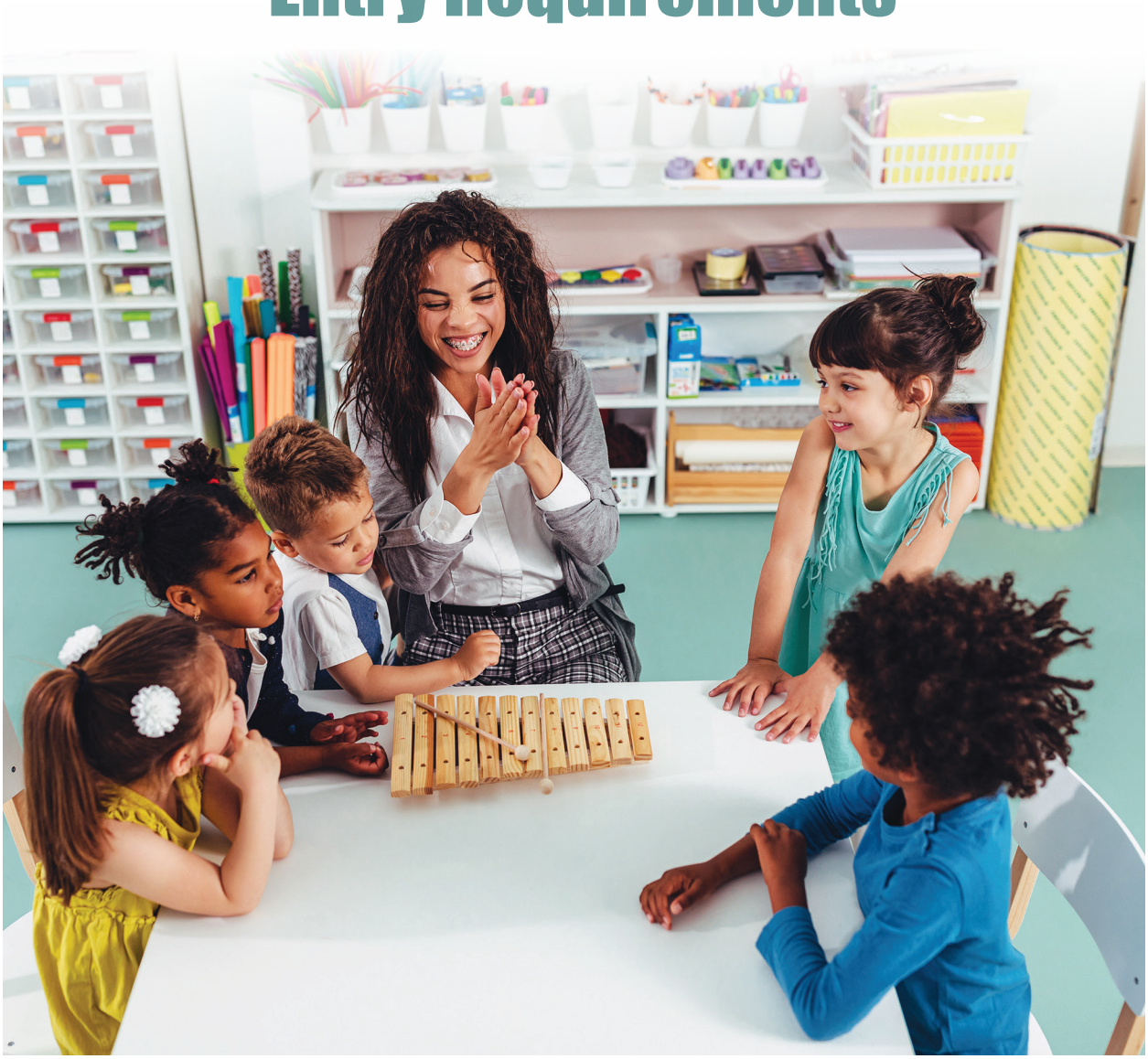
Michigan's Kindergarten Entry Requirements



Great Start
Great Parents, Great Start–Macomb

Great Start Collaborative
Macomb County
A partner of the Early Childhood Investment Corporation

Macomb Community Action
Health and Community Services

Health and Community Services
Health Department

MISD
Macomb Intermediate School District

Macomb Intermediate School District
44001 Garfield Road
Clinton Township, MI 48038-1100
www.misd.net

MISSION

Macomb Intermediate School District:
Service, Support and Leadership

VISION

We are the Macomb Intermediate School District.

