Member Online Login Details Changing

To serve you better, ACFAS recently upgraded its member/customer database and the acfas.org website security. This increase in security requires members to use a new username and password when logging into acfas.org and is currently in effect.

New Login Details for acfas.org:

User Name: Your Member ID

Password: Your Member ID + first initial + last initial (both lower case)

Once you log in to the website, you can change your username and/or password to something more memorable, but it must contain:

User Name: At least five characters (letters, numbers and symbols)

Password: A minimum of six characters that contain at least one letter and one number

Please note, this is not the login to access JFAS directly through the Elsevier website. In order to access the Journal, using your ACFAS login credentials, please log in to acfas.org/jfas and click on the link at the bottom right “read current and past issues online.” Once on the JFAS website, you are not required to log in again.

If you have any questions about this change, please don’t hesitate to contact the College at 773-693-9300, or via email at membership@acfs.org.
Do you remember being a medical student? I recall during my first couple of years at the Pennsylvania College of Podiatric Medicine, I was constantly studying to get through classes and make the grade. I didn’t think much beyond my next exam and I certainly didn’t understand the intricacies involved with getting a residency. As my eyes were opened to the many different aspects of our profession, my interest in foot and ankle surgery grew, and my goal was to obtain a podiatric surgical residency, which at that time were limited. Fortunately, I had some great mentors in those early years to guide me and keep me focused through the arduous residency process and I was able to achieve my goal. Without these great role models however, the result may have been quite different.

During my four years of residency at the University of Pennsylvania Health Systems/Presbyterian Medical Center I obtained a well-rounded medical education and was able to perfect my surgical skills. But, did it prepare me for life beyond residency? Although my residency provided top-notch education and training, it was not all encompassing, and my mentors became vital once again as I planned my future.

In the infamous words of Dr. Seuss, “It’s not about what it is but what it can become.” Today’s students and residents are tomorrow’s surgeons and leaders. Students and residents need role models beyond the classrooms, clinics, and ORs to assist in their life training. Mentorship is vital to our young members and our profession as a whole.

ACFAS realizes the importance of our young members and is actively involved with mentorship. Each member on the Board of Directors is a liaison to one of the podiatric medical schools. The directors visit the schools and spend personal time with the students providing academic lectures, clinical advice, and guidance on life beyond school. Our Divisions are also focused on student and resident education and mentorship providing lectures, hands-on workshops, and sage advice throughout the year.

The College fosters academic development among our young members and understands their financial constraints. We provide monetary support to our student surgical clubs and give scholarships to our Annual Scientific Conference. At our conference, young members experience educational sessions devoted specifically for them, participate in round table discussions and have many opportunities to network and interact socially among our profession’s educators and leaders. We also understand the challenges our young members face and ACFAS actively supports residency development and provides financial support for the national residency facilitator.

I’m proud to say ACFAS has become home to many students and residents during these early, formative years and our young membership continues to increase. I’m currently the liaison to the Temple University School of Podiatric Medicine and I can honestly say that being a mentor has been some of my most gratifying work. If you are currently not a mentor, it’s time for you to become involved. Do for them what others have done for you. Don’t underestimate the influence you can have over our young members. Here’s a quote from a student at TUSPM that demonstrates the importance of ACFAS mentorship.

“ACFAS has always been a positive and tremendously influential experience for me. It has shown me what possibilities exist within the realm of foot and ankle surgery, connecting me with people committed to advancing the profession in countless ways and whose doors are always open to students. Without a doubt, I owe much of where I am today and what I intend to do with my career to the College.” — Jeremy Walters

In his novel “Cutting for Stone,” Dr. Abraham Verghese states home is not where you are from, but where you are wanted. To all students and residents striving for excellence in foot and ankle surgery, I say welcome home. You are wanted by ACFAS. We realize that you are tomorrow’s future leaders and surgeons and we are ready to guide you. Come join our home of proven leaders and lifelong learners.

