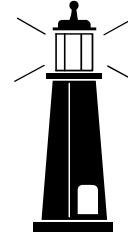


# The Sentinel



*The Newsletter for the Association of North Carolina Cancer Registrars*

Winter 2014

## **Message from the President: Ann Murphy, CTR**

Hello everyone,

I hope all of you had a Merry Christmas and a Happy New Year. I also hope all of you are surviving this cold winter blast. The annual NCDB Call for Data submissions has arrived. January 2014 will be the first time cases diagnosed in 2012 are to be submitted to the NCDB. Don't forget the corrections are due by April 1, 2014.

The CoC is updating the Cancer Program Practice Profile Reports (CP3R) to version 3. This includes a new look with three additional breast measures. Updates and changes never end!

Nashville Tennessee is the site for the NCRA's annual educational meeting. The three day program will be filled with opportunities for education and information. This will be held May 15-18, 2014 at the Gaylord Opryland Resort & Convention Center. There will be over 45 plenary and breakout sessions. Plus, there are expected to be up to 20 CEs. This will also be the NCRA's 40<sup>th</sup> anniversary. What a place to celebrate an anniversary!

Our host hospital, CarolinaEast Medical Center, has already begun planning the Fall ANCCR meeting and is scheduled to be held September 24-26, 2014 in New Bern at the DoubleTree by Hilton New Bern-Riverfront.

Feel free to contact me with any questions or concerns. My email is [amurphy@carolinaeasthealth.com](mailto:amurphy@carolinaeasthealth.com) and my phone number is 252-633-8790.

I hope to see you all at the Fall meeting in New Bern!

Take Care,  
Ann Murphy, CTR  
President, ANCCR

## ANCCR's Executive Board 2013-2014

<p><b>President:</b> Ann Murphy, CMA, CTR <a href="mailto:amurphy@carolinaeasthealth.com">amurphy@carolinaeasthealth.com</a></p> <p><b>Immediate Past President:</b> Tara Lewis, CTR <a href="mailto:Tara.lewis@msj.org">Tara.lewis@msj.org</a></p> <p><b>Vice President:</b> Kisha Raynor, CTR <a href="mailto:kisha.raynor@carolinashealthcare.org">kisha.raynor@carolinashealthcare.org</a></p> <p><b>Secretary:</b> Carol Burke, CTR <a href="mailto:Carol.burke@pardeehospital.org">Carol.burke@pardeehospital.org</a></p> <p><b>Treasurer:</b> Leta Vess, CTR <a href="mailto:lvess@firsthealth.org">lvess@firsthealth.org</a></p> <p><b>Ways &amp; Means:</b> Deirdra Greene <a href="mailto:dgreene@hprhs.com">dgreene@hprhs.com</a></p> <p><b>Grants &amp; Vendors:</b> Paige Tedder, CTR <a href="mailto:Paige.tedder@carolinashealthcare.org">Paige.tedder@carolinashealthcare.org</a> Kathleen Foote, CTR <a href="mailto:Kathleen.foote@rexhealth.com">Kathleen.foote@rexhealth.com</a></p> <p><b>Program Coordinator:</b> Deborah Carrethers, CTR <a href="mailto:dgcarrethers@novanthealth.org">dgcarrethers@novanthealth.org</a></p> <p><b>Bylaws:</b> Adaline Brown, RHIT, CCS, CTR <a href="mailto:abrown@certicode.com">abrown@certicode.com</a></p>	<p><b>Membership:</b> Vickie Gill, RHIA, CTR <a href="mailto:vagill@novanthealth.org">vagill@novanthealth.org</a></p> <p><b>Education:</b> Jenean Burris, RHIT, CTR <a href="mailto:jburris@wakehealth.edu">jburris@wakehealth.edu</a></p> <p><b>Educational Scholarship:</b> Inez Inman, BS, RHIT, CTR <a href="mailto:iinman@wakehealth.edu">iinman@wakehealth.edu</a></p> <p><b>Historian:</b> Joanne Essick, CTR <a href="mailto:essijoan@armc.com">essijoan@armc.com</a></p> <p><b>Nominating:</b> Blanche Sellars, CTR <a href="mailto:annie.sellars@rexhealth.com">annie.sellars@rexhealth.com</a></p> <p><b>Publications:</b> Inez Inman, BS, RHIT, CTR <a href="mailto:iinman@wakehealth.edu">iinman@wakehealth.edu</a></p> <p><b>Web Site Coordinator &amp; A4C Liaison:</b> Cathy Rimmer, BA, MDiv, CTR <a href="mailto:cgrimmer@novanthealth.org">cgrimmer@novanthealth.org</a></p> <p><b>NCRA Liaison:</b> Melanie Rogan, CTR <a href="mailto:melanie@ers-can.com">melanie@ers-can.com</a></p> <p><b>Central Cancer Registry Liaison:</b> Melissa Pearson, CTR <a href="mailto:Melissa.pearson@dhhs.nc.gov">Melissa.pearson@dhhs.nc.gov</a></p>
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Calling for All Ideas....

