

ANCDS Newsletter Committee:

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

I'm sure I speak for the entire membership when I say our thoughts are with our colleagues who have been affected by the fires in southern California. We hope that you and your families are safe.

In this issue of the Newsletter, former ANCDS President Dr. Leslie Gonzalez Rothi is featured in the Member Spotlight. Dr. Gonzalez Rothi, Program Director of the Brain Rehabilitation Research Center for North Florida/South Georgia Veterans Health System, reflects on her distinguished career and the fortuitous route that lead her to the field of Speech-Language Pathology. I always find it interesting to read about the chosen career paths of fellow professionals.

In this column I want to highlight activities that ANCDS currently has underway and announce some changes. First of all, the evidence-based practice guidelines project has been underway for over six years. In that time the writing committees for the content areas of: Dysarthria (Kathy Yorkston, Chair), Aphasia (Pagie Beeson, Chair), Acquired Apraxia of Speech (Julie Wambaugh, Chair), Developmental Apraxia of Speech (Don Robin, Chair), Dementia (Tammie Hopper, Chair), and Cognitive-Communication Disor-

ders following TBI (Mary Kennedy, Chair) have undertaken an incredible amount of work. Each committee has completed extensive reviews of the literature, surveyed fellow professionals, and sought expert opinion. The committees have compiled their findings pertaining to evidencebased practice guidelines for each area and disseminated this information through peer-reviewed technical reports and over 25 publications (e.g., Journal of Medical Speech-Language Pathology, Seminars in Speech and Language, Neuropsychological Rehabilitation, etc.). Within the next month or so, due in large measure to the efforts of Tom Campbell (Chair, Professional Affairs and Practice Guidelines), these articles will be readily available on the ANCDS website as PDF or Word (read only) files. This will enhance the accessibility of these documents to professional and student clinicians world-wide. The ANCDS Executive Board in conjunction with Tom Campbell will continue to promote avenues for the dissemination of these reports.

**the evidence-based  
practice guidelines  
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years**

ANCDS is also in the process of updating and reorganizing several aspects of the website including the archives, practice guidelines, and membership directory, as well as considering adding a site for posting open positions. Watch for changes to the website and for notices in upcoming Newsletters.

Finally, the Executive Board recently voted to modify the timeline for the certification cards that are sent out each year when annual dues and certification fees are paid. Beginning with the 2008 dues cycle the date on the certification card will reflect the actual three-year certification period as opposed to the one-year period

currently listed on the renewal cards. Hopefully this will alleviate the confusion associated with the re-certification process timelines.

I encourage all members to attend the ANCDS Annual Education and Scientific Meeting in Boston on November 14 prior to the ASHA Convention. This meeting, to be held at Northeastern University, will present a very strong group of speakers covering a variety of clinically relevant topics. Conference registration materials are available on the ANCDS website. I look forward to seeing you in Boston.

Carl Coelho



### New Members

**ANCDS is pleased to welcome the following new members. Many of these new members will be attending the 2007 Educational and Scientific Meeting in Boston in November. Please look for them and welcome them to the Academy and the meeting.**

### Full Members

Ferguson, Alison, Newcastle, NSW (University of Newcastle)  
Sohlberg, McKay Moore, Eugene, OR (University of Oregon)

### Associate members

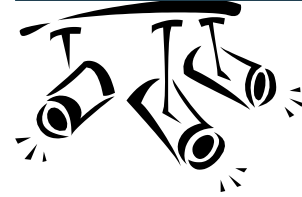
Hoover, Elizabeth, Boston, MA	Scheff, Michelle, Seattle, WA
Stevens, Laurel Ann, Dallas, TX	Alkire, Nancy Ann, Midland, TX
Fluharty, George M., Milwaukee, WI	Reed, Jan Potter, Kankakee, IL
Falconer-Horne, Carolyn, Mahopac, NY	Karcher, Laura Ann, Bloomington, IN
Greene, Jane Marie, Lincoln City, OR	Houle, Karen R., West Greenwich, RI
Anderson, Jeffrey, Orlando, FL	

