

# the NADE

## ADVOCATE



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Conference Issue



NADE President-Elect Jeff Price introduces Nancy Berryhill, Ann Robert and Martha Lambie.



Ann Robert



Nancy Berryhill

### An SSA Perspective

by Jeff Price, NADE President

Members attending NADE's annual Training Conference in Springfield, Illinois welcomed Ms. Nancy A. Berryhill, Deputy Commissioner for Operations at the Social Security Administration, Ms. Ann P. Robert, SSA's Associate Commissioner for Disability Determinations and Ms. Martha J. Lambie, SSA's Assistant Deputy Commissioner for Operations. These three were featured speakers as the conference opened on Monday, August 25, at the Northfield Inn in Springfield.

Deputy Commissioner Berryhill posed the question, "How do we survive the future?" This is a key question for the Social Security Administration. SSA has a strong track record for meeting customer needs, but this record will be severely challenged in the future as SSA faces ongoing budgetary constraints, projected higher work volumes and a shrinking workforce.

As SSA began the current fiscal year, it faced a diminished workforce that had lost 11,000 employees in the last three years and was projected to lose another 3000 employees in 2014. Then, just as suddenly, Congress provided the Agency with authorization and funding to hire new staff during the fiscal year. The Agency designated 2600 of these new hires for DDS offices across the nation, who were equally starved for man power. Deputy

see **Commissioner Berryhill**, page 4

The **NADE Advocate** is the official publication of the **National Association of Disability Examiners**.

It provides a forum for responsible comments concerning the disability process. Official NADE positions are found in the comments by the NADE President and NADE Position Papers.

### Featured:

<b>NADE Awards</b>	pp	<b>6-11</b>
<b>Conference Coverage</b>	pp	<b>13-24</b>
<b>General Membership Meeting - Awards</b>	pp	<b>25-26</b>
<b>NADE Merchandise</b>	p	<b>27</b>
<b>Career Opportunities</b>	pp	<b>28-29</b>

## President's Message

It was a tremendous honor to serve NADE twice before as the Association's President and I am equally honored to have this opportunity to serve a third term as NADE's President. I look forward to serving NADE with my partners, those individuals who comprise the 2014-2015 NADE Board. Take a glance at the inside back cover of this issue of the *Advocate* or visit the NADE website ([www.nade.org](http://www.nade.org)) and look under the "About NADE" link to see who your leaders are for this year. They are all very much committed to this Association and to providing the leadership needed for NADE to continue to move forward as a professional association. We will take pride in our past as we look forward to the future with a clear and strong vision for where we want to be. To get there, we will work with our partners at SSA and with our partners in other professional associations, all of whom share an equal sense of commitment to the future of the disability program and what the program means for the future of our great Nation. Let me encourage you, throughout the year, to take the opportunity to communicate with your Board members. Let us hear your ideas and concerns. We represent you and we can best to that when we hear from you.



In recent years, NADE has taken giant steps to improve its ability to serve its members. A big part of this endeavor has been to move this Association to a 501 c (3) status. That goal has now been realized. New Bylaws were adopted by the members at the 2014 national conference that established NADE as a 501 c (3) organization. This will enhance our ability to represent our membership and ensure that NADE remains a strong and viable organization. This will also aid the growth and development of our NADE Chapters as they file for articles of incorporation within their respective states. Once this goal has been achieved, your professional association will be much better positioned to be the strong voice our members expect and deserve. Each NADE Chapter will be better positioned to serve the needs of its own members. Kudos to NADE Presidents Tom Ward, Todd Deshong and Jennifer Nottingham, and to their respective Boards of Directors, for the outstanding leadership they provided that made this endeavor possible.

Ferdinand Porsche stated, "I couldn't find the sports car of my dreams so I built it myself." So, too, is how NADE began. In 1963, President John F. Kennedy told the newly organized Peace Corps, "One person can make a difference, and everyone should try." That same year, a group of DDS'ers followed the President's advice. They proved that a few people who dared to try could build the professional organization of their dreams. Since there was none in existence, they created one. Mr. Porsche and President Kennedy's advice is still valid for today's group of NADE members – we can make a difference and everyone should try, even if we have to build an idea ourselves. Essentially, that is what NADE offers to every member – the opportunity to make a difference and the resources to try.

Congratulations are due for the membership of the Illinois NADE Chapter! They seized their opportunity to host the 2014 NADE National Training Conference and then proceeded to stage one of the best conferences ever! Their conference theme, "NADE: Forward With Vision and Integrity," was perfectly chosen. All attendees were made to feel especially welcome by our hosts and all of the conference speakers were dynamic, informative and proved to be a perfect match for the theme. A great conference will give its attendees three things: (1) An enhanced knowledge base and new skills to enable them to do their job better, (2) New friends, and (3) Great memories of good times! The 2014 NADE National Training Conference succeeded on all three levels! Every person who attended that conference acquired new knowledge and learned new skills. In turn, this enhancement of their knowledge base and professional skills will reflect in the quality of their work. Every person who attended that conference made new friends from across the country. And every person who attended that conference carried home many wonderful

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**Letters to the Editor** are welcomed and may be selected for inclusion in future issues. Please forward ideas for future **Advocate** topics to the editor.

The next issue will be  
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memories of the good times they enjoyed in Illinois. These factors will reflect in the quantity and quality of the work the attendees perform at their respective DDS. Kudos to IADE!

Kudos also go to the DDS Administrators and to SSA for supporting the conference! Many were in attendance and several officials from SSA were presenters at the conference. NADE is very appreciative the value of the professional training offered at our conferences is worthy of such support. Our commitment is to ensure the training provided at our conferences remains second to none and offers our members the knowledge and skills necessary that will enable them to avoid the prospect of becoming dinosaurs in their own field.

Throughout the year, membership in NADE comes with opportunities for new experiences that involve training, community service, social events, and personal and professional growth. Visit our website ([www.nade.org](http://www.nade.org)) for more information about NADE and its members. All of us have committed ourselves to pursue goals that could never be achieved individually. If it's true that the business of life is the acquisition of memories, then your membership in NADE offers the opportunity to ensure those memories are good ones. You can make a difference!

My pledge as NADE's President will be to represent your interests to the best of my ability and to work with you to achieve those goals our Association has set forth as its agenda for the year. There will be many new challenges and new opportunities but I am confident NADE will meet those challenges successfully. We will be a dynamic and energetic partner with SSA to ensure those who depend on us to perform quality work on a timely basis are not disappointed. The future of this Association will be what we make it! So let's work together to build a successful future, not only for NADE, but also for the disability program! We are the face of that program and NADE is our professional association. Choose to believe in it and choose to be involved in it!

Sincerely,  
*Jeff Price*  
 Jeff Price  
 NADE President

**NADE IS A PROFESSIONAL  
 ASSOCIATION WHOSE MISSION IS TO  
 ADVANCE THE ART AND SCIENCE OF  
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**Commissioner Berryhill**, continued from page 1



*Nancy Berryhill, Martha Lambie and Ann Robert answer questions from the audience.*

Commissioner Berryhill reported this new hiring as unprecedented but greatly appreciated. She acknowledged the production level for most of these new hires, especially those in DDS offices, will not make a significant impact during the current fiscal year, but it was important to the Agency's mission to hire as many new staff as possible. Field Offices received 5,000 new hires. Other SSA components enjoyed new hiring for the ALJ ranks and new hiring at SSA's Central and Regional Offices. This combined level of hiring, along with an unexpected but welcome decline of 3.5% in initial claims, should help the Agency meet its customer service goals for the current fiscal year and will be an important piece of the solution to the Agency's personnel needs for years.

SSA will adjudicate 2.7 million initial claims in FY 2014 and process another 535,000 CDRs. Both claim types are expected to soar higher in FY 2015. SSA will ask DDS offices to process 880,000 CDRs and nearly 3 million initial claims in FY 2015. SSA has requested more new hires for the next fiscal year, but it appears likely the Agency, like most federal agencies, will begin the fiscal year operating under a Continuing Resolution (CR) that will severely restrict the Agency's ability to act responsively to customer needs.