We provide quality service to special education and general education students, instructional and technical support to school staff, and cutting-edge educational leadership in Macomb County.

We are committed to all the students of Macomb County. To serve them well, we are resolute in involving parents, school personnel, and the community at large, including business, government, and civic organizations as active partners in planning, delivering and evaluating our services.

We work directly with individuals with disabilities who reside in Macomb County School Districts. We serve students of all ages, from newborns to adults, meeting their unique learning needs and supporting their families all along the way.

Within the twenty-one local districts and public charter schools, we focus our efforts on building capacity with school staff. Through quality training and instructional support, we increase their knowledge, skills and abilities so all students receive a rigorous and effective educational experience.

We promote all aspects of the educational process through our development and support of technology. We provide training in the use of essential technology tools that enhance curricular, instructional and administrative services in our schools and, as a result, opportunities are expanded for all.

We work collaboratively with colleges and universities and are leaders in state and national programs. We anticipate needs and opportunities, all with the single purpose of identifying, developing and implementing programs and practices that, through education, improve the quality of life in Macomb County.

Kindergarten Entry Frequently Asked Questions

The entry age for Kindergarten in a Michigan public school or public school academy gradually changed to require children to be 5 years old by September 1, rather than the current cutoff date of December 1.

Michigan joins the majority of states that require students to reach age 5 before enrolling in a public school and/or public school academy. The requirement was fully implemented in the 2015–2016 school year.

Kindergarten is a great opportunity for learning but is voluntary in the State of Michigan, meaning that kindergarten attendance is permitted but not required.**

**State of Michigan, 96th Legislature, Regular Session of 2012
**MI Revised School Code 380.1147: Enrollment of children in Kindergarten

Question	Answer
1. What is the age my child must be to enter kindergarten in the fall of 2025?	Children who are 5 on or before September 1, 2025 are automatically eligible for kindergarten in the fall of 2025. They will count in membership.
2. Is it possible for me to enroll my child in kindergarten this year if he/she turns 5 after September 1, 2025 but on or before December 1, 2025?	Yes, you must inform your resident district in writing of your intent to enroll your child in kindergarten early. This may be done any time prior to the start of the school year. The child will count in membership.
3. Who decides if my child who turns 5 by December 1, 2025 is ready for kindergarten?	School districts may make a recommendation to parents about whether a child is ready to enroll in kindergarten, but the parent always has the right to decide whether or not to enroll their child.
4. Will these dates and rules change again next year?	The transition to the September 1st cutoff date for kindergarten entry age is now complete and dates will remain the same unless there is new legislation. Parents' rights to request early entry for children who turn 5 between September 2nd and December 1st will also remain in force unless there is new legislation.

Kindergarten Registration Checklist:

Most districts begin to register for Kindergarten around **February** of each year for the following school year. Kindergarten Round Ups also take place around that time. The following is a general checklist that will make your registration process run smoother and help you be prepared when you go.

- Child's **birth certificate** with raised seal (pages that follow have more information)
- Child's **immunization** record (pages that follow have more information)
- Child's **vision and hearing** test results (pages that follow have more information)
- Proof of **residency** (driver's license and 2 pieces of mail containing your name and address - utility bills work well)
- Health form (if required by district)

Please contact your district for other specific requirements they might have.

Obtaining Your Child's Birth Certificate

Your child's birth certificate may be obtained from the county in which your child was born. Macomb, Oakland and Wayne counties all have websites and contact information is listed below.

Frequently Asked Questions

Who can get a copy of my child's birth certificate? Anyone listed on the birth certificate or legal guardian.

How much does it cost to get a birth certificate? Fees vary from $7.50 to $25.

