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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES

Lori A. Shibinette
Commissioner

Joseph E. Ribsam, Jr.
Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4451 1-800-852-3345 Ext. 4451
Fax: 603-271-4729 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

September 21, 2020

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Children, Youth and Families, to enter into a **Sole Source** contract with Mary Hitchcock Memorial Hospital (VC#177160), Lebanon, NH, in the amount of $1,499,410, for 24/7 on-call access to and training services from health care professionals specializing in standard diagnostic methods and treatment of children who have been abused or neglect, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2022. 20% Federal Funds. 80% General Funds.

Funds are available in the following account for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-47-470010-7948 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: OFC MEDICAID SERVICES, MEDICAID CARE MANAGEMENT

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2021	101-500729	Medical Payments to Providers	47004033	$200,000
2022	101-500729	Medical Payments to Providers	47004033	$400,000
			Subtotal	**$600,000**

05-95-95-421010-29580000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES, CHILD PROTECTION, CHILD-FAMILY SERVICES

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2021	102-500731	Contracts for Prog Svc	TBD	$209,705
2022	102-500731	Contracts for Prog Svc	TBD	$209,705

05-95-95-421010-29580000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES, CHILD PROTECTION, CHILD-FAMILY SERVICES

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2021	103-502507	Contracts for Prog Svc	TBD	$160,000
2022	103-502507	Contracts for Prog Svc	TBD	$320,000
			Subtotal	**$480,000**
			Total	**$1,499,410**

EXPLANATION

This request is **Sole Source** because the Contractor is uniquely positioned as an accredited educational facility with the only certified child abuse and neglect pediatrician in NH. The Contractor also possess a statewide network of health care facilities and access to trainers that would satisfy the any future anticipated business or legislative requirements. Additionally, the Contractor has numerous public and private partnerships that would allow for the successful administration of this program.

The purpose of this request is to provide on-call access 24 hours a day, 7 days a week to experienced health care professionals who are trained in and can advise on the standardized diagnostic methods, treatment, and disposition of suspected child sexual abuse and physical abuse. Dartmouth Hitchcock's Child Advocacy and Protection Program (CAPP) will conduct physical examinations of children who are suspected victims of multiple types of abuse, and provide the Division for Children, Youth and Families (DCYF) with medical opinions based on these examinations. Dartmouth Hitchcock will also provide case reviews of other specific cases, at the request of DCYF, and consultation to DCYF when necessary. The Contractor will also provide training, as requested by DCYF.

The Contractor will provide nurses and child protective service workers performing screenings and assessments of reported cases of child abuse pre-service training in the standardized medical diagnostic methods, treatment, and disposition. Further, the Contractor will periodically have health care providers, experienced in child abuse and neglect, provide in-service training. Health care professionals who participate in the training or are members of a multidisciplinary team, working with the Department of Health and Human Services or law enforcement, will participate in periodic peer or expert review of their evaluations and undertake continuing education in the medical evaluation of child abuse and neglect according to professional standards.

The population to be served are children involved with DCYF investigations, who are suspected victims of child abuse or neglect. These services are needed because DCYF, through its investigative process, often requires the expert opinion of appropriately trained medical professionals who specialize in the evaluation and diagnosis of child abuse and neglect. Approximately 1,000 individuals will be served from October 7, 2020, to June 30, 2022.

The Department will monitor contracted services by ensuring:

- 90% of all clients will be contacted and offered a family appointment within ten (10) days of CAPP receiving the referral from DCYF.

- 80% of all cases referred to CAPP by the Department will have received a completed evaluation and assessment within two (2) months of the referral from DCYF if the family agrees to the CAPP evaluation.
- 10% increase in medical providers recruited to be CAPP consultants annually.
- 100% of medical providers participate in a minimum of five (5) peer review sessions annually.

As referenced in Exhibit A, Revisions to Standard Contract Provisions, Section 1.2, of the attached contract, the parties have the option to extend the agreement for up four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval.

Should the Governor and Council not authorize this request children who are alleged victims of physical and sexual abuse will not have access to these specialized evaluations to ensure they receive appropriate treatment and services.

Area served: Statewide

Source of Funds: Medicaid CFDA#93.778

The Department will request General Funds in the event that Federal Funds are no longer available and services are still needed.

Respectfully submitted,

Lori Shibinette

Lori A. Shibinette
Commissioner

Subject: Special Medical Evaluation Services (SS-2020-DCYF-13-SPECI-01)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mary Hitchcock Memorial Hospital		1.4 Contractor Address One Medical Center Drive Lebanon, NH, 03756	
1.5 Contractor Phone Number (603) 646-1110	1.6 Account Number 05-095-42-4210-2958 05-095-47-4700-7948	1.7 Completion Date June 30, 2022	1.8 Price Limitation $1,499,410
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Susan Allen Date: 9/17/2020		1.12 Name and Title of Contractor Signatory Susan A. Reeves, EdD, RN Executive Vice President	
1.13 State Agency Signature Date: 9/22/20		1.14 Name and Title of State Agency Signatory Joseph E. Ribsam, Jr., Director, DCYF	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: Catherine Pinos		On: 09/22/20	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials SAR
Date 9-17-2020

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

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8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

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Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation").*

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials _____

Date 9-17-2020

EXHIBIT A

REVISIONS TO STANDARD CONTRACT PROVISIONS

1. **Revisions to Form P-37, General Provisions**

1.1. Paragraph 3, Subparagraph 3.2, Effective Date/Completion of Services, is deleted in its entirety and replaced as follows:

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must use reasonable efforts to complete all Services by the Completion Date specified in block 1.7.

1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.3. Paragraph 7, Subparagraph 7.1, Personnel, is deleted in its entirety and replaced as follows:

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor certifies that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

1.4. Paragraph 9, Subparagraph 9.1, Termination, is amended to include the following language:

9.1 Contractor may terminate the Agreement by providing the State with thirty (30) days advance written notice if the State fails to pay the undisputed amount of any expense report submitted by Contractor pursuant to Exhibit C within thirty (30) days after the date of the report; however, upon receipt of such notification the State has an additional twenty (20) days to make payment of undisputed amounts to avoid termination.

1.5. Paragraph 9, Subparagraph 9.2, Termination, is deleted in its entirety and is replaced as follows:

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15)

days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B.

1.6. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

1.7. Paragraph 13, Indemnification, is deleted in its entirety and replaced as follows:

13. CONTRACTOR LIABILITY. The Contractor is responsible and liable for any personal injury or property damages caused by its, its employees, agents, contractors and subcontractors' action or omission.

1.8. Paragraph 14, Subparagraph 14.1.2, Insurance, is deleted in its entirety and replaced as follows:

14.1.2. Professional liability insurance in the amount of $1,000,000 per occurrence and $3,000,000 per annual aggregate.

1.9. Paragraph 14, Subparagraph 14.2, is deleted in its entirety and is replaced as follows:

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance.

Scope of Services

1. **Statement of Work**

1.1. The Contractor shall provide services in this agreement to the Department to service children who are suspected victims of abuse or neglect.

1.2. The Contractor shall ensure services are available in multiple locations throughout the state.

1.3. For the purposes of this agreement, all references to days shall mean calendar days.

1.4. For the purposes of this agreement, all references to business hours shall mean Monday through Sunday, twenty four (24) hours per day.

1.5. Special Medical Evaluation Services

1.5.1. The Contractor shall provide on-call access 24 hours a day, seven (7) days a week to the Department and other health care providers including, but not limited to:

1.5.1.1. Pediatricians.

1.5.1.2. Emergency Room staff.

1.5.1.3. Family Care Doctors.

1.5.1.4. Medical providers who are treating a child with a suspicion of abuse or neglect.

1.5.2. The Contractor shall evaluate children who are suspected victims of abuse or neglect, ensuring:

1.5.2.1. Evaluations are conducted on both an inpatient and outpatient basis, as appropriate.

1.5.2.2. Professional guidance as to the severity or possible origin of injuries is provided to the referral source.

1.5.3. The Contractor shall ensure on-call staff are experienced health care professionals who are trained in, and can advise on, standardized diagnostic methods, treatment, and disposition of suspected child sexual abuse; physical abuse; or neglect.

1.5.4. The Contractor shall determine the level of the client's injuries and coordinate client transfer or care to the Children's Hospital at Dartmouth (CHAD) or other medical facilities, as appropriate.

1.5.5. The Contractor shall complete an intake and referral form during the initial contact with the provider, which includes, but is not limited to:

1.5.5.1. Name of agency.

1.5.5.2. Patient name.

1.5.5.3. Patient date of birth.

1.5.5.4. Patient address.

1.5.5.5. Nature of child maltreatment, which may include, but is not limited to:

1.5.5.5.1. Physical abuse.

1.5.5.5.2. Sexual abuse.

1.5.5.5.3. Neglect.

1.5.5.5.4. Psychological/Emotional Abuse.

1.5.5.6. Brief history of concern.

1.5.5.7. Parent or guardian contact information.

1.5.5.8. Referral from the Division for Children, Youth and Families (DCYF), or law enforcement.

1.5.6. The Contractor shall provide information to non-DCYF callers relative to filing a report with the Department, if appropriate, and document the random intake number for the filed report.

1.5.7. The Contractor shall provide all assessment notes and documents, relative to each encounter with the family, including phone triage and clinically follow-up information, within 24 hours of each encounter to the Department to enable the Department to develop:

1.5.7.1. An appropriate safety plan for each client; and

1.5.7.2. Further strategic planning in any occurrence in which a child requires ongoing consultation or follow-up due to hospitalization or extended need.

1.5.8. The Contractor shall ensure an experienced health care professional is available to the Department 24 hours per day, seven (7) days per week by telephone to clarify any diagnostic issues.

1.5.9. The Contractor shall receive or initiate requests for hospital-based multi-disciplinary team meetings with the Department and subspecialists.

1.5.10. The Contractor shall ensure multi-disciplinary team members include, but are not limited to:

1.5.10.1. Department staff.

1.5.10.2. Law enforcement.

1.5.10.3. County attorney.

1.5.11. The Contractor shall ensure CAPP members provide medical testimonials in court per Department request.

1.6. Medical Provider Peer Review Consultation

1.6.1. The Contractor shall facilitate a peer review meeting to the Child Advocacy and Protection Program (CAPP) medical provider network, statewide, in order to present and receive guidance on active cases.

1.6.2. The Contractor shall ensure peer review entities include, but are not limited to:

1.6.2.1. New Hampshire Medical Providers Peer Review.

1.6.2.2. New England Provider Medical Peer Review.

1.6.3. The Contractor shall ensure all medical providers attend a minimum of five (5) peer review sessions annually.

1.7. Training

1.7.1. The Contractor shall provide pre-service and in-service trainings to the Department, as requested, on topics that include, but are not limited to:

1.7.1.1. Child abuse and neglect.

1.7.1.2. Psychological and emotional abuse.

1.7.1.3. Physical abuse training that includes, but is not limited to:

1.7.1.3.1. Abusive skin injuries and fractures.

1.7.1.3.2. Types of abusive head trauma.

1.7.1.3.3. Abusive internal organ and burn injuries.

1.7.1.3.4. History and categories of child abuse and neglect.

1.7.1.3.5. CAPP Services.

1.7.1.3.6. How CAPP services can provide guidance to Department and medical providers.

1.7.1.3.7. Diagnostic approach and diagnostic work up protocols to child abuse and neglect.

1.7.1.3.8. Signs and indicators of neglect, sexual, physical and psychological abuse.

1.7.1.3.9. Photo documentation.

1.7.2. The Contractor shall ensure nurse and child protective service worker professionals receive pre-service and in-service training on topics that include, but are not limited to:

1.7.2.1. Standardized diagnostic methods.

1.7.2.2. Follow up treatment needs.

1.7.2.3. Medical disposition of child abuse and neglect diagnosis.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Reporting Requirements

3.1. The Contractor shall provide quarterly reports to the Department within fifteen (15) days following the end of the quarter, ensuring reports include, but are not limited to:

3.1.1. Number of calls to CAPP.

3.1.2. Number of cases referred to CAPP by the Department and evaluated for special medical services.

3.1.3. Number of record reviews conducted for the Department by CAPP.

3.1.4. Number of court appearances by CAPP members.

3.1.5. Number of multi-disciplinary team meetings attended by CAPP members, including but not limited to:

3.1.5.1. County based multi-disciplinary case reviews.

3.1.5.2. Hospital-based multi-disciplinary interagency case review.

3.1.6. Number of trainings provided to the Department.

3.1.7. Annual number and duration of trainings provided to the Department staff by CAPP.

3.1.8. Annual number of over-the-phone consultations provided to the Department.

4. Performance Measures

4.1. The Department will monitor Contractor performance based on the outcomes that include, but are not limited to:

4.1.1. 90% of all clients will be contacted and offered a family appointment within ten (10) days of CAPP receiving the referral from DCYF.

4.1.2. 80% of all cases referred to CAPP by the Department will have received a completed evaluation and assessment within two (2) months of the referral from DCYF if family agrees to the CAPP evaluation.

4.1.3. 10% increase in medical providers recruited to be CAPP consultants annually.

4.1.4. 100% of medical providers participate in a minimum of five (5) peer review sessions annually.

4.2. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

4.3. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.

4.4. Where applicable, the Contractor shall collect and share data with the Department in a format specified by the Department.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

5.2. Culturally and Linguistically Appropriate Services (CLAS)

5.2.1. The Contractor shall submit and comply with a detailed description of the language assistance services they will provide to persons with limited English proficiency and/or hearing impairment to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

5.3. Credits and Copyright Ownership

5.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement, "The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

5.3.2. The Contractor shall not reproduce any materials produced under the contract without prior written approval from the Department.

6. Force Majeure

6.1.1. Any delays in performance by a party under the contract shall not be considered a breach of the contract if and to the extent caused by occurrences beyond the reasonable control of the party affected: acts of God, embargoes, governmental restrictions, strikes, pandemics, fire, earthquake, flood, explosion, riots, wars, civil disorder, rebellion, or sabotage. The party suffering such occurrence shall immediately notify the other party of the occurrence of the Force Majeure event (in reasonable detail) and the expected duration of the event's effect on the party. A disruption in a party's performance due to Force Majeure extending beyond a stated period may be the cause for termination of the Contract at the sole discretion of the State. The State reserves the right to extend any time for performance by the actual time of the delay caused by the occurrence, provided that the party affected by the event uses reasonable efforts to overcome such delay. Notwithstanding anything in this provision, Force Majeure shall not include the novel coronavirus COVID-19 pandemic, which is ongoing as of the date of the execution of this Contract. In the event that the Contractor's performance under the contract may be delayed due to a supply chain disruption or shortage and/or other similar occurrences completely outside of Contractor's control, the Contractor must notify the State of such delay and the State, at its sole discretion, may modify the delivery of services due to the circumstances. Said discretion on the part of the State to modify the delivery of services will not be unreasonably withheld, delayed, or conditioned.

7. Records

7.1. The Contractor shall keep records that include, but are not limited to:

7.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

7.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

7.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

7.1.4. Medical records on each patient/recipient of services.

7.2. During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

	A	B	C
1	Procedure Code	Description	Current Rate
2	99205	Office/outpatient visit new	$83.14
3	99211	Established patient office or other outpatient visit, typically 5 minutes	$15.91
4	99212	Established patient office or other outpatient visit, typically 10 minutes	$32.06
5	99213	Established patient office or other outpatient visit, typically 15 minutes	$44.04
6	99214	Established patient office or other outpatient, visit typically 25 minutes	$67.83
7	99215	Established patient office or other outpatient, visit typically 40 minutes	$77.37
8	99245	Patient office consultation, typically 80 minutes	$117.78
9	99285	Emergency department visit, problem with significant threat to life or function	$97.00
10	99223	Initial hospital inpatient care, typically 70 minutes per day	$115.47
11	99255	Inpatient hospital consultation, typically 110 minutes	$117.78
12	99170	Examination of genital and anal region of child using an endoscope, suspected trauma	$84.26
13	99354	Prolonged office or other outpatient service first hour	$62.35
14	99356	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR TIME BEYOND THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR INPATIENT EVALUATION AND MANAGEMENT SERVICE)	$57.74
15	99357	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR TIME BEYOND THE USUAL SERVICE; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)	$57.74
16	99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT PATIENT CARE; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)	$27.72

Contractor Initials SAH

Date 9-17-2020

Payment Terms

1. This Agreement is funded by:
   1.1. 20%, This contract is funded with funds from the Foster Care Program, Title IV-E, Catalog of Federal Domestic Assistance (CFDA) #93.658, Federal Award Identification Number (FAIN) #2001NHFOST and Medicaid.
   1.2. 80% General funds.
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Contractor, in accordance with 2 CFR 200.0. et seq.
   2.2. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.
   2.3. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
   2.4. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits C-1, and C-2 Budget Sheets.
3. The Contractor shall submit an invoice in a form satisfactory to the State by the fifteenth (15th) working day of the following the end of the quarter, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment.
4. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   4.1. The Contractor shall bill the appropriate funding sources in accordance with standard billing procedures in both NH Medicaid and DCYF. The Contractor shall submit NH Medicaid expenses via the Website below:

   https://www.nhmmis.nh.gov

   4.2. Non-clinical DCYF services

   4.2.1. The Contractor shall submit non-clinical expenses via the Website below:

   https://business.nh.gov/beb/pages/index.aspx

5. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.

6. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

8. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B, Scope of Services.

9. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.

10. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

11. Audits

11.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:

11.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

11.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

11.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

11.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal

year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

11.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

11.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

New Hampshire Department of Health and Human Services

Contractor Name: Mary Hitchcock Memorial Hospital

Budget Request for: Special Medical Evaluation Services

Budget Period: July 1, 2020 - June 30, 2021 SFY 2021

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Annual Medicaid Consultation	$ 144,080.00	$ -	$ 144,080.00	$ -	$ -	$ -	$ 144,080.00	$ -	$ 144,080.00
2. Annual Network Support	$ 38,400.00	$ -	$ 38,400.00	$ -	$ -	$ -	$ 38,400.00	$ -	$ 38,400.00
3. Training	$ 54,450.00	$ -	$ 54,450.00	$ -	$ -	$ -	$ 54,450.00	$ -	$ 54,450.00
4. Web Billing	$ 360,000.00	$ -	$ 360,000.00	$ -	$ -	$ -	$ 360,000.00	$ -	$ 360,000.00
TOTAL	$ 596,930.00	$ -	$ 596,930.00	$ -	$ -	$ -	$ 596,930.00	$ -	$ 596,930.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials SAH
Date 9-17-2020

Exhibit C-2, Budget Sheet

New Hampshire Department of Health and Human Services

Contractor Name: Mary Hitchcock Memorial Hospital

Budget Request for: Special Medical Evaluation Services

Budget Period: July 1, 2021 - June 30, 2022 SFY 2022

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Annual Hospital Consultation	$ 144,080.00	$ -	$ 144,080.00	$ -	$ -	$ -	$ 144,080.00	$ -	$ 144,080.00
2. Annual Network Support	$ 38,400.00	$ -	$ 38,400.00	$ -	$ -	$ -	$ 38,400.00	$ -	$ 38,400.00
3. Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Web Billing	$ 720,000.00	$ -	$ 720,000.00	$ -	$ -	$ -	$ 720,000.00	$ -	$ 720,000.00
TOTAL	$ 902,480.00	$ -	$ 902,480.00	$ -	$ -	$ -	$ 902,480.00	$ -	$ 902,480.00

Indirect As A Percent of Direct 0.0%

Contractor Initials SAR

Date 9-17-2020

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
   1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

9-17-2020
Date

Name: Susan A. Reeves, EdD, RN
Title: Executive Vice President

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

9-17-2020
Date

Susan A Reeves
Name: Susan A. Reeves, EdD, RN
Title: Executive Vice President

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Vendor Initials SAH
Date 9-17-2020

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
    11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Vendor Name:

9-17-2020
Date

Name: Susan A. Reeves, EdD, RN
Title: Executive Vice President

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Vendor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Vendor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Vendor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Vendor agrees to comply with the provisions indicated above.

Vendor Name:

9-17-2020
Date

Name: Susan A. Reeves, EdD, RN
Title: Executive Vice President

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Vendor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Vendor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Vendor Name:

9-17-2020
Date

Name: Susan A. Reeves, EdD, RN
Title: Executive Vice President

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

Contractor Initials SAK

Date 9-17-2020

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within five (5) business days of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	Mary Hitchcock Memorial Hospital
The State	Name of the Contractor
Signature of Authorized Representative	Signature of Authorized Representative
Joseph E. Ribsam, Jr.	Susan A. Reeves, EdD, RN
Name of Authorized Representative	Name of Authorized Representative
Director, DCYF	Executive Vice President
Title of Authorized Representative	Title of Authorized Representative
9/22/20	9-17-2020
Date	Date

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:
The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

9-17-2020
Date

Name: Susan A. Reeves, EdD, RN
Title: Executive Vice President

Contractor Initials SAR
Date 9-17-2020

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 069910297

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information," "Confidential Data," or "Data" (as defined in Exhibit K), means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates a security policy, which includes successful attempts) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or

storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic documents or mail.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information

except as required or permitted under this Contract or required by law. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If Contractor is transmitting DHHS Data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. Contractor may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS Data.
3. Encrypted Email. Contractor may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If Contractor is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. Contractor may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. Contractor may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If Contractor is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. Contractor may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If Contractor is employing remote communication to

access or transmit Confidential Data, a secure method of transmission or remote access, which complies with the terms and conditions of Exhibit K, must be used.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If Contractor is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If Contractor is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain DHHS Data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have thirty (30) days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or, if it is infeasible to return or destroy DHHS Data, protections are extended to such information, in accordance with the termination provisions in this Section. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems accessed or utilized for purposes of carrying out this contract.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting DHHS Confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, current, updated, and

maintained anti-malware (e.g. anti-viral, anti-hacker, anti-spam, anti-spyware) utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

If the Contractor maintains any Confidential Information on its systems (or its sub-contractor systems) and it has not done so previously, the Contractor will implement policies and procedures to ensure that any storage media on which such data maybe recorded will be rendered unreadable and that the data will be un-recoverable when the storage media is disposed of. Upon request, the Contractor will provide the Department with copies of these policies and with written documentation demonstrating compliance with the policies. The written documentation will include all details necessary to demonstrate data contained in the storage media has been rendered unreadable and un-recoverable. Where applicable, regulatory and professional standards for retention requirements may be jointly evaluated by the State and Contractor prior to destruction.

1. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media

used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will ensure End-User will maintain an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

5. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

6. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

7. The Contractor will not store any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

8. Data Security Breach Liability. In the event of any computer security incident, incident, or breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

9. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of, HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) and 42 C.F.R. Part 2 that govern protections for individually identifiable

health information and as applicable under State law.

10. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

11. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor must notify the DHHS Security Office and the Program Contact via the email addresses provided in Section VI of this Exhibit, immediately upon the Contractor determining that a breach or security incident has occurred and that DHHS confidential Information/data may have been exposed or compromised. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

12. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

13. The Contractor is responsible for End User oversight and compliance with the terms and conditions of the contract and Exhibit K.

DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must immediately notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches as specified in Section IV, paragraph 11 above.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with DHHS's documented Incident Handling and Breach Notification procedures and in accordance with the HIPAA, Privacy and Security Rules. In addition

to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS contact for Data Management or Data Exchange issues:
DHHSInformationSecurityOffice@dhhs.nh.gov

B. DHHS contacts for Privacy issues:
DHHSPrivacyOfficer@dhhs.nh.gov

C. DHHS contact for Information Security issues:
DHHSInformationSecurityOffice@dhhs.nh.gov

D. DHHS contact for Breach notifications:
DHHSInformationSecurityOffice@dhhs.nh.gov
DHHSPrivacyOfficer@dhhs.nh.gov

E. DHHS Program Area Contact:
Christine.Bean@dhhs.nh.gov

Contractor Initials SDH
Date 9-17-2020

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **68517**

Certificate Number: **0004924643**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 3rd day of June A.D. 2020.

William M. Gardner

Secretary of State

Dartmouth-Hitchcock
Dartmouth-Hitchcock Medical Center
1 Medical Center Drive
Lebanon, NH 03756
Dartmouth-Hitchcock.org

Dartmouth-Hitchcock

CERTIFICATE OF VOTE/AUTHORITY

I, Edward H. Stansfield, III, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

1. I am the duly elected Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
2. The following is a true and accurate excerpt from the December 7th, 2012 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:

   ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets

   "In exercising this [fiduciary] duty, the Board may, consistent with the Corporation's Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable."
3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Executive Officer, the Chief Clinical Officer, and other officers, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. Edward J. Merrens, MD is the Chief Clinical Officer of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 1st day of September 2020.

Edward H. Stansfield, III, Board Chair

STATE OF NH

COUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 1st day of September 2020 by Edward H. Stansfield, III.

Notary Public
My Commission Expires: 9-21-2021

FAITH E. JOHNSTON
MY COMMISSION EXPIRES SEPT. 21, 2021
NOTARY PUBLIC NEW HAMPSHIRE

CERTIFICATE OF INSURANCE

DATE: August 7, 2020

COMPANY AFFORDING COVERAGE
Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

INSURED
Dartmouth-Hitchcock Clinic
One Medical Center Drive
Lebanon, NH 03756
(603)653-6850

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY					EACH OCCURRENCE	
					DAMAGE TO RENTED PREMISES	
	CLAIMS MADE				MEDICAL EXPENSES	
					PERSONAL & ADV INJURY	
	OCCURRENCE				GENERAL AGGREGATE	
OTHER					PRODUCTS-COMP/OP AGG	
PROFESSIONAL LIABILITY		0002020-A	07/01/2020	07/01/2021	EACH CLAIM	$1,000,000
X	CLAIMS MADE				ANNUAL AGGREGATE	$3,000,000
	OCCURENCE					
OTHER						

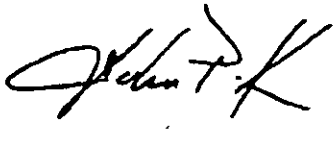
DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
Catherine I. Garfield Legare, MD is insured under the terms and conditions of Policy No: 0002020-A. Coverage is provided solely for acts/duties performed within the scope of employment for Dartmouth-Hitchcock Clinic. Any activities outside the scope and terms of employment with Dartmouth-Hitchcock Clinic are expressly excluded and not covered by Policy No: 0002020-A. This insurance applies to services provided in the states of NH, VT, MA, MD and ME only.

CERTIFICATE HOLDER

New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES



Mission, Vision, and Values

Our Mission

We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our Vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Financial Statements
June 30, 2019 and 2018

Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2019 and 2018

Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2019 and 2018, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Dartmouth-Hitchcock Health and its subsidiaries as of June 30, 2019 and 2018, and the results of their operations, changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

pwc

Emphasis of Matter

As discussed in Note 2 to the consolidated financial statements, the Health System changed the manner in which it accounts for revenue recognition from contracts with customers and the manner in which it presents net assets and reports certain aspects of its financial statements as a not-for-profit entity in 2019. Our opinion is not modified with respect to this matter.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of its operations, changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations, changes in net assets and cash flows of the individual companies.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 26, 2019

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
Years Ended June 30, 2019 and 2018

(in thousands of dollars)	2019	2018
Assets		
Current assets		
Cash and cash equivalents	$ 143,587	$ 200,169
Patient accounts receivable, net of estimated uncollectibles of $132,228 at June 30, 2018 (Note 4)	221,125	219,228
Prepaid expenses and other current assets	95,495	97,502
Total current assets	460,207	516,899
Assets limited as to use (Notes 5 and 7)	876,249	706,124
Other investments for restricted activities (Notes 5 and 7)	134,119	130,896
Property, plant, and equipment, net (Note 6)	621,256	607,321
Other assets	124,471	108,785
Total assets	$ 2,216,302	$ 2,070,025
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	$ 10,914	$ 3,464
Current portion of liability for pension and other postretirement plan benefits (Note 11)	3,468	3,311
Accounts payable and accrued expenses (Note 13)	113,817	95,753
Accrued compensation and related benefits	128,408	125,576
Estimated third-party settlements (Note 4)	41,570	41,141
Total current liabilities	298,177	269,245
Long-term debt, excluding current portion (Note 10)	752,180	752,975
Insurance deposits and related liabilities (Note 12)	58,407	55,516
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	281,009	242,227
Other liabilities	124,136	88,127
Total liabilities	1,513,909	1,408,090
Commitments and contingencies (Notes 4, 6, 7, 10, and 13)		
Net assets		
Net assets without donor restrictions (Note 9)	559,933	524,102
Net assets with donor restrictions (Notes 8 and 9)	142,460	137,833
Total net assets	702,393	661,935
Total liabilities and net assets	$ 2,216,302	$ 2,070,025

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2019 and 2018

(in thousands of dollars)	2019	2018
Operating revenue and other support		
Patient service revenue	$ 1,999,323	$ 1,899,095
Provision for bad debts (Notes 2 and 4)	-	47,367
Net patient service revenue	1,999,323	1,851,728
Contracted revenue (Note 2)	75,017	54,969
Other operating revenue (Notes 2 and 5)	210,698	148,946
Net assets released from restrictions	14,105	13,461
Total operating revenue and other support	2,299,143	2,069,104
Operating expenses		
Salaries	1,062,551	989,263
Employee benefits	251,591	229,683
Medical supplies and medications	407,875	340,031
Purchased services and other	323,435	291,372
Medicaid enhancement tax (Note 4)	70,061	67,692
Depreciation and amortization	88,414	84,778
Interest (Note 10)	25,514	18,822
Total operating expenses	2,229,441	2,021,641
Operating income (loss)	69,702	47,463
Non-operating gains (losses)		
Investment income, net (Note 5)	40,052	40,387
Other losses, net (Note 10)	(3,562)	(2,908)
Loss on early extinguishment of debt	(87)	(14,214)
Loss due to swap termination	-	(14,247)
Total non-operating gains, net	36,403	9,018
Excess of revenue over expenses	$ 106,105	$ 56,481

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets - Continued
Years Ended June 30, 2019 and 2018

(in thousands of dollars)	2019	2018
Net assets without donor restrictions		
Excess of revenue over expenses	$ 106,105	$ 56,481
Net assets released from restrictions	1,769	16,313
Change in funded status of pension and other postretirement benefits (Note 11)	(72,043)	8,254
Other changes in net assets	-	(185)
Change in fair value of interest rate swaps (Note 10)	-	4,190
Change in interest rate swap effectiveness	-	14,102
Increase in net assets without donor restrictions	35,831	99,155
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	17,436	14,171
Investment income, net	2,682	4,354
Net assets released from restrictions	(15,874)	(29,774)
Contribution of assets with donor restrictions from acquisition	383	-
Increase (decrease) in net assets with donor restrictions	4,627	(11,249)
Change in net assets	40,458	87,906
Net assets		
Beginning of year	661,935	574,029
End of year	$ 702,393	$ 661,935

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2019 and 2018

(in thousands of dollars)	2019	2018
Cash flows from operating activities		
Change in net assets	$ 40,458	$ 87,906
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Change in fair value of interest rate swaps	-	(4,897)
Provision for bad debt	-	47,367
Depreciation and amortization	88,770	84,947
Change in funded status of pension and other postretirement benefits	72,043	(8,254)
(Gain) on disposal of fixed assets	(1,101)	(125)
Net realized gains and change in net unrealized gains on investments	(31,397)	(45,701)
Restricted contributions and investment earnings	(2,292)	(5,460)
Proceeds from sales of securities	1,167	1,531
Loss from debt defeasance	-	14,214
Changes in assets and liabilities		
Patient accounts receivable, net	(1,803)	(29,335)
Prepaid expenses and other current assets	2,149	(8,299)
Other assets, net	(9,052)	(11,665)
Accounts payable and accrued expenses	17,898	19,693
Accrued compensation and related benefits	2,335	10,665
Estimated third-party settlements	429	13,708
Insurance deposits and related liabilities	2,378	4,556
Liability for pension and other postretirement benefits	(33,104)	(32,399)
Other liabilities	12,267	(2,421)
Net cash provided by operating and non-operating activities	161,145	136,031
Cash flows from investing activities		
Purchase of property, plant, and equipment	(82,279)	(77,598)
Proceeds from sale of property, plant, and equipment	2,188	-
Purchases of investments	(361,407)	(279,407)
Proceeds from maturities and sales of investments	219,996	273,409
Cash received through acquisition	4,863	-
Net cash used in investing activities	(216,639)	(83,596)
Cash flows from financing activities		
Proceeds from line of credit	30,000	50,000
Payments on line of credit	(30,000)	(50,000)
Repayment of long-term debt	(29,490)	(413,104)
Proceeds from issuance of debt	26,338	507,791
Repayment of interest rate swap	-	(16,019)
Payment of debt issuance costs	(228)	(4,892)
Restricted contributions and investment earnings	2,292	5,460
Net cash (used in) provided by financing activities	(1,088)	79,236
(Decrease) increase in cash and cash equivalents	(56,582)	131,671
Cash and cash equivalents		
Beginning of year	200,169	68,498
End of year	$ 143,587	$ 200,169
Supplemental cash flow information		
Interest paid	$ 23,977	$ 18,029
Net assets acquired as part of acquisition, net of cash aquired	(4,863)	-
Non-cash proceeds from issuance of debt	-	137,281
Use of non-cash proceeds to refinance debt	-	(137,281)
Construction in progress included in accounts payable and accrued expenses	1,546	1,569
Equipment acquired through issuance of capital lease obligations	-	17,670
Donated securities	1,167	1,531

The accompanying notes are an integral part of these consolidated financial statements.

