Welcome to the WOEMA WINDOW. This e-newsletter is sent to members by email on a monthly basis. The e-newsletter provides links to this page. Below are the items that appeared in the October 2019 issue.

WOEMA LEGISLATIVE COMMITTEE PROMOTES OEM ON MANY FRONTS

The legislatures of the five WOEMA states have now ended session, and WOEMA's Legislative Committee is ending a season of activity that extended beyond its typical work of influencing individual legislation or specific regulations.

The committee began 2019 by issuing a policy paper, *A Vision for a Healthy Workforce and Healthy Communities*, to inform the new legislatures – and also the new, activist Administration in Sacramento – about the role of OEM within the broader context of healthcare reform. A manifesto of sorts, the document calls for all California workers and families to have access to basic level of healthcare, that clinical quality and quality improvement be better recognized and incentivized within healthcare systems, and that the OEM workforce and training pipeline be made more robust.

This summer, another taskforce of the committee tackled the issue of medical surveillance as recommended under new USP 800, and how hospitals can best tackle testing, prevention, and training related to the handling of hazardous drugs. A white paper is currently going through final drafting and review.

Also on the committee's agenda was the new CDC guidelines that recommend against the annual screening of healthcare workers for TB. That discussion evolved into WOEMA's Oct. 31 webinar on the subject by Warner Hudson, MD and Wendy Thanassi, MD.

Co-Chairs Jill Rosenthal, MD and David McKinney, MD continue to guide the Legislative Committee calls each Friday, the chief goal of which is discuss and develop advocacy positions on proposed OEM-related legislation and regulations.

Overall, 2019 was a relatively quiet year for Workers' Compensation proposals, with the Newsom Administration yet to voice its own agenda in this area. The committee did discuss and provide repeated input on SB 537 (Hill), a modest bill that narrowly sought to limit aggressive discounting by particular provider networks. Among its provisions, the bill requires the public posting of utilization and UR metrics for individual providers in the system. Which would be fine, to our mind, if analogous disclosure was required of attorneys, UR entities, and other participants in the system. The Legislative Committee was able to directly voice that concern to the bill's main drafter, Gideon Baum, chief consultant to the Senate Labor Committee, who joined one of the WOEMA Friday calls.

WOEMA also suggested amendments to AB 203 (Salas), which mandates construction-site education on Valley Fever in counties where the *coccidioides* is "highly endemic." Although WOEMA appreciates the Legislature's interest in the topic, we believe that policy efforts should focus on precautionary measures and more research, and not be narrowly limited to construction. Chang Na, MD, lobbyist Don Schinske, and other WOEMA representatives are aiming to meet with Assemblyman Rudy Salas in his Bakersfield district to discuss additional ideas for legislation. Both SB 537 (Hill) and AB 203 (Salas) advanced through the Legislature and are awaiting action by the Governor.

WOEMA supported several pieces of legislation outright, including: AB 457 (Quirk) to mandate implementation of the long-overdue revision to the California lead standards (which was incorporated into this year's state Budget deal); AB 149 (Cooper) to smooth the transition to new serialized prescription pads for controlled substances; and SB 276 (Pan) to limit exemptions to childhood vaccinations. WOEMA opposed legislation to expand presumptions within the Workers' Compensation system, per standing organizational policy, as well as AB 1404 (Santiago), a proposal to publicly disclose the retirement packages of Kaiser physicians. Some – but not all – of the presumption bills stalled over the course of the summer, as did AB 1404, which was a narrow and arbitrary effort by organized labor to add transparency to healthcare costs.

Also in 2019, the Legislative Committee submitted lengthy comments on several proposed regulatory initiatives, including a draft QME fee schedule, a proposed California Occupational Health Research Agenda, and the latest iteration of proposed UR-reform regulations (under SB 1160, 2016).

Anyone interested in joining the committee, either as a member or just interested guest, can contact chairs Jill Rosenthal, MD at jrsosenthal@thezenith.com and David McKinney, MD at compeval@yahoo.com, or lobbyist Don Schinske, dschinske@calcapitol.com

FREE CME WEBINAR
THURSDAY, OCTOBER 31, 12:00 PM PDT

WEBINAR TOPIC: IMPLEMENTING THE NEW 2019 CDC GUIDELINES ON TB SCREENING OF HEALTH CARE PERSONNEL

Speakers: Warner Hudson, MD, FACOEM, FAAFP; Wendy Thanassi, MD

This webinar will be a review of the May 2019 CDC MMWR Guidelines on TB screening or US healthcare personnel as well as cover key items discussed in the soon to be published companion paper on implementing these new guidelines, with a focus on practical approaches, what's changed, LTBI treatment and case reviews.

