

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

## Exhibit 37



PO Box 1264  
Gig Harbor, WA 98335  
Phone: 253-238-6343  
Fax: 760-539-8889  
[www.deploymentmedicine.com](http://www.deploymentmedicine.com)

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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,

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 OEMS PROCEDURES COURSE – 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. 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, 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 ☒ 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

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**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	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
<b>Total</b>	\$	\$ 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



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:	

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

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

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) 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.

Dept. Chair/Supervisor <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	(b)(6),(b)(7)(C) <i>Acting chair</i>
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 <u>C.L.S.</u> <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt*	(b)(6),(b)(7)(C) <i>5 Jul 2013</i> <i>Student Travel</i>

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/ceg](http://www.usuhs.mil/ceg). 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.



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John H. Hagmann M.D.

President

Deployment Medicine International

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Total number of requesting attendees: 1

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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)

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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		
	<i>enter dollar amount in the appropriate funding source column</i>			<i>enter funding source name and number in the row and column matching each dollar amount</i>		
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<b>Total</b>	\$	\$ 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: \$ \_\_\_\_\_  
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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:

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E- Signature of Attendee (not submitter if different)

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



**ATTENDANCE REQUEST**  
*for Conference/Training/Educational Event*

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E- Signature of Attendee (not submitter if different)

Attendee Signature and Date



ATTENDANCE REQUEST

for Conference/Training/Educational Event

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

(b)

(6),(b)

Reviewer

OGC Review

☒ Concur ☐ 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
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- 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 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)
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.	Acting Chair
USU President <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](http://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.



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President

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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. Attendee **(b)(6),(b)(7)(C)** Medical Student Class of 2016

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4. Location (Denver Colorado):

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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  
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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/Examination 5/2013

## 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

If Yes, please provide the grant number and approved travel line number (if applicable):

For the anticipated expenses, please enter the dollar amount for each item in the appropriate funding source column. For the source name/account number, please enter the funding source name and number in the row and column matching each dollar amount. For the total, please enter the total dollar amount for each item. For the total, please enter the total dollar amount for each item.

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	\$	\$ 400.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 0.00	\$			
Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 150.00	\$			

## 16. DoD Estimated Total Costs: Enter the funding source above, then enter below only the USU cost summary data. Do not enter other 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 sign and sign below and documents must go to the OGC for signature.

I understand that:

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- (e) After this request is approved, all travel regardless of funding source must be entered into DTS.

Signature of Attendee (not submission if different)

Attendee Signature and Date

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

May 3 2013

**ATTENDANCE REQUEST**  
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**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.

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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) 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.	(b)(6),(b)(7)(C)
USU President C-5 <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 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](http://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](http://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

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

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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. 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, 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 ☒ 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		
	<i>enter dollar amount in the appropriate funding source column</i>			<i>enter funding source name and number in the row and column matching each dollar amount</i>		
	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	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
<b>Total</b>	\$	\$ 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)

(b)(6),(b)(7)(C) (b)(6),(b)(7)(C)  
 5 July 13



**ATTENDANCE REQUEST**  
for Conference/Training/Educational Event

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

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- 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](mailto: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 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 for signatures.**

Dept. Chair/Supervisor <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	(b)(6),(b)(7)(C)	5 Jul 2013
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 <u>C. S.</u> <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt*	(b)(6),(b)(7)(C)	

*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](http://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.





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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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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,

A handwritten signature in black ink that reads "John H. Hagmann MD".

John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDUR COURSE - COLORADO

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

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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. 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, 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 ☒ 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 form transferring funds and be required to attach OGC to be sure!

This table provides an opportunity to list all anticipated expenses (USU, FMG, or non-Federal). Then fill in name of funding source(s) and dollar amount of each expense, and the corresponding row and column under Source Name/Account Number. (Values listed by non-Federal sources are contributing, OGC review only, unless noted.)

