



# Exhibit 37

PÖ 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 travel from a Non-Federal Source to the Uniformed Services University of the Health Sciences (USUHS) in support of officially authorized travel.

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 Denver Colorado between 7 and 14 July 2016.

The IN KIND portion provides for lodging (\$87 per night for 7 nights for a total of \$609.00) and the course registration fee (\$900 per student). The total amount is \$1509.00 for each student or a total of \$21126.00 and will be provided directly from DMI as "value in kind".

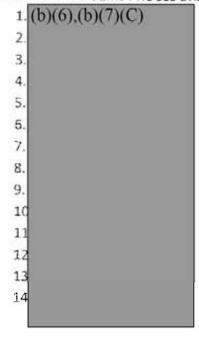
Respectfully,

John H. Hagmann M.D.

President

Deployment Medicine International

# STUDENTS FOR OEMS PROCEDURES COURSE - COLORADO



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, Denver Colorado, 8-14 July 2013
3. Event Dates (07/08/2013); to Travel Dates: (07/14/2013:
4. Location (Denver Colorado):
5. Organizing or hosting entity Deployment Medicine International (DMI)
6. Names of Non-federal co-sponsors: (DMI) or \bigcap 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 Student from SOM class of 2016.
14. Any comments or added information: 14 Total USU students attending

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#### ATTENDANCE REQUEST

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for Conference/Training/Educational Event

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If yes, ethics form comp	letion may not .	be required (verif	y with OGC to be sur	e).		
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Lodging	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	s	\$			
Total	\$	\$ 1509	\$		7.6	
Registration Fee USU(DoD) Cost Estimated Total  17. Ethics Official/Office Are you using non-feder read and e-sign below ar I understand that:  (a) All checks are to be mauthorized expenses, the sufficient funds, I will be those expenses exceed the allowable under the JETE (d) To the best of my knowledge of all of the face) After this request is a E-Signature of Attendee	on-DoD sources. e paid by USU(E of airfare/lodgi Cost/attendee of General Co ral sources (incl ad documents ra rade payable to a difference will fully reimburse the allowable ra t). owledge, accep acts would not pproved, all tra (not submitter	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 expense under Volume ting these funds of question the intervel regardless of	shuttle/rental car:  to support this request for signature.  sed in to FMG; (b) if the department's organises (provided they are 1 of the Joint Feder does not present a congrity of USUHS programs.	\$s \$uest? NO [ the non-Federal anization; and ( are similar to e al Travel Regul onflict of intere rams or operat	JYES IF yes, I funds are in c) if the non expenses for o ations(the ty est, i.e., a rea ions.	Federal source provides other attendees) even if the of expenses must be
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for Conference/Training/Educational Event

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Comments:				
18. Attachments: Agenda with	relevant segments X Em	nail/letter of proffer Oth	er:	
19. Date Submitted: 3July2013	Submitted by:	Col CLAY CAN	DEPT: N	SEM
20. Routing List				
a. Attendee (signoture requir	ed only when QGC review	is needed)		
<ul> <li>DEPT Chair/Supervisor</li> </ul>				
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d. Dean/Responsibility Center	and the state of t	District part (LVA) (L	(b)	(6) (b) com
<ul> <li>Hand carry to office of the i attendancerequests@usub;</li> </ul>	rresigent USU: Charles L.	RICE MD POC: (D)(O),(D	A-1016 Phone: (0)	(0),(0) Email:
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\*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 <a href="https://www.usuhs.mil/cec">www.usuhs.mil/cec</a>. 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.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.

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for Conference/Training/Educational Event

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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:
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Registration	5	\$ 900	\$			
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ATTENDANCE REQUEST for Conference/Training/Educational Event

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Exempt

Not Exempt\*

UNIFORMED SERVICES UNIVERSITY

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Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 1509	\$			
Estimated Total  17. Ethics Official/Office Are you using non-feder read and e-sign below of I understand that: (a) All checks are to be in authorized expenses, the sufficient funds, I will be those expenses exceed to allowable under the JFTI (d) To the best of my knowledge of all of the fi (e) After this request is a	on-DoD sources. e paid by USU(Cof airfare/lodgicost/attendee e of General Coral sources (included documents in ade payable to edifference will fully reimburse the allowable rails).  Sowledge, acceptacts would not approved, all trainsproved, all trainsproved, all trainsproved.	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 question the intervel regardless of	shuttle/rental car:  I to support this request for signature.  I to FMG; (b) If the department's organises (provided they at 1 of the Joint Federal does not present a congrity of USUHS programs.	\$s suest? NO [ the non-Federa anization; and ( are similar to e al Travel Regul onflict of intere	I funds are in c) if the non-expenses for ations(the typest, i.e., a reations.	requesting attendee must insufficient to cover my Federal source provides other attendees) even if one of expenses must be
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\*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 <a href="https://www.usuhs.mil/cec">www.usuhs.mil/cec</a>. 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.