Learning Objectives – After this webinar participants will be able to:

- Implement the new CDC guidelines for TB screening of US healthcare personnel
- Treat LTBI using new approaches
- Adapt the new guidelines for your TB screening program

Dr. Warner Hudson is Associate Clinical Professor of Occupational and Environmental Health at UC Irvine. Prior to this he was Medical Director of Occupational and Employee Health for UCLA Health System and Campus where he implemented and directed large TB surveillance programs for healthcare personnel, researchers who

worked with live TB, animal workers, and travelers. He was a voting member of the IBC there for 7 years. He has numerous publications on biosafety subjects including tuberculosis and has been a co-leader of the working group to develop the companion paper to the 2019 CDC guidelines on TB screening of US HCP. His is past president of ACOEM and WOEMA.

Dr. Wendy Thanassi is the Chief of Occupational Health at the Palo Alto VA and Clinical Assistant Professor in Emergency Medicine at Stanford Medical Center. She completed her medical education at Stanford University School of Medicine, her internship and residency at Yale – New Haven Hospital, CT, and is board certified in Emergency Medicine by the American Board of Emergency Medicine. Her particular interest is in infectious diseases. Dr. Thanassi has worked all over the world, including in TB hospitals in South Africa. Her extensive experience using IGRAs helps her to explain patterns and anomalies in serial testing of healthcare workers to help others make evidence-based decisions regarding testing and treatment of LTBI in the nation's workforce.

[REGISTER]

THERE'S NO PLACE LIKE A PROFESSIONAL HOME

an editorial by David Caretto, MD, WOEMA Member, WOEMA Education Committee Co-Chair

WOHC 2019: Coming Home, Recharge, and Succeed, held September 11-14 in San Diego, aimed to advance the idea of WOEMA as a professional home for occupational medicine clinicians. A place for us to gather, network, and discuss ideas for improving the health and safety of those that we treat on a daily basis. WOEMA President, **Dr. Bernyce Peplowski** spoke about this idea in her conference address by talking about the importance of mentorship and cultivating the spirit of *Ohana*, a Hawaiian word that emphasizes caring for a person's extended family, which can include friends, neighbors, and other important social groups. *Ohana* was evident in the Keynote Address given by **Dr. Donna Baytop**, who was the Medical Director of Solar Turbines for over 20 years. In her address, Dr. Baytop weaved a collection of narratives – from taking care of employees at her workplace to orchestrating air-evacuation transport for employees working abroad – illustrating how lessons learned from clinical experience informs health and safety policy, which ultimately raises the standards locally and abroad.

My site visit to Solar Turbines was an excellent opportunity to learn about the global nature of occupational medicine. Assisting with the site visit were two occupational medicine physicians from Mexico, who are the medical directors for Solar Turbines manufacturing plants in Tijuana and Veracruz, with medical oversight at other locations

in Central and South America. They shared with me several interesting aspects about occupational medicine in Mexico. First, any company with over 300 employees on site is required to have one physician on site. Second, every employee has to complete a pre-employment and annual physical, mandated by Mexican Federal Law. As chronic diseases are identified, these physicians have the authority to continue to manage these conditions if the employee wishes. I inquired about the healthy worker effect and if there were different rates of chronic disease between the employed versus general populations. One physician explained that chronic disease rates between employees and the general population are the same, but the rates of chronic disease control are improved in employee populations. Through their work, these physicians expressed that they felt were contributing a healthier population to their society.

Contributing a healthier population to society was another theme shared by **Dr. Wayne Dysinger**'s presentation, Lifestyle Medicine: Treating the Root Cause of Injury. In this presentation, Dr. Dysinger discussed the four concepts of lifestyle medicine: physical activity, nutrition, restorative sleep, and mindfulness. He provided practical tools to attendees for measuring these concepts with our patients. Lastly, he presented data showing how lifestyle medicine can achieve control in hypertension and diabetes with reduced or eliminated medication usage. I was inspired by this presentation and my site visit to contribute a healthier population to society and to think about strategies for discussing lifestyle medicine with the employees in my community.

