

## Looking Forward to the New Year with ICEP



**Willard W. Sharp, MD,  
PhD, FACEP, FAAEM**  
2024-2025

This time of year, is one of the busiest as we try and complete unfinished tasks before the holidays, shop for gifts, and plan for the coming year. However, no matter how busy you are I hope you are finding time to be with family and friends. It is also a time of the year to reflect on the year's struggles and strife and to give thanks for whatever successes we have achieved no matter how great or small. To be honest, life can be hard and dark at times and each of us may be going through challenges that we alone are aware of, that no one is aware. I think we all need to try and be cognizant of the seen and unseen needs of those around us and to pause and simply express our gratitude to those around us. It is in that spirit that I would like to express my extreme gratitude for each of you and your dedication to the field of emergency medicine.

First, I would like to give thanks to the ICEP Board of Directors Executive Committee: Dr. Amit Arwindekar, Dr. Kasia Gore, and Dr. Kristen Donaldson who have worked tirelessly behind the scenes in collaboration with the ICEP professional staff, to ensure strategic alignment of goals and our mission. Next, I must thank the rest of the ICEP Board of Directors who provide tireless hours of service and advocacy including Dr. Halleh Akbarnia, Dr. Nicho-

las Cozzi, Dr. Adnan Hussain, Dr. Joshua Miksanek, Dr. Joseph Palter, Dr. Monika Pitzele, Dr. Gregory Podolej, and Dr. Robert Tennill.

Their efforts however would be meaningless without the tireless work of our many Committee Chairs and members. The Education Committee chaired by Dr. Janet Lin, the Awards & Nominating Committee by Dr. Jason Kegg, the EMS Committee by Dr. Ken Pearlman and Dr. David Hassard (and now Dr. Matt Jordan), the Finance Committee by Dr. Kristen Donaldson, the ITLS Illinois Chapter Advisory Committee by Dr. Art Proust, the Membership Committee by Dr. Kasia Gore, the Patient and Physician Advocacy Committee by Dr. Elisabeth Giblin and Dr. Amit Arwindekar, the Practice Management Committee chaired by Dr. Adnan Hussain, the Research Committee chaired by Dr. Shu Chan, and the Social Emergency Medicine Committee chaired by Dr. Devon Buddan. Lastly, we are grateful for the unwavering commitment and exceptional dedication of the ICEP professional staff (Bailey, Brittney, Brooke, Colleen, Jennifer, Mary, Monika, Sue, and Tammy).

Our association has greatly benefited from the leadership of Dr. Deborah Weber who has led ICEP's Oral Board Course for so many years in the face of ever-changing ABEM standards and content structure. She has been hard at work with the Education Committee on developing a new format of our course that will be required given ABMS changes to the certification exam starting in 2026. More to come on this in the coming year.

As a closing note, I do want to note some of the activities we have been working on and some of our achievements over this past year.

1. ICEP launched a brand new 3-year strategic plan alongside with a new mission: To support, develop, and amplify the voice of emergency physicians to promote excellence in emergency care with a new vision, and goals.
2. Modified Governor's Office language for new Illinois State EMTALA law. Specifically, the language as written could have been interpreted as requiring EM physicians to perform abortions in order to medially stabilize patients suffering from obstetric emergencies. Through our advocacy consultant Mercury-Illinois, we were able to remove this language.
3. Drafted objectives for each committee as a metric for success. For the first time, each committee has objectives they are responsible for completing this year which will help us better develop metrics of our success to move forward our goals and working to achieve our mission.
4. We welcome new EMS Committee Chair Dr. Matt Jordan along with Dr. Scott French serving in a liaison role to the Patient and Physician Advocacy Committee. We are extremely grateful for Dr. Ken Pearlman and Dr. David Hassard who have led our EMS Committee tirelessly over many years. Matt has graciously agreed to lead the committee going forward as we try to help

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EMS advocacy and events important for the care of our patients and specialty.

