



THE FORUM

January/February 2025 • Volume 24, No. 1 • The Official Magazine of Collier County Medical Society



Don't be Afraid to Get Help for Mental Wellbeing

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CALENDAR OF EVENTS

Register at www.ccmsonline.org or call (239) 435-7727

Friday, January 24, 5:30pm

CCMS After 5 Social

Blue Martini

Saturday, February 1, 10am

CCMS Family Day

Great Wolf Lodge

Thursday, February 20, 6pm

CCMS After 5 Social

Florida Cancer Specialists Naples

Sunday, March 2, 4:30pm

Foundation of CCMS Wine Reception

Stay tuned for details

Open to the public

Saturday, March 29, 5:30pm

CCMS Family Hockey Night

Florida Everblades, Hertz Arena

Saturday, April 5, 8:30am

CCMS Women's Health Forum

Naples United Church of Christ

Open to the public

Support opportunities at ccmsonline.org

Saturday, May 3, 9:30am

South Florida Women Physicians Retreat

Hyatt House Naples

Sponsor opportunities at ccmsonline.org

Saturday, June 14, 6:30pm

CCMS 68th Annual Meeting

Arthrex One Conference Center

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CCMS Member Dues

The 2025 CCMS dues deadline was Dec. 31, 2024.

Members (or their groups) can pay online today at ccmsonline.org/membership. Invoices have also been mailed directly to members who pay individually, or to practice administrators for group payment. Members who need an extension, payment program, or waiver, please contact CCMS. Thank you for renewing!

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MEMBER NEWS

New Members:



Steven Case, MD
Body Restore of Naples
4760 Tamiami Trail N Ste 24, Naples, FL 34103
Phone: (239) 241-2869 Fax: (239) 241-2938
Board Certified: Orthopaedic Surgery



Hany A Demian, MD
Biospine Institute
13356 Metro Pkwy, Ft Myers, FL 33966
Phone: (239) 932-7509
Specialty: Pain Medicine



Cory Lamar, MD
Advanced Neurology Specialists LLC
730 Goodlette Rd N Ste 205, Naples, FL 34102
Phone: (239) 667-5878 Fax: (239) 667-5838
Board Certified: Neurology; Clinical Neurophysiology; Epilepsy



Catherine H Law, MD
Physicians Regional Medical Group
8831 Founders Square Dr, Naples, FL 34120
Phone: (239) 348-4120 Fax: (239) 354-9621
Board Certified: Cardiovascular Disease



Edward Ruby, MD
NCH Medical Group
311 9th St N Ste 300, Naples, FL 34102
Phone: (239) 624-0940 Fax: (239) 624-0941
Board Certified: Endocrinology, Diabetes and Metabolism; Internal Medicine



Taiya Shevelev, DO
Retired

Reinstated:

Harmindar K Gill, MD
Radiology

In Memoriam:

John A Kreager Jr, MD

Practice Updates:

Ronald T Garry, MD and Erin A Whitney, MD
Northwestern Medicine Florida Medical Group
New Address: 681 4th Ave N, Naples, FL 34102

Nadia A Kazim, MD
Ophthalmic Facial Plastic Surgery Specialists
7331 College Pkwy Ste 200, Ft Myers, FL 33907
Phone: (239) 947-4042 Fax: (239) 390-9976

Sonal Sura, MD
Advocate Radiation Oncology
1775 Davis Blvd, Naples FL 34102
Phone: (239) 372-2838 Fax: (239) 372-2839

Cosmina I Popa, MD and Andre Nye, MD
Prime MD of Naples
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Directory Correction:

Suyien Zhaz-Leitner, MD
Index Listing: Rheumatology



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A Message from the CCMS President

Zubin Pachori, M.D., Board President



With the new year, many of us use this time to take stock, make resolutions, and renew our efforts for a well-lived life. I encourage you to consider your mental health during this busy season, so I am sharing my January/February column with CCMS Past President, *The Forum* editor, and physician wellness champion, Dr. Rebekah Bernard. She describes how help with our mental wellbeing goals can come in many forms, such as a New Year Mental Health “Check-up” with a CCMS Physician Wellness Program (PWP) psychologist. To participate, call the PWP psychologists’ private, CCMS member appointment line: 239-208-3984. Visit ccmsonline.org/physician-wellness to learn more.

