Dear Colleagues,

Recently, ASPN began creating a strategic plan. This process will continue over the next few months, and we will present the plan to you in the fall.

ASPN created two previous strategic plans, and has used these to define the Society’s goals and design the blueprint to achieve them. Strategic planning is important for most organizations, but it is especially important for ASPN since our council and committee leadership changes on a regular basis.

The two prior strategic plans were essential to the evolution of ASPN. Sandy Watkins played a central role in the first plan, which came at a time when the Society needed to change dramatically. This plan facilitated the creation of a central office (vs. ASPN being “run” by the administrative assistant of a member of council), improved advocacy efforts and planning of the annual meeting, established a Corporate Liaison Board to improve our financial stability, and created more open procedures for election to council.

The process for developing and implementing the second plan was led by Joseph Flynn. Some of the notable achievements of this plan were increasing the role of the committees, creating a rotating leadership structure of the committees, and providing the groundwork for the formation of the ASPN Foundation.

Now is the right time to create a new strategic plan since the previous plan is more than 5 years old and many of its goals have been achieved. ASPN has continued to evolve and grow and it is time to define a new set of goals.

The 3rd strategic planning process began with selecting Susan Newton to lead the process. Susan facilitated the first two plans, but council interviewed a number of other facilitators before selecting Susan, who we felt was the best choice for ASPN. Subsequently, we created a detailed survey for membership so that we could learn from you what you want in our strategic plan. We are deeply appreciative that many of you completed this survey. Council will spend a full day prior to our annual summer council meeting working with Susan to create the basic framework of the plan and then spend the next 2 months refining the plan prior to presenting it to you.

Of course, a plan is only effective if it is implemented. Joseph Flynn tirelessly worked to make sure our last plan was optimally utilized, but that required a great deal of work by many of you. We hope that you will enthusiastically embrace ASPN’s next strategic plan and help to implement it over the coming years.

Larry Greenbaum, MD
President
lgreen6@emory.edu
The Renal Physicians Association

The Renal Physicians Association is an extremely important sister Society to ASPN, and is the leading voice for practicing nephrologists. The RPA has consistently been supportive of our efforts, particularly in the areas of legislative advocacy and regulatory reform affecting ESRD care delivery. Until recently, however, I did not realize the breadth of resources available from the RPA. I attended the Annual RPA Meeting in Phoenix this past March, where I had the opportunity to meet many of our adult colleagues who have significant insight into regulatory requirements and physician payment for dialysis care. There, at a short seminar about billing, I was introduced to several nuances regarding ICD 10 billing for ESRD care which apply not only to dialysis but also to our transplant patients. I left the meeting with a stronger understanding of a subject matter in which I thought I was proficient and hands-on resources for reference.

The RPA offers abundant resources and educational material regarding quality reporting and payment for Medicare providers which, as pediatricians, we frequently lack education and adequate understanding despite being held to the same or similar reporting standards by CMS for our pediatric dialysis care. In addition, RPA has a wealth of information for dialysis medical directors regarding the rules and regulations that govern the services required of each medical director of a Medicare-certified dialysis facility and are key to a successful CMS survey. The RPA welcomes a pediatric perspective and invites pediatric nephrologist to participate in committees that have input on policies and positions that affect the pediatric ESRD population, helping to give our pediatric patients a louder voice.

Please consider joining the RPA. For more information about helping to give our pediatric patients a louder voice, policies and positions that affect the pediatric ESRD population, nephrologist to participate in committees that have input on The RPA welcomes a pediatric perspective and invites pediatric certified dialysis facility and are key to a successful CMS survey. the services required of each medical director of a Medicare- medical directors regarding the rules and regulations that govern care. In addition, RPA has a wealth of information for dialysis similar reporting standards by CMS for our pediatric dialysis adequate understanding despite being held to the same or which, as pediatricians, we frequently lack education and regulatory reform affecting ESRD care delivery. Until recently, however, I did not realize the breadth of resources available from the RPA. I attended the Annual RPA Meeting in Phoenix this past March, where I had the opportunity to meet many of our adult colleagues who have significant insight into regulatory requirements and physician payment for dialysis care. There, at a short seminar about billing, I was introduced to several nuances regarding ICD 10 billing for ESRD care which apply not only to dialysis but also to our transplant patients. I left the meeting with a stronger understanding of a subject matter in which I thought I was proficient and hands-on resources for reference.