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

Studen Trave

O&M funds are requested, your "concur" indicates approval of this expenditure.

Non-concur

Not Exempt\*

USU President CoS

Concur

Exempt

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 travel from a Non-Federal Source to the Uniformed Services University of the Health Sciences (USUHS) in support of officially authorized travel.

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 Denver Colorado between 7 and 14 July 2016.

The IN KIND portion provides for lodging (\$87 per night for 7 nights for a total of \$609.00) and the course-registration fee (\$900 per student). The total amount is \$1509.00 for each student or a total of \$21126.00 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 - COLORADO

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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 n ust be submitted.

1. Attendee (b)(6),(b) Medical Student Class of 2016
Total number of requesting attendees:
2. Full Event Title: Operational Emergency Medical Skills Procedures Course, Denver Colorado, 8-14 July 2013
3. Event Dates (07/08/2013): to Travel Dates: (07/14/2013:
4. Location (Denver Colorado):
5. Organizing or hosting entity Deployment Medicine International (DMI)
6. Names of Non-federal co-sponsors: {DMI} or \Bigcap 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 ar 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 Feaching 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 Expension of HJF funding is used, a				d travel line?	Not applica	able No Yes
If yes, ethics form comp	letion may not	be required (verif	y with OGC to be sur	re).		
	for each expense	in the correspondin				on-federal). Then fill in name aber, If Value In-Kind or non-
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	USU	Value In- Kind (OGC Review is Required)	Reimbursement from non- Federal Sources (OGC Review is Required)	USU insert name and full occount 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	\$	\$	\$	- 1		
Total	\$	\$ 1509	\$			
dollar amounts paid by n Registration Fe USU(DoD) Cost Estimated Tota  17. Ethics Official/Office Are you using non-fede read and e-sign below a   understand that: (a) All checks are to be n authorized expenses, th sufficient funds, I will be	on-DoD sources e paid by USU(I of airfare/lodg I Cost/attendee e of General Co ral sources (inc nd documents r made payable to e difference will fully reimburse	ing/per diem and ing/per diem and ing/per diem and in to USU (DoD):  Industed (OGC)  Industed HJF funds)  Industed to the OGO  OUSUHS and turn  If be charged to med for travel expe	shuttle/rental car:  to support this req GC for signature.  ted in to FMG; (b) if ny department's organises (provided they	\$s uest?  NO [ the non-Federa anization; and sare similar to e	YES IF yes  If funds are in  (c) if the non  xpenses for	-Federal source provides other attendees) even if
those expenses exceed allowable under the JFT (d) To the best of my kn knowledge of all of the i (e) After this request is a	R). owledge, accep facts would not	ting these funds of question the inte	does not present a c egrity of USUHS prog	onflict of inter-	est, i.e., a reations.	pe of expenses must be
E- Signature of Attender	(not submitte	r if different)				
(6),(b)(7)(C)	(b)(6),(b)	)(7)(C)				

for Conference/Training/Educational Event (b)(6).(b)(7)(C) Reviewel OGC Review Concur | Non-concur 5 Jul 13 Comments: 18. Attachments: Agenda with relevant segments X Email/letter of proffer Other: 19. Date Submitted: 3July2013 Submitted by: Col Class 20. Routing List Attendee (signature\_required only when OGC review is needed) b. DEPT Chair/Supervisor c. OGC (if non-federal support is provided) (b)(6),(b)(7)(C) 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) Email: attendancerequests@usuhs.edu Return fully signed form to: Name: Phone: Ernail: @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)( 23-25April2013 San Diego If O&M funds are used, send e-copy to (b)(6),(b)(7)(C) 4.1040B (b)(6),(b) (0&M account numbers in DAI begin with a number 1-8 or a letter C, D, E, M, or T. Required Signatures: NOTE: All information must (b)(6),(b)(7)(C) d for signatures. Dopt. Chain/Supervisor XConcur Non-concur Acting Chair 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 President Co.S 5 Jul 2013 Concur Non-concur Exempt Not Exempt\* Comments:

C:\Users (b)




PO Box 1264 Gig Harbor, WA 98335

Phone: 253-238-634:

Fax: 760-539-8389

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 travel from a Non-Federal Source to the Uniformed Services University of the Health Sciences (USUHS) in support of officially authorized travel.

