

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

Exhibit 33

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 16, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

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 and other information is voluntary.

1. LOCATION Uniformed Services University	2. DATE (YYYYMMDD) 2013/10/09	3. TIME 1015	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS (b)(6), (b)(7)(C)	
8. ORGANIZATION OR ADDRESS Uniformed Services University			

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On the 9th of October 2013, approximately 1015 hrs, I met with COL (b)(6) Page at his request in my office. He introduced himself as the duly appointed Investigation Officer conducting an inquiry into the administration and operation of the OEMS course. He described to me his guiding regulations and appointment letter by Dr. Rice, USU President. He told me that the information provided would be under oath and in a question and answer format. COL (b)(6) stated that he would take notes and transcribe into a sworn statement form and after I had reviewed and edited the content I would be sworn in and sign the document.

Q. Sir, What is your understanding of the relationship between the University and Deployment Medicine International (DMI)?

A. I'm not sure there was a formal relationship until this year. A proffer (services in-kind) was offered to the University for the first time and an educational Memorandum of Understanding (MOU) was created. But to my knowledge, no documentation of a formal relationship existed over prior years (I also believe this is the first year that our students participated in the student-instructor component, in contrast to previously attending just as students). My understanding is that the USU Office of the General Counsel recommended to the Department of Military and Emergency Medicine to formalize the relationship.

Q. Were you involved in the creation of the MOU that is signed on the 7th of July 2013 by Dr. (b)(6) and Dr Hagmann?

A. My office was asked to expeditiously facilitate the creation and coordination of the educational MOU.

Q. Did you know that it existed?

A. Yes, it was created to formalize a relationship with an MOU that apparently had occurred informally in the past. My office is also the official site for acceptance of gifts. The proffers you've shown me, which are essentially gifts in-kind, have never come through this office, to my knowledge. This office assists in the creation of educational agreements and there is another office of "support agreements" that addresses MOAs where there is an exchange of resources. This MOU from 7 July was created to address the education component.

Q. Would you have authorized a gift of this amount?

A. The actual dollar amount is not the primary issue. If the process for acceptance is followed legitimately, the educational benefit to the students is clear, such as endorsed by the Dean's office, then it is likely to be approved. I don't stop a gift just because of its amount, as long as it is below that amount authorized to accept. Gifts to the university are fairly common, especially gifts in-kind, most of which don't come through my office, and the process works pretty well.

Q. Do you think we have a special relationship with DMI and John Hagmann that would facilitate not following a process such as the one you've described?

A. No, the process is followed regardless of the person or enterprise.

Q. Does the University have anything that looks close to this kind of arrangement?

A. Gifts in-kind are provided to students from the Professional Societies/Academies. In-kind gifts, of which this DMI gift might best be considered, do not usually traverse the External Affairs office.

Q. Did you provide a brief to the President about DMI?

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)	PAGE 1 OF 2 PAGES
-------------	--	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN ON _____ AT _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6),(b)(7) TAKEN AT USU DATED 2013/10/09

9. STATEMENT (Continued)

Page

blank

INITIALS OF PERSON MAKING STATEMENT

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

PAGE OF PAGES

STATEMENT OF

(b)(6)TAKEN AT USUDATED 2013/10/09B. STATEMENT *(Continued)*

A. Yes, in preparation for a potential media inquiry, I obtained information publicly available and shared it with the leadership. The majority of the information came from the DMI website.
NOTHING FOLLOWS

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 23rd day of October, 2013

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

ORGANIZATION OR ADDRESS

Uniformed Services UniversityBethesda MD.

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

Investigator

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

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

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.

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

THE UNIFORMED SERVICES UNIVERSITY
OF HEALTH SCIENCES

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

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

7-8-13

DATE

DEPLOYMENT MEDICINE INTERNATIONAL

JOHN HAGMANN, MD

DATE

References:

Public Law 92-426, Title 10 Section 2112, 2113, 2114
DoD Instruction 5105.45

APPROVALS AND ACCEPTANCES

THE UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES

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

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

7.8.13

DATE

DEPLOYMENT MEDICINE INTERNATIONAL

John H. Hagmann
JOHN HAGMANN, MD

7 JUL 2013

DATE

References:

Public Law 92-426, Title 10 Section 2112, 2113, 2114
DoD Instruction 5105.45

Exhibit 35

Memorandum for USUHS Ethics Official/Office of General Counsel

From: _____ Date _____

Subj: **Request for Approval of Acceptance of Travel and Related Expenses from Non-Federal Sources for Official TDY Travel**

1. The following information is provided in support of this request.

a. Traveler's Name: _____ Phone: _____

b. Traveler's Dept. and Position: _____

c. Dates and Place(s) of TDY: _____

d. Purpose of the TDY (nature of the meeting or similar function): _____

e. Entity Providing Non-Federal Funds: _____

f. Funding provided by non-Federal source by (check one):

(1) ☐ Entire Payment by check (funds payable to USUHS)

(2) ☐ Payment in Kind (goods or services provided instead of funds to USUHS by check - e.g., airline tickets)

(3) ☐ Mixed (Part payment in kind and part by check)

Type of Funding provided and \$ Value (Complete appropriate blocks):

Type	Reimbursement	Value In-kind	Dept Funds
Lodging:	_____	_____	_____
Meals:	_____	_____	_____
Tickets:	_____	_____	_____
Registration:	_____	_____	_____
Taxis, etc.:	_____	_____	_____

g. Is your spouse being sponsored by the non-Federal source? Yes

2. I 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 1 of the Joint Federal Travel Regulations (the type of expenses must be allowable under the JFTR).

3. 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.

Name and Signature of Requestor

Name and Signature of Dept Chair/ Dean

Date

_____ Funded orders are required for any payments not reimbursed in kind.

_____ Funded orders are required as the organization will reimburse the University for travel.

Signature of Ethics Official

Date

Exhibit 36



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,

A handwritten signature in black ink that reads "John H. Hagmann M.D." in a cursive, slightly stylized script.

John H. Hagmann M.D.
President
Deployment Medicine International

STUDENTS FOR OEMS PROCEDURES COURSE – Virginia

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

2.

3.

4.

5.

6.



ATTENDANCE REQUEST
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)(C)** 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 ☒ Trainee ☐ 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 ☒ Yes 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

ATTENDANCE REQUEST

15. Anticipated Expenses, Dollar Amounts, and Sources

If HIF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes

Do you have a grant with an approved travel line? ☐ Yes ☐ No

Enter the dollar amount for each expense item in the appropriate funding source column. Enter the funding source name and number in the row and column matching each dollar amount.

Expense Item	Dollar Amount			Source Name/Account Number		
	enter dollar amount in the appropriate funding source column	enter dollar amount in the appropriate funding source column	enter dollar amount in the appropriate funding source column	enter funding source name and number in the row and column matching each dollar amount	enter funding source name and number in the row and column matching each dollar amount	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	HIF or other Non-Federal source insert name and full account number
Lodging						
Meals						
Tickets/Comm. Carrier Fees						
Registration						
Taxi/Incidentals						
Total						

16. DoD Estimated Total Costs: *Do not enter this section if you are using non-Federal funds to support this request. If you are using non-Federal funds to support this request, enter the dollar amount for each expense item in the appropriate funding source column.*

Registration Fee paid by USU(DoD): \$
 USU(DoD) Cost of airfare/todging/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 HIF funds) to support this request? ☐ NO ☐ YES *If you are using non-federal sources to support this request, you must provide a written statement from the OGC for your request.*

I 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 1 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)

3 July 2013

ATTENDANCE REQUEST
for Conference/Training/Educational Event

15. Anticipated Expenses, Dollar Amounts, and Sources

If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes
If yes, ethics form completion may not be required (verify with OGC to be sure).

Directions: Provide anticipated expense dollar amounts in the applicable Dollar Amount column (USU, in-kind, or non-federal). Then fill in name and/or account numbers for each expense in the corresponding row and column under Source Name/Account Number. If Value In-Kind or non-federal sources are contributing, OGC review is required.

Expense Item	Dollar Amount			Source Name/Account Number		
	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	\$			

16. DoD Estimated Total Costs: Complete the funding table above, then enter below only the USU cost summary data. Do not enter dollar amounts paid by non-DoD sources.

Registration Fee paid by USU(DoD): \$ _____
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 HJF funds) to support this request? ☐ NO ☐ YES If yes, requesting attendee must read and e-sign below and documents must go to the OGC for signature.

I 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 1 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.

E- Signature of Attendee (not submitter if different)

Attendee Signature and Date

ATTENDANCE REQUEST
for Conference/Training/Educational Event

Reviewer	(b)(6),(b)(7)(C)	(b)(6),(b)(7)(C)
OGC Review		
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur		5 Jul 13

Comments:

18. Attachments: ☐ Agenda with relevant segments ☒ Email/letter of proffer ☐ Other:

19. Date Submitted: 3 July 2013 Submitted by: Col. [redacted] DEPT: MEM

20. Routing List

- Attendee (signature required only when OGC review is needed)
- DEPT Chair/Supervisor
- OGC (if non-federal support is provided) (b)(6),(b)(7)(C) 301.295.3028 Bldg A Room #1030
- Dean/Responsibility Center
- Hand carry to office of the President USU: Charles L. Rice MD POC: (b)(6),(b)(7)(C) A-1016 Phone: 301.295.3013 Email: attendancerequests@usuhs.edu
- Return fully signed form to: Name: Phone: Email: @usuhs.edu
- 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)(7)(C) 23-25 April 2013 San Diego
 - If O&M funds are used, send e-copy to (b)(6),(b)(7)(C) A1040B (b)(6),(b)(7)(C) 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 must be completed before the document is submitted for signatures.

Dept. Chair/Supervisor <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	(b)(6),(b)(7)(C) Acting Chair
Dean/Responsibility Center <input type="checkbox"/> Concur <input type="checkbox"/> Non-concur Note to Dean/Responsibility Center: if O&M funds are requested, your "concur" indicates approval of this expenditure.	
USU President C & S <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt*	(b)(6),(b)(7)(C) Student Travel

Comments:

*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) 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:

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,

A handwritten signature in black ink, appearing to read "John H. Hagmann", is written over a horizontal line.

John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDURE COURSE – Virginia

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

2.

3.

4.

5.

6.

ATTENDANCE REQUEST
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)** 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 ☒ Trainee ☐ 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 ☒ Yes 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

ATTENDANCE REQUEST for Conference/Training/Educational Event

15. Anticipated Expenses, Dollar Amounts, and Sources

If HHS funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes

If Yes, ethics form completion may not be required (verify with OGC to be sure);

1. Provide anticipated expense dollar amounts in the appropriate Dollar Amount column (USU, in-kind, or non-federal). Then fill in name and account numbers for each expense in the corresponding row and column under Source Name/Account Number. If Value In-Kind or non-federal source are contributing, OGC review is required.

Expense Item	Dollar Amount			Source Name/Account Number		
	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	HIF or other Non-Federal source insert name and full account number
Lodging	\$	\$ 000.00	\$			
Meals	\$	\$	\$			
Tickets/Comm. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 000	\$			
Tax/incidentals		\$	\$			
Total	\$	\$ 000	\$			

16. DoD Estimated Total Costs: complete the funding table above, then enter below only the USU costs summary apto. Do not enter dollar amounts paid by non-DoD sources.

Registration Fee paid by USU (DoD) \$
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 HIF funds) to support this request? ☐ NO ☐ YES. If yes, requesting attendee must read and sign below and document ethics go to the OGC for signature.

I understand that:

(a) All checks are to be made payable to USUHS and turned in to JMG; (b) if the non-Federal funds are insufficient to cover my authorized expenses, the difference will be charged to my department/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 1 of the Joint Federal Travel Regulations (the type of expenses must be allowable under the FTR).

(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 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 BTS.

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

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

ATTENDANCE REQUEST
for Conference/Training/Educational Event

15. Anticipated Expenses, Dollar Amounts, and Sources

If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes
If yes, ethics form completion may not be required (verify with OGC to be sure).

Directions: Provide anticipated expense dollar amounts in the applicable Dollar Amount column (USU, in-kind, or non-federal). Then fill in name and/or account numbers for each expense in the corresponding row and column under Source Name/Account Number. If Value In-Kind or non-federal sources are contributing, OGC review is required.

Expense Item	Dollar Amount			Source Name/Account Number		
	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 <i>insert name and full account number</i>	Other Federal: <i>insert name</i>	HJF or other Non-Federal source <i>insert name and full account number</i>
Lodging	\$	\$	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 900	\$			

16. DoD Estimated Total Costs: Complete the funding table above, then enter below only the USU cost summary data. Do not enter dollar amounts paid by non-DoD sources.

Registration Fee paid by USU(DoD): \$ _____
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 HJF funds) to support this request? ☐ NO ☐ YES If yes, requesting attendee must read and e-sign below and documents must go to the OGC for signature.

I 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 1 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.

E- Signature of Attendee (not submitter if different)

Attendee Signature and Date

ATTENDANCE REQUEST
for Conference/Training/Educational Event

Reviewer	(b)(6),(b)(7)(C)
OGC Review	
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	5 Jul 13

Comments: _____

18. Attachments: ☐ Agenda with relevant segments ☒ Email/letter of proffer ☐ Other: _____

19. Date Submitted: 3 July 2013 Submitted by: Col (b)(6),(b)(7)(C) DEPT: MEM

20. Routing List

- Attendee (signature required only when OGC review is needed)
- DEPT Chair/Supervisor
- OGC (if non-federal support is provided) (b)(6),(b)(7)(C) 301.295.3028 Bldg A Room #1030
- Dean/Responsibility Center
- Hand carry to office of the President USU: Charles L. Rice MD POC (b)(6),(b)(7)(C) A-1016 Phone: 301.295.3013 Email: attendancerequests@usuhs.edu
- Return fully signed form to: Name: _____ Phone: _____ Email: _____@usuhs.edu
- 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)(7)(C) 23-25 April 2013 San Diego
 - If O&M funds are used, send e-copy to (b)(6),(b)(7)(C) A1040B (b)(6),(b)(7)(C) 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 must be signed (b)(6),(b)(7)(C) signatures.

Dept Chair/Supervisor	(b)(6),(b)(7)(C)
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	
Dean/Responsibility Center	
<input type="checkbox"/> Concur <input type="checkbox"/> Non-concur	
Note to Dean/Responsibility Center: if O&M funds are requested, your "concur" indicates approval of this expenditure	
USU President	(b)(6),(b)(7)(C)
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	5 Jul 2013
<input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt*	

Acting Chair

Student Travel

Comments: _____

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

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 PROCEDUR COURSE – Virginia

- 1. (b)(6),(b)(7)(C)
- 2.
- 3.
- 4.
- 5.
- 6.



ATTENDANCE REQUEST
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 ☒ Trainee ☐ 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 ☒ Yes 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



ATTENDANCE REQUEST
for Conference/Training/Educational Event

15. Anticipated Expenses, Dollar Amounts, and Sources

If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes
If yes, ethics form completion may not be required (verify with OGC to be sure).

Directions: Provide anticipated expense dollar amounts in the applicable Dollar Amount column (USU, in-kind, or non-federal). Then fill in name and/or account numbers for each expense in the corresponding row and column under Source Name/Account Number. If Value In-Kind or non-federal sources are contributing, OGC review is required.

Expense Item	Dollar Amount			Source Name/Account Number		
	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	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 1509	\$			

16. DoD Estimated Total Costs: Complete the funding table above, then enter below only the USU cost summary data. Do not enter dollar amounts paid by non-DoD sources.

Registration Fee paid by USU (DoD): \$ _____
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 HJF funds) to support this request? ☐ NO ☐ YES If yes, requesting attendee must read and e-sign below and documents must go to the OGC for signature.

I 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 1 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.

E- Signature of Attendee (not submitter if different)

Attendee Signature and Date

(b)(6),(b)(7)(C)
3 July 2013



ATTENDANCE REQUEST
for Conference/Training/Educational Event

15. Anticipated Expenses, Dollar Amounts, and Sources

If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes

If yes, ethics form completion may not be required (verify with OGC to be sure).

Directions: Provide anticipated expense dollar amounts in the applicable Dollar Amount column (USU, in-kind, or non-federal). Then fill in name and/or account numbers for each expense in the corresponding row and column under Source Name/Account Number. If Value In-Kind or non-federal sources are contributing, OGC review is required.

Expense Item	Dollar Amount			Source Name/Account Number		
	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 <i>insert name and full account number</i>	Other Federal: <i>insert name</i>	HJF or other Non-Federal source <i>insert name and full account number</i>
Lodging	\$	\$	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 900	\$			

16. DoD Estimated Total Costs: Complete the funding table above, then enter below only the USU cost summary data. Do not enter dollar amounts paid by non-DoD sources.

Registration Fee paid by USU(DoD): \$ _____
 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 HJF funds) to support this request? ☐ NO ☐ YES If yes, requesting attendee must read and e-sign below and documents must go to the OGC for signature.

I 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 1 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.

E- Signature of Attendee (not submitter if different)

Attendee Signature and Date

ATTENDANCE REQUEST
for Conference/Training/Educational Event

Reviewer	(b)(6),(b)(7)(C)
OGC Review	
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	
Comments:	S. Jul 13

18. Attachments: ☐ Agenda with relevant segments ☒ Email/letter of proffer ☐ Other: _____

19. Date Submitted: 3 July 2013 Submitted by: Col (b)(6),(b)(7)(C) DEPT: MEM

20. Routing List

- Attendee (signature required only when OGC review is needed)
- DEPT Chair/Supervisor
- OGC (if non-federal support is provided) (b)(6),(b)(7)(C) 301.295.3028 Bldg A Room #1030
- Dean/Responsibility Center
- Hand carry to office of the President USU: Charles L. Rice MD POC (b)(6),(b)(7)(C) A-1016 Phone: 301.295.3013 Email: attendancerequests@usuhs.edu
- Return fully signed form to: Name: _____ Phone: _____ Email: _____@usuhs.edu
- 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)(7)(C) 23-25 April 2013 San Diego
 - If O&M funds are used, send e-copy to (b)(6),(b)(7)(C) A1040B (b)(6),(b)(7)(C) O&M account numbers in DOI begin with a number 1 & or a letter C, D, E, M, or T.

21. Required Signatures: NOTE: All information must be signed.

Dept Chair/Supervisor	(b)(6),(b)(7)(C)
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	
Dean/Responsibility Center	
<input type="checkbox"/> Concur <input type="checkbox"/> Non-concur	
Note to Dean/Responsibility Center: if O&M funds are requested, your "concur" indicates approval of this expenditure.	
USU President	(b)(6),(b)(7)(C)
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	
<input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt*	

Acting Chair

Student Travel

5 Jul 2013

Comments:

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

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. COURSE -- Virginia

1. (b)(6),(b)(7)(C)
- 2.
- 3.
- 4.
- 5.
- 6.

ATTENDANCE REQUEST
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
(C)

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 ☒ Trainee ☐ 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 ☒ Yes 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

ATTENDANCE REQUEST for Conference/Training/Educational Event

15. Anticipated Expenses, Dollar Amounts, and Sources

If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes
If yes, attach justification; this may not be required (verify with OGC to be sure)

Directions: Provide anticipated expense dollar amounts in the applicable Dollar Amount column (USU, in-kind, or non-federal). Then fill in name and/or account number for each expense in the corresponding row and column under Source Name/Account Number. If Value in-kind or non-federal sources are contributing, OGC review is required.

Expense Item	Dollar Amount			Source Name/Account Number		
	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	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 1509	\$			

16. DoD Estimated Total Costs: Complete the funding table above, then enter below only the USU cost summary data. Do not enter dollar amounts paid by non DoD sources

Registration Fee paid by USU(DoD): \$ _____
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 HJF funds) to support this request? ☐ NO ☐ YES If yes, requesting attendee must read and e-sign below and documents must go to the OGC for signature.

I 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 1 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- Signature of Attendee (not submitter if different)

Attendee Signature and Date

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

3/2/13

ATTENDANCE REQUEST
for Conference/Training/Educational Event

15. Anticipated Expenses, Dollar Amounts, and Sources

If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes
If yes, ethics form completion may not be required (verify with OGC to be sure).

Directions: Provide anticipated expense dollar amounts in the applicable Dollar Amount column (USU, in-kind, or non-federal). Then fill in name and/or account numbers for each expense in the corresponding row and column under Source Name/Account Number. If Value In-Kind or non-federal sources are contributing, OGC review is required.

Expense Item	Dollar Amount			Source Name/Account Number		
	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 <i>insert name and full account number</i>	Other Federal: <i>insert name</i>	HJF or other Non-Federal source <i>insert name and full account number</i>
Lodging	\$	\$	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 900	\$			

16. DoD Estimated Total Costs: Complete the funding table above, then enter below only the USU cost summary data. Do not enter dollar amounts paid by non-DoD sources.

Registration Fee paid by USU(DoD): \$ _____
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 HJF funds) to support this request? ☐ NO ☐ YES If yes, requesting attendee must read and e-sign below and documents must go to the OGC for signature.

I 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 1 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.

E- Signature of Attendee (not submitter if different)

Attendee Signature and Date



ATTENDANCE REQUEST
for Conference/Training/Educational Event

Reviewer	(b)(6),(b)(7)(C)
OGC Review	
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	5 Jul 13
Comments:	

18. Attachments: ☐ Agenda with relevant segments ☒ Email/letter of proffer ☐ Other: _____

19. Date Submitted: 3 July 2013 Submitted by: Col (b)(6),(b)(7)(C) DEPT: MEM

20. Routing List

- Attendee (signature required only when OGC review is needed)
- DEPT Chair/Supervisor
- OGC (if non-federal support is provided) (b)(6),(b)(7)(C) 301.295.3028 Bldg A Room #1030
- Dean/Responsibility Center
- Hand carry to office of the President USU: Charles L. Rice MD POC (b)(6),(b)(7)(C) A-1016 Phone: 301.295.3013 Email: attendancerequests@usuhs.edu
- Return fully signed form to: Name: _____ Phone: _____ Email: _____@usuhs.edu
- 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)(7)(C) 23-25 April 2013 San Diego
 - If O&M funds are used, send e-copy to (b)(6),(b)(7)(C) A1040B (b)(6),(b)(7)(C) 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 must be signed for signatures.

Dept Chair/Supervisor <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	(b)(6),(b)(7)(C)
Dean/Responsibility Center <input type="checkbox"/> Concur <input type="checkbox"/> 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: CoS <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt*	(b)(6),(b)(7)(C) 5 Jul 2013 Student Travel

Comments:

*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) 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
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,

A handwritten signature in black ink that reads "John H. Hagmann MD". The signature is written in a cursive, flowing style.

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.

ATTENDANCE REQUEST
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 ☒ Trainee ☐ 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 ☒ Yes 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

ATTENDANCE REQUEST

15. Anticipated Expenses, Dollar Amounts, and Sources

If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not Applicable ☐ No ☐ Yes

Expense Item	Dollar Amount			Source Name/Account Number		
	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						
Taxi/Incidentals						
Total						

See attached

16. DoD Estimated Total Costs:

Registration Fee paid by USU(DoD): \$
 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 HJF funds) to support this request? ☐ NO ☐ YES

I 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 1 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)

20130703



ATTENDANCE REQUEST
for Conference/Training/Educational Event

15. Anticipated Expenses, Dollar Amounts, and Sources

If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes
If yes, ethics form completion may not be required (verify with OGC to be sure).

Directions: Provide anticipated expense dollar amounts in the applicable Dollar Amount column (USU, in-kind, or non-federal). Then fill in name and/or account numbers for each expense in the corresponding row and column under Source Name/Account Number. If Value In-Kind or non-federal sources are contributing, OGC review is required.

Expense Item	Dollar Amount			Source Name/Account Number		
	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 <i>insert name and full account number</i>	Other Federal: <i>insert name</i>	HJF or other Non-Federal source <i>insert name and full account number</i>
Lodging	\$	\$	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 900	\$			

16. DoD Estimated Total Costs: Complete the funding table above, then enter below only the USU cost summary data. Do not enter dollar amounts paid by non-DoD sources.

Registration Fee paid by USU(DoD): \$ _____
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 HJF funds) to support this request? ☐ NO ☐ YES If yes, requesting attendee must read and e-sign below and documents must go to the OGC for signature.

I 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 1 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.

E- Signature of Attendee (not submitter if different)

Attendee Signature and Date

ATTENDANCE REQUEST
for Conference/Training/Educational Event

Reviewer	(b)(6),(b)(7)(C)	(b)(6), (b)(7) (C)
OGC Review		
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur		5 Jul 13
Comments:		

18. Attachments: ☐ Agenda with relevant segments ☒ Email/letter of proffer ☐ Other

19. Date Submitted: 3 July 2013 Submitted by: Col (b)(6),(b)(7)(C) DEPT: MEM

20. Routing List

- Attendee (signature required only when OGC review is needed)
- DEPT Chair/Supervisor
- OGC (if non-federal support is provided) (b)(6),(b)(7)(C) 301.295.3028 Bldg A Room #1030
- Dean/Responsibility Center
- Hand carry to office of the President USU: Charles L. Rice MD POC: (b)(6),(b)(7)(C) A-1016 Phone: (b)(6),(b)(7)(C) Email: attendancerequests@usuhs.edu
- Return fully signed form to: Name: Phone: Email: @usuhs.edu
- 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)(7)(C) 23-25 April 2013 San Diego
 - if O&M funds are used, send e-copy to (b)(6),(b)(7)(C) A10408 (b)(6),(b)(7)(C) (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 must be signed.

Dept Chair/Supervisor	(b)(6),(b)(7)(C)
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	
Acting Chair	
Dean/Responsibility Center	
<input type="checkbox"/> Concur <input type="checkbox"/> Non-concur	
Note to Dean/Responsibility Center: If O&M funds are requested, your "concur" indicates approval of this expenditure.	
USU President	(b)(6),(b)(7)(C)
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	
<input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt*	
Student Travel	
5 Jul 2013	

Comments:

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

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 COURSE – Virginia

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

2.

3.

4.

5.

6.

ATTENDANCE REQUEST
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 ☒ Trainee ☐ 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 ☒ Yes 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

ATTENDANCE REQUEST
for Conference/Training/Educational Event

15. Anticipated Expenses, Dollar Amounts, and Sources

If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes

USUHS, which just happens that they not be required (verify with OGC to be sure).

Instructions: Enter anticipated expense dollar amounts in the applicable Dollar Amount column (USU, in-kind, or non-federal). Insert the account number for each expense in the corresponding row and column under Source Name/Account Number. If Value In Kind or non-federal sources are contributing, OGC review is required.

Expense Item	Dollar Amount			Source Name/Account Number		
	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	\$	\$ 689.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 1509	\$			

16. DoD Estimated Total Costs: Complete the funding table above, then enter below only the USU cost summary data. Do not enter dollar amounts paid by non-DoD sources.

Registration Fee paid by USU(DoD): \$ _____
 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 HJF funds) to support this request? ☐ NO ☐ YES If yes, requesting attendee must read and e-sign below and documents must go to the OGC for signature.

I 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 1 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.

E- Signature of Attendee (not submitter if different)

Attendee Signature and Date

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

03 JUL 2013

ATTENDANCE REQUEST
for Conference/Training/Educational Event

15. Anticipated Expenses, Dollar Amounts, and Sources

If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes

If yes, ethics form completion may not be required (verify with OGC to be sure).

Directions: Provide anticipated expense dollar amounts in the applicable Dollar Amount column (USU, in-kind, or non-federal). Then fill in name and/or account numbers for each expense in the corresponding row and column under Source Name/Account Number. If Value In-Kind or non-federal sources are contributing, OGC review is required.

Expense Item	Dollar Amount			Source Name/Account Number		
	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 <i>insert name and full account number</i>	Other Federal: <i>insert name</i>	HJF or other Non-Federal source <i>insert name and full account number</i>
Lodging	\$	\$	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 900	\$			

16. DoD Estimated Total Costs: Complete the funding table above, then enter below only the USU cost summary data. Do not enter dollar amounts paid by non-DoD sources.

Registration Fee paid by USU(DoD): \$ _____
 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 HJF funds) to support this request? ☐ NO ☐ YES IF yes, requesting attendee must read and e-sign below and documents must go to the OGC for signature.

I 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 1 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.

E- Signature of Attendee (not submitter if different)

Attendee Signature and Date

ATTENDANCE REQUEST

Reviewer	(b)(6),(b)(7)(C)	(b)(6),(b)(7)(C)
OGC Review		
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur		5 Jul 13
Comments:		

18. Attachments: ☐ Agenda with relevant segments ☒ Email/letter of proffer ☐ Other _____

19. Date Submitted: 3 July 2013 Submitted by: Col (b)(6),(b)(7)(C) DEPT: MEM

20. Routing List

- Attendee (signature required only when OGC review is needed)
- DEPT Chair/Supervisor
- OGC (if non-federal support is provided) (b)(6),(b)(7)(C) 301.295.3028 Bldg A Room #1030
- Dean/Responsibility Center
- Hand carry to office of the President USU: Charles L. Rice MD POC (b)(6),(b)(7)(C) A-1016 Phone: 301.295.3013 Email: attendancerequests@usuhs.edu
- Return fully signed form to: Name: _____ Phone: _____ Email: _____@usuhs.edu
- 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)(7)(C) 23-25 April 2013 San Diego
 - If O&M funds are used, send e-copy to (b)(6),(b)(7)(C) A10408 (b)(6),(b)(7)(C) O&M account numbers in DA1 begin with a number 1-8 or a letter C, D, E, M, or T

21. Required Signatures : NOTE: All information must be signed

Dept Chair/Supervisor	(b)(6),(b)(7)(C)	signatures
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur		
Dean/Responsibility Center		
<input type="checkbox"/> Concur <input type="checkbox"/> Non-concur		
Note to Dean/Responsibility Center: if O&M funds are requested, your "concur" indicates approval of this expenditure.		
USU President	(b)(6),(b)(7)(C)	
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur		5 Jul 2013
<input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt*		Student Travel

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

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 PROCEDUR COURSE - Virginia

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

2.

3.

4.

5.

6.