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17th Congress of the IPNA Information

Early registration for the IPNA Congress in Brazil ends on July 15!
Registration for IPNA members increases from $550 to $600 on July 16th. Register Now: http://www.ipna2016.com/content/registration

Visas: A Brazilian visa costs $160 for Americans ($80 for Canadians). It must be obtained at a Brazilian embassy or consulate and most people will thus use a visa service (additional cost ~$70). You need your travel itinerary before you can apply for a visa, and a variety of other documents are required (e.g., photos and a notarized bank statement). It seems like applying at least 6 weeks before the congress will allow plenty of time to obtain a visa. If you want to see the falls in Argentina, you will need to pay a $160 reciprocity fee ($72 for Canadians; should do online before you go), but you don’t need a formal visa (the fee is good for 10 years). The $160 is based on the cost that the United States charges Brazilians/Argentinians. Other countries in South America that you may want to visit (e.g., Peru) do not require visas or have reciprocity fees.

Zika Virus: To date, no cases of Zika infection have been identified in Iguaçu and it is predicted that, with the onset of winter in the southern hemisphere, the risk of acquiring the infection elsewhere in Brazil will be drastically reduced. For further information on the Zika virus and travel precautions, please refer to the CDC website: http://www.cdc.gov/zika/

For more information about the congress, please visit: www.ipna2016.com

FREE Entertainment Supplies for Pediatric Dialysis Units

The Guts Gear Foundation has delivered Guts Gear packages to 50 pediatric dialysis units across the United States! Guts Gear packages are for the children in the dialysis centers. The Guts Gear packages have iPads, iPad covers, drawing pads, coloring books, Rubik cubes, board games, markers, dry erase boards and other items to help keep kids busy during dialysis.

The Guts Gear Foundation was started by John Cook, a former pediatric dialysis patient. Your unit could be next!

Refills are also available for units that have received supplies in the past.

Please contact via the website: www.thegutsgearfoundation.org

Let me know if you have any questions.
Larry Greenbaum (lgreen6@emory.edu)

ASPN 4th Annual Multi-Disciplinary Conference

October 20~21, 2016 ~ Hilton Netherland Plaza, Cincinnati, Ohio

This meeting is tailored for Nurses, Mid-Level Providers, Social Workers, Dietitians, Child Life Specialists or anyone who works on a Pediatric Nephrology team

Register Online
**SUPPORT THE ASPN FOUNDATION WHILE YOU SHOP!**

We have recently joined Amazon Smile, which will donate 0.5% of what you spend on Amazon.com to the ASPN Foundation. This is a very easy way to support the ASPN while just going about your daily life.

**IT’S A RAFFLE!**

The ASPN Foundation would like to thank everyone who participated in the Raffle to raise awareness about the ASPN Foundation and to increase support for trainee travel grants. More than 100 tickets were purchased online and at the ASPN Reception at PAS, and we are proud to announce the three lucky winners:

- Dr. Kathy Jabs, 2017 ASPN membership
- Dr. Shashi Nagaraj, 2017 ASPN membership
- Dr. Keefe Davis, 2017 PAS registration

Thanks again to everyone who made the Raffle a success!

**ONGOING CAMPAIGNS!**

Two campaigns worth $25,000 in aggregate have been spearheaded by extremely generous ASPN members, Dr. Rick Kaskel and Dr. Ibrahim Shatat. Both have challenged us to join them in support of trainee travel grants to our field’s most prestigious meetings – the IPNA Congress, the ASN and the PAS. If you would like to join them, please visit [http://www.aspneph.com/Foundation/Main.asp](http://www.aspneph.com/Foundation/Main.asp).

