STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:	
Name: Katrina Flizabeth Hanson W	ork Phone No. 603 - 271 - 8325
Work Address: 29 Hazen Drive concord,	NH. 03301
Office/Appointment/Employment held: Chief, Infectious Bureau of Infectious Disease Control, Disease List the full name, post office address, occupation, and principal place of busior expense reimbursement. When the source is a corporation or other entity, the corporation or entity in making the honorarium or expense reimbursement mulor entity.	ness, if any, of the source of any reportable honorarium the name and work address of the person representing the
Source of Honorarium or Expense Reimbursement:	
Name of source:	
First Middle	Last
Post Office Address:	RECEIVED
Occupation:	<u>JUL 0 6 2018</u>
Principal Place of Business:	NEW HAMPSHIRE DEPARTMENT OF STATE
If source is a Corporation or other Entity: John Snow, Inc. (JST) Re	search and training Institute
Name of Corporation or Entity: Commun. ty Health Inst	itute (CHI) for V.T. Dept. of Healt
Name of Cornorate/Entity Representative: FCA MAGE MAGES	and loo water
Work Address of Representative: 44 Farnsworth 37/B	oston, MA ODEO BOW, NH 03304
Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over	\$25.00 \ rate for travel 5/1 - 5/4
Value of Honorarium: Date Received: If exact the gift or honorarium and identify the value as an estimate. Exact	alue is unknown, provide an estimate of the value of Estimate
Value of Expense Reimbursement: 364.86 Date Received: 6/21/is A be attached to this filing. A Exact Estimate cost include Noted (direct Briefly describe the service or event this Honorarium or Expense Reimbursem	tly reimbursed by OST/CHT)
•	
Invited Juest speaker at Vermont Dept. 6 ISI/CHI were contracted for the worus not "I have read RSA 15-B and hereby swear or affirm that the foregoing informat and belief."	and paid expense reimbursements
the 9 m	July 3,2018
Signature of Filer	Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

Vermont Drug Diversion Workshop

May 2, 2018 ■ Stowe Mountain Lodge ■ Stowe, VT

PROGRAM AGENDA

9:00 am -9:05 am Welcome and Meeting Overview

Jennifer S. Read, Vermont Department of Health

9:05 am - 9:10 am Opening Remarks

Mark Levine, Vermont Department of Health

9:10 am - 10:00 am PLENARY: Diversion: a multifaceted threat to public health

Kim New, Diversion Specialists LLC

10:00 am - 10:15 am Break

10:15 am -- 11:15 am Drug Diversion Scenario 1

Katrina Hansen, New Hampshire Division of Public Health Services

11:15 am - 12:00 pm External Notifications - Panel Presentation/Discussion

Shawn Loan, Vermont State Police

George Lutz, U.S. Drug Enforcement Administration

Derek Roy, Office of Criminal Investigation, U.S. Food and Drug Administration

Gabriel Gilman, Vermont Office of Professional Regulation

12:00 pm - 1:00 pm Lunch Buffet

1:00 pm- 2:00 pm Drug Diversion Scenario 2

Patsy Kelso, Vermont Department of Health

2:00 pm - 2:30 pm Drug Diversion Policies: Review of Template and of Vermont Hospitals' Policies

Jennifer S. Read, Vermont Department of Health

Will Fritch, Vermont Department of Health

2:30 pm Meeting conclusion

Jennifer S. Read, Vermont Department of Health

