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**“He who cures a disease
may be the skillfullest, but
he that prevents it is the
safest...”**

-Thomas Fuller

CEPA Clinical Exercise Physiology Association

ACSM Affiliate Society

Newsletter – Winter 2019

CEPA is an affiliate society of the American College of Sports Medicine (ACSM). As an affiliate society, CEPA is autonomous, but operates with administrative support from ACSM. CEPA, along with ACSM, is committed to the development of CEPA as an independent, self-sufficient professional organization.

Partner Organizations



Cardiovascular Electrophysiology Training
Program
<https://med.utb.edu/epheart>



Contact Us

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From the President:
Shel Levine, MS, RCEP



Practice what you preach. How many times have you heard that message? As clinical exercise professionals, we are all about working out and having our patients observing that we work out as well. It sends the right message. However, how do our patients perceive us working with them? DO we have their best interests at heart? Does he/she really care about what's wrong with me? Why do they push me so hard when I have no energy? Do they really understand my condition? These are all great questions that all competent certified clinical exercise professionals should have no problem with and should put their patient concerns to rest.

SO, what happens when the shoe is on the other foot? What happens when we become the patient? Do we still practice what we preach? Interesting dilemma. Unfortunately, soon after I assumed the presidency of CEPA, I was diagnosed with a very rare liposarcoma. I immediately underwent 3 months of chemotherapy followed by 5 weeks of radiation. One of my first questions upon meeting my oncologist was "will I be able to exercise?" He laughed and said he had never had that question before so early in treatment, but said "if it feels right, do it." As each cycle progressed and with my energy level depleting, the thought of exercise was far from my mind.

But what was not lost on me was how I used to treat the patients with whom I worked. Most specifically, did I push them too hard when they had little energy? Did I really understand how they were feeling when they were able to come in for a session? It is vitally important that when we treat patients, we don't just follow the guidelines and have them do what we know is scientifically prescribed for them. We must treat the whole patient. Clinical exercise prescription is as much 'art' as it is science. Creativity and flexibility are crucial ingredients to a successful prescription and should not be lost in the science.

During radiation with my energy stores replenishing, I started exercising. It was the greatest feeling. But now, as a patient, I listened to myself. I altered my workouts. I knew very well what levels I should be at and what regimen to follow, but I also knew I had to be creative and flexible to successfully return to pre-diagnosis levels. In the 2 months since radiation ended, I have slowly progressed to levels close to where I was. I am strong again just in time for surgery. My post-surgical program will be much more difficult to navigate, but with a little creativity and flexibility, I'll be able to practice what I preach.



Cardiovascular Electrophysiology Training Program

<https://med.uth.edu/epheart>

The mission of the UTHealth Cardiovascular Electrophysiology Program at McGovern Medical School is to provide the highest quality of education and training in Cardiac Rhythm Management (CRM- pacemakers/defibrillators) and Electrophysiology (3D mapping/ablations) for individuals interested in technical specialist positions in the medical device industry or hospital/physician setting.

In pursuit of this mission, the Cardiovascular Electrophysiology Training Program:

- Offers educational experiences encompassing the breadth and depth of core knowledge, skills and attributes necessary for eligibility to take the International Board of Heart Rhythm Examiners (IBHRE) examination.

- Provides training in cognitive and technical skills necessary for not only practicing in the electrophysiology profession, but also becoming leaders in the field.

<https://med.uth.edu/epheart/>

Executive Secretary Notes: Wanda Koester, MS, RCEP



A new year often brings new/fresh starts, new ideas, reinvigorated and re-imagined projects. What does that mean for us at CEPA?

Mid-February will bring a general call-out for elections. Upcoming open positions include Treasurer, Clinical Practitioner Member-at-Large and Student Representative. Would you or someone you know be interested in potentially working with our Executive Committee? Start considering it! Elections will take place in April. I will say without hesitation that we have a great group of individuals serving as our current leadership. Not familiar with who they are? Click [here](#) to view the leadership page on our website. Maybe you'd like to meet some of those individuals? Come see us in Orlando at ACSM's Annual Meeting! You'll have two opportunities to get to know us and share any feedback that you may have:

- 1) Stop by our booth in the exhibit hall. We'll send out more information closer to the meeting, but plan to drop by and see us at any point during the hall's open hours.
- 2) Attend our business meeting on Friday at noon. Again, more details will be forthcoming, but this is a nice way to hear some of the particulars of what we've been doing and meet the people behind the organization.