**GET INVOLVED!**

If you would like to get more involved with the Foundation and its mission, please contact Dr. Bruder Stapleton [bruder.stapleton@seattlechildrens.org](mailto:bruder.stapleton@seattlechildrens.org).

**ASPN FOUNDATION FUNDS IPNA CONGRESS TRAVEL GRANTS FOR FELLOWS**

The ASPN Foundation has funded 9 travel grants for pediatric nephrology fellows to attend the IPNA Congress in Iguazu, Brazil in September. All fellows who submitted an abstract to the meeting were eligible and all who applied received funding. Each recipient will receive $1500 to defray the costs of travel to the Congress. These grants were made possible by a generous $10,000 donation from Rick and Phyllis Kaskel that was matched by contributions from multiple other members of ASPN. The grant recipients are listed below:

- Simon Carter - The Hospital for Sick Children
- Jing Chen - Boston Children’s Hospital
- Ankana Daga - Boston Children’s Hospital
- Rachel Engen - Seattle Children’s Hospital
- Dorey Glenn - University of North Carolina
- Peace Imani - Baylor College of Medicine
- Asifhusen Mansuri - UT Southwestern
- Magdalena Riedl - The Hospital for Sick Children
- Chia Wei Teoh - The Hospital for Sick Children

One of the major goals of the ASPN Foundation is to support fellows and pediatric residents interested in pediatric nephrology. Consider making a donation to the ASPN Foundation.

**News from the John E. Lewy Fund for Children’s Health (JELF)**

**CAPITOL HILL UPDATE:**

In May, Kim Reidy, Ray Bignall, and Annie Khouri, our current JELF Advocacy Scholars, joined over a dozen ASPN members following the Pediatric Academic Societies/ASPN meeting in Baltimore to participate in a Capitol Hill Day. Our group focused on legislation to protect living organ donors from discrimination in insurance coverage and job protection (Living Donor Protection Act), and bolstering NIH funding, along with general education for policy makers surrounding pediatric nephrology. We had over 30 meetings with House and Senator offices during the day.

**IN OTHER EXCITING NEWS:**

Through generous donations from Vicky Norwood and Sharon Perlman, the Perlman Program for Perpetual Participation (Quad P) was established. This program’s goal is to complement and support ongoing activities by current and former Advocacy Scholars and emerging ASPN leaders to promote and advance the advocacy mission of JELF and ASPN. Stay tuned as we launch this exciting new program for additional details and information on how you can help.

Please remember the John E. Lewy Fund for Children’s Health as a tax deductible-eligible way to remember a mentor, honor your local co-workers and colleagues, and advance the advocacy mission of the American Society of Pediatric Nephrology. The Fund is hard at work developing support for our organization, our trainees, and our members as we seek to advance Dr. Lewy’s goals of worldwide advocacy for children.

To contribute, please go to: [http://www.aspneph.com/JohnELewyFoundation/howtodonate.asp](http://www.aspneph.com/JohnELewyFoundation/howtodonate.asp)

If you have any questions about the JELF Advocacy Scholars Program, please contact David Hains ([dhains@uthsc.edu](mailto:dhains@uthsc.edu)).
POLICY ISSUES OF INTEREST

The new policy enhances and streamlines the IRB review process, setting the expectation that a single IRB of record will be used in the ethical review of non-exempt human subjects research protocols funded by the NIH that are carried out at more than one site in the United States.

See related blog post discussing the policy and the NCATS SMART IRB Reliance Platform.

Scenarios to Illustrate the Use of Direct and Indirect Costs for Single IRB Review under the NIH Policy on the Use of a Single IRB for Multi-site Research - NOT-OD-16-109 Learn about which activities related to the single IRB policy should be charged as facilities and administrative costs vs. direct costs.