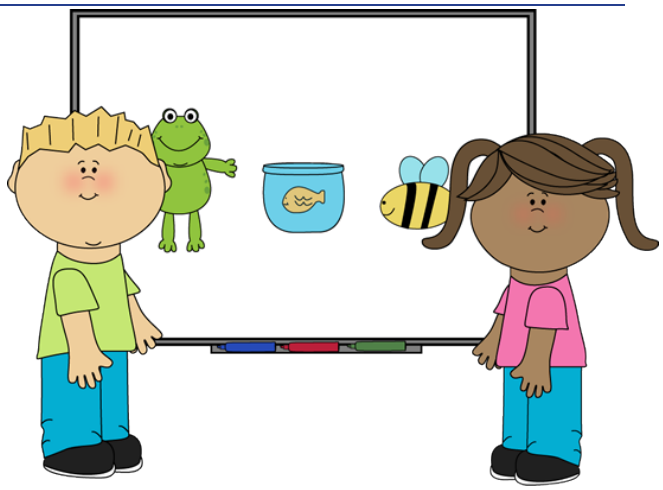
What do I need to request a birth certificate? A valid driver's license or 3 pieces of Identification.

Can I request a birth certificate online? Yes, many counties provide an online service.

Macomb County
120 N. Main Mt. Clemens MI 48043
https://www.macombgov.org/departments/clerk-register-deeds/birth-records
586-469-5120

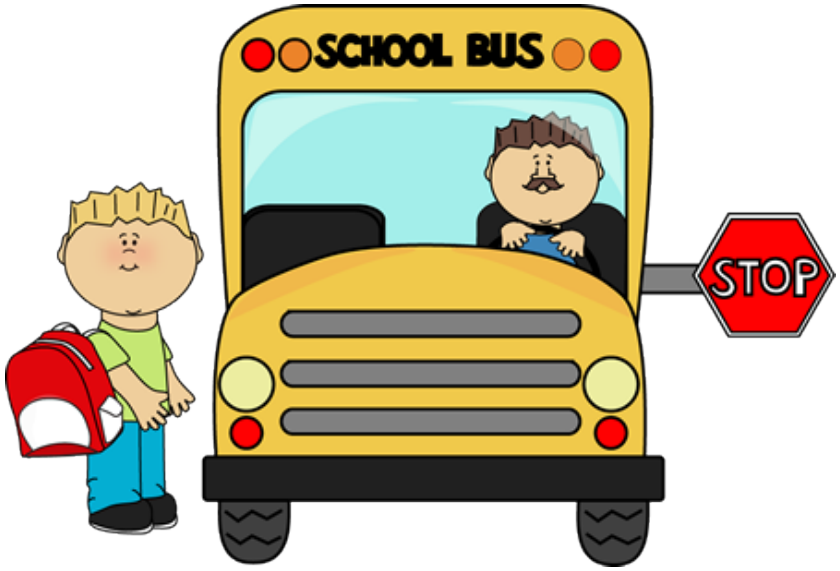
Oakland County
https://www.oakgov.com/government/clerk-register-of-deeds/life-events-services/birth-records
248-858-0581

Wayne County
400 Monroe Street, Suite 605, Detroit, MI 48226
https://www.waynecountymi.gov/Government/Elected-Officials/Clerk/General-Office/Birth-Certificates



Additional Tips

- Make the call to your local school district early to obtain kindergarten registration dates. Many districts start registration as early as February.
- If before/after school care is needed, ask about the available programs. Registration for these programs is generally done in the spring BEFORE the school year begins. Spaces are limited and generally require a registration fee.
- Inquire about transportation – will your child be bused or will you have to transport your child.
- Take your child on a tour of the new school. Ask at registration when this would be possible. Be sure to point out bathrooms, lockers, gym and lunch room.
- Visit the schools playground during the summer.
- Most of all, enjoy this milestone with your child!



Health and Community Services
Health Department

Macomb County Health Department
School Immunization Program
43525 Elizabeth Rd., Mount Clemens, MI 48043
586-466-6840

Dear Parent of Future Kindergarten or Young Five Program Student:

The State of Michigan requires children to be age-appropriately vaccinated to enroll in school programs, unless a valid exemption applies. **Children entering Kindergarten, Developmental Kindergarten or a Young Five Program are required to have documentation of the following vaccinations:**

- ✓ 5 doses DTap
- ✓ 4 doses Polio
- ✓ 3 doses Hepatitis B, or laboratory evidence of immunity
- ✓ 2 doses MMR, or laboratory evidence of immunity
- ✓ 2 doses Varicella, laboratory evidence of immunity, or statement of disease history.