A new year also means more continuing education opportunities. We've recently launched our own YouTube channel! Check it out [here](#). If there are continuing education topics you'd like to see offered, email us at cepa.cont.ed@gmail.com. We are also planning another regionally-based conference in association with the Massachusetts Association of Clinical Exercise Physiologists (MACEP) to be held later this year. And our journal continues to grow! Log into your profile on the [CEPA website](#) to access the most recent edition of JCEP. The dedicated members of our publications committee work very hard behind the scenes to bring you clinical exercise physiology-related original research and reviews.

As you can see, there is a lot happening - with more to come. As always, we appreciate you, our members, and look forward to serving you throughout 2019. Please let us know if you have comments or feedback by emailing us at cepa@acsm.org.

Best,
Wanda



MGC DIAGNOSTICS®

MGC Diagnostics is a global medical technology company dedicated to cardiorespiratory health solutions. MGC Diagnostics, through its Medical Graphics Corporation and Medisoft SA subsidiaries, develops, manufactures and markets non-invasive diagnostic systems. This portfolio of products provides solutions for disease detection, integrated care, and wellness across the spectrum of cardiorespiratory healthcare. Our product quality, product performance, market reputation, and customer service are unparalleled—delivering measurable value to integrated care and wellness models across the spectrum of cardiorespiratory healthcare.

MGC Diagnostics sells its products worldwide. Whenever possible, we work directly to provide product systems to heart and lung specialists located in hospitals, university-based medical centers, medical clinics, physicians' offices, pharmaceutical companies, medical device manufacturers, and clinical research organizations. Each MGC Diagnostics client receives individual attention that's customized and comprehensive. Our simple approach has endured: Integrate the latest advances that today's technology affords, ensure accuracy through superior design, and then back up each and every product with consistently stellar support. We don't just stand by our product; we stand by our customers.

For more information about MGC Diagnostics, visit:

www.mgcdiagnostics.com

The Editor Speaks:

Mark Patterson, M.Ed., RCEP

This Editor Speaks his final words.....for now.



Hello all. Transition and change are inevitable. It's not like I have been doing this for 20 years or anything, but after 2 years as editor I have been able to say my piece and it is time to let those who want to take on the position of editor for the CEPA newsletter do so at this time.

I am leaving you in the capable hands of Andrew Smith, MS, RCEP, CCRP, CHC with the University of Northern Colorado. He keeps his hands in both the clinical and academic worlds and

should have a good perspective on how our profession works from different angles. I will work with him on this issue and more behind the scenes on the Spring issue, so he can hit the ground running after the ACSM Annual Meeting.

Back to the topic at hand. Much along the lines of my political beliefs, I do believe in term limits and to do the best you can in the time you have to serve. Do not stay so long that you let other interests influence your beliefs, values and decisions, just stick to what is best for the profession.

I started my leadership tenure in our field in 2006 on the Board of Directors for our local Rocky Mountain AACVPR affiliate. I then started my term as President of the Rocky Mountain ACSM chapter in 2008, was on the ACSM RCEP Practice Board in one form or another from 2009 to 2014, and was chair of Board of Directors for Rocky Mountain ACSM in 2016. I have been involved in one way or another with CEPA from its inception.

Twelve years is enough. Enough time that I hope I have had some impact on the direction and future of our profession and just enough time before I get too set in my ways and impede the progress that younger, highly motivated people can provide.

I am not going anywhere, yet. I am still with Kaiser Permanente Colorado, sticking by my team here in Cardiology as we go through some tough times for the organization, helping lead through our trials and tribulations to a brighter future.

Despite the changes to my specific position and now the elimination of our internal cardiac rehabilitation program, I continue to find ways to move forward.



Mission Statement

The Medical Fitness Association is a member-driven, non-profit organization. Our mission is to foster opportunities for the development and operational success of medically integrated fitness centers. Medical Fitness Association provides industry standards, educational programs, benchmarks, outcome measurements, professional development and networking opportunities for the medical fitness industry.

www.medicalfitness.org

Currently I have an E-Consult feature for Exercise Physiology up and running for Kaiser Permanente Colorado. This allows for all physicians in our region (not just the cardiologists, pulmonologists and vascular surgeons) to send questions to a Clinical Exercise Physiologist on the specific needs of the patients without having to set up testing or a face to face visit. It is emphasized in this case to not send orthopedic type questions that are better answered by physical therapy. Our electronic medical record and communications system here at Kaiser Permanente makes this an easy and convenient way to get questions answered that can save office visits and procedures in some cases. Below are the “guts” of the E-Consult:

ORDER COMMENT:

This is a request to provide advice without having a patient visit.