Michelle L. Butterworth, DPM, FACFAS
ACFAS President

Questions for Dr. Butterworth? Write her at president@acfas.org.
ASC 2013: A Red-Letter Event

Mark your calendar for next year’s not-to-be-missed event: the 2013 ACFAS Annual Scientific Conference, slated for February 11-14 in lively Las Vegas.

Carrying the theme of Open Minds, Debate, Possibilities, ACFAS 2013 will be the profession’s go-to venue for enlightening scientific sessions, intensive workshops, illuminating posters, unmatched networking, a multitude of exhibits, and more.

Be sure to also plan on attending the special preconference programs. Starting a day early—on Sunday, February 10—these in-depth sessions will spotlight the College’s popular Perfecting Your Practice practice management/ coding workshop, plus other clinical workshops that are procedurally focused.

And note that 2013 ushers in a scheduling change: for the first time ever, the conference will begin at the start of the week. Be sure to keep the dates open for ACFAS 2013—then stay tuned for exciting details to come!

Last Chance to Download ASC 2012 CME Materials

Online access to your CME documents as well as handouts from the 2012 ACFAS Scientific Conference couldn’t be easier—but act now before your time runs out! The deadline is June 1 for downloading your Certificate of Completion, a complete report of your ACFAS 2012 attendance, and any session handouts and PowerPoint presentations that you may have missed, so don’t delay. The link to accessing these materials is acfas.org/sanantonio.

A big advantage of the College’s online CME records is round-the-clock access to your CME documents. Once you’ve downloaded and confirmed the accuracy of your records, that information will remain on the ACFAS website permanently. Available records extend as far back as 2008.

To be waitlisted, please contact Maggie Hjelm, hjelm@acfas.org.
With an increasing number of podiatrists gaining hospital privileges nationally, the issue of board certification arose and affected the profession the entire decade. Aware that the American Academy of Orthopaedic Surgeons (AAOS) had formed a committee to study podiatry for the purposes of limiting podiatrists’ access to hospitals, the American Podiatry Association House of Delegates resolved to institute a certification process in 1960. This began a 15 year effort to create an acceptable certifying board in foot surgery.

Since there was a need to qualify podiatrists for hospital staff privileges, and avoid regulation by the medical profession, the ACFS was directed to establish this certifying board.

Months later, the AAOS received the report from the Committee to Study the Practice of Podiatry. In the report, Committee Chairman Dr. Francis West wrote about the contributions of ACFS members: “The organization of the American Podiatry Association (APA) is no longer being led by the “old line”, outpatient medical chiropodists whose activities were confined to what they call, “C-N-C” or corns, nails, and calluses. This organization is being directed by FACFS’ (Fellows of the American College of Foot Surgeons), and while these members are now small in number, they are setting the policies and have the support of the practicing podiatrists. Every day, through their constant efforts, their position becomes stronger and their objectives less likely to be diverted.”

The American Medical Association (AMA), in 1961, acting on the resolution proposed by the AAOS, agreed that podiatrists’ access to hospital privileges should be limited without board certification. The same year, the APA passed Resolution 33, dealing with the requirements for national certifying boards for special areas of podiatry practice. ACFS President Louis Newman appointed nine doctors to form the initial American Board of Podiatric Surgery (ABPS). The Board was chartered in 1963 and approved by the Council of Podiatry Education (CPE) in 1965. Unfortunately, this group never became functional, was disbanded, and eventually was replaced by the National Board of Podiatric Surgery. This board obtained recognition from the CPE in 1975 and later changed its name to ABPS and administered in the same offices as ACFS was in San Francisco until 1990.

The growth of the ACFS in the 1960s was led by 10 presidents: Drs. William Edwards, Louis Newman, Lyle McCain, Robert Brennan, Ralph Fowler, John Collet, James Meade, Robert Rutherford, Samuel Abdoo, and Oscar Scheimer. In 1965, Dr. Earl Kaplan was elected Executive Secretary of the ACFS, succeeding Dr. Jack Kohl, and served in that position until 1979. The past position of Executive Secretary is equivalent to the current role of the Executive Director, but the Executive Secretary post was a part-time position held by a DPM.