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic and Subsidiaries (DHC), Mary Hitchcock Memorial Hospital and Subsidiaries (MHMH), (DHC and MHMH together are referred to as D-H), The New London Hospital Association and Subsidiaries (NLH), Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) and Subsidiaries (MAHHC), Cheshire Medical Center and Subsidiaries (Cheshire), Alice Peck Day Memorial Hospital and, effective July 1, 2018, Subsidiary (APD), and the Visiting Nurse and Hospice for Vermont and New Hampshire and Subsidiaries (VNH). The "Health System" consists of D-HH, its members and their subsidiaries.

The Health System currently operates one tertiary, one community and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Health System also operates multiple physician practices, a nursing home, a continuing care retirement community, and a home health and hospice service. The Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, Dartmouth-Hitchcock Clinic, Mary Hitchcock Memorial Hospital, The New London Hospital Association, Cheshire Medical Center, and Alice Peck Day Memorial Hospital are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). Windsor Hospital Corporation and the Visiting Nurse and Hospice of VT and NH are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC.

Community Benefits
The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

Consistent with this mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, the Health System provides significant support for academic and research programs.

Certain member hospitals of the Health System file annual Community Benefits Reports with the State of NH which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state community benefit report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community Health Services* include activities carried out to improve community health and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

- *Health Professions Education* includes uncompensated costs of training medical students, Residents, nurses, and other health care professionals
- *Subsidized health services* are services provided by the Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Research support and other grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations within the Health System.
- *Financial Contributions* include financial contributions of cash, as well as in-kind contributions such as time, supplies, and expertise to local organizations to address community health needs.
- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.
- *Community Benefit Operations* includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.
- *Charity Care and Costs of Government Sponsored Health Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs, and uncompensated costs of providing health care services to patients who are Medicaid Beneficiaries.
- *The uncompensated cost of care for Medicaid* patients reported in the unaudited Community Benefits Reports for 2018 was approximately $139,683,000. The 2019 Community Benefits Reports are expected to be filed in February 2020.

The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2018:

(in thousands of dollars)

Government-sponsored healthcare services	$	246,064
Health professional education		33,067
Charity care		13,243
Subsidized health services		11,993
Community health services		6,570
Research		5,969
Community building activities		2,540
Financial contributions		2,360
Community benefit operations		1,153
Total community benefit value	$	322,959

2. Summary of Significant Accounting Policies

Basis of Presentation
The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, and gains and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates
The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

Excess of Revenue over Expenses
The consolidated statements of operations and changes in net assets include the excess of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including contribution of net assets without donor restrictions from acquisitions, loss on early extinguishment of debt, loss due to swap termination, realized gains/losses on sales of investment securities and changes in unrealized gains/losses in investments are reported as non-operating gains (losses).

Changes in net assets without donor restrictions which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), change in funded status of pension and other postretirement benefit plans, and the effective portion of the change in fair value of interest rate swaps.

Charity Care
The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. The amount of charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Patient Service Revenue
The Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Health System expects to be entitled from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contracted Revenue
The Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue
The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. Other revenue primarily consists of revenue from retail pharmacy, which the Health System records as customer revenues in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription. Other revenue also includes joint operating agreements, grant revenue, cafeteria sales and other support service revenue.

Cash Equivalents
Cash equivalents include investments in highly liquid investments with maturities of three months or less when purchased, excluding amounts where use is limited by internal designation or other arrangements under trust agreements or by donors.

Investments and Investment Income
Investments in equity securities with readily determinable fair values, mutual funds and pooled/commingled funds, and all investments in debt securities are considered to be trading securities reported at fair value with changes in fair value included in the excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the excess of revenues over expenses. All investments, whether held at fair value or under the equity method of accounting, are reported at what the Health System believes to be the amount they would expect to receive if it liquidated its investments at the balance sheet dates on a nondistressed basis.

Certain members of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the excess of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments
The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.

Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.

Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The Health System applies the accounting provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2009-12). ASU 2009-12 allows for the estimation of fair value of investments for which the investment does not have a readily determinable fair value, to use net asset value (NAV) per share or its equivalent as a practical expedient, subject to the Health System's ability to redeem its investment.

The carrying amount of patient accounts receivable, prepaid and other current assets, accounts payable and accrued expenses approximates fair value due to the short maturity of these instruments.

Property, Plant, and Equipment
Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Gifts of capital assets such as land, buildings, or equipment are reported as support, and excluded from the excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs
Bond issuance costs, classified on the consolidated balance sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

Intangible Assets and Goodwill
The Health System records within other assets on the consolidated balance sheets goodwill and intangible assets such as trade names and leases-in-place. The Health System considers trade names and goodwill to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded $10,524,000 and $2,462,000 as intangible assets associated with its affiliations as of June 30, 2019 and 2018, respectively.

Derivative Instruments and Hedging Activities
The Health System applies the provisions of ASC 815, *Derivatives and Hedging*, to its derivative instruments, which require that all derivative instruments be recorded at their respective fair values in the consolidated balance sheets.

On the date a derivative contract is entered into, the Health System designates the derivative as a cash-flow hedge of a forecasted transaction or the variability of cash flows to be received or paid related to a recognized asset or liability. For all hedge relationships, the Health System formally documents the hedging relationship and its risk-management objective and strategy for undertaking the hedge, the hedging instrument, the nature of the risk being hedged, how the hedging instrument's effectiveness in offsetting the hedged risk will be assessed, and a description of the method of measuring ineffectiveness. This process includes linking cash-flow hedges to specific assets and liabilities on the consolidated balance sheets, specific firm commitments or forecasted transactions. The Health System also formally assesses, both at the hedge's inception and on an ongoing basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in variability of cash flows of hedged items. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a cash-flow hedge are recorded in net assets without donor restrictions until earnings are affected by the

variability in cash flows of the designated hedged item. The ineffective portion of the change in fair value of a cash flow hedge is reported in excess of revenue over expenses in the consolidated statements of operations and changes in net assets.

The Health System discontinues hedge accounting prospectively when it is determined: (a) the derivative is no longer effective in offsetting changes in the cash flows of the hedged item; (b) the derivative expires or is sold, terminated, or exercised; (c) the derivative is undesignated as a hedging instrument because it is unlikely that a forecasted transaction will occur; (d) a hedged firm commitment no longer meets the definition of a firm commitment; and (e) management determines that designation of the derivative as a hedging instrument is no longer appropriate.

In all situations in which hedge accounting is discontinued, the Health System continues to carry the derivative at its fair value on the consolidated balance sheets and recognizes any subsequent changes in its fair value in excess of revenue over expenses.

Gifts
Gifts without donor restrictions are recorded net of related expenses as non-operating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

Recently Issued Accounting Pronouncements
In May 2014, the FASB issued ASU 2014-09 - *Revenue from Contracts with Customers (ASC 606)* and in August 2015, the FASB amended the guidance to defer the effective date of this standard by one year. ASU 2014-09 affects any entity that either enters into contracts with customers to transfer goods or services or enters into contracts for the transfer of nonfinancial assets unless those contracts are within the scope of other standards. The core principle of the guidance in ASU 2014-09 is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The Health System adopted ASU 2014-09 effective July 1, 2018 under the modified retrospective method, and has provided the new disclosures required post implementation. For example, patient accounts receivable are shown net of the allowance for doubtful accounts of approximately $132,228,000 as of June 30, 2018 on the consolidated balance sheet. If an allowance for doubtful accounts had been presented as of June 30, 2019, it would have been approximately $121,544,000. While the adoption of ASU 2014-09 has had a material effect on the presentation of revenues in the Health System's consolidated statements of operations and changes in net assets, and has had an impact on certain disclosures, it has not materially impacted the financial position, results of operations or cash flows. Refer to Note 4, Patient Service Revenue and Accounts Receivable, for further details.

In February 2016, the FASB issued ASU 2016-02 – *Leases (Topic 842)*, which requires a lessee to recognize a right-of-use asset and a lease liability, initially measured at the present value of the lease payments, on its balance sheet. The standard also requires a lessee to recognize a single lease cost, calculated so that the cost of the lease is allocated over the lease term, on a generally straight-line basis. The guidance also expands the required quantitative and qualitative disclosures surrounding leases. The ASU is effective for fiscal years beginning after December 15, 2018, or fiscal year 2020 for the Health System. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In January 2016, the FASB issued ASU 2016-01- *Recognition and Measurement of Financial Assets and Financial Liabilities*, which address certain aspects of recognition, measurement, presentation and disclosure of financial instruments. This guidance allows an entity to choose, investment-by-investment, to report an equity investment that neither has a readily determinable fair value, nor qualifies for the practical expedient for fair value estimation using NAV, at its cost minus impairment (if any), plus or minus changes resulting from observable price changes in orderly transactions for the identical or similar investment of the same issue. Impairment of such investments must be assessed qualitatively at each reporting period. Entities must disclose their financial assets and liabilities by measurement category and form of asset either on the face of the balance sheet or in the accompanying notes. The ASU is effective for annual reporting periods beginning after December 15, 2018 or fiscal year 2020 for the Health System. The provision to eliminate the requirement to disclose the fair value of financial instruments measured at cost (such as the fair value of debt) was early adopted during the year ended June 30, 2017.

In August 2016, the FASB issued ASU 2016-14 - *Presentation of Financial Statements for Not-for-Profit Entities.* The new pronouncement amends certain financial reporting requirements for not-for-profit entities. It reduces the number of classes of net assets from three to two: net assets with donor restrictions includes amount previously disclosed as both temporarily and permanently restricted net assets, net assets without donor restrictions includes amounts previously disclosed as unrestricted net assets. It expands the disclosure of expenses by both natural and functional classification. It adds quantitative and qualitative disclosures about liquidity and availability of resources. The ASU is effective for the Health System for the year ending June 30, 2019. The Health System has adopted this ASU on a retrospective basis, except for the presentation of expenses based on natural and functional classification and the discussion of liquidity, as permitted in the ASU. Please refer to Note 14, Functional Expenses, and Note 15, Liquidity.

In June 2018, the FASB issued ASU 2018-08, *Not–for-Profit Entities (Topic 958), Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made.* The new pronouncement was intended to assist entities in evaluating whether transactions should be accounted for as contributions or exchange transactions and whether a contribution is conditional. This ASU was effective for the Health System on July 1, 2018 on a modified prospective basis and did not have a significant impact on the consolidated financial statements of the Health System.

3. Acquisitions

Effective July 1, 2018, Alice Peck Day Memorial Hospital became the sole corporate member of APD LifeCare Center Inc. (LifeCare). LifeCare owns and operates Harvest Hill, an assisted living facility, the Woodlands, a residential living community and the Elizabeth S. Hughes Care Unit, which provides hospice care.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, Alice Peck Day Memorial Hospital recorded goodwill related to the acquisition of LifeCare of approximately $5,131,000. Restricted contribution income of $383,000 was recorded within net assets with donor restrictions in the accompanying consolidated statement of changes in net assets. Included in the transaction was LifeCare's cash balance of $4,863,000. No consideration was exchanged for the net assets assumed and acquisition costs were expensed as incurred. LifeCare's financial position, results of operations and changes in net assets are included in the consolidated financial statements as of and for the year ended June 30, 2019.

4. Patient Service Revenue and Accounts Receivable

The Health System reports patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payers (including managed care payers and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Health System bills patients and third-party payers several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts by providing healthcare services to patients.

The Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected charges as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Health System has elected to apply the optional exemption provided in ASC 606-10-50-14a and, therefore, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Health System's consolidated statements of operations and changes in net assets.

Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care

contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions
Revenues for the Health System under the traditional fee-for service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system ("PPS") to determine rates-per-discharge. These rates vary according to a patient classification system ("DRG"), based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Health System's payments for inpatient services rendered to New Hampshire ("NH") and Vermont ("VT") Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis or fee schedules for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.

- Inpatient acute, swing, and outpatient services furnished by critical access hospitals ("CAH") are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.

- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.

- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.

- The Health System's cost based services to Medicare and Medicaid are reimbursed during the year based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations, governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.

- Revenues under Managed Care Plans (Plans) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The Plans are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments in accordance with contractual terms in place with the Plans following their review and adjudication of each bill.

The Health System is not aware of any claims, disputes, or unsettled matters with any payer that would materially affect its revenues for which it has not adequately provided in the accompanying Health System's consolidated financial statements.

The Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Health System's policy is to treat amounts qualified as charity care as explicit price concessions and as such are not reported in net patient service revenue.

During fiscal year 2016, Vermont state legislation passed changes to the tax base for home health providers from 19.30% of core home health care services (primarily Medicaid services) with a cap of 6% of net patient service revenue to 3.63% of net patient revenue for fiscal year 2017 and fiscal year 2018. Home health provider tax paid, which is included in other operating expenses, was $628,000 and $737,000 in 2019 and 2018, respectively.

On June 30, 2014, the NH Governor signed into law a bi-partisan legislation reflecting an agreement between the State of NH and 25 NH hospitals on the Medicaid Enhancement Tax (MET) Senate Bill 369. As part of the agreement, the parties have agreed to resolve all pending litigation related to MET and Medicaid Rates, including the Catholic Medical Center Litigation, the Northeast Rehabilitation Litigation, 2014 DRA Refund Requests, and the State Rate Litigation. As part of the MET Agreement Effective July 1, 2014, a "Trust / Lock Box" dedicated funding mechanism will be established for receipt and distribution of all MET proceeds with all monies used exclusively to support Medicaid services.

On May 22, 2018, the State of New Hampshire and all New Hampshire hospitals (NH Hospitals) signed a new settlement agreement and multi-year plan for Disproportionate Share Hospital (DSH) payments, with provisions to create alternative payments should there be federal changes to the DSH program by the United States Congress. The agreement may change or limit federal matching funds for MET when used to support DSH payments to hospitals and the Medicaid program, or change the definition of Uncompensated Care (UCC) for purposes of calculating DSH or other allowable uncompensated care payments. The term of the agreement is through state fiscal year (SFY) 2024. Under the agreement, the NH Hospitals forgo approximately $28,000,000 of DSH payment for SFY 2018 and 2019, in consideration of the State agreeing to form a pool of funds to make directed payments or otherwise increase rates to hospitals for SFY 2020 through 2024. The Federal share of payments to NH Hospitals are contingent upon the receipt of matching funds from Centers for Medicare & Medicaid Services (CMS) in the covered years. In the event that, due to changes in federal law, the State is unable to make payments in a way that ensures the federal matching funds are available, the Parties will meet and confer to negotiate in good faith an appropriate amendment to this agreement consistent with the intent of this agreement. The State is required to maintain the UCC Dedicated Fund pursuant to earlier agreements. The agreement prioritizes payments of funds to critical access hospitals at 75% of allowable UCC, the remainder thereafter is distributed to other NH Hospitals in proportion to their allowable uncompensated care amounts. During the term of this agreement, the NH Hospitals are barred from bringing a new claim in federal or state court or at Department of Revenue Administration (DRA) related to the constitutionality of MET.

During the years ended June 30, 2019 and 2018, the Health System received DSH payments of approximately, $69,179,000 and $66,383,000 respectively. DSH payments are subject to audit pursuant to the agreement with the state and therefore, for the years ended June 30, 2019 and

2018, the Health System recognized as revenue DSH receipts of approximately $64,864,000 and approximately $54,469,000, respectively.

During the years ended June 30, 2019 and 2018, the Health System recorded State of NH Medicaid Enhancement Tax ("MET") and State of VT Provider tax of $70,061,000 and $67,692,000, respectively. The taxes are calculated at 5.5% for NH and 6% for VT of certain net patient service revenues in accordance with instructions received from the States. The Provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

Implicit Price Concessions
Generally, patients who are covered by third-party payer contracts are responsible for related co-pays, co-insurance and deductibles, which vary depending on the contractual obligations of patients. The Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles and for those who are uninsured based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient service revenue in the period of change.

The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Health System expects to collect based on collection history with similar patients. Although outcomes vary, the Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance and deductibles due from insurance at the time of service while complying with all federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payers for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations. As of June 30, 2019 and 2018, the Health System had $52,470,000 and $52,041,000, respectively, reserved for estimated third-party settlements.

For the years ended June 30, 2019 and 2018, additional increases (decreases) in revenue of $1,800,000 and ($5,604,000), respectively, was recognized due to changes in its prior years related to estimated third-party settlements.

Net operating revenues for the hospital operations of the PPS and CAH, and other business segments consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans as well as patients covered under the Health System's uninsured discount and charity care programs.

The table below shows the Health System's sources of net operating revenues presented at the net transaction price for the years ended June 30, 2019 and 2018.

	2019		
(in thousands of dollars)	**PPS**	**CAH**	**Total**
Hospital			
Medicare	$ 456,197	$ 72,193	$ 528,390
Medicaid	134,727	12,794	147,521
Commercial	746,647	64,981	811,628
Self Pay	8,811	2,313	11,124
Subtotal	1,346,382	152,281	1,498,663
Professional			
Professional	454,425	23,707	478,132
VNH			22,528
Other Revenue			285,715
Total operating revenue and other support	$ 1,800,807	$ 175,988	$ 2,285,038

	2018		
(in thousands of dollars)	**PPS**	**CAH**	**Total**
Hospital			
Medicare	$ 432,251	$ 76,522	$ 508,773
Medicaid	117,019	10,017	127,036
Commercial	677,162	65,916	743,078
Self Pay	10,687	2,127	12,814
Subtotal	1,237,119	154,582	1,391,701
Professional			
Professional	412,605	24,703	437,308
VNH			22,719
Other Revenue			203,915
Total operating revenue and other support	$ 1,649,724	$ 179,285	$ 2,055,643

Accounts Receivable
The principal components of patient accounts receivable as of June 30, 2019 and 2018 are as follows:

(in thousands of dollars)	2019	2018
Patient accounts recivable	$ 221,125	$ 351,456
Less: Allowance for doubtful accounts	-	(132,228)
Patient accounts receivable	$ 221,125	$ 219,228

The following table categorizes payors into four groups based on their respective percentages of gross patient accounts receivable as of June 30, 2019 and 2018:

	2019	2018
Medicare	34%	34%
Medicaid	12%	14%
Commercial	41%	40%
Self Pay	13%	12%
Patient accounts receivable	100%	100%

5. Investments

The composition of investments at June 30, 2019 and 2018 is set forth in the following table:

(in thousands of dollars)	2019	2018
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	$ 21,890	$ 8,558
U.S. government securities	91,492	50,484
Domestic corporate debt securities	196,132	109,240
Global debt securities	83,580	110,944
Domestic equities	167,384	142,796
International equities	128,909	106,668
Emerging markets equities	23,086	23,562
Real Estate Investment Trust	213	816
Private equity funds	64,563	50,415
Hedge funds	32,287	32,831
	809,536	636,314
Investments held by captive insurance companies (Note 12)		
U.S. government securities	23,241	30,581
Domestic corporate debt securities	11,378	16,764
Global debt securities	10,080	4,513
Domestic equities	14,617	8,109
International equities	6,766	7,971
	66,082	67,938
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	631	1,872
Total assets limited as to use	876,249	706,124
Other investments for restricted activities		
Cash and short-term investments	6,113	4,952
U.S. government securities	32,479	28,220
Domestic corporate debt securities	29,089	29,031
Global debt securities	11,263	14,641
Domestic equities	20,981	20,509
International equities	15,531	17,521
Emerging markets equities	2,578	2,155
Real Estate Investment Trust	-	954
Private equity funds	7,638	4,878
Hedge funds	8,414	8,004
Other	33	31
Total other investments for restricted activities	134,119	130,896
Total investments	$ 1,010,368	$ 837,020

Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above. All investments, whether the fair value or equity method of accounting is used, are reported at what the Health System believes to be the amount that the Health System would expect to receive if it liquidated its investments at the balance sheets date on a non-distressed basis.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2019 and 2018. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

	2019		
(in thousands of dollars)	Fair Value	Equity	Total
Cash and short-term investments	$ 28,634	$ -	$ 28,634
U.S. government securities	147,212	-	147,212
Domestic corporate debt securities	164,996	71,603	236,599
Global debt securities	55,520	49,403	104,923
Domestic equities	178,720	24,262	202,982
International equities	76,328	74,878	151,206
Emerging markets equities	1,295	24,369	25,664
Real Estate Investment Trust	213	-	213
Private equity funds	-	72,201	72,201
Hedge funds	-	40,701	40,701
Other	33	-	33
	$ 652,951	$ 357,417	$ 1,010,368

	2018		
(in thousands of dollars)	Fair Value	Equity	Total
Cash and short-term investments	$ 15,382	$ -	$ 15,382
U.S. government securities	109,285	-	109,285
Domestic corporate debt securities	95,481	59,554	155,035
Global debt securities	49,104	80,994	130,098
Domestic equities	157,011	14,403	171,414
International equities	60,002	72,158	132,160
Emerging markets equities	1,296	24,421	25,717
Real Estate Investment Trust	222	1,548	1,770
Private equity funds	-	55,293	55,293
Hedge funds	-	40,835	40,835
Other	31	-	31
	$ 487,814	$ 349,206	$ 837,020

Investment income is comprised of the following for the years ended June 30, 2019 and 2018:

(in thousands of dollars)	2019	2018
Net assets without donor restrictions		
Interest and dividend income, net	$ 11,333	$ 12,324
Net realized gains on sales of securities	17,419	24,411
Change in net unrealized gains on investments	12,283	4,612
	41,035	41,347
Net assets with donor restrictions		
Interest and dividend income, net	987	1,526
Net realized gains on sales of securities	2,603	1,438
Change in net unrealized gains on investments	(908)	1,390
	2,682	4,354
	$ 43,717	$ 45,701

For the years ended June 30, 2019 and 2018 investment income is reflected in the accompanying consolidated statements of operations and changes in net assets as operating revenue of approximately $983,000 and $960,000 and as non-operating gains of approximately $40,052,000 and $40,387,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner, but can be sold to third party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2019 and 2018, the Health System has committed to contribute approximately $164,319,000 and $137,219,000 to such funds, of which the Health System has contributed approximately $109,584,000 and $91,942,000 and has outstanding commitments of $54,735,000 and $45,277,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2019 and 2018:

(in thousands of dollars)	2019	2018
Land	$ 38,232	$ 38,058
Land improvements	42,607	42,295
Buildings and improvements	898,050	876,537
Equipment	888,138	818,902
Equipment under capital leases	15,809	20,966
	1,882,836	1,796,758
Less: Accumulated depreciation and amortization	1,276,746	1,200,549
Total depreciable assets, net	606,090	596,209
Construction in progress	15,166	11,112
	$ 621,256	$ 607,321

As of June 30, 2019, construction in progress primarily consists of an addition to the ambulatory surgical center located in Manchester, NH as well as renovations taking place at the various pharmacy locations to bring their facilities compliant with Regulation USP800. The estimated cost to complete the ambulatory surgical center at June 30, 2019 is approximately $59,000,000 over the next two fiscal years while the pharmacy renovation is estimated to cost approximately $6,300,000 over the next fiscal year.

The construction in progress reported as of June 30, 2018 for the building renovations taking place at the birthing pavilion in Lebanon, NH was completed during the first quarter of fiscal year 2019 and the information systems PeopleSoft project for Alice Peck Day Memorial Hospital and Cheshire was completed in the fourth quarter of fiscal year 2019.

Depreciation and amortization expense included in operating and non-operating activities was approximately $88,496,000 and $84,729,000 for 2019 and 2018, respectively.

7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments
Consists of money market funds and are valued at net asset value (NAV) reported by the financial institution.

Domestic, Emerging Markets and International Equities
Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities
Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Health System believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2019 and 2018:

	2019					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Assets						
Investments						
Cash and short term investments	$ 28,634	$ -	$ -	$ 28,634	Daily	1
U.S. government securities	147,212	-	-	147,212	Daily	1
Domestic corporate debt securities	34,723	130,273	-	164,996	Daily–Monthly	1–15
Global debt securities	28,412	27,108	-	55,520	Daily–Monthly	1–15
Domestic equities	171,318	7,402	-	178,720	Daily–Monthly	1–10
International equities	76,295	33	-	76,328	Daily–Monthly	1–11
Emerging market equities	1,295	-	-	1,295	Daily–Monthly	1–7
Real estate investment trust	213	-	-	213	Daily–Monthly	1–7
Other	-	33	-	33	Not applicable	Not applicable
Total investments	488,102	164,849	-	652,951		
Deferred compensation plan assets						
Cash and short-term investments	2,952	-	-	2,952		
U.S. government securities	45	-	-	45		
Domestic corporate debt securities	4,932	-	-	4,932		
Global debt securities	1,300	-	-	1,300		
Domestic equities	22,403	-	-	22,403		
International equities	3,576	-	-	3,576		
Emerging market equities	27	-	-	27		
Real estate	11	-	-	11		
Multi strategy fund	48,941	-	-	48,941		
Guaranteed contract	-	-	89	89		
Total deferred compensation plan assets	84,187	-	89	84,276	Not applicable	Not applicable
Beneficial interest in trusts	-	-	9,301	9,301	Not applicable	Not applicable
Total assets	$ 572,289	$ 164,849	$ 9,390	$ 746,528		

	2018					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Assets						
Investments						
Cash and short term investments	$ 15,382	$ -	$ -	$ 15,382	Daily	1
U.S. government securities	109,285	-	-	109,285	Daily	1
Domestic corporate debt securities	41,488	53,993	-	95,481	Daily–Monthly	1–15
Global debt securities	32,874	16,230	-	49,104	Daily–Monthly	1–15
Domestic equities	157,011	-	-	157,011	Daily–Monthly	1–10
International equities	59,924	78	-	60,002	Daily–Monthly	1–11
Emerging market equities	1,296	-	-	1,296	Daily–Monthly	1–7
Real estate investment trust	222	-	-	222	Daily–Monthly	1–7
Other	-	31	-	31	Not applicable	Not applicable
Total investments	417,482	70,332	-	487,814		
Deferred compensation plan assets						
Cash and short-term investments	2,637	-	-	2,637		
U.S. government securities	38	-	-	38		
Domestic corporate debt securities	3,749	-	-	3,749		
Global debt securities	1,089	-	-	1,089		
Domestic equities	18,470	-	-	18,470		
International equities	3,584	-	-	3,584		
Emerging market equities	28	-	-	28		
Real estate	9	-	-	9		
Multi strategy fund	46,680	-	-	46,680		
Guaranteed contract	-	-	86	86		
Total deferred compensation plan assets	76,284	-	86	76,370	Not applicable	Not applicable
Beneficial interest in trusts	-	-	9,374	9,374	Not applicable	Not applicable
Total assets	$ 493,766	$ 70,332	$ 9,460	$ 573,558		

The following table is a rollforward of financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above.

	2019		
(in thousands of dollars)	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	$ 9,374	$ 86	$ 9,460
Net unrealized gains (losses)	(73)	3	(70)
Balances at end of year	$ 9,301	$ 89	$ 9,390

	2018		
(in thousands of dollars)	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	$ 9,244	$ 83	$ 9,327
Net unrealized gains	130	3	133
Balances at end of year	$ 9,374	$ 86	$ 9,460

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2019 and 2018.

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2019 and 2018:

(in thousands of dollars)	2019	2018
Healthcare services	$ 20,140	$ 19,570
Research	26,496	24,732
Purchase of equipment	3,273	3,068
Charity care	12,494	13,667
Health education	19,833	18,429
Other	3,841	2,973
Investments held in perpetuity	56,383	55,394
	$ 142,460	$ 137,833

Income earned on donor restricted net assets held in perpetuity is available for these purposes.

9. Board Designated and Endowment Funds

Net assets include numerous funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System's net assets with donor restrictions which are to be held in perpetuity consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments and the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2019 and 2018.

Endowment net asset composition by type of fund consists of the following at June 30, 2019 and 2018:

	2019		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 78,268	$ 78,268
Board-designated endowment funds	31,421	-	31,421
Total endowed net assets	$ 31,421	$ 78,268	$ 109,689

	2018		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 78,197	$ 78,197
Board-designated endowment funds	29,506	-	29,506
Total endowed net assets	$ 29,506	$ 78,197	$ 107,703

Changes in endowment net assets for the years ended June 30, 2019 and 2018 are as follows:

	2019		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Balances at beginning of year	$ 29,506	$ 78,197	$ 107,703
Net investment return	1,184	2,491	3,675
Contributions	804	1,222	2,026
Transfers	(73)	(1,287)	(1,360)
Release of appropriated funds	-	(2,355)	(2,355)
Balances at end of year	$ 31,421	$ 78,268	$ 109,689

	2018		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Balances at beginning of year	$ 26,389	$ 75,457	$ 101,846
Net investment return	3,112	4,246	7,358
Contributions	-	1,121	1,121
Transfers	5	(35)	(30)
Release of appropriated funds	-	(2,592)	(2,592)
Balances at end of year	$ 29,506	$ 78,197	$ 107,703

10. Long-Term Debt

A summary of long-term debt at June 30, 2019 and 2018 is as follows:

(in thousands of dollars)	2019	2018
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	$ 83,355	$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2017A, principal maturing in varying annual amounts, through August 2040 (2)	122,435	122,435
Series 2017B, principal maturing in varying annual amounts, through August 2031 (2)	109,800	109,800
Series 2014A, principal maturing in varying annual amounts, through August 2022 (3)	26,960	26,960
Series 2018C, principal maturing in varying annual amounts, through August 2030 (4)	25,865	-
Series 2012, principal maturing in varying annual amounts, through July 2039 (5)	25,145	25,955
Series 2014B, principal maturing in varying annual amounts, through August 2033 (3)	14,530	14,530
Series 2016B, principal maturing in varying annual amounts, through August 2045 (6)	10,970	10,970
Total variable and fixed rate debt	$ 722,162	$ 697,107

A summary of long-term debt at June 30, 2019 and 2018 is as follows (continued):

(in thousands of dollars)	2019	2018
Other		
Series 2010, principal maturing in varying annual amounts, through August 2040 (7)*	$ -	$ 15,498
Note payable to a financial institution payable in interest free monthly installments through July 2015; collateralized by associated equipment*	445	646
Note payable to a financial institution with entire principal due June 2029 that is collateralized by land and building. The note payable is interest free*	323	380
Mortgage note payable to the US Dept of Agriculture; monthly payments of $10,892 include interest of 2.375% through November 2046*	2,629	2,697
Obligations under capital leases	17,526	18,965
Total other debt	20,923	38,186
Total variable and fixed rate debt	722,162	697,107
Total long-term debt	743,085	735,293
Less: Original issue discounts and premiums, net	(25,542)	(26,862)
Bond issuance costs, net	5,533	5,716
Current portion	10,914	3,464
	$ 752,180	$ 752,975

*Represents nonobligated group bonds

Aggregate annual principal payments required under revenue bond agreements and capital lease obligations for the next five years ending June 30 and thereafter are as follows:

(in thousands of dollars)	2019
2020	$ 10,914
2021	10,693
2022	10,843
2023	7,980
2024	3,016
Thereafter	699,639
	$ 743,085

Dartmouth-Hitchcock Obligated Group (DHOG) Bonds

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of D-HH, MHMH, DHC, Cheshire, NLH, MAHHC, and, effective August 15, 2018, APD. D-HH is designated as the obligated group agent.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

(1) Series 2018A and Series 2018B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B in February 2018. The Series 2018A Revenue Bonds were primarily used to refund a portion of Series 2015A and Series 2016A. The Series 2018B were primarily used to refund a portion of Series 2015A and Series 2016A, Revolving Line of Credit, Series 2012 Bank Loan and the Series 2015A and Series 2016A Swap terminations. A loss on the extinguishment of debt of approximately $578,000 was recognized in non-operating gains (losses) on the statement of operations and changes in net assets, as a result of the refinancing. The interest on the Series 2018A Revenue Bonds is variable with a current interest rate of 5.00% and matures in variable amounts through 2037. The interest on the Series 2018B Revenue Bonds is fixed with an interest rate of 4.18% and matures in variable amounts through 2048.

(2) Series 2017A and Series 2017B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B in December, 2017. The Series 2017A Revenue Bonds were primarily used to refund Series 2009 and Series 2010 and the Series 2017B Revenue Bonds were used to refund Series 2012A and Series 2012B. The interest on the Series 2017A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2040. The interest on the Series 2017B Revenue Bonds is fixed with an interest rate of 2.54% and matures in variable amounts through 2031.

(3) Series 2014A and Series 2014B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B Revenue Bonds were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

(4) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C in August, 2018. The Series 2018C Revenue Bonds were used primarily to refinance the Series 2010 Revenue Bonds. The interest on the series 2018C Revenue Bonds is fixed with an interest rate of 3.22% and matures in variable amounts through 2030.