Please use this eConsult for straightforward questions only.

@NAME@ is a @AGE@ @SEX@.

My specific question: ***

PROCESS INSTRUCTIONS:

E-Consult Exercise Physiology: is available to help answer exercise questions regarding **non-orthopedic** conditions (those are better handled by physical therapy).

What is a Clinical Exercise Physiologist? A clinical exercise physiologist (CEP) is a healthcare professional who is trained to work with persons with chronic diseases where exercise testing and training has been shown to be of diagnostic and therapeutic benefit.

Diseases and Conditions that may be appropriate to provide consultation:

- Cardiovascular (all forms)
- Peripheral Vascular Disease (symptomatic lower extremity claudication)
- Pulmonary (COPD, asthma, emphysema)
- Metabolic (diabetes, renal disease)
- Cancer (all forms)
- Immunological / Hematological (AIDS, HIV, Chronic Fatigue, Fibromyalgia, Anemia, bleeding/clotting disorders)
- Neuromuscular (Parkinson's, Multiple Sclerosis, issues that are not more specific to physical therapy)



Exercise & Sports Science Australia (ESSA) is a peak professional organisation representing more than 7,700 members. The organisation is committed to establishing, promoting and representing the career paths of tertiary-trained accredited exercise physiologists, exercise scientists and sports scientists.

Member/Partner Learning Opportunities

ESSA has a wide range of learning opportunities various subjects. These are now available to CEPA members at the ESSA member price. \$30 Australia, about \$22 US.

Topics Include: Aged Care, Business, Cancer, Cardiovascular, Chronic Conditions, Chronic Pain, Community, Diabetes, Exercise Prescription, Female Health, Mental Health, Musculoskeletal, Occupational Rehabilitation, Pulmonary, Sports Science.

www.essa.org.au

Questions may range from very simple to more complex, examples below:

“Patient X had myocardial infarction and stent to LAD 2 weeks ago, they are on metoprolol and want to know what heart rate range is appropriate for them at this time?”

“Patient Y just finished a round of chemotherapy and was recently diagnosed with heart failure and an ejection fraction of 20%. Is exercise safe for them at this time and should they have any exercise testing prior to taking on a new exercise regimen?”

So, as you can see, I am still working on new projects and ideas, still putting myself out there to improve our programs and ultimately improve the care and experience of our patients.

I look forward to getting back to just taking care of people and seeing you at various conferences over the next few years!

“There are many ways of going forward, but only one way of standing still” - Franklin D. Roosevelt

Mark

Committee Updates

**Registry and Ethics Committee:
Dennis Kerrigan, PhD**

The new Registry of Clinical Exercise Physiologists gives our profession a platform to increase public awareness.

Recently, there has been increasing emphasis towards value-based health care models where the management of chronic conditions like diabetes, cancer, and obesity occurs further “upstream” before expenses rise and outcomes deteriorate. If you are a clinical exercise physiologist reading this, you are thinking “this is what we do”. And for the many patients we have helped over the years, with respect to reducing risk (e.g. HbA1c, BMI, etc.) or improving outcomes (e.g. cardiorespiratory fitness, muscular strength, etc.) the “proof is in the pudding”. But the unfortunate reality for so many of us is that, except for some close professional colleagues and our patients, we are the only ones who know what we do. The purpose of the new Registry of Clinical Exercise Physiologist is to change that. When you hear that a person is a registered nurse or a registered dietitian, it is automatically implied that they possess a set of skills and knowledge commensurate of the duties and role of those professions. Likewise, a registered clinical exercise physiologist should evoke the same understanding. This of course was part of the original thinking when the ACSM Registered Clinical Exercise Physiologist (RCEP) name was approved for the clinical exam geared to show the depth and breadth of our profession. Unfortunately, the RCEP exam was not as widely adopted as originally hoped, and many qualified individuals in our profession held other ACSM clinical certifications adding to the confusion of what we do.