The Ways & Means would like to hear your ideas for raising funds at this year's 2014 meeting in New Bern, NC. I know a lot of you have great suggestions so now is the time to share them. Tell me some of the things that were successful in your fundraisers. Send me an email at [dgreene@hprhs.com](mailto:dgreene@hprhs.com). Who knows... your idea may be used and your name put in lights at our fall meeting. Looking forward to hearing from you!!!

Thanks,  
Deirdra Greene

**ANCCR TREASURER REPORT**  
**1/1/2013 through 12/31/2013**

**INCOME**

Bank Interest	86.27
Dividend Earned	188.74
Exhibitor Fee	3,640.00
Fall meeting registration	10,540.00
Interest Income	0.22
Membership Dues	3,275.00
Ways and Means Income	698.50
<b>TOTAL INCOME</b>	<b>18,428.73</b>

**EXPENSES**

Bank Charge	0.58
NCRA Conference Fee	1,972.55
Webinar	4,095.00
Cancer Survivorship Summit	250.00
NCRA Education Foundation	100.00
Secu Foundation	12.00
Fall Meeting Costs:	
Awards	684.13
CE Hours	75.00
Entertainment	250.00
Hotel Occupancy and Meals	4,433.16
Mileage	736.80
Supplies	736.63
Printing and Postage	7.36
Fed Tax	7.03
<b>TOTAL EXPENSES</b>	<b>13,360.24</b>

**OVERALL TOTAL** 5,068.40

**NET WORTH-as of 12/31/2013**

**ASSETS**

Cash and Bank Accounts:	
ANCCR Checking	15,399.76
Money Market	30,566.74
Shares Account	59.92
<b>TOTAL ASSETS</b>	<b>46,026.42</b>

Leta Vess  
ANCCR Treasurer

## WEB SITE AND A4C REPORT

### Web Site:

The NAACCR webinars are being posted on the ANCCR member only web site.

I will be going through the newest membership roster to update the email distribution list and member only access.

### A4C:

The Early Detection Committee is having 2 calls per month to work on the state cancer plan. The deadline for the report is May 2014.

The next in-person meeting will be May 2, 2014.

The Survivorship Summit is April 24-25, 2014 in Greensboro. There is no charge to exhibit.

Cathy Rimmer

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## EDUCATION REPORT

The Spring Semester just began at Davidson County Community College on 1/13/14. This is the semester when students that will graduate in May begin their clinical rotations. They usually get started in February or March. There are 2 or 3 that will be looking for a clinical site to complete their required hours this Spring. One of the most important things that come from a student's clinical rotation is the experience they get to have with the software! Everything really comes together when they see how the information gathered in the medical record is put into the software. As an instructor I wish there were an easy way to give them experience with the different types of software before they begin their clinical rotation. Any ideas or solutions would be appreciated!

### Change in CTR Exam Windows:

There are now 3 times during the calendar year that the CTR exam is being given. The new summer dates are fantastic for the May graduates!

