PRESIDENT’S MESSAGE
Stephen Small, MD, FACEP

NCCEP Physician:

First I want to thank you for being a member of the North Carolina College of Emergency Physicians. The College has had many successes in the last several years, and to further that goal, the Board of Directors recently held a Board Retreat to work through issues about our organization as a whole as well as policy issues around the many changes we are experiencing in Health Care that effect Emergency Medicine. We had a productive meeting and made several policy decisions that we wanted to share with you.

• First, the Board would like more input and feedback from the physicians we are representing. We encourage all of you to contact any member of the Board if you have ideas or concerns about the College or about health care issues in North Carolina. We can best support you when we are acutely aware of your issues. We also would encourage all of you to join a committee and contribute your perspective. There is a list of committees included in this edition of EPIC.

• We are working to get more residents and medical students involved with the College so that they learn about health policy earlier in their careers. We intend to create a leadership academy and continue to have a representative from each residency program at the Board meetings.

• We discussed the various legislative and regulatory issues that we are involved in at length and assure you that we continue to work on Medicaid issues — including expansion, rate cuts, the shared savings plan by DHHS and the Medicaid reform plan. We will also continue to work on sedation, reimbursement, public health, scope of practice, telepsychiatry, EMS protocols, budget provisions affecting emergency medicine, helmet laws, CON issues and a whole host of other issues as they arrive at the legislature.

Our Board of Directors and Councilors are committed to moving the College forward and to providing great services to our members. Again, please feel free to reach out to your leadership with any issues.

We hope that you will be able to attend our upcoming conference in Kiawah on June 6-8, 2014 where we have joined with Georgia and South Carolina ACEP for the Coastal Emergency Medicine Conference (CEMC). Please visit our website: www.nccep.org for more information.
Access to Care
The Access to Care Committee has been formed to assist the state with maintaining access to high quality emergency and other care for its residents. Stakeholders realize that access issues will be greatly strained with the addition of more than 600,000 Medicaid and health exchange members in the near future.

Bylaws
The Bylaws Committee is in charge of maintaining our NCCEP bylaws and ensuring that we are in compliance with ACEP Bylaws. Additionally, the committee carefully analyzes ACEP Council Resolutions and makes a presentation with recommendations to the NCCEP BOD each year prior to Scientific Assembly.

Education
The Education Committee is responsible for developing the curriculum for our June and Fall CME conferences and ensuring that CME is approved through ACEP. The committee actively looks for new content experts in all areas of EM practice and practice management.

EMS
The EMS Committee is a very active committee that works closely with NC OEMS in developing standards and guidelines regarding the delivery of the highest quality EMS care in the nation. This is a great committee to join for any who are passionate about EMS systems and care, and who are ready to roll up their sleeves and jump in.

Executive
The Executive Committee includes the President, Vice-President, Secretary/Treasurer and Past President and makes decisions regarding the day to day operation of the College.

Legislative
The Legislative Committee is becoming one of the most important strategic committees in NCCEP. Our political presence has steadily grown in recent years as we continue to gain additional credibility in Raleigh. The committee works to build relationships with key legislators on important issues such as liability reform, scope of practice, balance billing, and other issues. Joining this committee will provide opportunities to meet with legislators and help them better understand our concerns and the safety net services we provide.

Membership/Communication
The charge of the Membership/Communication Committee is to get as many board certified emergency and resident physicians to join ACEP/NCCEP and to provide them with valuable information regarding our many benefits and activities. This committee is also responsible for the website and EPIC.

Nominating
The Nominating Committee works to find members in the College to serve in leadership positions and presents a slate of nominees to the membership at the annual meeting.

Practice Management
The Practice Management Committee has unlimited possibilities as the scope and value have yet to be determined. The leadership and direction of one of the talented ED group leaders in our state would be a perfect fit and we would welcome experienced practice managers of your groups as ex-officio members of this committee.

Reimbursement
The reimbursement committee monitors reimbursement activity on the state and national level and works to maintain and improve reimbursement practices related to government and commercial payers. The committee works closely with the Legislative Committee to present a unified front as many issues fall under the domain of both committees.
ELECTIONS:

This year, NCCEP will be electing the President-Elect, Secretary-Treasurer, 5 Board members, and 4 ACEP Councillors.

The Nominating Committee has nominated Dr. Bret Nicks as President-Elect and Dr. Jennifer Raley as Secretary-Treasurer.

Members are asked to cast their votes, using the ballot on the last page of the EPIC. Directions for absentee balloting for those unable to attend June Jam are noted.

Members are cautioned that for the Board member and ACEP Councillor positions, each member must cast a vote for each open position.

Note:

All new NCCEP Board members must sign the ACEP Member Expert Witness Reaffirmation Statement.

All NCCEP Councillors are expected to attend, at a minimum, the September meeting and one additional Board meeting per year. Councillors may attend in person or participate by phone.

CANDIDATE FOR PRESIDENT-ELECT

Bret Nicks, MD, MHA, FACEP

As Emergency Medicine Specialists, we face incredible challenges everyday as part of our medical service to the community. Often, many of the undercurrents that impact our ability to provide quality care and maintain a laudable career go unrecognized and underrepresented by our specialty. This has become increasingly evident during my past 6 years serving with the North Carolina College of Emergency Physicians (NCCEP) — initially as a Councilor, Board Member and Secretary/Treasurer. Amplified by economic changes, unclear direction of insurance reform and the trend toward increased outpatient dependence of healthcare, change is certain. The NCCEP Board understands the importance of our specialty as a cornerstone for health care in the US — and serves to ensure our concerns related to the quality and safety of patient care are heard boldly by our lawmakers. As a member of the NCCEP Board, I believe I am able to understand the intricacies of the political environment in which many of the decisions impacting our specialty are made. Concurrently, as the current Chair of the Practice Management Committee, I continue to foster education and change in the areas of ED management, operations, and reimbursement within our specialty. Combining these experiences with my ongoing clinical, education and administrative roles at Wake Forest, I believe I will represent the interests and concerns of emergency physicians well as President-Elect of NCCEP. We must continue to promote the incredible value of our work, encourage solutions to difficult health system failures that we see daily and sit firmly at the table when decisions are being made that impact our specialty and the health and safety of those we serve. Thank you for your consideration.

CANDIDATE FOR SECRETARY-TREASURER

Jennifer Raley, MD, FACEP

It would be my pleasure to serve as Secretary/Treasurer for the NCCEP Board of Directors. In my 5 years on the NCCEP Board, I have enjoyed learning about the business of Emergency Medicine and how politics impacts on our specialty. I especially like how we can impact it back with organized advocacy! I also enjoy working with other leaders from around the state to continue to ensure access and quality care to all patients who seek emergency medical treatment — those who can afford to pay and those who cannot. This work takes place through a combination of working toward reasonable reimbursements...
through governmental and private payers, ensuring unimpeded access to care, giving our patients a voice through our specialty advocacy and by helping to improve quality by participating in activities such as EMS protocol recommendations, advising the Legislature on emergency care issues and upholding the high standards of our specialty.