Don't be Afraid to Get Help for Mental Wellbeing

Rebekah Bernard, MD, Editor



Have you been feeling distressed, overwhelmed, or beaten down by the healthcare system or just life in general? You're not alone. The good news is that help is available! Many Collier County Medical Society members have already reported improvement in their mental wellbeing through taking advantage of the CCMS Physician Wellness Program (PWP).

Overcoming fear of repercussions

While many doctors fear stigma associated with getting help for emotional wellbeing, the Florida Board of Medicine has clarified that therapy for non-impairing conditions is NOT reportable—in fact, the license application now includes a disclaimer that physicians do not need to report receiving treatment for certain emotional issues, including “assistance with stress, mild anxiety, situational depression, family or marital issues.”

In an FMA webinar on the topic, Hector Vila, MD, a member of the Board of Medicine since 2016, said that the Board's goal is to ensure that physicians with potentially impairing conditions receive proper treatment. “We are not here to seek out your personal business, to be intrusive, and to take away your practice,” said Vila. He noted that questions about mental health on the Board's licensure application are not intended to be punitive, but to identify physicians who need treatment, especially with an increase of physicians from other states into Florida.

“Questions are asked so that we can seek out those who might be so impaired that they are a danger to themselves or to their patients so that they can receive treatment,” said Vila. “Just because you seek treatment for a mental health issue or even an addiction issue doesn't mean that the Board is going to take your license away.” Vila also emphasized that reporting pertains to impairing conditions, and that physicians seeking emotional help for burnout, “don't need to be worried about being disciplined or reported to the Board.”

Defining ‘Impairment’

The new medical licensure health questions focus on impairment, defined in Florida statute as a “potentially impairing health condition that is the result of the misuse or abuse of alcohol, drugs, or both, or a physical or mental condition that could affect a practitioner's ability to practice with skill and safety.” Alexis Polles, MD, the medical director of the Professionals Resource Network (PRN), clarified that having a condition or illness does not necessarily equate to being impaired. “Often, an impairing condition is temporary and treatable,” said Polles. “It's a state in which a physician

The CCMS PWP was established in 2017, offering six free and confidential therapy sessions per year with a licensed psychologist experienced with treating physicians. You can request help with anything: work stress, marital issues, problems with children or family members – or just to have a mental health ‘check-up.’ To participate, Members call a private hotline number that goes directly to the psychologist, so your information is kept completely private—not even CCMS staff or board members know who is participating.

Who should seek help?

Psychiatrist Mona Masood, DO, an expert on physician wellness, says that physicians should watch for ‘pink flags’ rather than waiting for a red flag or crisis. “I think we put up this big banner like, ‘Oh, it's a call for help.’ We call it something that feels so drastic, but it's not,” Masood says. “Often, it's just unburdening yourself and sharing with someone else. ‘Are you seeing what I'm seeing? Or am I overthinking?’”

Masood advises physicians to consider themselves the way they could consider any patient. “We can't treat ourselves. We need someone to be more objective, to take it off (our) shoulders. Let someone else look at it and say, ‘This doesn't sound so good.’”

‘Pink flags’ or signs of psychological distress may include anxiety, insomnia, change in usual behavior, social withdrawal, and not caring about things that used to interest you. “Reach out if you're starting to see that things you enjoy are not as enjoyable,” says Masood.

Continued on page 9



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The Benefits of Robotics for Brain and Spine Surgery

Amanda Sacino, MD, Apex Brain & Spine



The advent of robotic technology in the field of medicine has revolutionized the way complex surgeries are performed, especially in delicate areas such as the brain and spine. Robotic-assisted surgery has proven to offer numerous advantages, including enhanced precision, improved patient outcomes, shorter recovery times, and reduced risks of complications.

Robotics can be used for almost all areas of Neurosurgery including cases covering spine degenerative disease, trauma, oncology, and deformity, and for cranial tumors, deep brain stimulation, and bleeds.