#### 2014 CTR Exam Dates:

- **March 8 – March 29**
- **June 21 – July 2**
- **October 18 – November 8**

### SEER\*Educate Web Site:

The new SEER\*Educate website is a FANTASTIC tool for people studying for the CTR exam, or those who just need a refresher in all things Cancer Registry.

Jenean Montgomery Burris

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## MEMBERSHIP

There are 119 ANCCR members as of January 14, 2014!

Vickie Gill



### Staffing Changes

There have been quite a few staffing changes over the past few months which were primarily due to grant funding changes.

Grant Funded Position Changes: Funding through a 5-year UNC grant has been reduced which eliminated 3 grant funded positions at the end of 2013. The 3-year CER grant also ended in September. We would like to thank each of the following for their years of service and invaluable contributions to the NC CCR.

UNC: Luis Carrasco, Jordan Bostic and Sandra Morgan  
CER: Mimi Sheerin, Shelly Duffy, Emily Urban, Cheryl Schilens, Ted Langewisch, Pete Mottershead and Sam Morgan

The good news is that Sandra Morgan, Shelly Duffy and Emily Urban have continued in the cancer registry with area hospitals so we will still have the opportunity to see them around! Pete Mottershead joined the CCR as a full-time DBA.

Field Services Changes: Leann Ticknor has taken a position in the cancer registry at the Asheville VAMC. Sharon Jackson has joined the CCR as a Field Services Representative and will be working out of the Raleigh office. Carol Ayers has been promoted from Death Clearance Coordinator to Field Services representative. She will be working out of the Asheville office.

Statistical Staff Changes: Soundarya Radhakrishnan has been promoted to Statistical Supervisor.

### 2015 NAACCR Annual Conference

The NC CCR will be hosting the 2015 NAACCR Annual Conference in Charlotte, NC. The conference is scheduled for the week of June 13, 2015. This would be an excellent opportunity to attend a national meeting close to home – even if only for one day. While this meeting is geared towards central registries, some of the presentations given at NCRA are also given at NAACCR – especially those related to data changes. Plus, it is an excellent opportunity for professional growth to have a glimpse of the issues related to cancer surveillance at the next level. Details of the agenda will not be available until Spring 2015.



### 2013 NAACCR and NPCR Submission

The annual data submission to NPCR and NAACCR was sent at the end of November. All of these records went through a de-duplication process so that each diagnosis of cancer was only reported once and all edit errors were corrected. Below is a summary of the number of records submitted:

- NAACCR: 742,105 records for 1995-2011
- NPCR: 791,143 records for 1995-2012
- CER: 54,301 records for 2011

## The NC CCR is



The next few years will bring many changes for central cancer registries, in particular, how cases from non-CoC reporting facilities and physician offices are reported. These changes affect ALL Central Cancer Registries, not just the NC CCR. In order to accomplish these goals, the NC CCR began an extensive evaluation of its procedures. The first area of improvement identified was related to the reporting frequency.

### The following changes went into effect on 1/1/2014:

- Facilities that accession 500 or more cases each year are required to upload at least monthly.
  - Other facilities can upload more frequently than quarterly if they desire.
  - All facilities, regardless of upload schedule, must still meet the quarterly call for data requirements. Requests for Extension are still based on the quarterly Call for Data requirement.
- All files submitted to the NC CCR must be edit error free.

We have had a positive response and tremendous support for these changes and began seeing improvements right away after the announcement was made at the ANCCR Fall meeting. For the January submission, only a handful of files had edit errors and these contained very few edits. The QC staff worked with these facilities to resolve any issues. There has also been a noticeable improvement in the number of CS related edit errors which can be very difficult for CCR staff to resolve without the source document.

### Clarification regarding the Request for Extension process:

The extension is designed to allow facilities up to 30 days to report the cases for the specified quarter. For example, there may be software problems, edit problems, or a minor delay in completing the quarter's abstracting. A description of the problem and a date (within 30 days) that the cases will be submitted must be provided for the request to be accepted. Any issues that would extend beyond 30 days should be discussed with your CCR representative for alternative solutions.

### Reminder - Additional Requirements for CCR's that participated in the CER Project:

Earlier this year, the NC CCR was notified that it has been designated a *Specialty Registry* by NPCR through its participation in the CER Project. The NC CCR is required to continue the collection of seven data items from the CER Data Set for cases diagnosed 1/1/2011 and beyond. Information for these data items must be collected (when available in the medical record) for all sites (C00.0–C80.9). You may hear these referred to as the "Forever Seven" data items. These 7 data items cannot be left blank for required cases and any blanks will generate an edit. When clearing edits for submission, you should default any blanks to the appropriate value for unknown (9's). Now that the updated edit metafile has been distributed and facilities are now abstracting with that metafile in place, any blanks should be caught at the time of abstracting. A quick reference for coding these 7 data items has been provided below.



*We are always striving to increase case completeness and maintain high quality! We cannot meet these goals without your help. We greatly appreciate all of these efforts in meeting the reporting requirements – whether it is better text or better casefinding. We have just begun this extensive evaluation of our processes to meet the changes in our requirements. The submission of files (frequency and edits) was the first area identified as an improvement area. If you have any questions about your facility's reporting requirements, please contact your CCR representative. Thank you!*

## NC CCR Forever Seven Data Items - Quick Coding Reference:

### General Instructions:

- Required for all cases diagnosed 1/1/2011 and beyond and for all sites (C00.0–C80.9).
- Information for these data items must be collected (when available in the medical record).
- For all required cases, “blanks” are not permitted.
- Use the information listed at the time of diagnosis. If not available, use the information recorded on the date closest to the date of diagnosis and before treatment was started.
- Exhaust all medical record documentation before coding unknown. The CDC will be using the volume of cases coded to unknown to help determine the availability of this information in the record.

### Height

- Recorded in inches (note that 1 foot=12 inches)
- Entered as a 2 digit number
- Code “98” for 98 inches or greater
- Code “99” for unknown height
- Round inch value to the nearest whole number (e.g., record 62.5 inches as 63)
- Centimeters to inches conversion help: [http://manuelweb.com/in\\_cm.htm](http://manuelweb.com/in_cm.htm)

### Weight

- Recorded in pounds (note that 1 kg = 2.2 pounds)
- Entered as a 3 digit number
- Code “999” for unknown weight
- Round pounds value the nearest whole number (e.g., record 155.5 pounds as 156)
- Record weights of less than 100 lbs with a leading 0 (e.g., record 97 pounds as 097)
- Kg to Pounds conversion help: [http://manuelweb.com/kg\\_lbs.htm](http://manuelweb.com/kg_lbs.htm)

### Tobacco Use

The collection of Tobacco Use is divided into 4 separate data items - 3 for specific types of tobacco products and 1 for when tobacco use is indicated, but type is not specified.

- Cigarette smoking
- Smoking tobacco products other than cigarettes (e.g., pipes, cigars, kreteks)
- Smokeless tobacco products (e.g, chewing tobacco, snuff, etc.)
- Tobacco, NOS

#### Codes

- 0 Never used (includes when record only states “None”)
- 1 Current user (as of date of diagnosis)
- 2 Former user, quit within one year of the date of diagnosis
- 3 Former user, quit more than one year prior to the date of diagnosis
- 4 Former user, unknown when quit
- 9 Unknown/not stated/no smoking specifics provided (includes when record only states “No”)

### Source Comorbidity

Record the source from which the data items related to comorbidities/complications were collected. For most hospitals, code 0 and 1 will be the most often used codes.

#### Codes

- 0 No comorbid / complication identified/Not Applicable (Comorbid/Complication #1 is all 0's)
- 1 Collected from facility face sheet (Comorbid/Complication #1 is NOT all 0's)
- 2 Linkage to facility/hospital discharge data set
- 3 Linkage to Medicare/Medicaid data set
- 4 Linkage with another claims data set
- 5 Combination of two or more sources above
- 9 Other source

There is no code for “unknown”. The edits check this value against the comorbidities/complications data items. The correct code will depend on whether or not comorbidities and/or complications have been recorded. Basic logic for defaulting any blanks for Source Comorbidity for submission is: If SourceComorbidity is blank AND Comorbid/Complication1 is blank or all 0's, then Set SourceComorbidity = 0. Else Set SourceComorbidity = 1.