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	\$	\$	\$			

16. DoD Estimated Total Costs: Complete the funding table above, then enter below only the USU cost summary data. Do not enter other 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 sign 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.

1. Signature of Attendee (not submitter if different)

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

**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	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
<b>Total</b>	\$	\$ 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:

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(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

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

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

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

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 Resident 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/cac](http://www.usuhs.mil/cac). 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.



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25 June 2013

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Uniformed Services University of the Health Sciences  
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Respectfully,

A handwritten signature in black ink that reads "John H. Hagmann M.D." in a cursive style.

John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDURE

COURSE – COLORADO

1. (b)(6),(b)(7)(C)
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.

**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, 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.

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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

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If HJF funding is used, are the funds currently from a grant with an approved travel line? ☐ Not applicable ☐ No ☐ Yes  
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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	\$	\$	\$			
<b>Total</b>	\$	\$ 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)

**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	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
<b>Total</b>	\$	\$ 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



ATTENDANCE REQUEST  
for Conference/Training/Educational Event

Reviewer OGC Review <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur	(b)(6),(b)(7)(C) S 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](mailto: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](mailto: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 1-8 or a letter C, D, E, M, or T).

21. Required Signatures: NOTE: All information must be completed 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.	(b)(6),(b)(7)(C)
USU President <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 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](http://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](http://www.deploymentmedicine.com)

25 June 2013

Deart, 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,

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 OEMS PROCEDURE COURSE – COLORADO

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

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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. 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 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 ☒ 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 the funding located, are the funds currently being granted 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 a dollar amount in each dollar column		
	USU	Value in Kind	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)
Meals						
Travel						
Ticket/Car Rental						
Registration						
Tax/Accidentals						
Total						

## 16. DoD Estimated Total Costs:

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

## 17. Ethics Officer/Office of General Counsel (OGC)

Are you using non-federal sources (including JUF funds) to support this request? ☐ NO ☐ YES

Understand that:

(a) All checks are to be made payable to USUHS and turned in to PMG; (b) if the non-Federal funds are insufficient to cover my authorized expenses, the difference will be charged to my department's organization; and (c) if the non-Federal source provides sufficient funds, I will be fully reimbursed for travel expenses (provided they are similar to expenses for other attendees) even if those expenses exceed the allowable rate under Volume 2 of the Joint Federal Travel Regulations; the type of expenses must be allowable under the JTR.

(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)

03JUL13

**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	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
<b>Total</b>	\$	\$ 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

ATTENDANCE REQUEST  
for Conference/Training/Educational Event

Reviewer: (b)(6),(b)(7)(C)  
OGC Review: (b)(6),(b)(7)(C)  
☒ Concur ☐ 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) 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.

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.	(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) Student Travel 5 Jul 2013

COORDINATING:

\*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](http://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.



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Gig Harbor, WA 98335  
Phone: 253-238-6343  
Fax: 760-539-8889  
[www.deploymentmedicine.com](http://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,

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.

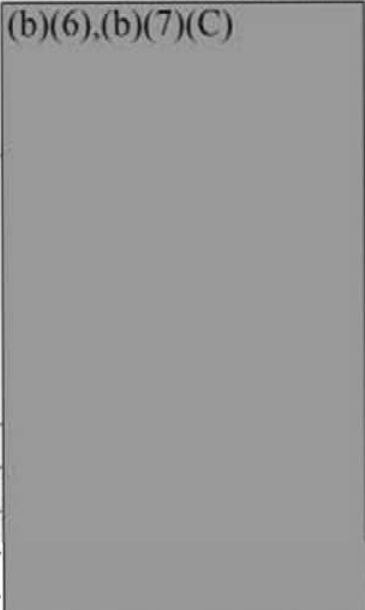
President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDURE COURSE — COLORADO

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- 4.
- 5.
- 6.
- 7.
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- 10.
- 11.
- 12.
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- 14.

