NADE Advocate
A publication of the National Association of Disability Examiners
Conferencfe 2026 Edition



CONFERENCE EDITION 2026

The 2026 NADE conference was held August 9, 2026 – August 12, 2026.
The theme of the conference was:
NADE Takes Flight!

Highlights are attached for your review

Special thank you to all the conference planners, sponsors, and the NC DDS for their partnership.

ALL ABOARD as NADE is soaring to new heights!.

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President's Address:

NADE Takes Flight. That was the theme of the 2026 training conference held this past August in Raleigh, North Carolina. What an amazing experience and excellent display of what happens when we come together to network, share ideas, and provide excellent trainings across medical, technical and other domains that we, as disability professionals encounter in our day-to-day work lives. My immense gratitude goes out to all those who volunteered and gave up their time each week to plan such a successful conference. It was wonderful to see everyone that attended in person, and virtually! Thank you to Ayanna Conley for leading the Conference Planning Committee!

Congratulations to the newest NADE Board members: Wade Peterson (President-Elect), Lindsay Bell (Midwest Region Director), and Teri Grasso (Pacific Region Director).

As I take over as the new President of NADE, I continue to be excited about what we can do together as we take flight over the coming year and into the future. Thank you to Amber Barnes for her leadership this last year, and for the mentorship you provided, and will continue to provide during my tenure.

Throughout my career, in the Virginia DDS, Missouri DDS, and now the Michigan DDS, I have had the opportunity to meet many of you, whether virtually or in person, and these opportunities have allowed me to learn something from each and every one of you that I have encountered.

In Raleigh, I shared that I believe we have a responsibility to preserve the legacy of what our predecessors built, but also to continue building upon it, and up those who will lead us in the future.

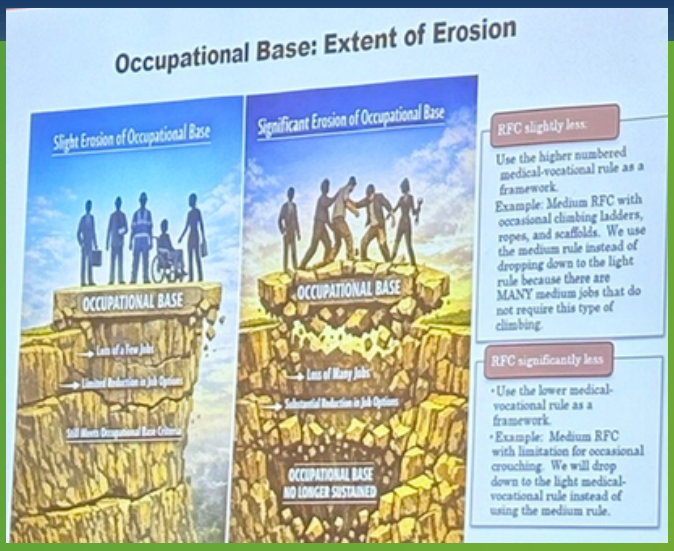
Our organization's strength lies in the knowledge, experience, and dedication of its members and as we begin this new chapter, I encourage each of you to remain engaged, share your ideas, and help shape the direction of our work. Your perspectives, creativity, and willingness to contribute will be essential as we build on our foundation and prepare to take flight toward new opportunities.

I also encourage a renewed focus on mentorship. By identifying and supporting emerging professionals and future leaders, exchanging experiences, and creating meaningful connections across our membership, we can strengthen both our organization and the broader professional community we serve. Mentorship is not only an investment in others, it is an investment in our future.

It is an honor and privilege to begin my term as president of this organization, I am deeply grateful for your confidence, support, and continued commitment to our shared mission, and I look forward to working alongside you, listening to your insight, and advancing our goals together. With collaboration, innovation, and a shared sense of purpose, I am confident that our organization is ready to soar to new heights!