Regardless, it is important to learn from the past, and like a good sports team, to make adjustments going forward. As a response to the decision for a single clinical certification, both ACSM and CEPA felt it was paramount to continue to recognize those individuals who took and passed the ACSM-RCEP exam and to allow them to use the letters RCEP to denote membership in the national Registry of Clinical Exercise Physiologists. This was important, first, because it was the right thing to do, but secondly because those original RCEPs are the template for how future RCEPs would be measured. For this reason it was decided that individuals looking to be in the Registry (without having taken the RCEP exam) must demonstrate a commitment to our field, through work experience and continued education (See CEP Registry requirements here: https://www.acsm-cepa.org/content.aspx?page_id=22&club_id=324409&module_id=319786).

Thus far I am very happy to report that the initial applicant pool for the Registry consisted of over thirty highly qualified individuals who were: mostly graduate trained (>80%), had an average of 12 years' experience as a CEP, and exceed the minimal requirement of 72 CECs of a three-year period. Thus the “new” RCEPs strengthen our new Registry not simply by adding to our numbers (currently at 1102 individuals), but also adding to the quality of skill and experience they each bring.

While this is an encouraging start, we have a lot of work in front of us to build a critical mass. For this to happen, CEPA and ACSM plan to co-promote the registry, but additionally we need involvement from each of you, the key stakeholders. For current RCEPs, this starts by simply continuing to use RCEP after your name. Importantly, we also need to inform our non-RCEP colleagues about the Registry and encourage those current ACSM-CEPs to apply to become an RCEP. Finally, each of us should continue to promote our profession and share how the Registry is a great place to find those most qualified individuals to deliver value-based healthcare.

Committee Updates

Continuing Education: Tim Werner, PhD (chair)

Good news! CEPA has created its own YouTube channel! CEPA-sponsored conference lectures and webinars are now available to our members. Please note these videos are for educational purposes only and are not currently used for earning CECs. Videos in this collection include experts in the field of clinical exercise physiology and are 1-5 years old beginning from our initial year of broadcasting webinars. Click on the YouTube channel link to begin viewing our education materials:
<https://www.youtube.com/channel/UCoJ7Nor2xHYfGUITao-jEIQ> JCEP authors will soon begin recording podcasts and these will be uploaded as well.

If you wish to obtain CECs from previous webinars, please follow this link from ACSM:
<https://acsm.idealit.com/>

If you have ideas for videos, please email your suggestions to cepa.cont.ed@gmail.com

CEPA Clinical Exercise Physiology Association
2 subscribers

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The Role of Physical Activity in Diabetes Prevention...	39:02	2 views	1 month ago
How the Field of Electrophysiology Relates t...	50:49	5 views	1 month ago
Peripheral Arterial Disease Clinical Update and the...	1:04:28	No views	1 month ago
Becoming a Certified Diabetes Educator; Kirsten...	15:38	4 views	1 month ago
Exercise Oncology for CEP; Justin Brown, PhD	1:11:50	2 views	1 month ago

“Ask not what CEPA can do for you but what you can do for CEPA”
Op-ed by Robert J. Confessore Ph.D. RCEP, FACSM

With respects to the late President John F. Kennedy, I’ve often thought about this very famous quote from the Inaugural address in 1961 whenever discussing membership numbers with the CEPA Executive Committee or other esteemed colleagues within our organization. In 1961 it was a call to action and designed to inspire a new American generation to think about service in a new unique way. It was a clarion call whose purpose was to create a transformation of thought. I’m more than old enough to be classified as “old school” but I can’t help but think that so many people always ask the question “what’s in it for me” before thinking about what they can contribute to an organization or their chosen profession to make it better for everybody. I’ve been a member of CEPA since 2010 and for ALL my time as a member I’ve been painfully aware that so few in CEPA actually do the work; and there has been and continues to be so much work to do. It takes a monumental amount of work to build, support, advocate, and grow a profession. Understand that all of the heavy lifting in CEPA is conducted by volunteers, with real jobs, professional, and family responsibilities.

I do not mean to be overly critical of anyone working in our profession. That is not the point of this opinion piece. I just want my clinical exercise physiology colleagues across the country to think about contributing some of their valuable time to working with us and moving our profession forward. Many hands really do make lighter work. And we NEED all hands on deck at this pivotal juncture within our profession. As former chair of CEPA’s largest standing committee [Legislative] I’m well aware of the political, financial, and logistical challenges that CEPA members continue to face. I guess I’m proposing a “metanoia”; which is defined as a profound transformation or conversion of thought in regard to our organization.