5. We welcome New Social EM Committee Chair Devon Buddan. Our Social EM Committee Chair is looking to reinvigorate the committee and will be planning some events in the coming year. We thank Dr. Vinoo Dissanayake for her leadership of this committee and look forward to her mentorship moving forward. Be on the lookout for announcements coming in the new year.
6. EM Residency Visits: Dr. Kasia Gore and Dr. Adnan Hussain visited the University of Chicago EM Residency to speak to the residents on the importance of caring for each other and our patients not only while on shift but outside of our shifts by professional membership in ACEP and ICEP. If this is something you or your residents might be interested in, please contact the ICEP office at [info@icep.org](mailto:info@icep.org) or visit the ACEP website. Both ACEP and ICEP are excited to help coordinate a visit.
7. Plans to rotate Practice Management Committee meetings at sites around

the state. Dr. Adnan Hussain, Committee Chair and Board Member is planning for committee meetings to be held different hospitals and institutions around the state. Be on the lookout for upcoming events in the coming year.

8. Honored the memory of fellow ICEP member Dr. Jeff Shafer with an ACEP Council Memorial Resolution. Dr. Jeff Shafer, downstate EM physician and EMS director was honored by ICEP at the 2024 ACEP Council meeting following his untimely death in September of this year.
9. Engaged Illinois state leaders during this year's election cycle. Illinois emergency physicians were well represented this year at statewide events. With your support, the Emergency Medicine Political Action Committee of Illinois (EMPAC), contributed to candidates who are critical to advancing emergency care in Illinois.

We have an exciting 2025 planned! Make plans to join us to mark these dates on your calendar and join us for friendship, advocacy, and education all happening in the first half of the year:

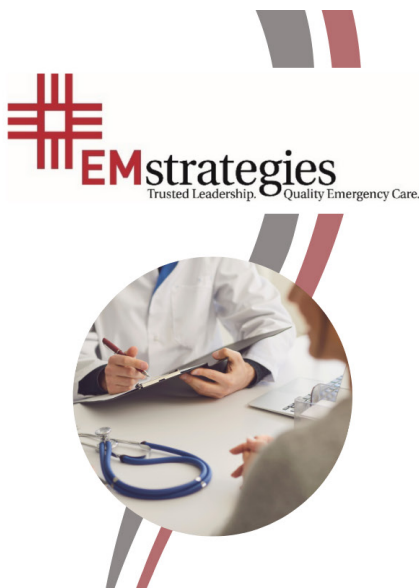
- [February 13](#): Emergency Medicine (EM) Update Conference - Peoria, Illinois
- [April 7-8](#): Virtual Oral Board Review Courses - Virtual
- [April 10](#): ICEP Advocacy Day - Springfield, Illinois
- [April 27-29](#): ACEP Leadership & Advocacy Conference - Washington, DC
- [May 29](#): The Ginny Kennedy Palys Annual Symposium - Chicago, Illinois

I would like to thank each of you for your commitment to our profession and our patients as evidenced by your membership and participation in ICEP. The organization is committed to working on you and your patient's behalf and I am forever grateful for your support. Looking forward to connecting with you in 2025!

Gratitude and humility,



Willard W. Sharp MD, PhD, FACEP  
President, ICEP



EMStrategies Ltd, is an Independent group seeking Emergency Medicine Physicians for their Silvercross Hospital Emergency Department and Freestanding Emergency Center.

Combined Volume of approximately 70K pts./yr. Independent Contractor Status, Competitive Compensation, Paid Malpractice, Flexible Scheduling. Interested Applicants should forward current CV to:

**David Mikolajczak, D.O. , FACOEP**  
Email: [Davemiko911@gmail.com](mailto:Davemiko911@gmail.com)

Silvercross Hospital is a Level II Trauma Center, State of the art Facility, Full Sub- Specialty Back-Up, Neurosurgery, Stroke, STEMI, In-House Peds Hospitalists, OB and Anesthesia.