With much appreciation,
Michelle Wade
NADE President

NATIONAL ASSOCIATION OF DISABILITY EXAMINERS





Step 5 of Sequential Evaluation:

Kelley Guest, Program Expert with SSA's Quality Studies, Education and Accuracy (QSEA) division, gave an informative presentation on "Step 5 Considerations: Evaluating the Occupational Base and Transferability of Skills." The presentation was designed as a refresher to reconnect familiar principles and highlight how they work together in practice.

The presentation highlighted that everything starts with the occupational base, and that Transferability of Skills Assessment (TSA) becomes relevant only when skills could affect the outcome under the applicable medical-vocational rules. In discussing the erosion of the occupational base, Kelley explained that at the center of the decision is the question: *How much of the occupational base is actually left?* She clarified that this is an evaluative step, rather than a mechanical one. Furthermore, she emphasized the importance of a clear rationale explaining how the erosion was evaluated and why the adjudicator reached their specific conclusion.

Kelley walked through the vocational factors of age, education, and work experience, detailing how they interact with the claimant's Residual Functional Capacity (RFC) to shape the occupational base at Step 5. She focused on how age, in particular, affects claimant's ability to adjust to other work. She outlined how to identify skills, determine whether they actually transfer under the appropriate standard, and clearly explain that conclusion in the rationale. She reminded us that the distinction between a task and a skill is critical, noting that not every task reflects a skill that can transfer to other work. The TSA rationale should clearly explain how skills were identified, whether they transfer, and why that conclusion supports the determination reached.

Additionally, Kelley covered the likeliness of transferability, providing examples of work types often associated with skills that transfer to light or sedentary work. She also reminded us of types of largely physical, heavily exertional, or highly job-specific occupations that are less likely to yield transferable skills to light or sedentary work. She reminded us to never determine whether skills are transferable based on the occupational title alone.

The key takeaway from Kelley's presentation is that transferability of skills is not an isolated exercise; it is a refinement of Step 5 reasoning. She illustrated that consistency is paramount; the rationale should not contradict the RFC, vocational evidence, or transferability finding, and that the DCPS structure naturally supports a clear and defensible explanation.

NADE would like to thank Kelley Guest for sharing her valuable expertise and for breaking down these Step 5 considerations with clear, illustrative visuals.

BREAKOUT SESSION: NADE mPRO

By Trish Boesing

At the NADE NTC in Raleigh, there was a PRO breakout meeting with various components in the DDS including PRO Supervisor, CE provider, Assistant Director, Deputy Commissioner, Medical Administration Manager. MD PRO and Assistant Chief of Program Integrity. Since there was no formal setup or facilitator for this group, the topics discussed were more conversational than in an agenda format. These topics included: ERE Fiscal including how to set up, ERE revamp/enhancements—when will this happen?

Enhancement ideas were collected years ago. Also discussed travel reimbursement rates. The National MPRO Team Chat channel sent message this day that rates were changing. There was discussion of a national vendor file and what this will look like and whether it will be for MER vendors only. The new phone system, AWS was discussed as it has now widely used throughout the nation and there have been many issues people have encountered including difficulty using AWS and it being unreliable (since it is web-based). Further discussion of SSA handling payments vs. a state's parent agency, what will this look like an how will this happen. Many DDS offices have had difficulties with CE vendors so discussion was made on who are your hardest CE specialties to recruit which was determined to be ophthalmologists for everyone except MD who shared they have difficulties with psychologists who can do child testing. They had some brainstorming for recruitment ideas and methods to assist MD. Throughout the nation, the DDS' have had the use of hospitals for XRs and other medical studies yet this has had some difficulties with billing, rates.

Additional questions have been gathered from the Arkansas PRO regarding the topic of a National vendor file including which vendors does this include? (MER, CE, travel, interpreter), who would use and have access to the national vendor file, who will have management and editing of vendor information (licensing, payment, etc.). Would states still be required to maintain an electronic file containing licenses & SAM check, how do they envision managing the different fees across sites?

