WONDER as well as totally new information systerns (and acronyms). Qualifications include an MD or a PhD in epidemiology or biostatistics, at least two years of work experience, experience with analysis of large data sets and a knack for acronym development. Because this is a nontraditional position, interested applicants are encouraged to discuss it in more detail with Andrew Friede, MD, MPH, Chief, Scientific Systems Section, Information Systems Branch, (Mailstop E-19), Information Management Resources Office, Centers for Disease Control, Atlanta, GA 30333.

Definition of SHEA Membership Classes

Two classes of membership exist in SHEA: active membership and associate membership. Associate members do not vote except on such matters that, pursuant to law, require the vote of all classes of membership. Associate membership applicants must hold a doctoral degree and be participating in an appropriate training program in the field of hospital epidemiology.

Applicants for active membership must hold a doctoral degree and should either be the head of a hospital epidemiology program or engaged on a full-time basis as a hospital epidemiologist, or employed by a federal, state or local governmental health agency that has a direct interest in hospital epidemiology. Applicants holding a doctoral degree but not meeting either of the above qualifications may be considered for membership, providing they work in the field of hospital epidemiology.

All applications for membership shall be initiated in writing by the candidate for membership and once reviewed by the SHEA secretary, shall be submitted for consideration to the board of trustees. The majority of the vote of the board of trustees is required for acceptance of all applicants.

Items of interest for the SHEA Newsletter should be sent to Robert A. Weinstein, MD, SHEA Newsletter Editor, Division of Infectious Diseases, Michael Reese Hospital, Lake Shore Drive at 31st St., Chicago. IL 60616. Copy must be typed, double-spaced and may not exceed five pages.

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Membership Application Inquiry:

Mail to: Secretary
Society of Hospital
Epidemiologists of America
% Slack, Incorporated
6900 Grove Road
Thorofare, NJ 08086

NAME: _____
CURRENT POSITION: _____
ADDRESS: _____

_____ ZIP _____

Doctoral Degree ___ MD ___ PhD
Date and University:

Specify work in hospital epidemiology and related fields:

Dates in this position:

Related work in the field:

(✓) Check type of membership application:

___ Active Membership
(Calendar year dues $75)

___ Associate Membership
(for individuals currently in training)
(Calendar year dues $35)

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