Of even greater concern at SSA will be the looming fiscal crisis for FY 2016 when some of the sequestration-mandated fiscal cuts are due to occur. If they do, it will severely cripple SSA's ability to carry out its public service mission. SSA, whose administrative costs are about 2% of its total budget, has continued to trim its operating budget in recent years and there is no room left for further trimming. If the cuts do come, they will severely impact SSA's service delivery.

Technology offers some assistance but is not the complete answer. Online filing and online banking will reduce some of SSA's costs, but many of its millions of customers will still need in-person service. Expanded use of the Internet, increased video-conferencing, etc. offer some technology-based assistance, but SSA must serve all who knock on its door, and some will not be knocking on the Internet. Rather, they will be knocking on a Field Office door and that door needs to be open. Clearly, SSA will have challenges ahead and it will look to its workforce to help develop solutions to resolve these challenges.

"NADE has always been a strong voice for its members and for SSA, and the Agency is appreciative of its relationship with NADE, even when you are pointing out our faults," the Deputy Commissioner stated.

Assistant Deputy Commissioner Martha Lambie began her remarks quoting Joel Barker, "Vision without action is a dream; action without vision is just passing time. But, vision *with* action can change the world." This is what SSA hopes to achieve with its Vision 2025 Plan. She noted the theme for NADE's 2014 conference was, "Forward with Vision and Integrity." Such a conference theme serves as a reminder of what SSA has been in the past, what it is today and what it must be in the future.

The best vision must still be tempered with fiscal responsibility. For example, SSA has budgeted for 880,000 CDRs in FY 2015. If the Agency begins the year under a continuing resolution, and if the continuing resolution continues for any significant length of time, it could cause the Agency to reduce the CDR 2015 workload by more than 150,000 claims. Other budget constraint contingencies will occur, if necessary, which could impact the attainment of all goals listed in the Vision 2025 Plan.

Social Security, in response to pressure from Congress and NADE, has begun to explore MIRS (Medical Improvement Review Standard). SSA has begun to focus attention on how often the Group I and Group II exceptions are used. New training will soon be issued to DDS offices and ALJs to increase the awareness of rules that offer alternatives to the application of MIRS. It has become clear in this budget-conscious world that Congress will have to provide special funding for SSA to get current, and stay current, with CDR workload. The reality is that, if such funding is not provided, the CDR goal will not be realized.

Acting Associate Commissioner Ann Robert, who previously was the Director of the Illinois DDS from 2003 – 2011, was welcomed home by the NADE members in Illinois. She, too, commented on the great relationship SSA enjoys with NADE. This is particularly the case with her department, SSA's Office of Disability Determinations. Across the



**Commissioner Berryhill, continued**

country, she noted SSA had processed 2.56 million initial claims to date (August 25).

"This is a huge number of claims, but it's only 86.9% of our FY 2014 goal so we have a way to go with only a short time to get there," she exclaimed.

SSA continues to explore its options to secure the Veterans Administration (VA) and the Department of Defense (DOD) as Health IT partners. The Associate Commissioner elaborated on the one-time match earlier this year with VA records for veterans previously rated by the VA as 100% permanently and totally disabled. This was an effective tool for SSA's ability to achieve its mission to serve these veterans. The service is still there but, since the expiration of this one-time match offer from the VA, veterans applying for Social Security benefits must now self-report this information to SSA and the DDS offices. To date, 12,400 initial claims have been expedited as a result of this initiative.

"This is good customer service," the Associate Commissioner stated.

Another initiative still in the development stage includes the nationwide launch of the National Vendor File which, when implemented, will facilitate case processing between DDS offices. There have also been many updates to both the adult and childhood Listings of Impairments during the past year. This trend will continue in the next fiscal year.

"It is important that the Agency stay current with these listings," commented the Associate Commissioner.

SSA's workforce has a reputation for meeting customer needs but the Agency itself will face many operational challenges in the near future. Will the workforce be able to adopt and adapt to advanced technologies that will become the service delivery methods of choice by 2025? The ability to hire and maintain an adequately-trained workforce is one of the challenges SSA will have to face in this era of budgetary constraints.

"Training opportunities, including those available at NADE's training conferences, are critical to the success of the Agency's mission. The Agency congratulates NADE on the strength of its training conferences and their continued availability. SSA will seek collaboration with Congress to ensure the Agency receives necessary funding that will facilitate policy refinement and subsequent implementation," said the Associate Commissioner.



## NADE Code of Ethics



As a member of the National Association of Disability Examiners, I accept the challenge to promote a better understanding in the field of disability evaluations. I will also strive with concerned professionals towards improved expertise in the documentations and evaluation process of impairments and their vocational implications.

I am personally committed to continued professional growth in order to better serve the disabled individual. My professional service will be conducted at the highest possible level of integrity and all confidential information will be utilized in a responsible manner as to safeguard the rights and privacy of the individual.

## NADE Awards

### The CHARLES O. BLALOCK AWARD



*Melissa Williamson*

The **CHARLES O. BLALOCK AWARD** is given in recognition of an individual who has made extended efforts and major contributions toward the organizational advancement of NADE.

Melissa has demonstrated her leadership skills by leading her local chapter to very successful endeavors. She has served her chapter in some capacity throughout her NADE membership. She graciously agreed to serve a second term as Chapter President when the President Elect was unable to fulfill her elected office. She is currently serving as Past President. At the end of this term, she will have successfully served on her chapter's executive board for four years. During her tenure, she has served on numerous committees at the local and national levels of NADE.

One of Melissa's main objectives is to introduce her chapter and the NADE Organization to new employees in her agency; she worked with the membership committee to host receptions for new members. Her chapter successfully recruited many new members through these efforts.

Melissa has worked on numerous service projects for her chapter, including Breast Cancer Awareness Week; Kid One Transport, a nonprofit organization assisting eligible children, their parents and pregnant women to doctor's visits; food drives for local missions and Charity Food Pantries; school supply drives for impoverished area schools, and bake sales for homeless shelters.

When Melissa has a hand in the planning of an event, it is always unique, fun and festive. She truly cares about the members and agency staff enjoyment of her chapter's events.

Melissa has submitted articles to her chapter's quarterly newsletter in the past. She promotes her local chapter and NADE in word and deed on a daily basis. She assisted in the design process and implementation of her chapter's banner. This was a huge task involving a lot of consideration and work which resulted in a banner her chapter is very proud of. She has also created educational and informative bulletin boards that helped promote her local chapter and NADE. She regularly attends all of her chapter meetings, social functions and other endeavors and freely donates her time and talents.

Outside of the agency, Melissa actively supports the First Light Shelter for homeless women and children in her area. She is also involved in supporting the aged population in local nursing homes as well as her local AIDS Outreach Organization, among others. She is always there to help family and friends with her many talents.

We are pleased and honored to have nominated Melissa. She has devoted her entire membership career to the promotion and advancement of our local chapter and NADE, and richly deserves this great honor.

### The NADE AWARD



*Korin Gary with  
Jennifer Nottingham*

The **NADE AWARD** honors and recognizes the disability professional of the year who has made outstanding contributions not only to the service of the claimant, but also has contributed substantially of his time and talent to promote harmonious and more effective working relationships among his immediate professional community.

Korin leads by example. In response to the hiring of two hearing-impaired staffers, she organized a weekly lunchtime American Sign Language class. This service has had a very positive impact at our DDS, fostering more comfortable communication among staff. After interviewing a benefit recipient with Parkinson's Disease for our chapter newsletter, she started an outside organization on his behalf. "Friends of Ben's" is now 125 people strong and connects Ben with a broad support group of people who donate time to help him with physical chores and errands.

When not serving as our chapter's newsletter editor, President-Elect 2013-2014 and current Chapter President, she seeks out topics relevant to disability determination. For example, she invited a transplant recipient to share his story in press and in person during NADE's 2013 Organ & Tissue Donation Awareness campaign. She invited the manager of a Suicide Hotline to coach

## NADE Awards

examiners on how to best handle suicide callers.

Korin's leadership extends beyond NADE activities, impacting the DDS directly as well. For example, this year she took the initiative to create colorful, animated PowerPoint presentations for the training unit and her branch. Topics included: Transferability Skills Analysis, Occupational Base, and Res Judicata. She is not afraid to take on challenges, and is considered a "mover & shaker" by her peers.