I am currently the Vice President and Managing Partner for Wake Emergency Physicians in Raleigh, NC and previously served as the Chair and Medical Director for the Emergency Department at WakeMed Raleigh Campus as well as Vice-Chair at WakeMed Cary Hospital. In addition, I served for 2 years on the National ACEP Reimbursement Committee and currently chair the Reimbursement Committee for NCCEP. I served as the Course Director for NCCEP’s fall conference for 5 years and previously served on the Education Committee for NCCEP. I look forward to continuing to serve our specialty and state if elected to the office of Secretary/Treasurer.

CANDIDATES FOR BOARD

Jill Benson, MD, FACEP

I have served as a member of the NCCEP Board of Directors since 2010 and hope that you will consider me for re-election for an additional two-year term. I have worked as an Emergency Physician with Wake Emergency Physicians, PA in Raleigh, NC, a large multihospital democratic group practice, since 2002. I am currently the Vice-Chair of Emergency Department at WakeMed Cary Hospital, which includes serving as the Quality Improvement Chair for WakeMed Cary Hospital Emergency Department, and have served in this position since 2008. In addition, I have served as the Pharmacy & Therapeutics Committee Chair at WakeMed Cary Hospital since 2009, and on the committee since 2008. I have pursued the ACEP’s ED Director’s Academy, and completed Phase I and Phase II. I completed my undergraduate and medical education at the University of Illinois and attended residency at Hennepin County Medical Center in Minneapolis, MN. I then completed a one-year fellowship in Undersea and Hyperbaric Medicine after residency, also at HCMC in MN. I have enjoyed serving on the NCCEP Board of Directors, including as a course director/planner for the NCCEP 2014 fall conference. Serving on the Board and attending these meetings has broadened my appreciation for the scope of NCCEP’s duties and objectives. It is my hope that my administrative skills and experiences will further enhance the College’s mission of promoting excellence in Emergency Medicine in North Carolina.

Scott W. Brown, MD

Current Positions:

- Associate Medical Director and staff physician for Harnett Health Hospitals, Betsy Johnson Hospital, Dunn, NC, and Central Harnett Hospital, Lillington, NC

- Staff physician for Duke Raleigh Hospital, Raleigh, NC

Medical School: Eastern Virginia Medical School, Norfolk, VA.

Residency: Thomas Jefferson University, Philadelphia, PA

Committees: Physician Partners Committee, Physician Care Management Core Team, Credentialing Committee, Laboratory Committee

Professional Memberships: NCCEP, ACEP, AAEM, AMA

No one needs to be told that the medical landscape is changing drastically. The entire payment structure in medicine is being reevaluated. Accountable care organizations are popping up. Hospitals are buying up private practices in an effort to consolidate care. We in the Emergency Departments hold a unique position in these changing organizations. How are we going to fit into the patient centered models being proposed? How are we going to be compensated within these models? How do we keep up with growing ED volumes, decreasing reimbursement and increased focus on patient satisfaction all while integrating with community practices and hospital services to improve overall quality of care for patients? We may isolate ourselves in the Emergency Department and try to ignore our impact on the whole, but as the gateway to most hospitals and medical safety net for our communities, we play a central role in the evolving health delivery system. On a local level, I have
been fortunate to serve on several committees that are attempting to address these and other issues. I would like to bring this experience to the next level as a member of the NCCEP Board of Directors. Like it or not, we are a pivotal force that often lacks sufficient voice. If we aren’t involved in the discussion, we will be an afterthought.

Michael Ghim, MD, FACEP

Accountable health organizations, Medicaid expansion, and ICD-10 codes. In the face of dwindling reimbursement, higher accountability for quality, expedient, and satisfactory care, the changing business of health care delivery looms frighteningly complex in the future. As a representative on the Board of Directors for NCCEP, I hope to continue to push for political and administrative changes that keep patient care facing forward and our role as patient advocate and front line provider in line with the most important of specialty providers in all of health care. As an EMS Medical Director, I am proud to be a part of change as Emergency Medical Services is now the newest subspecialty designation with many of my colleagues successfully navigating the first round of national testing and accreditation. We have had many successes with the adoption of statewide EMS protocols, and I am proud to be a part of a robust EMS state system.

I have been a member of ACEP for the past 13 years, and serve currently on the Board of Directors for NCCEP as well as on the NCCEP EMS subcommittee. In addition, I serve as Medical Director for Cone Health’s Moses Cone Hospital’s Emergency Department and for Guilford and Person Counties’ EMS systems. In these roles, I seek to merge the notion of quality patient care by First Responders through paramedics to seasoned emergency physicians in a safe, protected, resource-dense environment. I sit on the North Carolina Office of EMS’ Advisory Council and also advise an EMT program at a local community college where assisting them to achieve CoAEMSP accreditation is vitally important for the quality of EMT’s in North Carolina. By continuing to serve on the NCCEP Board, I hope to provide the educational, political, and business resources, which all of our members require, easily accessible and relevant for the care of all of our potential patients.

See Candidates – continued on page 6
**Daniel Minior, MD, FACEP**

**Current Position:** Medical Director and Department Chair, Staff physician, Nash General Hospital, Rocky Mount, NC, Medical Director and Department Chair, Staff Physician, Betsy Johnson Regional Hospital, Dunn, NC

**Medical School:** Tufts University, Boston, MA

**Residency:** Lincoln Medical and Mental Health Center, Bronx, NY (Chief Resident 2004)

**Professional Activities:** Member NCCEP, Member ACEP

I am pursuing a position on the NCCEP board. I would like to join our state’s emergency physicians in their ongoing efforts to establish fair tort practices and just representation in our nation’s current health care debate. I would also like to bolster the strategic efforts to rectify the numerous day-to-day issues we face, such as prolonged boarding, dwindling specialty coverage, and unreasonable societal expectations. I hope to offer my humble perspective, energy, and practical field experience to the college to help fix our many problems.

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**D. Matthew Sullivan, MD, FACEP**

**Institution:** Carolinas Medical Center

**Member Since:** 1996

**Current Academic Position(s):** Associate Director of Operations, Director of Reimbursement and Productivity, Director of Observation, Clinical Associate Professor

**Elected NCCEP Position(s):** Board of Directors

**NCCEP Committee(s):** Communications Committee, Education Committee, Reimbursement Committee

**Personal Statement:**

I am thankful for the opportunity to serve Emergency Medicine on a statewide level. Having served on the NCCEP Board, dedicated to the various supporting committees, and participating in the activities of NCCEP for the last 15 years, I feel that I can continue to be a strong participant member. If re-elected to the board, I am interested in continuing to support efforts that ensure fair reimbursement for work done by emergency physicians, and continue to support Emergency Physicians in North Carolina via the development of top notch networking and educational conferences. I believe that my dedication to Emergency Medicine and my drive to ensure positive change are valuable assets for our society. I would be pleased to represent you on the Board if given the opportunity.