Enhanced Precision and Accuracy

Both the brain and spine are intricately connected, and even small errors in surgical procedures can lead to devastating consequences, including neurological damage, paralysis, or loss of function. Robotic systems allow surgeons to perform highly complex and delicate operations with extraordinary accuracy¹. The system consists of a robotic arm that can make extremely fine, controlled movements that far exceed the dexterity of the human hand.

In brain and spine surgery, robotic systems can aid in the accurate removal of tumors or the resection of tissue while avoiding sensitive structures, such as blood vessels and nerves². This level of precision not only increases the likelihood of successful outcomes but also reduces the risk of damaging critical brain or spinal cord tissue.

Minimally Invasive Techniques

Another significant benefit of robotic surgery is its ability to perform minimally invasive procedures. For instance, in spinal surgery, robotic-assisted techniques allow for minimally invasive spinal fusion, where smaller incisions are made to access the spine, leading to less muscle dissection. In brain surgery, robotic systems can assist in navigating through smaller openings, which reduces the need for large craniotomies³. These minimally invasive procedures not only minimize the physical trauma to the body but also decrease post-operative pain and shorten hospital stays with a shorter recovery time and less pain, allowing patients to recover more quickly and return to normal activities.

Improved Visualization and 3D Imaging

Robotic systems are equipped with advanced imaging technologies, including high-definition cameras and 3D visualization tools, that offer surgeons enhanced views of the surgical site. These technologies are particularly valuable in brain and spine surgery, where the anatomy is intricate and difficult to navigate⁴.

For brain surgery, the use of 3D imaging allows surgeons to plan and visualize the brain's structure in detail before making any incisions. These images can be augmented with real-time data, such as MRI or CT scans, allowing surgeons to navigate the brain with greater accuracy. Surgeons can also track changes during surgery, such as tumor removal, ensuring that they can adjust their approach as needed⁵.

In spinal surgery, advanced imaging provides a comprehensive view of the spine. This enhanced visualization allows for more accurate placement of screws, rods, and other hardware, which are critical for stabilizing the spine after surgery. Additionally, robotic systems can adjust in real-time to ensure that the surgical instruments are in the correct position, further minimizing the risk of human error⁶.

Reduced Risk of Complications

The accuracy and precision provided by robotic systems in brain and spine surgery also lead to a significant reduction in the risk of complications. Robotic-assisted surgery minimizes these risks by offering more controlled movements, enhanced visualization, and real-time feedback. Furthermore, the minimally invasive nature of robotic surgery lowers the chances of post-operative infections. In spine surgery, robotic precision ensures that screws and other spinal instruments are placed exactly where they need to be, reducing the risk of implant misplacement, which can lead to complications like nerve injury, deformities, or hardware failure⁷.

Conclusion

Robotic-assisted surgery represents a significant advancement in the treatment of brain and spine conditions. With its unparalleled precision, minimally invasive nature, improved visualization, and reduced risk of complications, robotic surgery has dramatically improved the quality of care for patients undergoing complex procedures. Surgeons can now perform intricate operations with greater accuracy and confidence, leading to better outcomes and faster recovery times.

- ¹MacLean, L., et al. (2024) J Neurosurg Spine
- ²Rotim, K., et al. (2021) Acta Clin Croat.
- ³<https://interestingengineering.com/innovation/this-surgical-robot-can-remove-brain-tumors-from-children>
- ⁴Shaikh, S., et al. (2024) Asian J Neurosurg.
- ⁵Menta, AK., et al. (2024) Clin Neurol Neurosurg.
- ⁶Sacino, AN., et al. (2022) J Neurosurg Case Lessons.
- ⁷Davidar, A., et al. (2024) Neurosurg Clin N Am.

Dr. Sacino is a neurosurgeon and managing partner at Apex Brain & Spine. She completed her neurosurgical training at Johns Hopkins Hospital as well as two spine fellowships. She trained under the inventor of the Globus ExcelsiusGPS robot. She was present during the first robotic surgery at Johns Hopkins Hospital and trained extensively with the robot for both brain and spine surgeries. She is in the top 1% internationally for number of robotic cases completed. She has also written research papers and given lectures on robotics for Neurosurgery. Apex Brain & Spine has started the Physicians Regional Robotic Brain and Spine Neurosurgery program.