She's eager to make herself available as a mentor and coach to her peers, volunteering time away from her own caseload to assist in the training room, and sharing valuable tips and strategies of caseload management with her branch members. She is always willing to help organize the chapter's monthly bulletin board, membership drives, fundraisers and social events. She has orchestrated monthly Members-Only luncheons, and is trying to get enough interest generated to organize a bowling or softball league.

She has contributed substantially of her time to promote harmonious and more effective work relationships by exhorting others to increase their involvement in NADE, initiating regular "Leave a Note" opportunities for staff to praise each other on the chapter bulletin board, regularly writing kudos for others and sending appreciative emails to managers about staff. She is always ready with a casserole, plant or card whenever an occasion arises for anyone, in any branch.

ORADE was proud to nominate Korin Gary for the Nade Award.

## The DIRECTORS AWARD



*Harold Shank*

The **DIRECTORS AWARD** honors and recognizes an outstanding member of the support staff who demonstrates work performance efficiency and characteristics which contribute to the operation of the unit and the morale of co-workers.

Harold is an Accounts Payable Analyst with Oregon DDS who demonstrated leadership and contributed to the advancement of the organization as a model member. He attends every Board meeting, regularly volunteers for service to the organization, promotes our charitable causes with class and enthusiasm, demonstrates commitment, respect for the organization and dignity wherever he goes.

As a support staff member, his main duties include maintaining the accounts payable and vendor files. He responds immediately to every request for clarification regarding our vendor files. He immediately updates vendor information whenever we alert him to a change. He took the initiative to create a vendor "cheat sheet" for the vendors we use most often, an indispensable tool. In addition to his main job, he routinely fills in for others at the reception desk. He has also been charged with maintaining all of our fax machines and copiers, and appears immediately upon request: there is never any waiting when Harold is involved. His consistency is truly remarkable; he never has an 'off' day. This contributes mightily to analyst production.

In terms of boosting morale, Harold's contribution cannot be understated. On his way to or from performing his multifarious duties, he makes a specific point of stopping to brighten others' days with a friendly comment or a good-natured ribbing. In our office, where we are all separated by cubicle walls and our closest working relationships are with our computers, Harold's personable nature is a welcome breeze, and the time he takes to boost our morale is a generous gift. His relaxed, good-natured and positive demeanor encourages others to relax, share a laugh and look on the bright side, even on their darkest days.



## NADE Awards

The **EARL B. THOMAS AWARD**

*Norman Ippolito*

The **EARL B. THOMAS AWARD** is presented annually in the name of a charter member of NADE who actively supported NADE as an association of disability professionals. A good leader is one who leads, promotes the greater good of the agency, and cares deeply for his staff. A leader must have a vision and plans for the future. Norman is always looking for ways to make our agency better. Through his leadership, one of our state DDS sites was able to relocate to a new facility in 2013. The previous location was very old and in need of repairs. He researched, organized and secured a new site for our agency. This entire process took over a year to complete. In the past 5 years, Norman also oversaw the addition of a new annex to one of our sites, which allowed our DDS to expand to provide even greater service. Never one to sit behind the scenes, he is also on the front line when it comes to the hiring of prospective employees. He takes an active role in hiring the highest quality employees for the job.

Norman is also very involved in the DDS training process. At our agency, initial training of the disability specialist is a top priority. The initial training period is a yearlong process. He established "PTU-Progressive Training Units" at our DDS about 15 years ago. Basic training is from 0-6 months and focuses on the foundation of the disability program. PTU is training from 7-12 months and focuses on bringing the DS up to full speed, training on specialty issues and providing extensive feedback. Norman stays in close communication with the training staff on the progress of each new disability specialist.

Norman is very dedicated to the DDS, NADE and SSA Disability program. He is very passionate about policy and producing a quality decision. He is a policy expert at our agency and actively stays up-to-date on all policy. His door is always open for those with whom he works and he cares deeply for his staff. He works hard to make sure that our DDS receives the regional and national recognition it deserves. He is the standard that all DDS employees should aspire to attain and an example for all of us. It is with great pride that we nominated Norman Ippolito for the Earl B. Thomas Award.

The **FRANK BARCLAY AWARD**

*Jan Farmer with  
Jennifer Nottingham*

The **FRANK BARCLAY AWARD** recognizes an individual who has demonstrated exceptional ability to personally, or through the development and promotion of programs, motivate and challenge personal in a disability program and/or in their personal and professional growth.

Jan has been a dedicated member of her DDS for over 25 years. Through her many years of service to the SSA disability program, she has gained tremendous knowledge and experience which resulted in her rise through the ranks from support staff to adjudicator to vocational consultant to bureau training coordinator.

She is a disability specialist in the truest sense. She has never believed that she needs to know just enough to get by; she has a passion for continuous learning.

Those of us in the disability determination profession know how complicated and ever-changing the program requirements are. For people just learning, as well as experience staff, the job of adjudication can seem like a maze of ifs, ands or buts. Jan has mastered the art of adjudication and has developed an effective mentoring and training that helps others to learn and feel confident that they can perform the job duties effectively and with integrity.

In addition to the responsibilities of being an adjudicative and vocational expert, she is one of few in the office that has an intricate knowledge of the HIT process and is able to ask SSA staff insightful questions about the process. She can articulate what is working and what isn't working from the bureau's vantage point.



## NADE Awards

Along with her vast knowledge of the disability program comes a patient, kind, and respectful personality. This combination is so powerful that she is considered a key 'go-to' person in the office when staff at all levels, from trainees to management, have questions or need clarification on any program-related topic.

Jan has always conducted herself as a true professional. Our bureau is incredibly lucky to have her.

### The JOHN GORDON AWARD



*Martha Crittenden*

The **JOHN GORDON AWARD** is presented to a supervisor in the disability program to honor and recognize superior performance in a supervisory capacity.

Always aware that the chapter is only as strong as its weakest link, Martha strives to ensure that each member performs at their maximum level. She believes that motivation and support are keys to an effective organization and unit. She serves as mentor new members of the organization, encouraging them to be 'more than just members.'

She believes in rewards for a job well done, providing praise and tangible examples of her appreciation. She has provided pizza parties, cakes and baskets to show her unit that she appreciates the work they've done for the DDS. However, she is quick to state that she is also firm and expects the best work from everyone in the unit. She provides ongoing weekly feedback to each examiner to encourage, guide and improve their overall job performance.

Never one to shy away from her responsibilities, Martha serves as a member of interview teams to select prospective examiners whose skills and abilities are commensurate with the standards set by the local DDS. She has also received The Creative Achievement Award for her service on the ICC Revision Committee.

Martha embodies the ideal of servitude. Not only is she a leader in our local NADE chapter and her unit, she is also a leader in her community. She provides ongoing outreach to a local nursing home, adopting two residents who do not have family involvement. She is caring, considerate and an inspiration to her

fellow DDS coworkers and others. It is with great pleasure that we nominated Martha Crittenden For The John Gordon Award.

### The MARTY BLUM ROOKIE OF THE YEAR AWARD

The **MARTY BLUM ROOKIE OF THE YEAR AWARD** is given annually in honor and recognition of a disability professional who has made a significant contribution on a local, regional, or national level, and who has been a member of NADE for less than 2 years at time of nomination.

Frances Buena joined NADE in April, 2013 and has been very involved in her local chapter ever since. She has served on many fundraising committees and charitable activities sponsored by our chapter, including Payday Pizza (a monthly fundraiser), Cinco de Mayo Nacho Lunch, Broncos and Brats fundraiser, a fundraiser to sell water bottles and a baseball and hot dog lunch. She helped arrange a "Lunch and Learn" event for our staff. She served on the committee for the annual Christmas Adopt a Family project. On some committees, she has served twice.

Frances takes great pride in her work at the DDS. She is the official Spanish translator at the office. She has brought treats to share with her fellow employees and has helped out with unit celebrations, such as the unit Christmas party.