The annual scientific meetings were held outside of the country many times during the 1960s. The first international meeting, under the leadership of new ACFS President, Dr. Kaplan, was planned for Havana, Cuba. Unfortunately, political upheaval of the time caused the meeting site to be changed to Mexico City. The College returned to Mexico in 1966 with members of the Orthopaedic Society of Mexico in attendance. The first trans-Atlantic meeting of the ACFS took place in 1968 in Madrid, Spain. This successful meeting was chaired by Dr. Kaplan and included Spanish orthopaedists and general surgeons.

Post-graduate education was a growing element in the profession. Dr. Kaplan had recently established the first residency program in foot surgery in Detroit, Michigan, at Civic Hospital. In 1960, Drs. Dalton McGlamry and Joel Hill attended the first international ACFS scientific meeting in Mexico City. Both enjoyed an intense interest in furthering foot surgery in the Atlanta area. Doctors Hospital in Tucker, Georgia, would become a renowned three-year residency training program. Also in 1960, the California Podiatry Hospital was dedicated in San Francisco, providing another excellent facility for training in foot surgery.

In the beginning of the decade, ACFS President Edwards appointed Dr. Ralph Owens and Dr. Ned Pickett as co-chairmen of a publications committee. They initiated a semi-annual bulletin, *(continued on page 8)*
Give your patients the surgical information they need by supplementing your consultations with the latest patient education handouts from your trusted source, American College of Foot and Ankle Surgeons.

The College’s latest peer-developed patient educational CD provides clear, concise handouts that walk patients through the before, during and after phases of numerous surgical procedures.

One CD with 11 surgical topic descriptions, including:

- Understanding Your Foot or Ankle Surgery
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Rural Practice Offers Unique Challenges and Satisfaction

Practicing in a rural environment has its distinct rewards and limitations. For starters, just from a lifestyle perspective, rural practitioners rightfully extol the virtues of nonexistent road rage—but they also might have to drive two hours simply to indulge a yen for sushi.

Robert Miller, DPM, FACFAS, knows much about the ups and downs of rural practice, and his background gives him the insight to compare rural and urban settings. Fifteen years ago, after completing his residency in bustling Philadelphia, Miller joined a small practice (with two DPMs) in Prestonsburg, Kentucky, a small town in the heart of Appalachia with a population of less than 4,000. Miller’s practice serves an area spanning about four counties, and many of his patients may drive an hour to see him.

The Upsides: Filling a Niche, and More

Being a foot and ankle surgeon proficient in multiple procedures is clearly a huge advantage in a rural setting. In fact, a major draw for Miller when he interviewed for the practice years ago was the ability to fill a gap and provide much-needed additional services—something that yielded both professional satisfaction and business growth benefits.

“At that time, the practice was performing only forefoot surgery and had to refer patients to larger cities for other procedures,” says Miller. “My training allowed us to expand our surgical services so that we could keep patients rather than send them out.”

The fact that the nearest podiatric surgical practices are about 60 miles north and 110 miles east of Miller’s community offers another advantage of rural practice. “We don’t have to worry about competing with other DPMs down the street for the same pool of patients,” he says. On the other, he notes there are times when he wishes he could confer with another surgeon about a perplexing case. A peaceful, slower-paced environment is also appealing to many in rural practice. Indeed, rural settings excel in offering less traffic, less stress, less pollution. Miller greatly appreciates his easy morning commute. It takes him just 15 minutes to get to his practice, and he can walk from his office to the hospital in less than 5 minutes. And being an outdoor enthusiast, Miller also relishes the ability to run and ride his bike throughout a quiet setting. In short, he’s happily dialed down the stress meter since his days in Philadelphia, and he’s got balance in his life.