Amyloid PET Imaging in Alzheimer's Disease

Michael Shriver, MD, ProScan/NCH Imaging



Alzheimer's disease (AD) remains one of the most significant challenges in neurology and geriatrics, with its complex pathophysiology and the need for early, accurate diagnosis. Over the past decade, amyloid positron emission tomography (PET) has emerged as a key imaging modality in the diagnostic work-up of Alzheimer's, offering unique insights into the underlying disease process.

3. Guiding Disease-Modifying Treatment (DMT) and Monitoring Treatment Response

The recent advent of disease-modifying therapies (DMTs) targeting amyloid beta, including agents like aducanumab and lecanemab, has shifted the focus of Alzheimer's treatment toward early-stage disease. These therapies aim to reduce amyloid plaque burden, potentially slowing the disease's progression. Amyloid PET plays a pivotal role in both patient selection and treatment monitoring.

In clinical practice, amyloid PET can help identify patients who are most appropriate for anti-amyloid therapy, particularly those with early-stage AD or MCI associated with amyloid deposition. The imaging modality not only confirms the presence of amyloid pathology but also provides a baseline for monitoring changes in amyloid burden over time. This is crucial for assessing the efficacy of treatment, especially since changes in clinical symptoms may not be immediately evident in the early stages of therapy.

4. Amyloid PET in Research and Clinical Trials

In Alzheimer's research, amyloid PET imaging serves as a critical biomarker for identifying study participants with definitive amyloid pathology. The use of amyloid PET is now standard in many clinical trials evaluating anti-amyloid therapies, as it ensures that the study population has the relevant pathological substrate for the intervention being tested.

Moreover, longitudinal amyloid PET studies provide valuable insights into the natural history of Alzheimer's disease. By tracking amyloid accumulation over time, researchers can identify the earliest points of pathological change and determine the trajectory of amyloid deposition in relation to cognitive decline. This research is vital for understanding disease progression, especially in asymptomatic individuals with amyloid deposition (also known as preclinical AD), who may be targeted for early intervention in future trials.

Conclusion

Amyloid PET has established itself as a cornerstone of Alzheimer's disease diagnosis and management. By enabling early detection of amyloid plaques, enhancing diagnostic precision, and providing a means to monitor the effects of disease-modifying treatments, it has significant implications for patient care. Its role in clinical trials further underscores its utility in advancing our understanding of Alzheimer's pathology and developing more targeted therapies.

While challenges remain in terms of cost, accessibility, and interpretation, amyloid PET remains one of the most powerful tools available to clinicians and researchers alike. As the landscape of Alzheimer's treatment evolves and more amyloid-targeting therapies become available, the integration of amyloid PET into routine clinical practice will become increasingly important in the ongoing effort to improve outcomes for patients with Alzheimer's disease.

1. Early Detection and Risk Stratification

While the clinical symptoms of Alzheimer's disease, such as memory impairment and executive dysfunction, typically manifest once significant neurodegeneration has occurred, amyloid deposition can begin decades earlier. In this preclinical phase, patients may be cognitively normal or exhibit only mild cognitive impairment (MCI), making it difficult to differentiate AD from other forms of dementia or even age-related cognitive changes.

Amyloid PET offers the ability to detect amyloid-beta plaques early in the disease course, well before the onset of measurable cognitive decline. For patients with MCI, an amyloid-positive PET scan provides valuable prognostic information, identifying those at higher risk for conversion to clinical Alzheimer's dementia. In such cases, PET imaging has been shown to improve predictive accuracy, particularly when combined with other biomarkers (e.g., tau imaging or CSF analysis). This enables clinicians to stratify risk more effectively, allowing for tailored monitoring and earlier intervention strategies.

2. Diagnostic Precision: Differentiating Alzheimer's from Other Dementias

A critical advantage of amyloid PET imaging is its ability to enhance diagnostic precision, particularly in the differential diagnosis of dementias. Although AD remains the most common cause of dementia, conditions such as frontotemporal dementia (FTD), Lewy body dementia (LBD), and other neurodegenerative diseases often present with overlapping clinical features, complicating the diagnostic process.