She has brought many new ideas to our chapter. She is always willing to help wherever needed. She is willing to sell tickets, plan events, run events and clean up. Her positive attitude gets the staff excited about supporting our local chapter. She attends all meetings and is enthusiastic about NADE. It is good to see a new member help move our group forward with new ideas and with the willingness to be involved.

In her personal life, Frances volunteers her time and talent at her church. She sings and plays violin. Her musical talents bring great joy to many people. She is a valued member of the DDS staff and NADE. (Photo unavailable)

## NADE Awards

### The PRESIDENT'S AWARD

The **PRESIDENT'S AWARD** is given in recognition of an outstanding NADE chapter which has enhanced interactions among its professional and community partnerships through outstanding achievement in program innovations and exemplary outreach to community service.

The Oregon chapter (ORADE) provides disability adjudication training at least 6 times each year with presentations from subject-matter experts. Training topics presented 2013-2014 included: CDIU/OIG (7/2014), The Physical and Psychological Impact of Pain on Function (8/2014), Cardio Function after Organ Transplant (3/2014), The Impact of Manipulation on Function (12/2013). Other trainings focused on the vocational and technical aspects of disability determination necessary to meet the criteria for NADE Certification.



ORADE organized fundraisers to benefit the community at large in 2013-2014: the American Heart Association, the Susan G Komen Foundation for a Cure, the Domestic Violence Taskforce, the local Humane Society, and The Governor's Food Drive.

On the regional level, an ORADE member has served on the Regional Board since 2012. Another has been a Regional Board member and committee member since 2011. Oregon sent Regional Conference delegates in 2011 and hosted Regional Conferences in 2005 and 2009. One of Oregon's medical consultant members presented at both the 2007 and 2009 Regional Conferences.

On the national level, the same medical consultant has been a NADE MC Committee Chair member since 2009 and presented at both the 2011 & 2012 National Conferences. Oregon sent National Conference delegates to 9 of the last 10 events.

Oregon activities are thoughtfully aimed at raising awareness of the issues impacting the disability community, the processes involved with disability adjudication, and impact of changes to the SSA rules and regulations. Chapter members are routinely encouraged to lend support to community programs, but also to recognize that collectively the chapter has a great impact. Over the last year, this chapter of 34 members has collected over \$300 for various charitable programs and donated more than 700 pounds of food to the local Food Bank.

Oregon voices are strong as well. Members have submitted feedback and suggestions for revisions of the HIV and Cardiovascular listings and addressed the Institute of Medicine on these same topics. One member wrote an article for *The Advocate* touting Oregon's outstanding CDI unit and highlighting the lack of CDI units in 25 states. As a result, our CDI's lead investigator received a call from a Congressman's office, asking for his help to remedy the situation.

Oregon is proud to receive the President's Award, and looks forward to enhancing more community and professional partnerships in the coming year.



## NADE Awards

## The LEWIS BUCKINGHAM AWARD



*Malcolm Stoughtenborough with Jennifer Nottingham*

Since 1990, Malcolm has contributed mightily to the advancement of NADE through his leadership tactics, loving heart and generous spirit. He served as his Chapter President for 3 terms, and is currently acting as Past President. He has been the NADE Non-Dues Chairperson since 2007. He served as the NADE DDS Administrators/SSA Liaison from 2010 to 2013, and served as NADE's Constitution and Bylaws Chair from 2006 to 2007.

Malcolm is adept at finding opportunities to issue invitations to join NADE. He sets up and serves in **every** fundraiser ever held at this local chapter. He continuously volunteers to hold local, regional or national positions with a goal toward making a difference. He offers hope and a sense of security to the citizens we serve through charitable organizations. He encourages excellence, acknowledges effort and provides activities for NADE members to recognize their own service to each other and to claimants.

With all that Malcolm contributes to NADE, he also manages to volunteer or champion the March of Dimes every year, the Ambassador's Concert Choir, Life Changes Ballroom, American Cancer Society, AIDS Walk, Regional Food Bank, DDD/DRS Awards and Recognition Committees, DRS EXPO Planning Committee and the Allied Arts.

Malcolm is a truly great humanitarian. It was with great pride that we nominated him for this award.

### NADE and SSA Join Forces to Benefit Claimants Everywhere



*From left: NADE Past President (Todd Deshong), President-elect (Jeff Price), President (Jennifer Nottingham), Deputy Commissioner for Operations at the Social Security Administration (Nancy A. Berryhill), SSA Regional Commissioner (Marcia Mosely), Illinois DDS Deputy Director (Quinetta Wade), Associate Commissioner for Disability Determinations (Ann Robert), and SSA's Assistant Deputy Commissioner for Operations (Martha J. Lambie).*



## Alabama Wins Big!



*Melissa Williamson, Alabama DDS, received both the Southeast Region's Staff Person of the Year award and the Charles O. Blalock Award for major contributions toward the organizational advancement of NADE.*



*Dr. Van B. Hayne, Alabama DDS, received the Southeast Region's Regional Service Award.*



*The Alabama Chapter of NADE was nominated for the President's Award, given for chapters who demonstrate outstanding achievement in innovation of programs and exemplary outreach to charitable organizations.*



*Sandra Robinson, Alabama DDS, earned the Southeast Region's Supervisor of the Year award.*



*Essie Sanders was nominated for the Director's Award, and won the Jackie Lupoe-Griggs Support Staff Award.*

## Inspector General Presentation

by R. Todd Deshong, NADE Past President

Unfortunately, at the 2014 Springfield, Illinois National Training Conference, the Inspector General Patrick O'Carroll encountered weather/travel delays that prevented him from attending. Fortunately, one of our long time members, Phillip Hanvy, OIG Auditor, was able to run to the presentation.



*Phillip Hanvy, OIG Auditor*

The presentation started with an introduction to a story out of Washington. It told of an enterprising couple in Friday Harbor, a village in the San Juan Islands near Seattle who had opened a coffee shop they named, "Criminal Coffee". At the same time, the couple submitted applications for disability benefits. Adjudicators in the Washington DDS noticed that the couple had used each other as third party contacts. Both claimants reported they could do nothing without the help of the other. The Seattle CDI was contacted and we accepted both claims to investigate.

We were able not only to cease the woman's improper payment, we successfully prosecuted both claimants criminally: both were sentenced to prison and ordered to pay restitution. The story was highlighted on ABC's television show, "Nightline".

For more information about the story, please review the information on OIG's website: <http://oig.ssa.gov/newsroom/blog/june30-post>

Since the 2013 training conference in Oklahoma City, the presenter noted that there had been other successful arrest operations in Puerto Rico and New York City. In the first 10 months of the fiscal year 2014, CDI saved a projected \$279 million nationwide for SSA programs. This success drew interest from Congressional Committees focusing on Social Security. Other areas of congressional interest included ALJ oversight and more recently the DCPS project or Disability Case Processing System.

In the presentation, the Inspector General expressed his thanks for the hard work that all DDS employees engage in on behalf of the American people. The presentation noted that DDS staff have been entrusted to safeguard the disability programs and funds that act as a lifeline for those who truly need them.

The Inspector General also indicated that he appreciated the continued partnership between OIG and NADE. Without collaboration from us on the frontline, the OIG would be unable to achieve their mission of protecting SSA programs against fraud.

The presenter announced that a new CDI would be opened in Detroit, Michigan. When Detroit opens there will be 26 CDIU minutes covering 22 states in Puerto Rico. He reported that Detroit was an important event because it was the first of 7 new CDI units planned to open by the end of fiscal year 2016. The next unit is planned in Baltimore, Maryland. Other future units include Providence, Rhode Island; Charleston, West Virginia; Birmingham, Alabama; St. Paul, Minnesota; and Washington DC. This will bring the total of CDI units to 32. Existing units will be expanded by adding investigators. He reported that they plan to add a total of 22 investigators across 13 existing units. Many of those positions have already been filled.

The presenter urged those working in a DDS without CDI unit access to refer suspicious claims via the E8551 form on the SSA Intranet. This sends the fraud referral straight to the closest OIG office. Special agents review every allegation received.

For more information about this story, please see:

<http://oig.ssa.gov/audits-and-investigations/investigations/jan7-nyc>

Look for more about the Inspector General's presentation in future issues of *The Advocate*.