The following resources are options to obtain the required vaccinations:

- Provider's office: Contact your provider's office for an appointment.
- Macomb County Health Department Immunization Clinics: Contact the location for hours and appointments. Appointments are preferred. Walk-ins accepted as time allows. For more information, please visit: https://www.macombgov.org/departments/health-department/family-health-services/immunization-clinic

21885 Dunham Rd Clinton Twp., MI 48036 **(586) 469-5372**	27690 Van Dyke Ave, Suite B Warren, MI 48093 **(586) 465-8537**	25401 Harper Ave St. Clair Shores, MI 48081 **(586) 469-5372**

- Ascension School-based Health center at the following locations:

Warren Mott High School 3131 E 12 Mile Rd Warren,48092 **(586) 558-8765**	**Clintondale High School** 35200 Little Mack Clinton Twp., 48035 **(586)790-4096**	**Center Line High School** 26300 Arsenal Center Line, 48015 **(586) 576-4038**

Henry Ford School Based and Community Health Program Clinics: For locations and services please visit: https://www.henryford.com/services/pediatrics/community/school-based/centers

***Non-Medical Immunization Waiver**:

- Obtained for religious or other objection(s) to vaccine(s)
- Requires certification and education done in person at the Mount Clemens Health Department (43525 Elizabeth Rd., Mt. Clemens, MI 48043)
- Call 586-466-6840 for an appointment
- Walk-ins are not accepted
- Issued electronically and entered into the student's MCIR record, parents/guardians no longer required to submit a paper copy of this waiver to the school

***Medical Contraindication Waiver**:

- Can only be completed by a physician (MD/DO)
- States the medical reason that prevents the child from receiving a specific vaccine(s) for a specific time
- Once completed by a physician, must be turned into the school by the parent/guardian

This Medical Contraindication Waiver and more information can be found on the Macomb County School Immunization website at: https://www.macombgov.org/departments/health-department/disease-control/school-immunization-program-sip

Even with a valid exemption to a particular vaccination, a child is considered susceptible to that vaccine-preventable disease and is subject to exclusion from the school if an outbreak of the disease occurs.

Health and Community Services
Health Department

IMMUNIZATION CLINIC HOURS

Appointments Preferred

Closed daily from 12–1pm. Walk-ins accepted as time allows.

LOCATION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Verkuilen Building-Entrance G 21885 Dunham Rd, Suite 7, Clinton Twp, MI 48036 **(586) 469-5372**	**Clinic hours:** 8:30am-11:30am & 1:00pm-4:30pm	**Clinic hours:** 8:30am-11:30am & 1:00pm-4:30pm	**Clinic hours:** 8:30am-11:30am & 1:00pm-6:00pm	**Clinic hours:** 8:30am-11:30am & 1:00pm-4:30pm **No TB skin test placements. TB skin test reads only.**	**Clinic hours:** 8:30am-11:30am & 1:00pm-4:30pm **Closed until 1pm on the 3rd Friday each month.**
Southwest Health Center 27690 Van Dyke Ave, Suite B, Warren, MI 48093 **(586) 465-8537**	**Clinic hours:** 8:30am-11:30am & 1:00pm-4:30pm	**Clinic hours:** 8:30am-11:30am & 1:00pm-4:30pm	**Clinic hours:** 8:30am-11:30am & 1:00pm-4:30pm	**Clinic hours:** 8:30am-11:30am & 1:00pm-6:00pm **No TB skin test placements. TB skin test reads only until 4:30pm.**	**Clinic hours:** 8:30am-11:30am & 1:00pm-4:30pm **Closed until 1pm on the 3rd Friday each month.**
Southeast Family Resource Center 25401 Harper Ave, St. Clair Shores, MI 48081 **(586) 469-5372 OR (586) 465-8537**	**Closed**	**Clinic hours:** 8:30am-11:30am & 1:00pm-4:30pm	**Closed**	**Clinic hours:** 8:30am-11:30am & 1:00pm-4:30pm **No TB skin test placements. TB skin test reads only**	**Closed**

The Macomb County Health Department is closed on holidays & weekends.

For minor children and adults with guardians: A parent or legal guardian **MUST** accompany the person to be vaccinated.

What to bring:

- Immunization records (if available) for all individuals being immunized
- Insurance card(s) for all individuals being immunized
- Valid picture identification

Costs:

- Cost varies for each vaccine and individual. Cash, check, or credit cards accepted. We **cannot** accept payments by Health Savings Accounts (HSA) or debit only cards.
- Medicaid will be billed for approved vaccines. The Macomb County Health Department can bill some commercial insurances, but we are unable to bill Medicare Part D at this time.
- Adults and children who have no insurance or who have insurance that does not cover the cost of vaccines may be eligible to receive vaccines at a reduced cost.

For more information, please call the Macomb County Health Department's Immunization Program at **(586) 469-5372** (Mount Clemens location) or **(586) 465-8537** (Warren location). For information, registration forms, and to schedule an appointment at https://www.macombgov.org/departments/health-department/family-health-services/immunization-clinic

S:\Family Health Services\Clinic\Procedures\17-Procedure 17-Immunization Recalls & Reminders\Immunization Clinic Hours. Updated 2.6.2025

Your Child at 5 Years

How your child plays, learns, speaks, and acts offer important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- ❑ Wants to please friends
- ❑ Wants to be like friends
- ❑ More likely to agree with rules
- ❑ Likes to sing, dance, and act
- ❑ Is aware of gender
- ❑ Can tell what's real and what's make-believe
- ❑ Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- ❑ Is sometimes demanding and sometimes very cooperative

Language/Communication

- ❑ Speaks very clearly
- ❑ Tells a simple story using full sentences
- ❑ Uses future tense; for example, "Grandma will be here."
- ❑ Says name and address

Cognitive (learning, thinking, problem-solving)

- ❑ Counts 10 or more things
- ❑ Can draw a person with at least 6 body parts
- ❑ Can print some letters or numbers
- ❑ Copies a triangle and other geometric shapes
- ❑ Knows about things used every day, like money and food

Movement/Physical Development

- ❑ Stands on one foot for 10 seconds or longer
- ❑ Hops; may be able to skip
- ❑ Can do a somersault
- ❑ Uses a fork and spoon and sometimes a table knife
- ❑ Can use the toilet on her own
- ❑ Swings and climbs

Act Early by Talking to Your Child's Doctor if Your Child:

- ❑ Doesn't show a wide range of emotions
- ❑ Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- ❑ Is unusually withdrawn and not active
- ❑ Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- ❑ Doesn't respond to people, or responds only superficially
- ❑ Can't tell what's real and what's make-believe
- ❑ Doesn't play a variety of games and activities
- ❑ Can't give first and last name
- ❑ Doesn't use plurals or past tense properly
- ❑ Doesn't talk about daily activities or experiences
- ❑ Doesn't draw pictures
- ❑ Can't brush teeth, wash and dry hands, or get undressed without help
- ❑ Loses skills he once had

If you notice any of these signs of possible developmental delay, tell your child's doctor or nurse, and talk to someone at your local public school who is familiar with services for young children. For more information, visit **nyc.gov** and search for "Child Development."

Content provided by the Centers for Disease Control and Prevention, Learn the Signs. Act Early program. For more information go to www.cdc.gov/ActEarly.

NYC Health

Your Child's Growth Is More Than Physical

To learn more about development visit nyc.gov and search for "Child Development"

Health and Community Services
Health Department

Hearing and Vision Program – Southeast Family Resource Center
25401 Harper Avenue, St Clair Shores, MI 48081
Phone: 586-412-5945 Fax: 586-771-6705

HEARING AND VISION SCREENING FOR INCOMING KINDERGARTENERS

Dear Parents/Guardians:

According to the Michigan Public Health Code (Act 368 of 1978), children entering kindergarten must have their hearing and vision screened **before the first day of school**.

Macomb County Health Department provides this service free of charge, **by appointment ONLY**, at various locations/dates from January – May. Please schedule your appointment now so your child will be prepared for kindergarten this fall. We do not offer screenings in June or July. Limited August appointments fill up quickly. If you have not arranged to have your child screened prior to the start of school, it will be necessary for you to visit your doctor for this service.