NEW FUNDING OPPORTUNITIES OF INTEREST

Ruth L. Kirschstein National Research Service Award Individual Predoctoral Fellowship to Promote Diversity in Health-Related Research (Parent F31 - Diversity) http://grants.nih.gov/grants/guide/pa-files/PA-16-308.html

An RFA soliciting applications for Pediatric Centers of Excellence in Nephrology should be coming soon – check the NIH Guide weekly.

UPCOMING MEETINGS OF INTEREST

July 22, 2016
Bethesda, MD

As with all NIH meetings, there is no registration cost, but space is limited, so register ASAP.

Developmental Renal Malformations, Oligo/Anhydramnios: Pathophysiology and Clinical Aspects https://palladianpartners.cvent.com/anhydramnios
August 8, 2016
Bethesda, MD

Marva Moxey-Mims, MD
KUH Deputy Director for Clinical Research
Director, Pediatric Nephrology and Renal Centers Programs
E-mail: mm726k@nih.gov

NIH...Turning Discovery Into Health®
**ASPN MEMBERS TAKE THE HILL**

On May 3, following the PAS meeting, over a dozen ASPN members from across the country joined Washington Representative Katie Schubert in Washington, DC to meet with their Representatives and Senators. We had pediatric nephrologists from Ohio, Massachusetts, Tennessee, Virginia, Illinois, Florida, New York, Texas, Georgia and Indiana. Building on our Congressional Briefing back in March, we also included the patient perspective by having Michael “Jack” Lennon join us from Cincinnati to tell his story of being a transplant recipient and now working for Cincinnati Children’s. We are grateful for his participation!

ASPN participants educated Congress on pediatric nephrology, asking for robust funding for the National Institutes of Health (NIH) and additional support for the Living Donor Protection Act. These were two issues that ASPN has advocated for before – back in the fall of 2015 ASPN participated in the Kidney Community Advocacy Day. Following that, the Living Donor bill was introduced, and just recently the Senate Appropriations Committee included an increase of $2 billion for the NIH, and language that ASPN suggested has been included in the Senate report once again. ASPN’s voices are being heard.

Stay tuned for opportunities to participate in advocacy activities this summer in a virtual advocacy day.

**HOUSE REPUBLICANS ROLL OUT ACA ALTERNATIVE**

Speaker of the House Rep. Paul Ryan (R-WI) recently unveiled an alternative to the Affordable Care Act (ACA). A white paper laid out a plan that would repeal and replace the ACA with broad ideas like reducing premiums and bending the cost curve for health care. It would allow for refundable tax credits adjusted age and provide $25 billion for state-based high-risk insurance pools. The bill would continue popular ACA provisions like prohibiting the denial of insurance for pre-existing conditions and allowing young adults to stay on their parents’ health plans until the age of 26. It also lays out several provisions that Republicans have historically rallied behind like the ability to sell insurance across state lines, reform medical liability laws, and change Medicaid to a block grant program.

**SEN. WARREN HOLDS UP INNOVATIONS PACKAGE**

Earlier this year the Senate Health Education Labor and Pensions Committee (HELP) passed a package of 19 bills that make up the Innovations for Healthier Americans initiative. However, it has yet to proceed to the Senate floor. This is in large part due to a lack of a provision that matches a House-passed provision that would set up a mandatory fund for the NIH.

Senator Elizabeth Warren (D-MA) and Senator Patty Murray (D-WA) have been leading the effort to get additional funding for the NIH. Although HELP Chairman Lamar Alexander (R-TN) supports a new stream of funding for the NIH there continues to be a disagreement surrounding how much and what that money could be used for.

Republican Senator Mark Kirk from Illinois, who sits on the HELP Committee, has been quoted as saying, “Elizabeth is desperate to find a partisan issue to ruin a bipartisan committee. It’s entirely political in her case. Lamar has given the Democrats so much, but she is desperate to trigger an argument with him.” Warren admits that she is holding up the package, citing the need for additional resources that the NIH needs after years of flat funding and sequestration.