## Central Illinois Riding Therapy "Horseback Riding for Disabled Individuals"

by Thomas Gautier, North Carolina DDS

Ms. Jenna Walker gave an insightful and informative presentation about the benefit of horseback riding therapy for adults and children with physical, mental, and emotional disabilities. Central Illinois Riding Therapy (CIRT) started in 1983 with six horses and six clients. Today the organization has eleven horses and serves over 100 riders with disabilities each week.

Riding therapy can improve a disabled individual's quality of life. Clients can gain a sense of empowerment when controlling the horse with reins, but that's not all. Riding therapists provide obstacles and challenges targeted to each individual's needs, helping them gain confidence to face obstacles in other phases of their lives. Some lessons just occur naturally.

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*Relating to a horse allows a vet  
to feel like part of a team again,  
and fosters a close connection  
that made otherwise elude them*

---

For example, clients who have trouble with respecting others' personal space will quickly learn not to walk directly behind a horse. When therapists pair a hyperactive child with a gloomy horse, or a shy child with a high-energy horse, they usually balance each other out. The hyperactive child becomes calmer, and the gloomy horse more energetic, improving quality of life for the client and the horse alike.

Riding therapy can be especially beneficial to veterans who struggle to relate with civilians upon their return home. Relating to a horse allows a vet to feel like part of a team again, and fosters a close connection that made otherwise elude them. Many veterans continue after their therapy is over to perform volunteer work for the program.

Therapeutic Riding also helps with mobility and other physical issues. Riding helps children relax to be able to sleep through the night, strengthens core muscles, and increases balance. For people who can't use their legs or are learning to use them again, the motion of a horse under them simulates the motion of their own walking. The motion of the horse also helps with movement in three dimensions: front-to-back, side-to-side, and figure-eight.

Ms. Walker concluded her session with information about the staff at CIRT, and the in-depth training and testing required to become a certified instructor. The organization goes to five horse shows a year so children can show off what they have learned through the riding therapy. Central Illinois Riding Therapy helps children and veterans with a variety of disabilities to enhance and improve mobility and their quality of life.



Jenna Walker

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## **"Advancements in Breast Cancer Treatments"**

**Presented by Robert Mocharnuck, MD**

**Director of Breast Cancer, Simmons Cancer Institute**

*by Angela Bennett, Missouri DDS*



*Robert Mocharnuck, M.D.*

As a five-year breast cancer survivor, I was especially interested to hear Dr. Mocharnuck's presentation on advancements in breast cancer treatments. Dr. Mocharnuck's specialty is hematology oncology with a special interest in treating breast cancer. He stated that there are over 232,000 cases of breast cancer diagnosed each year; over 40,000 victims die. About 2300 males are diagnosed with breast cancer per year.

The incidence of breast cancer increased from 1960 to 1999, but has been declining since. The death rate decreased, thought to be due to better screening and better treatments, with a specific focus on identifying high-risk women. Thanks to improvements in identification and treatment, the overall death rate has dropped to 12%.

Dr. Mocharnuck reported that an individual's risk of developing breast cancer is hard to predict. About 10% of women who develop breast cancer have clear hereditary factors at play, but about two-thirds have no family history of this disease. Most women who develop breast cancer are over the age of 45; increased estrogen exposure, delayed pregnancy, obesity, radiation exposure, and alcohol intake are also possible risk factors.

### **Populations at Risk**

Researchers have identified a genetic link to women from Ghana. About 60% of Ghanaese women diagnosed with breast cancer have triple negative breast cancer, which does not respond to hormonal therapy. As a result, there is a higher incidence of breast cancer in African-American women, and a higher death rate in that population.

About 10% of breast cancer cases are related to the BRCA1 and BRCA2 genetic mutation occurring in Ashkenazi Jewish genetic lines and in Norwegian populations. This group is also at risk to develop ovarian cancer.

### **Treatments**

Treatments for the genetically-identified population include but are not limited to bilateral mastectomies and elective oophorectomies.

Tamoxifen, a selective estrogen-receptor modifier, is offered to patients whose breast cancer has been identified to be estrogen-receptor positive.

Aromatase inhibitors are prescribed for certain risk groups. These oral agents reduce the risk of recurrence by about 50%. Some researchers are proposing these agents could be taken prophylactically for individuals at risk but not yet diagnosed.

### **Prevention**

As we have heard in the popular press, baseline screening mammograms are recommended for women starting at age 40. Dr. Mucharnuk stated mammograms continue to be recommended for women over the age of 75 as women are living longer. Breast self-examinations are fine but are no substitute for a mammogram. Improvements in mammogram technology include digital mammography and 3D mammography. This new technique combines digital mammography with computerized axial tomography (CT scans). Researchers have noted a 41% increase in detection with this new modality. In addition, ultrasound technology is commonly used to further define a possible mass and is used in guidance for needle biopsies.

Of course, the earlier breast cancer is diagnosed, the greater is the rate of survival. Even women with advanced breast cancer are surviving longer with aggressive treatment, including surgery, chemotherapy, radiation and post-surgery hormone therapies. We now have sophisticated calculators that help identify appropriate modes of treatment and calculate the risk of recurrence. Researchers are working to develop a molecular portrait for testing and selecting treatment options. Someday, we may see a "pill" for at-risk populations - like the medications we take for hypertension.

For more information about triple negative breast cancer, see [http://www.breastcancer.org/symptoms/diagnosis/trip\\_neg](http://www.breastcancer.org/symptoms/diagnosis/trip_neg)

## Low Birth Weight Babies and Long-Term Health Concerns

Presented by Ginger Darling, MD

by Nancy Reid, Tennessee DDS

Low birth weight babies are defined as babies born weighing less than 2500g. These are further subdivided into very low birth weight (VLBW), those born under 1,500g, and extremely low birth weight (ELBW), those born under 1,000g or about 2.2 lbs. The rate of VLBW babies is increasing world-wide, due mainly to the increase in prematurely-born multiple gestations, which are related, in part, to assisted reproductive techniques. Other causes include problems with a mother's placenta, overall maternal health, and birth defects. Teen mothers are at a much higher risk for having a VLBW infant, as are women who are exposed to drugs, alcohol and cigarettes during pregnancy.

### Common Medical Problems

VLBW babies commonly have a host of medical problems. The most common are respiratory problems, with bronchopulmonary dysplasia as the most common of all. Many VLBW babies are tracheostomy-dependent, and unable to be decannulated for two years. Other common medical problems include:

- Apnea and bradycardia
- Retinopathy of prematurity – retinas are not completely vascularized
- Neurosensory hearing loss
- Gastrointestinal problems leading to growth and nutrition issues.
- Intraventricular hemorrhage, leading to hydrocephalus
- Other white matter injury



Ginger Darling, M.D.

### Long-term Implications

Thanks to modern technology and modern medicine, the survival rate for VLBW babies has increased in recent years. However, increased survival statistics do not necessarily equate with improved outcomes.

Babies born under 2500g may have visual impairment all their lives, including strabismus, retinal detachments and blindness. White matter injury is a strong predictor for Cerebral Palsy. Those with GI issues are at increased risk for osteopenia as they mature, resulting in higher frequency of bone fractures. Many children born with respiratory conditions suffer from asthma all their lives.

Thirty percent of VLBW babies will have developmental delays. Many will have emotional and behavioral problems independent of any cognitive disorder, including low adaptability, short attention span and hyperactivity. Therefore, it's important to note mention in the record of a history of premature birth when reviewing adult and child claims, especially with an eye toward credibility. If a person alleges low adaptability and short attention span, for example, and has a history of premature birth, such a history can lend credibility to their allegations.

As noted, the incidence of VLBW babies is on the rise. The disability program can expect to a higher incidence of these cases, and should be equally prepared to see a higher incidence of allegations related to the long-term effects of VLBW, appearing in older childhood and even adult claims in the coming years.