### Associate student members

Luna, Christina, Warren, NJ

## Spotlight on a Member Leslie Gonzales-Rothi

Reporter: Mary Purdy



**Q:** What brought you to the field of speech-language pathology and how has your career evolved?

**A:** I recently gave a lecture to new doctoral students in Rehabilitation Sciences about the issue of how one chooses a career path and how one makes decisions along the way. What I realized in preparing for this lecture is that my own strategies in these experiences would not be ones that I recommend. What I said to these talented enthusiastic doctoral students was be thoughtful, create opportunities, and make decisions strategically; don't let decisions be made for you by your own circumstances or luck. My own career choices were not measured and considered but more about luck.

Once upon a time I went off to college to be an aeronautical engineer like my dad and lasted in that major exactly 2 semesters because it just simply did not capture my interest. I then shunted to a major in

math because it was something in which I had the highest total of credits completed; but it too fell by the wayside. Finally I switched to communications, taking a variety of interesting courses such as persuasion, radio and TV production, and oral interpretation. During the summer before my senior year, our Department of Theater and Communications was visited by a professor from a nearby university who came to spawn a speech pathology division. During that summer session, I needed two credits so I signed up for the only 2 hour course offered, which was a practical in speech pathology. In this class I was handed a Golden Book and told to spend time with a 4 year old boy who had a language delay. It was a start down a path I had not ever considered...an opportunity offered by sheer luck; and it is was an experience, spending time with this child with few resources other than my own wits, that sent me into a career spent questioning and challenging myself. I went back to my home state after graduation and entered a masters program in Speech-Language Pathology at a graduate school near my home. While the program was chosen by virtue of its location, it turned out to be an excellent education and I have never been bored since.

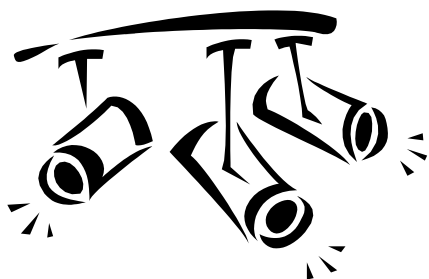
And, while my career choice has kept me interested for decades, my evolution as a professional has continued to be a series of circumstances that I simply fell into. For example, I went on to pursue a PhD by applying to only one school and deciding that if I

was accepted, I would go on. If not, I would become a flight attendant. I was accepted into this one program and off I went on a 2000 mile move to a place I had never been, to study for the ultimate academic degree...no real strategic choice, just a door opened that I stepped through. I guess the one good thing I did right was be willing and open when an opportunity knocked.

I do not advocate for this "luck driven" approach with my own daughters nor do I advocate for it in the students I work with; instead my advice is to be more strategic. Find something that captures your interest, and choose a role within that topic area that fits your life goals (family and life style choices). If you choose to get a doctorate, do so because you wish to be a researcher/academic. Know that while one day will never be like any other, you will also take your work home with you nights and weekends and that trade-off is one you have chosen strategically and explicitly. In the end, I happen to like the role I prepared for...how lucky this all was.

**Q:** You've contributed so much to the field of speech-language pathology- as a researcher, mentor, clinician, and advocate for the profession. What do you feel is your biggest contribution- or of what do you feel most proud?

**A:** The thing I am most proud of is having lived the realization that



nothing truly creative and substantial occurs in a vacuum. If any one view of the challenge of rehabilitation was accurate, we would have resolved disability by now. It will take all of us sharing our discoveries, beliefs, and perspectives; whether our view is at the molecular/physiologic, functional, activity or participation levels; whether our view is of motor, sensory or cognitive functions; or whether we are basic or applied scientists. It will take all of us to discover what are principles by proving their truth across all these levels, and by being willing to share in order to achieve these goals.

I try to avoid parochial views and explicitly search for methods that embrace and apply knowledge and perspectives of other professions and disciplines to my own. I recall this approach in my early mentors (Professor Ira Fischler, Cognitive Psychology; Professor Paul Satz, Neuropsychology; Professor Ken Heilman, Behavioral Neurology). Each of these individuals took the time to tell me explicitly that they valued my perspective as a speech pathologist and each welcomed me to learn about their own. While transdisciplinary and interdisciplinary relationships are now a cultural standard and even incentivized by funding agencies, they were not at that time and I will forever be indebted to these three people for leading me by their example.