(5) Series 2012 Revenue Bonds

The NHHEFA issued $29,650,000 of tax-exempt Revenue Bonds, Series 2012. The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%), and matures in variable amounts through 2039.

(6) Series 2016B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2016B in July 2016 through a private placement with a financial institution. The Series 2016B Revenue Bonds were used to finance 2016 projects. The Series 2016B is fixed with an interest rate of 1.78% and matures at various dates through 2045.

Outstanding joint and several indebtedness of the DHOG at June 30, 2019 and 2018 approximates $722,162,000 and $697,107,000, respectively.

Non Obligated Group Bonds

(7) Series 2010 Revenue Bonds

The Business Finance Authority (BFA) of the State of NH issued Revenue Bonds, Series 2010. Interest is based on an annual percentage rate equal to the sum of (a) 69% of the 1-Month LIBOR rate plus (b) 1.8975/5. The Health System redeemed these bonds in August 2018.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately $631,000 and $1,872,000 at June 30, 2019 and 2018, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets (Note 5). The debt service reserves are mainly comprised of escrowed funds held for future principal and interest payments.

For the years ended June 30, 2019 and 2018 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately $25,514,000 and $18,822,000 and other non-operating losses of $3,784,000 and $2,793,000, respectively.

Swap Agreements

The Health System is subject to market risks such as changes in interest rates that arise from normal business operation. The Health System regularly assesses these risks and has established business strategies to provide natural offsets, supplemented by the use of derivative financial instruments to protect against the adverse effect of these and other market risks. The Health System has established clear policies, procedures, and internal controls governing the use of derivatives and does not use them for trading, investment, or other speculative purposes.

As of June 30, 2019 and 2018, there was no liability for interest rate swaps as all remaining swaps were terminated in February 2018. For the year ended June 30, 2018, the Health System recognized a non-operating loss due to swap termination of $14,247,000 relating to the swap termination. The change in fair value during the year ended June 30, 2018 was a decrease of

$4,897,000. For the year ended June 30, 2018 the Health System recognized a non-operating gain of $145,000 resulting from hedge ineffectiveness and amortization of frozen swaps.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or define contribution plans. In addition, certain members provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

All of the defined benefit plans within the Health System have been frozen and therefore there are no remaining participants earning benefits in any of the Health System's defined benefit plans.

The Health System continued to execute the settlement of obligations due to retirees in the defined benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

Defined Benefit Plans
Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2019 and 2018:

(in thousands of dollars)	2019	2018
Service cost for benefits earned during the year	$ 150	$ 150
Interest cost on projected benefit obligation	47,814	47,190
Expected return on plan assets	(65,270)	(64,561)
Net loss amortization	10,357	10,593
Total net periodic pension expense	$ (6,949)	$ (6,628)

The following assumptions were used to determine net periodic pension expense as of June 30, 2019 and 2018:

	2019	2018
Discount rate	3.90 % – 4.60%	4.00 % – 4.30 %
Rate of increase in compensation	N/A	N/A
Expected long-term rate of return on plan assets	7.50%	7.50 % – 7.75 %

The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2019 and 2018:

(in thousands of dollars)	2019	2018
Change in benefit obligation		
Benefit obligation at beginning of year	$ 1,087,940	$ 1,122,615
Service cost	150	150
Interest cost	47,814	47,190
Benefits paid	(51,263)	(47,550)
Expenses paid	(170)	(172)
Actuarial (gain) loss	93,358	(34,293)
Settlements	(42,306)	-
Benefit obligation at end of year	1,135,523	1,087,940
Change in plan assets		
Fair value of plan assets at beginning of year	884,983	878,701
Actual return on plan assets	85,842	33,291
Benefits paid	(51,263)	(47,550)
Expenses paid	(170)	(172)
Employer contributions	20,631	20,713
Settlements	(42,306)	-
Fair value of plan assets at end of year	897,717	884,983
Funded status of the plans	(237,806)	(202,957)
Less: Current portion of liability for pension	(46)	(45)
Long term portion of liability for pension	(237,760)	(202,912)
Liability for pension	$ (237,806)	$ (202,957)

As of June 30, 2019 and 2018 the liability, for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include approximately $478,394,000 and $418,971,000 of net actuarial loss as of June 30, 2019 and 2018, respectively.

The estimated amounts to be amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2020 for net actuarial losses is $12,032,000.

The accumulated benefit obligation for the defined benefit pension plans was approximately $1,135,770,000 and $1,087,991,000 at June 30, 2019 and 2018, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2019 and 2018:

	2019	2018
Discount rate	4.20% - 4.50%	4.20 % – 4.50 %
Rate of increase in compensation	N/A	N/A

The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of both June 30, 2019 and 2018, it is expected that the LDI strategy will hedge approximately 60% of the interest rate risk associated with pension liabilities. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	3%
U.S. government securities	0–10	5
Domestic debt securities	20–58	38
Global debt securities	6–26	8
Domestic equities	5–35	19
International equities	5–15	11
Emerging market equities	3–13	5
Real estate investment trust funds	0–5	0
Private equity funds	0–5	0
Hedge funds	5–18	11

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

The Boards of Trustees of the Health System, as Plan Sponsors, oversee the design, structure, and prudent professional management of the Health System's Plans' assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's Plans own interests in these funds rather than in securities underlying each fund and, therefore, are generally required to consider such investments as Level 2 or 3, even though the underlying securities may not be difficult to value or may be readily marketable.

The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2019 and 2018:

	2019					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ 166	$ 18,232	$ -	$ 18,398	Daily	1
U.S. government securities	48,580	-	-	48,580	Daily–Monthly	1–15
Domestic debt securities	122,178	273,424	-	395,602	Daily–Monthly	1–15
Global debt securities	428	75,146	-	75,574	Daily–Monthly	1–15
Domestic equities	159,259	18,316	-	177,575	Daily–Monthly	1–10
International equities	17,232	77,146	-	94,378	Daily–Monthly	1–11
Emerging market equities	321	39,902	-	40,223	Daily–Monthly	1–17
REIT funds	357	2,883	-	3,240	Daily–Monthly	1–17
Private equity funds	-	-	21	21	See Note 7	See Note 7
Hedge funds	-	-	44,126	44,126	Quarterly–Annual	60–96
Total investments	$ 348,521	$ 505,049	$ 44,147	$ 897,717		

	2018					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ 142	$ 35,817	$ -	$ 35,959	Daily	1
U.S. government securities	46,265	-	-	46,265	Daily–Monthly	1–15
Domestic debt securities	144,131	220,202	-	364,333	Daily–Monthly	1–15
Global debt securities	470	74,676	-	75,146	Daily–Monthly	1–15
Domestic equities	158,634	17,594	-	176,228	Daily–Monthly	1–10
International equities	18,656	80,803	-	99,459	Daily–Monthly	1–11
Emerging market equities	382	39,881	-	40,263	Daily–Monthly	1–17
REIT funds	371	2,686	-	3,057	Daily–Monthly	1–17
Private equity funds	-	-	23	23	See Note 7	See Note 7
Hedge funds	-	-	44,250	44,250	Quarterly–Annual	60–96
Total investments	$ 369,051	$ 471,659	$ 44,273	$ 884,983		

The following table presents additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2019 and 2018:

	2019		
(in thousands of dollars)	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	$ 44,250	$ 23	$ 44,273
Net unrealized losses	(124)	(2)	(126)
Balances at end of year	$ 44,126	$ 21	$ 44,147

	2018		
(in thousands of dollars)	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	$ 40,507	$ 96	$ 40,603
Sales	-	(51)	(51)
Net realized losses	-	(51)	(51)
Net unrealized gains	3,743	29	3,772
Balances at end of year	$ 44,250	$ 23	$ 44,273

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2019 and 2018 were approximately $14,617,000 and $14,743,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2019 and 2018.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2019 and 2018.

The weighted average asset allocation for the Health System's Plans at June 30, 2019 and 2018 by asset category is as follows:

	2019	2018
Cash and short-term investments	2 %	4 %
U.S. government securities	5	5
Domestic debt securities	44	41
Global debt securities	9	9
Domestic equities	20	20
International equities	11	11
Emerging market equities	4	5
Hedge funds	5	5
	100 %	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.50% per annum.

The Health System is expected to contribute approximately $20,426,000 to the Plans in 2020 however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30 and thereafter:

(in thousands of dollars)

2020	$ 50,743
2021	52,938
2022	55,199
2023	57,562
2024	59,843
2025 – 2028	326,737

Defined Contribution Plans
The Health System has an employer-sponsored 401(a) plan for certain of its members, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately $40,537,000 and $38,563,000 in 2019 and 2018, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets.

Various 403(b) and tax- sheltered annuity plans are available to employees of the Health System. Plan specifications vary by member and plan. No employer contributions were made to any of these plans in 2019 and 2018 respectively.

Postretirement Medical and Life Benefits
The Health System has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2019 and 2018:

(in thousands of dollars)	2019	2018
Service cost	$ 384	$ 533
Interest cost	1,842	1,712
Net prior service income	(5,974)	(5,974)
Net loss amortization	10	10
	$ (3,738)	$ (3,719)

The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2019 and 2018:

(in thousands of dollars)	2019	2018
Change in benefit obligation		
Benefit obligation at beginning of year	$ 42,581	$ 42,277
Service cost	384	533
Interest cost	1,842	1,712
Benefits paid	(3,149)	(3,174)
Actuarial loss	5,013	1,233
Benefit obligation at end of year	46,671	42,581
Funded status of the plans	$ (46,671)	$ (42,581)
Current portion of liability for postretirement medical and life benefits	$ (3,422)	$ (3,266)
Long term portion of liability for postretirement medical and life benefits	(43,249)	(39,315)
Liability for postretirement medical and life benefits	$ (46,671)	$ (42,581)

As of June 30, 2019 and 2018, the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic postretirement medical and life benefit income and included in the change in net assets without donor restrictions are as follows:

(in thousands of dollars)	2019	2018
Net prior service income	$ (9,556)	$ (15,530)
Net actuarial loss	8,386	3,336
	$ (1,170)	$ (12,194)

The estimated amounts that will be amortized from net assets without donor restrictions into net periodic postretirement income in fiscal year 2020 for net prior service cost is $5,974,000.

The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2020 and thereafter:

(in thousands of dollars)	
2020	$ 3,468
2021	3,436
2022	3,394
2023	3,802
2024	3,811
2025-2028	17,253

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 3.70% in 2019 and an assumed healthcare cost trend rate of 6.50%, trending down to 5.00% in 2024 and thereafter. Increasing the assumed healthcare cost trend rates by one percentage point in each year would increase the accumulated postretirement medical benefit obligation as of June 30, 2019 and 2018 by $1,601,000 and $1,088,000 and the net periodic postretirement medical benefit cost for the years then ended by $77,000 and $81,000, respectively. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement medical benefit obligation as of June 30, 2019 and 2018 by $1,452,000 and $996,000 and the net periodic postretirement medical benefit cost for the years then ended by $71,000 and $72,000, respectively.

12. Professional and General Liability Insurance Coverage

Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic, along with Dartmouth College, Cheshire Medical Center, The New London Hospital Association, Mt. Ascutney Hospital and Health Center, and the Visiting Nurse and Hospice for VT and NH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. Effective November 1, 2018 Alice Peck Day Memorial Hospital is provided professional and general liability insurance coverage through RRG. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Clinic, and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2019 and 2018, are summarized as follows:

	2019		
	HAC	RRG	Total
(in thousands of dollars)			
Assets	$ 75,867	$ 2,201	$ 78,068
Shareholders' equity	13,620	50	13,670

	2018		
	HAC	RRG	Total
(in thousands of dollars)			
Assets	$ 72,753	$ 2,068	$ 74,821
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

Litigation
The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

Operating Leases and Other Commitments
The Health System leases certain facilities and equipment under operating leases with varying expiration dates. The Health System's rental expense totaled approximately $12,707,000 and $14,096,000 for the years ended June 30, 2019 and 2018, respectively.

Minimum future lease payments under noncancelable operating leases at June 30, 2019 were as follows:

(in thousands of dollars)

2020	$ 11,342
2021	10,469
2022	7,488
2023	6,303
2024	4,127
Thereafter	5,752
	$ 45,481

Lines of Credit
The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from $2,000,000 up to $30,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire March 27, 2020. There was no outstanding balance under the lines of credit as of June 30, 2019 and 2018. Interest expense was approximately $95,000 and $232,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2019:

	2019			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	$ 922,902	$ 138,123	$ 1,526	$ 1,062,551
Employee benefits	178,983	72,289	319	251,591
Medical supplies and medications	406,782	1,093	-	407,875
Purchased services and other	212,209	108,783	2,443	323,435
Medicaid enhancement tax	70,061	-	-	70,061
Depreciation and amortization	37,528	50,785	101	88,414
Interest	3,360	22,135	19	25,514
Total operating expenses	$ 1,831,825	$ 393,208	$ 4,408	$ 2,229,441

Operating expenses of the Health System by functional classification are as follows for the year ended June 30, 2018:

(in thousands of dollars)	2018
Program services	$ 1,715,760
Management and general	303,527
Fundraising	2,354
	$ 2,021,641

15. Liquidity

The Health System is substantially supported by cash generated from operations. In addition, the Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying consolidated balance sheet may not be available for general expenditure within one year of the balance sheet date.

The Health System's financial assets available at June 30, 2019 to meet cash needs for general expenditures within one year of June 30, 2019 are as follows:

(in thousands of dollars)		2019
Cash and cash equivalents	$	143,587
Patient accounts receivable		221,125
Assets limited as to use		876,249
Other investments for restricted activities		134,119
Total financial assets	$	1,375,080
Less: Those unavailable for general expenditure within one year:		
Investments held by captive insurance companies		66,082
Investments for restricted activities		134,119
Other investments with liquidity horizons greater than one year		97,063
Total financial assets available within one year	$	1,077,816

For the years ending June 30, 2019 and June 30, 2018, the Health System generated positive cash flow from operations of approximately $161,853,000 and $136,031,000, respectively. In addition, the Health System's liquidity management plan includes investing excess daily cash in intermediate or long term investments based on anticipated liquidity needs. The Health System has an available line of credit of up to $30,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the line of credit.

16. Subsequent Events

The Health System has assessed the impact of subsequent events through November 26, 2019, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

Effective September 30, 2019, the Boards of Trustees of D-HH, GraniteOne Health, Catholic Medical Center Health Services, and their respective member organizations approved a Combination Agreement to combine their healthcare systems. If regulatory approval of the transaction is obtained, the name of the new system will be Dartmouth-Hitchcock Health GraniteOne.

The GraniteOne Health system is comprised of Catholic Medical Center (CMC), a community hospital located in Manchester NH, Huggins Hospital located in Wolfeboro NH, and Monadnock Community Hospital located in Peterborough NH. Both Huggins Hospital and Monadnock Community Hospital are designated as Critical Access Hospitals. GraniteOne is a non-profit, community based health care system.

On September 13, 2019, the Board of Trustees of D-HH approved the issuance of up to $100,000,000 par of new debt. On October 17, 2019, D-HH closed on the direct placement tax-

exempt borrowing of $99,165,000 on behalf of the DHOG acting through the New Hampshire Health and Education Facilities Authority and issued its DHOG Issue, Series 2019A Bonds.

Consolidating Supplemental Information – Unaudited

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2019

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 42,456	$ 47,465	$ 9,411	$ 7,066	$ 10,462	$ 8,372	$ -	$ 125,232	$ 18,355	$ -	$ 143,587
Patient accounts receivable, net	-	180,938	15,880	7,279	8,960	5,010	-	218,067	3,058	-	221,125
Prepaid expenses and other current assets	14,178	139,034	8,563	2,401	5,567	1,423	(74,083)	97,083	1,421	(3,009)	95,495
Total current assets	56,634	367,437	33,854	16,746	24,989	14,805	(74,083)	440,382	22,834	(3,009)	460,207
Assets limited as to use	92,602	688,485	18,759	12,684	12,427	11,619	-	836,576	39,673	-	876,249
Notes receivable, related party	553,484	752	-	1,406	-	-	(554,236)	1,406	(1,406)	-	-
Other investments for restricted activities	-	91,882	6,970	31	2,973	6,323	-	108,179	25,940	-	134,119
Property, plant, and equipment, net	22	432,277	67,147	30,945	41,946	17,797	-	590,134	31,122	-	621,256
Other assets	24,864	108,208	1,279	15,019	6,042	4,388	(10,970)	148,830	(3,013)	(21,346)	124,471
Total assets	$ 727,606	$ 1,689,041	$ 128,009	$ 76,831	$ 88,377	$ 54,932	$ (639,289)	$ 2,125,507	$ 115,150	$ (24,355)	$ 2,216,302
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	$ -	$ 8,226	$ 830	$ 954	$ 547	$ 262	$ -	$ 10,819	$ 95	$ -	$ 10,914
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	55,499	99,884	15,620	6,299	3,878	2,776	(74,083)	109,873	6,953	(3,009)	113,817
Accrued compensation and related benefits	-	110,639	5,851	3,694	2,313	4,270	-	126,767	1,641	-	128,408
Estimated third-party settlements	-	26,405	103	1,290	10,851	2,921	-	41,570	-	-	41,570
Total current liabilities	55,499	248,622	22,404	12,237	17,589	10,229	(74,083)	292,497	8,689	(3,009)	298,177
Notes payable, related party	-	526,202	-	-	28,034	-	(554,236)	-	-	-	-
Long-term debt, excluding current portion	643,257	44,820	24,503	35,604	643	11,465	(10,970)	749,322	2,858	-	752,180
Insurance deposits and related liabilities	-	56,786	440	513	388	240	-	58,367	40	-	58,407
Liability for pension and other postretirement plan benefits, excluding current portion	-	266,427	10,262	-	-	4,320	-	281,009	-	-	281,009
Other liabilities	-	98,201	1,104	28	1,585	-	-	100,918	23,218	-	124,136
Total liabilities	698,756	1,241,058	58,713	48,382	48,239	26,254	(639,289)	1,482,113	34,805	(3,009)	1,513,909
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	28,832	356,880	63,051	27,653	35,518	21,242	-	533,176	48,063	(21,306)	559,933
Net assets with donor restrictions	18	91,103	6,245	796	4,620	7,436	-	110,218	32,282	(40)	142,460
Total net assets	28,850	447,983	69,296	28,449	40,138	28,678	-	643,394	80,345	(21,346)	702,393
Total liabilities and net assets	$ 727,606	$ 1,689,041	$ 128,009	$ 76,831	$ 88,377	$ 54,932	$ (639,289)	$ 2,125,507	$ 115,150	$ (24,355)	$ 2,216,302

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2019

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 42,456	$ 48,052	$ 11,952	$ 11,120	$ 8,549	$ 15,772	$ 5,686	$ -	$ 143,587
Patient accounts receivable, net	-	180,938	15,880	8,960	5,060	7,280	3,007	-	221,125
Prepaid expenses and other current assets	14,178	139,832	9,460	5,567	1,401	1,678	471	(77,092)	95,495
Total current assets	56,634	368,822	37,292	25,647	15,010	24,730	9,164	(77,092)	460,207
Assets limited as to use	92,602	707,597	17,383	12,427	12,738	12,685	20,817	-	876,249
Notes receivable, related party	553,484	752	-	-	-	-	-	(554,236)	-
Other investments for restricted activities	-	99,807	24,985	2,973	6,323	31	-	-	134,119
Property, plant, and equipment, net	22	434,953	70,846	42,423	19,435	50,338	3,239	-	621,256
Other assets	24,864	108,366	7,388	5,476	1,931	8,688	74	(32,316)	124,471
Total assets	$ 727,606	$ 1,720,297	$ 157,894	$ 88,946	$ 55,437	$ 96,472	$ 33,294	$ (663,644)	$ 2,216,302
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ -	$ 8,226	$ 830	$ 547	$ 288	$ 954	$ 69	$ -	$ 10,914
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	55,499	100,441	19,356	3,879	2,856	6,704	2,174	(77,092)	113,817
Accrued compensation and related benefits	-	110,639	5,851	2,313	4,314	4,192	1,099	-	128,408
Estimated third-party settlements	-	26,405	103	10,851	2,921	1,290	-	-	41,570
Total current liabilities	55,499	249,179	26,140	17,590	10,379	13,140	3,342	(77,092)	298,177
Notes payable, related party	-	526,202	-	28,034	-	-	-	(554,236)	-
Long-term debt, excluding current portion	643,257	44,820	24,503	643	11,763	35,604	2,560	(10,970)	752,180
Insurance deposits and related liabilities	-	56,786	440	388	240	513	40	-	58,407
Liability for pension and other postretirement plan benefits, excluding current portion	-	266,427	10,262	-	4,320	-	-	-	281,009
Other liabilities	-	98,201	1,115	1,585	-	23,235	-	-	124,136
Total liabilities	698,756	1,241,615	62,460	48,240	26,702	72,492	5,942	(642,298)	1,513,909
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	28,832	379,498	65,873	36,087	21,300	22,327	27,322	(21,306)	559,933
Net assets with donor restrictions	18	99,184	29,561	4,619	7,435	1,653	30	(40)	142,460
Total net assets	28,850	478,682	95,434	40,706	28,735	23,980	27,352	(21,346)	702,393
Total liabilities and net assets	$ 727,606	$ 1,720,297	$ 157,894	$ 88,946	$ 55,437	$ 96,472	$ 33,294	$ (663,644)	$ 2,216,302

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2018

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets										
Current assets										
Cash and cash equivalents	$ 134,634	$ 22,544	$ 6,688	$ 9,419	$ 6,604	$ -	$ 179,889	$ 20,280	$ -	$ 200,169
Patient accounts receivable, net	-	176,981	17,183	8,302	5,055	-	207,521	11,707	-	219,228
Prepaid expenses and other current assets	11,964	143,893	6,551	5,253	2,313	(72,361)	97,613	4,766	(4,877)	97,502
Total current assets	146,598	343,418	30,422	22,974	13,972	(72,361)	485,023	36,753	(4,877)	516,899
Assets limited as to use	8	616,929	17,438	12,821	10,829	-	658,025	48,099	-	706,124
Notes receivable, related party	554,771	-	-	-	-	(554,771)	-	-	-	-
Other investments for restricted activities	-	87,613	8,591	2,981	6,238	-	105,423	25,473	-	130,896
Property, plant, and equipment, net	36	443,154	66,759	42,438	17,356	-	569,743	37,578	-	607,321
Other assets	24,863	101,078	1,370	5,906	4,280	(10,970)	126,527	3,604	(21,346)	108,785
Total assets	$ 726,276	$ 1,592,192	$ 124,580	$ 87,120	$ 52,675	$ (638,102)	$ 1,944,741	$ 151,507	$ (26,223)	$ 2,070,025
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	$ -	$ 1,031	$ 810	$ 572	$ 187	$ -	$ 2,600	$ 864	$ -	$ 3,464
Current portion of liability for pension and other postretirement plan benefits	-	3,311	-	-	-	-	3,311	-	-	3,311
Accounts payable and accrued expenses	54,995	82,061	20,107	6,705	3,029	(72,361)	94,536	6,094	(4,877)	95,753
Accrued compensation and related benefits	-	106,485	5,730	2,487	3,796	-	118,498	7,078	-	125,576
Estimated third-party settlements	3,002	24,411	-	9,655	1,625	-	38,693	2,448	-	41,141
Total current liabilities	57,997	217,299	26,647	19,419	8,637	(72,361)	257,638	16,484	(4,877)	269,245
Notes payable, related party	-	527,346	-	27,425	-	(554,771)	-	-	-	-
Long-term debt, excluding current portion	644,520	52,878	25,354	1,179	11,270	(10,970)	724,231	28,744	-	752,975
Insurance deposits and related liabilities	-	54,616	465	155	240	-	55,476	40	-	55,516
Liability for pension and other postretirement plan benefits, excluding current portion	-	232,696	4,215	-	5,316	-	242,227	-	-	242,227
Other liabilities	-	85,577	1,107	1,405	-	-	88,089	38	-	88,127
Total liabilities	702,517	1,170,412	57,788	49,583	25,463	(638,102)	1,367,661	45,306	(4,877)	1,408,090
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	23,759	334,882	61,828	32,897	19,812	-	473,178	72,230	(21,306)	524,102
Net assets with donor restrictions	-	86,898	4,964	4,640	7,400	-	103,902	33,971	(40)	137,833
Total net assets	23,759	421,780	66,792	37,537	27,212	-	577,080	106,201	(21,346)	661,935
Total liabilities and net assets	$ 726,276	$ 1,592,192	$ 124,580	$ 87,120	$ 52,675	$ (638,102)	$ 1,944,741	$ 151,507	$ (26,223)	$ 2,070,025

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2018

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 134,634	$ 23,094	$ 8,621	$ 9,982	$ 6,654	$ 12,144	$ 5,040	$ -	$ 200,169
Patient accounts receivable, net	-	176,981	17,183	8,302	5,109	7,996	3,657	-	219,228
Prepaid expenses and other current assets	11,964	144,755	5,520	5,276	2,294	4,443	488	(77,238)	97,502
Total current assets	146,598	344,830	31,324	23,560	14,057	24,583	9,185	(77,238)	516,899
Assets limited as to use	8	635,028	17,438	12,821	11,862	9,612	19,355	-	706,124
Notes receivable, related party	554,771	-	-	-	-	-	-	(554,771)	-
Other investments for restricted activities	-	95,772	25,873	2,981	6,238	32	-	-	130,896
Property, plant, and equipment, net	36	445,829	70,607	42,920	19,065	25,725	3,139	-	607,321
Other assets	24,863	101,235	7,526	5,333	1,886	130	128	(32,316)	108,785
Total assets	$ 726,276	$ 1,622,694	$ 152,768	$ 87,615	$ 53,108	$ 60,082	$ 31,807	$ (664,325)	$ 2,070,025
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ -	$ 1,031	$ 810	$ 572	$ 245	$ 739	$ 67	$ -	$ 3,464
Current portion of liability for pension and other postretirement plan benefits	-	3,311	-	-	-	-	-	-	3,311
Accounts payable and accrued expenses	54,995	82,613	20,052	6,714	3,092	3,596	1,929	(77,238)	95,753
Accrued compensation and related benefits	-	106,485	5,730	2,487	3,831	5,814	1,229	-	125,576
Estimated third-party settlements	3,002	24,411	-	9,655	1,625	2,448	-	-	41,141
Total current liabilities	57,997	217,851	26,592	19,428	8,793	12,597	3,225	(77,238)	269,245
Notes payable, related party	-	527,346	-	27,425	-	-	-	(554,771)	-
Long-term debt, excluding current portion	644,520	52,878	25,354	1,179	11,593	25,792	2,629	(10,970)	752,975
Insurance deposits and related liabilities	-	54,616	465	155	241	-	39	-	55,516
Liability for pension and other postretirement plan benefits, excluding current portion	-	232,696	4,215	-	5,316	-	-	-	242,227
Other liabilities	-	85,577	1,117	1,405	-	28	-	-	88,127
Total liabilities	702,517	1,170,964	57,743	49,592	25,943	38,417	5,893	(642,979)	1,408,090
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	23,759	356,518	65,069	33,383	19,764	21,031	25,884	(21,306)	524,102
Net assets with donor restrictions	-	95,212	29,956	4,640	7,401	634	30	(40)	137,833
Total net assets	23,759	451,730	95,025	38,023	27,165	21,665	25,914	(21,346)	661,935
Total liabilities and net assets	$ 726,276	$ 1,622,694	$ 152,768	$ 87,615	$ 53,108	$ 60,082	$ 31,807	$ (664,325)	$ 2,070,025

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2019

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	$ -	$ 1,580,552	$ 220,255	$ 69,794	$ 60,166	$ 46,029	$ -	$ 1,976,796	$ 22,527	$ -	$ 1,999,323
Contracted revenue	5,011	109,051	355	-	-	5,902	(46,100)	74,219	790	8	75,017
Other operating revenue	21,128	186,852	3,407	1,748	4,261	2,289	(22,076)	197,609	13,386	(297)	210,698
Net assets released from restrictions	369	11,556	732	137	177	24	-	12,995	1,110	-	14,105
Total operating revenue and other support	26,508	1,888,011	224,749	71,679	64,604	54,244	(68,176)	2,261,619	37,813	(289)	2,299,143
Operating expenses											
Salaries	-	868,311	107,671	37,297	30,549	26,514	(24,682)	1,045,660	15,785	1,106	1,062,551
Employee benefits	-	208,348	24,225	6,454	5,434	6,966	(3,763)	247,662	3,642	287	251,591
Medical supplies and medications	-	354,201	34,331	8,634	6,298	3,032	-	406,496	1,379	-	407,875
Purchased services and other	11,366	242,106	35,088	15,308	13,528	13,950	(21,176)	310,170	14,887	(1,622)	323,435
Medicaid enhancement tax	-	54,954	8,005	3,062	2,264	1,776	-	70,061	-	-	70,061
Depreciation and amortization	14	69,343	7,977	2,305	3,915	2,360	-	85,914	2,500	-	88,414
Interest	20,677	21,585	1,053	1,169	1,119	228	(20,850)	24,981	533	-	25,514
Total operating expenses	32,057	1,818,848	218,350	74,229	63,107	54,826	(70,471)	2,190,944	38,726	(229)	2,229,441
Operating (loss) margin	(5,549)	69,165	6,399	(2,550)	1,497	(582)	2,295	70,675	(913)	(60)	69,702
Non-operating gains (losses)											
Investment income (losses), net	3,929	32,193	227	469	834	623	(198)	38,077	1,975	-	40,052
Other (losses) income, net	(3,784)	1,586	(187)	30	(240)	279	(2,097)	(4,413)	791	60	(3,562)
Loss on early extinguishment of debt	-	-	-	(87)	-	-	-	(87)	-	-	(87)
Loss on swap termination	-	-	-	-	-	-	-	-	-	-	-
Total non-operating gains (losses), net	145	33,779	40	412	594	902	(2,295)	33,577	2,766	60	36,403
(Deficiency) excess of revenue over expenses	(5,404)	102,944	6,439	(2,138)	2,091	320	-	104,252	1,853	-	106,105
Net assets without donor restrictions											
Net assets released from restrictions	-	419	565	-	402	318	-	1,704	65	-	1,769
Change in funded status of pension and other postretirement benefits	-	(65,005)	(7,720)	-	-	682	-	(72,043)	-	-	(72,043)
Net assets transferred to (from) affiliates	10,477	(16,360)	1,939	8,760	128	110	-	5,054	(5,054)	-	-
Additional paid in capital	-	-	-	-	-	-	-	-	-	-	-
Other changes in net assets	-	-	-	-	-	-	-	-	-	-	-
Change in fair value on interest rate swaps	-	-	-	-	-	-	-	-	-	-	-
Change in funded status of interest rate swaps	-	-	-	-	-	-	-	-	-	-	-
Increase in net assets without donor restrictions	$ 5,073	$ 21,998	$ 1,223	$ 6,622	$ 2,621	$ 1,430	$ -	$ 38,967	$ (3,136)	$ -	$ 35,831

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2019

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	$ -	$ 1,580,552	$ 220,254	$ 60,166	$ 46,029	$ 69,794	$ 22,528	$ -	$ 1,999,323
Contracted revenue	5,010	109,842	355	-	5,902	-	-	(46,092)	75,017
Other operating revenue	21,128	188,775	3,549	4,260	3,868	10,951	540	(22,373)	210,698
Net assets released from restrictions	371	12,637	732	177	26	162	-	-	14,105
Total operating revenue and other support	26,509	1,891,806	224,890	64,603	55,825	80,907	23,068	(68,465)	2,299,143
Operating expenses									
Salaries	-	868,311	107,706	30,549	27,319	40,731	11,511	(23,576)	1,062,551
Employee benefits	-	208,346	24,235	5,434	7,133	7,218	2,701	(3,476)	251,591
Medical supplies and medications	-	354,201	34,331	6,298	3,035	8,639	1,371	-	407,875
Purchased services and other	11,366	246,101	35,396	13,390	14,371	18,172	7,437	(22,798)	323,435
Medicaid enhancement tax	-	54,954	8,005	2,264	1,776	3,062	-	-	70,061
Depreciation and amortization	14	69,343	8,125	3,920	2,478	4,194	340	-	88,414
Interest	20,678	21,585	1,054	1,119	228	1,637	63	(20,850)	25,514
Total operating expenses	32,058	1,822,841	218,852	62,974	56,340	83,653	23,423	(70,700)	2,229,441
Operating (loss) margin	(5,549)	68,965	6,038	1,629	(515)	(2,746)	(355)	2,235	69,702
Non-operating gains (losses)									
Investment income (losses), net	3,929	33,310	129	785	645	469	983	(198)	40,052
Other (losses) income, net	(3,784)	1,586	(171)	(240)	288	31	765	(2,037)	(3,562)
Loss on early extinguishment of debt	-	-	-	-	-	(87)	-	-	(87)
Loss on swap termination	-	-	-	-	-	-	-	-	-
Total non-operating gains (losses), net	145	34,896	(42)	545	933	413	1,748	(2,235)	36,403
(Deficiency) excess of revenue over expenses	(5,404)	103,861	5,996	2,174	418	(2,333)	1,393	-	106,105
Net assets without donor restrictions									
Net assets released from restrictions	-	484	565	402	318	-	-	-	1,769
Change in funded status of pension and other postretirement benefits	-	(65,005)	(7,720)	-	682	-	-	-	(72,043)
Net assets transferred to (from) affiliates	10,477	(16,360)	1,963	128	118	3,629	45	-	-
Additional paid in capital	-	-	-	-	-	-	-	-	-
Other changes in net assets	-	-	-	-	-	-	-	-	-
Change in fair value on interest rate swaps	-	-	-	-	-	-	-	-	-
Change in funded status of interest rate swaps	-	-	-	-	-	-	-	-	-
Increase in net assets without donor restrictions	$ 5,073	$ 22,980	$ 804	$ 2,704	$ 1,536	$ 1,296	$ 1,438	$ -	$ 35,831