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## Wound Care: Hyperbaric Oxygen Treatments

**Presented by Rachel Beal, MHA, CPHM, Healogics**

*by Jerry Bailey, Arkansas DDS*

The demand for chronic wound care is on the rise. Obesity, chronic disease, higher rates of diabetes, and an aging population all contribute to this trend. While some wounds can be relatively easy to heal, others can result in months if not years of pain and increased risk of infection. Diabetic non-healing wounds can be particularly dangerous. The same factors that caused the non-healing ulcer will complicate the healing from an amputation, commonly leading to other amputations and potentially death.

Many forms of treatment are available, but specialized wound care can result in faster healing with a shorter recovery time, limb salvage, restoration of health and mobility, and an improved quality of life. Specialized wound care is a focused, evidence-based approach to treatment that addresses not only the wound, but the many co-morbidities of the wounded patient. This is accomplished through the collaboration of multiple healthcare disciplines applying the appropriate therapy at the appropriate time. St. John's Wound Care Center in Springfield, Illinois, offers hyperbaric oxygen treatment as specialized wound care.

*HBOT has been utilized to successfully treat acute peripheral arterial insufficiency, acute traumatic peripheral ischemia, chronic refractory osteomyelitis, soft tissue radionecrosis, and diabetic wounds of the lower extremities.*



*Rachel Beal, MHA, CPHM, Healogics*

Hyperbaric oxygen therapy (HBOT) uses 100% oxygen which is applied at an increased atmospheric pressure. The pressure shrinks oxygen molecules in size, and allows the patient to inhale more oxygen with each breath. The body in turn delivers more oxygen to the wound site and revascularizes tissue. HBOT has been utilized to successfully treat acute peripheral arterial insufficiency, acute traumatic peripheral ischemia, chronic refractory osteomyelitis, soft tissue radionecrosis, and diabetic wounds of the lower extremities. Individualized treatment plans are developed to address the adequacy of perfusion, the viability of tissue and the signs of infection or inflammation. It also addresses the presence of edema, the conduciveness of the wound healing environment, the optimization of tissue growth and pain control. The average patient with lower extremity diabetic complications will undergo one ninety-minute treatment per day, four to five days a week, for 1 month.

Evidence shows that patients who complete all prescribed HBOT sessions experience faster healing of non-healing wounds. St. Johns currently has two hyperbaric oxygen chambers in use. They report an 87% healing rate with 95% patient satisfaction. St Johns Wound Care Center is partnered with Healogics, the nation's largest provider of advance wound care services. They manage nearly 600 wound care centers nationwide.

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## MER: Fact, Fiction, Fantasy, or Fraud?

Wandal W. Winn, M.D.

Reviewed by Ashley Widmayer, DE DDS

Dr. Winn, a psychiatrist and Chief Medical Consultant for the Alaska DDS, presented an innovative and entertaining approach to disability adjudicators' attempts to discern from the medical evidence what is fact. Dr. Winn observed that claimant credibility can be greatly misunderstood.



Wandal W. Winn, M.D.

There are many factors an adjudicator must understand in determining the credibility of a claimant's allegations. When looking at medical records, the disability examiner must take into consideration the differing volition, culture, medical diagnoses, and economic factors one claimant may have from another. The adjudicator must assess whether evidence in file is internally and externally consistent. Not every allegation can be considered to have merit unless and until it is supported by the objective medical evidence. When there are conflicts in the evidence, the disability adjudicator must determine their cause and address the conflicts in the assessment of residual functional capacity. Such conflicts can be caused by a claimant's misunderstanding of their impairment, a misunderstanding created by ineffective or absent medical treatment, or a deliberate and conscious effort by the claimant and/or third parties to manufacture new evidence to support a claim, or conceal existing evidence for the same purpose.

Disability adjudicators should look for patterns and inconsistencies in the medical records. For example, if a claimant tells their doctor they are exercising by walking two miles per day but, in a phone call with the disability adjudicator, claim they are unable to walk more than 50 feet, that is an inconsistency. Such a claim isn't necessarily an attempt to mislead the adjudicator; it is inconsistent with previous statements and must be considered when addressing issues of claimant credibility.

Disability adjudicators should be cautious in their approach to evaluating claims. The vast majority of claimants truly believe they are disabled. They may not meet Social Security's definition of disability; that in and of itself doesn't make their claim less credible.

When we evaluate consistency and inconsistencies in a claim, we render the public service expected of us from both the taxpayer and the disability applicants who will get the quality and timely service they deserve.

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## PTSD In Veterans and the 360 Program

*Presented by Glen Wurglitz, Psy.D.*

*Reviewed by Janet Geeslin, WI DDS*



*Glen Wurglitz, Psy.D.*

Dr. Wurglitz is a clinical psychologist who specializes in psychological and neuropsychological testing as well as being a provider of individual, couples and family therapy. In addition to his work as a private practitioner, he is also a retired member of United States Army after serving 3 tours of duty in Germany and Iraq. During his tours he was involved in the assessment and treatment of soldiers suffering from signs and symptoms of PTSD. He is currently involved in a military treatment program aimed at helping to allay post-combat stress, referred to as the Soldier 360? program. This program was developed to teach soldiers and their spouses about how to deal with trauma and rebuild relationships before the onset of serious post-deployment problems. It has proven to reduce many risk factors for PTSD.

He began his presentation by providing an overview of the new DSM-5 criteria related to trauma and stress related disorders. While these types of disorders were formerly assessed as anxiety disorders, the DSM-5 now has a separate category for them. The new diagnostic criterion identifies the triggers for PTSD:

- 1) directly experiencing a traumatic event;
- 2) witnessing a traumatic event;
- 3) learning of a traumatic event that occurred to someone you are emotionally connected to;
- 4) experiencing first-hand repeated or extreme exposure to aversive details of a traumatic event.

The DMS-5 also requires greater attention to the behavioral symptoms accompanying PTSD:

- 1) avoidance (distressing memories, thoughts, feelings or external reminders of the event)
- 2) intrusion (re-experiencing memories of the event, recurrent dreams, flashbacks)
- 3) negative cognition and mood changes (sense of blame, estrangement, diminished interests, inability to remember key aspects of the event)
- 4) heightened arousal and reactions (aggressive/reckless/self-destructive behavior, sleep disturbance, hypervigilance)

There is also a subtype related to PSTD which involves Dissociative Symptoms of derealization and depersonalization. As Dr. Wurglitz pointed out, the dissociative symptoms allow persons suffering from this disorder to continue functioning under fierce conditions.

Dr. Wurglitz then turned his focus to the types of trauma and resulting functional difficulties soldiers encounter. Types of trauma include but are not limited to serious medical conditions and injures and sexual trauma. Clinicians who care for traumatically injured solders also experience trauma. Symptoms of trauma include anger and trauma-related grief.

The goals of treatment for soldiers who suffer from PTSD while deployed include rest, relaxation, reassurance, and return to duty. Persons who do not respond successfully to treatment are evacuated for more extensive treatment.

It was also explained that many soldiers who were suffering from PTSD did not recognize their symptoms or were reluctant to report them. Failure to report difficulties was often true for returning soldiers as the admission of suffering would result in an extended stay at a military facility for treatment before they could return to their homes and families. This was an unfortunate situation, because studies have shown that immediate treatment in programs like the Soldier 360R" program result in far fewer symptoms after a soldier's return home.





## Ischemic Heart Disease: Diagnostic & Treatment Modalities And Effects On Patient Functioning

*Presented by Marc E. Shelton, MD*

*Reviewed by Benjamin Coleman, Nebraska DDS*

Ischemia, translated from the Greek "ischaimos", means "low flow" or "restrain."

Short-term or acute ischemia can stun the heart or part of the heart. Total recovery is possible; acute ischemia is not a disabling condition in and of itself. Acute ischemia can result in a heart attack, however, which may have long-term effect on a person's functional capacity. Although the heart loses muscle, it is possible for it to regain good function. Factors that can improve a person's outcome include their physical condition before the heart attack, tolerance for the medications prescribed after, and modifications to the person's lifestyle after a heart attack.

Long-term or chronic ischemia can cause permanent damage, and may contribute to disability. In this case, the heart gets enough blood flow at rest, but not enough with exertion. One of the main symptoms of chronic ischemia is angina, but the level of pain is not predictive of the level of severity. Other causes of angina include microvascular disease and vasospasms: spasms of the muscles around the heart. Microvascular disease is common in patients with diabetes, and is hard to treat.