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



**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, 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 ☒ 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 your estimate is complete, it may not be required to complete this section.

Directions: Provide anticipated expense dollar amounts in the appropriate Dollar Amount column (USU, Value in Kind, or Non-Federal). Then fill in name and/or account numbers for each expense in the corresponding column and source name/account number. If value is 2000 or more, federal sources are required to be reviewed by OGC for review.

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 of in the funding source column matching each dollar amount	enter funding source name and number of in the funding source column matching each dollar amount	enter funding source name and number of in the funding source 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	\$	\$ 608.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 500	\$			
Tax/Incidentals	\$	\$	\$			
Total	\$	\$ 1508	\$			

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 HIF funds) to support this request? ☐ NO ☐ YES. If yes, requesting officer must read and 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). If those expenses exceed the allowable rate under Volume I of the Joint Federal Travel Regulation (the type of expense must be allowable under the JFTR).

(d) to the best of my knowledge, accepting these funds does not present a conflict of interest; I am a suitable person with knowledge and skills that would not question the integrity of USUHS programs or operations; and (e) approved travel expenses of funding source must be entered into DTS.

(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 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	\$	\$	\$			
<b>Total</b>	\$	\$ 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

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 (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) 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 I.

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

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.	Acting Chair	
USU President <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](http://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](http://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,

A handwritten signature in black ink that reads "John H. Hagmann MD".

John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDURES      NURSE – 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. 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 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 ☒ 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 <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	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
<b>Total</b>	\$	\$ 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	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 900	\$			
Taxi/incidentals	\$	\$	\$			
<b>Total</b>	\$	\$ 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 DYS.

E- Signature of Attendee (not submitter if different)

Attendee Signature and Date

# ATTENDANCE REQUEST

for Conferences/Training/Educational Event

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

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 (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 I.

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

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.	
USU President <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](http://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.



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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,

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

## URSE - 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. 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 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 ☒ 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	\$	\$	\$			
<b>Total</b>	\$	\$ 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:

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(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

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Expense Item	Dollar Amount			Source Name/Account Number		
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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 account number	Other Federal: insert name	HJF or other Non-Federal source insert name and full account number
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<b>Total</b>	\$	\$ 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)**

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(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),
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: (b)(6),(b)(7)(C)
- Return fully signed form to: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_@usuhs.edu
- Upon receipt of fully approved form:
  - send e-copy to: [AttendanceApproved@usuhs.edu](mailto: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 1-3 or a letter C, D, E, M, or T.

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

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.	Acting Chair
USU President: <u>C. S.</u> <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](http://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) (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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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,

A handwritten signature in black ink that reads "John H. Hagmann M.D." in a cursive style.

John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDURE      DURSE – COLORADO

- 1. (b)(6),(b)(7)(C)
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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. 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 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 ☒ 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/Car, Carrier Fees						
Registration						
Taxi/incidentals						
Total						

## 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)

7/4/13

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



# ATTENDANCE REQUEST

for Conference/Training/Educational Event

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

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

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) A1040B 301.295.3327 (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 <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 <u>C. S.</u> <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](http://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](http://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,

A handwritten signature in black ink, appearing to read "John H. Hagmann".

John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDURE      DURSE – COLORADO

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

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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. Attendee (b)(6),(b)(7)(D) 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 ☐ 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 Lodging, Airfare/Travel, and other expenses

## 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, please provide grant name, number, and approved travel line number.

USUHS is an equal opportunity employer. We are committed to providing a safe and healthy work environment for all employees. We are also committed to providing a safe and healthy work environment for all visitors. We are committed to providing a safe and healthy work environment for all visitors.

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	\$	\$ 600.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 100	\$			
Taxi/incidentals	\$	\$	\$			
Total	\$	\$ 1500	\$			

## 16. DoD Estimated Total Costs: Consider the funding table above, but enter below only the USU cost summary below. Do not enter dollar amount 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, remaining 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.