*Kathryn Schubert, ASPN Washington Representative*

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**Welcome New Members**

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<tr>
<th>Kristy Campbell, MSN</th>
<th>Raj Munshi, MD</th>
<th>Lynne Yao, MD</th>
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<td>University of South Florida</td>
<td>Seattle Children’s Hospital</td>
<td>Office of New Drugs, United States Food and Drug Administration</td>
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<th>Laide Jinadu, MD</th>
<th>Olivia Perez, BSN</th>
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<td>University of Maryland Medical Center</td>
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<th>Aadil Kakajiwala, MD</th>
<th>Sheena Sharma, MD</th>
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<td>St Louis Children’s Hospital</td>
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<th>German Lozano-Guzman, MD</th>
<th>Chia-shi Wang, MD</th>
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<td>Texas Tech University</td>
<td>Emory University School of Medicine</td>
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**SAVE THE DATE: AUGUST 1ST ~ 3PM (EASTERN)!**

Pathology Webinar Topic: A 16yo with Chronic Proteinuria

The ASPN Member Education Committee invites you to attend our monthly renal pathology interactive webinars/discussions. These will feature a new case each month with pathology presented by Dr. Patrick Walker of Nephropath and a content expert from the ASPN membership. The sessions will be the 1st Monday of each month at 3PM Eastern.

**Aspen members, CHECK your email for details on how to connect in!**

To view previous sessions: After you login to the ASPN website, click on the “committees” link in the left menu and then click on the “member education committee” link.
Adolescent Refusal of Life-Sustaining Treatment
Aaron Wightman MD MA

A 16yo patient who has previously lost two renal transplants due to disease recurrence is now nearing failure of his third allograft. Due to years of dialysis and multiple episodes of infection his peritoneum is no longer usable and he has few remaining access sites for vascular access. The patient has requested that no dialysis access be placed after his allograft has failed. This will result in his death. His parents disagree and request placement of a dialysis catheter and initiation of dialysis. A psychiatrist will be evaluating the patient to determine if he has capacity. The medical team is divided on what to do.

The principle of respect for autonomy acknowledges the moral right of every individual to choose and follow his or her own plan of life and actions. Autonomy in its truest form is the right to make the wrong decision. Even for adults autonomy is not absolute. An adult may not attack another, nor can they choose not to wear a seat belt or drive drunk. These limitations are generally in place to protect the rights of others. In medicine the principle of respect for autonomy creates a strong negative right permitting a competent, informed adult to refuse almost any treatment.

Respect for autonomy is more complicated in pediatrics. Children are assumed to lack autonomy. Parental authority, rather than autonomy, serves as a guide in decision-making. Parents are generally given wide discretion in terms of the choices they can make as long as their choices do not place the child at significant risk of harm as compared to other alternatives. Further complications arise as children mature and begin to develop their own autonomy and independent views about accepting or rejecting a medical plan which may differ from their parents.

In general adolescents lack the legal authority to consent or refuse most medical interventions with a few notable exceptions justified by public health concerns (e.g., birth control, pregnancy related care, diagnosis and treatment of STI’s, treatment of substance abuse). A child who is legally emancipated may give consent for all medical treatments and may also refuse medical care. Some states have a mechanism that can grant an adolescent “mature minor” status whereby an adolescent (usually older than 14) is recognized as sufficiently mature to possess decision-making authority. Adolescents are assumed to lack capacity unless they can demonstrate otherwise. Traditionally, demonstration of capacity requires an individual to demonstrate:

1. The ability to evidence and communicate a choice
2. An understanding of the information and facts relevant to the choice
3. An appreciation of the situation and the consequences of the decision
4. The ability to manipulate the information in a rational way