Amyloid PET is particularly useful in ruling out Alzheimer's when the clinical presentation is uncertain. In cases where there is diagnostic ambiguity, a negative amyloid PET scan strongly suggests that AD is not the underlying pathology, prompting reconsideration of alternative diagnoses. Conversely, a positive scan can confirm the presence of amyloid pathology, even in patients with atypical presentations (e.g., early-onset AD or atypical patterns of cognitive decline).

How to Save Money During a Lease Renewal Negotiation

David Rodriguez, CARR Healthcare Realty, Commercial Real Estate Agent, Florida Southwest/east Region



More than 80 percent of healthcare practices lease their office space. That means that annually, more lease renewals occur than any other commercial real estate transaction. And statistically, healthcare providers lose more money in lease renewals than any other transaction in commercial real estate. However, what most healthcare providers don't know is that their lease renewal is negotiable,

even if the renewal terms are specified in the current lease. (A landlord who says you can't renegotiate those terms is usually doing so to make more money.)

Because healthcare real estate is typically the second highest expense behind payroll for the majority of practices, it's vital to approach every lease renewal negotiation with an intentional strategy: to win. And winning in lease negotiations can lead to reducing overhead and improving cashflow and profitability. Here are some essential keys to a successful strategy.

Hire a Professional – Early

First, understand that a commercial real estate agent's services are almost always free for tenants and buyers (paid for by the landlord or seller), and they're essential to maximizing profitability, efficiently. You're busy managing a practice and taking care of patients, so upcoming lease renewal negotiations often get swept to the bottom of the to-do list—and understandably so. But here's the bad news: Losing time in healthcare real estate negotiations means losing money.

A healthcare real estate agent's goal is to identify top lease and purchase options in order to come to the table with leverage, and that—plus negotiating a mutually agreeable deal—takes time. The foundation of a successful renewal negotiation is understanding market availability and area comps. What viable options are available in your area should you choose to leave and relocate? How do they compare to each other? How can you leverage those spaces at the negotiation table with your current landlord? What terms and concessions are new tenants in your building receiving? Negotiating with multiple landlords and property owners at one time will give you a good idea of what you should be paying to stay—or leave.

Beginning to end, the real estate negotiation process takes time, and starting it too late can set into motion costly issues. If you're settling with a lease renewal without taking the time to negotiate multiple properties simultaneously, we've seen practices overcharged by tens to hundreds of thousands of dollars over five-to ten-year lease terms.

Know What's Negotiable

While landlords will provide legitimate concessions on lease renewals to existing tenants, they'll only do so when they know they have to be competitive. Getting a landlord to voluntarily reduce the lease rate is rare. But when they know they're negotiating with an expert and at legitimate risk of losing a blue-chip tenant (like a healthcare provider), they're willing to bring the lease rate back down to a market number, resulting in monthly rent savings for you.

To create real posture, understanding the market and which top properties meet your requirements is essential. Beyond simply looking at commercial databases, this takes time, market expertise, and established relationships with listing agents and owners. Landlords will get competitive with lease rates if you're represented well and they believe you have other viable options.

Tenant Improvement Allowances

Tenant improvement allowances are concessions often negotiated in lease renewals. Here, the landlord is investing capital into the space in order to secure a long-term tenant. While many landlords will offer allowances up front in initial-term negotiations, most lease renewal negotiations leave this concession untouched. These allowances, which are given to new tenants in a property, are also available to lease renewal tenants in order to freshen up the space after years of use. A qualified healthcare real estate agent will know just how much additional money to negotiate in the next renewal.

Annual Increases

Another negotiable deal point is an annual increase to the base lease rate. While most leases have annual increases, the amount of the increase varies and often outpaces inflation. This increase is negotiable and can compound more favorably or negatively against you, depending on the percentage increased each year. A landlord's goal is for the agreed upon annual increase rate to be higher at the end of your lease term than what they would offer a new tenant, with the hope that when you renew, you'll do so without any objections. This is where the advice and help of an experienced healthcare real estate broker can save you thousands.

With so much at stake in lease renewals, creating a customized strategy and game plan is vital. While some healthcare providers will take the do-it-yourself approach to negotiating, mistakes can be very costly and expensive for your practice. The clearest and most successful path to winning in real estate is hiring a healthcare-specific agent to ensure you're maximizing profitability.