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# A Message from the ICEP Office

Hello from the ICEP office!

As we approach the end of the year, the ICEP team and I want to take a moment to express a moment of gratitude for your unwavering support and dedication to making ACEP and ICEP your professional home. No matter of stage of your career in emergency medicine, ICEP is here every step of the way giving you opportunities to:

## Advocate.

Join us in April for two unique opportunities at ICEP Advocacy Day to be held April 10, 2025 in Springfield, Illinois and ACEP's Leadership & Advocacy Conference (LAC), April 27-29, 2025 in Washington, DC.

We invite you to share personal stories of violence in the ED that have impacted you or your healthcare colleagues—nurses, techs, and all staff. Please omit patient identifiers but provide as much detail as possible. Please note that your responses are completely anonymous. Any information shared that could be potentially identifying will be redacted and ensure you are protected.

Additionally, we welcome stories of successful violence prevention initiatives or programs implemented at your institution or hospital that have positively impacted healthcare workers across Illinois.

Share with us: <https://survey.alchemer.com/s3/7086561/workplaceviolencestories>.

## Connect.

Follow & connect with ICEP on [X](#), [LinkedIn](#), [Facebook](#) or [Instagram](#).

Join the conversation through ACEP [engagED](#) online community and join ICEP's community exclusively for our chapter.

## Learn.

Residents and early career physicians, submit your application for the ICEP Leadership Scholarship. Past recipients have gained valuable education, mentorship, leadership and hands-on experience in advocacy and legislation.

ICEP offers e-learning opportunities at no additional cost for members such as: Beyond "Not Little Adults" Critical Updates in Pediatric Emergency Care and Tackling the Golden Hour – Trauma Tools for the Emergency Physician.

## Grow.

Check out the ICEP Career Center to find your next chapter or post a new opportunity.

Looking to serve as a volunteer? Getting involved with ICEP allows you to build valuable connections, gain new skills, and have a direct impact on ICEP's success. Submit an application to serve on an ICEP committee: <https://survey.alchemer.com/s3/7944168/ICEP-Volunteer-Application>.

## Looking for a short-term opportunity?

Serve as faculty for ICEP's Virtual Oral Board Review Courses in April, September and November. Learn more: <https://www.icep.org/who-is-icep/call-for-volunteers/>.

Also, do not forget to check out what all and more your ACEP membership can offer you: <https://www.acep.org/acep-membership/membership-benefits>.

Please do not hesitate to reach out to me at [baileym@icep.org](mailto:baileym@icep.org) if you have questions or thoughts to share about how ICEP can elevate your membership experience and how to best support, develop, and amplify the voice of emergency physicians to promote excellence in emergency care in Illinois.

Wishing you all a wonderful holiday season and cheers to an amazing 2025 ahead!



Bailey McMurray  
Executive Director, ICEP



## Looking for a job in emergency medicine?

Visit the ICEP Career Center for employment opportunities posted by local, regional, and national hospitals, groups, and organizations looking to fill open positions. Join the ICEP Career Center email list to get all the latest opportunities sent right to your inbox.

[Visit ICEP Career Center](#)

## Want to advertise a job in emergency medicine?

ICEP offers two ways to get the word out about

open positions. Choose one or both strategies to best fit your needs:

### Advertise in the Illinois EPIC newsletter:

The EPIC newsletter offers classified and displays advertising at very affordable rates to help you market your job opportunities. The newsletter is published bimonthly and reaches 1,275 ICEP members directly.

[More about EPIC advertising.](#)

## Place a job ad at the ICEP Career Center online:

This job board is custom-tailored for the emergency medicine industry, which means we attract the most qualified professionals in Illinois. Create an Employer Account and post your emergency medicine jobs today!

[Visit ICEP Career Center](#) to get started or contact the ICEP Career Center staff at (866) 376-0949 ext. 6985 or by [email](#).