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2018

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support										
Patient service revenue	$ -	$ 1,475,314	$ 216,736	$ 60,486	$ 52,014	$ -	$ 1,804,550	$ 94,545	$ -	$ 1,899,095
Provision for bad debts	-	31,358	10,967	1,554	1,440	-	45,319	2,048	-	47,367
Net patient service revenue	-	1,443,956	205,769	58,932	50,574	-	1,759,231	92,497	-	1,851,728
Contracted revenue	(2,305)	97,291	-	-	2,169	(42,870)	54,285	716	(32)	54,969
Other operating revenue	9,799	134,461	3,365	4,169	1,814	(10,554)	143,054	6,978	(1,086)	148,946
Net assets released from restrictions	658	11,605	620	52	44	-	12,979	482	-	13,461
Total operating revenue and other support	8,152	1,687,313	209,754	63,153	54,601	(53,424)	1,969,549	100,673	(1,118)	2,069,104
Operating expenses										
Salaries	-	806,344	105,607	30,360	24,854	(21,542)	945,623	42,035	1,605	989,263
Employee benefits	-	181,833	28,343	7,252	7,000	(5,385)	219,043	10,221	419	229,683
Medical supplies and medications	-	289,327	31,293	6,161	3,055	-	329,836	10,195	-	340,031
Purchased services and other	8,509	215,073	33,065	13,587	13,960	(19,394)	264,800	29,390	(2,818)	291,372
Medicaid enhancement tax	-	53,044	8,070	2,659	1,744	-	65,517	2,175	-	67,692
Depreciation and amortization	23	66,073	10,217	3,934	2,030	-	82,277	2,501	-	84,778
Interest	8,684	15,772	1,004	981	224	(8,882)	17,783	1,039	-	18,822
Total operating expenses	17,216	1,627,466	217,599	64,934	52,867	(55,203)	1,924,879	97,556	(794)	2,021,641
Operating margin (loss)	(9,064)	59,847	(7,845)	(1,781)	1,734	1,779	44,670	3,117	(324)	47,463
Non-operating gains (losses)										
Investment income (losses), net	(26)	33,628	1,408	1,151	858	(198)	36,821	3,566	-	40,387
Other (losses) income, net	(1,364)	(2,599)	-	1,276	266	(1,581)	(4,002)	733	361	(2,908)
Loss on early extinguishment of debt	-	(13,909)	-	(305)	-	-	(14,214)	-	-	(14,214)
Loss on swap termination	-	(14,247)	-	-	-	-	(14,247)	-	-	(14,247)
Total non-operating gains (losses), net	(1,390)	2,873	1,408	2,122	1,124	(1,779)	4,358	4,299	361	9,018
(Deficiency) excess of revenue over expenses	(10,454)	62,720	(6,437)	341	2,858	-	49,028	7,416	37	56,481
Net assets without donor restrictions										
Net assets released from restrictions	-	16,038	-	4	252	-	16,294	19	-	16,313
Change in funded status of pension and other postretirement benefits	-	4,300	2,827	-	1,127	-	8,254	-	-	8,254
Net assets transferred to (from) affiliates	17,791	(25,355)	7,188	48	328	-	-	-	-	-
Additional paid in capital	-	-	-	-	-	-	-	58	(58)	-
Other changes in net assets	-	-	-	-	-	-	-	(185)	-	(185)
Change in fair value on interest rate swaps	-	4,190	-	-	-	-	4,190	-	-	4,190
Change in funded status of interest rate swaps	-	14,102	-	-	-	-	14,102	-	-	14,102
Increase in net assets without donor restrictions	$ 7,337	$ 75,995	$ 3,578	$ 393	$ 4,565	$ -	$ 91,868	$ 7,308	$ (21)	$ 99,155

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2018

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	$ -	$ 1,475,314	$ 216,736	$ 60,485	$ 52,014	$ 71,458	$ 23,087	$ -	$ 1,899,095
Provision for bad debts	-	31,358	10,967	1,554	1,440	1,680	368	-	47,367
Net patient service revenue	-	1,443,956	205,769	58,932	50,574	69,778	22,719	-	1,851,728
Contracted revenue	(2,305)	98,007	-	-	2,169	-	-	(42,902)	54,969
Other operating revenue	9,799	137,242	4,061	4,166	3,168	1,697	453	(11,640)	148,946
Net assets released from restrictions	658	11,984	620	52	44	103	-	-	13,461
Total operating revenue and other support	8,152	1,691,189	210,450	63,150	55,955	71,578	23,172	(54,542)	2,069,104
Operating expenses									
Salaries	-	806,344	105,607	30,360	25,592	29,215	12,082	(19,937)	989,263
Employee benefits	-	181,833	28,343	7,252	7,162	7,406	2,653	(4,966)	229,683
Medical supplies and medications	-	289,327	31,293	6,161	3,057	8,484	1,709	-	340,031
Purchased services and other	8,512	218,690	33,431	13,432	14,354	19,220	5,945	(22,212)	291,372
Medicaid enhancement tax	-	53,044	8,070	2,659	1,743	2,176	-	-	67,692
Depreciation and amortization	23	66,073	10,357	3,939	2,145	1,831	410	-	84,778
Interest	8,684	15,772	1,004	981	223	975	65	(8,882)	18,822
Total operating expenses	17,219	1,631,083	218,105	64,784	54,276	69,307	22,864	(55,997)	2,021,641
Operating (loss) margin	(9,067)	60,106	(7,655)	(1,634)	1,679	2,271	308	1,455	47,463
Non-operating gains (losses)									
Investment income (losses), net	(26)	35,177	1,954	1,097	787	203	1,393	(198)	40,387
Other (losses) income, net	(1,364)	(2,599)	(3)	1,276	273	(223)	952	(1,220)	(2,908)
Loss on early extinguishment of debt	-	(13,909)	-	(305)	-	-	-	-	(14,214)
Loss on swap termination	-	(14,247)	-	-	-	-	-	-	(14,247)
Total non-operating gains (losses), net	(1,390)	4,422	1,951	2,068	1,060	(20)	2,345	(1,418)	9,018
(Deficiency) excess of revenue over expenses	(10,457)	64,528	(5,704)	434	2,739	2,251	2,653	37	56,481
Net assets without donor restrictions									
Net assets released from restrictions	-	16,058	-	4	251	-	-	-	16,313
Change in funded status of pension and other postretirement benefits	-	4,300	2,827	-	1,127	-	-	-	8,254
Net assets transferred to (from) affiliates	17,791	(25,355)	7,188	48	328	-	-	-	-
Additional paid in capital	58	-	-	-	-	-	-	(58)	-
Other changes in net assets	-	-	-	-	-	(185)	-	-	(185)
Change in fair value on interest rate swaps	-	4,190	-	-	-	-	-	-	4,190
Change in funded status of interest rate swaps	-	14,102	-	-	-	-	-	-	14,102
Increase (decrease) in net assets without donor restrictions	$ 7,392	$ 77,823	$ 4,311	$ 486	$ 4,445	$ 2,066	$ 2,653	$ (21)	$ 99,155

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Supplemental Consolidating Information
June 30, 2019 and 2018

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheet and the consolidating statement of operations and changes in net assets without donor restrictions of D-HH and its subsidiaries. All intercompany accounts and transactions between D-HH and its subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

DARTMOUTH-HITCHCOCK (D-H)
BOARDS OF TRUSTEES AND OFFICERS

Effective: June 20, 2020

Mark W. Begor, MBA MHMH/DHC Trustee *Chief Executive Officer, Equifax*	**Jennifer L. Moyer, MBA** MHMH/DHC Trustee *Managing Director & CAO, White Mountains Insurance Group, Ltd*
Jocelyn D. Chertoff, MD, MS, FACR MHMH/DHC (Clinical Chair/Center Director) Trustee *Chair, Dept. of Radiology*	**Robert A. Oden, Jr., PhD** MHMH/DHC/D-HH Trustee *Retired President, Carleton College*
Duane A. Compton, PhD MHMH/DHC/D-HH Trustee *Ex-Officio: Dean, Geisel School of Medicine at Dartmouth*	**David P. Paul, MBA** MHMH/DHC Trustee *President & COO, JBG SMITH*
William J. Conaty MHMH/DHC/D-HH Trustee *President, Conaty Consulting, LLC*	**Charles G. Plimpton, MBA** MHMH/DHC/D-HH Boards' Treasurer & Secretary *Retired Investment Banker*
Joanne M. Conroy, MD MHMH/DHC/D-HH Trustee *Ex-Officio: CEO & President, D-H/D-HH*	**Thomas Raffio, MBA, FLMI** MHMH/DHC Trustee *President & CEO, Northeast Delta Dental*
Paul P. Danos, PhD MHMH/DHC/D-HH Trustee *Dean Emeritus; Laurence F. Whittemore Professor of Business Administration, Tuck School of Business at Dartmouth*	**Kurt K. Rhynhart, MD, FACS** MHMH/DHC (D-H Lebanon Physician Trustee Representative) Trustee *DHMC Trauma Medical Director and Divisional Chief of Trauma and Acute Care Surgery*
Elof Eriksson, MD, PhD MHMH/DHC Trustee *Professor Emeritus, Harvard Medical School and Chief Medical Officer, Applied Tissues Technologies, LLC*	**Edward Howe Stansfield, III, MA** MHMH/DHC/D-HH Boards' Chair *Senior VP, Resident Director for the Hanover, NH Bank of America/Merrill Lynch Office*
Roberta L. Hines, MD MHMH/DHC Trustee *Nicholas M. Greene Professor and Chair, Dept. of Anesthesiology, Yale School of Medicine*	**Pamela Austin Thompson, MS, RN, CENP, FAAN** MHMH/DHC/D-HH Trustee *Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)*
Cherie A. Holmes, MD, MSc MHMH/DHC/(Community Group Practice) Trustee *Medical Director, Acute Care Services, D-H Keene/Cheshire Medical Center*	**Jon W. Wahrenberger, MD, FAHA, FACC** MHMH/DHC (Lebanon Physician) Trustee *Clinical Cardiologist, Cardiovascular Medicine*
Jonathan T. Huntington, MD, PhD, MPH MHMH/DHC (Lebanon Physician) Trustee *Acting Chief Medical Officer, DHMC*	**Marc B. Wolpow, JD, MBA** MHMH/DHC/D-HH Trustee *Co-Chief Executive Officer of Audax Group*
Laura K. Landy, MBA MHMH/DHC/D-HH Trustee *President and CEO of the Fannie E. Rippel Foundation*	

ANNA MCKAY

A hardworking and experienced pediatric registered nurse seeking a position as a Pediatric Nurse Practitioner in a patient and family centered care environment with opportunity for continual professional growth.

EXPERIENCE

AUGUST 2013 – CURRENT

PEDIATRIC INTENSIVE CARE UNIT PROFESSIONAL STAFF NURSE RN BSN, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, PA

Highly skilled and detail oriented professional with experience working in a Level 1 trauma 36-bed PICU providing exceptional care for critically ill infants, children, and adolescents. Experience with ECMO, CRRT, Level 1 traumas, transplants, chronic illness, acute illness, mechanical ventilation, etc. Cooperated and communicated effectively with physicians to ensure client satisfaction and compliance with set standards. Continually improved knowledge, skills and performance based on feedback and self-identified professional developmental needs.

MAY 2018 – SEPTEMBER 2018

PEDIATRIC INTENSIVE CARE UNIT TRAVEL RN, AMERICAN MOBILE, CA

Seattle Children's Hospital – Seattle, WA
Pediatric Intensive Care Unit with floating to Cardiac Intensive Care Unit and Neonatal Intensive Care Unit.

JANUARY 2018 – APRIL 2018

PEDIATRIC INTENSIVE CARE UNIT TRAVEL RN, AYA HEALTHCARE, CA

Primary Children's Hospital – Salt Lake City, UT
Level 1 Pediatric Intensive Care Unit with floating to Cardiac Intensive Care Unit.

AUGUST 2012 – AUGUST 2013

PICU PATIENT CARE TECHNICIAN, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, PA

Interacted effectively with patients, families, staff and other hospital department staff to deliver a high level of customer service and teamwork. Assisted patients with activities of daily living under guidance of the registered nurse.

MAY 2012 – AUGUST 2012

PICU STUDENT NURSE INTERN, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, PA

Expanded nursing skills in pediatric intensive care. Skills include mechanical ventilator care, tracheostomy care, ECMO, ICP monitoring, central line insertion assistance, NG tubes, TPN, blood product transfusions, hemodynamic monitoring. Managed patient care, including checking vital signs.

NOVEMBER 2010 – MAY 2012

PATIENT SUPPORT ASSISTANT, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH, PA

Supports others in improving the health and wellbeing of all children through excellence in patient care, teaching, and research. Provides basic personal hygiene and assistance in activities of daily living.

EDUCATION

JUNE 2019 – EXPECTED GRADUATION DATE

MASTERS OF SCIENCE IN PEDIATRIC PRIMARY CARE NURSE PRACTITIONER, DREXEL UNIVERSITY – PHILADELPHIA, PA

MAY 2013

BACHELOR OF SCIENCE IN NURSING, DUQUESNE UNIVERSITY – PITTSBURGH, PA

JUNE 2008

HIGH SCHOOL DIPLOMA, SOMERSET AREA HIGH SCHOOL – SOMERSET, PA

STUDENT PNP CLINICAL EXPERIENCES

JANUARY 2019 – JUNE 2019

PEDIATRIC ALLIANCE, ARCADIA DIVISION

WEXFORD, PA

APRIL 2019

ADOLESCENT MEDICINE AT UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

PITTSBURGH, PA

JANUARY 2019

OTOLARYNGOLOGY (ENT) AT UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

PITTSBURGH, PA

SEPTEMBER 2018 – DECEMBER 2018

UPMC CHILDREN'S COMMUNITY PEDIATRICS, PITTSBURGH PEDIATRICS

PITTSBURGH, PA

SEPTEMBER 2017 – DECEMBER 2017

PEDIATRIC ASSOCIATES OF WESTMORELAND
GREENSBURGH AND IRWIN, PA

JUNE 2017 – AUGUST 2017
CHAN SOON-SHIONG MEDICAL CENTER, PEDIATRIC SPECIALIST DR. BOROUMAND
WINDBER, PA

SKILLS

- Patient-family centered care
- Strong verbal communication
- Sound judgment
- Critical thinking
- Team leadership
- Lab interpretation

CERTIFICATIONS

- RN License: State of Pennsylvania – License #RN652270
- CCRN (Pediatric): AACN, January 2017
- Pediatric Advanced Life Support: American Heart Association, August 2018
- CPR/BLS: American Heart Association

AFFILIATIONS

- National Association of Pediatric Nurse Associates and Practitioners – student member: 2017-2018
- American Association of Critical Care Nurses – member: 2017-current
- UPMC Children's Hospital of Pittsburgh PICU nursing preceptor
- UPMC Children's Hospital of Pittsburgh Beads of Courage Ambassador: Spring 2016
- PICU Patient-Family Centered Care board at UPMC Children's Hospital of Pittsburgh: 2014-current
- National Student Nurses' Association – member: Fall 2009-Spring 2013
- Student Nurses' Association of Pennsylvania – House of Delegates: Fall 2010 and Fall 2011
- Duquesne University Student Nurses' Association – Publicity Chair: May 2011-May 2013
- Alpha Tau Delta Professional Nursing Fraternity – Vice President: January 2011-May 2013

References available upon request.

CORNELIA HANDY GONSALVES

Pediatric Nurse Practitioner

EDUCATION

1981 - 1983 ***Yale University School of Nursing***

New Haven, Connecticut
Pediatric Nurse Practitioner Program
Master of Science in Nursing, May, 1983

1975 - 1979 ***Boston College School of Nursing***

Chestnut Hill, Massachusetts
Baccalaureate of Science in Nursing
Summa cum Laude, May, 1979

QUALIFICATIONS

P.N.P. Certification Pediatric Nursing Certification Board
October, 1984: Certificate Maintenance Program. Expiration: February 28, 2017

R.N. /A.R.N.P. Licensure Florida, #ARNP 9329321, Expiration 4/30/17

R. N. Licensure Ohio, # 337262, Expiration 8/31/17
A.P.N. Licensure Ohio, COA-09740, Expiration 8/31/17

CPR Healthcare Provider Certification American Heart Association, Expiration: April 2017

PALS Provider Certification American Heart Association, Expiration: April 2017

ACLS Provider Certification American Heart Association, Expiration: April 2017

NURSE PRACTITIONER EXPERIENCE

March 4, 2013-Present

Florida Epilepsy Center/Florida Hospital for Children, Neurology, 615 E. 615 E. Princeton St., Suite #540, Orlando, FL.
Responsibilities:

- Participating on an interdisciplinary, epilepsy team caring for children and adolescents with new onset, psychogenic or intractable epilepsy through inpatient and outpatient care through Florida hospital for Children
- Coordinating and providing medical management, triage of acute seizure episodes, family education from the initial clinic evaluation or hospitalization through ongoing clinic and hospital admissions
- Ordering tests/procedures, following results and coordinating care for children and adolescents under care
- Mentoring pediatric medical residents at Florida Hospital as well as supporting/advising nursing staff inpatient and outpatient
- Collaborating on clinical research, program protocol development and publication efforts

November 2008-February 22, 2013

Cincinnati Children's Hospital Medical Center, Neurology 3333 Burnet Ave Avenue, Cincinnati, OH.
Responsibilities:

- Participating on an interdisciplinary, epilepsy surgery team caring for children and their families through in-patient, operative and post-operative admission and out-patient clinic visits
- Coordinating and providing medical management, triage of acute seizure episodes from the initial clinic evaluation visit through postoperative care
- Developing a vagal nerve stimulator pre and post-operative program for children with intractable epilepsy
- Assisting families and collaborating with psychological, social work and child life colleagues in dealing with behavioral and co-morbid conditions associated with epilepsy
- Developing and executing an interdisciplinary process towards assuring child and staff safety for in-house patients or clinic patients with behavioral or mental health issues.
- Ordering tests/procedures, following results and coordinating care for patients
- Working with an interdisciplinary team to develop an excellent epilepsy surgery program by:
  - creating educational materials to assist families through the complex epilepsy surgery process
  - acting as a change agent with neurology and neurosurgery teams, advocating for issues important to children and families in the EMU, PICU, inpatient floors, and clinic.
  - coordinating and participating in quality improvement projects for epilepsy surgery and the Comprehensive Epilepsy Program

September, 2007-
October, 2008

Cincinnati Children's Hospital Medical Center, Rehabilitation- 3333 *Burnet* Avenue, Cincinnati, OH.

Responsibilities:

- Offering acute and chronic health care to children in outpatient rehabilitation clinic
- Providing inpatient consultations for children with brain injury, brain tumors and cerebral palsy
- Participating in inpatient rehabilitation and trauma rounds
- Coordinating the Flu Collaborative Initiative for Physical Medication and Rehab 2008

February, 1994 -
August, 2007

Geneva Family Practice- 302 Randall Road, Suite #202 Geneva, IL.

Responsibilities:

- Providing well-child and acute care to children, aged two weeks to young adulthood in a dynamic group practice.
- Admitting, rounding on and discharging newborn and pediatric patients of Geneva Family Practice, through Delnor Community Hospital privileges obtained Spring, 1994
- Lecturing on infant and adolescent issues for Delnor Community Hospital, community education program

June, 1993 -
1st January, 1994

Loyola University Medical Center, Bone Marrow Transplant Unit- 2160 South Avenue, Maywood, IL.

Responsibilities:

- Managing adolescent and adult cancer patients admitted for allogeneic or autologous bone marrow transplants.
- Surgically assisting with bone marrow harvesting and transplant procedures in the operating room
- Working with an interdisciplinary team to meet the individual and family needs of patients on the bone marrow transplant unit

June, 1992-
February, 1993

Yale-New Haven Hospital/Pediatric HIV Care Program, Yale-New Haven Hospital, 20 York Street, New Haven, CT.

Responsibilities:

- Providing specialized, primary health care to children, aged birth to 13 years with HIV exposure and disease
- Acting as a study coordinator for the National Institute of Health HIV clinical research studies
- Lecturing and precepting graduate nursing students on the care of patients/families with HIV disease

January, 1988 - June, 1992

Hartford Hospital, Pediatric Primary Care Center **-80 Seymour Street** Hartford, CT.
Responsibilities:

- Offering well-child and acute care to inner city children, aged two weeks to 16 years, in the newborn nurseries and outpatient clinic
- Precepting graduate nursing students from Yale University and Boston College
- Acting as nurse consultant for Hartford Hospital Infant, Toddler and Preschool Programs

June, 1987 - November, 1987

Visiting Nurse Association, Naugatuck Valley - Shelton and New Haven, CT.
Responsibilities:

- Providing well-child care at clinics for children aged two months to 5 years

January, 1984 - June, 1988

Dr. Martin Sklaire- P.O. Box 589, Madison, CT.
Responsibilities:

- Providing primary health care to preteen and adolescents in a private pediatric practice, four hours per week
- Collaborating on mutual interests in school health and sports medicine

August, 1984 - June, 1985

Hamden High School – 2040 Dixwell Avenue, Hamden, CT.
Responsibilities:

- Expanding the 1983/1984, part-time nurse practitioner/trainer role to a full-time position in sports medicine
- Collaborating with school nurses, administrators and teachers on issues of adolescent health

August, 1983 - July, 1984

Hamden High School – 2040 Dixwell Avenue, Hamden, CT.
Responsibilities:

- Developing a 22.5 hour per week nurse practitioner/trainer position for athletic candidates and athletes at the secondary school level
- Formulating procedures and policies toward a comprehensive sports medicine program
- Implementing a sports medicine program including presport medical preparation, treatment of injuries, basic rehabilitation and referral to specialists

July, 1983 - June, 1986

Toddler Coop - New Haven, CT.
Responsibilities:

- Voluntary consulting for a local daycare center housing children aged one to three years

RESEARCH EXPERIENCE

November 2008-
February 2013

Epilepsy Surgery Program, Neurology Division, Cincinnati Children's Hospital, Cincinnati, OH.
Responsibilities:

- Participating in data collection for pediatric epilepsy patients with sleep disorders
- Collecting data from the epilepsy surgery data base for use in academic presentations and studies

November, 1990 -
June, 1991

Department of Rehabilitation Medicine at New England Medical Center and Tufts University School of Medicine -Boston, MA.
Responsibilities:

- Collecting normative data for standardization of the Pediatric Evaluation of Disability Inventory; a grant supported in part by the U.S. Department of Education, grant # (H133B80009)
- Initiating and coordinating participation in this multicenter/multistate research project by Hartford Hospital pediatric nurse practitioners

July, 1984 -
July, 1985 and
February, 1993

Hamden Board of Education & Hamden School Health Service - Hamden, CT.
Responsibilities:

- Co-investigator for the Connecticut State Department of Education grant, "*Health Assessments for Handicapped Students*", grant # (062-926-08- 121)
- Developing health assessment tools and training school nurses in their use
- Analyzing study results and summarizing findings for the states report

May, 1983 -
May, 1984

Yale University School of Medicine - New Haven, CT.
Responsibilities:

- Interviewing young adults with cystic fibrosis for a study investigating their developmental and psychological needs
- Reviewing interview recordings, interpreting data and consulting with the two chief investigators in preparing the study's results

TEACHING EXPERIENCE

August, 1985 - May, 1988

Yale University School of Nursing – 100 Church Street South, New Haven, CT. 06519

Responsibilities:

- Program instructor for pediatric nurse practitioner graduate students
- Lecturing, providing clinical supervision and offering thesis consultation in the areas of primary health care, perinatal management, physical assessment, school health, adolescent health
- Maintaining a faculty practice of pediatric patients in the Primary Care Center (PCC) at Yale-New Haven Hospital
- Teaching parenting classes to pregnant adolescents in an inner city secondary school (1985 - 1987)

March - May - 1983, 1985, 1987

Yale University School of Nursing/Program for Non-Nurse College Graduates- New Haven, CT.

Responsibilities:

- Lecturing on pediatric physical assessment, gastrointestinal, respiratory and urinary problems
- Supervising nursing students on pediatric rotations at Yale-New Haven Hospital

October, 1986 - January, 1987

University of Connecticut: Continuing Education Division - Stamford, CT.

Responsibilities:

- Co-teaching an eight session, four hour per week, course on pediatric health assessment for pediatric and school nurses

October, 1984 - February, 1985

Albertus Magnus College - New Haven, CT.

Responsibilities:

- Guest lecturing undergraduate classes about general health/fitness maintenance and common sport injuries

September, 1983 - May, 1984

Southern Connecticut State University – 501 Crescent Street, New Haven, CT.

Responsibilities:

- Acting as adjunct faculty member in working with junior year, undergraduate nursing students

STAFF NURSE EXPERIENCE

7/1980 – 9/1981 (F.T.)
9/1981 – 5/1983 (P.T.)
5/1983- 8/1983 (F.T.)

Yale-New Haven Hospital - New Haven, CT

Responsibilities:

- Providing care as a staff and charge nurse on a pediatric research and special care floor for children one month to 18 years of age

July, 1979 - July, 1980

Duke University Medical Center - Durham, NC.

Responsibilities:

- Acting as a staff nurse, team leader and charge nurse on a pediatric surgical floor with children one month to 20 years of age
- Working on the hospital's preceptorship program and peer review committee

January, 1979 - May, 1979

Staff Builders, Inc., Temporary Nursing Agency - **Boston, MA.**

Responsibilities:

- Working as a nurse's aide in various children's rehabilitative, community, arthritic and large urban hospitals in the greater Boston area

May, 1978 - August, 1978

Veteran's Administration Hospital - Fort Lyons, CO.

Responsibilities:

- Participating in a nationwide program for students in various healthcare disciplines while offering nursing care and counseling to 25 geripsychiatric patients on a locked ward

HONORS/AWARDS

September, 2004: Diocese of Rockford, IL. - Bishop O'Neill Award in Catechetics

October, 1989-February, 1993: Clinical Instructor Appointment, Yale University School of Nursing,

May, 1979: The Reverend E.J. Gorman, S.J. Student Organizational Award
Boston College School of Nursing

May, 1979: The Reverend Finnigan, S.J. Award, School of Nursing nominee, Boston College

April, 1978: Sigma Theta Tau, National Honorary Society of Nursing,
Alpha Chi Chapter, Boston College School of Nursing

PROFESSIONAL MEMBERSHIP

2009-present	American Epilepsy Association
2007-2013	Ohio Association of Advanced Practice Nurses
1985 - 1989	American School Health Association
1985 - 1987	Transcultural Nursing Society
1984 - 1991	Connecticut Association of School Health
1984 - 1987	Council on Intercultural Nursing, American Nurses' Association
1982 - present	National Association of Pediatric Nurse Associates and Practitioners
1980 - 1989	Connecticut Nurses' Association
1979 - 1989	American Nurses' Association
1978 - 1993	Sigma Theta Tau, Delta Mu Chapter/Alpha Chi Chapter

RECENT PUBLICATIONS

Gonsalves, CH (2016). Nursing role on the epilepsy monitoring unit: a historical perspective. *Journal of Pediatric Epilepsy*, 5(4), accepted for publication May 10, 2016.

Arya, R., Greiner, H.M., Lewis, A., Horn, P.S., Mangano, F.T., Gonsalves C., Holland, K.D. 2014. Predictors of response to vagus nerve stimulation in childhood-onset medically refractory epilepsy. *Journal of Child Neurology*, 29(12): 1652-1659.

Trout, A.T., Larson, D.B., Mangano, F.T., Gonsalves, C.H. 2013. Twiddler syndrome with a twist: a cause of vagal nerve stimulator lead fracture. *Pediatric Radiology*, 43 (12): 1647-1651.

RESEARCH

May 1983	Pediatric Nurse Practitioners and Ethnicity of Clientele: A Study of Attitude, Unpublished master's thesis, Yale University School of Nursing - New Haven, CT., Principal Investigator, self- funded

RECENT PRESENTATIONS

February, 2016	16th Annual International Symposium on Congenital Heart Disease. Nursing care for patients with congenital diseases of the aorta: the impact of neurological insult, John Hopkins All Children's Heart Institute, St. Petersburg, FL.
December, 2014	American Epilepsy Society Annual Conference. Poster presentation: Use of nicotine patch for drug- resistant ADNFLE in children: a case study, Seattle, WA.
May, 2014 - January, 2016	Bi-annual Epilepsy Course. Pediatric neuro-assessment, Phase I & Phase II epilepsy surgery evaluation and Vagal nerve stimulator therapy. Florida Hospital for Children, Orlando, FL.
2013-2014:	Lunch & Learn. Topics related to epilepsy in children: safety and care. Florida Hospital for Children, Orlando, FL.

PROFESSIONAL ACTIVITIES

May 2013, May 2014	Medical Mission Trip to Haiti, St. Louis de Nord, to help children and adults with epilepsy and other special needs/neurology concerns, one week each
February 2012, May 2012	Medical Mission Trip to Haiti, several villages: Port au Prince, Port de Paie, St Louis de Nord, Mole de St Nicholas, three weeks each
February 2011	Medical Mission Trip to Port au Prince and several villages in Haiti, 10 days
July 2010-June 2011 Medical Center	APN Coordinating Council, Chair- Elect, Cincinnati Children's Hospital
February, 2008- June 2010 Center	APN Coordinating Council member, Cincinnati Children's Hospital Medical

PROFESSIONAL ACTIVITIES (Cont'd)

July 2009- June 2010 Medical Center	APN Professional Practice Council, Chair, Cincinnati Children's Hospital
July 2008- June 2009 Hospital Medical Center	APN Professional Practice Council, Chair- Elect, Cincinnati Children's
October, 2007- present Medical Center	APN Professional Practice Council member, Cincinnati Children's Hospital
July 2010- present	APN Web Team member, Cincinnati Children's Hospital Medical Center
February 2004, 2005, June 2006, February 2007	Medical Mission Trip to Montanuela, Honduras to assist with medical care provision to children in region
1997, 1999	Breastfeeding Advisory Committee, Delnor Community Hospital, Geneva IL.
1996	Diabetes Pathway Committee, Delnor Community Hospital, Geneva IL.
1990 – 1992	Nursing Research Committee, Hartford Hospital, Hartford, CT.
1990 - 1992 CT.	Differentiation of Nursing Practice Task Force, Hartford Hospital, Hartford,
1987 - 1991	Corresponding Secretary, Delta Mu Chapter, Sigma Theta Tau, Yale University
1985 - 1988	Recruitment Committee, Yale University School of Nursing
1985 - 1987	Treasurer, Connecticut Association of School Health
1986 - 1987	Chairperson, Nominating Committee, CT. Nurses' Association
1985 - 1987	Committee Member, Nominating Committee, CT. Nurses' Association

COMMUNITY INVOLVEMENT

April 2013, April 2014 March 2016	Epilepsy Foundation, Annual Walk, Orlando, FL.
April 2013, April 2014 April 2015, March 2016	Participant in 5K for Organ Donation, Longwood FL.
April 2013	Participant in St. Margaret Mary Church Hunger Project, Winter Park FL.
Fall 2010, Fall 2012	Leader and participant in epilepsy surgery reunion for children/families, Cincinnati Children's Hospital Medical Center, Cincinnati, OH.

COMMUNITY INVOLVEMENT (Cont'd)

October 2009, 2010	Participant in "Cincinnati Walks for Kids", Cincinnati, OH
Winter 2008	Team Leader, American Heart Association, Mercy Mini Marathon, Cincinnati, OH.
Summer 2005, 2006	Leukemia Society, Illinois Chapter, Team in Training Cyclist/Fundraiser Participant in the 2005 and 2006 Apple Cider Century (100 mile) Cycling Criterion
1994 - 2007	Catechist, Children's Liturgy Presenter, Lector and Eucharistic Minister, Holy Cross Parish, Batavia, IL.
1994-present	Monthly sponsor for children in Mercy Home for Boys and Girls, Chicago, IL.
1991 – 1993	Engaged Encounter, Diocesan Coordinator, Family Life Office, Hartford Diocese, Hartford, CT.
1987-1993	Engaged Encounter volunteer team member in creating and managing weekends in diocese, Hartford Diocese, Hartford, CT.
1986 - 1989	Community Soup Kitchen and Columbus House Shelter - New Haven, CT. Volunteer worker - meal preparation and service
1979 - present	World Vision International, monthly financial sponsor for two children
1979 - 1986	Boston College Alumni Admissions Council, Interviewer for area applicants

REFERENCES

Available upon request.