Signature of Attendee (not submitter if different):

(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 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	\$	\$	\$			
<b>Total</b>	\$	\$ 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.

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(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:	

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: (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 <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.	
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) July 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](http://www.usuhs.mil/cec). Forms required are listed under "Attending" Non-Exempt (currently Enclosure 5, Enclosure 7 DoD hosted or 8 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.



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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,

A handwritten signature in black ink that reads "John H. Hagmann M.D." in a cursive style.

John H. Hagmann M.D.

President

Deployment Medicine International

STUDENTS FOR OEMS PROCEDURAL COURSE - COLORADO

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

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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. 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 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 ☒ 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 the grant/contract that has been reviewed/verified 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 <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	\$	\$ 609.00	\$			
Meals	\$	\$	\$			
Tickets/Com. Carrier Fees	\$	\$	\$			
Registration	\$	\$ 300	\$			
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.

3. Signature of Attendee (not submitter, if different)

(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 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	\$	\$	\$			
<b>Total</b>	\$	\$ 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



**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:	

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 (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 <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.	(b)(6),(b)(7)(C)	_____
USU President CcS <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-concur		5 Jul 2013
<input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt*		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](http://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.



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Phone: 253-238-6343  
Fax: 760-539-8889  
[www.deploymentmedicine.com](http://www.deploymentmedicine.com)

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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,

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

John H. Hagmann M.D.

President

Deployment Medicine International

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STUDENTS FOR OEMS PROCEDURES COURSE – COLORADO

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

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14.

## Exhibit 38



PO Box 1264  
Gig Harbor, WA 98335  
Phone: 253-238-6343  
Fax: 760-539-8889  
[www.deploymentmedicine.com](http://www.deploymentmedicine.com)

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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 22 July 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,

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 OEMS ADVANCED COURSE

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

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- 35.

## Exhibit 39

**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, 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 USU office of General Counsel	2. DATE (YYYYMMDD) 2013/10/24	3. TIME 1400	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6) (b)(7)(C)	6. SSN (b)(6), (b)(7)(C)	7. GRADE/STATUS (b)(6), (b)(7)(C)	
8. ORGANIZATION OR ADDRESS Uniformed Services University			

9. I, (b)(6) (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or about 1400 hrs., On October 24th 2013 I met with COL (b)(6), in my office. He introduced himself as the Investigating Officer duly appointed by Dr. Rice to investigate the administration and operation of the Operational Emergency Medical Skills (OEMS) course. COL (b)(6) stated that he would take notes in a question and answer format and then transcribe these notes into this form for my review and at a later time he would arrange to sign with me as my sworn statement. He stated this investigation was to meet, in general, the requirements of AR15-6, the Navy JAGMAN, and the AF Command Directed Inquiries. I was permitted to review the letter of appointment.

Q. What is your title?

A. Associate General Counsel.

Q. What is your principal duty?

A. Attorney for the University President and the DOD OGC

Q. Can you tell me the circumstances that led to your involvement in the OEMS course?

A. I perform physical training in the USU gym. One morning I was talking to (b)(6) (b)(7)(C) who told me about his summer experience which included a trip that was being paid for by Dr Hagmann. This struck (b)(6), (b)(7)(C) as odd and I too was concerned. I asked (b)(6), (b)(7)(C) who was sponsoring this course and he said it was CAPT (b)(6) (b)(7)(C) USN (Ret) and Col (b)(6) (b)(7)(C) USAF, from the MEM Dept. That day I sent an email to both CAPT (b)(6) (b)(7)(C) and Col (b)(6) (b)(7)(C) and set up a meeting to discuss the issue further.

Q. At that meeting do you recall what was going on?

A. CAPT (b)(6) (b)(7)(C) and Col (b)(6) (b)(7)(C) told me what was going on and how the process was working and I became very concerned and then I brought it to the attention of our Acting General Counsel, Mr. (b)(6) (b)(7)(C) and the University Chief of Staff, Mr. (b)(6) (b)(7)(C).