Dr. Kent Peterson, Past-President of ACOEM, presented on "Sharpening our Blades: Five Cutting Edges for Advancing OEM and Staying at our Best", providing an overview of trends affecting occupational medicine practice and challenging us to think about what skills, knowledge, and perspectives are needed succeed in a changing environment. To this point, WOHC 2019 plenary sessions provided information and strategies for improving clinical management acumen. Personal highlights included discussions on writing appropriate restrictions, updates in ACOEM guidelines, the importance of the term "reasonable medical probability" when discussing apportionment, and tips for developing medical surveillance exams from the latest OSHA standards. I find these discussions of semantics, phrasing, and referencing of guidelines/standards helpful to create clear documentation to communicate with stakeholders in the worker's compensation system and to advocate for the approval of treatment requests for my patients.

The conference sessions were terrific and spurred further discussion with friends, colleagues, co-workers, and presenters over coffee, during site visits, at lunch, and at a "Fiesta by the Bay". In these moments, we talked about the unique aspects of practicing occupational medicine, the paths that brought us to this specialty, and the patient experiences that give meaning to our work. Equally memorable was meeting with residents who shared with me their thoughtful research projects and passion for occupational medicine. These conversations with colleagues from across five states and beyond creates the professional home as intended by WOHC 2019.

Dr. Peterson concluded his presentation with advice for any potential conference speaker, stating that the audience, not the speaker, is the hero of any presentation, because it is the audience that is spending their time, effort, and resources to attend conferences to obtain information to keep their practice of occupational medicine cutting edge sharp. This was a terrific message for concluding my WOHC 2019 experience, where I left San Diego feeling the *Ohana* of WOEMA as my professional home. A place to connect, to share ideas, and to support each other in sharpening our cutting edges towards providing the best clinical care to the injured workers of their communities.

Having returned to Sacramento recharged and ready to succeed, I've brought this theme of WOHC 2019 to my workplace, explaining to my clinic team that the "hero" of our clinic is not ourselves, but the injured workers who come to us for care. Invigorated by WOHC 2019, I'm already looking forward to connecting again with friends and colleagues in Long Beach at WOHC 2020.

[VIEW THE WOHC PHOTO GALLERY]

MEET THE RESIDENT SCHOLAR WHO TOOK 1ST PLACE IN THE POSTER COMPETITION AT WOHC

WOEMA invited nine residents from across the U.S. to attend WOHC as scholars and to participate in the annual Resident Poster Competition. 1st prize was awarded to **Neesha Mody, MD** for her poster: *"Mental Health and Cardiovascular Disease Risk in Los Angeles Bus Drivers".* A summary and a PDF of the poster can be viewed below:

Epidemiological data consistently find urban bus drivers among the most unhealthy of modern occupations, with higher rates of mortality and morbidity in terms of cardiovascular disease and poor psychological health in comparison to many other occupational groups. The primary objective of this study is to investigate whether poor mental health indicators contribute to cardiovascular risk factors, specifically those that make up the American Heart Association (AHA) Life's Simple 7 predictors of cardiovascular health. Data was gathered from 280 bus operators employed by the Los Angeles County Metropolitan Transportation Authority (LACMTA) who participated in the Transit Operator Work Stress and Health Survey conducted by the University of California, Irvine, Center for Occupational and Environmental Health (UCI COEH). Measures of psychological strain included the Exhaustion Scale of the Maslach Burnout Inventory, the General Health Questionnaire for psychological distress, and the Post-traumatic Stress Disorder Screen. Initial bivariate analysis reveals possible associations between measures of psychological strain and some cardiovascular risk factors, such as obesity. Further data analysis, such as multivariate analysis and logistic regression, is needed to further investigate these potential associations.

[CLICK HERE TO VIEW THE POSTER]

Dr. Neesha Mody is a second year resident physician and Chief Resident in Occupational and Environmental Medicine (OEM) at the University of California, Irvine. She obtained a B.A. in Public Health and completed a minor degree in Global Poverty and Practice at the University of California, Berkeley. She then received an M.D. from the

University of California, Irvine and completed residency training in Internal Medicine at the University of California, Irvine. She is currently board certified by the American Board of Internal Medicine. As part of the OEM residency program, she is also earning an M.S. in Environmental Health Sciences and pursuing a thesis project concerning mental health and cardiovascular disease in Los Angeles County transit operators. She looks forward to pursuing a career in Occupational and Environmental Medicine upon completing her residency in June 2020.