**Q:** You have held leadership roles in ANCDS, the International Neuropsychological Society, the Academy of Aphasia, the National Aphasia Association, and ASHA. What has been your motivation for such a high level of involvement?

**A:** I have loved my service to each of these professional organizations, but service roles can consume you! Having served on the Promotion and Tenure Committee for my college and having served as a P&T mentor for several assistant professors as they work through their earliest academic years, I want to be clear that I encourage people to balance the "service" allocation of their time. I encourage pro-

fessional organization participation judiciously. That is, I did NOT do all this at one time or even in overlap. Each of these leadership roles was done in serial fashion.

As I recall, I started with a particular goal as to what I thought was an important re-direction of our profession (neuro-SLP) and its role in the context of other professions related to our discipline ("neurorehabilitation"). I worked strategically through this platform with each of these organizations.

My motivation was that I felt that neuro-speech/language pathology required advanced and special knowledge not offered in the masters of SLP curriculum and that we were in need of defining ourselves uniquely from the larger profession of SLP (specialty recognition) in order to afford consumers a method to identify those who were specially prepared to meet their needs. I also felt that in doing so, we needed to take this further by defining ourselves in the context of all other health providers.

**we were in need of defining ourselves uniquely from the larger profession of SLP (specialty recognition)**

**Q:** You were instrumental to the development of the Brain Rehabilitation Research Center of Excellence through the VA Hospital in Florida. What are the goals of the center, and what is your role?

**A:** I serve as the Program Director of the Brain Rehabilitation Research Center (BRR) which is funded by a grant from the Rehabilitation Research and Development Service of the Department of Veterans Affairs. As such, I am responsible for the scientific direction and productivity, and the operational adequacy of the center. The BRR is one of 15 centers of excellence nationwide EXCLUSIVELY focused on rehabilitation research. The mission of the BRR is to enhance the quality of life of veterans with central nervous system injury or disease through research focused on maximizing recovery of motor or cognitive function through rehabilita-

tion. BRRRC research targets innovation and refinement of effective treatments which focus on potentiating neural plasticity and neural network reorganization via theoretically motivated behavioral and/or physiological treatment protocols and translational research projects. The Center research program emphasizes three main goals:

- Development and refinement of effective behavioral treatments that maximize experience-dependent learning and specifically target motor (oral-motor, upper extremity, or locomotor) or cognitive deficits resulting from CNS injury;
- Translation of existing knowledge of the basic science of neural plasticity to delivery in humans
- Development of technologic applications for measurement and prediction using functional neuroimaging and sophisticated quantitative human performance measurement

The Center of Excellence encourages, advises, and supports a large number of researchers who are interested in initiating clinically relevant research in rehabilitation of neurocognitive and neuromotor impairments by providing educational and research infrastructure opportunities.

**Q:** More recently, your research interests have centered on cortical plasticity in the mature CNS associated with new learning, functional recovery after CNS damage or injury, and response to rehabilitation. Your collaborations with researchers from a variety of disciplines have caused us to question the conventional wisdom that damaged brain cells could never recover or regenerate, and you have indicated we are in the midst of a paradigm shift. Tell us about the implications of recent research findings for neurorehabilitation.

**A:** The first principle of recent neuroplasticity literature to underscore is that the brain is not a static organ but instead adaptive across our lifespan. Some consider it so dynamic that functions constantly compete to be represented, and the way in which they succeed in being represented is through experience. That is, the brain representation of your hand sensation today is different than it was 10 years ago, and what it is today is based upon your recent sensation experiences. Now there are rules governing this dynamism, but the point is that the potential to respond to experience at both molecular and functional levels is no longer in dispute and the implication of that for

rehabilitation requires a culture change for the field altogether.