**Do you report cases for a physician's office?  
Do you work with physicians affiliated with your facility?  
If so, you may want to read this!**

More than likely, you answered yes to one or both of these questions! And, more than likely, you will eventually get a question from a physician related to the CCR's reporting requirements. The CCR wants to make sure cancer registrars are aware of the changes in the reporting requirements for physician offices.

One resource the CCR will be using to receive cases electronically from a physician office is the Meaningful Use Phase 2 (MU) incentive program. One component of the MU program encompasses an incentive program for the electronic reporting of cancer cases. This incentive program is available to all eligible physicians that meet the criteria and participate in the program. The CCR wants to make sure all physicians, *regardless of their current reporting arrangement*, are aware of their potential to be eligible to receive these incentives. Therefore, a packet was mailed to all NC physician practices. If a practice has an agreement with a hospital registry to report their cases that is perfectly ok. However, even if a hospital registry is reporting cases for the practice, the practice may still be eligible to receive the incentives from the MU program if they meet the criteria outlined in the information package and opt to participate in the program. This packet provided physicians the introductory information to get them started on how to become eligible to receive the incentives.

Here are a few key points about electronic reporting for physician offices:

- Certain physician specialties will be required to report and to report electronically.
- There are a few different ways to meet the electronic reporting requirement such as doing their own abstracting and reporting, having an agreement with a hospital registry to do their reporting, participating in the MU incentive program, etc.
- Does the practice have to participate in the MU cancer reporting incentive component? No. Participation is optional. This is only one option for meeting the electronic reporting requirement and physician practices do not have to participate if they do not want to or cannot meet the criteria for eligibility. However, they will still have to determine another way to meet the electronic reporting requirement of cancer cases to the NC CCR.
  - The CCR encourages physician practices to continue their agreements with hospital registries to report their cases.
  - Physician practices that have an agreement with a hospital registry to do their reporting may also take advantage of the MU incentives by meeting the criteria and agreeing to participate in the program.

By 2017, ALL Central Cancer Registries will be required to have:

- All hospitals (100%) reporting electronically. All CoC hospitals already report electronically but this requirement now includes non-CoC hospitals. Field Services will no longer abstract cases for incidence only hospitals.
- GI, medical oncology and radiation oncology practices reporting in addition to the dermatology and urology practices that began reporting several years ago.
- 75% of urologists, dermatologists, and gastroenterologists reporting.
- 70% of medical oncologists, radiation oncologists, and hematologists reporting.
- 80% of these non-hospital facilities that are reporting must be reporting electronically.

The MU website and portal is up and running. The website contains information related to MU electronic cancer reporting to the NC CCR. The Portal allows eligible providers to register their intent to report electronically.

Website:

[http://www.schs.state.nc.us/units/ccr/meaningful\\_use.htm](http://www.schs.state.nc.us/units/ccr/meaningful_use.htm)

Portal: <https://ncdphmeaningfuluse.org/>

For more information on the MU project contact Sumana Nagaraj at: [Sumana.nagaraj@dhhs.nc.gov](mailto:Sumana.nagaraj@dhhs.nc.gov) or 919-715-9728.