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**CANDIDATES FOR COUNCILLOR**

**Gregory Cannon, MD, FACEP**

It has been a privilege to serve NCCEP for the last 10 years. I previously served 5 years on the board and am completing my rotation through the executive committee as Immediate Past President of the Chapter. I have been the Chair of the Legislative Affairs Committee for the last 8 years as well. I currently have been a councillor for 5 years and I feel that I have the experience and institutional knowledge to continue serving the chapter as a representative to ACEP. North Carolina’s participation and recognition at the national level has increased significantly in the last several years and I think it is important that our representation on the Council reflect that.

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**Jennifer Casaletto, MD, FACEP**

Dr. Jennifer Casaletto is a Washington, D.C. native who escaped the city bustle for an undergraduate education in biochemistry and theology at the University of Notre Dame. She completed her medical education at Vanderbilt and emergency medicine training at Carolinas Medical Center. She enjoyed the first six years of her career at Maricopa Medical Center in Phoenix, Arizona, caring for a largely underserved patient population and serving as the Associate Residency Program Director and is excited to have been able to return to Charlotte to join EMP of Gaston. While in Arizona, she served AzCEP as councillor, secretary, and president in addition to serving her patients as chairwoman of the Arizona Governor’s Domestic Violence Council’s Health Cares About Family
Violence Subcommittee and via an appointment to Arizona’s Committee on the Impact of Domestic Violence and the Courts. She is currently chair of ACEP’s Academic Affairs Committee, a member of ACEP’s Emergency Medicine Continuous Certification Committee, and chair-elect of ACEP’s Young Physician’s Section. Outside of medicine, Dr. Casaletto spends time playing on the lake with her husband, Jake, toddler son, Jackson, and labrador retriever, Jedi. She looks forward to the opportunity to become an active member of NCCEP.

David Kammer, MD

Thank you for taking the time to vote for this year’s council candidates. I have had the privilege of serving on the NCCEP Board as a resident Board Member from 2010 to 2012, with the position of voting member during the last year. As I graduate from residency in Charlotte to take a position in Raleigh with WEPPA, I am honored to be nominated to represent our College in the position of Councilor. Prior to returning to medical school, I was a software engineer at a prominent technology company and as a Board Member have been able to help NCCEP update its technology strategies. With the mandated introduction of the EMR I believe our savvy around technology policy must increase or we risk being held to standards of technology use that are more beneficial to billers and legal counsel than to our patients’ health and safety. I hope that my technology background can bring a useful additional body of knowledge to the council.

Edward McCutcheon, MD, FACEP

After considerable thought on becoming actively involved within the specialty of Emergency Medicine, I am willing to take the next step in participating on a state level with the NC ACEP. As I am entering my tenth year practicing Emergency Medicine in North Carolina, the more I am fully dedicated to the representation of Emergency Medicine in our state.

I have been actively involved with administrative roles within my Emergency Medicine group since joining in 2002. I work full time clinically for Emergency Medicine Physicians (EMP) in the greater Charlotte area and serve as Medical Director at CMC Huntersville. I am partnered with over 130 Emergency Medicine physicians of EMP in the state of North Carolina.

If I am to be elected, I would be honored to serve with the utmost personal sacrifice as I know the time commitment is necessary. With this submitted letter of interest, I hope to be considered seriously in highest consideration with my peers.

Thomas L. Mason, MD, FACEP

Cornelius, NC

Partner, Mid-Atlantic Emergency Medical Associates since 1995

I have been an ACEP member since 1988. I was elected to the NCCEP Board as the Resident Representative in 1993 and I have served on the Board and/or as a Councilor since then. I have enjoyed this association and I have been honored to represent our members at the Council since 2000. I would be honored to continue as one of your Councilors for our College.
Emergency Medical Associates is seeking **BC/BE EM Physicians** for Southeastern Regional Medical Center in Lumberton, NC

**SOUTHEASTERN REGIONAL MEDICAL CENTER**

- 82,000 ED visits annually
- 69 ED beds
- 337-bed community hospital
- Clinical Decision Unit
- Hospitalists perform all admissions
- Electronic Medical Record
- 50% of all shifts are covered by EM noernists
- Full practice support with medical scribes and associate practitioners
- Designated Magnet Hospital for Excellence in Nursing
- Teaching site for physician assistants at Wake Forest University and Methodist University
- Duke University faculty members perform interventional cardiology & cardiothoracic surgery at SRMC

Explore these positions, as well as exciting career opportunities in NJ, NY, PA, RI and NC. Opportunities for season physicians on our traveling Staffing Support Team.

**OUR PHYSICIANS ENJOY**

- Unparalleled support (i.e. associate practitioners and medical scribes) allows you to live the life you deserve
- Superior Compensation
- Equity Partnership
- An Equal Voice in Everything We Do
- An Equal Share in Everything We Own

Please **Visit Us** at the Coastal Emergency Medicine Conference in South Carolina

Contact Edie McDuffie
(973) 436-5547
McDuffieE@ema.net
www.ema.net/for-providers
Believe it or not, this conversation began nearly 15 years ago with discussions lead by James Adams, MD looking at quality measures in emergency medicine, long before the CMS delineation of today’s metrics. (Acad Emerg Med 2002;9[11]) Prior to this discussion, impact from ED overcrowding and the deleterious effects were routinely published. The foresight of those participating has continued to promote quality and operational considerations leading to change in the daily practice of our specialty. Certainly this has not come without some frustration, resentment and perhaps opposition for those that may have chosen our specialty for the uncertain, adrenaline-driven, care enigmas that are seen daily — but I would suspect the same level of frustration comes with psychiatric and inpatient boarders clogging the hallways and beds of the ED.

Today, we are inundated with performance metrics, whether ED-centric or not. Some of these metrics relate to clinical care parameters and impact the care disposition of our patients. Others are centric to patient flow and length of stay within our respective departments — but often impacted more by the system practice than the ED itself. Which begs the question, what operational changes have been implemented within your ED (or are in process) to address the quality and throughput issues unique to your facility? Data supports increased hospital length of stay, morbidity/mortality, medical error and cost for boarding patients in the ED… yet, this occurrence remains common on Monday afternoons in most facilities (and perhaps on a daily basis).