# Making Everyone Safe: Questioning the Narratives Around Violence in Healthcare

Written by: Dr. Sylvia Karpagam

On November 13, 2024, M. Vignesh was caught on camera attempting to flee the Kailash Centenary Super Specialty Hospital (KCSSH) in Guindy after stabbing oncologist Dr Balaji.

The incident has sparked widespread protests and led to boycotts across the medical community, including demands to have tag systems for patient attendants to enhance security. Dr Ezhilan, a physician and MLA, urged the public not to sensationalise such incidents, stressing the importance of measured discourse.

Chief Minister MK Stalin has ordered a detailed inquiry into the attack and pledged to implement stronger safeguards to prevent similar occurrences in the future.

Around the same time, doctors across the country have been protesting in the wake of the brutal sexual assault and murder of a postgraduate trainee doctor on August 9, 2024, in Kolkata. Their demands include justice for the victim, the resignation of senior health and police officials, enhanced security for healthcare workers, and an end to the prevalent 'threat culture' in government healthcare facilities. They also demanded a state grievance redressal cell.

Junior doctors have also called for specific measures to improve their working conditions, including the installation of CCTV cameras, the presence of female security personnel, 24-hour access to doctors' canteens and drinking water, as well as separate restrooms and bathrooms for on-duty doctors. Similar arrangements have been requested for nurses. Additionally, the establishment of a state-level grievance redressal cell has been highlighted as a priority.

On August 18, the Supreme Court of India suo motu took cognizance of the case and expressed concern over the virtual absence of safe working conditions for doctors in public hospitals. A national task force was set up to formulate a protocol for the safety of doctors.

After the assault on Dr Balaji, the Indian Medical Association (IMA) was quick to respond. They said no amount of superficial damage control exercises by governments would make doctors work without fear in this country. IMA demanded proactive security measures in hospitals to ensure the safety of doctors, strong deterrent legislation and exemplary punishment, stating "the medical profession of the country is deeply disturbed and is sceptical of the remedial measures for this ever-recurring violence. Only a comprehensive overhaul of the security atmosphere in the hospitals could restore the confidence of doctors. The nation owes this to its doctors".

A lot of the frustrations and anger expressed by doctors and their families are legitimate and need to be addressed on an urgent basis. For doctors, who are exhausted after hours of hard work, to have to additionally be worried about rape or violence even within the workspace, can take a terrible toll on their mental health and sense of well-being. For parents and family of those who work in these conditions, it can be a fearful wait till such time the doctor comes home. Several structural issues related to human resource development, appointments, infrastructure etc. are non-negotiable for an effective and functional healthcare system. A tired and overworked health worker is unlikely to be able to provide the quality of care required by the system.

While it is true that the nation owes its doctors safety among many other things, the discourse cannot end at that. It would be a terrible lapse not to simultaneously address several other structural and systemic issues that the health system in India is embedded in. The questions that must necessarily also be asked are what do doctors owe the nation?

**Risk faced by women doctors not greater**  
Dr Kiran Kumbhar says that the framing of the Kolkata rape and murder leaves a lot to be desired and that the IMA demonstrates 'doctor exceptionalism' by focusing on 'doctors' safety' rather than that of all women healthcare workers. The female human resources in the healthcare system

are not entirely doctors. Nurses, pharmacists, lab technicians, X-ray technicians, cleaners, hospital aides etc. could be women who are fewer in number than doctors and therefore likely to have more frequent night shifts. ASHA workers function in difficult and disagreeable circumstances, accompanying women in labour to a health facility at any time of the day or night.

Do all these women healthcare workers not deserve a workplace that is safe and free of sexual harassment and violence? Would there be protests if there are incidents of sexual assaults, harassment, inappropriate touching, examination without consent by healthcare personnel of women patients? What if male healthcare workers, including doctors, sexually assault other doctors, nurses, other staff or patients? Would the Supreme court take suo moto cognizance even then? What about the State and Union government? Would they put systems in place against abuse, violence, assault, humiliation by healthcare staff towards patients and others?