Dr. Shelton detailed the current diagnostic tools from the initial treadmill and EKG, which provide cardiologists with global information, to stress echo, stress nuclear study, to the more definitive, albeit invasive and expensive, cardiac cath. He cautioned that an EKG is merely the piece of the heart function puzzle, and urged us to look at the other puzzle pieces when making a determination.

Treatments include stents, bypass surgery and medication in conjunction with lifestyle changes. Dr. Shelton concluded by stating that non-adherence to medications is the primary barrier to medical stabilization and/or improvement.

For more information, visit Prairie Cardiovascular at [www.prairiecardiovascular.com](http://www.prairiecardiovascular.com)



*Marc E. Shelton, MD*

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## **"Psychological Aspects of Cancer Diagnosis and Treatment"**

**Chad Noggle Ph.D.**

**Behavioral and Psychosocial Oncology  
Simmons Cancer Institute Springfield, IL**  
*Reviewed by Tammy Flemming, NM DDS*



*Chad Noggle Ph.D.*

When developing a treatment plan for cancer, providers often overlook the importance of psychological treatment for a host of reasons. Psychological effects of cancer are not easily seen. People are not always willing to discuss their symptoms and may be in denial about needing help. However, patients can suffer from debilitating psychological symptoms, not only during treatment, but long after.

Before their condition is even diagnosed, people with lung cancer, breast cancer and hematological malignancies can present with neurocognitive deficits due to excessive cytokines. Cytokines are small proteins important in cell signaling; they affect the behavior of other cells. Cytokines increase when these types of cancer develop. An increase in cytokines often results in an increase in neurocognitive deficits.

During treatment, a patient may suffer from anxiety and depression related to work issues, concerns about insurance, access to services, their prognosis, and long-term and late effects of treatment. Studies have shown that active participation in their care, a support network, finding a sense of purpose or meaning, and psychological therapy can all help a patient cope during this time.

However, the need for support does not necessarily stop when treatment stops. Anxiety and depression can continue due to fear of recurrence, concerns about ongoing monitoring, financial concerns, and the after-effects of treatment. The cancer may go away, but some side effects of treatment may never go away.

The most common long-term side effects of cancer treatment are cognitive deficits due to white matter loss and/or myelination disruption. This loss/disruption is often consistent with a frontal-subcortical pattern of dementia. Frontal-subcortical dementias are characterized by memory disorders, an impaired ability to manipulate acquired knowledge, apathy, inertia or depression, slowed thought-processes and more. They affect executive function, which has a role in almost all skills that separate adults from children: planning, organization, attention span and processing speed, for example.

Radiation may

not have an immediate effect on executive function. Deficits may develop up to six months after radiation, and can progress. They can also improve, or stabilize and become the person's "new normal." Studies have shown that a person's age and their overall health before treatment are predictive of outcomes, post-treatment.

People who undergo treatment for breast cancer are at special risk for cognitive impairment. Reproductive hormones influence cognitive function; higher levels of estrogen appear beneficial to performance on tasks like verbal fluency and verbal memory. Estrogen depletion as a treatment for breast cancer robs the brain of this benefit, and results in the death of dopamine cells in the brain. Dopamine is an important neurotransmitter which helps regulate movement and emotional responses, and helps us see rewards and take action to move toward them.

Children who undergo chemotherapy and radiation treatment are also at special risk for cognitive deficits. Studies have shown that five years after cancer treatment, ADHD is common. Chemo and radiation result in an interruption to the brain's development which leads to a delay compared to peers. As the child progresses through the school system, demand on the prefrontal and frontal lobes increases. That interruption becomes more and more evident as time goes by, with behavior issues, poor organizational skills, short attention span and slow processing speed.

Thanks to Dr. Noggle's presentation, analysts can be especially aware of cognitive allegations in conjunction with lung cancer, breast cancer and hematological malignancies, and may give more weight to such allegations than they have previously. They can be better aware of long-term effects of cancer treatment on children, and the long-term psychological and cognitive effects on adults, long after treatment is over.

## **"Volunteering and Participating: The Benefits for Public Employees and Their Agencies"**

*Presented by Dr. Lael Keiser, Associate Professor at the University of Missouri  
by Leesa Chalmers, West Virginia DDS*



*Dr. Lael Keiser*

For the last few years, Dr. Lael Keiser has studied how participation in professional associations can positively affect government agencies. She cited NADE as a great example of how professional associations can improve government agencies' performance and help individual workers further their careers.


Since government agencies rarely have large enough budgets to provide financial incentives as a primary way to motivate workers, they must rely on other types of incentives. Research in Public Administration suggests that government workers appreciate meaningful work with public value. Research suggests these workers are more likely to be motivated to work and less likely to leave their organizations when they understand the purpose of their work and its importance, have good social relationships with co-workers and supervisors, access to promotional opportunities and access to professional development activities.

In her research, Dr. Keiser interviewed many members of NADE. They provided examples of how NADE has helped them understand the value and importance of their work, increased their commitment to the program, helped them to have good social relationships and helped with professional development.

NADE members often said they get a much better sense of how the work they do every day contributes to the implementation of the Social Security Disability program as a whole. They receive information about what is happening at the federal level, what Congress is concerned about and how their work contributes to the bigger picture. NADE members also spoke about how their participation allowed them to have a voice and to improve the program. NADE has a unique structure that gives the opportunity to get feedback from people at the front lines. This recognition helps job motivation. NADE has a grass-roots structure compared to other organizations, which have professional lobbyists.

In conclusion, Dr. Keiser feels that participation in NADE facilitates employee motivation and retention and helps employees in their professional development.

### **NADE Welcomes New Corporate Member AMCE Physicians Group**



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## Combatting Childhood Obesity and Related Problems

*Presented by Kemia Sarraf, MD, MPH*

*Reviewed by Korin Gary*

Dr. Kemia Sarraf is Coalition Founder and President of GenH Kids, which stands for 'Generation Healthy.' She is a board-certified physician in Internal Medicine. She works with communities to develop and implement programs intended to increase physical activity and improve nutrition.

She reported that most American children are poorly nourished, physically inactive and sleep-deprived.

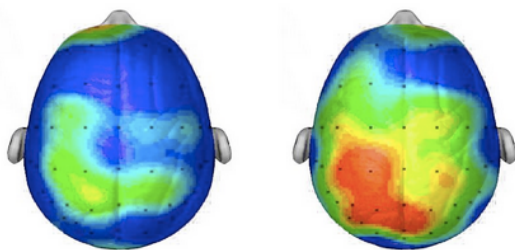
"The long-term implications of the obesity epidemic touch almost every aspect of our society, and cannot be over-stated," she wrote in 2010. "Financially, this epidemic is predicted to add hundreds of billions of dollars to the U.S. health care bill during this generation's lifetime; we currently spend 14 billion dollars annually in the care of complications in overweight youth. We spent between 130 and 180 billion dollars last year treating the health consequences of obesity in adults in 2009."

"Obesity is the gateway to a host of serious, potentially deadly medical problems including Type II diabetes, hypertension, vascular disease, stroke, cancer and heart disease. We are witnessing a surge among children of illnesses typically confined to adults, like fatty liver disease, polycystic ovarian disorders, sleep apnea, musculoskeletal disorders and gall bladder disease. Many of these children will become disabled in what would otherwise be the most productive years of their lives. Life-expectancy analyses forecast a significant drop in life expectancy for this generation of children, making this America's first generation destined to have a shorter life span than the generation before."



*Kemia Sarraf, MD, MPH*

Composite of 20 student brains taking the same test



After sitting quietly

After 20 minute walk

"Obesity is associated with intense psychosocial costs as well. Obese children have a markedly increased incidence of depression and anxiety. We see an increased rate of both attempted and completed suicide among obese children. They have a higher incidence of self-injury and self-medication, including higher incidences of alcohol, tobacco and drug use at young ages."

"Conversely, there is equally compelling data indicating that children who are well-nourished with whole foods including lean proteins, complex carbs, fresh fruits and vegetables, and who receive adequate activity during the school day perform better both academically and socially," she wrote.