CEPA has and will continue to make progress relative to adding value to membership. The updated website, the Journal, the new national CEP Registry, and our greatly improved continuing education instruments are but recent examples. CEPA leadership is committed to ongoing value improvement. I want to urge each of my CEPA colleagues who are considering being added to the national CEP Registry to give CEPA another serious look or perhaps even a first look. And I ask my current CEPA colleagues who have not been active to consider a more active role given their other professional responsibilities. This is especially true of our student members, the future leaders of our organization. How much stronger would CEPA be if every clinically certified professional within the national Registry becomes a CEPA member? That strength, new blood, and diversity of opinion will fuel the future of the organization. We want you to be active in our organization. We need your help and support. We need it now.



What's Happening on the Website (click [here](#))

- **Discussion Forum**
- **Upcoming Events and Webinars**
- **Newsfeed**
- **Social Media**
- **Come check it out, get connected, get involved!**

Journal of Clinical Exercise Physiology

Journal of Clinical Exercise
Physiology

The Official Journal of the
Clinical Exercise Physiology Association
-and-
Exercise & Sports Science Australia

Ever Consider Publishing in the Journal of Clinical Exercise Physiology (JCEP)?

Did you know that JCEP accepts submissions for original research or reviews (general topical literature review, systematic review, meta-analysis)?

And did you know that JCEP is currently read by almost 7,000 clinical exercise professionals?

Submission topics can include, but are not limited to, exercise testing, disease management, risk assessment and prognosis, acute and chronic exercise responses, safety and efficacy, outcomes, and pathology and epidemiology of chronic diseases, physical activity, and behaviors. Lectures at meetings such as the ACSM annual meeting often make great topics that are easily transitioned to a manuscript.

At this time, you can access the journal from this site. There is also a link directly from the CEPA website. In the near future accessing the JCEP site directly.

JCEP website.: <http://www.jcep-cepa.org>

Job Posting



Tenure-Track Assistant Professor, Clinical Exercise Science and Respiratory Therapy Programs, Department of Kinesiology

POSITION: Full-time, 9-month tenure-track Assistant Professor, Department of Kinesiology, starting August, 2019.

RESPONSIBILITIES: The successful candidate will develop an independent research agenda, pursue extramural support for their research program, teach courses within our Bachelor of Science in Exercise Science, Bachelor of Science in Respiratory Therapy (distance education), Master of Science in Kinesiology, and/or Master of Science in Respiratory Care (distance education) programs, and provide service to University, the Public, and the Profession. Additionally, the faculty member will potentially mentor students within our B.S. and M.S. programs as well as the Interdisciplinary Ph.D. Program in Biology or the Ph.D. Program in Health Services Research. The College of Health and Human Services (CHHS) and the Department of Kinesiology (KNES) strongly support diversity among students and colleagues, and we are actively seeking applicants who can contribute to the University's Diversity Plan (<http://diversity.uncc.edu>).

THE DEPARTMENT: The Department of Kinesiology (<http://kinesiology.uncc.edu>) is a dynamic unit with an interdisciplinary focus. It is one of four academic units within the College of Health and Human Services. Our programs include: B.S. in Exercise Science (CAAHEP-accredited); the new M.S. in Athletic Training (CAATE-accreditation pending); M.S. in Kinesiology consisting of an Applied Physiology Concentration (research focus) and a CAAHEP-accredited clinical exercise physiology concentration; M.S. in Respiratory Care (CoARC provisional accreditation); B.S. in Respiratory Therapy (CoARC provisional accreditation); B.S. in Neurodiagnostics and Sleep Science (CAAHEP-accredited). Our unit is home to a state of the art Health Risk Assessment Program (<https://kinesiology.uncc.edu/health-risk-assessment-program>). In addition, the Department has faculty affiliated with the Interdisciplinary Ph.D. Program in Biology (<http://biology.uncc.edu/graduate-programs/phd-program>) and the Ph.D. Program in Health Services Research (<https://publichealth.uncc.edu/degrees-and-programs/graduate-programs/phd-health-services-research>).

QUALIFICATIONS: A doctoral degree (PhD, EdD, MD, DO, etc.) in a discipline related to kinesiology, respiratory care, health science, education, or other health-related field is required. The individual should have a focused agenda for independent research in their discipline, with excellent potential to obtain extramural research support. The ideal candidate's research focus will contribute to and/or expand upon the current research interests of the department. We particularly welcome submissions from candidates with interests in cardio-pulmonary disease and/or cardio-pulmonary rehabilitation, and those who could collaborate on research involving participants in our health risk assessment program and exercise physiology lab.