## Why do patients get angry?

For many Indian doctors, there seems to be an ingrained belief that they are beyond the reach of regulatory mechanisms and that patients should not question or challenge them. This may explain why many in the medical community have opposed regulations aimed at ensuring ethical, standardised and evidence based healthcare.

Kumbhar explains how doctors have 'hardly taken any steps to curb the pervasive violence, verbal and physical, that underprivileged patients experience every day in medical settings' and that a 'potent combination of entitlement and victim mentality' of the doctors has led to many unfortunate consequences.

Doctors have a responsibility not to subject patients to cruel, inhuman or degrading punishment. How often do doctors call out their colleagues or stand witness against bad behaviour towards patients or other healthcare staff?

[The full article can be found here.](#)



# CDC Presents a Five-Year Plan for Rural Healthcare

Written by: Liz Carey

In September, the Centers for Disease Control and Prevention (CDC) unveiled its [Rural Public Health Strategic Plan](#), which outlines the priorities, objectives and outcomes the agency hopes to see over the next five years as it collaborates with other federal agencies and various stakeholders on how to improve the health of rural residents.

The plan was developed with the help of more than 50 experts within the CDC who reviewed more than 200 rural initiatives, programs and efforts to identify opportunities. Then the agency enlisted the feedback from more than 230 federal and external partners through listening sessions, lunch meetings and town hall events, Dr. Diane Hall, the director of the CDC's Office of Rural Health (ORH), said in an interview with the Daily Yonder.

The strategic plan is a guide for ORH and the CDC at large, as it moves forward with programs and research into rural health needs. Developed with stakeholders such as the National Rural Health Association (NRHA) and state offices of rural health, the plan seeks to combat issues that are seen at higher levels in rural communities, like obesity, chronic illnesses and substance abuse.

Opened last year, the ORH came as a result of the Covid-19 pandemic. Disparities between urban and rural access to care shined a spotlight on the need for more attention on rural public health, she said. The strategic plan is the office's first major publication.

"We really wanted the strategic plan to actually be strategic, but also be actionable," Dr. Diane Hall, the director of the CDC's Office of Rural Health, said in an interview with the Daily Yonder. "But more than that, we wanted it to be relevant to the lives of people that live in rural communities."

Stakeholders, like Alan Morgan, CEO of the NRHA, said the plan is an indication of what is coming in rural health. "Realistically, this is a blueprint for the

future," Morgan said in an interview with the Daily Yonder. "They have highlighted long-standing issues and now they have a direction and a plan to get to where they need to be."

The plan focuses on four main priorities – engaging with community health partners, strengthening rural public health infrastructure, advancing rural public health science and improving rural public health preparedness and response.

"CDC is committed to advancing rural public health across America by identifying and addressing gaps in the evidence base, data analytic capabilities, and the workforce in rural communities," the plan said.

Hall said her office will work alongside stakeholders and other subject matter experts to develop a more specific action plan and to determine how best to serve rural areas.

"A lot of times, rural communities haven't really been served well by government policies or decisions," she said. "All of that needs to be addressed when we're talking about health decisions."

The plan isn't regionally or state-specific, but it is a step toward an action plan, Hall said.

"Rural health is an issue that garners bipartisan support in Congress," Hall said. "And Congress has been very clear that they wanted the CDC to create this office. These are the first steps in a very long process to address the rural urban disparities in healthcare."

Hall said that before the end of the year, the National Center for Health Statistics (NCHS), part of the CDC, will release an updated method for urban-rural classification.

That will make researching rural health issues easier, Katy Backes Kozhimannil, the co-director of the [University of Minnesota Rural Health Research Center](#), said in an interview with the Daily Yonder. One of

the issues facing researchers is determining the rurality of subjects.