Most facilities started down this road with development of a full-capacity protocol but often undervalue the ED and ignore the many recommendations put forth in 2008 by ACEP. (Emergency Department Crowding: High Impact Solutions http://www.acep.org/content.aspx?id=32050). However, development of such a plan allows for all stakeholders to be at the table and start the dialogue. Of course, having robust data to support ED patient care/throughput concerns are essential. (Check out www.nedocs.org for a framework). It is helpful to have completed a ‘self-assessment’ of your department in areas of:

- **Capacity**
  - staffing, volume-matched staffing, beds, etc

- **Demand**
  - volume arrival by hour, % EMS, Pt LOS including time segments, Avg # boarders; and

- **Finance**
  - LWBS rate, Avg hospital collection/pt, admission rate, Avg annual cost of NA/Tech, RN

With this information, operational limitations become evident — and no longer perspective or hearsay.

The one thing all of us recognize is that the ED in the future will function and perhaps look different than it did before the clinical and operational metric discussions began at the turn of the century. Many different factors will lead to the ED functioning more like the hub of the healthcare system. We already recognize that old processes aren’t routinely efficient (as most are serial processes) and the best practices will come from those in the front-line applying operations concepts (e.g. LEAN) and thinking outside the box. In the coming EPICs, the Practice Management Committee will be providing unique and valuable insights, considerations, and resources to help your shop — regardless of size, resources, or location.
Responding to the growing older adult population, a multidisciplinary group of health care providers collaborated to create a set of guidelines to address the unique needs of the older adult in the Emergency Department. Over a two-year period, the Academic College of Emergency Physicians (ACEP) Geriatric Section worked with the Society of Academic Emergency Medicine Academy of Geriatric Emergency Medicine, the American Geriatrics Society, and the Emergency Nurses Association to develop Geriatric Emergency Department (GED) Guidelines.

The goal of the GED Guidelines is to provide a standardized set of guidelines that effectively improve the care of the geriatric population and are feasible to implement in the ED. The document consists of 40 recommendations in six general categories: staffing, transitions of care, education, quality improvement, equipment/supplies, and policies/procedures/protocols. The full document can be found at www.acep.org/geriEDguidelines.

These guidelines represent recommendations for optimizing care of older adults in the emergency department.
The Coastal Emergency Medicine Conference will be held June 6-8, 2014, in Kiawah Island, South Carolina. This second annual regional conference will be jointly hosted by the North Carolina, Georgia, and South Carolina ACEP Chapters, and we hope to have a large turnout of our members. Please register today for this exciting new event. More information, including online registration and the conference agenda, is available on the conference website – www.coastalemergencymedicineconference.org.

Social events will include a golf tournament on Friday afternoon, an opening reception on Friday evening, and a Saturday dinner.

A group room rate is available at the Kiawah Island Golf Resort Villas. Call (843) 768-2736 to make your reservation, and reference the Coastal Emergency Medicine Conference and that you are a member of the NC Chapter (11188). Room rates are $235/night for a one bedroom villa, $335 for a two bedroom villa, or $529/night for a room in the Sanctuary. You must book your room by May 5, 2014, in order to receive the group rate.

*The Southern Alliance for Physician Specialties CME is accredited by the Medical Association of Georgia to provide continuing medical education for physicians.

The Southern Alliance for Physician Specialties CME designates this live activity for a maximum of 10 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
## AGENDA
View all meeting details at [www.coastalemergencymedicine.org](http://www.coastalemergencymedicine.org)

### Thursday, June 5, 2014
- **4:00 pm – 7:00 pm** | Exhibitor Set Up
- **4:00 pm – 6:00 pm** | GA, NC, and SC Board Meetings
- **6:00 pm – 7:00 pm** | Board Member Reception

### Friday, June 6, 2014
- **7:00 am – 8:00 am** | Registration, Breakfast, & Visit Exhibits
- **8:00 am - 9:00 am** | **ACEP Speaker Talk**
  - **Kevin Klauer, DO**
- **9:00 am - 9:30 am** | **Massive Transfusions... Preventing a Bloody Mess**
  - **John McManus, MD**
- **9:30 am - 10:00 am** | **Is tPA a TBA?**
  - **Edward Jauch, MD**
- **10:00 am - 10:30 am** | Break & Visit Exhibits
- **10:30 am - 11:00 am** | **Bugs and Drugs: Providing for the Recheck, Preventing the Bounce Back**
  - **Keith Borg, MD**
- **11:00 am - 12:00 pm** | **Free standing EDs: Problematic or Paradise?**
  - **Jennifer Raley, MD**
  - **Preston Wendell, MD**

### Concurrent Session 1
- **9:00 am - 12:00 pm**
  - **LLSA 2014 Article Review and Exam**
  - **Steve Grant, MD**
  - **Abhi Mehrotra, MD**
- **12:00 pm – 1:00 pm** | GA & NC Annual Meetings
- **1:30 pm – 6:00 pm** | CEMC Golf Tournament
- **6:00 pm – 7:30 pm** | Reception in Exhibit Hall

#### Saturday, June 7, 2014
- **7:30 am – 8:00 am** | Registration, Breakfast, & Visit Exhibits
- **8:00 am - 8:30 am** | **Daily ED Disasters: Being a “prepper” for the real world...**
  - **Lancer Scott, MD**
- **8:30 am - 9:00 am** | **Vasopressors vs Volume-the New Paradigm**
  - **Peter Deblieux, MD**
- **9:00 am - 9:30 am** | **Bariatric Babies, Challenging Consequences for Our Biggest Small Patients**
  - **Jamie Fox, MD**
- **9:30 am - 10:00 am** | Break & Visit Exhibits
- **10:00 am - 11:15 am** | **Jeopardy: The Tri-State Tournament**
  - **Carl Menckhoff, MD**
- **11:15 am - 12:15 pm** | **ACEP Speaker Talk**
  - **Jay Kaplan, MD**
- **6:30 pm** | Dinner Party at Mingo Point

### Sunday, June 8, 2014
- **7:30 am – 8:00 am** | Registration, Breakfast, & Visit Exhibits
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| 8:00 am - 8:30 am | **The Time-Critical Evaluation of CHF patients: When it Really Matters**  
**Benjamin Lawner, DO** |
| 8:30 am - 9:00 am | **Invasive Ventilatory Strategies: When You’re All Alone at Night with the Vent**  
**Peter Deblieux, MD** |
| 9:00 am - 9:30 am | **Focused Hand Examination: When You Really Need to Put Your Finger on it, but Can’t Seem to...**  
**Carl Menckhoff, MD** |
| 9:30 am - 10:00 am | **Things that go BOOM! Bomb and Blastastic Injuries that You Will See**  
**Eric Ossmann, MD** |
| 10:00 am - 10:30 am | **Pitfalls in Pediatric Radiology, Small Patients Don’t Mean Small Findings**  
**Keith Borg, MD** |
| 10:30 am - 11:00 am | **The Opioid Offering vs Opposition: The Lazarus Experience**  
**Fred Wells Brason II** |
| 11:00 am       | Meeting Adjourns                                                     |

**ACCREDITATION**

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**1ST ANNUAL CEMC RESEARCH FORUM**

Abstracts on scientific papers appropriate for the meeting are being accepted now for the 1st Annual Coastal Emergency Medicine Conference Research Forum.

