



# THE CHRISTIAN PHYSICIAN & DENTAL RECRUITER

MARKETPLACE FOR MEDICAL AND DENTAL CLASSIFIEDS

VOLUME 13 EDITION 6 • JUNE 2010

*Circulated to over 6000 Medical & Dental Professionals*

## Federal Court of Appeal Reinstates Case Against the U.S. Department of Health and Human Services

### To Stop Federal Funding of Research Involving the Destruction of Living Human Embryos

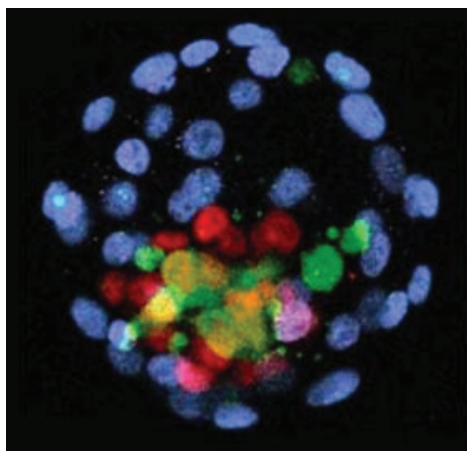
Recently the United States Court of Appeals for the District of Columbia issued its decision finding that doctors doing adult stem cell research have 'competitive standing' to sue. Therefore, the court reinstated the doctors' federal lawsuit, filed last summer that seeks to preliminarily enjoin and ultimately overturn the controversial guidelines for public funding of embryonic stem cell research that the National Institutes of Health issued on July 7, 2009. The implementation of these guidelines marks the first time that taxpayer dollars will be used to fund research that will result in the destruction of human embryos. Since 1994, Congress has expressly banned NIH from funding research in which human embryos "are destroyed, discarded, or knowingly subjected to risk of injury or death."

According to Thomas G. Hungar, one of the lawyers for the plaintiffs, "the language of the statute is clear. It bans public funding for any research that leads to the destruction of human embryos. NIH's attempt to avoid Congress's command by funding everything but the act of 'harvesting' is pure sophistry. The guidelines will result in the destruction of human embryos and are unlawful, unethical, and unnecessary."

The plaintiffs contend that the NIH guidelines violate the congressional ban because they "necessarily condition funding on the destruction of human embryos." In addition, the plaintiffs also allege that the NIH guidelines were invalidly implement-

ed, because the decision to fund human embryonic stem cell research was made without the proper procedures required by law and without properly considering the more effective and less ethically problematic forms of adult and induced pluripotent stem cell research.

President Obama, in his March 11, 2009 Executive Order announcing his Administration's policy stated he was deter-



mined to fund ethically "responsible, scientifically worthy human stem cell research... to the extent permitted by law." Sadly, these guidelines while claiming to "implement" the President's directions, fail his own test because they are not only unlawful, they are based upon an ethically irresponsible misunderstanding of available scientific evidence. One of the expert stem cell researcher plaintiffs, Dr. James L. Sherley, explained that "the great irony of the guidelines is that

research involving stem cells safely derived from human adults and other sources presents the same if not greater potential for medical breakthroughs, without any of the troubling legal and ethical issues related to embryonic stem-cell research." Clinical trials using adult stem cells have successfully reversed the effects of diseases such as lupus, multiple sclerosis, and rheumatoid arthritis. The plaintiffs argue that because NIH promulgated its guidelines with a preconceived determination to fund human embryonic stem cell research and without considering these scientifically and ethically superior alternatives, the guidelines are invalid regulations and should be struck down.

Dr. David Stevens, Executive Director of Christian Medical Association, an organization of more than 16,000 doctors who are also plaintiffs in the case, said "we are opposed to this proposed illegal and unethical federal funding of destructive embryonic research that would compel every American to cooperate with such unlawful human experimentation and the violation of our fundamental medical research ethic never to lethally experiment on one human being simply to benefit the interests of other human beings."