This group had a lively discussion about all the issues that relate to being involved in the PRO position. It is unknown what the future holds for all these issues but one constant in the DDS is things are always changing. Getting together to discuss these issues is always helpful. Several topics discussed are meant to improve the process at the DDS which we are all hopeful this will happen eventually.





BREAKOUT SESSION: NADE Leadership Round Table: Fostering Growth and Collaboration

At this year's NADE conference, a new breakout session focused on NADE leadership and chapter growth brought together members from across the country.

The round table featured NADE President Amber Barnes, President-Elect Wade Peterson, and past presidents Jennifer Nottingham and Tonya Scott. The leaders emphasized that a great first step toward leadership within NADE is joining or chairing a committee, and many shared that their own leadership journeys began with active involvement in their local chapters.

The session quickly became an interactive forum for sharing ideas and experiences. Fundraising was a popular topic, with creative suggestions such as dog sitting services, yard sales, and selling candy grams.

Re-establishing chapters was also discussed. Leaders highlighted the $50 membership grant available to help recruit new members and stressed the importance of agency director support. Hosting virtual meetings with the NADE president as a guest speaker was suggested as a way to keep members engaged and informed about national initiatives. Adding small giveaways or games to these meetings was recommended to provide members with a mental break.

A key part of the discussion centered on how NADE distinguishes itself from other organizations by advocating for disability professionals at the national level, including work with SSA and Congress. Chapter leaders were encouraged to share NADE's broader impact when recruiting new members.

This session provided a valuable opportunity for NADE members to connect, exchange ideas, and strengthen the organization. The emphasis on communication and collaboration among chapters will help NADE continue to grow and support its members nationwide.









NCDDD Breakout Session:

Leon Scales, Division Director VA, Past President, Jacqueline Russell, Division Director, NC DDS, NCDDD Past President, Kimberlyn Price, Division Director, OH DDS, NCDDD President

AWS discussion-some examiners expressed that they miss having the call history. They were reminded that we have emails and transcripts for all calls. Analysts reported receiving calls for other states and it taking a long time to figure out how to help the claimant and get them transferred. It was reported that the prompt is causing claimants and vendors to hang up before we can get on the call. It was reported that there will be enhancements to the program once all states get on board. A suggestion of a public service announcement was brought up to enhance awareness with stakeholders.

There was discussion about nationalization of the DDS with enhancements. NADE and NCDDD discussed CDR's and share common concerns. How are the federal components helping with CDR's? The suggestion for a National Vendor file would be helpful.

We were reminded that water on a rock eventually makes progress and although we may not see changes as quickly as we would like, it is important to remain steadfast and continue to do the best we can. There will be growing pains, but advancements are being made to get SSA and DDS on track with technology. NCDDD stated that they have a meeting later this month. They have interest in hires, DEDA expansion, and faster and more efficient ways to reach claimants (email, texts) that protects PII and is cost effective.
We need to have a change management focus and concentrate on what we can control. Give each other grace and remember that everyone is doing their best. Treat everyone the way you would want to be treated.

There was discussion about myssa training and seeing what the claimant sees and how the screens look for them. NY has sharepoint training. We discussed the challenges with obtaining what we need from the FO's with AR's. Some DDS offices have FO liaisons and those are usually effective in getting what is needed.
NADE appreciates the collaboration with NCDDD.







Pulmonary Function Studies: Key Takeaways

Clinton Leinweber, DO, Medical Consultant for the North Carolina Disability Determination Services (DDS), recently delivered an in-depth overview of pulmonary function studies (PFS) and their critical role in the disability evaluation process.

Dr. Leinweber emphasized that pulmonary function results are highly dependent on the individual's effort and proper testing technique. Because of this, multiple maneuvers are needed to help establish that results are accurate and reproducible. A complete report should include the appropriate test results and flow-volume loops, which can help determine the reliability of the study.