This has implications for our work as disability examiners in that we will see more claims related to obesity and its sequelae as the years go by. It's also relevant to each of us personally, as our work is largely sedentary. Our performance at work is enhanced when we take regular breaks to exercise. Even a short lap around a block of cubicles helps.

One piece of advice that Dr. Sarraf gave members of the audience was, "If you don't recognize an ingredient, don't eat it." She encouraged us all to feed ourselves and feed our children more real food, and less processed food. In this way, we can prevent ourselves and our children from becoming disabled by the sequelae of poor nutrition, inadequate sleep, and inadequate exercise.



*NADE President Jennifer Nottingham welcomes conference attendees.*



*Jennifer Nottingham*

## **Highlights of the General Membership Meeting National Training Conference**

August 25-26, 2014  
Springfield, Illinois

The meeting was called to order by President Jennifer Nottingham.

Proxies were presented and accepted. A motion was made to review and approve the Agenda and passed.

A motion was made to waive the reading reports of the Executive Officers, Regional Directors, CCP Chair, Appointed Directors, and Committee Chairs. The motion passed.

Membership Director, Donnie Hayes, presented the Membership Awards:

- |                 |  |
|-----------------|--|
| Large Chapter:  | 1st Place: Oklahoma<br>2nd Place: Michigan   |
| Medium Chapter: | 1st Place: Wisconsin<br>2nd Place: Maine   |
| Small Chapter:  | 1st Place: Idaho<br>2nd Place: Utah and Montana (tie)<br>3rd Place: West Virginia and Alaska (tie) |

In the absence of Ed Tyszka, Debi Chowdhury presented the National Disability Professionals Week Awards:  
The Winners of the 2014 NDPW contest were:

- MADE - Missouri
- WADE - Wisconsin
- KMADE - Michigan
- OADE - Ohio
- THADE - North Carolina

There was no old business for discussion.

New Business:

### **1. Tax Status Change**

a. Articles of Incorporation – Jennifer Nottingham provided a brief, detailed overview of the status of the pending tax status changes. Julie Kujath provided clarification as to what is required for incorporation. Chapters will have six months to complete requirements for articles of incorporation.

b. Voting on the new By-Laws: Members were given additional time to fully review the changes to the By-Laws. After the additional time to review, a state-by-state roll call was conducted. All states voted yes, except Texas.

c. Membership Incentive – A special incentive will be offered during the month of September to try to boost membership. Membership price for the month of September will be \$35.00 – Professionals and \$15.00 – Support/Retirees. This will cover the period September 2014 through June 2015. The incentive will be available to everyone. Applications should be completed on line or postmarked by September 30, 2014.

2. Nominations and Elections: On behalf of Meggan Gladue, Elections and Nomination Chair, Richard Todd Deshong presented the following candidates: Sharon Summers for President-Elect, Tonya Scott for Secretary, and Julie Kujath for Treasurer.

The membership voted and the following are Officers for 2014-2015:

President:	Jeff Price (NC)
President-Elect:	Sharon Summers (TN)
Secretary:	Tonya Scott (GA)
Treasurer:	Julie Kujath (MO)

### **Thanks To The Illinois Chapter For Hosting An Excellent Conference!**



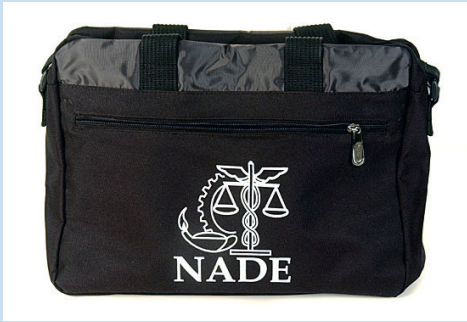
*Front Row- (L to R)- Mary Elizabeth Livingston, Liane Bennett-Hammer, Greg Hammer, Erin Vincent, Quinetta Wade, Andrea Prosperini, and Nancy Tucker.*

*Back Row- (L to R)- Ellen Cook, Rodney Roth, Clifton Hammon, Katy Yeley, and David Charles.*

*Missing- Karen Brown, Stephanie Grisham, Robbie Johnston, Rob Richards, Molly Turnbull, Patty Varner, Debby Yard.*



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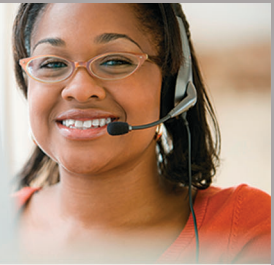
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**All proceeds to benefit NADE Non-Dues Revenue.**

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- Delivering phenomenal customer service characterized by openness and honesty, good humor, and a competitive desire for quality performance
- Embodying our core values

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Headquartered in Wakefield, Massachusetts, with employees across the country, The Advocator Group is one of the fastest growing benefit advocacy organizations in the United States. Focusing on Social Security Disability Insurance and Medicare, The Advocator Group's mission is to expedite benefit claim processing for our clients thereby enabling them to focus on their health and family. We are dedicated to working quickly and efficiently in efforts to preserve our clients' financial well-being. The Advocator Group's accountability-based culture is a great fit for a hard worker with strong interpersonal and communication skills who is eager to work in a fast paced environment, and has the ability to adjust to rapid and constant change in a service-oriented organization.

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Certification applications are available at [nade.org](http://nade.org), or you may contact

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Raleigh, NC 27614  
919.212.3222

[mgolden221@yahoo.com](mailto:mgolden221@yahoo.com)

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the following Basic Corporate Members**

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Spring Valley, CA**

## Career Opportunity

Department of Human Services  
Division of Rehabilitation Services  
**Job Announcement**  
Director of the Disability Determination Services Program

The Tennessee Disability Determination Services (DDS) is a program within the Division of Rehabilitation Services in the TN Department of Human Services. DDS operates by agreement between the State of Tennessee and the Social Security Administration to process Social Security and Supplemental Security Income disability claims for the state. Under the direction of the Assistant Commissioner for Rehabilitation Services, the Director of DDS oversees the day to day administrative duties of the program which includes an annual operating budget of \$50 million dollars and over 500 employees.

This position is ultimately accountable for the delivery of services, implementation of SSA expectations for claims processing, adherence to federal policies guiding disability determinations as well as operations in conjunction with the TN Department of Human Services. The Director leads the management team in the establishment of short and long-term goals, priorities and deadlines consistent with the objectives of SSA's disability claims program. He/she is responsible for developing and cultivating an environment that promotes a timely and accurate approach to claim processing which supports the Department's mission.

**Minimum Qualifications**

- Graduation from an accredited four year college or university **and** five years of progressive experience in a disability determination unit, at least three years of which were in a disability determination supervisory capacity
- A comprehensive knowledge of the Social Security Administration policies, regulations and operational guidelines for disability claims adjudication
- Experience in establishing effective working relationships with the Federal agencies, State agencies, local Social Security offices, Congressional staff, claimants, advocates, and the general public

**Preferred Qualifications**

- Five or more years working for a state/federal Disability Determination program
- Master's degree in public administration, business administration or public policy

Location: Nashville, Tennessee

Travel: Occasional

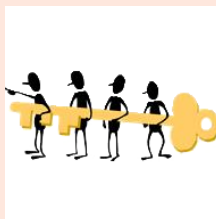
Salary: Commensurate with experience and qualifications

Please send resume and letter of interest to Cherrell Campbell-Street at

[Cherrell.Campbell-Street@tn.gov](mailto:Cherrell.Campbell-Street@tn.gov)

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**NADE Membership Application**

(Please print name, title & designation as desired  
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Check the appropriate  
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- ☐ New Member  
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- ☐ Full \$50.00  
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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Chap # \_\_\_\_\_ Wk Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_ ☐ @ssa.gov

NADE's membership year runs from July 1st through June 30th each year. Your membership will expire on the June 30th following your join date.

Exception: All new memberships received between January through June will receive an expiration date of June 30th of the following year. NADE does not prorate dues.

Mail to: National Association Of Disability Examiners PO Box 105763 Jefferson City, MO 65110  
(Make check payable to NADE)

Change Of Information For: (Name) \_\_\_\_\_

Please note changes here \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_ @ssa.gov