Continued from page 4

is unable to practice to the capacity and standards of their specialty and training and interferes with their ability to deliver consistently and safely the care that they agreed to provide to the public.”

Polles urged physicians dealing with a potentially impairing condition such as substance disorders to engage with PRN voluntarily, noting that the organization has worked with over 9,000 licensed professionals in the state of Florida, “and there are many, many, many success stories.” She encouraged physicians to view a video on the PRN website (flprn.com) with testimonials from Florida physicians. “Several of our success story physicians volunteered so that other people who are in the position of being scared, unwell, and not knowing which way to turn could hear directly from them about the benefits and what they’ve received in terms of mental health care and to support the community of other physicians.”

Preventing impairing conditions

An important step to preventing impairment is to reach out for support. In addition to the Physician Wellness Program, another resource is the Physician Support Line (physiciansupportline.com or 1-888-409-0141), which offers free, confidential peer support by volunteer Board certified psychiatrists from 8 AM to midnight Monday through Friday. Psychiatrist Mona Massoud, DO, the founder of the Physician Support Line, explained that she created the resource after realizing that physicians have become increasingly isolated and in need of support. “One of the most common things that happens when doctors call is they apologize for bothering me,” she said. “I want doctors to know that it’s not a bother or a burden—this is a service that was created to help doctors.” Massoud encourages physicians and medical students to call for any reason. “It doesn’t have to be a crisis.”

While the Physician Support Line offers peer counseling, some physicians may need more active treatment to manage mental health struggles. For this reason, psychiatrist Nicole Washington, MD created the website physicianmentalhealth.com, a central repository of psychiatrists with experience treating physicians. The site allows doctors to find psychiatrists licensed in their state and may include virtual / telemedicine sessions. Washington said she hopes to destigmatize mental health support for physicians and prevent physician suicide.

Regardless of where you seek help, don’t let concerns over licensure stop you from getting the support and care that you need. The updated Board licensure application makes it clear that seeking help for burnout and wellbeing is not reportable. As Hector Vila, MD, said, “It’s really important for physicians that if you feel some of those symptoms [of burnout] coming on, notice it in yourself, talk to somebody. Those don’t have to be reported to anyone at any time. You can seek assistance before it becomes an issue. That’s the best thing in the world.”

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CCMS Physician Awards Request for Nominations

Collier County Medical Society

Deadline for entries is February 28, 2025.

The CCMS Board of Directors thanks the Medical Society members for your part in helping us to acknowledge those physicians who go above and beyond the call of duty to serve our community.

Past Physician of the Year Honorees:

Paul Mitchell, MD - 2015
 Robert Tober, MD - 2016
 Paul Jones, MD - 2017
 James Talano, MD - 2018
 Cesar De Leon, DO - 2019
 Raymond Phillips, MD - 2020
 Mark Russo, MD - 2021
 Catherine Kowal, MD - 2022
 Nena Korunda, MD - 2023
 Corey Howard, MD - 2024

Past Lifetime Achievement Honorees:

Robert Meli, MD - 2019
 Charles Camisa, MD - 2022
 Wallace McLean, MD - 2023



Collier County Medical Society is pleased to announce its search for the 2025 CCMS Physician of the Year and CCMS Lifetime Achievement Awards. These awards honor CCMS member physicians who deserve special recognition for their services. The Board of Directors of CCMS invite you, as a member, to submit nominees for these prestigious awards.

The awards will be presented at the 68th CCMS Annual Meeting & Installation of Officers, June 14th at Arthrex One Conference Center. Stay tuned for details at ccmsonline.org/events. For sponsor opportunities visit ccmsonline.org/support.

Complete the nomination form located at bit.ly/3DmBkxW noting explicitly why the nominee is deserving of the award. We strongly encourage you to submit additional documentation such as supporting letters, CV, or news articles. All nominations must be made by CCMS member physicians.

Physician of the Year Criteria:

CCMS Member who has demonstrated exceptional activities **over the past year** that reflect well on the medical profession, such as exemplary contributions to the practice of medicine, outstanding service to our community as a volunteer or benefactor, or leadership in advocacy efforts.