Diekema and others have pointed out that the empiric studies that underlie the traditional tests of competence focus on decision-making in a controlled, classroom setting. This ignores the fact that medical decision-making, particularly refusal of life sustaining treatment does not occur in such a situation, rather in an emotionally charged setting which may incorporate psychosocial factors. It also ignores emerging research that suggests that while adolescents may be capable of applying cognitive skills they do not do so in the same manner as a mature adult. The prefrontal cortex, the center for high level reasoning and executive functioning does not finish development until the mid 20’s, well after the maturation of the socioemotional system composed of the limbic and paralimbic structures. This discrepancy in development may result in adolescents relying more heavily on instincts and impulses when confronted with stressful or emotional decision-making. This may account for the susceptibility to peer influence, inability to delay rewards and increased vulnerability to risky behavior that takes place in adolescence.

In light of this emerging understanding of adolescent decision-making the medical team is faced with a difficult situation in which the adolescent’s choice to withhold life sustaining treatment is not supported by his parents. Even if found competent it may not be appropriate to withhold life sustaining dialysis at this time. Health care providers have ethical duties to adolescents, but they are not encompassed by the principle of autonomy, but rather by a duty of beneficence. Beneficence recognizes the need to respect adolescents and encourage their involvement in decision-making tasks (because it enhances their well being), but also seeks to protect (by preventing serious harms that might result from an unchecked decision). This is not to say that the patient’s developing capacity should be ignored, especially as patient cooperation is required for the development of a therapeutic alliance and also practically to administer treatments such as dialysis. The RPA guideline on shared decision-making recommends involving children in the decision-making process to the extent it is developmentally appropriate. Physically forcing an adolescent to undergo treatment may undermine any potential benefit of the therapy. This patient is different from an adolescent with newly diagnosed ESKD, he has significant prior “lived” experience with both dialysis and transplantation.

Ultimately this case calls for continued communication in a difficult situation and provision of life sustaining treatment while the patient, family, and medical team continue to work to identify achievable patient-centered goals of care, which could ultimately be withdrawal of dialysis and transfer to comfort care only. An additional part of this discussion will be a clear recommendation by the nephrologist about what, in the nephrologist’s opinion, is the best decision for the adolescent including the medical, experiential, or moral reasoning that supports the recommendation.

1. Diekema DS. Adolescent refusal of lifesaving treatment: are we asking the right questions? Adolescent medicine: state of the art reviews. 2011;22(2):213-228, viii.
WORKFORCE COMMITTEE

Do you have medical students or residents who have expressed interest in learning more about pediatric nephrology as a career choice? Refer them to our newly-updated “Considering a Career” page on the ASPN website! In addition to a written description of our field and resources/links for applying for fellowship, we have posted seven videos in which trainees can hear directly from practicing pediatric nephrologists about the rewards and challenges of their work: http://www.aspneph.com/Committees/Workforce/ConsideringACareer.asp

The videos are also now publically available on YouTube:
- Rewards of Being a Pediatric Nephrologist
  https://youtu.be/DmcJmUp5yrU
- “Day to Day” of Being a Pediatric Nephrologist
  https://youtu.be/vs9dfkJfJiw
- Misconceptions of Pediatric Nephrology
  https://youtu.be/YqyOkheNweE
- Career Options in Pediatric Nephrology
  https://youtu.be/wlc79EKAibw
- Qualities of a Pediatric Nephrologist
  https://youtu.be/xdoszSL1vZs
- Research Options in Pediatric Nephrology
  https://youtu.be/yfQebitUF8Y
- Success Stories in Pediatric Nephrology
  https://youtu.be/6z5Wq0Y_AVQ

Thanks to all the pediatric nephrologists who so graciously agreed to be interviewed on camera, and to our outstanding videographer Ted Ferris.