To accept that experience is potent yields hope for the potential of it, but also responsibility for the consequences. If you believe you can help, you must accept that you can harm. Thus we should approach our treatments as a series of informed choices. If I recommend this experience (e.g., directing a family member to anticipate functional needs rather than waiting for a survivor to ask), what are the consequences (e.g., avoiding failures to fulfill functional and anticipatable needs such as toileting while at the same time reducing opportunities to practice real and relevant verbal communications)? The work of Nudo tells us that dis-use of a skill shrinks the post-morbid representation of that function over time and in turn reduces the once available functional capability. I am not saying that SLP should avoid compensation, especially in a health care environment where survivors have precious little time allotted. However I am saying that we should make these choices knowledgeably; anticipate the gain/loss ratio and make informed choices about what would be the best approach under the particular circumstances. I can recall my "let's try it, what could it hurt?" approach as an early clinician; I don't ascribe to that any more. If I believe that there is the possibility that my intervention can help, I now recognize that there may be a cost beyond dollars and time...

**If you believe you can help, you must accept that you can harm.**

**Q:** What do you see as the challenges ahead for SLPs and what is your advice for facing these challenges?

**A:** My thought on this is that our future is not so much about overcoming challenges but instead facing unparalleled opportunities.

- What we do is amazingly potent...then why haven't we been able to see the impact as robustly and definitively as the potential implies? I believe we may have worked against nature historically. For example, we now know that "schedule is important." When (how soon or how late after onset), how often, and how long therapy is applied is potent. Some animal research shows that practice applied too early may be harmful, yet we have not

studied this in humans to know when and how to schedule practice to reap the most from it or to avoid consequences that we don't want to occur. Instead, schedule of therapy is mostly dictated by limits imposed by payers, or by circumstantial issues such as transport options. It lies for us ahead to learn about what aspects of practice may be potent and to use that information to structure our therapy in ways that take advantage of the natural adaptive capabilities of the chronically injured CNS.

- Technologies already exist to rebuild the injured CNS, though their safety is ahead to establish in humans. However the potentially functional yield of these amazing methods will never be realized if we cannot place the person in a context that effectively replaces information into their newly restructured system. This is the critical role we will play as partners to our colleagues studying methods of invoking neurotrophic change or neurogenesis. To be ready, my

colleagues and I in neuro-SLP will need to not just appreciate the value of these new technologies but we must understand them in order to design our re-education methods appropriately. What an amazingly important role we will play. We must take steps to prepare for this opportunity.

**Q:** It's hard to imagine that you have free time, but when you find yourself with a few moments to breathe, what do you like to do?

**A:** We live on a farm with four horses, three dogs, a cat and a deer birthed on the property last spring and who has grown up before our eyes. My husband and I have raised two daughters, both of whom are nice people, good citizens, and have found their life's work (though still on the path to complete their educations). We are re-doing many aspects of our home, from a bathroom redesign to building a barn. And my goal in the years ahead is to carve out more time to spend with friends/family and to learn to cook in a fashion not dictated by time efficiency!



### Congratulations 2007 ASHA Award Recipients

The Academy of Neurologic Communication Disorders and Sciences congratulates the ANCDS members who will be receiving awards from the American Speech-Language-Hearing Association (ASHA) at its annual meeting in Boston in November.

ANCDS members **Anastasia Raymer, Ph.D.** and **Mary Boyle, Ph.D, BC-NCD (A)** will become ASHA Fellows in recognition of their professional or scientific achievement.

### MARKYOUR CALENDARS

Don't forget to pay your ANCDS dues  
before January 15th, 2008

## ASHA Announcements



### ASHA Health Care Survey

The results of the ASHA SLP Health Care Survey 2007 are now available. A record high 64% response rate to the most recent survey of SLPs working in health care settings yielded interesting information. Some highlights include:

- The number of respondents indicating that they have funded, unfilled positions at their facility dropped slightly from 41% in 2005 to 38% in 2007.
- Paperwork remained a top challenge for SLPs employed in health care, as did high productivity requirements and insufficient reimbursement for needed services. On a brighter note, however, the number of people who chose insufficient reimbursement as a top challenge dropped from 53% in 2005 to 49% this year.
- Productivity requirements have not changed in the past few years. Most respondents reported spending 75% of their day in direct patient care (excluding documentation, meetings, phone calls, etc.).
- The percentage of respondents who indicated that professionals other than SLPs provided primary swallowing services in their facility has been slowly decreasing over the past five years (15% in 2002, 13% in 2005, 12% in 2007).