Q. What was the attitude from both CAPT (b)(6) (b)(7)(C) and Col (b)(6) (b)(7)(C) when they were informed what was happening was illegal?

A. They both recognized that rules hadn't been followed in the past but CAPT (b)(6) (b)(7)(C) was shocked to know that DMI was charging outside participants for the training they received at the University. I asked them who came to this course and Col (b)(6) (b)(7)(C) told me that it was mostly our School of Medicine students, but there were some other federal, non-federal, and foreign participants and that he was aware that Dr. Hagmann was charging those non-University participants for their attendance. I think the attendance of these outside parties in the course was known to the University leadership as well, which would have been permissible in limited circumstances with the proper agreements in place, but not that they were providing payment to DMI.

Q. So the summer 2013, you and OGC were aware of illegal gifting both scheduled for the future of 13 and what had happened in the past year. What did you do with that information?

A. They likely could have done this all legally if they had brought it to our attention beforehand and involved us in the process. We had all the legal mechanisms in place to accept these types of outside support to the University and coordinate the necessary training agreements. However, DMI charging these outside parties a training fee while using Government facilities would have been a non-starter from a legal perspective.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C)	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

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

STATEMENT OF (b)(6), (b)(7)(C)TAKEN AT USUDATED 2013/10/24

## 9. STATEMENT (Continued)

Q. Paragraph 10 of the MOU stated something like "students would be treated as staff of DMI" can you explain that?

A. This was meant to convey that all HIPAA regulations would apply to our students in regards to patient confidentiality and that our students would not be ostracized or treated less favorably than DMI proper staff. But it was absolutely not meant to permit our students to actually work for DMI by supplementing their workforce in anyway, nor was that possibility ever discussed during our agreement negotiations.

Q. The MOU did not cover students in VA on the 6th of July nor did it cover students in NC on the 21st of July?

A. The university was not aware that students had traveled neither before the ink was dry on the MOU nor were we aware that there would be multiple locations until after the agreement was finalized. Col (b)(6), (b)(7)(C) advised our office at the last minute that not all the students would be traveling to the Colorado training site as was initially contemplated within the agreement document. Instead, Col (b)(6), (b)(7)(C) relayed at the last minute that a small portion of those original students would instead be training locally at a Virginia site as a cost saving measure so that the MEM department would be able to save on some of the students projected airfare costs. That seemed like a reasonable cost saving measure to allow. But it was never relayed to the OGC that there would be a North Carolina training evolution and it would appear that the actual travel plans of the students involved deviated from both the proposed agreement and additional update. Regardless it is required that all processes are complete before travel occurs.

Q. Can you explain the discussion that university legal had on the 17th of June with MEM with regard to the summer course?

A. The meeting attendees were myself, the Acting General Counsel, Mr. (b)(6), (b)(7)(C) the Brigade Judge Advocate, LTC (b)(6), (b)(7)(C) USA, then Acting SoM Dean, Dr. (b)(6), (b)(7)(C) MEM Dept. Chair, COL (b)(6), (b)(7)(C) USA, and the OEMS Coordinator, Col (b)(6), (b)(7)(C) USAF. The primary issues of debate at that meeting were the inappropriate acceptance of travel by the students, the illegality of allowing DMI to charge outside participants using Government facilities, and the feasibility of allowing our students to participate in the live tissue training aspect of the OEMS course at an off-site location run by Dr. Hagmann. Most of the discussion focused on the ability to proceed forward on the live tissue training aspect since the proposed language in the upcoming NDAA charged military leaders to move away from that medium wherever practicable and it was a concern from an external optics perspective. But since this course was meant to be the last evolution conducted in conjunction with DMI, and used as comparative protocol for the new cut suit technology, it was decided that we could move forward on that front through the proper agreements procedures and gift acceptance authority for this final iteration. It was also decided that the students could travel to the current off site course if a governing agreement was properly established and the University accepted the value of that training/benefits from DMI through the proper mechanisms. Finally, we concluded that in order to resolve the violation of improper acceptance of funds from previous cycles, the University would have to attempt to calculate the value of those benefits and then repay DMI that amount as is prescribed in the governing regulation as the curative remedy. All of those processes were occurring/had occurred when the subject allegations were brought forth by the students in question and the University disassociated itself from Dr. Hagmann immediately and ensured the students received the necessary support/counseling they required.