He also noted that pulmonary values differ based on physiological factors, including age and sex, and that testing equipment must be properly calibrated. He also mentioned that someone coughing a lot during the test can falsely elevate FEV1. Emphysema and sarcoid may show normal PFTs, in this case, a DLCO would be needed. Pulmonary function testing may be performed in a medical office or laboratory, although reports received from treating sources may not always contain all the information DDS needs.

One of Dr. Leinweber's key messages was that interpreting the medical significance of pulmonary function studies is not the responsibility of adjudicators. Instead, he advised that adjudicators should focus on understanding what information is required, recognizing when evidence may be incomplete, and seeking appropriate medical input or additional development as needed.

Dr. Leinweber concluded by emphasizing that a solid understanding of pulmonary function testing enables DDS staff to evaluate respiratory claims using complete, reliable, and well-documented evidence.





Listing 2.09, Angela Brown

By: Sara Winn

We had the pleasure of having Angela Brown, CCC-SLP do a training on when it's appropriate to use 2.09 for the listings.

She explained that examiners should consider whether they can equal listing 2.09 in cases where speech is involved, and that it can be used it for kid cases.

She stated that the focus should not be on the diagnosis, but on the functional loss of communication. Some key words to look for are: resonance, fluency, and speech. Selective mutism should be evaluated under mental listing and not under 2.09.

In cases where a person is capable of speaking but chooses not to, 2.09 does not apply. If an individual has had a stroke and sustained speech is impaired, consider 2.09.





IMAGEN meets AI: "ReIMAGENing" SSA Disability Review

Dr. Ki Abel, North Carolina DDS

Dr. Ki Abel of NC DDS presented "IMAGEN Meets AI," offering attendees an overview of IMAGEN and the Agency Support Companion (ASC) AI chatbot.

Dr. Abel shared that she was initially reluctant to use both IMAGEN and the ASC. After incorporating them into her work, however, she has become a strong supporter of both tools.

She opened the session by asking attendees how they currently use IMAGEN and the ASC, including whether they use IMAGEN exclusively, export information to create a FOFAE, or use AI to draft summaries. She also asked whether attendees use the ASC to suggest an RFC, draft a rationale, or help assess whether listing criteria may be met.

The presentation included a brief IMAGEN demonstration covering the loading screen, navigation features, text-level bookmarks, and exporting bookmarks into the FOFAE. These functions can help users organize and document relevant evidence more efficiently.

Dr. Abel also offered practical guidance for using the ASC effectively. Her key message was that the ASC must be "well fed"—users should provide enough relevant detail and context to receive useful results. The ASC can assist with drafting medical summaries and rationales, exploring whether listing criteria may be met, and defining or researching impairments. For example, users can ask the ASC about an impairment such as a meningioma or seek information about tools and scales such as the New York Heart Association (NYHA) classification or the National Institutes of Health Stroke Scale (NIHSS).

Dr. Abel concluded with an encouraging reminder: "Feed it well and it will take care of you." While noting that the tool is "not perfect but pretty awesome," she emphasized its potential to support staff in their daily work. Attendees also learned that the IMAGEN MER Summary tool is coming soon, adding another anticipated capability to the IMAGEN platform.



Compassion Fatigue, and Dealing with Stress

Cindy Matyi, PhD Ohio MC

Stressor is an external force that puts demands on us.
Stress is our reaction to the stressor which can be both physiological and psychological.
The more desirable the stressor is to us, the less impact it will have. Chronic day-to-day stressors that have long-term demands on you can cause physiological symptoms. How close a stressor determines the impact it has on you. (Ex: stress is elevated before a deadline).