Clinical experience in the candidate's discipline is required. Respiratory Therapists are required to have RRT licensure. Additional desired certifications include but are not limited to CSCS, CEP/RCEP, NPS, ACCS, RPFT, and RPSGT. At least 2 years of teaching experience in an appropriate discipline is preferred, and experience with distance education instruction is desired but not required.

SALARY: Salary will be competitive and commensurate with experience.

THE UNIVERSITY: UNC Charlotte is North Carolina's urban research university (www.uncc.edu). The 1,000-acre campus serves a diverse and growing student body of over 29,000, including 5,400 graduate students enrolled in a variety of masters and doctoral programs. Located in the largest metropolitan area between Washington DC, and Atlanta, UNC Charlotte is a Carnegie Foundation Community Engagement campus. The University comprises seven academic colleges: Arts + Architecture, Belk College of Business, Computing and Informatics, Education, Health and Human Services, Liberal Arts & Sciences, and William States Lee College of Engineering. The University offers 90 bachelor's degree programs, 76 master's degree programs, and 22 doctoral programs. UNC Charlotte's faculty includes over 1,000 full-time members, with nearly 90% holding the highest degree in their fields. In 2009, *U.S. News and World Report* ranked UNC Charlotte among its top 10 "Up-and-Coming Schools" among National Universities.

LOCATION: Charlotte is a dynamic, diverse region of 2.3 million people with a strong, diversified economic base that supports outstanding cultural and recreational amenities, major health facilities, and a major international airport. One of the most visited regions in the state, Charlotte is also Charlotte a major banking center, and boasts the nation's 3rd largest healthcare system. Charlotte is the nation's 17th largest city, and the 13-county metropolitan area population approximates 1.5 million. The region offers a multicultural population, an array of artistic offerings, a wealth of public health and healthcare resources, thriving professional sports franchises, and the benefits of both the mountains and the ocean in an excellent all year-long climate.

APPLICATION: Only electronic submissions will be accepted. Screening of applications will begin March 1, 2019 and will continue until the position is filled. Please apply online at <https://jobs.uncc.edu> (search for **position # 004749**) and attach the following required documents to your electronic submission: 1) application letter that summarizes how you meet the requirements listed in the posting; 2) research statement that describes how you may incorporate a commitment to diversity in your work; 3) teaching statement that communicates your experience and approach to teaching (i.e., your teaching philosophy), including (a) your commitment to quality/innovations in teaching and (b) how you will incorporate a commitment to diversity; 4) current curriculum vitae; and 5) contact information for at least three references. To inquire confidentially about this position, please contact: Joseph Marino, Search Committee Chair, at (704) 687-0863 or joseph.marino@uncc.edu.

As an EOE/AA employer and an ADVANCE Institution that strives to create an academic climate in which the dignity of all individuals is respected and maintained, the University of North Carolina at Charlotte encourages applications from all underrepresented groups. The candidate chosen for this position will be required to provide an official transcript of their highest earned degree. The candidate chosen for this position will be subject to a criminal background check.

Executive Committee Members 2018-2019

Executive committee members are selected during a membership election each Spring.

President

Shel Levine, MS, ACSM-CEP; Eastern Michigan University, MI

President-Elect

Brad Roy, PhD, ACSM-CEP, FACSM; Kalispell Regional Medical Center, MT

Immediate Past-President

Dennis Kerrigan, PhD, ACSM-CEP, FACSM; Henry Ford Hospital, MI

Secretary

Laura Newsome, PhD, ACSM-CEP; Radford University, VA

Treasurer

Scott Eberhardt, MS, ACSM-CEP; InnovAge Clinical Exercise Services, CO

Member-At-Large

Yuri Feito, PhD, RCEP, FACSM; Kennesaw State University, GA

Diane Perry, MS, ACSM-CEP; University of Michigan Health System, MI

Clinical Practitioner Member-At-Large

Laura Richardson, PhD, RCEP; University of Akron, OH

Student Representative

Emily Miele, MS, RCEP; Springfield College, MA

Ex-officio Representatives

ACSM Liaison: Open

ACSM CCRB: Meir Magal, PhD, ACSM-CEP, FACSM; North Carolina Wesleyan College,
NC

AACVPR Liaison: Open

Executive Secretary (appointed)

Wanda Koester, MS, RCEP; IU Health Bloomington Hospital, IN