Accepted abstracts will be poster presentations and on display throughout the meeting. Cash prizes for 1st, 2nd, and 3rd place winners.

Submit your abstracts online at [http://www.coastalemergencymedicineconference.org/conference_callforabstracts.php](http://www.coastalemergencymedicineconference.org/conference_callforabstracts.php)

The deadline for submitting Abstracts is March 15th, 2014 at 5:00PM

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3. PHONE: (770) 613-0932 | 4. ONLINE: [WWW.COASTALEMERGENCYMEDICINE.ORG](http://WWW.COASTALEMERGENCYMEDICINE.ORG)
On Friday March 14th, a long time friend and vibrant member of NCCEP was suddenly killed. Otto Rogers, 64, was driving his 1956 Austin-Healy convertible on the open roads near home, doubtlessly with the same joy that he lived his whole life. In a tragic collision with a pick-up truck, his life was abruptly ended.

After graduating from Indiana in the mid 70s, Otto practiced emergency medicine in several locations before calling Pinehurst home. Held in uniform high esteem by partners, colleagues, staff and patients alike, he was a caring and humble Christian man, whose only agenda seemed to be the wellbeing of whomever he was with at the time. He embodied patience, kindness, sensitivity, understanding and joy both at work and in play. When around him, you could not fail to be uplifted by his infectious enthusiasm and steadfast resolve not to be dragged down by the usual problems the world presents each of us.

His Faith and his family were his steadfast supports and his dedications outside of work. Although his dear wife Ryn has been slowed by polio for many years, the two of them in partnership simply could not be stopped! Their dialogue in marriage, their daily walk of partnership and sharing of all things is a humbling example to those of us who have spent time with that daring duo. Son Adam, daughter-in-law Pavana and granddaughter Leela Saorsa and his wider surviving family model Otto and Ryn's good nature, good heartedness and good sense. Although this is an uncertain and uneasy time for each of them, they strive to share their Peace in this situation and let the horror and anger be diffused by love, understanding and forgiveness.

Active throughout Sandhills Emergency Physicians, leading and mentoring that group, supporting the Moore Health care system and after retirement passing the Palliative care boards so as to be of service to help heal the spirits of those dying, Otto was often able to do good in situations where others might simply give up hope. Dr. Rogers worked tirelessly for our specialty serving on the NCCEP Board from 2003-2008, performing duties as Secretary/Treasurer and also was Membership Chair for a period.

In lieu of flowers family asks that a donation be directed to one of the charities that Dr. Rogers was involved with — Boy Scouts and Girls Scouts of America, Cameron Boys Camp, Believe in Buster Animal and Rescue Sanctuary.

His memorial service will be held at 11 a.m. Saturday, April 5, at Christ Community Church, 220 Campground Road, West End, NC 27376.

Respectfully submitted from someone proud to called be his friend,
Damian McHugh, MD, FACEP
Rex Hospital, Raleigh, NC
PROPOSED NCCEP BYLAWS AMENDMENT

The NCCEP Board of Directors has recommended changes to the bylaws to comply with the ACEP Model Chapter Bylaws and to allow for the appointment of councillors by the NCCEP Board of Directors rather than by election of the membership, which changes must be submitted to the membership for approval. The bylaws may be amended by a two-thirds vote of the membership present at the annual meeting in June. The bylaws are proposed to be amended as follows (see text in green/red).

NORTH CAROLINA COLLEGE OF EMERGENCY PHYSICIANS BYLAWS
(2013)

ARTICLE I
Name

This Association shall be a non-profit corporation organized under the laws of the State of North Carolina. Upon receiving a charter from the American College of Emergency Physicians this Association shall be a chapter of American College of Emergency Physicians and shall be called the North Carolina College of Emergency Physicians.

Section 1. The principal office of the Corporation shall be in any county at any address within the State of North Carolina as selected by the Board of Directors.

Section 2. The initial registered office of the Corporation is 1300 St. Mary’s Street, Raleigh, North Carolina 27605, and the name of its initial registered agent at such address is Julian D. Bobbitt, Jr.

Section 3. The Corporation may have offices at such other places as the Board of Directors may from time to time determine.

Section 4. The corporate seal of the Corporation shall consist of two concentric circles between which is the name of the Corporation and in the center of which is inscribed SEAL; and such seal, as impressed on the margin hereof, if hereby adopted as the corporate seal of the Corporation.

Section 5. Unless otherwise ordered by the Board of Directors, the fiscal year of the Corporation shall be from October 1 to September 30.

ARTICLE II
Purposes

The purpose of this Association (hereinafter “the Chapter”) shall be those set forth in the Bylaws of the American College of Emergency Physicians (hereinafter “the College”) and in the Chapter’s Articles of Incorporation.

ARTICLE III
Membership

Section 1. The qualifications for membership in the Chapter shall be consistent with those for membership in the College.

Section 2. Membership applications, classifications changes, resignations, suspensions, and expulsions shall be acted upon by the College.

Section 3. Membership classifications and privileges in the Chapter shall be those designated by the College in its Bylaws. Candidate members shall not be able to vote or hold office except as described in Article VI of these bylaws and candidate members appointed to committees, who shall be entitled to vote in committees on which they serve.
Section 4. All records of the Chapter shall be available for inspection by the membership of the Chapter at any reasonable time. Such inspection may be made by the member, or the agent or attorney of the member, and shall include the right to make extracts thereof. Demand of inspection, other than at a meeting of the members, shall be in writing to the president or the secretary-treasurer of the Chapter.

ARTICLE IV
Dues and Assessments

Section 1. Dues for the Chapter shall be determined by the Board of Directors.

Section 2. Assessments may only be levied by a majority vote of the members present at the annual meeting and then only if the recommendation for such assessment, as determined by the Board of Directors, has been mailed to the membership at least thirty (30) days before the meeting.

Section 3. Any member whose membership has been canceled for failure to pay dues or assessments shall not be eligible to vote or hold office.

ARTICLE V
Meetings of the Members

Section 1. There shall be an annual meeting of the Chapter membership, the time and place of which to be determined by the Board of Directors. Notice of such meeting shall be communicated in writing to each member at least sixty (60) days before the meeting. Other regular meetings of the Chapter may be held with similar notice requirements. Notice of annual and regular meetings shall include the purpose of the meeting in accordance with the North Carolina Nonprofit Corporation Act.

Section 2. Special meetings of the Chapter may be held from time to time as determined by the Board of Directors. Notice of such meetings shall be communicated in writing to each member at least thirty (30) days before the meeting. Notice of special meetings shall include the purpose of the meeting.

