	D
New York	X	2	X	D
North Carolina	X	..	X	I
North Dakota	X	X	X	..
Ohio	X	..	X	I
Oklahoma	X	..	X	D
Oregon	X	X	X	..
Pennsylvania	X	..	X	..
Puerto Rico	X	..	..	I
Rhode Island	X	4	X	D
South Carolina	X	..	X	I
South Dakota	X	X	X	D
Tennessee	X	..	..	5
Texas	X	3	..	..
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	I
Wyoming	X	..	X	D

X—Implies yes. D—Declaration of intention to become a citizen of the United States.

I—Immigrant visa (blue card).

2—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.

3—Must be endorsed by provincial licensing board.

4—By vote of Board.

5—Must have resided in US for two years before filing for examination.

Temporary and Educational Permits, Limited and Temporary Licenses,
or Other Certificates Issued by State Licensing Boards

Alabama	Limited license for full-time foreign graduate teaching staff of the University. For work in that institution 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 and will set aside citizenship requirements for duration of limited license. To obtain regular licensure, a FLEX weighted average of 75% or more and United States citizenship must be obtained.
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 for 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.
Kentucky	Temporary permits issued to qualified applicants by endorsement for 6-month period to serve until investigations completed and meeting of board. Limited licenses issued to graduates of foreign medical schools on successfully passing board examination, etc. for one year, renewable for specified place, purpose, and time.
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 renewal 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	Limited license to graduates of foreign medical schools who meet all requirements except citizenship. 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.

subjects being covered in the basic science examination. These boards have no licensing powers. A certificate of proficiency in the fundamental sciences is issued that must be presented when applying for a license to practice medicine or other methods of healing. The function of the basic science board in the District of Columbia is to examine all applicants referred to it by the Commission on Licensure, but the board does not issue any type of certificate.

For graduates of U.S. and Canadian schools, all but a few of basic science boards will endorse Part 1 of the National Boards or the FLEX examination as suitable qualification for meeting basic science requirements. Details on the basic science boards are given in the table on this page.

Corresponding Officers of Boards of Examiners in Basic Sciences

Alabama: Miss Alma Nichols, Secretary, 1919 7th Ave., South, Birmingham 35233.

Arkansas: Mr. A. W. Ford, Secretary, State Dept. of Education, Education Bldg., Little Rock 72201.

Colorado: Esther B. Starks, Secretary, 1459 Ogden St., Denver 80218.

Connecticut: Connecticut Basic Science Board, 160 St. Ronan St., New Haven 06511.

District of Columbia: Mr. David Krause, Commission on Licensure, 614 H St., NW, Washington 20001.

Kansas: Secretary, Basic Science Board, 292 New Brotherhood Bldg., Kansas City 66101.

Nebraska: R. K. Kirkman, Executive Secretary, State Capitol Bldg., Lincoln 68509.

Nevada: Lowell L. Jones, Ph.D., Secretary, Box 8355, University Station, Reno 89507.

South Dakota: Dorothy Willadsen, Clerk, Law Bldg., PO Box 547, Parker 57053.

Tennessee: Roland H. Alden, Ph.D., Executive Secretary, 62 S. Dunlap St., Memphis 38103.

Texas: Mrs. Betty J. Anderson, Executive Secretary, 1012 Sam Houston State Office Bldg., Austin 78701.

Utah: Mr. Floy W. McGinn, Director, Department of Registration, 330 E. 4th South, Salt Lake City 84111.

Washington: Mr. Max V. Brokaw, Administrator, PO Box 649, Olympia 98501.

Wisconsin: Dr. Ellen M. Rasch, 201 E. Washington Ave., Madison 53702.

Appendix Table 6.—States Having Basic Science Legislation, 1973.

	Interstate Registration Policies											
	Alabama	Arkansas	Arizona	California	Colorado	Connecticut	Dist. of Col.	Florida	Georgia	Illinois	Indiana	Other
Anatomy	X	X	X	X	X	X	X	X	X	X	X	X
Bacteriology	X	X	X	X	X	X	X	X	X	X	X	X
Chemistry	X	X	X	X	X	X	X	X	X	X	X	X
Diagnosis	X	X	X	X	X	X	X	X	X	X	X	X
Hygiene	X	X	X	X	X	X	X	X	X	X	X	X
Pathology	X	X	X	X	X	X	X	X	X	X	X	X
Physiology	X	X	X	X	X	X	X	X	X	X	X	X
Histology	X	X	X	X	X	X	X	X	X	X	X	X
Public Hlth.	X	X	X	X	X	X	X	X	X	X	X	X
Alabama	Reciprocity if examination is equal to that of Alabama											
Arkansas	Reciprocity for N.B. diplomates and licenses with 1 year of practice ⁶											
Arizona	Examination may be waived ³											
California	May waive examination if basic science or medical grades of other states not less than 60% in each science subject, overall 75%											
Colorado	Examination may be waived ³											
Connecticut	Examination may be waived ³											
Dist. of Columbia	Examination may be waived ³											
Kansas	Examination may be waived ³											
Nebraska	Examination may be waived ³											
Nevada	Examination may be waived ³											
South Dakota	Examination may be waived ³											
Tennessee	Examination may be waived ³											
Texas	Examination may be waived ³											
Utah	Examination may be waived ³											
Washington	Examination may be waived ³											
Wisconsin²	Score of 75% on each of 6 basic science subjects acceptable											

1. Candidates required to pass examinations in chemistry and bacteriology.
 2. Part 1 of National Boards acceptable.
 3. Each case considered individually.
 4. Partial reciprocity.
 5. Part 1 National Boards or FLEX acceptable; also license in another state by examination within 3 years of application.
 6. Candidates with 5 or more years of practice should apply directly to Medical Examining Board of Connecticut.

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