

Guide to NAEMT Services and Programs

The National Association of Emergency Medical Technicians, founded in 1975, is the EMTs and EMT-Paramedics professional association. NAEMT's goals and purposes include promoting the professional status of the EMT; encourage the national acceptance of a uniform standard of recognition for the skills and abilities of the EMT; to foster and encourage the constant upgrading of the abilities and education of the EMT; to offer information; and to promote the public welfare and the education of the general public in Emergency Medical Services.

SERVICES, ACTIVITIES, AND PROGRAMS

THE EMT JOURNAL - quarterly professional journal providing the most up-to-date clinical and systems articles for the EMT and EMT-Paramedic; considered the most prestigious pre-hospital journal in the field.

THE EMT NEWSLETTER - monthly (In those months that the EMT Journal does not appear) newsletter - a record of what's happening and where it's going on for the EMT and EMT-P; includes news and announcements from the association.

NATIONAL EMT CLEARING-HOUSE - of EMT and EMS information; ready to serve the informational needs of all members.

ANNUAL EDUCATION CONFERENCE - the largest national EMT conference in the country; offering over 50 separate post-graduate workshops; national speakers; the NAEMT Annual Business Meeting; the Annual Awards Banquet; and over 60 industrial and scientific exhibits.

LOCAL EDUCATIONAL MEETING through a network of 28 state associations and over 300 chapters, monthly continuing education programs, regional seminars, and statewide conferences.

PROFESSIONAL PLACEMENT SERVICE - a free service to all members and EMS employers which helps to match job seekers with professional openings...1978 saw over 100 members placed in positions.

GOVERNMENT RELATIONS PROGRAM - provides up-to-the-minute information on legislation, federal agency activities, court cases, etc. affecting EMTs and EMT-Ps. NAEMT takes action on broad issues affecting the association member and EMS in general.

PUBLIC RELATIONS PROGRAM - through career information to schools and prospective EMTs, promotes the acceptance of EMTs as a positive and professional force in society and the emergency medical services community.

SPECIAL STUDIES AND REPORTS - published in the EMT Journal and EMT Newsletter, covering such subjects as EMT compensation, ambulance equipment, legal matters, etc.

AWARDS - annual awards presentations including Armstrong Industries Literary Award which presents \$500 to that EMT who authors the best EMT Journal article each year; The Robert E. Motley EMT of the Year Award, sponsored by Dyna-Med presents a \$1000 educational grant to the winner; the EMS Service of the Year Award, sponsored by Horton Company - which awards a \$1000 EMS Library to the best ambulance service each year; The J.D. Farrington, M.D. Awards of Excellence; The A. Roger Fox Founder's Award; and the Annual President's Leadership Award.

INSURANCE PROGRAMS - including a professional EMT Malpractice program; Accidental Death and Dismemberment; Term Life; Disability; and hospitalization.

NAEMT LEGAL DEFENSE FUND AND PANEL OF EMS AND LEGAL EXPERTS - (in conjunction with Malpractice Insurance) Maintains fund to provide up-to \$200 to the EMT within 48 hours of being sued for the purpose of retaining local counsel. A national panel of EMT and Legal experts that will provide consultation to the EMT or EMT-P that is named in a suit.

NAEMT/USP PROBLEM REPORTING PROGRAM - provide a free service for every member to report equipment or EMS supply problems for corrective action and evaluation.

NAEMT/MOSBY BOOK PROGRAM - allows NAEMT members to review Mosby EMS related books for a free 30 day trial basis.

EMT-PARAMEDIC ACCREDITATION - NAEMT collaborates with six other national organizations and the American Medical Association to accredit EMT-Paramedic educational programs. NAEMT also serves as the administrative entity for the Joint Review Committee.

NATIONAL EMT AND EMT-PARAMEDIC REPRESENTATION NAEMT now has representative serving on behalf of the EMT or EMT-P with the following national organizations: Department of Health, Education, and Welfare EMS Division; Department of Transportation EMS program; Federal Drug Administration; AMA Commission on EMS; National Register of EMTs; American College of Emergency Physicians; National Council of State EMS Training Coordinators, etc.

STATE EMT ASSOCIATION CLEARING HOUSE - NAEMT acts as forum, coordinator, and clearing house for the majority of state EMT associations in the country. Part of this service includes computer assisted record keeping, monthly updates; sharing of state newsletters; leadership conferences for state association leaders; consultation on all aspects of association business including educational programs, newsletter membership drives, etc.

MEMBERSHIP APPLICATION AND DIRECTIONS



"The formation of NAEMT has filled an important need of every EMT in the country. The profession of the EMT can only be enhanced by the advocacy and educational goals and objectives of NAEMT."

The National Registry of EMTs

1. If your state *has* an EMT association that is already affiliated with NAEMT (see list below) then you may join NAEMT only through the state association. *If your state is listed, return the application only. DO NOT SEND ANY MONEY.* Your application will be sent to your state association and they will contact you about state and national membership.
(Please note that in some of the state associations affiliated with NAEMT, the official publications of NAEMT (THE EMT JOURNAL and The EMT Newsletter) are not yet a part of the annual dues. If you are a member of such a state association, you may subscribe on a voluntary basis for \$8.00 a year. When we send your NAEMT membership card, a subscription order form for these publications will be included.)

2. If your state does not have an EMT association that is affiliated with NAEMT, you should return the NAEMT membership blank below and enclose a check or money order for \$9.00 payable to NAEMT. (National dues are \$4.00 and the special, reduced subscription fee to THE EMT JOURNAL and The EMT Newsletter is \$5.00). Allow 30 days for processing your application.

STATES IN WHICH MEMBERSHIP IS AVAILABLE ONLY BY JOINING STATE EMT ASSOCIATION:

Alaska	Michigan	Oregon
Canal Zone	Mississippi	Pennsylvania
Colorado	Minnesota	South Dakota
Illinois	Missouri	Tennessee
Indiana	New Hampshire	Texas
Iowa	New Mexico	Utah
Kansas	North Carolina	Virginia
Kentucky	North Dakota	West Virginia
Louisiana	Ohio	Wisconsin
Massachusetts	Oklahoma	

(CLIP OUT AND RETURN)

Before sending in this application, please read the directions above carefully.

APPLICATION FOR MEMBERSHIP (also serves as state association referral form)

Name _____ LAST FIRST MIDDLE
Address _____ City _____ State _____ Zip _____

NATIONAL REGISTERED EMT: YES NO REG. # _____
STATE CERTIFIED EMT: YES NO REG. # _____

Please attach a photocopy of national or state EMT certification.

NAME OF STATE _____

OTHER EMT CERTIFICATION: _____

PRIMARY OCCUPATION: _____

I have enclosed \$9.00 for membership dues and my subscriptions to THE EMT JOURNAL and The EMT Newsletter. I understand that my name will be carried on the rolls as a member and that my participation in the association will be by way of membership within my state affiliated & chartered association.

NOTE: If joining and you live in a foreign country—please add \$3.00 to cover additional mailing charges.

SIGNED _____

Return application to: NAEMT, P.O. Box 334, Newton Highland, Mass. 02161

9/79

Registry

The Newsletter of the National Registry of Emergency Medical Technicians

Vol. 12, No. 2, July, 1980

New Certification Level Gains Board Approval

The National Registry's Board of Directors has approved EMT-Intermediate level certification policy and procedures as recommended by the Standard's and Examination Committee. The 70 question examination is now being printed and will be available for distribution in August. Based on the behavioral objectives of the National Standard Curriculum for EMT-Paramedics included in Modules 1 through 3, plus EOA, the level certifies competency in four skill areas, i.e., trauma patient assessment, IV therapy, esophageal obturator airway, and the anti-shock garment. The examination was pilot-tested in Lafayette, LA and Burlington, VT. The pilot testing resulted in revisions which have been incorporated in the final examination.

EMT-Intermediate Entry Requirements

1. Current National Registration at the basic EMT level.
2. Successful completion of a state approved EMT-Intermediate training program that equals or exceeds the behavioral objectives of Modules 1, 2, 3 & EOA of the National Standard Training Curriculum for EMT-Ps.
3. Current activity in the ambulance/rescue service or a patient/health care setting that has local and/or state authority to administer intravenous fluids.
4. In states not mandating the National Registry for state EMT-Intermediate certification and who have a state certification exam, candidates must include documentation (card or certificate) showing current state certification in IV/EOA.
5. Six months experience as an EMT-Intermediate in either the emergency ambulance/rescue service or a patient/health care setting. Individuals completing an intermediate training program and who will be entering intermediate service, but do not have the required experience, may take the written and practical examination; successful completion of training and National Registry examinations will provide **provisional** registration; completion of six months of the required experience, as verified in writing by the Medical Director of EMT-Intermediate training/operations, results in full EMT-Intermediate Board Certification.
6. Each candidate must submit one copy of the official application signed by the Medical Director of Intermediate training/operations, attesting to the candidate's character, training and functional ability as an EMT-Intermediate.
7. Successful completion of the written and practical examinations based on the National Curriculum.

Registration Fee

A registration fee of \$25.00 must be submitted with the application. This fee covers the cost of all printed material, examinations, certificate, pocket card, shoulder emblem, postage, data processing and administration. Candidates failing the written and/or practical exam may reapply by submitting another application and \$25.00 fee. Note: Fee will be refunded if the application is rejected; fee will not be refunded if the application is accepted and entered into data processing.

The Written Examination

The written examination consists of 70 multiple choice questions derived from the behavioral objectives of Modules 1, 2, 3 & EOA of the National Standard

(continued on page 6)



Inactive Status

An inactive status for Nationally Registered EMTs who are not actively engaged in ambulance service/rescue service or health/patient care activity was approved at the June 18 meeting of the Board of Directors. The period of inactive status will be limited to two years, or what would normally be one reregistration period. Inactive status will be awarded only to those who have fulfilled continuing education requirements.

At the end of, or prior to the end of the inactive period, the registrant may request a return to Basic EMT active status by way of official written verification from his employer or supervisor. A return to active status at the EMT-Intermediate or EMT-Paramedic levels must be verified in writing by the Medical Director of operations and must include a statement attesting to the registrant's competency in all skill levels. The new status is designed for those who must be inactive for a period of time due to moving, illness, pursuit of education, family responsibilities, etc.

Provisional Registration Change

Provisional registration applies to all levels of National Registry certification. The following policy and procedure for provisionals has been approved by the Board of Directors and is in effect for those awarded provisional status beginning July 1, 1980 with an expiration date of December 31, 1982.

1. The provisional registrant must complete at least six months experience in either the emergency ambulance/rescue or the patient health care field on or before the expiration date and submit acceptable verification of same.
 2. The provisional registrant must also complete current continuing education requirements during the provisional registration period.
 3. Prior to the biennial expiration date, provisional registrants will receive a re-registration form. This must be submitted with the fee and required documentation. Upon meeting the reregistration and experience requirements, full registration will be awarded. **Note:** Full registration will **not** be awarded on the basis of completion of the experience requirement alone. Also, full registration will **not** be awarded with the completion of continuing education requirements alone.
 4. Provisional registrants not meeting both continuing education and experience requirements by the expiration date may renew their registration by submitting a new application and fee for re-examination, provided that current training requirements are met.
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Paramedic Update

Individuals who are currently Nationally Registered EMT-Paramedics need not recertify as Nationally Registered EMT-Ambulance. The EMT-P certification supercedes the EMT-A. Therefore, the EMT-Paramedic must meet only the current continuing education requirements for reregistration as an EMT-Paramedic. The EMT-Ambulance registration number originally assigned will remain in our records provided the EMT-Paramedic reregistration requirements are met. If a registrant is unable to meet EMT-Paramedic reregistration requirements, documentation must be submitted for EMT-Ambulance continuing education requirements in order to keep current as an EMT-A.

Issuance of Cards

Requests have been received from a number of Registered EMT-Paramedics to be issued both EMT-A and EMT-P cards. This is based on the fact that certain states require individual certification at each level.

Since the Registry recognizes EMT-P certification as superceding the Basic EMT-A certification, it is reasonable to assume that an EMT-P, maintaining the continuing education requirements will maintain all basic skills. Therefore, adherence to all EMT-P requirements will permit issuance of an EMT-A card as requested.

Reminders To Be Mailed

Nationally Registered EMTs due for reregistration December 31, 1980 will be sent six month reminder notices this month. The Envogram mailing is one of the new services made possible with the recent installation of NREMT's in-house computer. As usual, reregistration forms will be sent out in November.

Happenings . . .



"It's a piece of cake!" . . . decorated to mark the 10th Anniversary of the founding of the National Registry. The brief celebration was held at the noon luncheon during the Board of Director's meeting in Chicago on June 18. Pictured (l. to r.) are David Hill, Jr, Joe McCracken, Jim Finison, Rocco Morando, and Kenneth Kimball, M.D.

★ The National Association of EMT's (NAEMT) Third Annual Conference in Nashville, TN drew a crowd of around 1200 people from all over the United States, Canada, and Mexico. Jeffrey Harris, NAEMT Executive Director, announced his resignation from the organization effective sometime during the next few months. NAEMT is now conducting a search for a new Director as well as a new headquarter's location. Rick Vomacka, IA is the new president and Gary LaBeau, MI is the president-elect.

★ The American College of Orthopedic Surgeons called together the cream of the nation's leaders in EMT training for a think-tank session in San Antonio, TX. The group was asked for recommendations for the third edition of "Emergency Care and Transportation of the Sick and Injured." First published in 1971, with a second edition in 1977, the "orange book" has become a highly regarded text and a fixture wherever EMT training occurs.

★ According to a paper presented at the April meeting of the University Association for Emergency Medicine, only 15% of patients who felt they needed care immediately presented to the Emergency Department by ambulance. The study was directed by Marilyn Gifford, M.D., Chairman of the EMS Committee, American College of Emergency Physicians. The conclusions were based on a study of over 10,000 forms from twenty-four participating hospitals.

★ A much needed national coalition of EMS organizations is being formed for the purpose of presenting a unified voice to Congress in matters of interest to the EMS community, and to act as an information dissemination agency for its member organizations. Harry Teter, Jr., Counsel of the Mid-Atlantic EMS Council, stated that firming up of the purposes, by-laws and structure of the coalition will occur in Baltimore, MD on July 11 when a representative group of interested organizations meet in a one day session.

★ The State of Washington has allocated DOT 402 funds for examining and certifying 500 EMTs. The contractual arrangement with the National Registry was announced by Fred Scott, EMS Training Specialist with the Department of Social and Health Services.

Question: Answer:

How does NREMT spend my registration fee?

The following represents the distribution of each dollar received in fees by the National Registry:

Salary, Wages, Payroll Taxes	\$.33
Computer Services (initial application, examination, scoring)	.12
Newsletter	.08
Travel & Meeting Expenses	.06
Printing (applications, exams, pocket cards, certificates, etc.)	.06
Rent	.06
Insurance & Professional Fees	.06
Postage & Shipping	.05
Office Supplies, Equipment & Furnishings	.05
Program Development	.05
Emblems	.04
Telephone	.02
File Maintenance & Miscellaneous	.02
	\$1.00

Note: All fees charged by the Registry are service fees. They are not dues as levied by clubs, unions, or associations. The National Registry is a not-for-profit, non-governmental, free-standing organization.

Spotlight: EMS in West Virginia



Governor John D. Rockefeller, IV accepts the first Honorary Registered EMT-Ambulance certificate ever presented to a state Governor. The presentation by Rocco Morando took place at a ceremony at the State House in Charleston, W.VA on February 13.

Insert: Fred Cooley, M.D., Director of EMS, State of West Virginia

With a number of State EMS offices in disarray due to inadequate funding and/or poor administration, it is refreshing to note the smooth operation of the Office of EMS in Charleston, West Virginia. The continuity in leadership provided by Fred Cooley, M.D., EMS Director, is in large part responsible for the enviable state of affairs.

In 1973 Dr. Cooley was involved in organizing the Emergency Department at Charleston Area Medical Centers which encompassed Charleston General and Charleston Memorial Hospitals. In 1974 he served as Medical Advisor for the Charleston Paramedic Program and for DHEW Regions 3 and 4. He was part of the "guerilla force" composed of those who recognized the existing fractionalization and lack of coordination in the state and worked diligently to overcome the problem.

The Governor appointed Dr. Cooley as State EMS Director in 1975, a position in which he has served with wit, dignity, and competence. His logical approach to problem solving has been an example patterned after by some of his EMS colleagues. When asked what he sees as the major functions of the State EMS office, the doctor responded, "There are three. The first function is to provide technical assistance when requested; secondly, to coordinate the statewide system with quality assurance a main thrust, and third, to provide the money and fiscal accountability."

The Office was originally funded through DHEW and a Regional Medical Program grant. A State EMS Act was written and put into effect in January, 1977. By October of that year, all seven regions had been set up as non-profit corporations. Funding now comes from general revenue and stands at two million dollars for 1980, a \$1.00 per capita expenditure. Almost all grants to EMS entities and counties are awarded on a matching fund basis. The combined monies received in the past three years from the Department of Mines, Department of Welfare, DHEW, DOT, NIMH, and the West Virginia Department of Health is a little over ten million dollars. Fred Cooley is a wizard at selling his program to a variety of agencies and has achieved a broad base for funding his operation.

He acknowledges that, "My chief concern at present is getting the statewide communication system expanded. We now have six central communication center operations." The communication operation utilizes micro-wave, Radio Telephone Switched System (RTSS), a cable system, and a working arrangement with gas companies utilizing their towers and maintenance. "The key is to develop an over-all goal, but go step by step. We take a look at what's already available and develop expansion plans outward. Public utilities are interested because if their towers are used for EMS and are damaged or destroyed, they can expect assistance from the State . . . this makes it a shared cost".

The number one goal for 1980 is to encourage increased involvement of volunteers who are basic to EMS functioning in West Virginia. Nearly 80% of the currently certified EMTs fall in the volunteer category. West Virginia has 13,000 certified EMTs and is training 2000 more per year. The state, which mandates National Registry Board Certification, took advantage of the coal strike in 1978 to train EMT miners in a two week intensive course . . . total trained was a fantastic 4,336.

This year a major focus is being placed on the scheduling of continuing education classes at squad houses throughout the state. Programs are scheduled upon the request of the local ambulance service to the Regional offices. Training tapes will be utilized on the Public Broadcasting System and efforts are being made to put together a significant percentage of c/e requirements in an audio-visual package that the EMT can use at home.

The seventeen person central office staff is key to the high level of activity. There is real enthusiasm in his voice as Dr. Cooley says, "The cohesiveness, overall excellence, and rapport among the staff is far superior to any I've ever known." Charlie Dawkins, Sam Channel (a master at public relations), Joe Richards, Terry Shorr, Vicki Miller and Rich Hartman are important team members who, along with the regional offices have pulled the complicated structure of EMS components into a workable program.

Dr. Cooley's home contains additional evidence of his EMS involvement in the form of a computer which he uses for EMS and Health Department programs, for equipment inventory, grant application evaluation, and statistical analysis. The Heathkit H11 computer has 16 programs and was put together by Dr. Cooley who holds a first class FCC technician license.

It is expected that there will be state-wide uniformity and standardization within the next five years . . . a total of just ten years from the first EMS efforts in West Virginia. This is a real tribute to the commitment of the Governor, the exemplary state EMS office, field personnel, and the EMTs whose spirit of cooperation have overcome hurdles that have thwarted the development of EMS activities elsewhere.

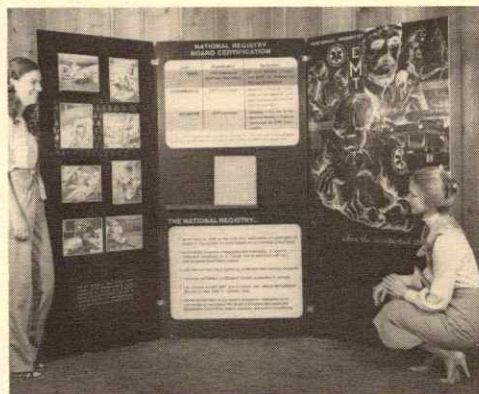
New Illinois Policy

The State of Illinois' EMS Division issued a memorandum on April 25 which stated: "Beginning immediately, National Registry of EMT registration will be accepted in lieu of Illinois certification. Illinois trained EMT candidates may exercise the option of taking the Illinois final written examination or the National Registry's written exam as the Illinois certification examination. Those certified by NREMT will be certified as Illinois EMTs upon application to the Division of EMS. Verification of current National Registration must be submitted. Illinois EMT certification dates will coincide with NREMT registration."

DOT Offers EMS Instructor Course

The U.S. Dept. of Transportation's National Highway Traffic Safety Administration (NHTSA) has developed the EMS Instructor Training Course. The course consists of four units built around a student workbook, a set of 35mm slides, and two audio cassettes. The units cover information on preparing to teach the EMT course, developing EMT knowledge and skills, use of training aids, and evaluating EMT knowledge and skills. The course kit (# DOT HS 900 031) is available through the National Audiovisual Center, National Archives and Records Service, General Services Administration, Washington, D.C. 20409. The cost is \$38.75.

NREMT Exhibit



Holly Keirns (right) and Paula Trieger (left) view the new exhibit which gives information regarding National Registry policies and procedures. The exhibit will be used at major EMS meetings around the country.

Correspondence . . .

of interest to *Registry* readers has been received in regard to the history of the Star of Life and we'd like to share it with you.

"Dear Editor: I just read the article on the history of the Star of Life on page 4 of the April newsletter. I'm of the opinion that the staff and serpent is a lot older than the ancient Greeks' usage. If you read Numbers 21: 8, 9 from the Old Testament, you will see that it was given to Israel when they travelled from Egypt to Canaan (Palestine). As far as I can find, this took place sometime around 1200-1300 B.C. The Greeks ruled over Israel from 332-30 B.C. when Rome destroyed the Greek Empire. It was the sign of healing at that time because the people who were disobedient to God were plagued and bitten by fiery serpents. When the people, through faith, looked at the bronze serpent raised on the standard, they were healed."

Thank you, Arthur Bengtson, #107951, of Racine, WI for taking the time to give us this additional interesting information.

Training Program Award

The National Registry is now accepting applications for the NREMT Training Program Award of Excellence. The award will be made to the EMT-A training program which best fulfills or exceeds the award criteria. Requests for applications should be made by EMT-A training program coordinators or medical directors and addressed to Janet Schwettman, NREMT, P.O. Box 29233, Columbus, OH 43229. The deadline for applications to be returned to the Registry is December 31, 1980. Following evaluation of the application by members of the Awards Committee, an on-site visit will be made to those applicants whose programs merit top consideration.

New Certification Level

(Continued from page 1)

Training Curriculum for EMT-Ps. To pass the written examination, each candidate must realize an average overall score of 70%. Candidates failing the written examination may reapply by submitting another application and fee for re-examination.

The Practical Examination

The practical examination consists of the following three stations:

1. Trauma Assessment/Management
Candidates are required to perform a "hands-on", head-to-toe physical assessment which includes:
 - a. 1° and 2° assessment
 - b. treatment of trauma victims
 - c. setting of priorities for BLS and ALS management
2. Esophageal Obturator Airway Insertion/Intravenous Therapy
3. Application of pneumatic anti-shock garment

Grading of the practical is on a Pass/Fail basis. Failure of one station of the practical examination entitles the candidate to a retest of the station failed, requiring no additional application or fee. Failure of two or more stations of the practical exam constitutes total failure. Failures may reapply by submitting another application and \$25.00 registration fee for re-examination.

Scheduling of Examinations

Examinations are scheduled on an area or regional basis. The selection of specific sites depends upon the numbers of applications received from a given area. Applications should be submitted to the National Registry headquarters in Columbus, OH as soon as possible following a candidate's successful completion of EMT-Intermediate training. As applications are received, they are grouped according to state, and may be further sub-divided into areas within the state. The number and location of examinations administered depends on the number of applications received from any given area.

Examinations can be scheduled through the State EMS Office in cooperating states, or through the cooperation of a physician in an area or region. The physician is asked to submit a written request for an examination, including his acceptance of responsibility for organizing the testers, equipment, and facilities for the administration of the examination.

A representative of the National Registry will be in attendance at each examination site. The Registry representative insures security of the written examination, standardization of the practical examination, and evaluates the total examination experience.

Reregistration Requirements

To renew EMT-Intermediate registration, applicant must:

1. Be actively working within the emergency ambulance service/rescue service, or patient/health care setting, performing the required EMT-Intermediate skills.
2. Complete all continuing education requirements prior to expiration date.
3. Complete reregistration and the continuing education report, and return this information with the reregistration fee to the National Registry office, and
4. Submit proper verification as stated or required.

Note: Reregistration reminders will be sent out six months prior to expiration date; reregistration report forms and instructions will be mailed the first of November prior to the expiration date. The deadline for submission of reregistration forms is the following March 31, There are no time extensions granted for reregistration.

Continuing education requirements include:

1. Mandatory completion of a state approved EMT-A Refresher Course with written and practical examination
2. Mandatory annual CPR certification
3. Completion of 12 hours of refresher training adhering to the content of Modules 1, 2, 3 and EOA of the National EMT-P Curriculum
4. Accumulation of an additional 36 hours of continuing education as outlined within the following pages, and
5. Statement of skill maintenance by Physician Director of EMT-Intermediate training/operations.

Reregistration is awarded on a biennial basis (once every two years) upon completion and verification of the required continuing education and submission of the \$10.00 reregistration fee.

Registry, is the official publication of the National Registry of Emergency Medical Technicians. The Registry headquarters is located at 1395 East Dublin-Granville Road, P.O. Box 29233, Columbus, Ohio 43229, Telephone: (614) 888-4484.

Editor
Janet L. Schwettman