Q. Do you have anything else to add?

A. In my personal opinion I do not believe that anyone in the MEM leadership was intentionally or deliberately attempting to circumvent the governing rules for previous evolutions of this OEMS course. I also did not get the impression that the MEM leadership had any knowledge or notice that Dr. Hagmann might behave inappropriately towards our students or abuse them in the way he is alleged to have done. However, I am disappointed that individuals within the MEM department did not proceed more cautiously in adhering to the guidance our office provided, and was agreed upon with the University leadership, after all the improprieties came to light and they were specifically advised as to the seriousness of situation. The deviations and irregularities that occurred after that cautionary guidance was provided is far more concerning in my opinion as either negligently derelict in oversight, or worse actively deceptive.

NOTHING FOLLOWS

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES

STATEMENT OF

(b)(6), (b)(7)(C)TAKEN AT USUDATED 2013/10/24

9. STATEMENT (Continued)

NOTHING FOLLOWS

## AFFIDAVIT

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

HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT

WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND  
BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS  
CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY  
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

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

ORGANIZATION OR ADDRESS

Uniformed Services UniversityBethesda MD.

(Typed Name of Person Administering Oath)

Investigator

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

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

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

## Exhibit 40

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

**From:** Dr John Hagmann <jhagmannmd@deploymentmedicine.com>  
**Sent:** Tuesday, July 09, 2013 9:26 AM  
**To:** (b)(6), (b)(7)(C)  
**Subject:** FW: Ref (b)(6), (b)(7)(C)

(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)(7)(C)

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 <jhagmannmd@deploymentmedicine.com> wrote:

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

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

Got the latest from (b)(6), (b)(7)(C)

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)  
(C)

**From:** (b)(6),(b)(7)(C)  
**Sent:** Monday, July 08, 2013 6:37 PM  
**To:** Dr John Hagmann  
**Subject:** 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 <jhagmannund@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)(6) did not come up on the net last week when he could not make his ticket. SSgt (b)(6) 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),(C) 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),  
(b)(7)(C)

## Exhibit 41

**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, 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 AFRRJ	2. DATE (YYYYMMDD) 2013/10/17	3. TIME 1200	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C)	6. SSN (b)(6), (b)(7)(C)	7. GRADE/STATUS (b)(6), (b)(7)(C)	
8. ORGANIZATION OR ADDRESS Uniformed Services University			

9. (b)(6), (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or about 1200 hrs, On October 17th 2013 I had an appointment with COL (b)(6). He introduced himself as the Investigation officer duly appointed by the Dr. Rice to investigate the administration and operation of the Operational Emergency Medicine course. COL (b)(6) stated that he would take notes in a question and answer format and then transcribe these notes into this form for my review and at a later time he would come back to sign with me as my sworn statement. He stated this investigation was to meet, in general, the requirements of AR 15-6, the Navy JAGMAN, and the AF Command Directed Inquiries. The appointment letter provided to me.

Q. How were you chosen to attend the OEMS course?

A. I went to a general briefing with (b)(6) and Dr. (b)(6). We saw a brief, and then filled out an application and a couple of months later I was notified by (b)(6) that I was accepted to attend.