Although the strategic plan doesn't provide direct actionable items, it is a step in the right direction, Kozhimannil said.

"This is a long process," she said. "Working with local hospitals and rural public health agencies, as well as research centers like ours, is the beginning of the process. I think we're all looking forward to the next steps and seeing what action items come out of this strategic plan."

[The full article can be found here.](#)

## ICEP Leadership Scholarship

**Application Deadline:** January 13, 2025

The ICEP Leadership Scholarship Program offers leadership development training to residents and early-career physicians in Illinois, empowering them to engage in advocacy at local, state, and national levels. Through the program, participants gain valuable opportunities for education, mentoring, and hands-on experience in advocacy and legislation.

Additionally, the program fosters lifelong professional connections, helping to shape the next generation of healthcare leaders.

**Amount:** 3 scholarships at \$750 each.

Recipients will be notified no later than February 1, 2025.

### Eligibility

- Residents or Early Career Physicians (out of residency five years or less).
- Must be ACEP and ICEP member in good standing.
- Award is limited to individuals who have never attended ICEP Advocacy Day and/or ACEP Leadership & Advocacy Conference.
- Scholarship recipients will also be required to submit a brief summary report about their experience at each event which can be in writing or a short video.

\*\*Scholarship funds will be awarded upon successful registration for ACEP Leadership and Advocacy Conference via a completed reimbursement form to the ICEP Office. Funds may be used for conference registration fee or all travel expenses.

[Submit Your Application](#) | [More information](#)

# 2025 – 2026 EMF Grant Cycle

The Emergency Medicine Foundation will be funding research in the following categories for the 2025 -2026 grant cycle:

1. Early Career Research Development Grant (Letter of Intent Deadline is November 15, 2024)
2. EMF Pilot Research Grant
3. EMF EMRA Resident Research Grant
4. EMF SAEMF Medical Student Research Grant

Deadline to apply for a 2025 - 2026 award is: January 10, 2025.

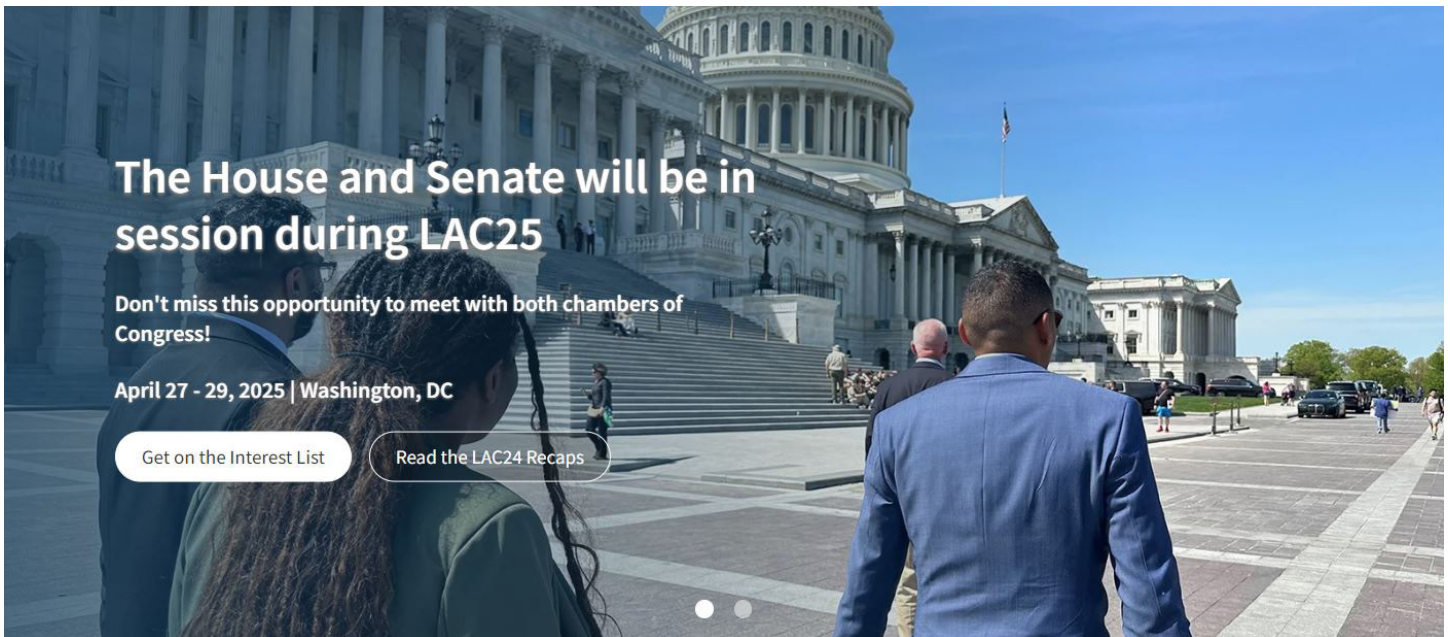
<https://www.emfoundation.org/grants/apply-for-a-grant>