Sam Casey, Co-counsel for the plaintiffs and General Counsel of Advocates International's Law of Life Project, a public interest legal project specializing in cutting-edge bio-ethical issues, added: "The majority of the almost 50,000 comments that the NIH received were opposed to funding this

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## Bishops Urge Senate to Remove Amendment From Defense Bill

A Senate committee amendment that would authorize the performance of elective abortions at military hospitals in this country and around the world is "misguided" and should be removed from the National Defense Authorization Act (S. 3454), said the Chairman of the U.S. bishops' Committee on Pro-Life Activities. In a June 29 letter, Cardinal Daniel DiNardo of Galveston-Houston urged Senators to remove this amendment on the grounds that it breaks with longstanding federal and military policies on government promotion of abortion.

Cardinal DiNardo said it was disingenuous to suggest, as the amendment's proponents have, that the amendment is "moderate" in requiring patients at military facilities to pay for their abortions. "Which is a more direct governmental involvement in abortion: That the government reimburses someone else for having done an abortion, or that the government performs the abortion itself and accepts payment for doing so?" the Cardinal wrote. He cited a 1989 ruling by the U.S. Supreme Court saying that "the State need not commit any resources to facilitating abortions, even if it can turn a profit by doing so."

Cardinal DiNardo also noted the longstanding nature of the current policy against providing abortions at military health facilities, which has been in place for 22 years with the exception of 1993-1995.

"During the brief period when these

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## Study Shows 111 Percent Increase in Emergency Department Visits Involving Nonmedical Use of Prescription Opioid Pain Relievers in Five-Year Period

Visits to hospital emergency departments involving nonmedical use of prescription narcotic pain relievers more than doubled, rising 111 percent, between 2004 and 2008, according to a study by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention. The study used data from SAMHSA's Drug Abuse Warning Network (DAWN) emergency department system. It examined emergency department visits for nonmedical use of legal drugs, such as using them without a prescription.

The dramatic rise in emergency department visits associated with nonmedical use of these drugs occurred among men and women, as well as among those younger than age 21 and those 21 and older.

"The abuse of prescription drugs is our nation's fastest-growing drug problem. And this new study shows it is a problem that affects men and women, people under 21, and those over 21," said Office of National Drug Control Policy Director Gil Kerlikowske. "The newly released National Drug Control Strategy contains specific steps that all of us can take to

address this issue."

The three prescription opioid pain relievers most frequently involved in hospital emergency department visits from 2004 to 2008 were:

- ✓ Oxycodone products – ED visits involving nonmedical use rose 152 percent, to 105,214.
- ✓ Hydrocodone products – emergency department visits involving nonmedical use rose 123 percent, to 89,051.
- ✓ Methadone products – emergency department visits involving nonmedical use rose 73 percent, to 63,629.

"These alarming findings provide one more example of how the misuse of prescription pain relievers is impacting lives and our health care system," said SAMHSA Administrator Pamela S. Hyde. "This public health threat requires an all-out effort to raise awareness of the public about proper use, storage, and disposal of these powerful drugs."

The numbers of emergency department visits involving nonmedical use of other types of prescription pain relievers such as morphine, fentanyl and hydromorphone

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# CHRISTIAN RECRUITER

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## Bishops Urge Senate

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facilities were told to make abortions available, scarcely any military physician could be found in overseas facilities who was willing to perform abortions," the Cardinal added.

Cardinal DiNardo also said that the current military policy is in keeping with federal policy in general, noting: "Other federal health facilities also may not be used for elective abortions, and many states have their own laws against use of public facilities for such abortions."

Calling on the Senate not to approve the bill unless it maintains current law, as the bill approved by the House of Representatives already does, Cardinal DiNardo concluded that "this amendment presents Congress with the very straightforward question whether it is the task of our federal government to directly promote and facilitate elective abortions. During the recent health care reform debate, the President and congressional leadership assured us that they agree it is not."

Archbishop Broglio of the Archdiocese of Military Services had written an earlier letter to the Senate against the proposed policy change. Cardinal DiNardo endorsed his letter as well, noting that it urges Congress "not to impose this tremendous burden on the consciences of Catholic and other health care personnel who joined our armed services to save and protect innocent life, not to destroy it."

*Full text of the letter can be found online at: [www.usccb.org/prolife/DiNardo-Ltr-Military-Abortions-6-29-2010.pdf](http://www.usccb.org/prolife/DiNardo-Ltr-Military-Abortions-6-29-2010.pdf)*

*SOURCE U.S. Conference of Catholic Bishops, Secretariat for Pro-Life Activities*



## Federal Court

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research, and by its own admission, NIH totally ignored these comments. The so-called spare human embryos being stored in IVF clinics around the United States are not 'in excess of need,' as the NIH in its guidelines callously assert. They are human beings in need of biological or adoptive parents."