Limitations That Require Adjustments

As for the downsides of rural practice, Miller has a good handle on what they are and offers insights on how to manage them. One
drawback is the lack of hospital funding that restricts the availability of the latest in technology. Planning for this lack of resources is essential, says Miller. “For example, we know that if we’re going to require a possible bone graft or bone substitute for large joint fusion, we have to order the graft material in advance because it isn’t kept in stock.”

Lack of access to advanced products may mean having to settle for using something that worked 20 years ago but has now been replaced by improved options. “This can be challenging and disappointing,” says Miller. “After reading in journals about remarkable techniques that utilize great new internal fixation devices, as well as newer bone and tissue biologics, it’s frustrating to not have access to them.” On the other hand, this forces the DPM to be resourceful and creative, and that can provide a feeling of satisfaction that comes from a sense of self-sufficiency.

Another drawback noted by Miller: He’s always on call. Without a large cadre of other foot and ankle surgeons available, Miller and his partner are the only ones who get that phone call in the middle of the night.

Advice for Ensuring Success
In general, Miller advises DPMs who enter rural practice to do so with an open mind and a willingness to be accepting. “The culture of a rural area has been instilled into the population for many years, and surgeons coming from a big city could be in for the shock of their life—and vice versa.”

It’s also important to be cognizant of the local medical mindset. “Many physicians in rural settings are conservative in their approach,” he says. “They would probably not respect a doctor who opts for surgery after seeing a patient only once.”

As another piece of advice, Miller urges DPMs to make sure they have spousal approval to move to a rural setting. “That’s absolutely essential,” he says. Having a realistic grasp of what to expect—from the appealing aspects to the less desirable—is the name of the game when considering a rural practice.

“The culture of a rural area has been instilled into the population for many years, and surgeons coming from a big city could be in for the shock of their life—and vice versa.” — Robert Miller, DPM, FACFAS
practice management

Demystifying Employment Contracts
What you don’t know can hurt you!

When it comes to physician employment arrangements, the best advice you’ll ever hear is this: Know what you’re getting into!

Now more than ever—with physicians joining hospitals, ACOs, large practices, and multipractice groups—DPMs must be savvy in deciphering these agreements. Get the insight you need by attending the “Contract Consternation” session, to be held at the ACFAS Practice Management/Coding Workshops offered through our 2012 Perfecting Your Practice series.

The eye-opening contracts seminar will pinpoint precisely what you need to know before signing on the dotted line. Attendees will learn the anatomy of a contract from the surgeon’s perspective, and will take home ACFAS’ unique new tool—a comprehensive resource of annotated new model contracts prepared specifically for DPMs by a healthcare attorney.

This informative tool walks surgeons through sample contracts, flagging areas requiring special attention. “It highlights and explains potential concerns for DPMs regarding various contract provisions,” says Stacy Cook, JD, LLM in Health Law, of Barnes & Thornburg LLP. As the College’s practice legal specialist, Cook developed this tool and will present at the seminar.

“If any of these concerns go unaddressed they could later become great sources of regret,” warns Cook, who has counseled many distraught clients after they unwittingly signed “one-sided” contracts. This seminar makes sure that DPMs avoid that distressing scenario.

Other highlights of “Contract Consternation” include tips for finding the right attorney. Cook will show attendees how to interview attorneys to determine their approach (something she says is critical) and how to manage and limit attorney’s fees.

“Contract Consternation” is one of numerous offerings scheduled for the Practice Management/Coding Workshops on June 1-2, 2012 in Portland, Oregon, and October 12-13, 2012, in Arlington, Virginia. All registrants of these workshops, including those who do not attend the contracts session, will receive the ACFAS contracts tool free-of-charge. To register and obtain more details, visit acfas.org/pmm/seminar.
(continued from page 3) a predecessor to the College’s Journal of Foot & Ankle Surgery. By 1963, College president, Dr. Lyle McCain insisted the College move forward with transforming the ACFS surgical bulletin into a scientific journal and the quarterly ACFS Journal began publication the following year. Dr. Ralph Owens was the editor, assisted by Drs. Howard Johnson, Don Schubert, and Don Nott. In the following years, Drs. Schubert, Irvin Knight, and Richard Lanham, Jr., each served as editor.