All EMF Grantees are guaranteed acceptance to present their research at ACEP's Research Forum. The 2024 -2025 grant recipients can be found here:

<https://www.emfoundation.org/grantee/current-grantees>

## Research Forum

Research Forum 2025 Abstract Submission Dates are: December 9, 2024 - February 28, 2025 | <https://www.acep.org/education/meetings/research>



## The House and Senate will be in session during LAC25

Don't miss this opportunity to meet with both chambers of Congress!

April 27 - 29, 2025 | Washington, DC

[Get on the Interest List](#)

[Read the LAC24 Recaps](#)

# ACEP/EMRA National Outstanding Medical Student Award

## Award Criteria

The award recognizes up to ten (10) fourth year EM-bound medical students who excel in humanism/professionalism, leadership/service to medical organizations, community service, research, and academic excellence.

## Eligibility

Fourth-year medical student who is:

- A current member of ACEP/EMRA at the time of nomination
- In good standing at a US or international allopathic or osteopathic medical school
- Applying for a position in emergency medicine (EM) in the National Resi-

dent Matching Program (NRMP) or the military match

## Application Process

- One medical student may be nominated per medical school
- Online nomination completed by the EM chair/chief, program director, clerkship director, or vice-chair of education or their proxy
- Uploaded letter of nomination written by the EM chair/chief, program director, clerkship director, or vice-chair of education. Must include a signature or attestation from the EM chair/chief (if they are not the nominator)
- Uploaded documentation of human-

ism/professionalism, leadership/service to medical organizations, community service, research, awards, and academic excellence

## Selection Criteria

Humanism/professionalism, leadership in medical organizations and the community, research, awards, and academic excellence

**Application Deadline: January 8**

[Click here for the application.](#)



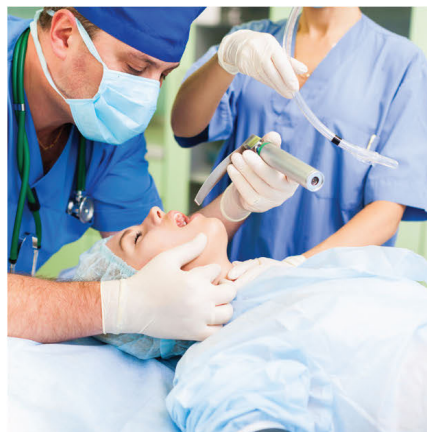
# EMERGENCY MEDICINE *Update*



February 13, 2025  
Peoria, Illinois

ICEP's winter CME conference in Peoria is better than ever. **Emergency Medicine Update** is a multifaceted educational program with something for every emergency care provider.

*This activity has been approved for AMA PRA Category 1 Credit™*



**Thursday, February 13, 2025**  
**Peoria, Illinois**



# Submit Your 2025 ICEP Award Nominations! Deadline is February 28.

ICEP recognizes and honors the dedication, service, and contributions of our outstanding members who are leaders in the field of emergency medicine.