# START PREPARING NOW!

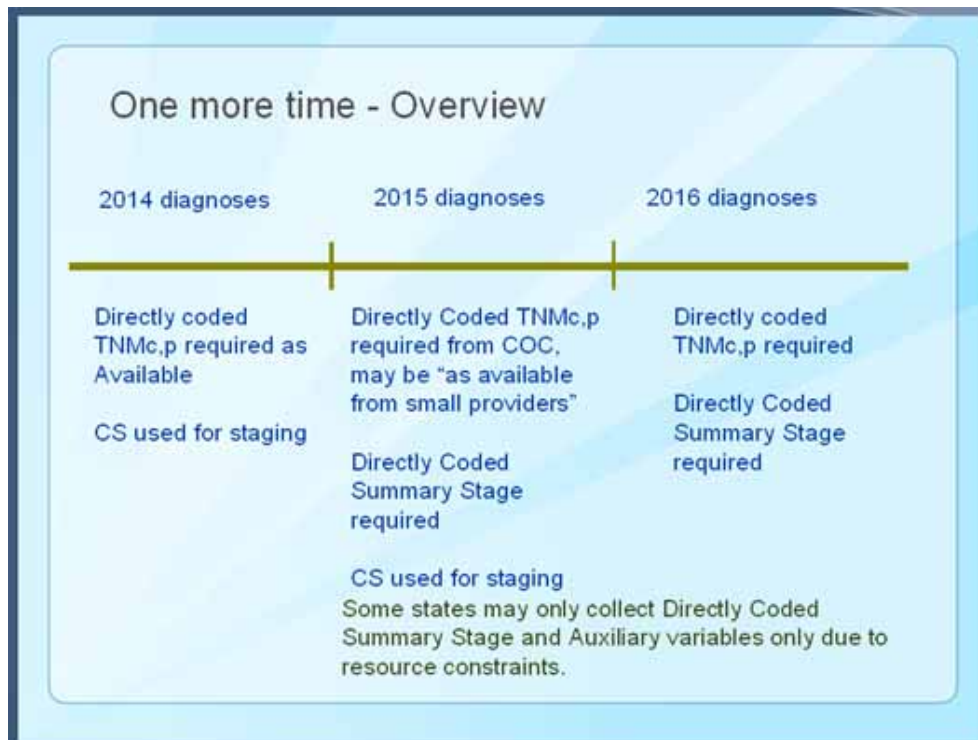
for the  
Transition to directly coded AJCC and Summary Stage

Note: This information summarizes the requirements that have been provided by NPCR for *central cancer registries*. CoC requirements may differ.

The transition from Collaborative Stage to the directly coded AJCC TNM and Summary Stage will begin with cases diagnosed 1/1/2014. Abstracting of 2014 cases is not very far away! The slide below provides an overview of the transition requirements over the next 3 years. And, don't forget, the AJCC 8<sup>th</sup> edition is scheduled to take effect in 2017!

### *What you can do now to start preparing:*

- Make sure all CS data is as clean and error free as possible. For example, run reports to make sure that all cases are up-to-date with the latest CS derived values and there are no obsolete codes, etc. CS information will remain in the database, but the details of exactly how it will be maintained are still being decided.
- Use your current abstracting efforts as an opportunity to brush up on your staging skills. Review the AJCC chapter for the site being abstracted and practice assigning the stage.
- Dig out your Summary Stage 2000 manual (or download it from the SEER website <http://seer.cancer.gov/tools/ssm/>). As with AJCC, start reviewing the chapter for the site being abstracted to become familiar with its contents. Compare the derived SS2000 to your directly coded SS2000.
- Watch for training opportunities. The CoC, NPCR, SEER and even the NC CCR will be offering various training opportunities over the next year or so. Experience has shown that those who have even a basic level of knowledge of a manual's contents typically get more out of training sessions!



## **Lu Woods Award for 2014**

Submitted by Joanne Essick, ANCCR Historian

Nominations are being accepted for the Lu Woods Award established and named in honor of the founder of TRANC. Winners demonstrate dedication, educational leadership, extraordinary enthusiasm, tireless commitment, professional achievement or outstanding and attentive faithful service that benefits the Association of North Carolina Cancer Registrars (ANCCR) and the tumor registry profession.

The nomination form is at the following link: <http://ncregistrars.com/content/luna-m-woods-award>

### Requirements for Nomination:

- Nominator must be an ANCCR member in good standing (defined as being a member for at least one calendar year.)
- Nominee need not be a member of ANCCR.
- Nomination form should give as many details as possible why the nominee deserves this award.
- Nomination should be sent to the ANCCR Historian at least two (2) months before the annual meeting. Deadline: July 24, 2014.

Please think about making a nomination. The award will be presented at the ANCCR annual meeting in September.