Brian M. Beals, MD, FAAP

Work Address
Coos County Family Health Services
2 Broadway Street
Gorham, NH 03581
(603) 466-2741
(603) 466-2953 (fax)
E-mail: bbeals@ccfhs.org

Licensure
New Hampshire - #9177

Certifications
American Board of Pediatrics, 1994-2001; Re-certified, 2001-2008, 2008-2015, current MOC cycle through 2025

Education
BS with Honors, University of Notre Dame, IN, 1983-1987
MD, Jefferson Medical College, Philadelphia, PA 1987-1991

Postdoctoral Training
Pediatrics Residency
Dartmouth-Hitchcock Medical Center, Lebanon, NH 03756, 1991-1994

Professional Experience
Pediatrician, Coos County Family Health Services, Gorham, NH, September 1994-present

Teaching Experience
Hospital-based NRP Instructor, 1996-present
PALS Instructor, 1999-present
Office and hospital-based community preceptor for Geisel School of Medicine at Dartmouth and UNECOM students; Physician Assistant students from University of New England, Massachusetts College of Pharmacy and Health Sciences, and Franklin Pierce University; and Nurse Practitioner students from UNH

Faculty Appointments
Clinical Associate Professor of Pediatrics, Geisel School of Medicine at Dartmouth, Hanover, NH
Assistant Professor of Clinical Pediatrics, University of New England College of Osteopathic Medicine, Biddeford, ME
Adjunct Clinical Faculty, University of New England, Physician Assistant Program, Biddeford, ME
Clinical Professor, School of Physician Assistant Studies at Massachusetts College of Pharmacy and Health Services, Manchester, NH

Assistant Affiliate Faculty, College of Health and Human Services at the University of New Hampshire, Durham, NH

Awards

Volunteer Clinical Faculty Award, AOA Honor Medical Society, Dartmouth Med School, 2002
Manchester Union Leader, 40 under 40, Class of 2005
Master Preceptor Award, University of New England, 2007
Everyday Hero Award, Child Advocacy Center of Coos County, 2009
New England Rural Clinician Award, NERHRT, 2012
Certificate of Appreciation for commitment to Preceptorship, NCHC, 2016
Outpatient Pediatric Preceptor Award, Geisel School of Medicine at Dartmouth, 2018
Preceptor of the Year Award, Franklin Pierce University PA Program, 2019
Special Achievement Award for Distinguished Service and Dedication to the Mission and Goals of the Academy, AAP, 2019

Hospital Affiliations

Active Staff, Androscoggin Valley Hospital (AVH), 59 Page Hill Road, Berlin, NH 03570, 1994-present

President of Medical Staff 2008-2009
Medical Director, Pediatric and Nursery Services, ongoing
Credentials Committee, 2014-present

Professional Society Memberships

Fellow, American Academy of Pediatrics, since 1995
New Hampshire Pediatric Society, since 1991
- Child Abuse/Neglect Committee (CAPP Network), since 2002
- Executive Council, Sept 2018-present

Community Activities

Board of Directors, CAC of Coos County, currently President
Community Preceptor Education Board (Dartmouth Medical School), Chair 2007-2008, currently inactive
Clinical Consultant to NH State Lead Program
NH PIP Developmental Screening Advisory Committee
Board of Directors, NH Children's Trust, 2020

Clinical Interests

General Pediatrics
Type I Diabetes
- Coordinator of local satellite of national Diabetes Prevention Trial (DPT-1)
- Volunteer medical staff at Camp Carefree every summer since 1991
Child Abuse/Neglect
Neonatology

Kiersten R. Robert, RN, BSN

EDUCATION

05/2020 **Anticipated Master of Science, Nursing,** Rivier University, Nashua, NH
Family Nurse Practitioner Program

05/2013 **Bachelor of Science, Nursing,** Saint Anselm College, Manchester, NH
Honors: Summa Cum Laude

CLINICAL EXPERIENCE

01/2020-05/2020
Family Medicine, Dartmouth-Hitchcock, Bedford NH

- 110 hours of clinical experience
- Focus on pediatric and adult populations
- Comprehensive physical exams, chronic disease management, Medicare wellness visits, acute same day visits, referrals to DH specialists, health promotion and health maintenance screening in accordance with the U.S Preventive Services Task Force

Urgent Care, Dartmouth-Hitchcock, Nashua NH

- 90 hours of clinical experience
- Focus on acute care visits for pediatric and adult patients in a fast paced walk-in clinic setting
- Triaging patients based on acuity level, focused physical exams, referrals to DH specialists, laboratory testing, electrocardiogram and radiography interpretation, skilled procedures, and pharmacotherapy

09/2019-12/2019
Primary Care Pediatrics, Children's Hospital at Dartmouth-Hitchcock (CHaD), Manchester NH

- 167 hours of clinical experience
- Focus on pediatric population: newborn through 21 years
- Acute same day visits, comprehensive well child exams, sports physicals, pre-op exams, health maintenance, disease prevention, immunization recommendations, and anticipatory guidance provided in accordance with the American Academy of Pediatrics

Obstetrics/Gynecology, Dartmouth-Hitchcock, Nashua NH

- 71 hours of clinical experience
- Focus on adolescent and adult women's health
- Prenatal and postpartum care, gestational diabetes, contraception counseling, Pap/HPV screening, STD screening and management with use of microscopy, preventative care

01/2019-05/2019
Internal Medicine Pediatrics, Dartmouth-Hitchcock, Manchester NH

- 100 hours of clinical experience
- Focus on pediatric and adult populations (including patients with complex health care needs)
- Chronic disease management, comprehensive physical exams, women's health, referrals to DH specialists, health promotion and health maintenance screening in accordance with the U.S Preventive Services Task Force

PROFESSIONAL EXPERIENCE

Dartmouth-Hitchcock, Manchester NH

01/2018 - present

Registered Nurse, Urgent Care

- Demonstrate the ability to multitask by supporting providers and caring for patients in a fast paced walk-in clinic setting averaging 70-plus patients per day
- Tasks include: IV therapy and placement, mediport access, pharmacotherapy, wound care, orthopedic care, electrocardiogram testing, point of care testing, result reporting, and triage
- Responsibilities also include responding to any emergency codes that occur on the Dartmouth-Hitchcock campus

04/2016-01/2019

Registered Nurse, Child Advocacy and Protection Program (CAPP)

- Assist nurse practitioners with evaluating children who are suspected victims of child maltreatment

11/2015-12/2017

Registered Nurse, Pediatric Pulmonology

- Perform telephone triage for patients at home and provide clinical assessments in the office
- Educate patients and family members on asthma symptoms and proper management
- Perform pulmonary function testing on patients 5 years of age and older in the office
- Provide care coordination to adult and pediatric cystic fibrosis patients with complex care needs

Children's Hospital at Dartmouth-Hitchcock (CHaD) Medical Center, Lebanon NH

05/2015-11/2015

Charge Nurse, Inpatient Pediatric and Adolescent Unit

- Support needs for inpatient floor staff and be a resource for other nurses
- Coordinate timing and room selection for patients being admitted
- Facilitate patient discharges with the healthcare team

09/2014-11/2015

Nurse Preceptor, Inpatient Pediatric and Adolescent Unit

- Orient and educate new graduate nurses and newly hired nurses to the inpatient floor

09/2013-11/2015

Registered Nurse, Inpatient Pediatric and Adolescent Unit

- Provide autonomous application of knowledge and clinical skills for pediatric patients (newborn to adolescent) with complex diagnoses
- Demonstrate ability to prioritize and multitask in high demand situations
- Utilize effective communication strategies to enhance comfort and address concerns of patients and families
- Responsibilities included: providing care for up to a 5-patient assignment, medication administration, chemotherapy administration, head to toe assessments, IV maintenance & blood draws, and providing patient & family education

LICENSURE

- **Registered Nurse New Hampshire:** License No. 068064-21 (Expiration 12/2020)
- **APRN-FNP Certification New Hampshire:** (anticipated after completion of program 05/2020)

CERTIFICATIONS

- **Advanced Cardiovascular Life Support (ACLS):** (Expiration 08/2020)
- **Basic Life Support (BLS):** (Expiration 08/2021)
- **Pediatric Advanced Life Support (PALS):** (Expiration 01/2021)
- **Certified Asthma Educator (AE-C):** (Expiration 02/2024)
- **Certified Pediatric Nurse (CPN):** (Expiration 02/2021)

Curriculum Vitae

Patricia T. Glowa, MD

Community Health Center
1 Medical Center Drive
Lebanon, NH 03766
(603) 650-4000

Date of Birth: June 24, 1950
Place of Birth: Middlebury, Vermont
SSN: 545-80-6642
Email: Patricia.T.Glowa@Hitchcock.org

Education:

1973-1977	Harvard Medical School, Boston, MA, M.D.
1971-1973	City College of the City University of New York, NY, B.A.
1967-1970	McGill University, Montreal, P.Q., Canada, English major

Post Doctoral Training:

1997-1998	National Institute for Program Director Development, Association of Family Practice Residency Directors
1993-1994	Faculty Development Fellowship, Department of Family Medicine, University of North Carolina - Chapel Hill
1979-1980	Co-Chief Resident, Family Medicine Program, Highland Hospital, Rochester, NY
1977-1980	Internship and Residency in Family Medicine, Highland Hospital, Rochester, NY

Licensure and Certification:

1980, certified	Diplomate, American Board of Family Practice
1986, 1992, 1998, 2004	Recertified, American Board of Family Practice
1980-present	New Hampshire license for medicine and surgery, lic. no. 6250
1978-2011	New York license for medicine and surgery, lic. no. 134698
1983-present	Vermont license for medicine and surgery, lic. no. 6920
1991-1995	North Carolina license for Medicine, lic. no. 33831
1997-present	Approved ALSO (Advanced Life Support in Obstetrics) Instructor

Academic Appointments:

2003-present	Assistant Professor, Department of Pediatrics, Dartmouth Medical School
1995-present	Assistant Professor, Department of Community & Family Medicine, Dartmouth Medical School

1992-1995	Clinical Assistant Professor, Department of Community & Family Medicine, University of North Carolina, residency faculty
1991-1992	Clinical Instructor of Family Medicine, University of North Carolina, 1991-1995
1980-1991	Adjunct Assistant Professor of Clinical Community and Family Medicine, Dartmouth Medical School

Major Professional Positions:

1995-2000	Residency Program Director, NH Dartmouth Family Practice Residency Program, Lebanon, NH
1995-1998	Medical Director, Community Health Center, Hanover, NH
1992-1995	University of North Carolina - Chapel Hill, Department of Family Medicine, Clinical Assistant Professor; Team Leader - Family Practice Center
1991-1992	Haywood - Moncure Health Center, Moncure, NC, practice of Family Medicine
1980-1991	Monroe Clinic, Monroe, NH, partnership private practice of Family Medicine with Donald Kollisch, M.D.

Other Professional Positions:

1995-present	Attending Staff, Dartmouth-Hitchcock Medical Center
1993-1995	Associate Director, Family Practice Center, Department of Family Medicine, University of North Carolina - Chapel Hill
1991-1995	Attending Staff, University of North Carolina Memorial Hospitals
1980-1991	Active Staff, Cottage Hospital, Woodsville, NH
1983	President, Medical Staff, Cottage Hospital, Woodsville, NH
1998-present	Sexual Abuse Evaluation Clinic (Child Advocacy and Protection Program), Co-Founder and Attending Physician, Dartmouth Hitchcock Medical Center, Lebanon, NH
1995-present	Sexual Abuse Examiner, Dartmouth-Hitchcock Medical Center, Lebanon, NH
1991-1995	Attending Physician of the University of North Carolina Child Medical Evaluation Program (a referral and training clinic on child abuse for the State of North Carolina)
1987-1988	Sexual Abuse Team, Division Children & Youth Services, Department of Welfare, Littleton, NH
1984-1991	Sexual Abuse Examiner, Division Children & Youth Services, Department of Welfare, Littleton, NH

Committees:

2001-2004	Steering Committee, Child Advocacy Center, Grafton and Sullivan Counties, New Hampshire
2000-2004	Advisory Board, Child Advocacy Center at the Family Place, Norwich, Vermont

1999-2010	CARE Network, New Hampshire statewide group of child sexual abuse examiners, meetings for education and case review
1999-present	Child Advocacy and Protection Program, Dartmouth Hitchcock Medical Center, Lebanon, NH
1998-1999	Children At Risk Team, Dartmouth Hitchcock Medical Center, Lebanon, NH

Memberships:

1980-present	American Academy of Family Practice
1991-present	Society of Teachers of Family Medicine
1992-2000	American Medical Women's Association
1993-present	American Professional Society on the Abuse of Children
1995-2000	Association of Family Practice Residency Directors

Teaching Experience and Responsibilities:

3/2004	Pelvic exam training for prospective SANE nurses
2003-2007	Training in child sexual abuse evaluation to DCYF (Division of Children, Youth and Families) workers, State of NH
1999-2003	Invited presentations on child sexual abuse to community hospitals in northern New Hampshire (five)
1992-2008	Conference presentations and skills training workshops on evaluation of child sexual abuse, domestic violence, ALSO (Advanced Life Support in Obstetrics) and other women's health topics to family medicine residents and faculty, medical students, medical and nursing staff of community hospitals, and residents in other departments (internal medicine, obstetrics & gynecology), four to ten presentations per year
1992-1995	Child Medical Evaluation Program: UNC referral sexual abuse clinic, teaching residents and students in a referral clinic

Additional Training:

2018-present	Monthly CAPP case review - education and quality assurance
4/11/19	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.25 CME hours
4/11/17	Dartmouth-Hitchcock Medical Center Conf - Shield Our Children From Harm, 5.25 CME hours
4/19/16	Dartmouth-Hitchcock Medical Center Conf - Shield Our Children From Harm, 5.25 CME hours

4/9/15	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.25 CME hours
4/18/14	Dartmouth-Hitchcock Medical Center Conf - Shield Our Children From Harm, 5.25 CME hours
4/11/13	Dartmouth-Hitchcock Medical Center Conf – Shield Our Children From Harm, 5.25 CME hours
1/28-31/13	San Diego Int'l Conf on Child and Family Maltreatment, San Diego CA, 22.5 CME hours
9/20-21/12	Harvard Medical School Conf. on Pediatric and Adolescent Gynecology, 9 CME hours
1/23-26/12	San Diego Int'l Conf on Child and Family Maltreatment, San Diego CA, 28.5 CME hours
1/22-23/12	APSAC Pre-conference, Advanced Medical Training for Child Sexual Abuse Evaluation, San Diego CA, 10.5 CME hours
9/22-23/11	Harvard Medical School Conf. on Pediatric and Adolescent Gynecology, 16 CME hours
4/26/11	Dartmouth-Hitchcock Med. Ctr. Conf. - Shield Our Children From Harm, 5 CME hours
9/23-24/10	Harvard Medical School Conf. on Pediatric and Adolescent Gynecology, 15.25 CME hours
4/15/10	Dartmouth-Hitchcock Med. Ctr. Conf. – Shield Our Children From Harm, 5 CME hours
4/6/09	Dartmouth-Hitchcock Med. Ctr. Conf. – Shield Our Children From Harm, 5 CME hours
10/4-5/07	Harvard Medical School Conf. on Pediatric and Adolescent Gynecology, 18.25 CME hours
4/3/07	Dartmouth-Hitchcock Med. Ctr. Annual Conf. on Child Abuse and Neglect, 6.25 CME hours
4/3/06	Dartmouth-Hitchcock Med. Ctr. Annual Conf. on Child Abuse and Neglect, 4.25 CME hours
1/23/06	San Diego International Conf. on Child/Family Maltreatment, 28.50 CME hours
3/31/04	MacNamee Memorial Conf. - Impact of Domestic Violence on Children, Dr. Robert Kinscherff, DHMC, 5.0 CME hours
4/15/04	Community Focus on Child Abuse 2004, DHMC, 4 CME hours
10/21-25/02	Advanced Training on Child Sexual Abuse Examinations, Calif. Chapter 4 American Academy of Pediatrics, 35 CME hours, Orange, Calif.

3/13-16/01	17th Annual Symposium on Child Sexual Abuse, National Children's Advocacy Center, 13.50 CME hours, Huntsville, Ala.
11/13-15/00	Third Annual Northeast Child Maltreatment Conference, Tufts Univ. School of Medicine, 14.5 CME hours, Providence, RI
1999-present	CARE Network meetings, quarterly case review and education
3/27-28/95	Expert Medical Evaluation in Child Physical and Sexual Abuse, Wake AHEC, 11 CME hours, Raleigh, NC

rev. 8/22/20

COLLEGE OF MEDICINE CURRICULUM VITAE

Resmiye Oral, MD

August 2, 2019

I. EDUCATIONAL AND PROFESSIONAL HISTORY

A. List of institutions attended, certification and licensure

Institution	Years	Course of Study and Degree/Title
Ege University Medical School, Izmir, Turkey (one of the top five medical schools in Turkey)	1977-83	Medicine, MD #3450 (07/20/83)
Dr. Behcet Uz State Teaching Hospital for Children. Izmir, Turkey (largest pediatric teaching hospital in Turkey)	1985-89	Residency (Pediatrics) (12/07/89)
Cornell Medical Center, New York, NY	6/92-7/92	Externship, NICU
Ege University Medical School	1994-96	Fellow, Neonatology (03/11/97)
Ohio State University	1998-99	Fellow, Child Abuse & Neglect (06/30/99)
Long Island College Hospital, New York, NY	1999-01	Resident, Pediatrics (06/30/01)

Certification

American Board of Pediatrics Last renewal: 2008	10/16/01	073652
American Board of Pediatrics, Child Abuse Pediatrics	11/15/11	244

Additional training

Stress reduction by Mindfulness (x2)	2002 and 2014
4 Live-Well Courses (4 sessions each) on Self-Care	6/2017-5/2018

Licensure	Year	Number
Turkish Ministry of Health (Medicine)	7/20/83	34159
Turkish Ministry of Health (Pediatrics)	12/7/89	27939-34159
Turkish Ministry of Health (Neonatology)	6/18/97	42386-34159
Iowa permanent license (Medicine) Last renewal: 2018	2/14/01	33914
New Hampshire permanent license (Medicine)	4/03/19	19600

DEA

Federal DEA, Last renewal: 2018	2001-date	BO7199715
Iowa DEA, Last renewal: 2018	2001-date	1240001

B. Professional and academic positions held

Year	Title	Location
1983-85	Director, Family Physician (Responsibilities: supervising 9 rural community health centers)	Burhaniye Mother and Child Health Care Center Burhaniye, Balikesir, Turkey
1989-94	Attending pediatrician (Responsibilities: teaching, research, clinical/inpatient services)	Dr. Behcet Uz State Teaching Hospital for Children, Division of Neonatology, Izmir, Turkey
1996-98	Deputy Division Director (Responsibilities: teaching, research, clinical/inpatient services)	Dr. Behcet Uz State Teaching Hospital for Children Division of Emergency/Critical Care, Izmir, Turkey
2001-06	Clinical Assistant Professor of Pediatrics	U of I Carver College of Medicine, Dept. of Pediatrics, Division of General Pediatrics & Adolescent Medicine, Iowa City, IA
2001-date	Director, Child Protection Program	U of I Hospitals and Clinics, Iowa City, IA
2003-06	Child Abuse Specialist	U of I, Child Health Specialty Clinics, Wapello County Clinic, Ottumwa, IA.
2006-2010	Clinical Associate Professor of Pediatrics	U of I Carver College of Medicine, Dept. of Pediatrics, Division of General Pediatrics & Adolescent Medicine, Iowa City, IA
2010-2019	Clinical Professor of Pediatrics	U of I Carver College of Medicine, Dept. of Pediatrics, Division of General Pediatrics & Adolescent Medicine, Iowa City, IA
2019-date	Clinical Professor of Pediatrics	Geisel School of Medicine, Dept. of Pediatrics, Division of General Pediatrics, Lebanon, MH
2019-date	Director, Child Advocacy & Protection Program	Children's Hospital at Dartmouth and Dartmouth Hitchcock Medical Center

C. Honors, awards, recognitions, outstanding achievements

1997	$15,000 scholarship from Rotary International Foundation for 9-month training on Child Abuse & Neglect
1998	$20,000 scholarship from Turkish Ministry of Health for 6-month training on Child Abuse & Neglect
1998	$15,000 scholarship from Humphrey Mid-Career Fellowship Program for 10-month Training on Child Abuse & Neglect (I had to decline due to inconvenience of institution).
2008	Poster titled "The efficacy of hair and urine confirmatory testing in suspicious pediatric burn injuries" won best overall and best in category at the 40th American Burn Association Convention.
2009,2016	Nominated and selected as one of the "Best Doctors in America": http://www.uihealthcare.com/about/bestdoctors.html
2010	Invited to be the senior consultant and instructor for the Ministry of Health on the "Child Protection Center" pilot project in Ankara, Turkey
2013	$18,000, Provost's Global Forum Award to organize training activities on local, regional, national, and global nature of adverse childhood experiences and child abuse and neglect

2015	Nominated for FCP IV Teaching Award.
2015	Article co-authored by me titled "Epidemiology of adverse childhood experiences in three provinces of Turkey" won the best article of the year in Turkey at the National Pediatric Association Annual Conference.
2015	Through a competitive process, I was selected as a master trainer candidate to train trainers in Iowa on childhood adversity and trauma informed care by "ACEs Interface Initiative" national program
2015-2020	Fulbright scholar award to collaborate with international education/research institutions to implement multidisciplinary systems building in developing countries (I spent 3 and 2 weeks in Greece over two visits in 2016 and 2018)

II. TEACHING

A. Teaching assignments on semester by semester basis

2001-03	General Pediatrician at U of I, College of Medicine, Dept. of Pediatrics, Division of General Pediatrics & Adolescent Medicine, Iowa City, IA. I staffed and taught medical students and residents 4-6 half days a week in acute care, diagnostic, residency continuity care clinics, and medical students during mobile clinic sessions that I volunteered for.
2001-date	Director of Child Protection Program at U of I, Carver College of Medicine, Department of Pediatrics, Iowa City, IA. Classroom teaching on Child Abuse & Neglect: M1: 1 hr/2-3 years, M2: 1 hr/year; M3: 1 hr/6-12 wks (online since 2008), Mixed Medical students 1-2 hr/year, office/bedside/clinical teaching on General Pediatrics and Child Abuse & Neglect M1-M2: 4-8 half days/year, M3-M4: 3-6 hr/week, pediatric residents and fellows 10-12 hrs/week and; residents from orthopedics, surgery, neurosurgery, and emergency medicine 1-2 hr/week
2003-10	General Pediatrician at U of I, Carver College of Medicine, Department of Pediatrics, Division of General Pediatrics and Adolescent Medicine, Iowa City, IA. I staffed and taught residents and medical students 2 half days/w in acute care, diagnostic, residency continuity care clinics.
2005-10	I staffed and taught pediatric residents/fellows during Child Protection Rotation: 8 hr/month
2005-date	I staff and teach M4 students during elective Child Protection Rotation: 1-2 months/year
2010-2011	I staffed and taught pediatric residents during Community Pediatrics Rotation: 1 week/month
2011-date	I staff and teach pediatric residents during Child Protection Rotation: 4 weeks/resident, 9-10 residents a year
2014 spring	152:160 Global Health Seminar - Challenges to Child Health Globally for undergraduates through CLAS: 3 semester hours (devised the course and co-instructed)

B. Graduate students supervised

7/02-12/05	Riad Rahhal, Huda Elshelshari pediatric residents, "Cervical fracture due to inflicted trauma in a hypotonic child" (Published # 20 in Pediatric Emergency Care)
4-8/03 1-8/04	Jill Goodman and Anna Floryanovich, medical students (M1), working on a research project on pediatric falls, published # 23 in the Turkish Journal of Pediatrics)
7/03	Figen Sahin, Assistant Professor of Pediatrics, Gazi University Medical School, Ankara, Turkey, supervised during visiting professorship at the Child Protection Program, U of I, published # 26 and 27 as a result of this training and subsequent collaboration
1-9/04	Scott Easton, graduate student in social work, working on a research project on "Parental illicit substance use in cases confirmed for child abuse & neglect in Johnson county, Iowa"
1/04-12/05 3-12/05	Rebecca Mueller and Waseem Ahmed, medical students (M1), working on a research project on "Intrauterine illicit drug exposure risk factors in mother/infant dyads at the UIHC delivery population" (Oral presentation at 19th San Diego Conference on Child Maltreatment 1/25-28/2005, San Diego, CA, submitted to Journal of Child Abuse & Neglect: # 32)
3/05-9/06	Tara Strang, graduate student in social work, working on a research project on on "Intrauterine illicit drug exposure risk factors in mother/infant dyads at the UIHC delivery population" and "Surveillance of neonatal illicit drug screening protocols utilized in hospitals providing delivery services in Iowa" (Published # 22 in Journal of Perinatology)

4-12/06	Huda Elshelshari and Gwen Erkonen (pediatric residents) and Munevver Turkmen and Fatih Yagmur (visiting professors from Turkey) working on a research project on "Fatal Abusive Head Trauma cases: Consequence of medical staff missing milder forms of physical abuse" (Published # 24 in Journal of Pediatric Emergency Care)
8/05-1/06	Fatih Yagmur, Assistant Professor of Forensic Medicine, Erciyes University Medical School, Kayseri, Turkey, supervised during mini-fellowship at the Child Protection Program, U of I, published # 26 as a result of this training and subsequent collaboration
2006-date	1-3 medical student/year, supervised during 4-week elective rotation with Child Protection Program, U of I
2007-10	Amanda Reedy, Heather Pontasch, and Andrea Austin (graduate social work and medical students), working on a research project on "Impact of in-service training on staff compliance with the new hospital protocol for perinatal illicit drug use" (Presented as a virtual poster at the 10th Helfer Society Annual Meeting, April 18-21, Philadelphia, PA, published # 42)
2008-10	Mentoring Andrea Austin and Elizabeth Vanderah (medical students) on "Service with Distinction" project on Shaken Baby Prevention at Pediatrics and Family Practice Clinics, Medical Student Curriculum Program, and Pediatric and Family Practice Residency Programs in Iowa
2008-09	Jacob Buhrow (MPH student) and Abraham Assad (medical student), working on a research projects on "Prevalence of illicit drug exposure among children evaluated for child abuse and neglect" (Published # 33)
6-10/09	Erin Schrunk and Jamie Carlyle (medical students) on "Impact of in-service training on staff compliance with the new hospital protocol for perinatal illicit drug use" (Presented as a virtual poster at the 10th Helfer Society Annual Meeting, April 18-21, Philadelphia, PA, published # 42)
11/09-3/10	Sunay Firat, Assistant Professor of Psychology, Cukurova University Medical School, Adana, Turkey, supervised as a visiting professor at the Child Protection Program, U of I
2009-date	Teresa Magalhaes, Professor of Forensic Medicine from Porto University on establishing child advocacy center model and forensic interview techniques in Portugal (Published two review papers #44 & 61 and two book chapters #4 & 5)
4-8/10	Carole McCalahan, (M1) on "Incidence of Abusive Head Trauma in Iowa"
6-9/10	Serpil Yaylaci, Assistant Professor of Emergency Medicine on "Abusive Head Trauma in Turkey: Are we missing cases?" (Presented in Shaken Baby Syndrome Conference, September 12-14, 2010)
2010-11	Kristen Joegerst, Marvina Roebeck, Helen Pope (undergraduate students) on "Impact of in-service training on staff compliance with the new hospital protocol for perinatal illicit drug use" (Presented as an abstract at the Governor's Prevention Conference in Des Moines Iowa in April 2011 and in 11th Helfer Society Annual Meeting, April 5-6, 2011, and published # 42)
11/10-5/11	Feyza Koc, Assistant Professor of Pediatrics, Ege University Medical School, Izmir, Turkey, supervised as a visiting professor at the Child Protection Program, U of I (published two original research #37 & 42 and one case presentation #35)
2010-2013	Naeem Zafar, Pediatrician, Pakistan Child Abuse Prevention Society (PACHAAN), director, on an I-CATCH grant from AAP to train medical staff on recognition and management of child abuse and neglect
1-2/11	Patricia Jardim, Associate of Forensic Medicine, University of Porto, Porto, Portugal, supervised as a visiting professor at the Child Protection Program, U of I (Published one review paper #44 and two book chapters #4 & 5)

1-9/11	Carlos Pexioto, PhD in Psychology, University of Porto, Porto, Portugal, supervising on forensic interview techniques and its implementation in Portugal
2011-date	1 pediatric intern/month supervised over 4 weeks of child abuse rotation.
2014	Caitlyn Owens, Graduate social work student and Victoria Roeder, MS-1 on a research project titled "Hair toxicology in children evaluated for abuse and neglect"
2014	Nicole Del Castillo, Child Psychiatry fellow doing an 8 week elective rotation with the child protection program
2-3/14	Ozlem Bag, Pediatrician, Behcet Uz Children's Hospital, Izmir, Turkey, supervised as a visiting professor at the Child Protection Program, U of I
3-4/14	Betul Ulukol, Professor of Pediatrics, Ankara University Medical School, Ankara, Turkey, supervised as a visiting professor at the Child Protection Program, U of I (Published two review papers #38 & 41)
1-12/15	Stephanie Nakada (M-1), Devin McKissic (M-1), Greta Dahlberg (M-1), supervised on a project of implementing trauma informed care at the Child Assessment Clinic, U of I: The latter won "Award for excellence in pediatric clinical research" on this project
1-5/15	Stephanie Nakada (M-1), Amy Walz (M-3), Angela Kuntz (M-4) supervised on a review article on Adverse childhood experiences and trauma informed care published # 50
7/15-2/16	Jason Miller, MD, supervised as a child psychiatry fellow on rotation with the Child Protection Program
7/15-8/15/15	Miguel Eduardo Barrios, Professor of pediatrics, supervised as a visiting professor at the Child Protection Program, U of I
3/15-6/16	Marissa Robinson (M-1), supervised on a project of implementing child abuse management systems building in Jamaica
9/15-6/18	Clayton Long (M-1 through 4), Angela Lee (M-1 through 4), Devin McKisic (M-1 through 4), Greta Dahlberg (M-1 through 4) on service distinction track on Trauma Informed Care Implementation at the UIHC
1/1-9/30/16	Clayton Long on a research project on implementation of trauma informed practices at the UIHC ETC, summer research program (submitted manuscript for publication 2018)
2/17-5/18	Victoria Roeder, MS-III during her elective rotation with my program collecting data on the second line of research to evaluate the family wellbeing assessment model in my clinic (submitted manuscript for publication 2018)
4/18-5/19	James Chambliss, MD-MPH student, Sarah Kottenstette, MS-I, Kasra Zarei, MS-II mentoring on the second line of research to evaluate the family wellbeing assessment model in my clinic (submitted manuscript for publication 2019)
1/1-7-10/19	Emma Greimann, MS-I, supervised as a research assistant on a research project (Knowledge of healthcare staff on adverse childhood experiences and trauma informed care) with data collection and data analysis (submitted manuscript for publication 2019)
18-6/20	Rachel Segal, Pediatric resident, mentoring on preparation for child abuse pediatrics fellowship.
6/18-6/20	Rachel Segal and Meaghan Reaney, Pediatric residents co-mentoring on a research project on trauma epidemiology in children seen in the ER multiple times a year
1/19-6/20	Kasra Zarei, MS-II, co-mentoring on a research project on trauma epidemiology in children seen in the ER multiple times a year and mentoring on a review paper (Trauma Informed Care Implementation in health care setting) and a case presentation publication (Hypophosphatasia and child abuse differential diagnosis in an infant) (both submitted for publication 2019)