The lawsuit is brought by a broad coalition of plaintiffs, including Dr. James L. Sherley, a former member of the MIT faculty, currently working as a senior scientist at the Boston Biomedical Research Institute; Dr. Theresa Deisher, the founder, managing member, and research and development director of AVM Biotechnology; Nightlight Christian Adoptions, a non-profit, licensed

adoption agency dedicated to protecting and finding adoptive parents for human embryos conceived through in vitro fertilization; all individual human embryos whose lives are now at risk under NIH's guidelines; parents seeking to adopt human embryos; and the Christian Medical Association, a non-profit association of doctors dedicated to improving ethical standards of health care in the United States and abroad. The Alliance Defense Fund, a legal alliance of Christian attorneys and like-minded organizations defending religious freedom and the sanctity of human life, is also serving as co-counsel on the case and providing financial support.

*A copy of the Court of Appeals decision, the Complaint in the lawsuit, the President's Executive Order, and the challenged NIH Guidelines can be obtained by clicking the hyperlinks in the first or fourth paragraphs above.*

**OTHER CONTACTS:**  
*Thomas G. Hungar, Gibson, Dunn & Crutcher, 202-887-3648*  
*Steven H. Aden, Alliance Defense Fund, 202-393-8690*  
*Margie Shealey, Christian Medical Association, 423-341-4254*  
*Ron Stoddart, Nightlight Christian Adoption, 714-865-6542*  
*Dr. James L. Shirley, BBRI, 617-658-7892,*

*617-990-6819*  
*Advocates International is an international organization of attorneys in over 150 nations, including the United States, who seek to do justice with compassion, including through its Law of Life Task Force protecting the inalienable and sacred right to human life from biological conception to natural death.*



# Sixty-Two Year Old Chemotherapy Treatment Shows Promising Results on Progressive Multiple Sclerosis Patients

## Study shows ITMTX may have beneficial role in progressive forms of MS

The Multiple Sclerosis Research Center of New York (MSRCNY), together with the International Multiple Sclerosis Management Practice (IMSMP), recently announced that results from its Intrathecal Methotrexate Treatment in Multiple Sclerosis study have been published in this month's issue of *Journal of Neurology*. This study reports on the feasibility of using intrathecal methotrexate (ITMTX) in treatment unresponsive multiple sclerosis (MS) patients with progressive forms of the disease.

A retrospective, open-label, chart review analysis was conducted following patients with MS for up to eight treatments. Patients were considered for ITMTX treatment if they were unresponsive to or intolerant of FDA approved treatments. There was a one year follow-up after their eighth or last treatment. Patients underwent neurological assessments and expanded disability status scale (EDSS) evalua-

tions. In 87 secondary progressive MS patients, EDSS scores were stable or improved in 89%, with significantly improved mean EDSS post-treatment compared to baseline. Of 34 primary progressive patients, EDSS scores were stable in 82%, with no significant progression in EDSS post-treatment compared to baseline. ITMTX may have a beneficial role in progressive forms of MS and is well tolerated with no serious adverse events.

"We have opened an avenue of treatment for an otherwise untreatable form of MS," said Dr. Saud A. Sadiq, Director of the IMSMP/MSRCNY and the study's lead author. "This is exciting news because it's the first time a treatment has been shown to be effective in the late stages/ progressive forms of MS."

About Methotrexate

Methotrexate (MTX), an antimetabolite, has been in clinical use since 1948 when it was found to produce temporary

remission of acute childhood leukemia. Because of its indirect immunosuppressive effects, MTX is used in treating autoimmune conditions such as rheumatoid arthritis and psoriasis.

About the IMSMP & MSRCNY

The International Multiple Sclerosis Management Practice and the Multiple Sclerosis Research Center of New York is a leader in MS healthcare and research. As a center of excellence, it establishes an unparalleled level of care for individualized, compassionate attention to patients' needs and well-being. Patients receive in-depth assessments and management plans with on-site physical therapists, social workers and neuropsychologists for cognitive rehabilitation. Appointments may be scheduled with a naturopathic physician, urologist/urogynecologist, pain specialist or massage therapist. The on-site infusion suite is open 7 days a week for intravenous medications, and a

physician is accessible 24 hours a day/7 days a week. Patients benefit from the research lab by investigation into the cause of MS, disease mechanisms and treatment discoveries. As an international MS center, patients throughout the United States and from more than 30 countries on 5 continents rely on and visit the IMSMP for care.