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 Denver Colorado between 7 and 14 July 2016.

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Respectfully,

John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDUF OURSE - COLORADO

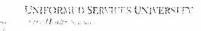
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for Conference/Training/Educational Event

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, Denver Colorado, 8-14 July 2013
3. Event Dates (07/08/2015): to Travel Dates: (07/14/2013:
4. Location (Denver Colorado):
5. Organizing or hosting entity Deployment Medicine International (DMI)
5. Names of Non-federal co-sponsors: (DMI) or DN/A
7. Name of Non-Federal entity conference planner: N/A
3. 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,
novement 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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# UNIFORMED SERVICES UNIVERSITY

15. Anticipated Expenses, Dollar Amounts, and Sources

### ATTENDANCE REQUEST

for Conference/Training/Educational Event

Expense Item	enter dollar	Dollar Amou amount in the appr n	WE.		source name a	Account Number and number in the row and a 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	\$			
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\*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 <a href="https://www.usuhs.mil/cec">www.usuhs.mil/cec</a>. 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 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.

## UNIFORMED SERVICES UNIVERSITY

Fax: 760-539-8889



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

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 travel from a Non-Federal Source to the Uniformed Services University of the Health Sciences (USUHS) in support of officially authorized travel.

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 Denver Colorado between 7 and 14 July 2016.

The IN KIND portion provides for lodging (\$87 per night for 7 nights for a total of \$609.00) and the course registration fee (\$900 per student). The total amount is \$1509.00 for each student or a total of \$21126.00 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 OURSE - COLORADO

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#### 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. Attender (b)(6),(b)( Medical Student Class of 2016
Total number of requesting attendees:1_
2. Full Event Title: Operational Emergency Medical Skiils Procedures Course, Denver Colorado, 8-14 July 2013
3. Event Dates (07/08/2013): to Travel Dates: (07/14/2013:
4. Location (Denver Colorado):
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



for Conference/Training/Educational Event

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ATTENDANCE REQUEST for Conference/Training/Educational Event

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Meals	\$	\$	\$				
Tickets/Com. Carrier Fees	\$	\$	\$				
Registration	\$	\$ 900	\$				
Taxi/incidentals	\$	\$	\$				
Total	\$	\$ 1509	\$			- , / 12	
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for Conference/Training/Educational Event (b)(6),(b)(7)(C)Reviewer OGE Review Concur | Non-concur S Jui 13 Comments: 18. Attachments: Agenda with relevant segments X Email/letter of proffer Other 19. Date Submitted: 3July2013 Submitted by: Col CLAC CLA 20. Routing List a. 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 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) Email: 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: <u>AttendanceApproved@usuhs.edu</u>). In subject line note "Dept-Traveler last, first name Dates City". Example: GME (b)(6),(b)( 23-25April2013 San Diego If O&M funds are used, send e-copy to (b)(6),(b)(7)(C) A1040B (b)(6), (O&M occount numbers in DAI begin with a number 1-8 or a letter C. D. E. M. or T. 21. Required Signatures: NOYE: All information must be co (b)(6),(b)(7)(C) Dept Chair/Supervisor XConcur Non-concur Adly chair 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 President 5 Jul 2013 Concur Non-concur Exempt ■ Not Exempt\*

\*Note to Requestor: Ij "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 <a href="https://www.usuhs.mil/cec">www.usuhs.mil/cec</a>. Forms required are listed under "Attending" Non-Exempt (currently Enclosure 5. Enclosure 7 DoD hasted or 9 Non-DoD hasted expense worksheet, Enclosure 8 HA/TMA Coordination Sheet, and Coordination Sheet USU.pdj). 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

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Respectfully.

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President

Deployment Medicine International

# STUDENTS FOR OEMS PROCEDURE OURSE - COLORADO

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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, Denver Colorado, 8-14 July 2013
3. Event Dates (07/08/2013): to Travel Dates: (07/14/2013:
4. Location (Denver Calorado):
5. Organizing or hosting entity Deployment Medicine International (DMI)
5. Names of Non-federal co-sponsors: (DMI) or \Bigsim N/A
7. Name of Non-Federal entity conference planner: N/A
3. 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,
novement 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.
1. 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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## ATTENDANCE REQUEST

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for Conference/Training/Educational Event

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Total	\$	\$ 1509	\$			
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d. Dean/Responsibility Center e. Hand carry to office of the Presattendancerequests@usuhs.ed f. Return fully signed form to: Na g. Upon receipt of fully approved • send e-copy to: Attendance Example: GME (b)(6), • If O&M funds are used, see	provided)  (b) (c) (c) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	301.295.3028 Bldg A Room  POC: (b)(6),(b	@usuhs.edu
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\*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 <a href="https://www.usuhs.mil/cec">www.usuhs.mil/cec</a>. 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 (h)(6) (h)(7)(C)

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President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDURE OURS	E - COLORADO
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for Conference/Training/Educational Event

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1. Attendee A Medical Student Class of 2016
Total number of requesting attendees: 1
2. Full Event Title: Operational Emergency Medical Skills Procedures Course, Denver Colorado, 8-14 July 2013
3. Event Dates (07/08/2013): to Travel Dates: (07/14/2013:
4. Location (Denver Colorado):
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6. Names of Non-federal co-sponsors: (DMI) or $\square$ N/A
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12. Attending as: (check all that apply): Attendee XTraince 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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ATTENDANCE REQUEST

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for Conference/Training/Educational Event

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federal sources are contribu	uting, OGC reviev	v is required.					
		Dollar Amou	ınt	Source Name/Account Number			
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			
	บรบ	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	
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Meals	\$	\$	\$				
Tickets/Com. Carrier Fees	\$	\$	\$				
Registration	\$	\$ 900	\$				
Taxi/incidentals	\$	\$	\$	į	0.0444010000000000000000000000000000000		
Total	\$	\$ 1509	\$				
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	for Conference/Training			
	(b)(6),(b)(7)(C)	(b)(6),		
Reviewer		MANAGE		_
OGO Review    Non-concur		s Tul 13		
Comments:	1			
18. Attachments: Agenda with releva	ant segments X Email/lett	er of proffer Other		
	Submitted by: _Col ZL		DEPT: MEN	1_
20. Routing List  a. Attendee (signature required on b. DEPT Chair/Supervisor  c. OGC (if non-federal support is pr d. Dean/Responsibility Center  e. Hand carry to office of the Presidatendancer equests@usuhs.edu  f. Return fully signed form to: Nam  g. Upon receipt of fully approved to  send e-copy to: Attendance Example: GIME (b)(6),(  If O&M funds are used, send DAI begin with a number 1-8  21. Required Signatures: NOTE: All inform Dent Chair/Supervisor  XConcur Non-concur	tent USU: Charles L. Rice Mine:  Approved@usuhs.edu). In:  b) 23-25April2013 Sandle-copy to (b)(6),(b)(7)  B or a letter C, D, E, M, or T.	C) 301.295.30 D POC (b)(6),(b A-1) Phone: subject line note "Dept Diego )(C) A10408 (b)	Email:	@usuhs.edu name Dates City".
Dean/Responsibility Center Concur Non-concur Note to Dean/Responsibility O&M funds are requested, you Indicates approval of this exp USU President Cos Concur Non-con Exempt Not Exempt	Center: if our "concur" penditure.  (b)(6),(b) ocur	oting the	5 Jul 201	3
Council nate:				
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Comments:  *Note to Requestor: if "Not Exempt" is ching P&R DaD review, and you must submit more Exempt (currently Enclosure 5, Enclosure 1).  Short, and Coordination Short USU add.	re forms located at <u>www.us</u> .	uhs.mil/cec . Forms requ	ired are listed under	"Attending" Non-

request is rejected and returned to the requestor. See "Comments" line for explanation.

Fax: 760-539-8889

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

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 travel from a Non-Federal Source to the Uniformed Services University of the Health Sciences (USUHS) in support of officially authorized travel.

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 Denver Colorado between 7 and 14 July 2016.

The IN KIND portion provides for lodging (\$87 per night for 7 nights for a total of \$609.00) and the course registration fee (\$900 per student). The total amount is \$1509.00 for each student or a total of \$21126.00 and will be provided directly from DMI as "value in kind".

Respectfully,

John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR DEMS PROCEDURES URSE - COLORADO

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for Conference/Training/Educational Event

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for Conference/Training/Educational Event

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Lodging	\$	\$ 609.00	\$			
Meals	5	s	5			
Tickets/Com. Carrier Fees	\$	S	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	S	S			
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for Conference/Training/Educational Event

15. Anticipated Expense If HJF funding is used, ar				t terusi line2	Not applie	able  No Yes
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Attendee Signature and						

Comments:

USU Provident

Concur

Exempt

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

Student

Non-concur

Not Exempt\*

Tave

5 Jul 2013

PO Box 1264 Gig Harbor, WA 98335

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

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25 June 2013

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for Conference/Training/Educational Event

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Total	\$	\$ 1509	\$			
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Student Travel

USU President Co S

Concur

Exempt

Non-concur

Not Exempt\*

5 Jul 2013

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Concur 🖺 Non-concur		5 Jul 13	
comments:			
8. Attachments: 🔲 Agenda with relevan	it segments X Email/letter	of proffer Other	
9. Date Submitted: _3July2013	_ Submitted by: _Col _r1_v2	Class .	DEPT: MEM_
to. Routing List  a. Attendee (signature required only b. DEPT Chair/Supervisor			
c. OGC (if non-federal support is pro-	(buth) (b)(7)(C)	301.295.3028	Bldg A Room #1030
d. Dean/Responsibility Center	and the standard from the	noc (b)(6) (b)	(b)(6),(b)
e. Hand carry to office of the Preside attendancerequests@usuhs.edu	nt USU: Charles L. Rice MD	POC. (0)(0),(0) A-1016	Phone: (7)(C) Email:
f. Return fully signed form to: Name:		Phone: Em	ad: @usuhs.edu
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Sheet, and Coardination Sheet USU.pdf). Questions? contact (b)(6),(b)(7)(C)

request is rejected and returned to the requestor. See "Comments" line for explanation.

if "Non-concur" is checked, the

Exempt (currently Enclosure 5, Enclosure 7 DoD hosted or 9 Non-DoD hosted expense worksheet, Enclosure 8 HA/TMA Coordination

195 - UNIFORMED SERVICES UNIVERSITY

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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 travel from a Non-Federal Source to the Uniformed Services University of the Health Sciences (USUHS) in support of officially authorized travel.

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 Denver Colorado between 7 and 14 July 2016.

The IN KIND portion provides for lodging (\$87 per night for 7 nights for a total of \$609.00) and the course registration fee (\$900 per student). The total amount is \$1509.00 for each student or a total of \$21126.00 and will be provided directly from DMI as "value in kind".

Respectfully,

John H. Hagmann M.D.

President

Deployment Medicine International

## STUDENTS FOR DEMS PROCEDURE DURSE - COLORADO

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) Medical Student Class of 2016
Total number of requesting attendees:1_
2. Full Event Title: Operational Emergency Medical Skills Procedures Course, Denver Colorado, 8-14 July 2013
3. Event Dates (07/08/2013): to Travel Dates: (07/14/2013:
4. Location (Deriver Colorado):
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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## ATTENDANCE REQUEST

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Downloads\Attendance Request\_May 2013.docx 1May2013 2



for Conference/Training/Educational Event

If HJF funding is used, ar If yes, ethics form compl					_Not applica	ableNoYes	
						on-federal). Then fill in name ober. if Value In-Kind or non-	
federal sources are contribe			g row and column and	er source Name,	Account Num	ibet. If voide 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	
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Meals	\$	\$	\$				
Tickets/Com. Carrier Fees	\$	\$	\$				
Registration	\$	\$ 900	\$				
Taxi/incidentals	\$	\$	\$				
Total	\$	\$ 1509	\$				
Estimated Total  17. Ethics Official/Office Are you using non-feder read and e-sign below ar I understand that: (a) All checks are to be m	on-DoD sources of paid by USU(I of airfare/lodgic Cost/attended of General Cost al sources (included documents of the payable to difference will fully reimburse the allowable rate).	DoD): ing/per diem and ito USU (DoD): unsel (OGC) luding HJF funds) must go to the OG it USUHS and turn I be charged to me ad for travel expende under Volume ting these funds of	to support this requestion of the support this requestion of the support this requestion of the support the suppor	\$s \$uest?  NO [ the non-Federa anization; and ( are similar to e rai Travel Regul conflict of inter- grams or operat	YES IF yes of funds are in (c) if the non expenses for ations(the type est, i.e., a res	, requesting attendee must nsufficient to cover my -Federal source provides other attendees) even if ype of expenses must be	
E- Signature of Attendee Attendee Signature and		if different)					

## UNIFORMED SERVICES UNIVERSITY

#### ATTENDANCE REQUEST

for Conference/Training/Educational Event

Reviewer OGE Review	v □ Non-concur	(b)(6),(b)	)(7)(C)		
Comments	1	5.1.0			
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	O&M funds are rec indicates approval USU President C	n-concur consibility Center: if nuested, your "concur" of this expenditure.	Acting the Student Travel	- Jul 2013	

\*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 <a href="https://www.usuhs.mil/cec">www.usuhs.mil/cec</a>. 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.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:

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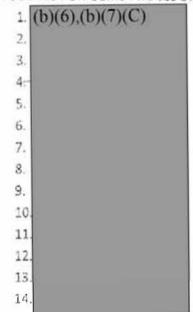
Respectfully,

John H. Hagmann M.D.

President

Deployment Medicine International

## STUDENTS FOR OEMS PROCEDURL .OURSE - COLORADO





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.

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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

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			
	นรษ	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	S	\$ 609.00	\$				
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Tickets/Com. Carrier Fees	5	3	s				
Registration	5	\$ 900	\$				
1200							
Taxi/incidentals	9	\$	Ś				
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for Conference/Training/Educational Event

		lar amounts in the		unt column (USU,		on-federal). Then fill in name ober, if Value In-Kind or non-
federal sources are contrib	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		
	บรบ	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	\$	1 19		
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for Conference/Training/Educational Event (b)(6),(b)(7)(C)Reviewer OGC Review Sconcur - Non-concur Comments: 18. Attachments: Agenda with relevant segments X Email/letter of proffer Other: 19. Date Submitted: 3July2013 Submitted by: Col (L. V.) (A. A.) 20. Routing List a. Attendee (signature required only when OGC review is needed) b. DEPT Chair/Supervisor c. OGC (if non-federal support is provided) (b)(6),(b)(7)(C) 301.295.3028 Bidg 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: <u>AttendanceApproved@usubs.edu</u>). In subject line note "Dept. Traveler last, first name Dates City". Example: GME (b)(6),(b)( 23-25April2013 San Diego If O&M funds are used, send e-copy to (b)(6),(b)(7)(C)
 A1040B (b)(6),(b (O&M account numbers in DAI begin with a number 1 8 or a letter C, D, E, M, or T. (b)(6),(b)(7)(C)21. Required Signatures: NOTE: All information signatures. Doot-Shair/Supervisor XConcur) Non-concur Chair 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 President CoS 5 Jul 2013 Concur Non-concur Exempt 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 <a href="https://www.usuhs.mil/cec">www.usuhs.mil/cec</a>. Forms required are listed under "Attending" Non-Exempt (currently Enclosure 5, Enclosure 7 DoD hasted or 9 Non-DoD hasted 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 travel from a Non-Federal Source to the Uniformed Services University of the Health Sciences (USUHS) in support of officially authorized travel.

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 Denver Colorado between 7 and 14 July 2016.

The IN KIND portion provides for lodging (\$87 per night for 7 nights for a total of \$609.00) and the course registration fee (\$900 per student). The total amount is \$1509.00 for each student or a total of \$21126.00 and will be provided directly from DMI as "value in kind".

Respectfully,

John H. Hagmann M.D.

President

Deployment Medicine International

## STUDENTS FOR OEMS PROCEDURY TOURSE - COLORADO

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PO Box 1264 Gig Harbor, WA 98335

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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 training in the Operational Emergency Medical Skills (OEMS) Advanced Course for attached list of 36 students. Attendance at this course will allow them to participate as Teaching Assistants in the subsequent OEMS course taught by USUHS faculty for all students at USUHS.

The funding supports the DMI staff who will teach the course at USUHS between 22July and 2 Aug 2013.

The course fee for DMI to teach this course is \$24,995.00 which will be provided by DMI as "value in kind".

Respectfully,

John H. Hagmann M.D.

President

Deployment Medicine International

### STUDENTS FOR OEMS ADVANCED COURSE

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	For use of this form, s	ee AR 198-45; the proponent age	ency is PMG.				
	P	RIVACY ACT STATEMENT			-		
AUTHORITY:	Title 10, USC Section 301, Title 5,		icial Security Number	r (SSN).			
PRINCIPAL PURPOSE:	To document potential criminal acti	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 governme	ent law enforceme	ent		
	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 in	nformation is voluntary.					
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USU office of General	l Counsel	2013/10/24	1400				
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; [A-X] (A-X)		, WANT TO MAKE THE	FOLLOWING STAT	EMENT UNDER	OATH:		
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INITIALS OF PER	(b)(6),(b)(7)		
			PAGE 3 OF 3 PAGES

#### (b)( (b)

From:

Dr John Hagmann < jhagmannmd@deploymentmedicine.com>

Sent:

Tuesday, July 09, 2013 9:26 AM

To:

(b)(6),(b)

Subject:

FW: Ref (b)(6),(b)

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

We have a go if we want to push on. You would need to get your car and move to Dulles. Flight is out of IAD via LGA (New York) departs at 14:40. Arrives Den 20:10. Will have a rental car reserved for you. (You will need to put it on your credit card to rent but I will return it and pay for it at that time.)

Will meet you in Leadville and get you up to the site.

I am willing to push on. Can you make it to Dulles?

jh

- Forwarded Message

From: (b)(6),(b)(7)(C)

Date: Tue, 9 Jul 2013 08:33:38 -0400

To: "Jhagmannmd@Deploymentmedicine. Com" < jhagmannmd@deploymentmedicine.com >

Subject: Re: Ref (b)(6),

(b)(6),

Works for me, \$10 is legal. Let me know if there is anything I can do.

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

On Tue, Jul 9, 2013 at 7:40 AM, Dr John Hagmann < hagmannmd@deploymentmedicine.com > wrote:

(b)(6),

I am flying so can not call but am on line for a bit.

Got the latest from (b)(6),(b)

Is there a problem with giving him a frequent flier ticket?

The IRS has determined that FF miles and tickets have no inherent monetary value – or we would be required to pay taxes on them.

I will have a receipt that shows the cost of the ticket is \$10 in fees.

Could still salvage his rotation.

The option for next week is weak – unknowns with the conflict with training the 44th Med Brigade from Bragg may mean that these guys don't get the procedures course but other training this time.

The flight I would get him is not until after noon so we have a short while to digest.

I will call as soon as I arrive Dallas to change planes.

John

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

----- End of Forwarded Message

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

From:

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

Sent:

Monday, July 08, 2013 6:37 PM

To: Subject: Dr John Hagmann Re: ENS Cole travel

Sir.

We are all set with my command's approval of the plan as it was set when I left the farm. I will be at DCA at 0500 tomorrow standing by with my cell phone in hand to hear what Mr. (b)(6 can do for me with DTS at 0530 when he gets into the office. Thank you again for helping me with this.

Very respectfully,

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

On Jul 8, 2013, at 4:54 PM, Dr John Hagmann < hagmanund@deploymentmedicine.com > wrote:

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

Situation pretty much OBE by now. Turns out he was transferred to USUHS as claimed but placed into the SOM database and not the MS-1 data.

They have found him and could do his ticket – if anyone had been working. They will try in the AM. I have him backed up anyway but could cancel.

Still wondering why Dr (b) did not come up on the net last week when he could not make his ticket. SSgt (b) was (as usual) extremely helpful outside her normal lane and persistent. Did not stop until we had the best option available. She is a keeper.

John

On 7/8/13 2:22 PM, (b)(6),(b)(7)(C)

wrote:

Tried to do (b)(6), orders for his flight. Problem is that he is not in our DTS account. My guess is that, as an academy guy, he never disengaged himself from Annapolis for travel.

Anyway, only the member can contact the prior duty station and request to be "removed" from their DTS account. Only then can we do anything with/for him. I can't be too optimistic that he can pull this off given the time frame but good luck. (b)(6),

	s	WORN STATEM	ENT				
	For use of this form, se	e AR 190-45; the prop	onant age	ncy is PMG			
	PR	RIVACY ACT STATEM	ENT				
AUTHORITY:	Title 10, USC Section 301; Title 5, L			cial Security Number	er (SSN).		
PRINCIPAL PURPOSE:	To document potential criminal activi	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:				and foreign novemen	vest law enforcement		
Noothe odes.	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 in	formation is voluntary					
1. LOCATION		2. DATE (YYYY	MMDD)	3. TIME	4. FILE NUMBER		
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9. (b)(6),(b)(7	NI .	71000					
(0)(0),(0)(7	/	, WANT TO	MAKE THE	FOLLOWING STA	TEMENT UNDER OATH:		
in general, the requires provided to me.  Q. How were you chost.  A. I went to a general is months later I was not Q. Which courses did A. The Virginia pre co.  Q. Can you tell me above. I went to the Naval what I believe was the couldn't find them and in advance and I believe. The Mond the next morning and it time I called Dr. Hagmadamant that I was able would pay taxes on the how the ticket was pur	urse and the Colorado advance of out your Orders process?  Academy so I had a preexisting School of Medicine account and it was getting close to the travel we be contacted the DTS office at any before travel and set up a plan hoping that they would be able to ann to inform him that I would be to use Frequent Flyer miles become. This plan was authorized by Cohased.  The miles were of no value?	MAN, and the AF (b)(6), we saw accepted to attend.  Ourse.  DTS account and very line of the MS1 account at the MS1 account at that time. Because a to have proper DTs authorize a flight be missing the Cole cause the IRS had consecuted the IRS had conse	when I tra unt. When d if you d of the fi 'S orders in time for orado por determine	nsferred to USU in they went to pro- lon't have tickets irlough and a holl written. This involves in the training of the training of that those mile	the account was transferred to occess the DTS orders they to let him know. I did so a week liday, I was forced to contact volved me going to DCA at 0530 to training. They were not. At thing, It was then that he become is have no value otherwise we		
A. I did settle a DTS a left for Colorado that Q. Can you tell me ho A. Dr Hagmann had a	uthorization upon my return. I do it would be taken care of. When i w the rental car process went? number of cars reserved in Deny I. I was arriving late due to the is	I returned I input the	e receipt	for the rental can	r and it was accepted. he so that I could drive to the site		
10. EXHIBIT	(b)	(6),(b)(7)(C)	ON MAKI	NG STATEMENT	PAGE 1 OF 3 PAGES		
ADDITIONAL PACES AT	IST CONTAIN THE HEADING ISTAI	EMENT OF	TAVENIA	T DATES			
	JST CONTAIN THE HEADING 'STAT ADDITIONAL PAGE MUST BEAR TO		TAKEN A				

U	SE THIS PAGE IF NEEDED. II	THIS PAGE IS NOT NEEDED, F	PLEASE PROCEED	TO FINAL PAGE OF THIS FORM	ı.
STATEMENT OF	(b)(6),(b)(7	TAKEN AT	AFRRI	DATED 2013/10/17	
9. STATEMENT	(Continued)	-			
Q. The original A. If that's wha procedures cou. Q. Did you see A. Yes (b) (6) Q. Do you know A. No Q. Do you know A. No Q. Was alcohol A. Yes Q. This was the A. Yes. Q. Did A. Yes. Q. Did A. Yes. Q. Do you know A. No Q. when was the A. The last day Q. Have you sp A. I've spoken Q. Are you awa A. Just rumors Q. Do you have A. I've honestly insistent. I belie possible to help the use of DMI	plan was for you to hold the the emails state then yes, see using a different car. It ketamine being injected in (b)(7) and a foreign see where the ketamine came of anyone, other than Dreensumed during a cognitive large amounts, 8 oz or more there drugs being dispense indocaine, benzocaine, and where these drugs came to get the course when it was a coken to anyone else about to quite a few people about re of improper exams or be no specifies and no names, anything else to add?  Tried to do the right thing, eved he was so adamant about the warfighters down the line, frequent flyer miles, when permitted and I was allowed.	returned the car which I renter to students? students? student e from?  Hagmann, who would know which lab?  ore that others have testified and wersed from?  Hagmann cancelled these events since that time tour experiences. That told Dr. Hagmann that sout getting me to Colorado be I think that's the way all of I received command authorized.	where it came from where it came from about?	on leaving early to attend another myself.	he was ny people as ing-ups about
(C)	TAKING STATEMENT				
				PAGE 2 OF	3 PAGES

STATEMENT OF (b)(6),(b)	TAKEN AT	AFRRI	DAYED 2013/10/17	
9. STATEMENT (Continued)				
Nothing Follows				
(b)(6),(b)(7)(C)	AFFIDAVI	т		
	Annabative and the second of t		VE HAD READ TO ME THIS STATE	FRESCHELL
WHICH BEGINS ON PAGE 1, AND ENDS OF BY ME. THE STATEMENT IS TRUE. I HAVE			INTENTS OF THE ENTIRE STATEM	Carlo and a second and a second
CONTAINING THE STATEMENT. I HAVE M	ADE THIS STATEMENT FREELY	WITHOUT HOPE	OF BENEFIT OR REWARD, WITHO	1555 F
THREAT OF PUNISHMENT, AND WITHOUT	COERCION, UNLAWFUL INFLU	b)(6),(b)(7)	)(C)	
	121			
		Villa de la companya		
WITNESSES:		subscribed and sy minister oaths, thi	worn to before me, a person authorized is 17 day of Carber	ed by law to
	The second secon	),(b)(7)(C)	- Chier	. 2013.
		600 (60 60) 6		
ORGANIZATION OR ADDRESS			ing Oath)	
Uniformed Services University			130,00000	
Bethesda MD		(Typed	Name of Person Administering Oath	)
		Investigator		2
ORGANIZATION OR ADDRESS			(Authority To Administer Oaths)	
INITIALS OF PERSON MAYING STATEMENT				

PAGE 3 OF 3 PAGES