We are making plans for our third Job Search Speed Mentoring session for fellows during the ASN’s Fall 2016 meeting in Chicago, and would like to incorporate a Job Fair into the session as well. If you anticipate recruiting for an open position over the next year and would like to publicize your opening and meet with senior fellows searching for jobs, this could be a great opportunity. The session is tentatively scheduled for the early evening of Saturday, November 19th (preceding the pFeNa social event). More details will be forthcoming. Please encourage your fellows to attend the speed mentoring for targeted mentorship in job search strategies in a rotating, small group format. Contact 2016-2017 Workforce chair Patty Seo-Mayer at pseo-mayer@psvcare.org with questions.

CERTIFICATION COMMITTEE

NEW MOC PART 4 PROJECT

A new MOC Part 4 Project specific to pediatric nephrology should now be available for enrollment on the American Academy of Pediatrics’ (AAP) Pedialink site for any interested pediatric nephrologists. This project, led by in-coming Certification Committee chair Neal Blatt, focuses on the appropriate staging of Chronic Kidney Disease in patients, as this can impact other aspects of care (lab monitoring, counseling, billing,…).

This project is the first subspecialty MOC Part 4 project available on Pedialink and is free to AAP members, but is also available for a nominal fee for non-members. It is open for enrollment for up to 20 participants through the end of July and is scheduled to run for three improvement cycles, one each month, until the end of November. Those individuals who complete this project will receive 20 MOC Part 4 points before the end of this year, therefore it will fulfill the requirements for those still needing Part 4 points by the December 2016 deadline.

If interested in participating, please visit the AAP Pedialink website (https://www.pedialink.org) for details about enrolling or e-mail Neal Blatt (nblatt@med.umich.edu) if you have specific questions about the project’s requirements.

FOR THE MOC NOVICE

The Training and Certification webpage has been updated to include more information about Maintenance of Certification (MOC), including Helpful Do’s and Don’ts from ASPN members, a basic guide to finding MOC projects in your ABP Portfolio, and a list of current projects that may be of interest to pediatric nephrologists. If you are unfamiliar with MOC, this new content may be helpful in getting you started thinking about MOC and understanding your requirements.

On that same note, a reminder to all pediatric nephrology fellows who have passed their Pediatric Boards, you have now started your first five year cycle for MOC (in Pediatrics) and now must meet both Part 2 and Part 4 requirements within that cycle. Your fellowship should meet your annual requirements for Part 2 (averaging about 10 points per year), but there will still be the need to complete Part 4 projects during this five year period, so you should not wait until the end of fellowship (possibly 3 years into your 5 year cycle) in order to maintain your Pediatrics certification.

Rene VanDeVoorde
out-going Certification Committee Chair
In the Market for New Position?

Visit the ASPN Market Place for information about the latest job openings in Pediatric Nephrology!

http://aspneph.com/MarketPlace/MarketPlaceMain.asp

ASPN WOULD LIKE TO ACKNOWLEDGE THE GENEROSITY OF THE FOLLOWING CORPORATE AND SESSION SPONSORS OF THE 2016 ANNUAL MEETING!

~ THANK YOU ~

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**Meeting & Lecture Announcements**

**Save the Date!!** May 6 - 9, 2017

ASPN/PAS Annual Meeting ~ San Francisco, CA

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**Nephrotic Syndrome Regional Symposium Series**

NephCure Kidney International, in conjunction with leading medical centers throughout the United States, will be presenting a series of seven regional Nephrotic Syndrome symposia. These CME-accredited conferences will address gaps between research and clinical care and share best practices and recommendations. Find out more here.

**International Tuberous Sclerosis Complex Conference**

Nov. 15 - 20, 2016

September 20 ~ 24, 2016

**KIDNEYWEEK 2016**

Chicago, IL • Nov 15 - 20

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**Pediatric Nephrology Tribute to Russell W. Chesney, M.D.**

August 18-19, 2016
Le Bonheur Children’s Hospital
Children’s Foundation Research Center
Russell A. Chesney Auditorium
Memphis, Tennessee

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**KIDney NOTES**

The Bi-Monthly Newsletter of the American Society of Pediatric Nephrology