THE IME HANDBOOK PART 5 IN A NEW SERIES BY DR. STEVEN FEINBERG

Dear fellow WOEMA members, some of you may be interested in performing independent medical legal evaluations (referred to as an IME) in addition to evaluations done within the workers' compensation system. WOEMA presented a symposium at the WOHC 2017 Maui annual meeting in which Dr. Christopher Brigham and I provided a copy of our book, The IME Handbook. This is the last installment, part 5, from that book. As always, I am personally available to you via email to answer any questions (stevenfeinberg@hotmail.com). This 5th installment will cover the cover IME quality assurance, functional capacity evaluations, post IME and post case closure issues, fee and payment policies, testimony: defending your IME report, IME liability issues, marketing, and IME training and certification.

Dr. Brigham has a website devoted to IME education. While you will have access through the WOEMA Newsletter to the full IME Handbook in installments, the full IME Handbook PDF is available on his website as well. There is a cost associated with Dr. Brigham's materials.

IME Quality Assurance

The quality of the IME report is of paramount importance to the subject case but also with respect to future referrals. The following are list of questions to ask about regarding quality issues.

- Is the IME report well-organized and written such that he can be well understood by the nonmedical reader?
- Are there specific asked questions and information needed answered and the opinions provided supportable?
- Is the report fair, unbiased and impartial?

The IME Checklist provided in the Appendix may be used to assess the quality of the evaluation and report.

Functional Capacity Evaluations

The IME may be asked to address the examinee's functional ability or work capacity. The opinion is based on a review of medical records, the historical and physical examination, test results and the examinee's functional capacity. The evaluation is made difficult when the individual demonstrates pain behaviors and a suboptimal effort on examination and testing.

The report should include the number of hours to be worked per day, sitting, standing and walking tolerance, as well as lifting and carrying capabilities. For the upper extremities, the ability to perform forceful and repetitive activities should be discussed. Other factors to be considered are reaching, pushing, pulling, grasping or gripping, bending, crouching, squatting, climbing, balancing, working on uneven terrain and working at heights. For difficult cases, a formal functional capacity evaluation (FCE) may be helpful.

A formal Physical or Functional Capacity Evaluation (FCE) is a systematic process of assessing an individual's physical capacities and functional abilities. Testing, lasting one-half day to several days, is usually carried out by a physical or occupational therapist with special training and expertise in this area.

The job specific FCE matches human performance levels to the demands of a specific job or work activity or occupation. The general FCE establishes the physical level of work an individual can perform. The FCE is useful in determining job placement, job accommodation, or return to work after injury or illness. An FCE can provide objective information regarding functional work ability in the determination of occupational disability status.

The FCE is a tool that can be used to make objective and reliable assessments of the individual's condition. Its precise data format provides information that can be used in various contexts. The FCE may be used 1) To determine the individual's ability to safely return to work full time or on modified duty; 2) To determine if work restrictions, job modifications, or reasonable accommodations are necessary to prevent further injury; 3) To determine the extent to which impairments exist, or the degree of physical disability for compensation purposes; and 4) To predict the potential ability to perform work following acute rehabilitation or a work-hardening/work-conditioning program.

A Physical or Functional Capacity Evaluation (FCE) provides additional information beyond what can be determined by the physician directed disability evaluation but the FCE does have its limitations as well. The functional capacity of the examinee who does not provide a full effort cannot be accurately assessed. Further, while providing a greater depth of testing than the physician physical examination, the FCE can only measure capacity in a controlled environment over a short period of time and does not necessarily equate with full time, real world, everyday life and job tasks.

While the FCE therapist evaluator is skilled in interpreting test results, it is the physician who must put together the medical history, the physical findings and the FCE results to come to a conclusion as well as assessing the validity of the findings. It is wise to remember that an FCE determines what a person is willing to do, not necessarily what a person is capable of doing.

A similar test of capability, based on cardiopulmonary conditions and overall fitness is called a cardiopulmonary exercise stress test. It measures not only cardiac and pulmonary capabilities and reserves, but it measures a person's overall fitness and endurance.

Post IME Issues

IME reports should be completed and sent with appropriate billing to the referral source in a timely manner. The examinee and the treating physician are not provided copies of the report unless requested by the referral source although this is uncommon. Depending upon the situation, the referral source may be contacted to discuss opinions or recommendations. In some cases, a written report may not be required or desired at that time. This is particularly true when the opinion generated is not deemed to be in the best interest of the referral source's case.

Post Case Closure

It is helpful to request feedback from the referral source regarding your case involvement. Any the remaining charges should be submitted and a thank you note for being included as an expert witness is recommended. Always asked at the end of the case if it is okay to proceed with safely discarding submitted medical records.