Lifetime Achievement Criteria:

CCMS Member whose body of work **over the course of their career** has gone above and beyond their daily role as a physician and serves as an inspiration to colleagues. For example, noteworthy innovations in medicine, significant improvements in access to or quality of care, or leadership in worthwhile causes for our community or for healthcare.

Mail, fax, or email the nomination form and supporting information to:

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Scholarship Applications for Medical & Healthcare Students Due March 31st

Foundation of CCMS

The Foundation of Collier County Medical Society board of directors announces the latest call for applications for its two scholarship award programs: the Dr. William and Nancy Lascheid Memorial Scholarship for Medical Students, and the Foundation of CCMS Healthcare Student Scholarships for students enrolled in or accepted to healthcare degree programs. The deadline for submissions is March 31, 2025.

Since its inception in 2013, the Foundation has awarded over a quarter of a million dollars to exceptional healthcare students from Florida.

The Dr. William and Nancy Lascheid Memorial Scholarship for Medical Students honors the legacy of Neighborhood Health Clinic co-founders Dr. William and Nancy Lascheid, whose visionary efforts provide vital medical care to underserved populations in Collier County. Along with their many contributions to the local medical community, Dr. Lascheid was also CCMS Past President and Mrs. Lascheid was a CCMS Alliance Past President. This scholarship is open to eligible Florida residents enrolled in or accepted to medical school, who have demonstrated excellence in service to their community.

The Foundation's Healthcare Student Scholarships offer awards to eligible Florida residents enrolled in or accepted as students in healthcare degree programs, such as nursing, physician assistant, physical therapy, and more. Awards are based on academic merit and contributions to the community, and, in some cases, financial need.

"For over a decade, our annual healthcare scholarships have served as a critical steppingstone for remarkable students on their academic journeys," remarked Dr. Rolando Rivera, Foundation Board Chair. "By fostering the education of tomorrow's healthcare professionals, we are laying the groundwork for advancements in patient care for our community."

Visit ccmsfoundation.org for applications and requirements or contact the Foundation of CCMS at (239) 435-7727 or info@ccmsonline.org. Information about previous recipients is also online.

The Foundation of CCMS is a 501(c)3 charitable organization launched by the Medical Society in 2012, with the mission to provide support and leadership to programs that address access to healthcare and promote health education. To support the Foundation's scholarship program and charitable healthcare endeavors, make a tax-deductible donation at ccmsfoundation.org or call 239-435-7727.



Mariela Vega,

2024 Dr. William and Nancy Lascheid Memorial Scholarship Recipient



2024 Healthcare Scholarship Recipients:

Julianna Gregory, Sophie Tillotson, Mildred Hinojosa, Reese Davids, Emma Mastro



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Thank you for supporting our mission: "Provide support and leadership to programs that address access to healthcare and promote health education."

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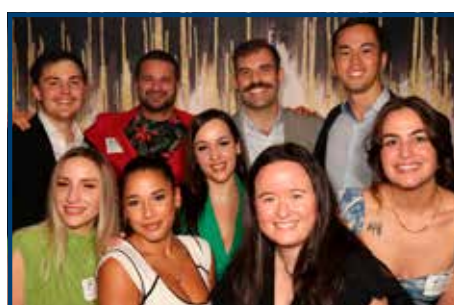
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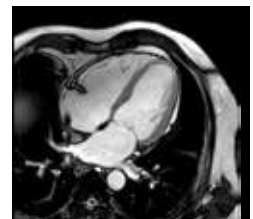
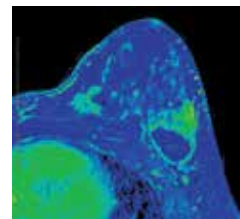
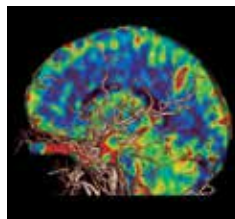
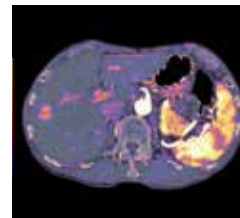
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