Important information to know:

- If your child attends pre-school in Macomb County, check with the pre-school to see if hearing and vision screenings have already been held or are scheduled to be conducted before the end of the school year. If this is the case, you will obtain the required paperwork for kindergarten entrance from your pre-school provider.
- If your child did not attend pre-school or was not screened due to absence on screening day at their pre-school, please call the Hearing & Vision Program at Macomb County Health Department at (586) 412-5945 or visit our website at Macombgov.org/HearingAndVision, to schedule an appointment.
- **DO NOT SCHEDULE AN APPOINTMENT FOR LOST OR MISPLACED PAPERWORK.**
  If you have lost or misplaced your paperwork, please call the office to discuss your options for obtaining documentation.
- For entrance into kindergarten, documentation is required and provided by Macomb County Health Department (see sample below). Please put this document in a safe place until it is time for kindergarten registration.


MACOMB COUNTY HEALTH DEPARTMENT
HEARING AND VISION PROGRAM
586-412-5945

PARENT/GUARDIAN: IMPORTANT

This form must be presented when child enters kindergarten in accordance with Michigan Public Health Code (Act 368 of 1978).

Sample

HEARING SCREENING	VISION SCREENING
☐ PASS'D	☐ PASS'D
☐ DID NOT PASS - An examination by your local	☐ DID NOT PASS - An examination by an optometrist

MDHHS Trained Hearing Technician | MDHHS Trained Vision Technician

Keep your yellow Pass/Fail slip in a safe place until kindergarten registration!

REV: 06/2025

Did you know?

Being ready for school starts with a dental screening.

A fast, easy dental screening is required for kindergarteners.

Dental problems can prevent children from doing well in school.

For the screening, a dental professional will look into your child's mouth. They will note what they see on a screening form and tell you if your child needs to see a dentist. There is no cost to you if the Macomb County Health Department does the screening.

If you can't complete the screening before school starts, don't worry. It will not prevent your child from attending school.

Where can my child get screened?

If you have a dentist:

Ask your child's dentist to do an oral health assessment at their next exam. Bring the completed screening form to your child's school.

If you don't have a dentist:

The Macomb County Health Department will provide screenings before school starts and during the school year. Look for screening events at preschools, school registration events and your child's school.

If you don't have insurance, your child may be eligible for the Healthy Kids Dental Program. Visit Michigan.gov/MDHHS/Assistance-Programs/Healthcare/ChildrenTeens/HKDental to enroll.

02/2025

Health and Community Services
Health Department

MacombGov.org/OralHealth
KOHA@MacombGov.org

586-465-8070

MDHHS-3305, HEALTH APPRAISAL

Michigan Department of Health and Human Services (MDHHS)
(Revised 7-24)

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section 1. Section 4 may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse, dentist, dental therapist, and dental hygienist.

(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION).

SECTION 1 – PERSONAL

Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yy)
Address (Number, Street, City, Zip Code)	Today's Date (mm/dd/yy)
Parent/Guardian (Last, First, Middle)	Home/Cell Phone Number
Address (Number, Street, City, Zip Code)	Work Phone Number

SECTION 2 – HEALTH HISTORY

Yes	No	Resolved	Is your child having any of the problems listed below?	Birth History
☐	☐	☐	1. Allergies or Reactions (for example, food, medication or other)	
☐	☐	☐	2. Anaphylaxis	
☐	☐	☐	3. Does your child take any medication(s) regularly?	If yes, list medications
☐	☐	☐	4. Hay Fever, Asthma, or Wheezing	
☐	☐	☐	5. Eczema or Frequent Skin Rashes	
☐	☐	☐	6. Convulsions/Seizures	
☐	☐	☐	7. Heart Trouble	
☐	☐	☐	8. Diabetes	
☐	☐	☐	9. Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) ☐ Yes ☐ No
☐	☐	☐	10. Trouble with Passing Urine or Bowel Movements	If yes, describe

☐	☐	☐	11. Shortness of Breath	
☐	☐	☐	12. Speech Problems	
☐	☐	☐	13. Menstrual Problems	
☐	☐	☐	14. Dental Problems Date of Last Exam OR Date of Last Assessment	
☐	☐	☐	15. Other (describe)	

Reason for Medication

Concussion History

Parent/Guardian Signature Date

Was the health history reviewed by a health professional? Examiner's Initials

☐ Yes ☐ No

SECTION 3 - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Test and Measurements