Contact: Pamela Bloom, Media Relations, 646-557-3858. For Interest in Becoming a Patient: 212-265-8070. Available Topic Expert(s): For information on the listed expert(s), click appropriate link.

Saud Sadiq, MD

<https://profnet.prnewswire.com/Subscriber/ExpertProfile.aspx?ei=93204>.

SOURCE International Multiple Sclerosis Management Practice



# Federal and State Regulations on Indoor Tanning Support Scientific Evidence That Indoor Tanning Is Not Safe

## American Academy of Dermatology Association Urges States to Move Forward with Indoor Tanning Restrictions

As the scientific evidence mounts, more federal agencies and state governments are taking action to educate and protect Americans against the serious risks of indoor tanning. Recent and pending legislation in numerous states restricting access to indoor tanning, along with the federal 10 percent indoor tanning tax that goes into effect on July 1, are important steps in keeping Americans safe from overexposure to ultraviolet (UV) radiation and the potential for future skin cancers. Indoor tanning is associated with a 75 percent increase in the risk of melanoma, the deadliest form of skin cancer. Melanoma is increasing faster in young women (15-29 years old) than in young men in the same age group – and a major difference in behavior is that women are more likely to use indoor tanning beds.

"These national and state-wide efforts send a clear message to Americans, especially young people, that tanning is not safe and that a tan is not a sign of good health," said dermatologist William D. James, MD, FAAD, president of the American Academy of Dermatology Association (AADA). "Indoor tanning is an unhealthy activity and UV radiation exposure increases one's risk of skin cancer."

More than 1 million new cases of skin cancer will be diagnosed in the United States this year. Since 2002, the United States Department of Health and Human Services has stated that UV radiation from the sun and artificial sources, such as tanning beds and sun lamps, is a known human carcinogen. In 2009, the International Agency for Research on Cancer, a division of the World Health

Organization, re-categorized indoor tanning devices as carcinogenic to humans, placing indoor tanning in the highest risk category with tobacco smoke. Yet, nearly 30 million people tan indoors in the United States annually. Of these, 2.3 million are teens.

Despite the call from the World Health Organization (WHO) to prohibit minors from indoor tanning because of the danger of skin cancer, currently only 32 states restrict access to indoor tanning beds by minors. Texas has the most restrictive state law, prohibiting those under 16.5 from using tanning beds. For minors in Georgia, a new law goes into effect on July 1 that prohibits those under the age of 14 from using indoor tanning facilities and requires those between the ages of 14 and 18 to have in-person parental consent before use.

"People need to be aware that using a tanning bed is dangerous," said dermatologist Alexander S. Gross, MD, FAAD, attending physician at Emory University and the Medical College of Georgia, and incoming chair of the Georgia Composite Medical Board, who worked with the

AADA to support passage of this law. "Now, Georgia state law requires indoor tanning bed operators to inform their clients, potential clients and parents about the dangers of tanning, and also prevents children under the age of 14 from using indoor tanning beds, which we hope will deter our young people from future indoor tanning use."



In Massachusetts, a bill awaiting approval by the State House of Representatives would prohibit the use of indoor tanning devices for all minors under the age of 16 and would require in-person parental consent for those ages 16 and 17. If passed in the House and signed by Governor Deval Patrick, the legislation would go into effect by the end of

summer.

"The AADA urges the state of Massachusetts to pass this legislation, which would be the second most restrictive indoor tanning law in the nation, behind the state of Texas, and is in line with Wisconsin requirements banning minors under 16 from indoor tanning," said Dr. James.

In addition, New Jersey, New York, Ohio and Pennsylvania are considering legislation to restrict minors' access to tanning beds.

The Food and Drug Administration (FDA) is considering changes to the current classification of indoor tanning devices based on the recommendations of a scientific and medical community panel that convened in March. Currently, the FDA classifies indoor tanning devices as Class 1, the category for items that have minimal potential to cause harm to individuals. Items in Class 1 include adhesive bandages and tongue depressors.