Section 3. The members of the Chapter represented at any duly called meeting of the Chapter shall constitute a quorum.

Section 4. When not in conflict with these bylaws, the parliamentary procedures outlined in the current edition of The Standard Code of Parliamentary Procedure (Sturgis) shall govern all Chapter meetings.

Section 5. Notice of meetings may be by any means that is fair and reasonable as defined by the North Carolina Nonprofit Corporation Act.

ARTICLE VI
Board of Directors

Section 1. The Board of Directors shall have supervision, control and direction of the affairs of the Chapter, shall determine its policies or changes therein within the limits of the bylaws, shall actively prosecute its purposes, and shall have discretion in the disbursement of its funds. It may adopt such rules and regulations for the conduct of its business as shall be deemed advisable, and may, in the execution of the powers granted, appoint such agents as it may consider necessary.
Section 2. The Board of Directors shall be composed of the officers of the Chapter, nine (9) elected directors, and emergency medicine residents currently in programs approved by their respective residency review committees, as described in Section 3 of this article. The number of directors may be increased or decreased from time to time by amendment of these bylaws. The minimum number of directors shall be thirteen (13) and the maximum number of directors shall be twenty (20). Directors must be members of the Chapter.

Section 3. With the exception of the resident members, who serve for one (1) year, elected directors shall serve a term of two (2) years and shall be eligible to serve a maximum of three (3) consecutive terms unless elected to the office of president-elect or secretary-treasurer. The term of each director shall begin at the conclusion of the annual meeting at which the election occurs, or the conclusion of the first annual meeting after an election by written ballot without a meeting of the membership, or upon appointment as resident member of the Board of Directors.

Section 4a. Four (4) or five (5) elected directors shall be elected at each alternate annual Chapter meeting, or by written ballot without a meeting of the membership as specified in Article X of these bylaws, by a plurality vote of the members voting (with the highest vote-getters being elected to the available positions). No later than one (1) month prior to the annual Chapter meeting, each emergency residency program within the state shall be requested to submit the name of one (1) emergency medicine resident to serve as a non-voting member of the Board of Directors, subject to appointment by the president-elect. One (1) resident member each year, on a rotating basis determined by the Board of Directors, shall be the sole voting resident member of the Board of Directors.

Section 4b. The Board of Directors shall meet no less than two (2) times per year at such times and places as approved by the Board of Directors. Notice of all regular meetings of the Board of Directors shall be communicated in writing to each member of the Board at least ten (10) days in advance of such meetings. Board meetings may be conducted by telephone conference call or other electronic medium. A majority of the voting members of the Board of Directors shall constitute a quorum at any meeting of the Board. Only the voting resident member, not the other appointed resident members, shall be included for the purpose of determining a quorum. Special meetings of the Board may be called by the president or upon written request of one-third of the directors on forty-eight (48) hour notice with the same quorum requirements.

Section 5. Any director, other than a resident member of the Board of Directors, may be removed from office by a three-quarters vote of the members voting at any meeting of the Chapter membership. A removal must be initiated by a petition signed by no less than one-third of the number of members voting at the meeting at which the director was elected or voting by written ballot without a meeting of the membership as specified in Article X of these bylaws. Any vacancy created by a removal, other than removal of a resident member, shall be filled for the remainder of the unexpired term by a majority vote of the members voting at the meeting at which the removal occurs. Nominations for a vacancy created by a removal shall be accepted from the floor. Any resident member of the Board of Directors may be removed by majority vote of the Board of Directors; the voting resident member shall be recused from the vote to remove. Any vacancy created by removal of a resident member of the Board of Directors shall be filled for the remainder of the unexpired term at the discretion of and by majority vote of the Board of Directors.

Section 6. Any director may resign at any time by giving written notice to the president or to the Board of Directors. Such resignation shall take effect at the time specified therein, or if no time is specified, at the time of acceptance thereof as determined by the president or the Board.

Section 7. Vacancies which occur on the Board of Directors for any reason, other than a removal, shall be filled for the remainder of the respective term by majority vote of the remaining directors. Vacancies of resident members of the Board of Directors shall be filled at the discretion of the Board of Directors.
ARTICLE VII
Officers

Section 1. The officers of the Chapter shall be the president, the president-elect, the secretary-treasurer and the immediate past president. The president-elect and secretary-treasurer shall be elected by a majority vote of those members voting at the annual meeting of the Chapter or by written ballot without a meeting of the membership as specified in Article X of these bylaws. The president and immediate past president shall succeed to office by virtue of their prior office. The president, president-elect and immediate past president shall serve a maximum term of one (1) year for each office. The secretary-treasurer shall be eligible to serve a maximum of two (2) consecutive terms of one (1) year. The term of each officer shall begin at the conclusion of the meeting at which the election occurs or the conclusion of the first annual meeting after an election by written ballot without a meeting of the membership as specified in Article X of these bylaws.

Section 2. Each officer shall serve with voting privileges on the Board of Directors.

Section 3. The duties of the president shall be as follows:
   a. The president shall be the executive officer of the Board of Directors.
   b. The president shall preside over all meetings of the Chapter and Board of Directors.
   c. The president shall be responsible for ensuring that all Chapter contracts with third parties contain a provision disclosing the fact that the Chapter is an entity separate and distinct from the College.
   d. The president shall be responsible for ensuring that the Chapter adheres to the policy governing the use of the mark of the American College of Emergency Physicians.
   e. The president shall serve a one-year term as a councillor.

Section 4. The duties of the president-elect shall be as follows:
   a. In the event of vacancy of the office of president, the president-elect shall perform all duties of the president and shall perform such other duties and have such power as the Board of Directors shall prescribe for both the president's unexpired term and the president-elect's full term.
   b. The president-elect shall serve a one-year term as a councillor.
   c. The president-elect shall succeed to the office of president at the end of the president's elected term of office.
   d. The president-elect shall preside over meetings of the Chapter and Board of Directors in the absence of the president.