Q. Which courses did you attend?

A. The Virginia pre course and the Colorado advance course.

Q. Can you tell me about your Orders process?

A. I went to the Naval Academy so I had a preexisting DTS account and when I transferred to USU the account was transferred to what I believe was the School of Medicine account and not the MS1 account. When they went to process the DTS orders they couldn't find them and it was getting close to the travel date. (b)(6) had said if you don't have tickets to let him know. I did so a week in advance and I believe he contacted the DTS office at that time. Because of the furlough and a holiday, I was forced to contact COL (b)(6) the Monday before travel and set up a plan to have proper DTS orders written. This involved me going to DCA at 0530 the next morning and hoping that they would be able to authorize a flight in time for me to attend the training. They were not. At this time I called Dr. Hagmann to inform him that I would be missing the Colorado portion of the training. It was then that he became adamant that I was able to use Frequent Flyer miles because the IRS had determined that those miles have no value otherwise we would pay taxes on them. This plan was authorized by COL (b)(6) and I was told to go forward with the trip and training. So that is how the ticket was purchased.

Q. Who told you that the miles were of no value?

A. Dr Hagmann

Q. Did you ever have Orders?

A. I did settle a DTS authorization upon my return. I don't know how that was input while I was traveling but I was assured before I left for Colorado that it would be taken care of. When I returned I input the receipt for the rental car and it was accepted.

Q. Can you tell me how the rental car process went?

A. Dr Hagmann had a number of cars reserved in Denver, and he said he would hold one in my name so that I could drive to the site when my plane arrived. I was arriving late due to the issues with the flight so would need to drive myself.

10. EXHIBIT (b)(6), (b)(7)(C) ON MAKING STATEMENT PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

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

STATEMENT OF (b)(6),(b)(7) TAKEN AT AFRRJ DATED 2013/10/17

9. STATEMENT (Continued)

Q. The original plan was for you to hold the car on your credit card and then he would return it?

A. If that's what the emails state then yes. This changed however, and I recall Dr. Hagmann leaving early to attend another procedures course using a different car. I returned the car which I rented back to Denver myself.

Q. Did you see ketamine being injected into students?

A. Yes (b)(6),(b)(7) and a foreign student

Q. Do you know where the ketamine came from?

A. No

Q. Do you know of anyone, other than Dr Hagmann, who would know where it came from?

A. No

Q. Was alcohol consumed during a cognition lab?

A. Yes

Q. This was the large amounts, 8 oz or more that others have testified about?

A. Yes.

Q. Did (b)(6) other drugs being dispensed?

A. Yes. (b)(6) propofol, etomidate, benzocaine, and versed

Q. Do you know where these drugs came from?

A. No

Q. when was the last time you spoke to Dr Hagmann

A. The last day of the course when it was cancelled

Q. Have you spoken to anyone else about these events since that time

A. I've spoken to quite a few people about our experiences.

Q. Are you aware of improper exams or behavior during that course.

A. Just rumors no specifics and no names.

Q. Do you have anything else to add?

A. I've honestly tried to do the right thing, I had told Dr. Hagmann that the trip wasn't going to work without DJS but he was insistent. I believed he was so adamant about getting me to Colorado because he was honestly trying to educate as many people as possible to help warfighters down the line. I think that's the way all of us felt about that training. While I had some hang-ups about the use of DMI frequent flyer miles, when I received command authorization that morning in DCA I was under the impression that it was completely permitted and I was allowed to attend the training.

Nothing Follows

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

MAKING STATEMENT

PAGE 2 OF 3 PAGES

STATEMENT OF (b)(6),(b)(7)(C) TAKEN AT AFRRI DATED 2013/10/17

9. STATEMENT (Continued)

Nothing Follows

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

AFFIDAVIT

I, (b)(6),(b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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 HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17 day of October, 2013.

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

(ing Oath)

ORGANIZATION OR ADDRESS

Uniformed Services University  
Bethesda MD

(Typed Name of Person Administering Oath)

Investigator

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES