

All redactions in this document utilize exemptions (b)(6) and (b)(7(C)

Exhibit 33

| | For use of the | SWORN ST his form, see AR 190-45 | ATEMENT the proponent age | ency is PMG | | | |
|--|---|---|---|---|--|---|---|
| | | PRIVACY ACT | STATEMENT | | | | |
| AUTHORITY: | Title 10, USC Section 301; Title 5, USC Section 2951; E.D. 9397 Social Security Number (SSN). | | | | | | |
| PRINCIPAL PURPOSE: | To document potential or law and order through inv | | | to allow Army official | Is to maintain dis | cipline, | |
| ROUTINE USES: | Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions. | | | | | | |
| DISCLOSURE: | Disclosure of your SSN a | and other information is | roluntary. | | | | |
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Exhibit 34

MEMORANDUM OF AGREEMENT BETWEEN DEPLOYMENT MEDICINE INTERNATIONAL AND

THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

GENERAL

- 1. The Uniformed Services University of the Health Sciences (University) is a fully-accredited educational institution offering professional and academic degrees in medicine, nursing, dental, health administration, biomedical sciences, and related fields. The University is an academic activity of the Department of Defense (DoD). The University has established a program of training in medicine, and such program requires medical students (students) to obtain learning experiences as set forth in the curriculum of the School of Medicine.
- 2. Deployment Medicine International (DMI) is a for-profit training organization with U.S. Headquarters in the State of Washington. Its mission is to train medical practitioners in the unique aspects of medicine in difficult, often hostile, environments and situations. DMI has programs in which students may obtain a part of their learning experience.
- 3. It is to the benefit of the University that students enrolled in the medical school program at the University be permitted to participate in operational training experiences with DMI.
- 4. It is to the DMI's benefit to allow students to participate in operational training experiences to obtain part of their learning experience, thereby contributing to the educational preparation of a future supply of physicians and at the same time providing expanded academic medicine teaching opportunities to physicians in the uniformed services.
- 5. The operational training experience is a "hands-on" experience intended to demonstrate and practice the skills necessary to provide Tactical Combat Casualty Care. These skills are tied to the normal and pathologic physiology learned in the rest of the USUHS medical school curriculum. Innovative lessons learned from the battlefield are presented to provide additional confidence and knowledge. Specific topics covered include casualty assessment; exsanguinating hemorrhage, airway, respiratory and shock management; medical ramifications of blast injury; acute burn injury management; pain management and advanced wound care. In addition to classroom lectures and demonstrations, the experience will provide laboratory exercises with tactically relevant scenarios involving care under fire, tactical field stabilization, patient movement and prolonged care in tactical environments. In general the course will consist of classroom lecture in the morning followed by laboratory practice in the afternoon. All laboratory sessions will be carefully monitored to minimize chance of injury. The experience will utilize anatomic as well as high fidelity trauma training mannequins. There will be no actual patient contact.
- 6. There will be no monetary obligations on the part of the University or the DMI one to the other. The parties intend that the DMI will provide training to be given on a non-reimbursable basis to students in exchange for the opportunity to provide expanded academic medicine

MEM.06.13 Page 1/4

teaching opportunities to physicians within the uniformed services. The parties understand in this regard that students are prohibited from receiving pay, contributions, or gifts including such forms of compensation as meals, quarters, or personal laundry, other than those accepted by the University under 31 U.S.C. §1353.

- 7. The parties agree that no patient contact or interface with protected medical information is anticipated so HIPAA provisions are inapplicable.
- 8. The parties recognize that students performing pursuant to this agreement remain employees of their respective services and of the United States, performing duties within the course and scope of their Federal employment. Consequently, the provisions of the Federal Tort Claims Act (Title 28, U.S.C. §1345(b) and §2671 et seq.), including its defenses and immunities, will apply only and exclusively to allegations of negligence or wrongful acts or omissions by students while acting within the scope of their duties as Federal employees, pursuant to this agreement. The primary responsibility for investigating tort claims arising from this agreement shall reside in the Office of the General Counsel, or its equivalent, that supports DMI. DMI will notify the University General Counsel (telephone 301.295.3028) of any actual or potential claim or suit that names a member or employee of the University as a party or potential defendant. The parties agree to cooperate fully in any investigation necessary for medical or legal reasons. All issues will be resolved between the parties, without involvement of third parties.
- 9. This Memorandum of Agreement shall remain in effect from 8 July 2013 to 14 July 2013.

THE DMI'S RESPONSIBILITIES

- 10. DMI will make available the facilities needed for training and, to the extent possible will treat students as if they were members of the DMI's permanent staff.
- 11. DMI will provide students the opportunity for an operational experience with DMI. DMI will provide students with access to appropriate facilities, for such periods of time and for such experiences as provided for in this Memorandum of Agreement, provided, however, that their presence will not interfere with the DMI's official duties or training, or with any regulation or policy.
- 12. DMI, whenever possible, will provide reasonable work and storage space for students.
- 13. DMI will provide educational supplies and educational equipment necessary for instruction.
- 14. DMI will designate lines of authority and communication for relations between DMI and the University.
- 15. DMI will provide instruction, supervision, control, and evaluation for students in coordination with the University. DMI will inform the University if students' (1) achievement, progress, adjustment, or health does not warrant continuation of training, or (2) the behavior of any student fails to conform to DMI's applicable regulations.

MEM.06.13 Page 2/4

- 16. DMI will do its utmost to facilitate emergency care if needed.
- 17. DMI will allow students to use DMI's facilities on the same terms and prices, if any, as DMI staff members.
- 18. DMI will report any claims involving the students to the University's General Counsel at 301-295-3028.

THE UNIVERSITY'S RESPONSIBILITIES

- 19. The University through this Memorandum of Agreement designates only students for operational training experiences with DMI.
- 20. The University will ensure that students are in good health at the time of their designation.
- 21. The University will require students to undergo medical examinations and take such protective measures as DMI from time to time may require.
- 22. The University will provide general academic and military control of students while they are training with the DMI.
- 23. The University will train students on the protection and privacy of protected health information and will provide evidence of such training to DMI. Such training will meet the requirements of HIPAA and its privacy rules.
- 24. The University will require students to conform to requirements and restrictions specified jointly by the University and DMI.
- 25. Students will receive health care and hospitalization at United States Government facilities when available.

POINTS OF CONTACT

THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

(b)(6),(b)(7_{M.D.}

Vice President, Affiliations and International Affairs Uniformed Services University of the Health Sciences 4301 Jones Bridge Road

Bethesda, Maryland 20814-4799

(b)(6),(b)(7)(C)

DEPLOYMENT MEDICINE INTERNATIONAL

John Hagmann, M.D.
Deployment Medicine International
Post Office Box 1264
Gig Harbor, Washington 98335
253-238-6343

(b)(6) (b)(7)(C)

APPROVALS AND ACCEPTANCES

| DEPLOYMENT MEDICINE INTERNATIONAL |
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| |
| JOHN HAGMANN, MD |
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| DATE |
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References: Public Law 92-426, Title 10 Section 2112, 2113, 2114 DoD Instruction 5105.45

APPROVALS AND ACCEPTANCES

THE UNIFORMED SERVICES UNIVERSITY DEPLOYMENT MEDI-OF THE MEALTH SCIENCES

(b)(6),(b)(7)(C)

DEAN, F. EDWARD HÉBERT SCHOOL OF MEDICINE (ACTING)

7.5.13

DATE

DEPLOYMENT MEDICING INTERNATIONAL

7 JULY 2013

DATE

References: Public Law 92-426, Title 10 Section 2112, 2113, 2114 DoD Instruction 5105.45 Exhibit 35

| Memor | randum for USUHS | S Ethics Official/Office of | f General Counsei | |
|---------------------------------|---|--|--|---|
| From: | | | D | ate |
| Subj: | Request for Ap TDY Travel | proval of Acceptance of | Travel and Related Expenses | rom <u>Non-Federal</u> Sources for Official |
| 1. | The following in | formation in provided in | support of this request. | |
| a. | Traveier's Name | * | ····· | Phone: |
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| e. | Entity Providing | Non-Federal Funds: | | · · · · · · · · · · · · · · · · · · · |
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| Type o | f Funding provide | ed and \$ Value (Comple | te appropriate blocks): | |
| | Type | Reimbursement | Value In-kind | Dept Funds |
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| 3. with kn | | | iese funds does not present a com on the integrity of USUHS program | Hict of interest, i.e., a reasonable personms or operations. |
| Name a | and Signature of Re | equestor Name and | d Signature of Dept Chair/ Dean | Date |
| | Funded orders a | re required for any payn | nents not reimbursed in kind. | |
| | _ Funded orders a | re required as the organi | zation will reimburse the Unive | rsity for travel. |
| Simmet. | ire of Ethics Officia | 3 1 | Date | |
| Cignatt | ne or remos Articia | 1) | Date | |

Exhibit 36



Gig Harbor, WA 98335 Phone: 253-238-6343

Fax: 760-539-8889

www.deploymentmedicine.com

25 June 2013

Dean, School of Medicine Uniformed Services University of the Health Sciences 4301 Jones Bridge Road Bethesda, MD 20814

To Whom It May Concern:

This letter represents an offer by Deployment Medicine International (DMI) to provide payment for training from a Non-Federal Source to the Uniformed Services University of the Health Sciences (USUHS) in support of officially authorized training.

The funding supports the activities of the attached list of medical students from the USU SOM Class of 2016 who will attend the Operational Emergency Medical Skills Course to be taught in the local area between 15 and 21 July 2016.

The IN KIND portion provides for the course registration fee (\$900 per student) for a total of \$5400.00 and will be provided directly from DMI as "value in kind".

Respectfully,

John H. Hagmann M.D.

President

Deployment Medicine International

| STUDE | ENTS FOR OEMS PROCEDURES | COURSE - Virginia |
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for Conference/Training/Educational Event

NOTE: If funding will be provided by a Non-Federal source, or if funding sources differ, one request per individual must be submitted.

| 1. Attendee (b)(6),(b)(7) Medical Student Class of 2016 |
|--|
| Total number of requesting attendees: _ 1 |
| 2. Full Event Title: Operational Emergency Medical Skills Procedures Course, Virginia, 15-21 July 2013 |
| 3. Event Dates (07/15/2013): to Travel Dates: (07/21/2013: |
| 4. Location (Virginia): |
| 5. Organizing or hosting entity Deployment Medicine International (DMI) |
| 6. Names of Non-federal co-sponsors: (DMI) or N/A |
| 7. Name of Non-Federal entity conference planner: N/A |
| 8. Is spousal travel involved in the conference plan? No 9. No cost contracts involved? No (No-cost contracts are provision of goods or services that normally cost money but are provided free for this event.) |
| 10. Brief description of event: This is a training course focused on teaching procedures required for initial patient stabilization, |
| movement and for extended care in an austere environment. Successful completion of the course is the first step in preparing |
| students to go on to act as Teaching Assistants for the larger FTX 201: Operational Emergency Medical Skills Course taught here at |
| USUHS. |
| 11. Impact: How does the event advance the USU/DoD mission? See above |
| 12. Attending as: (check all that apply): Attendee XTrainee Presentation Staff Other: |
| 13. If total cost for USU exceeds \$20,000, we are unable to provide an exemption from DoD review. To your knowledge, are other USU personnel likely to attend? No Unknown XYes If yes, how many and from what department(s)? 13 Additional Students from SOM class of 2016_ |
| 14. Any comments or added information: 14 Total USU students attending |

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for Conference/Training/Educational Event

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| Expense Item | enter-dollar amount in the appropriate funding source column | | | enter funding source name and number in the row and column matching each dollar amount | | |
| | USU | Value In- Kind (OGC Review is Required) | Reimbursement from non- Federal Sources (OGC Review is Required) | USU insert name and full account number | Other Federal: insert name | HJF or other Non- Federal source insert name and full account number |
| Lodging | \$ | \$ | \$ | | | |
| Meals | \$ | \$ | \$ | | • | |
| Tickets/Com. Carrier Fees | \$ | \$ | \$ | | | |
| Registration | \$ | \$ 900 | \$ | | | |
| Taxi/incidentals | \$ | \$ | \$ | | | |
| Total | \$ | \$ 900 | \$ | | | |
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| 18. Attachments: Agenda with re | levant segments X Email/letter : | of proffer Other: | |
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| d. Dean/Responsibility Center | | (A)(6) (B) | |
| | | OC: (b)(6),(b) A-1016 Phone: 301.29 | 5.3013 Email: |
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PO Box 1264

Gig Harbor, WA 98335

Phone: 253-238-6343 Fax: 760-539-8889

www.deploymentmedicine.com

25 June 2013

Dean, School of Medicine Uniformed Services University of the Health Sciences 4301 Jones Bridge Road Bethesda, MD 20814

To Whom It May Concern:

This letter represents an offer by Deployment Medicine International (DMI) to provide payment for training from a Non-Federal Source to the Uniformed Services University of the Health Sciences (USUHS) in support of officially authorized training.

The funding supports the activities of the attached list of medical students from the USU SOM Class of 2016 who will attend the Operational Emergency Medical Skills Course to be taught in the local area between 15 and 21 July 2016.

The IN KIND portion provides for the course registration fee (\$900 per student) for a total of \$5400.00 and will be provided directly from DMI as "value in kind".

Respectfully,

John H. Hagmann M.D.

President

Deployment Medicine International

| STUDENTS FOR OEMS PROCEDURE. | DURSE - Virginia |
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| 1. | (b)(6),(b)(7)(C) |
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| 2. | |
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for Conference/Training/Educational Event

NOTE: If funding will be provided by a Non-Federal source, or if funding sources differ, one request per individual must be submitted.

| 1. Attender (b)(6),(b) Medical Student Class of 2016 |
|--|
| Total number of requesting attendees:1 |
| 2. Full Event Title: Operational Emergency Medical Skills Procedures Course, Virginia, 15-21 July 2013 |
| 3. Event Dates (07/15/2013): to Travel Dates: (07/21/2013: |
| 4. Location (Virginia): |
| 5. Organizing or hosting entity Deployment Medicine International (DMI) |
| 6. Names of Non-federal co-sponsors: (DMI) or \square N/A |
| 7. Name of Non-Federal entity conference planner: N/A |
| 8. Is spousal travel involved in the conference plan? No 9. No cost contracts involved? No (No-cost contracts are provision of goods or services that normally cost money but are provided free for this event.) |
| 10. Brief description of event: This is a training course focused on teaching procedures required for initial patient stabilization, |
| movement and for extended care in an austere environment. Successful completion of the course is the first step in preparing |
| students to go on to act as Teaching Assistants for the larger FTX 201: Operational Emergency Medical Skills Course taught here at |
| USUHS. |
| 11. Impact: How does the event advance the USU/DoD mission? See above |
| 12. Attending as: (check all that apply): Attendee XTrainee Presentation Staff Other: |
| 13. If total cost for USU exceeds \$20,000, we are unable to provide an exemption from DoD review. To your knowledge, are other USU personnel likely to attend? No Unknown XYes If yes, how many and from what department(s)? 13 Additional Students from SOM class of 2016_ |
| 14. Any comments or added information: 14 Total USU students attending |
| |



jai Conference/Training/Educational Event

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| Expense Item | Dollar Amount enter dollar grabbat in the appropriate funding source column | | | Source Name/Account Number enter funding source name and number in the row and column motiving each ablar amount. | | |
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| Taxi/incidentals | 1,00 | | | | | |
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for Conference/Training/Educational Event

| 15. Anticipated Expense If HJF funding is used, ar If yes, ethics form compl | e the funds cui | rently from a gra | int with an approved | | Not applica | ble No Yes |
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| | or each expense | in the correspondin | | | | nn-federal). Then fill in name liber. If Value In-Kind or non- |
| Expense Item | Dollar Amount enter dollar amount in the appropriate funding source column | | | Source Name/Account Number enter funding source name and number in the row and column matching each dollar amount | | |
| | USU | Value In- Kind (OGC Review is Required) | Reimbursement from non- Federal Sources (OGC Review is Required) | USU insert name and full account number | Other Federal: insert name | HJF or other Non- Federal source insert name and full account number |
| Lodging | \$ | \$ | \$ | | | |
| Meals | \$ | \$ | \$ | | | |
| Tickets/Com. Carrier Fees | \$ | \$ | \$ | | | |
| Registration | \$ | \$ 900 | \$ | | | |
| Taxi/incidentals | \$ | \$ | \$ | | | |
| Total | \$ | \$ 900 | \$ | | | |
| Estimated Total 17. Ethics Official/Office | on-DoD sources on paid by USU(I of airfare/lodgic Cost/attendee of General Cost al sources (included documents in the air additional documents in the air addi | ng/per diem and to USU (DoD): unsel (OGC) unding HJF funds) nust go to the OG USUHS and turn I be charged to med for travel expense under Volume ting these funds of question the interior | shuttle/rental car: to support this request for signature. ned in to FMG; (b) if the department's organises (provided they at 1 of the Joint Feder does not present a congrity of USUHS programs. | \$s \$uest? No [the non-Federa mization; and (are similar to e al Travel Regul onflict of intere | YES IF yes, I funds are in c) if the non- expenses for o ations(the ty est, i.e., a rea- fions. | requesting attendee must insufficient to cover my -Federal source provides other attendees) even if type of expenses must be |
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| Accelinee Signature and I | DOTE. | | | | | 4 |