Section 5. The duties of the secretary-treasurer shall be as follows:
   a. The secretary-treasurer shall keep or cause to be kept a book of minutes at the principal office of the Corporation, or at such other place as the Board of Directors may order, of all meetings of the Board of Directors and membership, with the time and place of holding, whether special or regular, the names of those present, the number of members at the meeting, and the proceedings thereof.
   b. The secretary-treasurer shall keep and maintain the membership register of the Corporation and attend to the necessary correspondence and clerical needs of the Corporation.
   c. The secretary-treasurer shall have general charge of the corporate books and records and of the corporate seal.
   d. The secretary-treasurer shall sign such instruments as may require his or her signature and shall perform all duties incident to the office.
   e. The secretary-treasurer shall keep and maintain or cause to be kept and maintained adequate and correct accounts of the business transactions of the Corporation including accounts of its assets, liabilities, receipts, disbursements, gains and losses.
f. The secretary-treasurer shall deposit all monies and other valuables in the name and to the credit of the Corporation with such depositories as may be ordered by the Board of Directors.

g. An acting secretary-treasurer may be appointed by the Board of Directors to assume the functions of the secretary-treasurer in the absence or disability of the secretary-treasurer until such time as that absence or disability is ended or concluded except as provided elsewhere in these bylaws.

h. The secretary-treasurer shall serve a one-year term as an alternate councillor for each year elected to serve as secretary-treasurer. A candidate is not prohibited from running for secretary-treasurer and for an elected term as councillor at the same meeting or on the same written ballot without a meeting of the membership as specified in Article X of these bylaws. If the individual elected secretary-treasurer is elected councillor at the same meeting or on the same written ballot without a meeting of the membership as election to secretary-treasurer, the individual elected secretary-treasurer will serve the full two-year term as a councillor while also serving as secretary-treasurer for a one-year term except as specified elsewhere in this section. If the individual elected secretary-treasurer is also elected to serve a two-year term as councillor and is subsequently elected to an office with ex officio service as a councillor, the second year of the elected term as councillor will be vacated and filled in accordance with these bylaws. At its discretion, the Board of Directors may appoint the newly elected secretary-treasurer yearly to a one-year term as a councillor for each year elected to serve as secretary-treasurer. If the individual elected secretary-treasurer has a second year remaining in a previously elected or appointed term as councillor, then the individual elected secretary treasurer will serve a one-year term as a councillor while secretary-treasurer.

Section 6. The duties of the immediate past president shall be as follows:

a. The immediate past president shall chair the nominating committee.

b. The immediate past president shall perform such duties as may be prudent and necessary as determined by the Board of Directors.

c. The immediate past president shall serve a one-year term as councillor.

Section 7. Any officer may be removed from office by a three-quarters vote of the members voting at any meeting of the Chapter membership. A petition for such a removal must be signed by no less than a third of the number of members voting at the meeting in which the officer was elected or voting by written ballot without a meeting of the membership as specified in Article X of these bylaws. If the officer to be removed is the president or immediate past president, the petition must be signed by no less than a third of the number of members voting at the meeting in which the officer was elected president-elect or voting by written ballot without a meeting of the members.

Section 8. Any officer may resign at any time by giving written notice to the president or to the Board of Directors. Such resignation shall take effect at the time specified therein, or if no time is specified, at the time of acceptance thereof as determined by the president or the Board.

Section 9. Vacancies which occur in the office of president-elect and secretary-treasurer for any reason other than expiration of term of office shall be filled by a majority vote of the Board of Directors for the unexpired term only. A vacancy which occurs in the office of immediate past president for any reason other than expiration of term of office shall not be filled. A vacancy which occurs in the office of president for any reason shall be filled by the president-elect; after serving any remainder of a vacated term as president, the president-elect shall then serve a full term as president.

ARTICLE VIII

Councillors

Councillor allocation shall be determined as specified in the College Bylaws. Councillors shall be elected appointed by the Chapter Board of Directors (elected appointed councillors) or shall serve ex-officio (the president, immediate past
president, and president-elect). The secretary-treasurer shall serve ex-officio as an alternate councillor with a term of one year or as a councillor as governed by Article VII, Section 5 of these bylaws. The Chapter Board of Directors shall elect appoint alternate councillors (the number of which whom is commensurate with its the Chapter’s councillor allocation) who will be available for seating if a councillor or the secretary-treasurer is not present. Election of councillors and alternates shall be by plurality vote of members voting at the annual meeting of the Chapter or voting by written ballot without a meeting of the membership as specified in Article X of these bylaws (with the highest vote getters being elected to the available positions). A Appointment of alternate councillors elected in this manner shall be designated first alternate councillor, second alternate councillor, third alternate councillor, etc. as determined by the decreasing number of votes received during the election after the positions for councillors are filled. The appointment of councillors and alternates shall occur no later than ninety (90) days prior to the annual Council meeting except that at any time prior to the Council meeting, the Board of Directors may appoint additional members to serve as alternate councillors as needed. At the Council meeting, the president (or in the president’s absence, any member of the executive committee or the chapter executive director) may propose members to be credentialed as councillors/alternates as needed.

Section 1. If the Chapter is allotted an additional councillor or councillors by the College due to growth of the Chapter after the annual elections Board of Directors has appointed councillors and alternates, then the secretary-treasurer followed by the first alternate councillor, etc. shall become the additional councillor(s) until the next annual election appointment of councillors and alternates.

Section 2. Those elected Appointees assume their roles as councillors and alternate councillors upon their acceptance of appointment, which must be communicated to the Chapter no later than seventy-five (75) days before the annual Council meeting, at the conclusion of the meeting at which the election occurs or the conclusion of the first annual meeting after an election by written ballot without a meeting of the membership. If necessary, the term of one or more councillors may be adjusted to assure staggered terms. Ex officio councillors assume their roles as councillors upon assuming their officer positions with the secretary-treasurer assuming the role of alternate or councillor upon assuming the officer position or upon acceptance of appointment. The term of an elected appointed councillor shall be for two (2) years (except that the secretary-treasurer shall serve a councillor term of one (1) year, if appointed yearly as councillor, for each term elected as secretary-treasurer). The term of an ex-officio councillor shall be for one (1) year. The term of an alternate councillor shall be for one (1) year. Councillors and alternate councillors may serve unlimited consecutive terms.

Section 3. Vacancies that occur in councillor positions other than by removal shall be filled sequentially by the alternate councillors starting with the secretary-treasurer and then the first alternate councillor, etc.

Section 4. A councillor may be removed from office by a three-quarters vote of the members voting at any meeting of the Chapter membership the Board of Directors at a regular or special meeting. A petition for such a removal must be signed by no less than a third of the number of members voting at the meeting in which the councillor was elected or voting by written ballot without a meeting of the membership as specified in Article X of these bylaws. A vacancy created by removal shall be filled by majority vote of the members Board of Directors voting at the meeting at which the removal occurs. Nominations for a councillor vacancy created by a removal shall be accepted from the floor.

Section 5. The duties of the councillors shall be to attend the meetings of the Chapter (as governed by Article V of the Chapter bylaws), the Chapter Board of Directors (as governed by Article VI of the Chapter bylaws), and the Council of the College (as governed in Article VII of the College bylaws), and to represent the Corporation there at.
ARTICLE IX
Committees

The president may appoint such committees as he or she deems necessary.

**Section 1.** The Executive Committee shall consist of the president, president-elect, immediate past president and the secretary-treasurer and may conduct such business as arises between meetings of the Board. The Executive Committee shall have the authority, when a quorum is present (that number being a majority of the members of the Executive Committee) to act on behalf of the Board between meetings of the Board. Such actions shall be ratified at the next Board meeting failure of such ratification nullifies any action(s) taken by the Executive Committee.