C. Other contributions to institutional programs

1. Institutional conferences, grand rounds, journal clubs

3/12/02	Child Protection Program at the U of I: Clinical guidelines for mandatory reporters, U of I, Department of Social Work	Iowa City, IA
4/29/02	Clinical guidelines for the Child Protection Program at the UIHC, Grand Rounds at Center for Disabilities and Development, U of I	Iowa City, IA
6/16/02	Child Protection Program at Children's Hospital of Iowa, Referring Physicians' Advisory Council annual meeting	Iowa City, IA
8/2/02	Child Protection Program at the U of I: Clinical guidelines for mandatory reporters, Grand Rounds, Department of Pediatrics, U of I	Iowa City, IA
11/20/02	Management of cases with acute sexual assault, In-service training, Division of General Pediatrics and Adolescent Medicine, Department of Pediatrics, U of I	Iowa City, IA
4/16/03	Domestic Violence: American Medical Women's Association, Noon lecture to medical students (MSI, MS2), U of I	Iowa City, IA
6/18/03	Utilization of sexual assault kit in pediatrics. In-service training, Division of General Pediatrics and Adolescent Medicine, Department of Pediatrics, U of I	Iowa City, IA
9/26/03	Management of drug endangered children: How to improve neonatal drug screening at the UIHC, Neonatology Faculty Noon Conference	Iowa City, IA
10/8/03	How to improve neonatal drug screening at the UIHC, Neonatology nursing staff continuing education U of I	Iowa City, IA
3/31/04	Inflicted fractures, UI students serving at Mobile Clinics of UIHC U of I	Iowa City, IA
4/21/04	Health system in Turkey and its problems to Global Medicine Society medical student members, U of I	Iowa City, IA
10/6/04	Drug endangered children Part 1, In-service training at the Division of General Pediatrics & Adolescent Medicine, U of I	Iowa City, IA
11/3/04	Drug endangered children Part 2, In-service training at the Division of General Pediatrics & Adolescent Medicine, U of I	Iowa City, IA
12/3/04	Drug endangered children and community response-I, Grand Rounds, Department of Pediatrics, U of I	Iowa City, IA
4/29/05	Neonatal Screening Protocol at the UIHC, Neonatology Meeting, U of I	Iowa City, IA
10/26/05	Drug endangered children and medical management at the UIHC, Family Care Center Monthly Area Clinic Directors Meeting, U of I	Iowa City, IA
11/4/05	Hair and sweat screening for illicit drugs to Chemical Dependency Treatment Unit staff, U of I	Iowa City, IA
12/16/05	Changes needed to the UIHC neonatal drug screening protocol, Neonatology Monthly Division meeting, U of I	Iowa City, IA
4/13/06 4/27/06	UIHC Child Protection Coverage Clinical Guidelines for the Blue Team and Pediatric Social Work staff-Part I and Part II, U of I	Iowa City, IA
11/28/06	UIHC needs to lead birthing hospitals in Iowa to address perinatal illicit drug use, Grand Rounds to Department of Obstetrics and Gynecology	Iowa City, IA
1/31/07	International training on Child Abuse & Neglect, Pediatric Interest Group (M2), U of I	Iowa City, IA
2/2/07	Urine and hair screening methods to test children for illegal drugs, Burn Unit Nursing Staff lecture, U of I	Iowa City, IA
9/28/07	UIHC needs to lead birthing hospitals in Iowa to address perinatal illicit drug use, Grand Rounds to Department of Pediatrics, U of I	Iowa City, IA

10/5/07	UIHC needs to lead birthing hospitals in Iowa to address perinatal illicit drug use, Grand Rounds to Department of Family Practice, U of I	Iowa City, IA
11/29/07	UIHC Child Protection Clinical Guidelines, Grand Rounds to Department of Dermatology, U of I	Iowa City, IA
1/24/08	Management of pediatric acute sexual assault, ETC core curriculum, U of I	Iowa City, IA
2/21/08	Fetal Alcohol Syndrome and adult outcome, Grand Rounds to Department of Internal Medicine, U of I	Iowa City, IA
12/16/08	Fetal Alcohol Syndrome and adult outcome, Grand Rounds to Department of Obstetrics and Gynecology, U of I	Iowa City, IA
5/14/09	Abusive Head Trauma, Grand Rounds to Department of Ophthalmology, U of I	Iowa City, IA
6/1/09	Abusive Head Trauma, Center for Disabilities and Development staff	Iowa City, IA
6/8/09	Abusive Head Trauma, Child Health Specialty Clinics staff via phone conference	Iowa City, IA
6/09/09	Schwartz Rounds, University of Iowa Children's Hospital, U of I	Iowa City, IA
7/6/09	Perinatal Illicit Drug Screening Protocol, Center for Disabilities and Development staff	Iowa City, IA
7/13/09	Perinatal Illicit Drug Screening Protocol, Child Health Specialty Clinics staff via phone conference	Iowa City, IA
4/1/11	Grand Rounds on Recognition of child abuse in disabled children, Center for Disabilities and Development staff	Iowa City, IA
7/11/11	Core curriculum lecture to Urology residents	Iowa City, IA
8/20/12	Shaken Baby Syndrome, Family Practice Core Curriculum lecture	Iowa City, IA
2/13 to date	Working with medical student organizations to inform them of the services available through the Child Protection Program (3-4 lectures a year)	Iowa City, IA
2013 to date	Founding Leader, U of I Trauma Informed Care Task Force	Iowa City, IA
1/27/14	Adverse Childhood Experiences: Grand Rounds at Department of Family Practice at the U of I	Iowa City, IA
3/27/14	Adverse Childhood Experiences: Grand Rounds at Department of Internal Medicine at the U of I	Iowa City, IA
3/28/14	Adverse Childhood Experiences: Grand Rounds at Department of Pediatrics at the U of I	Iowa City, IA
7/15/14	Adverse Childhood Experiences: Grand Rounds at Department of Obstetrics and Gynecology at the U of I	Iowa City, IA
11/21/14	Corporal Punishment: Grand Rounds, Department of Pediatrics	Iowa City, IA
12/30/14	How to provide opinion on burn cases to law enforcement and DHS: Burn unit division meeting	Iowa City, IA
1/26/15	Pediatric Neurology: Shaken baby syndrome	Iowa City, IA
12/3/15	Grand Rounds on adverse childhood experiences and trauma informed care, Emergency and Trauma Center	Iowa City, IA
12/4/15	How to avoid missed child abuse cases: Grand rounds for Dept. of Pediatrics	Iowa City, IA
10/10/16	Adverse Childhood Experiences: Grand Rounds at Department of Surgery	Iowa City, IA
12/3/16	Adverse Childhood Experiences: Grand Rounds at Department of Psychiatry	Iowa City, IA
1/10/17	Inpatient Services' needs for social work and psychology: Monthly Inpatient Team meeting	Iowa City, IA
2/3/17	The future of the Child Protection Program: Stead Family Children's Hospital Administrators lunch meeting	Iowa City, IA

3/6/17	Outcome of Family Well-being Assessment in Child Assessment Clinic: Weekly Faculty Meeting, Dept. of Pediatrics	Iowa City, IA
5/2/17	Trauma Informed Care and Patient Safety: Patient Safety Group quarterly Forum	Iowa City, IA
6/9/17	Emotional abuse, child neglect and childhood trauma: Pediatric Grand Rounds	Iowa City, IA
9/19-date	Implementation of hair drug toxicology and perinatal illicit drug screening and intervention program at CHaD	Lebanon, NH
9/19-date	Trauma Informed Care Initiative membership	Lebanon, NH

2. Recurrent lectures/teaching at the University of Iowa

Child abuse lecture to CDD staff and graduate students, U of I (once every 1-3 years)	2001-date	Iowa City, IA
Child Abuse lecture to Medical Students (M3), U of I (Every 6-12 weeks)	2001-02	Iowa City, IA
Core curriculum lectures to Pediatric residents, U of I (on 8 topics cycling every 12-18 months)	2001-date	Iowa City, IA
Introduction to Child Abuse & Neglect, lecture to Medical Students, (M2) Foundations of Clinical Practice, U of I (Once a year)	2002-date	Iowa City, IA
Various topics on child abuse and neglect to Global Health Club, (Mixed medical students), (once every 2-3 years)	2002-date	Iowa City, IA
Abusive Head Trauma lecture to Medical Students (M3), U of I (Every six weeks)	2003-08	Iowa City, IA
Case by case : Management of Child Abuse & Neglect, U of I (1-2/year)	2003-08	Iowa City, IA
Osteogenesis Imperfecta, lecture to Medical Students (MI), U of I (Every 2-3 years)	2004-date	Iowa City, IA
Drug endangered children, Undergraduate Child Abuse Course for School of Social Work students, U of I (Twice a year)	2005-10	Iowa City, IA
How to interview abused children, Undergraduate Child Abuse Course for School of Social Work students, U of I (Twice a year)	2005-10	Iowa City, IA
Drug endangered children, Postgraduate (MPH) students for College of Public Health, U of I (Twice a year)	2005-09	Iowa City, IA
Physical Maltreatment lecture to Law School Students, U of I (Every two years)	2005-date	Iowa City, IA
Pediatric physical and sexual abuse in ETC, Annual PALS course and resident core curriculum, U of I (Twice a year)	2006-date	Iowa City, IA
Child Abuse lecture to Pediatric Nurse Practitioner Students, U of I (Twice a year	2007-date	Iowa City, IA
Child abuse lecture, Family Practice Residency Core Curriculum, U of I (Annually)	2007-date	Iowa City, IA
Train the trainers lecture series on UIHC Perinatal Illicit Drug Screening and Intervention Protocol (3 lectures)	January 2008	Iowa City, IA
Management of sexually abused children and childhood trauma: Child Psychiatry Residency core curriculum, U of I (two lectures annually)	2008-date	Iowa City, IA
Online Abusive Head Trauma lecture to Medical Students (M3), U of I (Every six weeks)	2009-2015	Iowa City, IA
Four core curriculum lectures and other training material for online training of pediatric residents over three years	2011-date	Iowa City, IA

Child abuse lecture, Orthopedics Residency Core Curriculum, U of I (Annually)	2013-date	Iowa City, IA
Adverse Childhood Experiences Training Series offered to units at the University of Iowa and agencies across the state of Iowa (6-8 lectures/year)	2013-date	Iowa City, IA
Child Abuse lecture, Postgraduate (MPH) students for College of Public Health, U of I (Annually)	2014-date	Iowa City, IA
Child Abuse lecture, Dentistry residents for College of Dentistry, U of I (Annually)	2015-date	Iowa City, IA
Adverse Childhood Experiences lecture to M-1 students (annual lecture)	2014-date	Iowa City, IA
Adverse Childhood Experiences and Trauma Informed Care lectures to M-2 students (annually, two lectures)	2014-date	Iowa City, IA
Trauma Informed Care and sexual abuse prevention: Human Rights Medical Student Group	2015-date	Iowa City, IA
Abusive Head Trauma lecture to Medical Students (M3), U of I (Every six weeks)	2015-date	Iowa City, IA
Adverse childhood experiences and trauma informed care, Undergraduate Child Abuse Course for School of Social Work students, U of I (four lectures a year)	2015-2016	Iowa City, IA
Adverse childhood experiences and trauma informed care, Medicine and Society II course for M-I students, U of I (one lecture a year)	2015-date	Iowa City, IA
Patient Safety Forum lectures on trauma sensitive approaches (two quarterly lectures spring and summer)	2017	Iowa City, IA
Updated child protection clinical guidelines training across UIHC	2019	Iowa City, IA
Annual CAPP clinical guidelines training for pediatric and ED residents	2019	Lebanon, NH

3. Improving institutional education activities, courses, programs

4/14/99	Non-organic Failure to Thrive, Mini Module Child Abuse & Neglect Training for medical students at Columbus Children's Hospital. Course material preparation and instruction	Columbus, OH
9/01	Introduction of educational videotape to educate parents in the nursery to prevent inflicted head injury	Iowa City, IA
2001-date	Biannual courses on Medical Aspect of Child Abuse & Neglect, Child Abuse Training Academy. Course material preparation, instruction	Iowa City, IA
2001-date	Grand Rounds on various topics on Child Abuse & Neglect for various departments including Surgery, Psychiatry, Dermatology, Internal Medicine, Family Practice, Pediatrics, Ophthalmology, Obstetrics & Gynecology, U of I	Iowa City, IA
2001-date	Development and annual updating of Child Protection Program clinical practice guidelines with online access for trainees at the UIHC, U of I	Iowa City, IA
2001-02 2002-08	Child Abuse and Inflicted Head Trauma lecture series to M3s, U of I (every 6-12 weeks, online since 2009)	Iowa City, IA
2001-date	Foundations of Clinical Practice, M2 annual lecture, U of I	Iowa City, IA
2002-date	Core curriculum lectures (3-6 per year) on Child Abuse & Neglect for pediatric residents, Department of Pediatrics, U of I	Iowa City, IA
2002-date	Lectures, mini-courses, one-on-one training for the Blue Team pediatricians and hospitalists as needed	Iowa City, IA

2002-date	SPE conference to discuss ethical issues related to child abuse & neglect (on average every two years)	Iowa City, IA
6/6/03 11/9/2007	Organizing Grand rounds for guest lecturers: Charles F. Johnson and Sumru Bilge from Ohio State University; Martin Finkel from the University of New Jersey School of Medicine and Dentistry; Ronald Barr from the University of British Columbia	Iowa City, IA
2002-date	Annual Courses and conferences on Collaboration of Medical, Legal and Social work fields in Child Abuse & Neglect management and prevention in Turkey working with various institutions. Conference organization, course material preparation and instruction, research	Turkey
2003-date	In-service training lectures (1-2 per year/2 years) to social workers on assessing families and children with concerns for abuse	Iowa City, IA
2003-06	Series of case presentations: ETC, Pediatrics, and medical students	Iowa City, IA
2003-06	Ran a satellite Child Protection Clinic at the Child Health Specialty Clinic in Ottumwa, Iowa	Ottumwa, IA
2003	Educational brochures to distribute to parents in UIHC clinics and inpatient units on Shaken Baby Syndrome, Child Discipline, Physical Abuse, Sexual Abuse (For parents, adolescents, and young children)	Iowa City, IA
2003-09	Educational program utilizing video tapes and brochures for new parents to prevent Shaken Baby Syndrome	Iowa City, IA
2003-date	Mentoring 2-5 undergraduate, post-graduate and medical students/year during research projects and research and service distinction tracks	Iowa City, IA
9/26/03 & 10/08/03	Lecture series on management of drug endangered children Neonatology faculty, nursing and social work staff	Iowa City, IA
2003-date	Established 4-24 week visiting professorship for professionals from Turkey and Portugal on Child Abuse & Neglect	Iowa City, IA
2004-date	Established hair screening test for illicit drugs by collaborating with the Pathology laboratory at the UIHC	Iowa City, IA
2004-08	Series of lectures on Drug Endangered Children to improve neonatal drug screening policy at the UIHC	Iowa City, IA
2004-date	Annual Child Maltreatment lectures to various groups of hospital staff, U of I	Iowa City, IA
2004-date	Hands-on training of Child Assessment Clinic Nurse and social worker	Iowa City, IA
2005-date	Established 4-week elective rotation for medical students on Child Abuse & Neglect	Iowa City, IA
2005-date	Biannual lectures to graduate and undergraduate students on various topics of Child Abuse and Neglect to Family Violence class at School of Social Work, Counseling Education class at School of Social Work, and to graduate students at the College of Public Health, U of I	Iowa City, IA
2005-date	Developed a mandatory reporter training curriculum to be offered by the members of Child Abuse & Neglect Section of AAP Iowa Chapter to pediatricians for certification at biannual chapter conferences	Iowa City, IA
9/23-24/05	Course co-director for AAP Iowa Chapter Postgraduate Fall Course on "Child at Risk", U of I collaborating with AAP Iowa Chapter	Iowa City, IA

2006-date	Shaken Baby Syndrome Prevention Project involving newborns admitted to UICH, adopted a more structured model in 2009 in collaboration with National Center on Shaken Baby Syndrome: implemented permanent prevention programs at the NICU, Mother Baby Unit, Pediatrics, and Family Practice Clinics, U of I (supported with three grants totaling $22,300)	Iowa City, IA
2002-08	Led the multi-departmental collaboration at the UIHC and updated perinatal illicit drug screening and intervention protocol: Developed an online tool to assess risk for illicit drug use/exposure to be used by the Departments of Obstetrics, Pediatrics, and Family Practice.	Iowa City, IA
2006-date	Annual core curriculum lectures on Child Abuse & Neglect to Family Practice residents and nursing staff, U of I	Iowa City, IA
2006-date	ICON training course for General Pediatricians on how to provide Child Protection Services for allegedly sexually abused children or victims of abusive head trauma, U of I	Iowa City, IA
2006-date	Series of grand rounds to relevant departments of UIHC on Perinatal Illicit Drug Screening Practices, Shaken Baby Syndrome, Fetal Alcohol Syndrome, U of I	Iowa City, IA
2006-08	Leader of staff in-service training activities on Perinatal Illicit Drug Screening Practices at the UIHC	Iowa City, IA
2008-09	Worked with medical students and implemented Shaken Baby Syndrome curriculum for medical students, pediatric and family practice residents at the UIHC. Disseminated the same to residency programs in Iowa	Iowa City, IA
2008-date	Provide consultation to regional task forces at national level contemplating to implement a Perinatal Illicit Drug Screening and Intervention Program at their communities	WI, NH, NY, CT, FL
2009	Co-implemented SIDS prevention and safe sleep practices education program via NIH brochures in English and Spanish at the UIHC	Iowa City, IA
2009	Series of lectures to medical staff of Center for Disabilities and Development and Child Health Specialty Clinics Network via ICN	Iowa
2010-date	Collaborated with Marguerite Oetting and developed a one week mandatory Child Abuse rotation for pediatric residents embedded within Systems of Care 4-week rotation	Iowa
2010-date	Annual Courses and conferences on Collaboration among Medical, Legal and Social work fields in Child Abuse & Neglect management and prevention in Portugal. Conference organization, course material preparation and instruction, research	Porto & Lisbon, Portugal
2011	Annual Course on Child Abuse & Neglect management and prevention in Pakistan. Course material preparation and instruction online	Lahore, Pakistan
2011	Establishment of umbilical cord toxicology testing to replace meconium testing at the UIHC	Iowa City, IA
2013 –date	Adverse Childhood Experiences Screening/Trauma Informed Care focused series of grand rounds across units at the UIHC (Division of General Pediatrics, Burn Unit-Departments of Surgery, Center for Disabilities and Development, Family Practice, Pediatrics, Internal Medicine, Ob/Gyn, Medical students, Nursing education)	Iowa City, IA
2013-date	Adverse Childhood Experiences Screening education across Iowa (4Cs Day Care Centers Board of Directors, Carroll County Community Task Force, Fort Dodge Task Force on ACEs)	Iowa

2014 spring semester	Organization and co-instruction of 152:160 Global Health Seminar - Challenges to Child Health Globally, 3 semester hours, University of Iowa: Two lectures delivered (Domestic violence and Adverse Childhood Experiences locally, nationally, and globally)	Iowa City, IA
2014-date	Lectures and case presentations at the Monthly Child Protection Conferences (3-4 sessions a year)	Iowa City, IA
2015 Fall	Training focus group members on adverse childhood experiences and trauma informed care to implement trauma informed care in pilot units/clinics/departments at the UIHC	Iowa City, IA
2016	Training module for UIHC staff to train trainers on trauma informed care	Iowa City, IA
2019	Training module for CHaD/DHMC staff on trauma informed care	Lebanon, NH

4. Supervising students/residents/other staff in clinical activities

2001-03	1 medical student, 4-5 residents per half day session (4-6 sessions per week), U of I College of Medicine, Family Care Center	Iowa City, IA
2001-date	Clinic nurse and unit social workers in Child Assessment Clinic and in in-patient units during in-house consults	Iowa City, IA
2003-09	1 medical student, 4-5 residents per half day session (2-3 sessions per week), U of I College of Medicine, Family Care Center	Iowa City, IA
2005-date	1 resident/fellow at the Child Assessment Clinics (2-6 half day sessions/month), U of I College of Medicine	Iowa City, IA
2005-2012	1-2 medical students/year (M4) at the Child Assessment Clinics during elective rotation (6-8 half day sessions/month), U of I College of Medicine	Iowa City, IA
2009-10	1 medical student, 4-5 residents per half day session (3-4 sessions per week), U of I College of Medicine, Family Care Center	Iowa City, IA
2010-11	1 resident at the Child Protection Program (1 week/month), U of I College of Medicine	Iowa City, IA
2011-2014	1 resident at the Child Protection Program (4 weeks/month, 9-10 months/year), U of I College of Medicine	Iowa City, IA
2012-date	4-5 medical students/year (M4) at the Child Protection Program during elective rotation (2-4 week-long), U of I College of Medicine	Iowa City, IA
2014-2017	1 resident at the Child Protection Program (2 days/month, 10-11 months/year), U of I College of Medicine	Iowa City, IA
2018-2019	1 resident at UIHC on elective 4-week advanced rotation in preparation for child abuse fellowship	Iowa City, IA

5. Formal study to improve teaching abilities

9/00	Sexual Assault Examiners training and Precepting Program	Brooklyn, NY
7/17/01	Mandatory Reporter Training in Recognition and Reporting of Child and Dependent Adult Abuse (Renewed on 7/21/2004)	Iowa City, IA
10/30-31/01	Coaching, Mentoring, and Team-Building Skills Seminars, OCRME, U of I, (6 CME credits)	Iowa City, IA
11/09-10/01	Responding to Child Abuse: An Iowa Conference (8.75 AMA category 1 CME credits)	Iowa City, IA
1/25/02	New Faculty Workshop, OCRME, U of I (7 AMA PRA cat. 1 CME cr.)	Iowa City, IA

1/30/02	Human Participant Protection Education for Research Teams (1 AMA PRA category 1 credit)	Iowa City, IA
6/26/02	Improving test question writing skills, (1 AMA PRA category 1 credit)	Iowa City, IA
7/8-10/02	14th International Congress on Child Abuse & Neglect (22 AMA PRA category 1 credit)	Denver, CO
8/23/02	Training on Mentoring (1 AMA PRA category 1 credit)	Iowa City, IA
10/29/02	How to enhance productivity and leadership skills, (1 AMA PRA category 1 credit)	Iowa City, IA
10/30/02	How to use PowerPoint more efficiently-I	Iowa City, IA
10/30/02	How to use PowerPoint more efficiently-II	Iowa City, IA
3/5/03	How to improve presentation skills	Iowa City, IA
6/4/03	Training course attended: How to manage drug endangered children	Des Moines, IA
8/26/03	How to make discussions more productive in teaching students (1 AMA PRA category 1 credit)	Iowa City, IA
9/25/03	Interactive Lecturing (1 AMA PRA category 1 credit)	Iowa City, IA
10/7-8/03	Using Microsoft/Access	Iowa City, IA
2/26/04	How to teach communication skills (1 AMA PRA category 1 credit)	Iowa City, IA
4/21-22/04	Using Microsoft Excel	Iowa City, IA
9/12-15/04	First North American/Fifth National Conference on Shaken Baby Syndrome (20 CME credits)	Montreal, Canada
10/18-21/04	20th Annual Midwest Conference on Child Sexual Abuse (2.1 CME cr.)	Madison, WI
10/25/04	National Methamphetamine Legislative and Policy Conference	St. Paul, MN
10/29/04	Teaching skills seminar (1 AMA PRA category 1 credit)	Iowa City, IA
9/4-3/05	Distant learning course on Introduction to Biostatistics to improve my supervision of medical students on research projects	Iowa City, IA
1/22-25/05	San Diego International Conference on Child and Family Maltreatment (30 AMA PRA category 1 credit)	San Diego, CA
8/16/05	NexTT (New Experiences with Teaching Technology) workshop: How to use Iowa Courses Online (ICON) for online teaching purposes	Iowa City, IA
9/11-15/05	Vth European Conference on Child Abuse & Neglect	Berlin, Germany
9/3-6/06	XVIth International Conference on Child Abuse & Neglect	York, England
7/11-13/07	APSAC Annual Colloquium on Child Maltreatment	Boston, MS
10/21-24/07	Helfer Society Annual Conference on Child Abuse & Neglect	Portland, OR
8/21/2008	Treatment for drug endangered children and their families, WEBinar lecture by Nicolas Taylor, PhD	Denver, CO
9/21-24/08	Helfer Society Annual Conference on Child Abuse & Neglect	Tuscan, AZ
10/5-7/2008	Seventh North American Conference on Shaken Baby Syndrome	Vancouver, BC
1/24-28/10	San Diego International Conference on Child and Family Maltreatment (46 AMA PRA category 1 credit)	San Diego, CA
3/5/10	Women Faculty Career Development Conference	Iowa City, IA
4/9/10	Period of Purple Crying Training Course	Iowa City, IA
4/21-24/10	Helfer Society Annual Conference on Child Abuse & Neglect	Philadelphia, PA

	(32 AMA PRA category 1 credit)	
9/12-14/10	Eighth North American Conference on Shaken Baby Syndrome	Atlanta, GA
9/26-29/10	XVIIIth International Conference on Child Abuse & Neglect	Honolulu, HI
3/8-11/11	NICHD Advanced Forensic Interview Course	Salt Lake City, UT
4/3-6/11	Helfer Society Annual Conference on Child Abuse & Neglect (28 AMA PRA category 1 credit)	Amelia Island, FL
8/19-24/11	AAP training course on child abuse and neglect	Denver, CO
Fall 2013	Multiple conferences and courses on Adverse Childhood Experiences	Iowa
11/1/13	Motivational interviewing	Ottumwa, IA
7/30-8/2/15	Violence, Abuse, Toxic Stress in Pediatrics	San Francisco, Ca
8/18/2015	Collaborative Leadership Training	Des Moines, IA
8/31-9/1/15	Master trainer training program on Adverse Childhood Experiences and Trauma Informed Care	Iowa City, IA

III. PROFESSIONAL PRODUCTIVITY

B. Publications or creative works

Peer reviewed papers

1. **Oral R,** Yavuz S, Battered Child Syndrome. *Anatol J Pediatr* 1994, 3:32-35. (First published shaken baby syndrome case in Turkey, My role: Concept & design, analysis & interpretation of data, writing the manuscript)(In Turkish).
2. **Oral R,** Can D, Ibrahimhakkioglu M, Sumer S. Neonatal Multifocal Salmonella Typhimurium Osteomyelitis. *J Neonatol* 1995; 2(1):29-36. (My role: Concept & design, analysis & interpretation of data, writing the manuscript).
3. Kültürsay N, Gelal F, Mutluer S, Senreçper S, Oziz E, **Oral R.** Antenatally diagnosed neonatal craniopharyngioma. *J Perinatol.* 1995; 15(5):426-428 (My role: Writing the manuscript).
4. **Oral R,** Kultursay N, Ozturk C, Tansug N. Dual Energy X-Ray Absorptiometry in Determining Bone Mineral Content of Prematurely Born Infants, *Ann Med Sci* 1996; 5:13-17. (My role: Concept & design, analysis & interpretation of data, writing the manuscript).
5. Ozkinay F, Akisü M, **Oral R,** Tansuğ N, Ozyürek R, Kültürsay N. Spondylocostal dysplasia and cardiac anomalies in one dizygotic twin. *Turk J Pediatr* 1996;38(3):381-4. (My role: analysis & interpretation of data, writing the manuscript).
6. Ozkinay FF, Akisü M, Kültürsay N, **Oral R,** Tansug N, Sapmaz G. Agenesis of the corpus callosum in Schinzel-Giedion syndrome associated with 47,XXY karyotype. *Clin Genet.* 1996; 50(3):145-148. (My role: analysis & interpretation of data, writing the manuscript).
7. **Oral R,** Can D, Yavuz S. Beware of epiphysiolysis: Child Abuse. *J Contin Med Edu,* 1997 6(10):332-334. (First published inflicted fracture case in Turkey. My role: Concept & design, analysis & interpretation of data, writing the manuscript) (In Turkish).
8. Akisu M, Kultursay N, Coker I, **Oral R,** Huseyinov A. Myocardial Free Carnitine Depletion in Asphyxiated Young Mice-Do Hypoxic Ischemic Newborn Infants Need Carnitine Supplement? *Turk J Med Sci* 1997; 27:349-353. (My role: analysis & interpretation of data, writing the manuscript).
9. **Oral R,** Can D, Hanci H, Miral S, Ersahin Y, Tepeli N, Bulguc AG, Tiras B. A multicenter child maltreatment study: Twenty-eight cases followed-up on a multidisciplinary basis. *Turk J Pediatr* 1998; 40(4)515-523. (My role: Concept & design, analysis & interpretation of data, writing the manuscript).
10. Betin N, **Oral, R.** Battered Child Syndrome. *Cukurova Med Sch J* 1998, 23:106-110. (First report of skeletal survey making diagnosis of inflicted pediatric trauma in Turkey, My role: Analysis & interpretation of data, writing the manuscript) (In Turkish).
11. **Oral R,** Akisu M, Kultursay N, Vardar F, Tansug N. Neonatal Klebsiella Pneumonia sepsis and imipenem/cilastatin. *Indian J Pediatr* 1998; 65(1):121-129. (My role: Concept & design, analysis & interpretation of data, writing the manuscript).
12. Can D, Inan G, Yendur G, **Oral R,** Gunay I. Salbutamol or Mist in Acute Bronchiolitis. *Acta Pediatr Jpn* 1998; 40(3):252-255. (My role: Writing the manuscript).
13. Akisu M, Darcan S, **Oral R,** Kultursay N. Serum Lipid and Lipoprotein composition in Infants of Diabetic Mothers. *Indian J Pediatr* 1999; 66(3):381-386. (My role: analysis & interpretation of data, writing the manuscript).
14. Johnson CF, **Oral R,** Gullberg L. Diaper Burn: Accident, Abuse or Neglect. *Pediatr Emerg Care,* 2000; 16:173-175 reviewed in Child Abuse Quarterly Medical Update VIII (1):14. (My role: Writing the manuscript).
15. **Oral R,** Can D, Miral S, Hanci H, Kaplan S, Ates N, Polat S, Ersahin Y, Tepeli N, Uran N, Tiras B. The First Child Abuse Case Series Followed-up on a Multidisciplinary Basis in Turkey, *Child Abuse Negl* 25 (2001) 279-290. (My role: Concept & design, analysis & interpretation of data, writing the manuscript).

16. **Oral R,** Johnson CF, Blum K. Fractures in young children and child abuse. *Pediatr Emerg Care* 2003; 19 (3):148-153. (My role: Concept & design, analysis & interpretation of data, writing the manuscript).
17. Ozkara E, Karatosun V, Izge Gunal, **Oral, R**. Trans-metatarsal amputation as a complication of child sexual abuse. *J Clin Forensic Med,* 2004; 11(3):129-132 (My role: analysis & interpretation of data, writing the manuscript.
18. Acik Y, Deveci E, **Oral R**. Level of knowledge and attitude of primary care physicians in Eastern Anatolian cities in relation to child abuse and neglect. *Prev Med. 2004;;39(4):791-7.* (My role: Concept & design, analysis & interpretation of data, writing the manuscript).
19. Acik Y, Deveci SE, Polat A, **Oral R.** Adolescents in Apprentice: Abuse experiences and attitudes toward violence. *J Public Health* 2004; 14(1):95-102. (My role: Concept & design, analysis & interpretation of data, critical review of manuscript) (In Turkish).
20. **Oral R,** Rahhal R, Elshelshari H, Menezes AH. Intentional Avulsion Fracture of the 2nd Cervical Vertebra in a Hypotonic Child. Pediatr Emerg Care 2006, 22(5):352-4. (My role: Concept & design, analysis & interpretation of data, critical review of manuscript).
21. Yucel-Beyaztas F, Dokgoz H, **Oral R,** Demirel Y. Child physical abuse: a five-case report. Middle East Journal of Family Medicine, 2006; 4(2):21-26. (My role: Analysis & interpretation of data, writing the manuscript)
22. **Oral R,** Strang T. Neonatal Illicit Drug Screening Practices in Iowa: The impact of utilization of a structured screening protocol. J Perinatol 2006; 26(11):660-6. (My role: Concept & design, analysis & interpretation of data, critical review of manuscript).
23. **Oral R,** Floryanovich A, Goodman J. Household falls in children less than 2 years of age. Turkish J Pediatr 2007, 49(4): 379-384. (My role: Concept & design, analysis & interpretation of data, critical review of manuscript).
24. **Oral R,** Yagmur F, Nashelsky M, Turkmen M, Kirby P. Fatal Abusive Head Trauma cases: Consequence of medical staff missing milder forms of physical abuse. J Pediatr Emerg Care 2008; 24(12):816-21. (My role: Concept & design, analysis & interpretation of data, critical review of manuscript).
25. Atılmış ÜÜ, Gündüz T, Karbeyaz K, Balcı Y, **Oral R.** Diagnostic dilemma in a case with incest suspicion. J Clin Turk Foren Med 2008;5(3):124-32. (My role: Concept & design, writing the manuscript).
26. Yucel-Beyaztas F, **Oral R,** Butun C, Beyaztas A, Buyukkayhan D. Four cases of physical abuse in children. Turkish J Pediatr 2009, 52(2):75-80. (My role: critical review of manuscript).
27. Agirtan CA, Akar T, Akbas S, ... **Oral R,** ... et al. (with 79 authors from multiple centers in alphabetical order). Establishment of Interdisciplinary Child Protection Teams in Turkey 2002-2006: Identifying the strongest link can make a difference! Child Abuse & Neglect 2009; 33(4):247-55. (My role: Concept & design, train the trainers for the project, provide consultation and guidance for MDT establishment, analysis & interpretation of data, writing the manuscript).
28. Sahin F, Kuruoğlu AC, Demirel B, Akar T, Camurdan AD, Işeri E, Demiroğulları B, Paslı F, Beyazova U, **Oral R.** Six year- experience of a hospital based child protection team in Turkey. Turkish J Pediatr 2009;51(4):336-43. (My role: Concept & design, critical review of manuscript).
29. Hayek SN, Wibbenmeyer LA, Kealey LH, Williams IM, **Oral R,** Onwuameze O, Light TD, Latenser BA, Lewis II RW, Kealey G P. The efficacy of hair and urine toxicology screening on the detection of child abuse by burning. J Burn Care and Research, 2009;30(4):587-92. (My role: Review of concept & design, analysis & interpretation of data, critical review of manuscript).
30. **Oral R**. Perinatal Illicit Drug Use and Fetal Exposure: Consequences and Management with a Public Health Approach. J Drug Testing & Analysis, Published Online: Mar 10 2009 7:07AM DOI: 10.1002/dta.21 (Invited review paper).