Nominations should be emailed to Joanne Essick, [jessick@armc.com](mailto:jessick@armc.com).

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## **HOSPITAL PROFILE: Kisha Raynor, Levine Cancer Institute**

Levine Cancer Institute was formed in 2010 by Carolinas Healthcare System and is composed of a network of 12 locations across the Carolinas. Our registry is an Integrated Network Cancer Program and we currently have 14 abstractors with an analytic caseload of over 6600 cases.

LCI ACOS survey was in August 2013. We received full accreditation and the Outstanding Achievement Award. For a perfect score with 8 out of 8 commendations, LCI earned COC's Gold Star Award. Nationwide LCI is one of three of the largest networks in the COC. We are the only recipient in this category that has received this level of accreditation.

LCI Network facilities are Carolinas Medical Main, Mercy, Pineville, University, Union, Northeast, and Cleveland Regional Medical Center. This institute is also accredited by National Accreditation Program of Breast Centers.

I was introduced to the Cancer Registry in 2000 training with ANCCR present President Ann Murphy for four years. I received my CTR certification in March of 2003. I relocated to Charlotte and joined the Cancer Registry Team at Carolinas Medical Center Main in 2004. I have one daughter Kanasha and Prince, our dog. I like spending my free time with my family and friends.

## Registration for the NCRA 2014 Annual Educational Conference



NCRA's 40th Annual Educational Conference (NCRA 2014) will be held May 15-18, 2014, at the Gaylord Opryland Resort & Convention Center in Nashville. Several sessions will focus on the transition from Collaborative Stage to TNM Coding and Summary Stage that is set to take place January 2016. The results and next steps of the AJCC-NCRA Educational Needs Assessment will also be presented. Expect up to 20 CEs. Early-bird Cut-off Date is March 31, 2014.

Information on registration, hotel accommodations, pre-conference workshops, and scholarships can be found at [www.ncra-usa.org/conference](http://www.ncra-usa.org/conference).



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### News – Facts – Articles – Updates

Send information to: *The Sentinel* Editor

Inez Inman, Cancer Registry, WF Baptist Medical Center  
iinman@wakehealth.edu 336-713-6828

Deadline for the next issue of *The Sentinel* is April 15, 2014.



The Affordable Care Act includes a requirement that all 501(c)(3) hospitals conduct a community health needs assessment every three years and adopt an implementation strategy to meet the community health needs identified through the assessment. Facilities preparing for CoC survey must review the needs of the community to meet standards 4.1 and 4.2 Prevention and Screening Programs. Standard 3.1 Patient Navigation Process also must review community needs assessment.

## **ANCCR EDUCATIONAL SCHOLARSHIP AVAILABLE**

2014 Topic:

“How Has the Cancer Registry Profession Evolved and What Does the Future Hold”

ANCCR has designated funding for an educational scholarship for an ANCCR member to attend the ANCCR annual educational meeting in September 2014 in New Bern.

The purpose of the scholarship is to provide financial assistance to a member who may not otherwise have the opportunity to attend ANCCR's annual meeting. The scholarship covers the full conference registration fee, mileage and hotel for three nights at the conference hotel. ANCCR members wishing to apply for the scholarship must complete an application and submit at least a 500 word essay on the 2014 topic.

Please send the essay with your application (see below) to:

Inez Inman, Cancer Registry

Wake Forest Baptist Medical Center, Medical Center Blvd., Winston-Salem, NC 27157.

Deadline is Friday, August 1, 2014. The winning essay may be reprinted in The Sentinel following the ANCCR annual educational meeting.

### **APPLICATION**

Your name: \_\_\_\_\_

Your title/department: \_\_\_\_\_

Facility's name: \_\_\_\_\_

Facility's address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### **STATEMENT:**

I sign this statement in good faith that I would not be able to attend the ANCCR annual educational meeting in New Bern without this funding.

Signature: \_\_\_\_\_

Your manager, supervisor, director's printed name: \_\_\_\_\_

Manager, supervisor, director's signature: \_\_\_\_\_