**Section 2.** The president shall appoint annually a Nominating Committee to be chaired by the immediate past president (with additional voting members to be the president, president-elect and two other members of the Board of Directors). It shall be its duty to present to the members at a meeting thereof, or by written ballot without a meeting of the membership as specified in Article X of these bylaws, one or more nominations, for the occurrence of specific open positions, for the offices of president-elect, secretary-treasurer, and for the Board of Directors, and for councillors. Nominees shall be active, eligible honorary, or life members in good standing. Nominees from the floor at the time of election are not allowed except in the case of nominations to fill a vacancy caused by a removal. The report of the Nominating Committee shall be published or distributed at least no fewer than thirty (30) days prior to the election meeting or the dissemination of the written ballot without a meeting of the membership as specified in Article X of these bylaws.

ARTICLE X
Voting Procedures

**Section 1.** Voting by the membership on any matter, other than the election of directors, and officers, or councillors, shall be conducted at the annual meeting of the Chapter membership or at another meeting of the membership as determined by the Board of Directors as specified in Article V of these bylaws. Election of officers, and directors, and councillors may be conducted at the annual meeting of the membership or by written ballot without a meeting of the membership if authorized by the Board of Directors. The Board of Directors shall determine the nominating and voting procedures in conjunction with other applicable portions of these bylaws. On each individual ballot, members must cast the same number of votes as the number of positions to be filled. Absentee ballots for elections, except in the case of elections conducted by written ballot without a meeting of the membership, are to be provided to the membership at least no fewer than thirty (30) days prior to the annual meeting and must be received in the Chapter offices at least no fewer than two (2) days prior to the annual meeting. A member may rescind his or her absentee ballot for the meeting to which the absentee ballot applies and may then participate in any voting that may take place. Proxy voting is not permitted except as required by the Articles of Incorporation. Proxy voting shall not be permitted under any circumstances except as required by law or by the Articles of Incorporation.

**Section 2.** Elections and votes specified in this article may be conducted by electronic means, including elections by written ballot without a meeting of the membership, in accordance with the North Carolina Nonprofit Corporation Act and in a manner specified by the Board of Directors. In the case of elections by electronic means, written ballots in non-electronic format shall be provided to members who request them in accordance with the procedures set forth by the Board of Directors. Proxy voting shall not be permitted under any circumstances except as required by law or by the Articles of Incorporation. The quorum for elections by written ballot without a meeting of the membership shall be 10% of the membership as specified on a record date fixed by the Board of Directors.
ARTICLE XI
Indemnification
The Chapter will, by resolution of the Board of Directors, provide for indemnification by the Chapter of any and all of its directors or officers or former directors or officers against expenses actually and necessarily incurred by them in connection with the defense of any action, suit, or proceeding, in which they or any of them are made parties, or a party, by reason of having been directors or officers of the Chapter, except in relation to matters as to which such director of officer or former director or officer shall be adjudged in such action, suit, or proceeding to be liable for negligence or misconduct in the performance of duty and to such matters as shall be settled by agreement predicated on the existence of such liability for negligence or misconduct.

Article XII
Parliamentary Authority
When not in conflict with these bylaws, the parliamentary procedures outlined in the current edition of The Standard Code of Parliamentary Procedure (Sturgis) shall govern all Chapter meetings, meetings of the Board of Directors, and meetings of committees.

ARTICLE XIII
Approval of Bylaws and Amendments
Section 1. These bylaws and amendments thereto shall not be become effective until approved by the Board of Directors of the College or its designee.

Section 2. These bylaws may be amended by a two-thirds vote of the membership voting at a meeting of the Chapter, provided that the proposed amendments have been distributed to the membership of the Chapter at least thirty (30) days prior to the meeting. Whenever the Bylaws of the College are amended in a manner that requires (as specified in the Bylaws of the College) revision of the Chapter bylaws, the Chapter Board of Directors shall have the power to amend the Chapter bylaws, without a vote of the membership, to the degree necessary to comply with Bylaws of the College.

Section 3. Amendments to these bylaws shall be submitted in writing to, and in a format and manner specified by, the College no later than thirty (30) days following the adoption of such amendments. No amendment shall be of any force or effect until it has been submitted to and reviewed by the Board of Directors of the College or its designee, provided, however, that such amendment shall be considered to be approved if the Board of Directors or its designee fails to give written notice of its objection thereto within ninety (90) days following receipt.

Section 4. These bylaws must at all times be consistent with the Bylaws of the College. Should the Bylaws of the College be changed in such a manner as to render these bylaws inconsistent therewith, then these bylaws shall be amended immediately to eliminate said inconsistency.

Section 5. The Chapter adopted the latest revision of these current bylaws on June 7, 2013.

Revised: June 25, 2005
June 19, 2010
June 16, 2012
June 7, 2013
North Carolina College of Emergency Physicians
2014 Elections

Election Rules:
- Regardless of the method of voting, you must vote for the specified number of candidates for each position. **Ballots submitted without the correct number of votes for each position will be voided.**
- Your NCCEP membership must be current (dues paid through ACEP).

For Absentee Ballots:
- You may fax your absentee ballot to: (919) 882-1563.
- You may mail your absentee ballot to: Post Office Box 12946, Raleigh, NC 27605.
- Absentee ballots must include your name and address.
- Absentee ballots must be received **no later than 5 pm on May 30, 2014**, to be considered.
- If you are unsure if you will be able to cast your ballot at the annual meeting, complete the absentee ballot. Your absentee ballot will be pulled if you are present and vote at the annual meeting.

Note:
- All new NCCEP Board members must sign the ACEP Member Expert Witness Reaffirmation Statement.
- All NCCEP Councillors are expected to attend, at a minimum, the September meeting and one additional Board meeting per year. Councillors may attend in person or participate by phone.

### President-Elect (vote for 1 candidate)
- [ ] Bret Nicks, MD
- [ ] ________________________________

### Secretary-Treasurer (vote for 1 candidate)
- [ ] Jennifer Raley, MD
- [ ] ________________________________

### ACEP Councillors (vote for 4 candidates)
- [ ] Gregory Cannon, MD
- [ ] Jennifer Casaletto, MD
- [ ] David Kammer, MD
- [ ] Tommy Mason, MD
- [ ] Edward McCutcheon, MD
- [ ] ________________________________
- [ ] ________________________________

### Board of Directors (vote for 5 candidates)
- [ ] Jill Benson, MD
- [ ] Scott Brown, MD
- [ ] Michael Ghim, MD
- [ ] Daniel Minior, MD
- [ ] D. Matthew Sullivan, MD
- [ ] ________________________________
- [ ] ________________________________
- [ ] ________________________________
- [ ] ________________________________

Name __________________________________________________________________________________
Address __________________________________________________________________________________
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