31. Tiras U, Dallar Y, Dilli D, **Oral R**. Evaluation and follow up of cases diagnosed as child abuse and neglect at a tertiary hospital in Turkey. Turk J Med Sci, 2009; 3(96):969-977. (My role: Concept & design, writing the manuscript).
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33. **Oral R**, Bayman L, Assad A, Wibbenmeyer L, Buhrow J, Strang T, Austin A, Bayman EO. Illicit Drug Exposure in patients evaluated for alleged child abuse and neglect. Pediatric Emergency Care, 2011;27(6):490-5 (My role: Concept & design, analysis & interpretation of data, writing the manuscript).
34. Butun C, Beyaztas FY, **Oral R**, Guney C, Buyukkayhan D, Sato Y. Twins physically abused by the father. Turkish Archives of Pediatrics, 2011; 46: 346-50 (My role: Concept & design, analysis & interpretation of data, editing the manuscript).
35. **Oral R**, Koc F, Smith J, Sato Y. Abusive Suffocation Presenting as New Onset Seizure. Pediatric Emergency Care, 2011; 27(11):1072-4 (My role: Concept & design, analysis & interpretation of data, editing the manuscript).
36. Kondolot M, Yağmur F, Yıkılmaz A, Turan C, Oztop D, **Oral R.** A life-threatening presentation of child physical abuse: jejunal perforation. Pediatric Emergency Care, 2011; 27(11):1075-7 (My role: Concept & design, analysis & interpretation of data, editing the manuscript).
37. **Oral R**, Koc, F, Bayman EO, Assad A, Strang T, Austin A. Perinatal illicit drug screening practices in mother-newborn dyads at a university hospital serving rural/semi-urban communities: Translation of research to quality improvement. J Mat-Fet & Neonat Med, 2012, 25(11):2441. (My role: Concept & design, analysis & interpretation of data, writing the manuscript).
38. Ulukol B, **Oral R.** Child poverty and neglect in Turkey. In: Dubowitz H (ed). World Perspectives on Child Abuse. Tenth edition, 2012. International Society for Prevention of Child Abuse and Neglect, Turkey. pp 36-39. (My role: Critical review of the manuscript).
39. Kaynak H, **Oral R.** Protection of children from neglect in the Turkish laws. In: Dubowitz H (ed). World Perspectives on Child Abuse. Tenth edition, 2012. International Society for Prevention of Child Abuse and Neglect, Turkey. pp 40-43. (My role: Critical review of the manuscript).
40. den Otter J, Smit Y, Dela Cruz LB, Ozkalipci O, **Oral R.** Documentation of torture and cruel, inhuman or degrading treatment of children: a review of existing guidelines and tools. Forensic Science International, 2013, 10;224(1-3):27-32. (My role: Analysis & interpretation of data, critical review of the manuscript).
41. Akco S, Dagli T, Inanici MA, Kaynak H, **Oral R**, Sahin F, Sofuoglu Z, Ulukol B (alphabetically listed by last name). Child abuse and neglect in Turkey: professional, governmental and non-governmental achievements in improving the national child protection system. Paed Intrntl Child Health. 2013, 33(4):301-9 (My role: Concept & design, critical review of the manuscript).
42. **Oral R**, Koc F, Bayman EO, Assad A, Austin A, Strang T, Bayman L. Perinatal illicit drug screening practices in mother-newborn dyads at a university hospital serving rural/semi-urban communities: translation of research to quality improvement. J Matern Fetal Neonatal Med. 2012 Nov;25(11):2441-6. (My role: Concept & design, analysis & interpretation of data, writing the manuscript).
43. Demirli Çaylan N, Yılmaz G, **Oral R**, Karacan CD, Zorlu P. Abusive head trauma: report of 3 cases. Ulus Travma Acil Cerrahi Derg. 2013, 19(3):261-6 (My role: Concept & design, critical review of the manuscript).
44. Silveira Ribeiro, C., Oral, R., Carmo, R., Jardim, P., Magalhaes, T. (2013). Management of child abuse and neglect in Portugal. A comprehensive and critical review. In Magalhães, T & Vieira, DN (Ed.), Abuse & Neglect Series 1 – To improve the Management of Child Abuse and Neglect (11-30). Maia: SPECAN. ISBN: 978-989-97275-0-2 (My role: Critical review of the manuscript).

45. Longmuir SQ, McConnell L, **Oral R**, Dumitrescu A, Kamath S, Erkonen G. S. Retinal hemorrhages in intubated pediatric intensive care patients. J AAPOS. 2014 Apr;18(2):129-33. (My role: Contributing to the concept & design, provision of the patient list, critical review of the manuscript)
46. Koc F, **Oral R**, Butteris R. Missed cases of multiple forms of child abuse and neglect. Int J Psychiatry Med. 2014;47(2):131-9. (My role: Concept & design, patient care, critical review of the manuscript).
47. Wibbenmeyer L, Liao J, Heard J, Kealey L, Kealey G, **Oral R**. Factors Related to Child Maltreatment in Children Presenting With Burn Injuries. J Burn Care Res. 2014 Sep-Oct;35(5):374-81 (My role: Concept & design, critical review of the manuscript).
48. Sofuoglu Z, **Oral R**, Aydin F, Cankardes S, Kandemirci B, Koc F, Halicioglu O, Aksit S. Epidemiological study on negative childhood experiences in three provinces of Turkey. Turk Pediatr Arch 2014; 49: 47-56 (My role: Contributing to the concept & design, analysis & interpretation of data, critical review of the manuscript)
49. Longmuir S, **Oral R**, Walz AE, Kemp PS, Ryba J, Zimmerman BM, Abramoff MD. Quantitative Measurement of Retinal Hemorrhage in Children Suspected of Abuse. J of AAPOS, 2014; 18(6):529-33. (My role: Contributing to the concept & design, provision of the patient list, critical review of the manuscript)
50. **Oral R.** Ramirez M, Peek-Asa C, Nakada S, Walz A, Kuntz A, Coohey C. Childhood Adversity and Trauma Informed Care. Pediatric Research 2016;79(1-2):227-33. (My role: Concept & design, writing one section, critical review of the manuscript)
51. Yaylaci S, Dallar Y, ... **Oral R**, ... Karagoz F (32 authors). Abusive Head Trauma in Turkey and Impact of Multidisciplinary Team Establishment Efforts on Case Finding and Management: Preliminary Findings. Eur J Emer Med 2016; 15:24-29 (My role: Concept & design, analyzing data, critical review of the manuscript)
52. **Oral R**, Sofuoglu Z. Case-Based Surveillance Study in Judicial Districts in Turkey: Child Sexual Abuse Sample from four Provinces. J Child & Fam Social Work, 2017. DOI:10.1111/cfs.12427 (My role: Concept & design, critical review of the manuscript)
53. Evans EM, Jennissen CA, **Oral R**, Denning GM. Child welfare professionals' determination of when children's access or potential access to loaded firearms constitutes child neglect. Trauma Acute Care Surg. 2017 Nov;83(5S Suppl 2):S210-S216 (My role: Critical review of the manuscript)
54. Soldatou, A, Paouri, B, Stathi, A, Nega, C, Tsolia, M, Oral, R, Leventhal, J. Missed Opportunities for the Detection of Physical Abuse and Neglect among Patients Hospitalized with Burns at a Tertiary Children's Hospital in Greece (2017). Eur J Pediatr 176 (11), 1547-1548 (My role: Concept & design, creating the intervention tool/training module, critical review of the manuscript)
55. Soldatou, A, Paouri, B, Hountala, A, Koutrouveli, E, Plevriti, E, Kyriakidou, T, Stathi, A, Tsolia, M, Oral, R, Leventhal, J. Age and Outcome of Inpatients Evaluated for Possible Physical Abuse at a Tertiary Children's Hospital in Greece. Eur J Pediatr 2017; 176 (11), 1547 (My role: Concept & design, creating the intervention tool/training module, critical review of the manuscript).
56. Soldatou A, Stathi A, Paouri B, Nega C, Apergi FS, Tsolia M, Leventhal J, **Oral, R.** Development of a train-the-trainer course and a knowledge questionnaire in child physical abuse for hospital physicians in Greece. Child Abuse Review, 2017 (submitted for publication, My role: Concept & design, creating the intervention tool/training module, critical review of the manuscript)
57. Jennissen C, Evans E, **Oral R**, Denning G. Child Abuse and Neglect Experts' Determination of When a Child Being Left Home Alone Constitutes Child Neglect. Inj Epidemiol. 2018; 10;5 (Suppl 1):16 (My role: finalizing concept & design, creating partnerships for the study, critical review of the manuscript)

58. Sofuoglu Z, Cankardas-Nalbantcilar S, **Oral R,** Ince B. Case-based surveillance study in judicial districts in Turkey: Child sexual abuse sample from four provinces. Child & Fam Social Work 2018; 23(4):566-573. (My role: finalizing concept & design, critical review of the manuscript)
59. **Oral R**, Ilyas F, Leventhal JM, Magalhaes T, Oliveira M, Soldatou A, Stathi A, Zafar N. Building systems to address child abuse and neglect: Successful collaborations with international partners, World Perspectives 2018 (ed: Howard Dubowitz) (My role: Concept & design, critical review of the manuscript).
60. Altan H, Sahin F, **Oral R.** Measuring Awareness about Child Abuse and Neglect: Validity and Reliability of a Newly Developed Tool- Child Abuse and Neglect Awareness Scale. Turkish J Peds, 2018; 60:392-399. (My role: Concept & design, critical review of the manuscript)
61. Fassel M, Grieve B, Hosseini S, Oral R, Galet C, Ryan C, Kazis L, Pengsheng N, Wibbenmeyer L. The Impact of Adverse Childhood Experiences (ACEs) on Burn Outcomes in Adult Burn Patients. J Burn Care Research 2019; https://doi.org/10.1093/jbcr/irz014 (My role: critical review of methodology and the manuscript)
62. **Oral R,** Bayman L, Roeder V, McKissic D, Dahlberg G, Theurer J. Two-Generational Trauma-Informed Assessment Improves Diagnostic Accuracy in a Child Protection Program. Child & Family Social Work 2019 (submitted for publication, My role: Concept & design, analyzing data, critical review of the manuscript)
63. Nielsen A, Laroche H, Rochford H, Greimann E, **Oral R.** Adverse Childhood Experiences and Trauma Informed Care: Knowledge and Perception of Relevance to Practice" *J Healthcare Quality 2019 ((*submitted for publication, My role: Concept & design, analyzing data, critical review of the manuscript)
64. Review of TIC
65. **Second ACEs study in child abuse clinic**

Books

1. *Report by Izmir Non-governmental Organizations on Children's Rights*. Ed: **Resmiye Oral**, National Medical Association Press, Izmir, 1996.
2. *Primary Care Physicians and Child Abuse & Neglect*. Ed: **Resmiye Oral**. Ministry of Health Print shop, Ankara, 1998.
3. *Physical Abuse: Training Kit for Physicians*. Charles F. Johnson, **Resmiye Oral** (eds), Ohio State University Publications, 1999, Columbus.

Book chapters

1. **Oral, R.** Hepatitis B and Hemophilus Influenza Vaccination Practices. In: *Antibiotic Use in Pediatrics and Goals in Immunization Practices*. Turkish National Pediatric Association Press, Izmir, 1994:65-78.
2. **Oral, R.** Child Abuse. In: *Report by Izmir Non-governmental Organizations on Children's Rights*. (ed. Resmiye Oral). National Medical Association Press, Izmir, 1996.
3. **Oral, R.** Child Abuse. In: *Forensic Psychiatry* (ed: Hamit I. Hanci), Intertip, Izmir, 1997.
4. **Oral, R,** Jardim P, Magalhaes T. Sexually transmitted infections in child sexual abuse/assault: diagnosis, forensic significance, and treatment. In: Abuse & Neglect Series, n° 1 – "To improve the management of Child Abuse & Neglect" (ed: Teresa Magalhaes), SPECAN publications, 2011.
5. Ribeiro CS, **Oral, R,** Do Carmo R, Jardim P, Magalhaes T. Management of child abuse and neglect in Portugal: A comprehensive and critical review. In: Abuse & Neglect Series, n° 1 – "To improve the management of Child Abuse & Neglect" (ed: Teresa Magalhaes), SPECAN publications, 2011.

6. **Oral R.** Multidisciplinary Management of Child Sexual Abuse. In: From TRAUMA to Post-Traumatic Stress Disorder (ed: Fani Triantafullou and Oresis Giotakos) (in print for 2016)

Guidelines

1. UIHC Child Protection Program Clinical Practice Guidelines: Developed in 2001, updated in 2003, 2004, 2005, 2006, 2008, 2009, 2010, 2019 https://thepoint.healthcare.uiowa.edu/sites/Pediatrics/ClinicalGuidelines/_layouts/15/start.aspx#/SitePages/Home.aspx
2. Ambulatory Pediatric Association (APA)'s Educational guidelines Revision Project (2002-2004), grant award to the APA by Josiah Macy, Jr., Foundation (Project Director, Diane Kittredge)
3. Identifying the Child Victim of Abuse or Neglect: *Protocols for Assessment. Care for Kids: Early Periodic Screening,* Diagnosis & Treatment, 2003; 10(3):1-6.
4. Iowa Statewide Protocol on Perinatal Illicit Substance Screening and Intervention. *Care for Kids: Early Periodic Screening, Diagnosis & Treatment* (2008).
5. CHaD/DHMC Child Advocacy & Protection Program Clinical Practice Guidelines: Developed in 2019

Newsletter publications

1. **Oral, R.** Role of Rib Fractures. The Clinician's Corner, *News from the AAP Iowa Chapter*, Spring 2004 pp 7-8.
2. **Oral, R.** Denial of Critical Care/Child Neglect. *Care for Kids: Early Periodic Screening, Diagnosis & Treatment,* 2004; 11(1):3-6.
3. **Oral, R,** Figen Sahin. Establishing multidisciplinary Child Abuse Teams in Turkey. *AAP Section on International Child Health quarterly newsletter,* Fall 2006.
4. **Oral, R.** When to consider abuse and neglect in children. *Pediatric Trauma Update,* 2008, 1(2):1-2.
5. **Oral, R.** Care for children exposed to illicit drugs. *Care for Kids: Early Periodic Screening, Diagnosis & Treatment* Winter, 2009.
6. **Oral, R.** Perinatal Illicit Substance Exposure and the Dilemma Related to Prescription Abuse. *Care for Kids: Early Periodic Screening, Diagnosis & Treatment* Fall, 2013.
7. **Oral, R,** Corbin M. Adverse Childhood Experiences and Pediatrician's responsibility: The foundations of a lifelong health are built in early childhood. *Care for Kids: Early Periodic Screening, Diagnosis & Treatment* Spring, 2015.

Electronic publications

2001	Web page describing the Child Protection Program at the U of I http://www.uihealthcare.com/depts/childrenshospitalofiowa/childprotection/index.html http://www.vh.org/navigation/vch/bibliography/archive/index.html
2002	Teaching material for medical students and residents online via Virtual Hospital on Introduction to Medical Approach to Child Abuse, Inflicted Head Trauma, Denial of Critical Care Part I: Medical/Dental Neglect, Denial of Critical Care Part II: Non-organic failure to thrive http://www.vh.org/navigation/vh/textbooks/pediatrics.html
2003	Educational and descriptive brochures on Child Abuse & Neglect online for families, children and professionals on Sexual abuse, Shaken Baby, Child Discipline, Prevention of Child Abuse http://www.uihealthcare.com/depts/childrenshospitalofiowa/childprotection/brochures.html
2005	Child Protection Clinical Guidelines (accessible via IPR) http://forms.uihc.uiowa.edu/pdf/abuseforms/index.htm

2005	Medical Management of Drug Endangered Children for the website of Iowa Alliance for Drug Endangered Children http://www.iowadec.org/wst_page6.html
2005	Mandatory reporter training course on Child Abuse & Neglect via Iowa Communications Online (ICON) and The Point http://forms.uihc.uiowa.edu/pdf/abuseforms/index.htm
2006-date	Video production for online training of General Pediatricians on how to interview families of children allegedly sexually abused or suffered from inflicted head trauma, U of I http://forms.uihc.uiowa.edu/pdf/abuseforms/index.htm
2006-date	Video production for online training of staff involved in the care of pregnant or delivering women and newborns on perinatal illicit substance screening/testing practices, U of I http://forms.uihc.uiowa.edu/pdf/abuseforms/index.htm
9/18/06	D'Alessandro DM, Oral R. What Should I Do When I'm Called To See A Drug-Exposed Child? www.pediatriceducation.org/2006/09/18
2007-date	Mandatory reporter training course on Child Abuse & Neglect for pediatricians in Iowa: http://www.iowapeds.org/
2007-date	Perinatal Illicit drug Screening and Intervention Policy in Iowa: http://www.iowapeds.org/
12/03/07	D'Alessandro DM, Oral R, Kao SC. How Old Are Those Subdural Hematomas. http://www.pediatriceducation.org/2007/12/03
12/2014	Adverse childhood experiences: Helping Services for Northeast Iowa-Domestic Violence Awareness Online Training https://helpingservices.skypepapp.com (access via rmatt@helpingservices.org)
3/2015	Domestic Violence and Women: TASSA March 2015 Newsletter

Abstracts

10/08-12/89	Lipoprotein Metabolism in Insulin Dependent Diabetic Children 23rd National Conference of Pediatrics	Bursa, Turkey
6/2-7/91	Hepatitis B Prevalence in Children with Malignancy, 9th National Cancer and 6th Pediatric Tumors Conference	Izmir, Turkey
5/6-10/91	Ampicillin/sulbactam treatment in neonatal sepsis, 6th National Chemotherapeutics and Antibiotics Conference	Antalya, Turkey
5/28-30/92	Hypoxic Ischemic Encephalopathy in Neonates 1st National Pediatric Neurology and 4th Mediterranean Countries Pediatric Neurology Conference	Ankara, Turkey
4/22-24/93	Knowledge, behavior and attitude of Turkish physicians on Child Abuse & Neglect, 1st Balkan, Caucasian, and Middle East Conference on Child Abuse & Neglect	Ankara, Turkey
7/14-18/93	Congenital Rubella, 2nd National Neonatology and 30th Conference of Pediatrics	Istanbul, Turkey
10/24-27/93	Neonatal Salmonella Typhimurium infections in 21st International Congress of Union of Middle Eastern and Mediterranean Pediatric Societies (Published, #2 in peer reviewed papers list)	Izmir, Turkey
4/14-17/94	Prevalence of Child Abuse & Neglect in an outpatient population followed up at Child Psychiatry Clinic at Behcet Uz Children's Hospital, in 4th Child and Adolescent Psychiatry Conference	Bursa, Turkey
9/18-21/94	Brain stem auditory potentials in neonates, 38th National Congress of Pediatrics	Trabzon, Turkey
3/1-2/95	Renal failure in asphyxiated newborns, Neonatal Nephrology Days	Istanbul, Turkey

6/4-8/95	Renal vein thrombosis in two newborns, 39th National Congress of Pediatrics	Ankara, Turkey
6/10-14/95	Multifocal Salmonella Osteomyelitis in newborns, 10th National Antibiotics and Chemotherapeutics Conference, (Published, #2 in peer reviewed papers list)	Nevsehir, Turkey
9/6-8/95	Spontaneous gastric perforation in a neonate, 1st National Pediatric Gastroenterology and Nutrition Conference	Izmir, Turkey
10/4-6/95	Brainstem visual evoked responses in neonates, 3rd Çapa Neonatology Days	Istanbul, Turkey
10/23-27/95	Knowledge, attitudes and behaviors of physicians in child abuse and neglect cases, 31st Turkish Pediatric Conference	Istanbul, Turkey
4/3-5/96	Epidemiology of Caustic Esophagitis, 1st World Conference on the Prevention and Treatment of Caustic Esophageal Burns in Children	Izmir, Turkey
4/24-26/96	Report of non-governmental organizations on improving children's rights, 2nd National Conference on Child Abuse & Neglect (Published, #2 in book chapters list)	Ankara, Turkey
10/14-17/96	Izmir Child Abuse & Neglect Task Force multidisciplinary experience, 40th National Pediatric Conference	Gaziantep, Turkey
5/26-29/97	Bone densitometry of newborns, 8th National Neonatology Conference, (Published, #4 in peer reviewed papers list)	Izmir, Turkey
6/27-30/97	Eight cases of Child Abuse & Neglect followed up on a multidisciplinary basis, 41st National Pediatric Conference	Van, Turkey
9/8-9/97	Twenty-eight cases of child abuse reported from five teaching hospitals in Izmir, International Seminar on Child Abuse & Neglect, (Published, #9 in peer reviewed papers list)	Antalya, Turkey
10/29-31/97	Calcium and phosphorus metabolism of premature infants, 4th National Metabolic Diseases and Nutrition Symposium	Izmir, Turkey
4/15-18/98	Thirty-two cases of CAN followed up on a multidisciplinary basis, 6th National Public Health Conference	Adana, Turkey
1/27-30/98	How was the first multidisciplinary Child Abuse follow-up team established in Turkey, San Diego Conference on Responding to Child Maltreatment	San Diego, CA
10/2/98	The first hospital based Child Protection Team in Turkey Regional Ambulatory Pediatrics Conference	Columbus, OH
10/13-16/99	Child Maltreatment Study: 83 cases followed up on multidisciplinary basis, Annual Congress of European Society for Social Pediatrics	Istanbul, Turkey
10/16/98	The establishment of the first Turkish Child Abuse & Neglect Follow-up Team, Regional Meeting of Ohio Chapter of American Academy of Pediatrics, Section of Child Abuse & Neglect, (Published, #15 in peer reviewed papers list)	Columbus, OH
1/22-24/01	Fractures in young children: Inflicted or Un-inflicted ? Conference on Responding to Child Maltreatment, (Published, #16 in peer reviewed papers list)	San Diego, CA
8/24-26/01	Turkish Physicians' knowledge on Child Abuse & Neglect. European Conference on Child Abuse & Neglect, (Published, #18 in peer reviewed papers list)	Istanbul, Turkey
9/12-15/02	Avulsion fracture of odontoid in a hypotonic child due to physical abuse. 4th Shaken Baby Syndrome Conference, (Published, #20 in peer reviewed papers list)	Salt Lake City, UT

1/25-28/04	Preliminary Results on Consequences of falls in children under two years of age: Parental survey, 18th Annual Conference on Child and Family Maltreatment, (Published, #23 in peer reviewed papers list)	San Diego, CA
11/12/04	Diffusion-weighted imaging of brain injury in shaken baby syndrome. Scientific exhibit at the Radiological Society of North America 90th Annual Meeting	Chicago, IL
1/22-25/05	Intrauterine illicit Drug Exposure risk factors in mother/infant dyads at the UIHC delivery population, 19th Annual Conference on Child and Family Maltreatment, (Accepted pending revisions, #33 in peer reviewed papers list)	San Diego, CA
1/22-25/05	Consequences of falls in children under two years of age: Parental survey, 19th Annual Conference on Child and Family Maltreatment (Published, #23 in peer reviewed papers list)	San Diego, CA
5/21-27/05	Diffusion-weighted imaging of brain injury in shaken baby syndrome. American Society of Neuroradiology meeting	Toronto, Canada
9/11-15/05	Establishment of Interdisciplinary child protection teams in a traditional society: The hurdles and how they are being overcome, Vth European Conference on Child Abuse & Neglect, (Published, #26 in peer reviewed papers list)	Berlin, Germany
9/3-6/06	Missed inflicted trauma with subsequent fatal inflicted head trauma in infants, XVIth International Conference on Child Abuse & Neglect, (Published, #24 in peer reviewed papers list)	York, England
9/3-6/06	Establishment of Interdisciplinary child protection teams in a traditional society: The hurdles and how they are being overcome, XVIth International Conference on Child Abuse & Neglect, (Published, #26 in peer reviewed papers list)	York, England
7/11-13/07	Perinatal Illicit Drug screening Practices in Iowa: Statewide Policy Development Efforts, APSAC Annual Colloquium	Boston, MA
4/29-5/2/08	The efficacy of hair and urine confirmatory testing in suspicious pediatric burn injuries. American Burn Association 40th Annual Meeting, (Published, #28 in peer reviewed papers list)	Chicago, IL
10/5-7/08	Fatal inflicted head trauma in cases with missed diagnosis of milder forms of abuse. Seventh North American Conference on Shaken Baby Syndrome, (Published, #24 in peer reviewed papers list)	Vancouver, BC-Canada
10/14-18/09	Prevalence of illegal drug exposure in children evaluated for abuse and neglect, 4th Mediterranean Academy of Forensic Sciences Meeting, (In press, #33 in peer reviewed papers list)	Antalya, Turkey
4/21-24/10	Staff training makes a difference: Improvements in neonatal illicit drug screening and intervention, Annual Helfer Society Conference	Philadelphia, PA
9/12-14/10	Multicenter efforts to prevent shaken baby syndrome in Turkey, 11th International Conference on Shaken Baby Syndrome	Atlanta, GA
9/12-14/10	Multicenter efforts to prevent shaken baby syndrome in Iowa, 11th International Conference on Shaken Baby Syndrome	Atlanta, GA
9/26-29/10	Establishing shaken baby syndrome management and prevention teams in Turkey, XVIIIth ISPCAN International Conference on Child Abuse & Neglect	Honolulu, HI
4/5/11	Does in-service training make a difference in staff's compliance with the Iowa statewide perinatal illicit drug screening and intervention protocol at the UIHC, Governor's Conference on Public Health	Ames, IA

9/18-21/11	Child Advocacy Center Model: Implementation efforts in Turkey as a national model, 12th European Child Abuse Conference	Tampere, Finland
10/22-25/11	Prevalence and Etiology of Retinal Hemorrhages in Pediatric Intensive Care Unit in Intubated Patients: 115th American Academy of Ophthalmology Annual Meeting	Orlando, FL
4/28-5/1/12	Prevalence and Etiology of Retinal Hemorrhages in Pediatric Intensive Care Unit in Intubated Patients: PAS Annual Meeting	Boston, MA
5/23-25/12	European Conference on Child Abuse & Neglect: A new project; A structured child protection service in Turkey	Amsterdam, The Netherlands
5/23-25/12	European Conference on Child Abuse & Neglect: The first year experience of Ankara CIM (Child Follow up Center)	Amsterdam, The Netherlands
5/23-25/12	European Conference on Child Abuse & Neglect: Illicit drug exposure in cases with alleged maltreatment	Amsterdam, The Netherlands
9/9-12/2-12	Prevalence and Etiology of Retinal Hemorrhages in Pediatric Intensive Care Unit in Intubated Patients: 19th ISPCAN meeting	Istanbul, Turkey
9/9-12/2-12	Impact of staff training on perinatal illicit drug screening and intervention: 19th ISPCAN meeting	Istanbul, Turkey
9/9-12/2-12	International implementation of the CAC model to respond to child abuse and neglect : 19th ISPCAN meeting	Istanbul, Turkey
7/7-10/15	Family Related Variables As A Risk Factor For Negative Childhood Experiences in Three Provinces of Turkey. 14th European Psychology Congress	Milano, Italy
10/21-25/2016	Child Welfare Professionals' Determination of When Certain Unsafe Activities and Lack of Child Protection Constitutes Child Neglect: AAP National Conference in the Section on Child Abuse and Neglect	San Francisco, CA
11/17-19/16	Case Based Surveillance Child Sexual Abuse Study in Four Provinces in Turkey; II. International Congress of Clinical and Health Psychology on Children and Adolescents	Barcelona, Spain
12/2-4/2016	Child Welfare Professionals' Determination of When Certain Unsafe Activities and Lack of Child Protection Constitutes Child Neglect: Forging New Frontiers: Looking into the Future of Childhood Injury Prevention. 21st Annual Injury Free Coalition for Kids® Conference.	Fort Lauderdale, FL
4/22-27/17	Revisited Imaging Findings and Pathophysiology of Abusive Head Trauma with Emphasis on Diffusion-Weighted Imaging: ASNR 55th Annual Meeting	Long Beach, CA
5/6-9/17	Trauma-informed assessment (TIA) at an academic child protection clinic Annual PAS Meeting	San Francisco, CA
6/22-25/17	Evaluation of an educational campaign to raise awareness of child physical abuse among health care professionals in Greece	Rome, Italy
11/26-12/1/17	Updates on Pathophysiology and Imaging of Abusive Head Trauma: RSNA Annual conference	Chicago, Il
12/1-3/17	Child Abuse and Neglect Experts' Determination of When a Child Being Left Home Alone Constitutes Child Neglect: Forging New Frontiers: Moving Forward with Childhood Injury Prevention. 22nd Annual Injury Free Coalition for Kids® Conference.	Fort Lauderdale, FL
9/2-5/18	Missed opportunities for the detection of physical abuse among patients hospitalized with fractures at a tertiary children's hospital in Greece. Biennial World ISPCAN conference	Prague, Czech Republic
9/2-5/18	Secondary prevention of Adverse Childhood Experiences (ACEs) via	Prague, Czech

	implementation of trauma informed practices and care at an academic hospital	Republic
11/4/18	Referral for Follow-up Assessment of High Risk Families from the ED: A Comparison of Two Methods. Council on Child Abuse and Neglect. American Academy of Pediatrics National Conference &	Orlando, FL
3/17-21/19	Exhibition	Panama City,
	Secondary Prevention Opportunity for Adverse Childhood Experiences via implementation of family wellbeing assessment at an academic hospital	Panama

Reviews of publications/programs

1. Johnson CF, **Oral R**, Gullberg L. Diaper Burn: Accident, Abuse or Neglect. *Emerg Pediatr Care*, 2000; 16:173-175 reviewed in *Child Abuse Quarterly Medical Update* 2001; VIII(1):14.
2. **Oral R,** Strang T. Neonatal Illicit drug screening practices in Iowa: The impact of utilization of a structured screening protocol. *J Perinatol* 2006; 1:1-7 reviewed in *Child Abuse Quarterly Medical Update* 2007; XIV(3):32-33.
3. My role in the field of child abuse & neglect as a child abuse pediatrician was reviewed in: The Child Abuse Doctors. David Chadwick (ed). GW Medical Publishers/STM Learning, Inc. (in press)
4. My role in systems building on child abuse management in Turkey was reviewed in: Turkish American Scientists & Scholars Association newsletter 2013; 2(1) accessible at http://www.tassausa.org/Newsroom/item/1407/Building-a-bridge-from-Iowa-to-Turkiye-for-Children?utm_source=2013+January+Newsletter&utm_campaign=September+2012+Newsletter&utm_medium=email (1.30.2013)
5. Article co-authored by me titled "Epidemiology of adverse childhood experiences in three provinces of Turkey" won the best article of the year in Turkey.