Fee and Payment Policies

The IME physician should have written Fee and Payment Policies that are provided prior to the evaluation. For example:

My hourly charges are $$$/hour for chart review and report preparation and $$$ an hour for meeting time and patient examination. For depositions, I charge $$$ for the first hour and $$$ for each quarter hour thereafter. For time away from the office for trial testimony, I charge $$$ per half day and additional charges for travel time or for work over normal working hours. I require a $$$ advance payment to begin working on a case (any unused funds will be returned). My tax ID # is XX-XXXXXX. Any additional charges will be submitted as generated. I do not work on a lien basis.

Please also understand and agree that all services must be prepaid including planned trial testimony. There will be a charge submitted for cancellation of appointments, depositions and trial testimony for time that cannot be otherwise scheduled or for cancellations within 10 working days of the scheduled time.

Please do not hesitate to contact me if I can be of further assistance.

Testimony: Defending Your IME Report

The evaluator should be prepared to be deposed, and to attend an arbitration hearing or trial. Depositions are usually requested by the opposing counsel to gauge the potential effectiveness of the physician as a witness. Should the case go forward to arbitration or trial, the effectiveness of the physician goes beyond medical knowledge, but also involves the IME's presentation and demeanor in front of a judge and/or jury.

Credibility is always increased through the observer's perception of the physician's honesty and integrity. It is always best to be honest and not appear to be trying to "help" the case of the referral source. Any potential negative information or opinions should have been discussed previously with the referring attorney or claims person as to how

to deal with it in the least damaging manner. While honesty and integrity are essential, there is no need to volunteer information that might be damaging to your referral source. It is ultimately the job of the IME physician to be an expert witness, not to "make" the case for the referral source. It is never appropriate to demean or demonize the claimant, treating physicians or the opposing IME.

The opposing counsel's tactics during cross examination can be upsetting to the IME physician. Keeping a cool head and presenting a relaxed but professional demeanor is critical.

It is critical for the IME physician to keep within his or her area of expertise. Only the specific question should be answered directly and truthfully and without embellishment or straying into other unasked areas.

It is important to clarify with the referral source/attorney exactly what areas the IME physician has been asked to address. For instance, even though you may have an opinion, do not address causation if the scope of your work is strictly limited to the extent of disability and the ongoing in future medical care needs. Remember, the attorney/referral source can object and/or ask questions on cross examination.

We cannot emphasize enough that the IME physician should focus on answering the questions and not be perceived as an advocate or trying to "help" the case. For example, if there is a piece of information that is negative for the case, either own that information or explain why it is not relevant or wrong.

IME Liability Issues

The claimant may not be pleased with the evaluator's opinions. Medical malpractice lawsuits against physicians who conduct independent medical evaluations have become more common.

Despite the absence of a traditional physician-patient relationship, physicians who conduct IMEs still have various legal duties to the examinee, although this issue is in flux and ever changing.[1] Some view that the IME is associated with a limited physician-patient relationship.

Examinees generally can sue IME physicians for negligently causing physical injury during the examination, failing to take reasonable steps to disclose significant or life-threatening medical findings to the patient, and disclosing confidential medical information to third parties without authorization, but they generally *cannot* successfully sue for inaccurate or missed diagnoses.

Therefore, physicians should have well defined processes to reduce their risk and assure they have appropriate liability insurance coverage. Some medical malpractice policies may provide this coverage; however, often it is appropriate to obtain insurance that specifically covers the associated risks.

Marketing

The best approach to marketing is to provide an excellent report and quality service. This will result in more referrals from your client and likely positive information about the work you perform will be shared by others. You may also generate awareness of your services through speaking and networking.

Provide the referral source a curriculum vitae which is accurate, complete and is professional in appearance. Per Federal Rules of Civil Procedure, you must list all publications you have authored during the past 10 years.

Physicians may also perform work for IME companies who will market their services.

Marketing approaches also include being visible via speaking and attending meetings where potential clients are likely to be present, providing internal education for organizations (e.g., for claims adjusters in their office), and listing your services in directories and/or with online search organizations.

IME Training, Certification & Resources

Physicians performing IMEs should consider participating in IME training activities and obtaining certification offered by:

- American Board of Independent Medical Examiners (abime.org)
- International Academy of Independent Medical Evaluators (iaime.org)

Training on practical aspects of performing IMEs is also provided by:

- SEAK (seak.com)

Information about Web-based training on performing IMEs templates, questionnaires and forms are available at www.imetools.com and impairment at www.impairment.com.