"Dermatologists from the AADA and many other organizations, researchers, and patients urged the FDA to ban indoor tanning devices entirely, or at least to minors," said Dr. James. "We also encouraged the FDA to shift the classification of indoor tanning to one that more closely matches the health risks of these devices and place additional regulations on these harmful devices."

In addition, earlier this year the Federal Trade Commission – which is the federal government agency that works for consumers to prevent fraudulent, deceptive, and unfair business practices – issued a consent order that prohibits the Indoor Tanning Association (ITA) from making false health and safety claims about indoor tanning. Under its settlement with the FTC, any future ITA ads that make safety or health benefits claims for indoor tanning may not be misleading, must be substantiated, and must clearly and prominently disclose that exposure to ultraviolet radiation may increase the risk of developing skin cancer.

"The AADA is hopeful that the actions at the federal and state levels will persuade individuals to stop indoor tan-

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## Study Shows 111 Percent Increase

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were lower, but they also showed sharp rises during this period – for example, hydromorphone-related nonmedical use visits rose 259 percent from 2004, to 12,142 in 2008. These upward trends reflect in part dramatic increases in the rate at which these drugs are prescribed in the United States.

"We urgently need to take action," said CDC director Dr. Thomas Frieden. "Emergency department visits involving non-medical use of these prescription drugs are now as common as emergency department visits for use of illicit drugs. These prescriptions medicines help many people, but we need to be sure they are used properly and safely."

The study is being co-released in SAMHSA's survey report, *Trends in Emergency Department Visits Involving Nonmedical Use of Narcotic Pain Relievers and CDC's MMWR "Emergency Department Visits Involving Nonmedical Use of Selected Prescription Drugs – United States, 2004-2008."* The reports are based on data from SAMHSA's Drug Abuse Warning Network (DAWN) for 2004 to 2008. DAWN is a public health information system that monitors drug-related ED visits throughout the United States.

The full reports are available at: CDC MMWR [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr). The SAMHSA report can also be obtained by

calling the SAMHSA Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). For related publications and information, visit <http://www.samhsa.gov/>.

CDC recently released an issue brief, "Unintentional Drug Poisoning in the United States," showing more than 26,000 deaths from unintentional drug poisoning in the United States in 2006 – more than 70 each day. The issue brief provides recommendations on how health care providers, private insurance providers, and state and federal agencies can work to prevent unintentional drug overdoses. For a copy of the issue brief, please visit <http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/brief.htm>

SAMHSA is a public health agency within the Department of Health and Human Services. Its mission is to reduce the impact of substance abuse and mental illness on America's communities.

For almost twenty years, CDC's Injury Center has worked to reduce the number and severity of unintentional injuries that occur outside of occupational settings and to ensure that all Americans live to their full potential. For more information about unintentional poisoning, or injury in general, please visit [www.cdc.gov/injury](http://www.cdc.gov/injury).



## Federal and State

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ning altogether," said Dr. James. "In addition, these efforts to discourage indoor tanning will help reduce the future costs of treating skin cancers, since \$1.8 billion is spent each year on treating skin cancers in the United States, of which about \$300 million is spent on melanomas alone. As a type of cancer that has a known environmental carcinogen, this is a highly preventable disease. Protecting oneself by using sunscreens, wearing sun protective clothing, seeking the shade, and avoiding intentional exposure to tanning devices or midday sun are simple ways everyone can reduce their chances of getting skin cancer."

Headquartered in Schaumburg, Ill., the American Academy of Dermatology, founded in 1938, is the largest, most influential, and most representative of all dermatologic

associations. A sister organization to the Academy, the American Academy of Dermatology Association is the resource for government affairs, health policy and practice information for dermatologists, and plays a major role in formulating policies that can enhance the quality of dermatologic care. With a membership of more than 16,000 physicians worldwide, the Academy is committed to: advancing the diagnosis and medical, surgical, and cosmetic treatment of the skin, hair and nails; advocating high standards in clinical practice, education, and research in dermatology; and supporting and enhancing patient care for a lifetime of healthier skin. For more information, contact the Academy at 1 (888) 462-DERM (3376) or visit [www.aad.org](http://www.aad.org).

SOURCE American Academy of Dermatology Association



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Mail: Christian Recruiter,  
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Volume 13/Issue 6