for Conference/Training/Educational Event

| | (b)(6),(b)(7)(C) | | |
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| Review OGC Review Non-concur | | S JUL 3 | |
| Comments | | | |
| 18. Attachments: Agenda with | relevant segments X Email/letter | of proffer Other | |
| 19. Date Submitted: 3July2013 | Submitted by: Col 71. V | DEPT DEPT | : MEM_ |
| DEPT Chair/Supervisor OGC (if non-federal support Dean/Responsibility Center Hand carry to office of the | President USU: Charles L. Rice MD P | 301.295.3028 Bldg A Ro | |
| attendancerequests@usuh f. Return fully signed form to | | hone: Email: | @usuhs.edu |
| Example: GME (b)(• If O&M funds are used | cur | ego C) 410408 (b)(6),(b) 08 | |
| USU President CoS | nter ncur bility Center: if | | 1 2013 |

Comments

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John H. Hagimann M.D.

President

Deployment Medicine International

| STUDE | ENTS FOR OEMS PROCEDUR | COURSE - Virginia |
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| 1. | (b)(6),(b)(7)(C) | |
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for Conference/Training/Educational Event

NOTE: If funding will be provided by a Non-Federal source, or if funding sources differ, one request per individual must be submitted.

| 1. Attendee (b)(6),(b)(7) Medical Student Class of 2016 |
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| 11. Impact: How does the event advance the USU/DoD mission? See above |
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| 14. Any comments or added information: 14 Total USU students attending |
| |



for Conference/Training/Educational Event

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| Expense Item | Dollar Amount enter dollar amount in the appropriate funding source column | | | Source Name/Account Number enter funding source name and number in the row and column matching each dollar amount | | |
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for Conference/Training/Educational Event

| 15. Anticipated Expense | | | | | - | |
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| If HJF funding is used, ar | | | | | _Not applica | bleNoYes |
| If yes, ethics form compl | letion may not | be required (verif | y with OGC to be sur | e). | | |
| | or each expense | in the correspondin | | | | on-federal). Then fill in name wher. If Value In-Kind or non- |
| Expense Item | enter dollar o | Dollar Amou amount in the appr | 7. Table 1 | Source Name/Account Number enter funding source name and number in the row and column matching each dollar amount | | |
| | USU | Value In- Kind (OGC Review Is Required) | Reimbursement from non- Federal Sources (OGC Review is Required) | USU insert name and full account nurnber | Other Federal: insert name | HJF or other Non- Federal source insert name and full account number |
| Lodging | \$ | \$ | \$ | | | |
| Meals | \$ | \$ | \$ | | | |
| Tickets/Com. Carrier Fees | \$ | \$ | \$ | | | |
| Registration | \$ | \$ 900 | \$ | | | |
| Taxi/incidentals | \$ | \$ | \$ | | | |
| Total | \$ | \$ 900 | \$ | | | |
| Estimated Total 17. Ethics Official/Office Are you using non-feder read and e-sign below or I understand that: (a) All checks are to be m authorized expenses, the sufficient funds, I will be those expenses exceed to allowable under the JFTF (d) To the best of my knowledge of all of the fi- (e) After this request is a | on-DoD sources on paid by USU(I of airfare/lodgic Cost/attended of General Cost al sources (included documents in the air of General Cost and the Genera | ing/per diem and to USU (DoD): unsel (OGC) luding HJF funds) must go to the OG to USUHS and turn I be charged to med for travel expense under Volume ting these funds of the interpretate | shuttle/rental car: I to support this requestion to FMG; (b) if the department's organises (provided they at 1 of the Joint Feder does not present a cegrity of USUHS prog | \$s \$uest? NO [the non-Federal anization; and (are similar to e. al Travel Regul onflict of intererams or operat | YES IF yes, I funds are in c) if the non- expenses for continuous (the ty est, i.e., a realions. | requesting attendee must insufficient to cover my Federal source provides other attendees) even if upe of expenses must be |
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| Comments: | | |
| 18. Attachments: Agen | da with relevant segments X Email/lett | er of proffer Other |
| | 2013 Submitted by: Col VI | |
| b. DEPT Chair/Superv c. OGC (if non-federa d. Dean/Responsibilit e. Hand carry to offic attendancerequest f. Return fully signed g. Upon receipt of ful • send e-copy to Example: GIV • If O&M funds | I support is provided) (b)(6),(b)(7)(c) (c) Center (e) of the President USU. Charles L. Rice Mis@usuhs.edu (form to: Name: (b) approved form: (c) AttendanceApproved@usuhs.edu). In (c) (d)(6),(b)(23-25April2013 San are used, send e-copy to (b)(6),(b)(7) (e) a number 1 8 or a letter C, D, E, M, or T. OTE: All information multiple previsor (Non-concur | C) 301.295.3028 Bldg A Room #1030 D POC (b)(6),(b) A-1016 Phone: 301.295.2013 Email: Phone: Email: @usuhs.edu subject line note "Dept Traveler last, first name Dates City" Diego (C) 410408 (b)(6),(b) O&M account numbers in |
| O&M funds are | bility Center Non-concur Responsibility Center: if requested, your "concur" real of this expenditure. (b)(6),(b) Non-concur | |

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| 15. Anticipated Expense | | | | | 7 | |
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| Demonstra Provincia archipe | rten expense aut | lor amounts in the | aaniconie Nelist Ansc | ant real-more tuSe | าก-ไทยน้ำ ยา คอ | refraeral). Then fill is come |
| | | | | | | ber of Volce in End or sen- |
| independenties are contrib | | | | | | |
| | | Dollar Amou | unt | Sou | rce Name/A | ccount Number |
| Expense Item | enter dollar | amount in the appr | ropriate funding | enter funding source name and number in the row and | | |
| | source column | | | colume match | ng each dollar | amount |
| | usu | Value in- | Reimbursement | USU | Other | HJF or other Non- |
| | | Kind (OGC Review | from non- Federal Sources | insert name and full | Federal: insert | Federal source insert name and full |
| | | is Required) | : (OGC Review is | account | name | account number |
| | | 5 | Required) | number | | 7 |
| Lodging | \$ | \$ 809.00 | \$ | 1 | | 7 |
| Meals | 5 | s | 5 | | | 1 e |
| Tickets/Com. Carrier Fees | \$ | \$ | S | 0.0 | With | |
| Registration | 5 | 5 90C | S | | 179 | |
| Taxi/incidentals | 3 | 5 | \$ | 10 W | <i>P</i> | |
| Total | 5 | S 1509 | \$ | | | |
| Estimated Total 17. Ethics Official/Office | on DoD sources a paid by USU() of airfare/lodg Cost/attendee of General Co al sources (inc | DoD): ing/per diem and to USU (DoD): unsel (OGC) luding HJF funds) | shuttle/rental car: | \$ \$ | A. P. B. B. C. | requesting attendae must |
| (a) All checks are to be m | ade pavable to | USUMS and turn | ed in to FMG: (b) if | the non-Endera | I funds are in | sufficient to cover my |
| authorized expenses, the | | | | | | |
| sufficient funds, I will be | | | 그렇게 크림에 다른 아들은 이번에 가지 않는 때 없다. | | | 선거() |
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| t- Signature of Attendee | | if different) | | | | |
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for Conference/Training/Educational Event

| federal sources are contrib | | w is required. | | , | | ber. If Value in-Kind or non- |
|--|--|--|--|---|---|--|
| Expense Item | Dollar Amount enter dollar amount in the appropriate funding source column | | | Source Name/Account Number enter funding source name and number in the row and column matching each dollar amount | | |
| | USU | Value In- Kind (OGC Review is Required) | Reimbursement from non- Federal Sources (OGC Review is Required) | USU insert name and full account number | Other Federal: insert name | HJF or other Non- Federal source insert name and full account number |
| Lodging | \$ | \$ | \$ | | | |
| Meals | \$ | \$ | \$ | | | |
| Tickets/Com. Carrier Fees | \$ | \$ | \$ | | | |
| Registration | \$ | \$ 900 | \$ | | | |
| Taxi/incidentals | \$ | \$ | \$ | | | |
| real melocinols | | | | | | |
| Total 16. DoD Estimated Total Idollar amounts paid by n Registration Fe USU(DoD) Cost | \$ Costs: Complet | DoD): ing/per diem and | \$ | pelow only the U \$ \$ | JSU cost sum | mary data. Do not enter |
| Total 16. DoD Estimated Total dollar amounts paid by many Registration Fer USU(DoD) Cost Estimated Total To | S Costs: Complete on-DoD sources be paid by USU(I of airfare/lodg) I Cost/attended or of General Coral sources (included documents of made payable to be difference will be fully reimburse the allowable rare). | e the funding table DoD): ing/per diem and to USU (DoD): unsel (OGC) luding HJF funds) must go to the OG O USUHS and turn I be charged to me ad for travel expente under Volume | shuttle/rental car: to support this request for signature. ed in to FMG; (b) if any department's organises (provided they are 1 of the Joint Federal does not present a continuous formula the signature. | \$suest? NO [the non-Federa enization; and (are similar to e al Travel Regul | YES IF yes | , requesting attendee must nsufficient to cover my -Federal source provides other attendees) even if ype of expenses must be |
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for Conference/Training/Educational Event

| Reviewer | (b)(6),(b)(7)(C) | |
|--|---|--|
| OGE Review | | |
| ☑Concur ☐ Non-concur | | E TUIB |
| Comments: | | |
| | | |
| 18. Attachments: Agenda wit | h relevant segments X Email/letter | of proffer Other |
| 19. Date Submitted: 3July2013 | Submitted by: Col VILVA | DEPT: MEM |
| b. DEPT Chair/Supervisor c. OGC (if non-federal support of the control of the control | e President USU: Charles L. Rice MD P shs.edu to: Name:Pi roved form: | 301.295.3028 Eldg A Room #1030 POC(b)(6),(b) A-1016 Phone: 301.295.3013 Email: hone:@usuhs.edu |
| • If O&M funds are use | (6),(b)(23-25April2013 San Die ed, send e-copy to (b)(6),(b)(7)(ober 1-8 or a letter C. D. E. M., or T. (b)(6),(b)(7)(Il information must or encur | C) A1040B (b)(6), O&M account numbers in C) If for signatures. |
| | Acti | ng Orair |
| | this expenditure. (b)(6),(b)(7)(c) (b) Exempt* | |

"Note to Requestor: If "Not Exempt" is checked, do not proceed with finalizing your attendance. Your request was not exempted from P&R DoD review, and you must submit more forms located at www.usuhs.mil/cec. Forms required are listed under "Attending" Non-Exempt (currently Enclosure 5, Enclosure 7 DoD hosted or 9 Non-DoD hosted expense worksheet, Enclosure 8 HA/TIMA Coordination Sheet, and Coordination Sheet USU.pdfj. Questions? contact (b)(6).(b)(7)(C) f "Non-concur" is checked, the request is rejected and returned to the requestor. See "Comments" line for explanation.

PO Box 1264

Gig Harbor, WA 98335 Phone: 253-238-6343

Fax: 760-539-8889

www.deploymentmedicine.com

25 June 2013

Dean, School of Medicine Uniformed Services University of the Health Sciences 4301 Jones Bridge Road Bethesda, MD 20814

To Whom It May Concern:

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The funding supports the activities of the attached list of medical students from the USU SOM Class of 2016 who will attend the Operational Emergency Medical Skills Course to be taught in the local area between 15 and 21 July 2016.

The IN KIND portion provides for the course registration fee (\$900 per student) for a total of \$5400.00 and will be provided directly from DMI as "value in kind".

Respectfully,

John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR OFMS PROCEDUR COURSE - Virginia

1. (b)(6),(b)(7)(C)

2. 3. 4. 5. 6.



for Conference/Training/Educational Event

NOTE: If funding will be provided by a Non-Federal source, or if funding sources differ, one request per individual must be submitted.

| 1. Attended (b)(6),(b)(7) Medical Student Class of 2016 |
|---|
| Total number of requesting attendees:1 |
| 2. Full Event Title Operational Emergency Medical Skills Procedures Course, Virginia, 15-21 July 2013 |
| 3. Event Dates (07/15/2013): to Yravel Dates: (07/21/2013: |
| 4. Location (Virginia): |
| 5. Organizing or hosting entity Deployment Medicine International (DMI) |
| 6. Names of Non-federal co-sponsors: (DMI) or $\square N/A$ |
| 7. Name of Non-Federal entity conference planner: N/A |
| 8. Is spousal travel involved in the conference plan? No 9. No cost contracts involved? No (No-cost contracts are provision of goods or services that normally cost money but are provided free for this event.) |
| 10. Brief description of event: This is a training course focused on teaching procedures required for initial patient stabilization, |
| movement and for extended care in an austere environment. Successful completion of the course is the first step in preparing |
| students to go on to act as Teaching Assistants for the larger FTX 201: Operational Emergency Medical Skills Course taught here at |
| USUHS. |
| 11. Impact: How does the event advance the USU/DoD mission? See above |
| 12. Attending as: (check all that apply): Attendee XTrainee Presentation Staff Other: |
| 13. If total cost for USU exceeds \$20,000, we are unable to provide an exemption from DoD review. To your knowledge, are other USU personnel likely to attend? No Unknown XYes: If yes, how many and from what department(s)? 13 Additional Students from SOM class of 2016. |
| 14. Any comments or added information: 14 Total USU students attending |
| |
| |

| 15. Anticipated Expenses, Dollar Amounts, and Sources | |
|---|------|
| if H35 funding it used, are the funds currently flom a grant with an approved traver fine? [[Not applicable []A d | Tyes |

| Dollar Amou Expense Item nter dollar amount in the appr source column | | ropriate funding enter funding | | urce Name/Account Number source name and number in the row and number in the row and ning each dollar panount | | |
|---|-----|--|--|---|-------------------------------------|---|
| | USU | Value In- Kind (OGC Seview is Required) | Reimbursement from non- Federal Sources (OGC Review is Required) | USU insert name and full necount number | Other Federal: insert name | Fif or other Non- Federal source insert name and full account number |
| Lodging | 1 1 | | | İ | ¬ | |
| Meais | | | | ^ | | 1 |
| Trckets/Com Carner Fees | | | | alka | Q' | |
| Registration | | 1 | h/ It | 7/1 | | |
| Taxi/incidentals | | | | | | |
| Total | | 7 | | | | |

16. DoD Estimated Total Costs:

| Registration Fee paid by USU(DoD): | 5 |
|---|----|
| USU(DoD) Cost of airfare/lodging/per diem and shuttle/rental car: | \$ |
| Estimated Total Cost/attendee to USU (DoD): | |

17. Ethics Official/Office of General Counsel (OGC)

Are you using non-federal sources (including A)F funds) to support this request? [NO]YES

: understand that:

- (a) All checks are to be made payable to USUHS and turned in to FMG; (b) if the non-Federal funds are insufficient to cover my authorized expenses, the difference will be charged to my department's organization; and (c) if the non-Federal source provides sufficient funds. I will be fully reimbursed for travel expenses (provided they are similar to expenses for other attendees) even if those expenses exceed the allowable rate under Volume 2 of the Joint Federal Travel Regulations (the type of expenses must be allowable under the JFTR).
- (d) To the best of my knowledge, accepting these funds does not present a conflict of interest, i.e., a reasonable person with knowledge of all of the facts would not question the integrity of USUHS programs or operations.
- (e) After this request is approved, all travel regardless of funding source must be entered into DTS.

| (b)(6),(b)(7)(C) | Social State Principle Management |
|-----------------------------------|-----------------------------------|
| | 2013/07FC13 |
| Chusen (b)(Downloads) Attendance | Request_May 2013.docx 1May 2013 2 |

IK UNIFORMED SERVICES UNIVERSITY refrite Health Sciences

ATTENDANCE REQUEST

for Conference/Training/Educational Event

| 15. Anticipated Expense If HJF funding is used, an | | | | ttravalling? [| Not applied | iblo DNo Dves | |
|--|---|---|--|--|---|--|--|
| If yes, ethics form compl | | | | | _ivot applica | ible [_]NO]res | |
| | or each expense | in the carrespondin | | | | on-federal). Then fill in name ober. If Value In-Kind or non- | |
| Expense Item | Dollar Amount enter dollar amount in the appropriate funding source column | | | Source Name/Account Number enter funding source name and number in the row and column matching each dollar amount | | | |
| | USU | Value In- Kind (OGC Review is Required) | Reimbursement from non- Federal Sources (OGC Review is Required) | usu insert name and full account number | Other Federal: insert name | HJF or other Non- Federal source insert name and full account number | |
| Lodging | \$ | \$ | \$ | | April 100 at a 1 a | | |
| Meals | \$ | \$ | \$ | | | | |
| Tickets/Com. Carrier Fees | \$ | \$ | \$. | | | | |
| Registration | \$ | \$ 900 | \$ | | | | |
| Taxi/incidentals | \$ | \$ | \$ | | | | |
| Total | \$ | \$ 900 | \$ | | **** | | |
| Estimated Total 17. Ethics Official/Office | on-DoD sources. e paid by USU(E of airfare/lodgi Cost/attendee of General Co- cal sources (included documents in made payable to e difference will fully reimburse the allowable rate). by wiedge, accep- acts would not pproved, all tra- clinot submitter | ooD): ing/per diem and to USU (DoD): unsel (OGC) luding HJF funds) nust go to the OG to USUHS and turn I be charged to me at for travel expense ting these funds of question the inter avel regardless of | shuttle/rental car: to support this requestion of the signature. sed in to FMG; (b) if it is department's organises (provided they at 1 of the Joint Feder does not present a cognity of USUHS programs. | \$s suest? NO [the non-Federa anization; and (are similar to e al Travel Regul onflict of intere | YES IF yes of funds are in the non- expenses for ations the types, i.e., a resident. | requesting attendee must assufficient to cover my Federal source provides other attendees) even if upe of expenses must be | |
| michael agricture and | CALL. | | | | | | |
| | | | | | | | |

for Conference/Training/Educational Event (b)(6). (b)(6)(b)(7)(C)Reviewer (b)(7)OGC Review (C) Concur D Non-concur S JUIL Comments: 18. Attachments: Agenda with relevant segments X Email/letter of proffer Other 19. Date Submitted; 3July2013 Submitted by: Col (15) 20. Routing List Attendee (signature required only when OGC review is needed) b. DEPT Chair/Supervisor c. OGC (if non-federal support is provided) (INVENTIVE). 301.295.3028 Bldg A Room #1030 d. Dean/Responsibility Center e. Hand carry to office of the President USU: Charles L. Rice MD POC: (b)(6),(b) A-1016 Phone (b)(6),(b) attendancerequests@usuhs.edu f. Return fully signed form to: Name: Phone: Email: @usuhs.edu g. Upon receipt of fully approved form: send e-copy to: AttendanceApproved@usuhs.edu). In subject line note "Dept Traveler last, first name Dates City". Example: GME (b)(6) (b)(3-25April2013 San Diego if O&M funds are used, send a-copy to (b)(6),(b)(7)(C) A10408 (b)(6). (O&M account numbers in DAI begin with a number 1-8 or a letter C, D, E, M, or T. 21. Required Signatures: NOTE: All information mus (b)(6),(b)(7)(C) otures Dept-Chair/Supervisor XConcur Non-concur Acting Unail Dean/Responsibility Center Concur Non-concur Note to Dean/Responsibility Center: If O&M funds are requested, your "concur" indicates approval of this expenditure. (b)(6),(b)(7)(C)USU Prosident 1 Jul 2013 Concur Non-concur Not Exempt* Exempt Student

"Note to Requestor: If "Not Exempt" is checked, do not proceed with finalizing your attendance. Your request was not exempted from P&R DoD review, and you must submit more forms located at www.usuhs.mll/cec. Forms required are listed under "Attending" Non-Exempt (currently Enclosure 5, Enclosure 7 DoD hosted or 9 Non-DoD hosted expense worksheet, Enclosure 8 HA/TMA Coordination Sheet, and Coordination Sheet USU pdf). Questions? contact (b)(6),(b)(7)(C)

If "Non-concur" is checked, the request is rejected and returned to the requestor. See "Comments" line for explanation.

PO Box 1264 Gig Harbor, WA 98335

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25 June 2013

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John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDURE OURSE - Virginia

1 (b)(6),(b)(7)(C)

2.

3.

4.

5.



for Conference/Training/Educational Event

NOTE: If funding will be provided by a Non-Federal source, or if funding sources differ, one request per individual must be submitted.

| 1. Attendee (b)(6),(b)(7) Medical Student Class of 2016 |
|--|
| Total number of requesting attendees:1 |
| 2. Full Event Title: Operational Emergency Medical Skills Procedures Course, Virginia, 15-21 July 2013 |
| 3. Event Dates (07/15/2013): to Travel Dates: (07/21/2013: |
| 4. Location (Virginia): |
| 5. Organizing or hosting entity Deployment Medicine International (DMI) |
| 6. Names of Non-federal co-sponsors: {DMI} or \Boxed{N/A} |
| 7. Name of Non-Federal entity conference planner: N/A |
| 8. Is spousal travel involved in the conference plan? No 9. No cost contracts involved? No (No-cost contracts are provision of goods or services that normally cost money but are provided free for this event.) |
| 10. Brief description of event: This is a training course focused on teaching procedures required for initial patient stabilization, |
| movement and for extended care in an austere environment. Successful completion of the course is the first step in preparing |
| students to go on to act as Teaching Assistants for the larger FTX 201: Operational Emergency Medical Skills Course taught here at USUHS. |
| 11. Impact: How does the event advance the USU/DoD mission? See above |
| 12. Attending as: (check all that apply): Attendee XTrainee Presentation Staff Other: |
| 13. If total cost for USU exceeds \$20,000, we are unable to provide an exemption from DoD review. To your knowledge, are other USU personnel likely to attend? No Unknown XYes If yes, how many and from what department(s)? 13 Additional Students from SOM class of 2016_ |
| 14. Any comments or added information: 14 Total USU students attending |

for Conference/Training/Education or Event

| Anticipated Expense If HJF funding is used, are | | | | travel line? | Not applica | hia DNo Dvec |
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| Experts to the edge and and and and the country newself the second newself newself the second newself news | teo data cun 1809 a data espenye | lar amounts w. the n. the correspondin | applicable Dolin Ama | am cotune (1781) | | |
| jederar kurket och sombiba | tions are reports | Dollar Amou | int | 1 | rea Nama/A | securat Number |
| Expense Item | enter dollar o source colum. | amount in the appr | Source Name/Account Number enter funding source name and number in the row and column matching each dollar amount | | | |
| | USU | Value In- Kind (OGC Review is Required) | Reimbursement from non- Federal Sources (OGC Review is Required) | USU insert name and full account number | Other Federal: insert name | HJF or other Non- Federal source insert name and full account number |
| Lodging | <u> </u> | \$ 6,89.00 | S | | |) |
| Meals | 1 5 | 5/ | S | | | 0 2 |
| Tickets/Com. Carrier Fees | 5 | 6 | \$ | -20 | .40 | Aher |
| Registration | \$ | \$ 900 / | 5 | NU | 11/1 | |
| Taxi/incidentals | \$ | s | \$ | 0 0 | No | |
| Total | S | \$ /1509 | 5 | | | |
| Estimated Total 17. Ethics Official/Office | paid by USU(E) fairfare/lodgi Cost/attendee of General Cool sources (included documents in ade payable to difference will fully reimburse allowable rail, wiedge, accepicts would not | ng/per diem and to USU (DoD): unsel (OGC) uding HJF funds) nust go to the OG USUHS and turn I be charged to med for travel expete under Volume ting these funds of | shuttle/rental car: to support this require, for signature, ed in to FMG; (b) if a signature, so the seas of the | \$s \$s the non-Federa anization; and (are similar to e al Travel Regula onflict of intere | YES IF yes. I funds are in the non-spenses for cations (the ty.) st, i.e., a reasons. | requesting attendes must isufficient to cover my Federal source provides other attendees) even if the of expenses must be |
| E- Signature of Attendee | not submitter | if different! | | | | |
| Attendes Signature and C b)(6),(b)(7)(C) | | 03 JUL 201 | 3 | | | |

for Conference/Training/Educational Event

| If HJF funding is used, at If yes, ethics form compi | | | | | Тиот арриса | bleNoYes | |
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| | or each expense | in the correspondin | | | | n-federal). Then fill in name ber. If Value In-Kind or non- | |
| Expense Item | Dollar Amount enter dollar amount in the appropriate funding source column | | | Source Name/Account Number enter funding source name and number in the row and column matching each dollar amount | | | |
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| Lodging | \$ | \$ | \$ | | | | |
| Meals | \$ | \$ | \$ | | | | |
| Tickets/Com. Carrier Fees | \$ | \$ | \$ | | | | |
| Registration | \$ | \$ 900 | \$ | | | | |
| Taxi/incidentals | \$ | \$ | \$ | | | | |
| Total | \$ | \$ 900 | \$ | | | | |
| Estimated Total 17. Ethics Official/Office Are you using non-feder read and e-sign below or I understand that: (a) All checks are to be no | e paid by USU(E of airfare/lodgi Cost/attendee of General Co ral sources (included documents randoments random | DoD): ing/per diem and to USU (DoD): unsel (OGC) luding HJF funds) nust go to the OG | ic for signature. led in to FMG; (b) if t | the non-Federa | I funds are in | | |
| authorized expenses, the sufficient funds, I will be those expenses exceed to allowable under the JFTF (d) To the best of my knowledge of all of the factories and the factories of the factories and the factories and the factories and the factories and the factories are the factories are the factories and the factories are the factories are the factories and the factories are the factories are the factories and the factories are the fact | fully reimburse he allowable ra R). owledge, accep acts would not | ed for travel expe te under Volume ting these funds question the inte | nses(provided they all of the Joint Feder does not present a c grity of USUHS prog | are similar to e al Travel Regul onflict of intere rams or operat | xpenses for eations (the ty est, i.e., a reations. | pe of expenses must be | |
| E-Signature of Attendee Attendee Signature and | | if different) | | | | | |

Concur Non-concur Note to Dean/Responsibility Center: if O&M funds are requested, your "concur" indicates approval of this expenditure. (b)(6),(b)(7)(C)USU President 5 Jul 2017 Concur Non-concur Exempt Not Exempt*

*Note to Requestor: If "Not Exempt" is checked, do not proceed with finalizing your attendance. Your request was not exempted from P&R DoD review, and you must submit more forms located at www.usuhs.mil/cec . Forms required are listed under "Attending" Non-Exempt (currently Enclosure 5, Enclosure 7 DoD hosted or 9 Non-DoD hosted expense worksheet, Enclosure 8 HA/TMA Coordination Sheet, and Coordination Sheet USU.pdf). Questions? contact (b)(6) (b)(7)(C) f"Non-concur" is checked, the request is rejected and returned to the requestor. See "Comments" line for explanation.

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President

Deployment Medicine International

| STUDENTS FOR DEMS PROCEDUR | COURSE | - Virginia |
|----------------------------|--------|------------|
| 1. $(b)(6),(b)(7)(C)$ | | |

3.

5. 6.