SUMMARY

The evaluation of issues encountered with an independent medical evaluation (IME) are often complex and multifaceted. These evaluations are performed at the request of a third party in which no medical care is provided by the evaluator to the examinee. The evaluation results in a report that must reflect a thorough evaluation, answer the specific issues requested by the client, and be easily understandable by non-medical individuals. These evaluations are part of the legal or advocacy system that may be contentious and argumentative. The skilled independent medical examiner must always maintain impartiality and provide conclusions that are supportable. A thoughtful and thorough evaluation is of considerable value to all involved.

Recommended Reading

1. Babitsky S, Mangraviti JJ, Melhorn JM. Writing and Defending Your IME Report: The Comprehensive Guides. Falmouth, MA: SEAK; 2004. (ISBN-13: 978-1892904249)
2. Brigham CR (ed.) AMA Guides Newsletter. Bi-monthly. Chicago: American Medical Association.
3. Brigham CR, Mangraviti J, Babitsky S. Independent Medical Evaluation Report: A Step by Step Guide with Models. Falmouth, Mass: SEAK; 1997 (ISBN 0-9652197-0-4).
4. Demeter SL, Andersson GBJ. Disability Evaluation, Second Edition. Chicago: American Medical Association; 2003 (ISBN#: 978-0-323-00959-1)
5. Gerhardt J, Cocchiarella L, Lea R. Practical Guide to Range of Motion Assessment. Chicago: American Medical Association; 2002 ISBN#: 978-1-57947-263-4
6. Kertay L, Eskay-Auerbach M, Hyman M. AMA Guides to Navigating Disability Benefit Systems. Chicago: American Medical Association; 2016. (SBN#: 978-1-62202-374-5)
7. Mayer TG, Gatchel RJ, Polatin PB, eds. Occupational Musculoskeletal Disorders: Function, Outcomes & Evidence. Philadelphia, Pa: Lippincott, Williams & Wilkins; 2001. Available through Elsevier Health Sciences 800-523-4069 X 2127
8. Melhorn M, Talmage JB, Ackerman WE, Hyman NH. Guides to the Evaluation of Disease and Injury Causation, Second Edition. Chicago: American Medical Association; 2014 (ISBN#: 978-1-60359-868-2)
9. Rondinelli RD, Guides to the Evaluation of Permanent Impairment, Sixth Edition. Chicago: American Medical Association; 2008 (ISBN1-57947-888-9) Also the Edition, pertinent to your jurisdiction.
10. Rondinelli RD, Katz RT. Impairment Rating and Disability Evaluation. Philadelphia, Pa: WB Saunders; 2000 (ISBN 0-7216-7772-X).
11. Talmage JB, Melhorn JM, Hyman MH. Guides to the Evaluation of Work Ability and Return to Work, Second Edition. Chicago: American Medical Association; 2011 (ISBN#: 978-1-60359-530-8)

[1] Baum K, Independent Medical Examinations: An Expanding Source of Physician Liability, offer insights and suggestions for limiting physician liability in these situations. Ann Intern Med. 2005;142:974-978.

[Part 1]
[Part 2]
[Part 3] **[Part 4]**

APPLY TO BECOME AN ACOEM FELLOW

Demonstrate your dedication and leadership in occupational medicine by becoming a Fellow of the American College of Occupational and Environmental Medicine (FACOEM).

The FACOEM designation is ACOEM's highest acknowledgment that recognizes years of dedication to exceptional education, leadership, and commitment to the specialty.

APPLY NOW

To be eligible to apply to become a FACOEM a physician member in good standing must:

- Have been an Active Member for three membership years;
- Be Board Certified
  - In occupational medicine through ABPM; *or*
  - In another ABMS specialty plus hold a master's in public health (MPH) plus 50 Hours of continuing medical education (CME) in occupational medicine from ACOEM; *or*
  - In another ABMS specialty plus 100 Hours of CME from ACOEM (if no MPH)

Upon meeting these qualifications, physician members must:

- Submit a completed application;
- Submit a one-page narrative outlining contributions to ACOEM, components, or the field of OEM, outside of normal work requirements (this requirement may be satisfied through a multitude of activities including but not limited to: teaching, presentations, public advocacy, publications, meeting attendance, or committee service);
- Provide two letters of recommendation, one by an active ACOEM Fellow; and
- Submit a current Curriculum Vitae and $175 application fee.

HOW TO APPLY

Applications can be emailed to Elizabeth DeWolfe, Membership Engagement Specialist , or faxed to 847-818-8347. Applications must be submitted no later than November 1 each year.

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