How we think about stress and knowing our coping styles can help to avoid mind traps.
Mind Traps:
All of None thinking- No gray areas, either this or that (black and white ways of thinking)
Mind Reading-you already think you know what will be said, so you don't actively listen.
Catastrophic Forecasting- immediately think the worst thing.
Shoulda Thinking- Beat yourself for mistakes and replay in your mind.
Over-generalizing- Sweeping conclusion about a situation or person based on negative experience
Filtering/Discounting- pick and choose information that matches our hypothesis which continues to contribute to a negative perception.
Magnifying/Minimizing-Over emphasizing the negative impact.
Blame- Excuse your actions and don't take responsibility
Emotional Reasoning- based on how you feel which is clouded by your emotions
Labeling- people and situations and negative impressions can impact or cloud judgement
Identifying- feel the need to relate with something similar with someone shares something. This could lead to not really listening to what the other person has to say.

Changing the way we think can break the patterns. That is why collaboration is important. Should have reality checks and people that have different thought processes to call attention to things and help us change the way we view things. When we collaborate, we are better off.

It is also important to check compassion vs empathy stress points. Compassion requires more action and is more effective. Become aware of your empathy and the impact it has on your decisions.
Set boundaries in order to find a balance that works for you and others. Simple wording can go a long way to convey things. Always consider if there is a better way to say things.

Accept things that you can change and know the difference between things you cannot.
Being aware and mindful of your mind traps helps you to navigate stress more effectively.



Avoiding Unnecessary Consultative Exams

Christen King, Training & Development Specialist, Virginia DDS

Christen King presented a very informational call to arms to reduce Consultative Exams. She covered how Virginia responded to a CE rate spike resulting in an impressive 46% drop in the state's CE rate, while maintaining their accuracy.

The secret to this amazing success was broken down into a two-part training series. 1. Avoiding Over Development and 2. Myth Busting, however, time constraints kept the presentation primarily focused on Avoiding Over Development.

Avoiding Over Development: How to ensure we give the doctors enough information, avoid CE's AND satisfy quality review. Was broken down into easy to digest segments:

-**Size up the Case:** On intake, and throughout development, look at the case factors, what listings apply. How can you allow: Med Voc/ DEDA/ Meet/Equal a Listing. Assess what's missing and how to get it.

- Use Expedients: Recognize when enough is enough. Can you allow with evidence in file or do you need the testing or will the exam with a result be enough? As best practice add why you don't need further information to your rationale.

- **Rule Outs:** While we develop all impairments/allegations, if there is no treatment and/or no limitations indicated in MER or ADLs, it is possible an impairment can be ruled out.

- **Rationalize**: Use thorough rationales and be sure to include an explanation as to why CE is not needed in clear, concise, succinct language, and cite policy when applicable.

- **Regency of Evidenc**e: Instead of focusing on the age of the MER, ask if it is detailed enough and is it still relevant? What impact will additional MER have? Would it make a decisional difference? What is the treatment plan? If dealing with a condition that is static and unlikely to change, an older exam is likely sufficient. Before ordering a CE, ask yourself what NEW information you would obtain and if it will contribute to decision. You may not need it.

- **Missing Evidence:** Rather than waiting for an exam, consider alternative ways to obtain evidence: call on the missing responses; request a Dr to Dr call; send a request for specific information to source; call case manager/social worker and request their help with specific records which is very useful for nursing homes and hospitals; call claimant to check on status of MER request or supply copies of testing/IEP; enlist assistance from a PRO or use an alternative source such as ADL and symptom information from MER.

- Policy Compliant Testing: Use clinical findings to equal a listing when you can't meet it. Consider alternatives findings such as Contractures, Subluxation, Crepitus; Atrophy and other signs observed at exams. If exam, function and symptoms are consistent, you can rationalize quite a bit regarding function. Of note, actual testing/imaging is good to have if it makes the decisional difference.

- Some Best Practices:

- If special handling applies, change correspondence settings to include CE to third party.
- Critical MER- take the extra steps to obtain it and document the steps you took
- Don't order just to get gait if it isn't a decisional factor.
- If signed by NP/ PA, assume it's in their scope of practice unless proven otherwise.
- Don't schedule an Interpreter for SLP, IQ without checking first- may need a specific dialect- call, find out. Also, don't assume they need one.
- Use Telehealth when possible vs in-person.

Understanding Ourselves and Others: Exploring True Colors at the NADE Conference

Ebony Grissett, South Regional Director, SC DDS

Attendees were presented an opportunity to learn, connect, and gain new perspectives that can be applied both personally and professionally. One presentation that stood out focused on the True Colors personality assessment, presented by Kimberlyn Price, Deputy Director Ohio DDS and Cheri Sayavong, Area Manager, Ohio DDS.

The True Colors personality assessment is designed to help individuals better understand their own personality traits, communication styles, strengths, and preferences, while also providing insight into the different ways people interact with others. Rather than placing people into a single box, the assessment encourages participants to recognize that everyone brings a unique combination of characteristics to the workplace.

During the presentation, attendees were introduced to the four True Colors personality: Blue, Gold, Green, and Orange. Each color represents different characteristics and approaches to communication, decision-making, teamwork, and problem-solving.

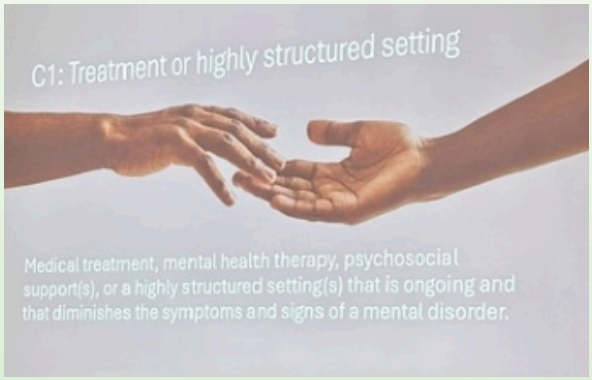


- Blue personalities tend to value relationships, empathy, communication, and cooperation.
- Gold personalities often appreciate organization, dependability, structure, and responsibility.
- Green personalities tend to be analytical, logical, curious, and focused on understanding how things work.
- Orange personalities often value flexibility, action, spontaneity, and freedom to adapt to changing situations.

One of the most valuable aspects of the presentation was the reminder that understanding personality differences can improve communication and teamwork. In the workplace, individuals may approach the same situation in very different ways. What one person considers efficient, another may view as rushed; what one person sees as thorough, another may see as unnecessary. Recognizing these differences can help us better understand our coworkers and adjust the way we communicate with one another.

The True Colors assessment also encourages individuals to take a closer look at themselves. Understanding our own strengths and tendencies can help us identify how we respond to challenges, communicate with others, handle conflict, and contribute to a team.

The presentation offered more than just an introduction to a personality assessment. It provided an opportunity to reflect on the differences that make each person unique and consider how those differences can become strengths within a team. As we continue working together, the lessons from the True Colors presentation can serve as a useful reminder: effective communication begins with understanding ourselves—and extends to understanding the people around us.





C Criteria of the Mental Listings

Jenny St Onge CO DDS

Jenny did a presentation on the C criteria of the Mental Listings and discussed what evidence to use when considering the C criteria.

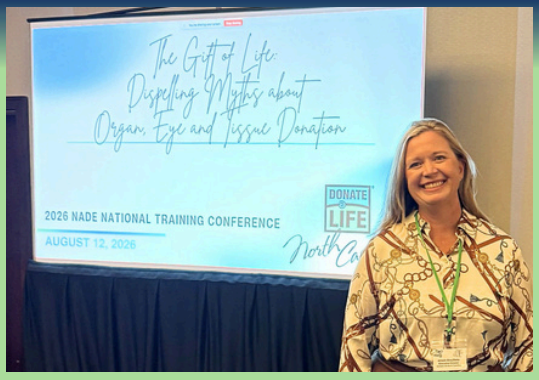
She stated that the listings that have a part C criteria are listings 12.02, 12.03, 12.06, 12.15, and 12.04. She recommended when the evidence establishes that a mental condition has persisted for at least 2 years, that we can consider using the C Criteria to allow the case. The preamble does not breakdown "serious and persistent" symptoms. Search the evidence you have in file to see if you can use it to satisfy the C criteria. She recommended reviewing ADL's and 3rd party ADL's. People know who they are and will tell you if you review the forms well enough to look for daily functioning. She emphasized that when a claimant is homeless, it makes longitudinal history challenging. It is important to ask questions.

Consider the C criteria in individuals with a sporadic work history, consider if they can get along with others and determine the reason(s) they continue to be terminated. Case managers can be helpful resources to obtain information about functioning. When reviewing compliance, consider the reason they are not compliant: is it cost, side effects, or just not taking meds? An important question to ask if the supports that a person has is taken away from them, would they still be able to function? Someone who cannot persist with tasks cannot sustain work.

Mental health therapy notes can often provide more detailed function notes as they see claimants more frequently. Use caution when evaluating someone with a TBI, someone could have had a very high level of functioning pre-injury and reports memory issues. A trail test provides good information.

Military members are used to being fit for duty and sometimes will not seek out treatment due to stigma, but that does not mean that there are not severe limitations that would impact their ability to sustain work.

Jenny provided examples and gave interesting perspective into mental health conditions. NADE appreciated Jenny's expertise and assistance with interpreting the C criteria.



The Gift of Life: Dispelling Myths About Organ, Eye, and Tissue Donation

Allison Brouillette serves as the Executive Director of Donate Life North Carolina, an organization dedicated to inspiring all North Carolina residents to save and enhance lives by registering as organ, eye, and tissue donors.

Currently, nearly 100,000 individuals in the United States—including approximately 4,000 North Carolinians—are on the organ transplant waitlist. Of these, about 90% are waiting for a kidney transplant.
During her presentation, Ms. Brouillette addressed common myths and misconceptions about organ donation. For example, she clarified that being a registered organ donor does not affect the quality of medical care one receives; doctors will always prioritize saving a patient's life. She also dispelled the belief that individuals with chronic illnesses, a history of cancer, or those living with HIV or Hepatitis C are automatically ineligible to donate. In fact, there is a significant need for donors with a variety of medical backgrounds, as many people on the waitlist have similar conditions.

Ms. Brouillette also discussed living donation, which involves voluntarily donating an organ while the donor is still alive. The most common living donations are kidneys and partial livers, though lung lobes and sections of the intestine can also be donated. There is no cost to the living donor; required health screenings are covered by the donor or the donor's health insurance.

An interesting fact highlighted by Ms. Brouillette is that cornea donation is universally possible, as corneas do not have blood flow and are therefore suitable for transplantation from nearly any donor.

Donate Life North Carolina is seeking additional advocates and supporters to help amplify its mission. If you are interested in becoming a donor or learning more about how you can help, please visit www.donatelifenc.org or www.donatelife.net. You may also register through the DMV or via MyChart.



NDPW Awards

NADE Annual Membership Drive: JANUARY is the time to Join

By: Trish Boesing

January is an important month for NADE Membership as January 1 starts the Annual Membership Drive. To highlight the NADE Annual Membership drive, let's review our rules:
Rules: The extended membership benefit is extended to anyone that is a new member to NADE or a previous member returning after 2+ years of inactivity. Each qualifying new/returning member will receive a renewal date extension to 6/30/2028. This could result in as much as 6 additional months of membership for the cost of 12 months! This extended offer applies to all qualifying new/returning memberships processed before June 2027. For example, a new/renewing membership initiated in January receives 6 additional membership months, while a new/renewing membership initiated in February receives 5 additional membership months, and so on. This schedule allows for the greatest benefit in January but also provides chapters with more flexibility when sponsoring membership drive events.

January also starts a new year and therefore your chapter can request a $50 grant for our Membership Director, Marjorie Garcia. Please send an email with your membership drive activities and how those funds will be used to Marjorie at Marjorie.E.Garcia@ssa.gov.

My challenge to each of you is to recruit at least one new member this January. Let's remind our peers that membership in NADE is an investment in your career. As members, I hope you are proud of the achievements that NADE was able to accomplish this past year. These achievements were made possible only because NADE members chose to become involved. Your membership makes it possible for NADE to be able to afford to be represented at the policy-planning table with SSA and to present our issues before Congress. You made it possible for NADE to meet with the SSA executive leadership to convey your ideas and your opinions. You made it possible for NADE to publish the Advocate and to maintain a web site to keep you and others informed. Your membership made it possible for NADE to exist as a truly independent professional association. We can all be proud of the achievements earned by our professional association.

NADE's strength as a professional advocacy association lies in the cumulative voice of its members. When NADE expresses the collective voice of our members, a stronger membership base increases our chances of being heard. When NADE meets with SSA, with other advocacy groups or with congressional leaders, our ability to make these individuals listen is enhanced by a stronger membership base. NADE's voice is louder and stronger when expressed from the viewpoint that the knowledge we seek to impart represents a broad spectrum of professionals and support staff employed in the disability program. It is the voice of those who care enough to want greater meaning from their professional careers and who are just as equally determined their career should be about providing greater customer service to those who depend on us for that service.

NADE's strength derives from its consistency, from its roots as a small division within a much larger umbrella organization to its emergence as a viable force providing positive influence on the disability program. We look to the professionalism of our members to provide direction for the Association a direction developed from a clearly stated mission to develop disability evaluation as an art and science for the public that we serve.

Best of luck in your chapter's efforts to recruit new members. See the NADE website at www.nade.org or contact the Membership Committee (membership.director@nade.org) for additional recruitment ideas.



2026 NADE AWARD WINNERS:

- The Frank Barclay Award – n/a
- President's Award - ARKADE
- Lewis Buckingham Award -Jenny St. Onge
- The Earl B. Thomas Award – n/a
- The NADE Award – Hannah Pounds
- The John Gordon Award – Marcia Golden
- The Marty Blum Award – Shauna Pierre Lewis
- Medical Consultant Award – Dr. Michael Canham
- Director's Award – Gabriel Carr
- Charles Blalock Award – Amy Woszczynski





















NADE COMMITTEES

Ad Hoc Position Paper- VACANT
Awards - Cheri Sayavong
CDIU- VACANT
Communications & Website- Sara Winn
Constitution, Bylaws & Strategic Planning- Trish Boesing
Council of Chapter Presidents-Jessica Dewing
Elections & Credentials- VACANT
Hearings Officer- VACANT
Medical Consultant- J. Scott Pritchard DO
Membership- Marjorie Garcia
National Disability Professionals Week- Marcia Golden
Non-Dues Revenue- Julie Kujath
Organ Donation/Transplant- Joellen Chapman
Professional Development-Amber Barnes- Sharyn Perry Co-Chair
Professional Relations Officer- Keith Hearnsberger EdD
Quality- Heidi Brown
Retirees- Terri Klubertanz
Support Staff- Chanell Hamilton





Membership Awards







2025-2026 NADE Board

Front Row: Julie Kujath, Ayanna Conley, Amber Barnes, Jenny St. Onge, Jennifer Nottingham
Back Row: Tonya Scott, Melissa Eggleton, Ebony Grissett, Sara Winn, Michelle Wade, Marjorie Garcia, Molly Turnbull, Trish Boesing



Past & Current President(s)

Left to Right: Ayanna Conley, Jennifer Nottingham, Amber Barnes, Michelle Wade, Jennifer Pounds, Tonya Scott, Marjorie Garcia

NADE Corporate Members:

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MEDICAL SERVICES PROVIDER

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EVERMED EXAMS

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