Again, the full report of this survey, as well as trend reports, is available online at <http://asha.org/about/membership-certification/member-data/HealthcareSurvey07.htm>. Results of the 2002 and 2005 surveys are also archived on the Web.

### Supervision Matters!

As part of the Focused Initiative on Personnel Issues in Health Care and Education, new resources have been developed to support those who engage in clinical education and encourage others to consider supervising a student clinician. You can access these resources at <http://asha.org/members/slp/supervision.htm>.

### ASHA Documents

Be on the look out for a number of new documents from ASHA. Documents related to both SLP services in early intervention and student supervision have been peer reviewed and are being submitted to the Executive Board and Legislative Council for consideration for approval. Work is underway on documents related to social communication and the Working Group on Health Care Documentation continues its work on developing clinical and billing templates. Announcements will appear on ASHA's Web site and *The ASHA Leader* when these documents are available.

By: Amy Hasselkus

### Action Report

In June, ASHA launched a public relations campaign to raise awareness about the lack of insurance coverage for cognitive rehabilitation for individuals with traumatic brain injury (TBI). The campaign began with a press briefing in Washington, DC, introduced by ASHA President Noma Anderson, at which individuals with TBI and clinicians spoke about the need for long-term rehabilitation coverage. Susan Connors, President of the Brain Injury Association of America, also participated, to voice the support of the BIA-USA for speech-language pathologists working in the area of traumatic brain injury. Following the press briefing, panel member Lyn Turkstra participated in a "radio tour" of stations in several U.S. cities, and spoke about the efforts of ANCDs to evaluate and publicize evidence for cognitive rehabilitation efficacy.

***ANCDs Annual Meeting. Boston 2007***  
**EDUCATION & SCIENTIFIC MEETING PROGRAM** Wednesday,  
 November 14, 2007  
 Raytheon Room, Eagan Building,  
 Northeastern University

- 8:00 - 8:30            Registration / Continental Breakfast
- 8:30 – 9:30            Annual Business Meeting
- 9:30 – 9:45            BREAK
- 9:45 – 11:00          Correspondence of biomarkers with clinical and MRI behaviors in frontotemporal dementia  
*Murray Grossman, M.D.*  
*Professor, Department of Neurology, University of Pennsylvania*
- 11:00 – 11:15          BREAK
- 11:15 – 12:30          Basal ganglia function in normal control of movement and the pathophysiology of basal ganglia disorders  
*Jonathan Mink, M.D., PhD*  
*Assoc. Professor of Neurology, Neurobiology & Anatomy, and Pediatrics;*  
*Chief, Child Neurology, University of Rochester Medical Center*
- 12:30 – 1:45            Catered Luncheon  
 Honors of the Association presentation
- 1:45– 3:00             Speech motor programming in hypokinetic dysarthria.  
*Kristi Spencer, Ph.D. and Harrison Jones, Ph.D.*
- 3:00 – 3:15            BREAK
- 3:15 – 4:30            Neurologic Grand Rounds
1. *Progressive aphasia, apraxia of speech, non-verbal oral apraxia and limb apraxia in cortical basal degeneration: A case report. Edythe Strand. Mayo Clinic*
  2. *Treatment for primary progressive aphasia with apraxia of speech: A case study. Maya Henry and Pelagie Beeson. University of Arizona*
- 4:30 – 5:00            Concluding Ceremony

**ANCDs Education Committee: Diane Kendall and Jamie Reilly**

**We look forward to seeing you there.**



## Honors, Accomplishments & Awards

**Lyn Turkstra, Ph.D., BC-NCD(A)**, University of Wisconsin-Madison, was named *Distinguished Alumnus of 2007* by the University of Arizona Department of Speech and Hearing, and was given the *ASHA Certificate for Special Contributions in Higher Education and Mentoring*.

In January 2008, **Jennifer Horner, Ph.D., J.D., BC-NCD(A)** will become the Associate Dean for Research and Graduate Studies, in the College of Health and Human Services, at Ohio University (Athens).

**Mary Beth Kerstein, M.S.** became a Certified Brain Injury Specialist Trainer (CBIST) through the Brain Injury Association of America effective 8/07.

**David E. Hartman, Ph.D, BC-NCD (A)** was selected as the Editor for the Gundersen Lutheran Medical Journal, an interdisciplinary archival journal that accepts/publishes manuscripts from any medical or surgical specialty, subspecialty or health related field. **Dr. Hartman** was also selected to serve as a board member on the Wisconsin Network for Health Research, a funded multi-institutional research organization designed to improve healthcare and consumer access to healthcare in Wisconsin.

**Mary H. Purdy, Ph.D.** received the 2007 Connecticut State University Board of Trustees Teaching Award. Dr. Purdy, an associate professor in the Department of Communication Disorders, was praised as a "model teacher, able to bridge theory and practice" by integrating her extensive clinical experiences in neurogenic communication disorders with daily teaching.



## Member Publications

**Duffy, J. R., Peach, R. K., & Strand, E. A.** (2007). Progressive apraxia of speech as a sign of motor neuron disease. *American Journal of Speech-Language Pathology*, 16, 198-208.

Josephs, K. A., **Duffy, J. R., Strand, E. A.**, Whitwell, J. L., Layton, K. F., Parisi, J. E., Hauser, M. F., Witte, R. J., Boeve, B. F., Knopman, D. S., Dickson, D. W., Jack, C. R., & Petersen, R. C. (2006). Clinicopathological and imaging correlates of progressive aphasia and apraxia of speech. *Brain*, 129, 1385-1398.

**Raymer, A.M.**, Ciampitti, M., Holliway, B., Singletary, F., Blonder, L.X., Ketterson, T., Heilman, K. M., & Rothi, L. J. G. (2007). Lexical-semantic treatment for noun and verb retrieval impairments in aphasia. *Neuropsychological Rehabilitation*, 17, 244-270.

**Murray, L. L.**, Timberlake, A., & Eberle, R. (2007). Treatment of underlying forms in a discourse context. *Aphasiology*, 21, 139-163.

**Hartman D. E.**, Tobert, D. G., & Sieck, B. M. (2007). All that wheezes is not asthma. *Gundersen Lutheran Medical Journal*, 4, 70-73.

Grenier, Y., Fischer, G. F., Mitley, J., Prichett, G., & **Hartman, D. E.** (2007). Surgical treatment of Parkinson disease. *Gundersen Lutheran Medical Journal*, 4, 65-69.

## Continuing Education Events

Please send announcements to:  
[patrick.coppens@plattsburgh.edu](mailto:patrick.coppens@plattsburgh.edu)



### Improving Functional Memory in Children and Adults

November 9-10  
 Valhalla, NY

[www.educationresourcesinc.com](http://www.educationresourcesinc.com)

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

Chicago, IL  
 December 6-7

[www.ricacademy.com](http://www.ricacademy.com)

### Apraxia of Speech: Differential Diagnosis, Assessment and Treatment in Children.

Chicago, IL

January 28-29

[www.ricacademy.com](http://www.ricacademy.com)

### International Neuropsychological Society 36<sup>th</sup> Annual Meeting

Waikoloa, HI

February 6-9

[www.the-ins.org](http://www.the-ins.org)

### Conference on Motor Speech Monterey, CA

March 6-9

[www.madonna.org/](http://www.madonna.org/res_conferences.htm#motorspeech)

[res\\_conferences.htm#motorspeech](http://res_conferences.htm#motorspeech)

### Seventh World Congress on Brain Injury Lisbon, Portugal

April 9-12

[www.internationalbrain.org](http://www.internationalbrain.org)

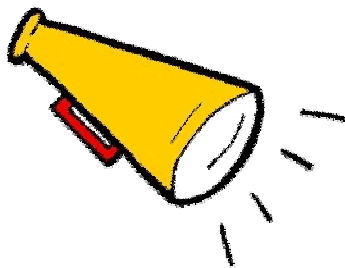
This year's Congress will also include a special one day pre-Congress symposium on "Advances and Controversies in Mild Traumatic Brain Injury" which will be held April 8, 2008.

## Call for Papers

THE 38<sup>th</sup> ANNUAL CLINICAL APHASIOLOGY CONFERENCE

May 27-31, 2008

Jackson Hole, Wyoming USA



The 2008 Conference Chairperson is Julie Wambaugh; the Program Chairperson is Carl Coelho (for info: [coelho@uconn.edu](mailto:coelho@uconn.edu)) If you wish to attend the 2008 CAC, you must submit a summary of an original paper or poster no later than **Monday, January 14<sup>th</sup>, 2008**. Two authors from each accepted proposal will be invited to attend the conference. As space permits, first authors of proposals that are not accepted for presentation also will be invited to attend. A number of student fellowships are available on a competitive basis to students who have earned authorship on a paper submitted to CAC.

For detailed information about CAC 2008 and the Call for Papers:

<http://cac2008.library.pitt.edu>.

For general information about the Clinical Aphasiology Conference:

<http://clinicalaphasiology.org>.

## ANCDS Executive Board Members and Committee Chairs

### **ANCDS Office**

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### **Executive Board**

<i>President:</i>	Carl A. Coelho, Ph.D., BC-ANCD (A)	<a href="mailto:coelho@uconn.edu">coelho@uconn.edu</a>
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<i>Secretary:</i>	Laura Murray, PhD.	<a href="mailto:lmurray@indiana.edu">lmurray@indiana.edu</a>
<i>Treasurer:</i>	Donald P. Freed, Ph.D.	<a href="mailto:donfr@csufresno.edu">donfr@csufresno.edu</a>
<i>Past President:</i>	Mary Boyle, Ph.D., BC-ANCD (A)	<a href="mailto:boylem@mail.montclair.edu">boylem@mail.montclair.edu</a>
<i>Association Executive:</i>	Frances Laven, M.S. (ex officio)	<a href="mailto:ancds@incnet.com">ancds@incnet.com</a>
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	Lynn M. Maher, Ph.D.	<a href="mailto:lmaher@uh.edu">lmaher@uh.edu</a>

### **Other Positions**

<i>Archivist:</i>	Jack E. Thomas, M.S., BC-ANCD (A)	<a href="mailto:thomas.jack@mayo.edu">thomas.jack@mayo.edu</a>
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### **Standing Committees & Chairs**

<i>Education and Standards:</i>	Diane L. Kendall, Ph.D.	<a href="mailto:kendadl@neurology.ufl.edu">kendadl@neurology.ufl.edu</a>
<i>Honors:</i>	Lee Ann Golper, Ph.D.	<a href="mailto:lee.ann.golper@vanderbilt.edu">lee.ann.golper@vanderbilt.edu</a>
<i>Membership:</i>	Gloriajean L. Wallace, Ph.D. BC-ANCD (A)	<a href="mailto:wallacgn@email.uc.edu">wallacgn@email.uc.edu</a>
<i>Meetings:</i>	Michele Page Sinotte	<a href="mailto:michele_page@hotmail.com">michele_page@hotmail.com</a>
<i>Nominations:</i>	Mary Boyle, Ph.D., BC-ANCD (A)	<a href="mailto:boylem@mail.montclair.edu">boylem@mail.montclair.edu</a>
<i>Professional Affairs &amp; Practice Guidelines :</i>	Thomas F. Campbell, Ph.D., BC-ANCD (A)	<a href="mailto:thomas.campbell@chp.edu">thomas.campbell@chp.edu</a>
<i>Publications:</i>	Leonard L. LaPointe, Ph.D., BC-ANCD (A)	<a href="mailto:llapoint@mail.fsu.edu">llapoint@mail.fsu.edu</a>
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### **Certification Board**

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