Yes	No	Was child test for	Tests and results	Normal	Referred	Under Care
☐	☐	Vision	Visual Acuity	☐	☐	☐
		Date	Muscle Imbalance	☐	☐	☐
			Other	☐	☐	☐
☐	☐	Hearing	☐ Audiometer (R= Right, L=Left)			
		Date	☐ OAE (R= Right, L=Left)			
			☐ Other (R= Right, L=Left)			
☐	☐	Urinalysis	Sugar	☐	☐	☐
			Albumin	☐	☐	☐
			Microscopic	☐	☐	☐
☐	☐	Blood Lead Level	Level ug/dl	☐	☐	☐
		Date				

Note: All children in Medicaid need to be tested at 1 and 2 years of age, or once between 3 and 6 years of age if not previously tested. All children, regardless of Medicaid status, should be tested at those same ages if they live in an area where lead risk is high.

☐	☐	Height & Weight	Height	☐	☐	☐
			Weight	☐	☐	☐
☐	☐	Other	Other	☐	☐	☐
☐	☐	Hemoglobin/Hematocrit	⇨	☐	☐	☐
☐	☐	Blood Pressure	Reading	☐	☐	☐

Complete pediatric tuberculosis risk assessment available at:
https://www.michigan.gov/documents/mdhhs/4._MI_Pediatric_TB_Risk_Assessment_661537_7.pdf **OR** feel free to use the attached QR code instead of the full link text.

Examinations and/or Inspections

Essential Findings Deviating from Normal — Exam Date

SECTION 4 – IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied based on this information.*

Vaccines (Select Type)	Date Administered (mm/dd/yy)		
Hepatitis B (HepB)	1.	2.	3.
	4.		
DTaP/DTP/DT/Td	1.	2.	3.
	4.	5.	6.
Tdap	1.		
Haemophilus Influenzae type b (HIB)	1.	2.	3.
	4.		
Polio (IPV/OPV)	1.	2.	3.
	4.	5.	
Pneumococcal Conjugate (PCV)	1.	2.	3.
	4.		
Rotavirus (RV1/RV5)	1.	2.	3.
Measles, Mumps, Rubella (MMR/MMRV)	1.	2.	3.
Varicella (Chickenpox), (Var, MMRV)	1.	2.	
Hepatitis A (HepA)	1.	2.	3.

Influenza (IIV/LAIV)	1.	2.	3.
	4.		
Meningococcal (MCV4, MenABCWY)	1.	2.	3.
Meningococcal B (Bexsero, Trumenba, MenABCWY)	1.	2.	3.
Human Papillomavirus (HPV)	1.	2.	3.

Additional Vaccines Specify Date & Type

Type of Vaccine(s)	Date of Vaccine(s)
1.	
2.	
3.	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.

***Note:** According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

History of Chickenpox Disease? If yes, date

☐ Yes ☐ No

☐ Parent/Guardian refused recommended immunizations at visit.

I certify that the immunization dates are true to the best of my knowledge

Health Professional Signature Title Date

SECTION 5 - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other actions?

☐ Yes ☐ No

If yes, explain

Should the child's activity be restricted because of any physical defect or illness?

☐ Yes ☐ No

Check all that apply

☐ Classroom ☐ Playground ☐ Gymnasium

☐ Swimming Pool ☐ Competitive Sports ☐ Other

If yes, explain degree of restriction(s)

Other Recommendations

SECTION 6 - DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

Child's Name

Type of Service
☐ Dental Exam ☐ Dental Assessment

Findings (Check all that apply)
☐ No findings ☐ Treated Decay ☐ Untreated Decay

Recommendations (Check one)
☐ Routine Care
☐ Referral for dental treatment
☐ Referral for urgent dental care

Provider Signature | Date

Check one
☐ Dentist ☐ Dental Therapist ☐ Dental Hygienist

SECTION 7 - PHYSICIAN'S SIGNATURE

Examiner's Name (Print) | Degree or License | Telephone Number

Examiner's Signature | Date

Address | City | State MI | Zip Code

Information required for:

Early On – Hearing and Vision Status; Diagnosis; Health status

Child Care Licensing – Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start – Determination that child is up-to-date on a schedule of age-appropriate preventative and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-childcare visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.