The College’s fellowship examination process saw significant changes in the 1960s. From grueling oral examinations conducted far into the night at the national association meeting, the testing was moved to the ACFS winter meeting, and eventually to a separate two-day gathering in Chicago. An Examinations Committee was appointed that did not include board members. The first such committee was composed of Drs. Seymour Frank, William Lowe, Howard Reinherz, and Robert Weinstock. A candidate study guide for the exam was proposed and planning this compendium led the College to create a foot surgery textbook instead.
In this era of evidence-based medicine, research is paramount to advancing the science of foot and ankle surgery. That’s why the College is pleased to provide financial support for research, and is now accepting applications for the 2012 ACFAS Clinical and Scientific Research Grant.

“The grant empowers members to engage in the process of evidence-based medicine through research—a critical ingredient of innovation and advancement in foot and ankle surgery,” says Robert Joseph, DPM, PhD, FACFAS, chair of the ACFAS Research/EBM Committee.

Applications for the grant will be accepted until September 1, 2012. The grant is awarded to ACFAS members investigating topics involving foot and ankle surgery. The research must be clinical or laboratory-based, with clearly defined goals that meet all the criteria for grant submission.

Up to $20,000 will be granted, providing resources for studies that might otherwise not have funding. Says Joseph: “The grant is an excellent way to support our members and help sustain our position as leaders in foot and ankle surgery.”

Without a doubt, the benefits of research are far-reaching. “Sound research provides an element of clarity and objectivity to physicians and patients alike that what we do as surgeons can yield a desirable and predictable result,” says Joseph. In addition, the grantee’s paper will be published in the Journal of Foot & Ankle Surgery.

For information on the criteria and other details regarding the grant application, visit acfas.org/grant.

“The grant empowers members to engage in the process of evidence-based medicine through research—a critical ingredient of innovation and advancement in foot and ankle surgery.”

— Robert Joseph, DPM, PhD, FACFAS
Participate in the Prevention of DVT

Take the DVT Prophylaxis Survey Online

Be part of an important membership survey on a hot topic: the use of chemical DVT prophylaxis following foot and ankle surgery. If you’re a licensed DPM, the College urges you to take a brief online survey regarding your experience with postoperative DVT and whether—and how—you prescribe agents to prevent DVT. While some paradigms exist for chemical DVT prophylaxis following knee and hip replacement, its use after foot and ankle surgery has not been well defined. “This survey enables the College to appreciate the practices of its members, which is essential for developing future best practices,” Joseph says.

“There’s a great deal of debate today on the role of chemical DVT prophylaxis in foot and ankle surgery, and if the College is to continue being at the vanguard of our profession, a critical step will be characterizing the impact of our practice behaviors on health.” — Robert Joseph, DPM, PhD, FACFAS

“There’s a great deal of debate today on the role of chemical DVT prophylaxis in foot and ankle surgery, and if the College is to continue being at the vanguard of our profession, a critical step will be characterizing the impact of our practice behaviors on health,” reports Robert Joseph, DPM, PhD, FACFAS, chair of the ACFAS Research/EBM Committee.

Launched at the 2012 ACFAS Annual Scientific Conference, where it harnessed the latest in technology via a smart phone app, the survey is now conveniently accessed on the College’s home page. Your input is important—and it takes just moments to complete the simple 15 question survey—so please participate today at www.surveymonkey.com/s/ACFASDVTsurvey.

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ACFAS Student Club Gets Campus-Wide Recognition

Congratulations to one of our student clubs—the ACFAS Student Club at Temple University School of Podiatric Medicine—for winning the TUSPM student body’s choice for the 2012 Club of the Year Award. The award, given to a student organization for outstanding dedication, commitment, and support to students, singles out the ACFAS Student Club from more than 15 other student organizations at the university.