Presented each year at the Ginny Kennedy Palys Annual Symposium and Annual Business Meeting, these awards honor individuals who have gone above and beyond in advancing ICEP's mission and elevating the practice of emergency medicine throughout Illinois.

### ICEP Bill B. Smiley Award

ICEP's highest honor, recognizing a member for a lifetime of extraordinary service to both ICEP and the field of emergency medicine in Illinois. This award is reserved for those whose contributions have made a profound and lasting impact on the profession.

### ICEP Downstate Member Service Award

This award recognizes the contributions of a member living and working outside the metropolitan Chicago area. It celebrates the unique challenges faced by those in Illinois' downstate regions and honors their invaluable contributions to the field and to ICEP.

### ICEP Meritorious Service Award

This award is presented to a member who has demonstrated exceptional service, advocacy, education, or other notable contributions to ICEP. It acknowledges individuals whose dedication has significantly advanced the organization's mission and the practice of emergency medicine.

### Why Nominate?

Nominating an individual for one of these prestigious awards is a powerful way to recognize their leadership, dedication, and lasting impact on our association, community, and the field of emergency medicine in Illinois.

Your nominations help strengthen ICEP's mission to support and amplify the voices of emergency physicians, advancing the quality of emergency care statewide. B By celebrating these contributions, you inspire future leaders and reinforce the core values that drive ICEP forward.

To be considered for an award, candidates:

- Must be an ACEP and ICEP member in good standing.
- Must not be a previous recipient of the

award in which a nomination was submitted for consideration.

### Recognition

Recipients will be acknowledged in-person during the Annual Business Meeting at the Ginny Kennedy Palys Annual Symposium, May 2, 2025 in Chicago, Illinois with:

- Commemorative plaque
- Complimentary registration to attend the Ginny Kennedy Palys Annual Symposium and Annual Business Meeting

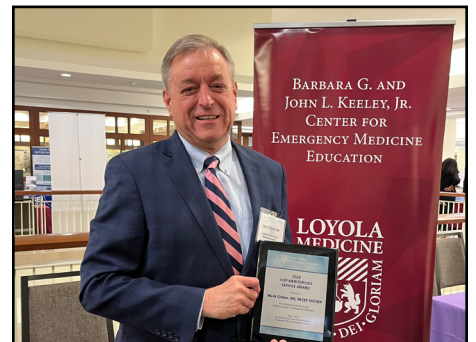
### Nomination Submission Package

All nominations must include the following:

- Candidate's CV/Resume
- Photo/headshot of candidate
- Cover letter explaining the candidate's nomination. (2 pages max)
- If nominating a candidate for multiple awards, separate cover letters must be sent in support each award nomination must be submitted via the online form.

Nomination Deadline: February 28, 2025

[Submit Your Nomination Here](#)





# ICEP Calendar *of* Events 2025

*(Subject to change)*

**February 13, 2025**  
[Emergency Medicine Update](#)  
Peoria, IL

**April 7-8, 2025**  
[Virtual Oral Board Review Course](#)  
Zoom

**April 10, 2025**  
[Advocacy Day](#)  
Springfield, IL

**May 29, 2025**  
[The Ginny Kennedy Palys Annual Symposium](#)  
Chicago, IL

**September 15-16, 2025**  
[Virtual Oral Board Review Course](#)  
Zoom

**November 6, 2025**  
[Emergency Medicine ILSA Article Review](#)  
Zoom

**November 20-21, 2025**  
[Virtual Oral Board Review Course](#)  
Zoom

**Did you know?** ICEP members have access to CME courses at no additional cost and an added benefit of your chapter membership.

[Click here to learn more.](#)

See the latest at [ICEP.org](https://www.icep.org) and follow on Facebook, Instagram and X/Twitter!



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