“It’s an honor to be recognized in this way, especially given the number of other student clubs on campus,” says Laura Sansosti, president of the club. “Our objective is to do as much as we can to augment classroom education, and this award confirms that we’re on the right track.”

The club, which started in the ‘80s, has a long history of active involvement. Last year alone, the club hosted numerous lectures, surgical case presentations, and hands-on workshops. That flurry of programs is continuing this year, clinically supplementing what first- and second-year students learn in the classroom and preparing third-year students for their externships.

“We want to give members as much exposure as possible so they’re prepared to go to clinic and start their rotations at different residencies,” says Sansosti. “We try to give them extra hands-on experience to enrich, expand, and reinforce their learning.”

ACFAS students clubs, established at each of the nine podiatric medical schools in the U.S., offer several advantages to members. Among these are access to scholarships, funds, and support, plus many free e-benefits such as online access to JFAS, the weekly e-newsletter, member pricing on various offerings, and Members Only information on acfas.org.

Left to Right: Shivani Chandhok (VP) Sarika Parikh (Secretary) Elliot Busch (Treasurer) Laura Sansosti (President) Dr. Jason A. Piraino, DPM FACFAS (Faculty Advisor) and Brett Williams (President Elect).

“Our objective is to do as much as we can to augment classroom education, and this award confirms that we’re on the right track.”

— Laura Sansosti, President, ACFAS Student Club at Temple University School of Podiatric Medicine
Ever wonder how your practice benchmarks to other members’ practices? What things would you like to see the College do, or not do, to help the profession and members? Let your voice be heard on these important questions and many more in ACFAS’ triennial Practice Census and Member Opinion surveys, which will be conducted online from mid-May through mid-June. Every ACFAS member will receive one of the two online surveys via random sample. You will also be notified of the survey by fax.

Examples of the Practice Census queries include:
- The percentage of your patients by etiology
- Hospital privileging and affiliations
- Whether you have or may be joining a group practice
- Reimbursement and insurance problems
- Where patient referrals come from

Examples of the Member Opinion survey queries are:
- “What’s in it for you?” (why you joined the College),
- What do you value the most ... and the least?
- How do you prefer to learn? face to face, via print, or online? and
- How would you reallocate the College’s budget to better meet your needs?

You will receive the survey via e-mail in the next few days. Watch your inbox (or spam file) for an email from "Michelle Butterworth, DPM" or "ACFAS President." The link will take you to a confidential survey website. Your responses will be anonymous and only reported in the aggregate by a third-party survey consultant.

Results will be posted on acfas.org in August so you can benchmark your practice or opinions with other ACFAS members.

**Need an incentive to participate?**
Five lucky respondents will receive the new iPad or your registration fee for ACFAS 2013 in Las Vegas. Just complete your randomly-assigned survey by the deadline to be entered into the drawing.

Watch for an e-mail or fax from ACFAS soon!
To show support for the Federal Trade Commission’s recent efforts to promote competition, access and choice in healthcare, ACFAS wrote the agency backing their recent actions to encourage competition in the healthcare market.

The FTC had recently commented on proposed legislation in some states that would severely limit non-MD health professions from practicing to the full extent of their education, licensed and highly trained physicians. But this is just the tip of the iceberg. ACFAS members have been the target of anticompetitive business practices in virtually every state over the past 25 years. Such anticompetitive measures limit competition, impair free markets for healthcare services, risk additional cost increases to our already costly health system, and fail to improve patient safety. Restraint of trade and anticompetitive initiatives promoted through legislation and regulation can also discourage the growing trend of interprofessional, team-based patient care.”

ACFAS will continue to monitor the FTC’s efforts to review regulations and legislation in support of fair competition among all qualified healthcare professionals.

To read the full ACFAS FTC letter, visit acfas.org/FTC 2012.

“ACFAS members have been the target of anticompetitive business practices in virtually every state over the past 25 years.”

— Michelle Butterworth, DPM, FACFAS, ACFAS President
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