C. Invited Lectures

1. Invited Local and Regional CME/CEU lectures

10/02/98	The problems in establishing a hospital based Child Protection Team in a developing country, Regional Ambulatory Pediatrics Conference	Columbus, OH
12/28/00	Shaken Baby Syndrome, Woodhall Medical Center	Brooklyn, NY
1/03/01	Munchausen Syndrome By Proxy, Beth Israel Medical Center	New York, NY
5/25/01	Sexual abuse. Columbia-Presbyterian Hospital Family Medicine Grand Rounds	New York, NY
2001-03	Lectures in the Training Course for the Child Protection Training Academy program for DHS case workers (One-day course, annually)	Iowa City, IA
1/14/02	Introduction to Diagnosis of Child Abuse & Neglect, Grand Rounds for Department of Surgery, U of I	Iowa City, IA
1/31/02	Child Protection Program at the U of I: Clinical guidelines for mandatory reporters, U of I, Department of Pediatrics	Iowa City, IA
5/22/02	Domestic violence and its impact on children, Child Protection Training Academy Training Program for DHS case workers via ICN	Iowa City, IA
9/26/02	Two 1-hour lectures in the Annual Meeting Des Moines County Task Force on Child Abuse & Neglect	Burlington, IA
2002-07	SPE Conferences (one lecture every two years)	Iowa City, IA
10/18/02	Update on Medical Approach to Child Abuse & Neglect, Blackhawk County Task Force Annual Meeting on Child Abuse & Neglect	Waterloo, IA

10/19/02	Mandatory Reporting for Daycare Providers, Indicators of Child Abuse & Neglect, 4-C's bi-annual conference	Iowa City, IA
10/24/02	Physician's Assistants Association Annual Conference, Medical Approach to Child Abuse & Neglect	Cedar Rapids, IA
1/28/03	How to interview families in alleged Child Abuse & Neglect cases, CEU training to social workers, Dep. Of Social Services, U of I	Iowa City, IA
2/6/03	How to interview children in alleged Child Abuse & Neglect cases, CEU training to social workers, Dep. Of Social Services, U of I	Iowa City, IA
3/20/03	Diagnostic Approach to Child Abuse & Neglect, Regional Perinatal Conference	Mason City, IA
4/29/03	Diagnostic Approach to Child Abuse & Neglect, Prevent Child Abuse Iowa Annual Conference	Des Moines, IA
9/18/03 - 12/16/04	Thirteen 1-hr monthly seminars for the Wapello County Child Protection Task Force	Ottumwa, IA
2/28/04	Diagnostic approach to Child Abuse & Neglect, Annual Conference for Emergency Medical Technicians	Iowa City, IA
2003-date	Medical Approach to Child Abuse & Neglect. Child Protection Training Academy Training Program (Two-day course, twice/year)	Des Moines, IA
4/15/04	Drug Endangered children, Annual Southeastern Iowa Conference on Drug Endangered Children	Ottumwa, IA
2004-date (Once/year)	Child Maltreatment, Advanced Pediatric Life Support Course, Department of Emergency Medicine, U of I	Iowa City, IA
7/29/04	Failure to thrive, Visiting Professor lecture, Broadlawns Medical Center	Des Moines, IA
10/8/04	Children and Domestic Violence, Children's Alliance in Wapello County Fall Conference	Ottumwa, IA
11/5/04	Drug Endangered children, Drug Endangered Children Task Force	Burlington, IA
11/12/04	Drug endangered children and community response, Appanoose County Drug Endangered Children Task Force In-service training	Centerville, IA
11/19/04	How does parental methamphetamine use affect children ? Court Improvement Project for Judicial Branch Conference	Des Moines, IA
1/20/05 - 7/20/06	Fifteen 1-hr monthly seminars for the Ottumwa Regional Medical Center medical staff	Ottumwa, IA
3/4/05	Effects of illicit drugs on fetus and children, Southeastern Iowa Spring Conference on Drug Endangered Children	Ottumwa, IA
7/19/05	Child Maltreatment, Advanced Pediatric Life Support Course to Pediatricians & Family Practice Physicians, U of I	Iowa City, IA
9/23/05	Neonatal Screening Protocol at the U of I, AAP Iowa Chapter Postgraduate Fall Course on "Child and Adolescent at Risk"	Iowa City, IA
9/24/05	Medical Evaluation of Sexually Abused Child, AAP Iowa Chapter Postgraduate Fall Course on "Child and Adolescent at Risk"	Iowa City, IA
10/13/05	Physician's Assistants Association Annual Conference, Child Abuse & Neglect Mandatory Reporter Training course	Cedar Rapids, IA
12/2/05	Child Abuse & Neglect Grand rounds to Multidisciplinary Trauma Group, U of I	Iowa City, IA
12/13/05	Neonatal drug screening practices in Iowa and how can it be improved, State Child Protection Council bi-monthly meeting	Des Moines, IA

12/29/05	Munchausen Syndrome by Proxy to Emergency and Trauma Center staff, U of I	Iowa City, IA
1/10/06	Drug Endangered Children, Law Enforcement Annual Child Abuse and Neglect Certification Course, Johnson County Law Enforcement Agencies	Iowa City, IA
1/17/06	Drug Endangered Children, Law Enforcement Annual Child Abuse and Neglect Certification Course, Johnson County Law Enforcement Agencies	Iowa City, IA
1/24/06	Drug Endangered Children, Law Enforcement Annual Child Abuse and Neglect Certification Course, Johnson County Law Enforcement Agencies	Iowa City, IA
1/31/06	Drug Endangered Children, Law Enforcement Annual Child Abuse and Neglect Certification Course, Johnson County Law Enforcement Agencies	Iowa City, IA
2006-date	Visiting Professor lecture and hands-on training on selected cases, (1-3 invitations per year to family practice residencies around the state)	Iowa
4/07/06	Poverty and child abuse, Annual Diversity Conference	Ottumwa, IA
4/14/06	Drug Endangered Children, Johnson County Systems Unlimited Staffing Meeting	Iowa City, IA
6/23/06	Drug Endangered Children, Johnson County Public Defender's Office Annual Conference	Iowa City, IA
6/23/06	Shaken Baby Syndrome, Johnson County Public Defender's Office Annual Conference	Iowa City, IA
9/19/06	Pediatric burns and child abuse, Annual Midwest Burn Conference	Iowa City, IA
9/27/06	Perinatal Illicit Drug Screening Policy efforts in Iowa, Carol County Conference on Drug endangered Children	Carol, IA
2006-2010	Advanced Training on Medical Approach to Child Abuse & Neglect Child Protection Training Academy Training Program (One-day course, annually)	Des Moines, IA
10/26/06	Munchausen Syndrome by Proxy, Grand Rounds for St. Luke's Hospital Family Practice residency program	Cedar Rapids, IA
8/2/07	Perinatal illicit drug screening and intervention practices in Iowa, Public Health Barn Raising Conference VI	Des Moines, IA
9/6/07	Perinatal illicit drug screening and intervention practices in Iowa, Prevention Symposium	Des Moines, IA
9/26/07	Perinatal Illicit Drug Screening Policy efforts in Iowa, Union County Conference on Drug endangered Children	Creston, IA
10/4/07	Child Abuse & Neglect re-certification Course for Mandatory Reporters, Iowa Physician Assistant Society Fall Conference	Cedar Rapids, IA
3/26/08	Inflicted Head Trauma in Children & Childhood Physical Abuse, Iowa Women's Police Association Conference	Des Moines, IA
4/9-10/08	Statewide Policy on Perinatal Illicit Drug Screening and Intervention, Perinatal Care Conference	Des Moines, IA
4/18/08	How to recognize child abuse? Pediatric Nursing Conference	Iowa City, IA
4/21/08	Prevention of Pediatric Inflicted Head Trauma, Annual Prevent Child Abuse Iowa Conference	Des Moines, IA
3/31/09	Shaken Baby Syndrome Prevention, Family, Career, Communication Leaders of America Annual Conference	Des Moines, IA

4/7/09	Dissemination of the Statewide Perinatal Illicit Drug Screening and Intervention Protocol: Preliminary outcome, Drug Endangered Children Alliance of Iowa Annual Meeting	Des Moines, IA
6/9/09	How do pediatricians deal with emotions and personal biases when managing child abuse cases and interacting with their families: Schwartz Rounds	Iowa City, IA
7/1/09	Shaken Baby Syndrome Prevention, Family Consumer Sciences Teachers Annual Conference	Des Moines, IA
3/20/10	Recognition of child physical abuse, Rural Health Conference, Indian Hills College	Ottumwa, IA
4/13/10	Shaken Baby Syndrome Prevention Efforts in Iowa, Governor's Prevention Conference	Ames, IA
2010-date	Advanced Training on Abusive Head Trauma, Child Protection Training Academy Training Program (One-day course, once a year)	Des Moines, IA
4/11/12	Non-organic failure to thrive and perinatal illicit drug exposure: Visiting Professorship lecture	Waterloo, IA
4/12/12	Nebulous and gray areas in child abuse: Midwestern Family Physicians Conference	Iowa City, IA
10/23/12	Impact of staff training on perinatal illicit drug screening and intervention (Drug Endangered Children Conference)	Des Moines, IA
9/9/13	Sick From Bullying: Reaction Panel at Youth and Violence Conference	Iowa City, IA
9/12/13	Local Perspectives on Adverse Childhood Experiences at The Corridor's ACEs Summit	Cedar Rapids, IA
9/20/13	Abusive Head Trauma at Trauma Conference	Davenport, IA
10/3/13	Maternal and neonatal illicit drug screening (Neonatal Update Conference)	Iowa City, IA
10/4/13	Indicators of child abuse and neglect (Iowa Nursing Conference)	Iowa City, IA
12/3/13	Adverse Childhood Experiences at 4-C's Annual Conference	Iowa City, IA
1/15/14	Adverse Childhood Experiences: Carol County Community Task Force (full day training course)	Creston, IA
4/1/14	Adverse Childhood Experiences: Trainer the trainers seminar for Johnson County Supervisors Group	Iowa City, IA
2/4/14	Inflicted Trauma: Trauma Group Seminar	Iowa City, IA
3/20/14	Skin findings and child abuse: Visiting Professor lecture at Broadlawns Hospital Family Practice Program:	Des Moines, IA
3/26/14	Systems building in Turkey: Provost's Global Forum at the U of I	Iowa City, IA
5/1/14	Adverse Childhood Experiences: Iowa Nurse Practitioners Association Annual Conference	Iowa City, IA
6/24/14	Adverse Childhood Experiences: Trauma Informed Care Course to Fort Dodge Community Task Force	Fort Dodge, IA
8/25/14	Adverse Childhood Experiences: Blackhawk County Community Task Force	Waterloo, IA
10/7/14	Adverse Childhood Experiences: Mason City Medical Society monthly meeting	Mason City, IA
10/9/14	Adverse Childhood Experiences: School Nurses Annual Conference	Des Moines, IA
4/23/15	Munchausen Syndrome by Proxy: Siouxland Medical Center family Practice Residency Program grand Rounds	Sioux City, IA
8/26/15	Domestic Violence and how it effects families: Broadlawns Medical Center Family Practice Program grand rounds	Des Moines, IA
2/5/16	Transforming the U of Iowa to a trauma informed campus: Invited	Iowa City, IA

	presentation to the UI president, provost, vice president for student affairs	
3/18/16	Poverty and child abuse: Ottumwa Annual Regional Diversity Conference	Ottumwa, IA
4/22/16	Childhood Trauma Work at Global Scale: Language Makes a Difference, Coe College French Department Grand Rounds	Cedar Rapids, IA
4/27/16	Trauma Informed Care: Resiliency Triumphs Over Trauma Workshop	Iowa City, IA
5/18/16	Trauma Informed Care on Campus and Beyond: Resiliency Triumphs Over Trauma Workshop	Iowa City, IA
5/18/16	Resiliency Triumphs over Trauma: Just Living Theme Semester workshop	Iowa City, IA
5/19/16	Bullying real life and internet for parents: Visiting Professor lecture at St. Luke's Hospital	Cedar Rapids, IA
8/18/16	Abusive Head Trauma recognition and prevention in the ER: Webinar to all Iowa Hospitals with an ER service	Iowa
10/28/16	How to provide Trauma informed Care to children in foster care: Iowa Foster Care Association annual conference	Cedar Rapids, IA
2/4/17	Nurses' Role in Trauma Informed Practices: UI Nursing Grand rounds	Iowa City, IA
3/4/17	Trauma informed care and trauma sensitive responses: Peri-anesthesiology Nurses Annual Conference	Iowa City, IA
3/8/17	Trauma informed care in primary care: First Five Webinar training	Iowa City, IA
4/18/17	Adverse Childhood Experiences and How they impact all aspects of life: Shelby County Trauma Task Force meeting	Shelby County, IA
4/20/17	How child abuse affects mental health: Mental Health Nurses Annual Conference	Iowa City, IA
5/30/17	Domestic Violence: First Five Webinar training	Iowa City, IA
5/31/17	Recognition of child abuse and neglect in primary care: First Five Webinar training	Iowa City, IA
6/1/17	Trauma Informed Care: The future of Health Care	Cedar Falls, IA
6/2/17	Domestic Violence: First Five Webinar training	Tipton, IA
10/26/17	Trauma Informed Care: Medicine-Psychiatry Nurses Conference	Iowa City, IA
12/14/17	How to implement Trauma Informed Assessment in Systems of Care: Ottumwa Mental Health Task Force	Ottumwa, IA
2/21/18	Adverse Childhood Experiences and Sexual Abuse: First-Five training for primary care providers	Cedar Rapids, IA
3/21/18	Trauma sensitive responses to families in which child abuse occurs: Children's Hospital's Nursing Grand Rounds	Iowa City, IA
4/12/18	How to conduct Trauma Informed Assessment in systems of care: Ottumwa Train-the-Trainer Course (half day)	Ottumwa, IA
4/24/18	How do Adverse Childhood Experiences affect health, education, income, productivity, and mortality: First-Five training for primary care providers	Cedar Rapids, IA
5/8/16	How to respond to sex abuse lecture: UIHC Ob/Gyn residents	Iowa City, IA
5/9/18	How to conduct Trauma Informed Assessment in systems of care: Ames Train-the-Trainer Course (full day)	Ames, IA
5/21/18	Trauma Informed Care: UI Family Practice Grand Rounds	Iowa City, IA
10/31/18	Path to diagnostic accuracy and value based care is Trauma Informed Care	Manchester, IA
11/15/18	Domestic Violence and child abuse: Broadlawns Hospital Grand Rounds	Des Moines, IA
1/22/19	Adverse Childhood Experiences and Their Impact on Health: U of Iowa Trauma and Resiliency Certificate Lecture	Iowa City, IA
3/14/19	How to conduct Trauma Informed Assessment in systems of care:	Ottumwa, IA

	Ottumwa Train-the-Trainer Course (full day)	
10/30/19	New Hampshire Specialized Medical Services for Child Protection System: Dept. of Pediatrics Grand rounds	Lebanon, NH
10/2019	New Hampshire Specialized Medical Services for Child Protection System: Presentation to CANA-statewide stakeholders	Concord, NH

2. Invited National CME Lectures

3/23/99	Sexual Abuse in Children, Department of Pediatrics Noon Conference at Cornell Medical Center	New York, NY
3/3/00	Munchausen Syndrome By Proxy, Driscoll Children's Hospital	Corpus Christi, TX
1/27/05	Establishment of Interdisciplinary Child Protection Teams in a traditional society: The hurdles and how they are overcome, 19th Annual Conference on Child and Family Maltreatment	San Diego, CA
4/30/06	Neonatal illicit drug screening: How can we prevent sending infants to drug using homes? Pediatric Ambulatory Society Annual Conference, Child Abuse & Neglect Special Interest Group session	San Francisco, CA
10/7/06	Outcome of structured training program on child abuse & neglect in Turkey, AAP International Child Health Section Annual Membership meeting	Atlanta, GA
1/12/07	Perinatal illicit drug use/exposure: Still a dilemma nationwide? Children's Hospital at Dartmouth Grand Rounds	Lebanon, NH
3/5/07	Neonatal illicit drug screening: How can we prevent sending infants to drug using homes? University of Connecticut, Department of Pediatrics Grand Rounds	Hartford, CT
3/7/07	Neonatal illicit drug screening: How can we prevent sending infants to drug using homes? Annual Howard Sloan Day, Long Island College Hospital	New York, NY
4/11/07	Child advocacy center model and medical assessment of sexually abused children, New Hampshire Child Protection Task Force	Manchester, NH
4/12/07	Child advocacy center model and medical assessment of sexually abused children, Children's Hospital at Dartmouth Child Advocacy Center staff in-service training	Hanover, NH
10/21/07	Perinatal Illicit Drug Screening Policy Development Efforts in Iowa, Helfer Society Annual Conference	Stevenson, WA
1/31/08	Perinatal Illicit Drug Screening Policy Development Efforts in Iowa, 22nd San Diego Annual Conference on Child Maltreatment	San Diego, CA
9/23/08	Illicit drug exposure in children evaluated for abuse and neglect, Helfer Society Annual Meeting	Tuscan, AZ
4/6/11	Improvement in perinatal illicit drug screening and intervention practices at the UIHC, Helfer Society Annual Meeting	Amelia Island, FL
3/20/12	Leading the way to Child Advocacy Center model in Turkey, National Children's Alliance Annual Meeting	Huntsville, AL
8/10/12	Assessment of child homicides: Child fatalities symposium, Midwest Alliance on Shaken Baby Syndrome	Minneapolis, MN
10/20/12	Systems Building in Turkey on child abuse management and prevention (AAP annual conference)	New Orleans, LA
4/5/13	Munchausen Syndrome by Proxy (full day course to forensic investigators)	Minneapolis, MN

11/14/14	Drug Endangerment of Children (full day course to forensic investigators)	Minneapolis, MN
4/19-22/15	Trauma informed care by child abuse pediatricians: Helfer Society Annual Conference	Savannah, GA
5/5/15	Trauma informed care at Child Advocacy Centers: National Children's Alliance Annual Conference	Norfolk, VA
1/27/16	Trauma Informed Care at the UICH: Helfer Society Prevention Committee Quarterly Meeting	Houston, TX
3/4/16	Adverse Childhood Experiences and how childhood trauma affects health: AIAFS Training Course for Forensic Scientists	Minneapolis, MN
7/11/18	Path to diagnostic accuracy and value based care is Trauma Informed Care: Mount Sinai Children's Hospital Grand Rounds	New York City, NY
9/25/18	Path to diagnostic accuracy and value based care is Trauma Informed Care: UC at Irvine Child Protection Program Grand Rounds	Irvine, CA
10/22/18	Path to diagnostic accuracy and value based care is Trauma Informed Care: Dartmouth University Child Protection Program Grand Rounds	Manchester, NH
10/28/18	Path to diagnostic accuracy and value based care is Trauma Informed Care: University of New York Grand rounds	Syracuse, NY
11/19/18	Path to diagnostic accuracy and value based care is Trauma Informed Care: Hackensack University Medical Center Child Protection Program Grand Rounds	Hackensack, NJ
1/11/19	Trauma Informed Care and Trauma Sensitive Responses in Health care: AIAFS day-long Training Course for Forensic Scientists	Minneapolis, MN
1/15/19	Importance of specialized medical evaluation of all alleged victims of child abuse and neglect: Forum discussion with New Hampshire Legislature	Concord, NH
5/8/20	Trauma Informed Care and Trauma Sensitive Responses in Health care: AIAFS day-long Training Course for Forensic Scientists	Minneapolis, MN

3. Invited International CME/CEU lectures

3/19/02	Collaboration of Medical, Legal and Social work fields in Child Neglect prevention in Turkey, Ege University Medical School (One-day in-service training course)	Izmir, Turkey
3/20/02	Collaboration of Medical, Legal and Social Work fields in Child Abuse & Neglect prevention in Turkey, Ankara and Gazi University Medical Schools (Three 1-hr lectures)	Ankara, Turkey
3/21/02	Collaboration of Medical, Legal and Social Work fields in Child Abuse & Neglect prevention in Turkey, Ankara and Gazi University Medical Schools (Half day in-service training course)	Ankara, Turkey
3/22/02	Medical diagnostic approach to Child Abuse & Neglect, Duzce University Medical School (One-day in-service training course)	Duzce, Turkey
3/25/02	Problems of a newly established hospital-based Child Abuse & Neglect follow-up team, 3-hour workshop, Dokuz Eylul University	Izmir, Turkey
3/27/02	Problems of a newly established hospital-based Child Abuse & Neglect follow-up team, 3-hour workshop, Ege University	Izmir, Turkey
5/3/03	Training Course for physicians on Child Abuse & Neglect, Istanbul Chapter of Turkish Medical Association (One-day in-service training course)	Istanbul, Turkey
5/5/03	Training Course for multidisciplinary professionals on Child Abuse & Neglect Akdeniz University Medical School (One-day in-service training	Antalya, Turkey

course for hospital staff)

5/6/03	Training Course for interdisciplinary professionals on Child Abuse & Neglect Akdeniz University Medical School (One-day in-service regional training course)	Antalya, Turkey
5/9/03	Training course to hospital based multidisciplinary team members, Ege University Medical School (One-day in-service training course)	Izmir, Turkey
5/12/03	Training Course for general practitioners on Child Abuse & Neglect, Ege University Medical School (One-day in-service training course)	Izmir, Turkey
5/13/03	Role of schools in the management of Child Abuse & Neglect, Ege University Medical School (Half-day symposium, four 1-hr lectures)	Izmir, Turkey
5/20/04	Introductory training to Aydin Regional Child Protection Task Force, Aydin Municipality Human Resources Center (One-day in-service training course)	Aydin, Turkey
5/21/04	Establishing and running a child advocacy center in Turkey to Aydin Child and Youth Center staff, Aydin Child and Youth Center (4 hours)	Aydin, Turkey
5/24-26/04	5th National Conference of Sexuality & Sexual Disorders (Two 1-hour lectures)	Istanbul, Turkey
5/27-28/04	Training course to hospital based multidisciplinary team members, Hacettepe University Medical School (Two-day in-service training course)	Ankara, Turkey
6/2-3/05	Training course to hospital based multidisciplinary team members on Child Abuse & Neglect, Baskent University Medical School (Two-day in-service training course)	Ankara, Turkey
6/3/05	How to improve legal response to Child Abuse & Neglect, Ankara Bar Association	Ankara, Turkey
6/4/05	How to interview sexually abused children, Vth Social Psychiatry Conference, Osmangazi University Medical School (Half day Workshop)	Eskisehir, Turkey
6/7-8/05	How to organize regional interdisciplinary response to Child Abuse & Neglect, Erciyes University Medical School (Two-day in-service training course)	Kayseri, Turkey
5/15/06	Two 3-hour workshops for Multidisciplinary Child Protection Teams in Ankara, Gazi University Medical School	Ankara, Turkey
5/16-17/06	Biennial conference on response to Child Abuse and Neglect, Turkish Society for the Prevention of Child Abuse and Neglect (3-hour workshop)	Ankara, Turkey
5/18-19/06	Training course on response to Child Abuse and Neglect, Ondokuz Mayis University Medical School (Two-day in-service training course)	Samsun, Turkey
6/8/06	Grand Rounds on Inflicted Head Trauma in Children, National Forensic Medicine Institute	Istanbul, Turkey
6/9/06	Cerrahpasa Medical School Child Protection Symposium (Two 1-hour lectures)	Istanbul, Turkey
6/9/06	Capa Medical School Child Protection Symposium (Three 1-hour lectures)	Istanbul, Turkey
5/21-22/07	Conference on response to Child Abuse and Neglect, Uludag University Medical School, (Two-day in-service training course)	Bursa, Turkey
5/24-28/07	Forensic Medicine Association Annual Symposium (Three 4-hour workshops)	G-antep Turkey
6/4/07	Medical management of inflicted head trauma	Aydin, Turkey

5/5/08	Regional Conference on Child abuse & Neglect, Ege University Medical School (2-hour lecture)	Izmir, Turkey
5/8-10/08	National Conference on response to Child Abuse and Neglect, Turkish Society for the Prevention of Child Abuse and Neglect (2-hour workshop)	Ankara, Turkey
5/9/08	Task Force meeting on National Child Protection System Development: Collaboration among State Departments of Social Services, Health, Justice, Education, Internal Affairs, and Education (2-hour workshop)	Ankara, Turkey
5/26/08	Izmir Interdisciplinary Child Abuse & Neglect Task Force meeting (2-hour workshop)	Izmir, Turkey
11/3/08	Izmir Department of Public Health Annual Conference (2-hour workshop)	Izmir, Turkey
11/4/08	Izmir Child Abuse Task Force monthly meeting (2-hour workshop)	Izmir, Turkey
11/5/08	Izmir Forensic Medicine Institute Grand Rounds Inflicted head trauma and case management on a multidisciplinary basis	Izmir, Turkey
4/12-14/09	19th National Child and Adolescent Psychiatry conference One day course on Interdisciplinary Management of Child Sexual Abuse	Antakya, Turkey
4/16-17/09	Izmir Child Abuse Task Force and Behcet Uz Children's Hospital Grand Rounds (1-hour lecture)	Izmir, Turkey
9/27-30/09	National Conference on Child Maltreatment, Ankara Child Protection Task Force (One day in-service training course, 4-hour workshop, key note lecture)	Ankara, Turkey
10/1-4/09	5th Neurosurgery Conference (2-hour workshop on program development on Shaken Baby Syndrome)	Urgup, Turkey
10/14-17/09	4th Mediterranean Academy of Forensic Sciences Meeting (4-hour workshop and 90 minute round table)	Antalya, Turkey
5/19-20/10	Child Abuse in-service training course, University of Porto (2-day course on program development on Shaken Baby Syndrome and Child Sexual Abuse)	Porto, Portugal
5/22-24/10	Unicef/Marmara University Collaborative Meeting (3-day in-service training course on establishment of child advocacy centers at 9 universities in Turkey)	Istanbul, Turkey
5/26-28/10	1st National Shaken Baby Syndrome Conference (Half day inservice training course, four 1-hour lectures)	Ankara, Turkey
5/30/10	Celal Bayar University Conference of Social aspects of medical care for elderly and children (One two-hour lecture on management of abusive head trauma)	Manisa, Turkey
6/16-17/10	Cumhuriyet University and Sivas Child Abuse Task Force meeting (2 day in-service course to support interagency team establishment, 6 one-hour lectures)	Sivas, Turkey
7/26-30/10	Ministry of Health in-service training on Child Protection Pilot Project Team building (5 day in-service course, 9 one hr lectures, 2 workshops)	Ankara, Turkey
11/8-9/10	Zeynep Kamil Children's Hospital in-service training on child abuse & neglect (3 one-hr lectures)	Istanbul, Turkey
11/8-10/10	Ministry of Health in-service training on updates on Child Protection Center Pilot Project Team building (2 day in-service course, 3 one-hr lectures)	Ankara, Turkey
11/11/10	Samsun Child Abuse Task Force Meeting (4 one-hour lectures)	Samsun, Turkey
11/12/10	Izmir Child Abuse Task Force meeting (1-day course on Child Protection Center model)	Izmir, Turkey

12/5-7/10	10th National Conference on Child Abuse and Neglect (half-day workshop on hospital based child protection team building)	Lahore, Pakistan
5/2-7/11	University of Porto Annual Child Abuse Conference (two day forensic interview course, one-day child advocacy center course and two lectures	Porto, Portugal
5/18/11	Izmir Child Abuse Task Force symposium (lectures on child advocacy center model and abusive head trauma management)	Izmir, Turkey
6/1-2/11	Trabzon Child Abuse Task Force symposium (lectures on child advocacy center model and interdisciplinary response to child abuse & neglect)	Trabzon, Turkey
9/12-17/11	International Association of Forensic Sciences 19th Triennial Conference (three workshops on sexually transmitted infections, assessment of acute sexual assault, and child advocacy center model)	Madeira, Portugal
9/18-21/11	Establishment of Child Advocacy Centers in Turkey and Portugal (Symposium at the 12th European Child Abuse Conference)	Tampere, Finland
9/18/11	Child Protection Program Development in Turkey (International Working Group on Epidemiology of child abuse & neglect meeting)	Tampere, Finland
11/25/11	Updates on Child Abuse & Neglect (University of Crete Symposium)	Crete, Greece
12/1-3/11	Child Advocacy Center in reducing secondary traumatization within the system of sexually abused children (Excellence in Child Mental Health 2011 Conference)	Istanbul, Turkey
6/14-16/12	Child Abuse management systems building in Turkey (Sustaining Families: Global and local perspectives-U of I College of Law International Conference)	Iowa City, IA
7/16/12	Child Advocacy Center Model to respond to child abuse & neglect, University of Guatemala	Guatemala City
9/6-7/12	Evaluation of the First Child Advocacy Center in Turkey: First Annual Conference	Ankara, Turkey
9/9-12/12	Evaluation of severe physical abuse (19th International Congress on Child Abuse & Neglect –ISPCAN)	Istanbul, Turkey
1/18/13	Corporal Punishment of Children & Child Advocacy Center Model (3rd SPECAN International Child Abuse Conference)	Porto, Portugal
1/18/13	Child Advocacy Center Model for Portugal (3rd SPECAN International Child Abuse Conference)	Porto, Portugal
1/15-16/13	Prevalence of Child Abuse & Neglect in Turkey (BECAN National Conference)	Izmir, Turkey
3/18/13	What Clergy needs to recognize and prevent child abuse and neglect: Izmir Child Abuse Task Force meeting	Izmir, Turkey
3/20/13	How to establish a hospital based child protection team: Grand rounds at Dokuz Eylul University Medical School	Izmir, Turkey
3/20/13	Case conference: How to improve child abuse case management in Izmir	Izmir, Turkey
3/21/13	Child Advocacy Center: Behcet Uz Children's Hospital Grand rounds	Izmir, Turkey
7/30-31/13	Acute Sexual Assault Response Systems Building at Mugla Task Force's Workshop Days	Mugla, Turkey
8/6/13	Acute Sexual Assault and Forensic Medical Examination, Grand Rounds, Turkish National Institute of Forensic Medicine, Istanbul Headquarters	Istanbul, Turkey
8/7/13	Acute Sexual Assault and Forensic Medical Examination, Grand Rounds, Turkish National Institute of Forensic Medicine, Izmir Chapter	Izmir, Turkey
11/9/13	How to keep your children safe in digital age at National Conference on Child	Ankara,

	Safety and Internet	Turkey
11/15/13	Child Advocacy Center Model in Turkey at Child Abuse Task Force Meeting	Aydin, Turkey
11/18/13	Child Advocacy Center Model in Turkey at Child Abuse Task Force Meeting	Antalya, Turkey
11/22-23/13	Multidisciplinary team response to child abuse and neglect at National Conference on Child Maltreatment	Nicosia, Cyprus
5/4-6/14	How to establish multidisciplinary/interagency response to abusive head trauma at International Abusive Head Trauma Conference	Paris, France
7/31/14	How to establish multidisciplinary/interagency response to child abuse at children's hospitals; Bogota University Medical School, Department of Psychiatry Grand Rounds	Bogota, Colombia
8/4-6/14	How to establish multidisciplinary/interagency response to child abuse at children's hospitals (Plenary at International Conference on Child Maltreatment	Bogota, Colombia
8/4-6/14	Adverse Childhood Experiences (Keynote Speech at International Conference on Child Maltreatment	Bogota, Colombia
10/23-25/14	Child Death Review Teams at International Conference on Child Maltreatment	Istanbul, Turkey
6/30/15	Bullying and Pediatrics: Behcet Uz Children's Hospital Grand Rounds	Izmir, Turkey
9/27-30/2015	Adverse Childhood Experiences and Trauma informed care	Bucharest, Romania
11/16-18/15	Train the trainers on fundamentals of child abuse and neglect diagnosis and management: ELIZA child abuse grant educational activities	Athens, Greece
2/18/16	Challenges in diagnosing child physical abuse: National Pediatric Conference	Muscat, Oman
6/1-5/16	Train the trainers on how to establish hospital based child protection team in Greece (3 day course, during which I gave 11 lectures and prepared 16 lectures for others to deliver)	Athens, Greece
6/8/16	Integrating Trauma informed care into health: Solidarity Clinic grand rounds	Rethymnon Greece
6/10-13/16	Integrating Trauma informed care into health and human services in Greece: National Conference on how to improve social sciences in Greece	Rethymnon Greece
6/22-23/16	Revisiting forensic interview principles: Grand rounds at Behcet Uz Children's Hospital Child Protection Center and hands on peer-review	Izmir, Turkey
5/14-26/17	In-service training course on how to implement interdisciplinary child protection programs in Colombia: University of Bogota and AFECTO child abuse task force (5 day course, I prepared and gave 12 lectures)	Bogota, Colombia
6/14/17	Interdisciplinary response to child abuse and neglect across the community: PROMISE European Project conference	Brussels, Belgium
10/11-13/17	Videogames and child abuse and neglect: Internet and Child Safety Conference – Digital games	Ankara, Turkey
11/13-14/17	Course on physical abuse and its hospital based multidisciplinary and regional interdisciplinary management in Lahore: The Children's Hospital and The Institute of Health symposium on child abuse	Lahore, Pakistan
11/15-17/17	Physical abuse management at children's hospitals: 1st South Asia Regional Conference on Child Rights & 12th National Child Rights Conference	Lahore, Pakistan
1/25-27/18	Adverse Childhood Experiences and Trauma Informed Care: Adolescent Health Conference	Lisbon, Portugal
3/13-15/18	Multidisciplinary response to Child Abuse and neglect in Pakistan via Child	Islamabad,

	Protection teams and centers	Pakistan
5/28-31/18	Course on Forensic Interviews: Izmir Child Protection Center annual course	Izmir, Turkey
7/21-25/18	Trauma informed Care and Sexual Abuse management: National Colombian Child Maltreatment-Annual Conference (two lectures)	Bogota, Colombia
10/18/18	Medical evaluation of child victims of sexual abuse: Webinar for PROMISE European Union Project	Webinar
12/3/18	Interdisciplinary Response to Child Abuse & Neglect at Hospital Setting: Kyriakou Children's Hospital Child Protection Team	Athens, Greece
12/4/18	Inter-hospital collaborative Child Protection Program Establishment: Combined Grand Rounds for Kyriakou Children's Hospital and Agia Sophia Children's Hospital	Athens, Greece
12/6/18	Diagnostic Comprehensive Evaluation of Child Sexual Abuse: Kyriakou Children's Hospital Grand Rounds	Athens, Greece
12/10/18	Training Course on Interagency Response to Child Sexual Abuse: Annual Training Course for Northern Greece Prosecutors, Law enforcement and Judges (half day course)	Athens, Greece
12/11/18	Training Course on Interagency Response to Child Sexual Abuse: Annual Training Course for Southern Greece Prosecutors, Law enforcement and Judges (half day course)	Athens, Greece
12/12/18	International Success Story on Implementing Interagency collaborative Response to Child Sexual Abuse: ELIZA Board of Directors Quarterly Meeting	Athens, Greece
12/13/18	How to assess inpatient child physical abuse cases: Kyriakou Children's Hospital Pediatric resident weekly seminar	Athens, Greece
1/17/19	How to integrate child and family advocacy services into Child Advocacy Center model in Turkey: Webinar for national leaders on child abuse	Izmir, Turkey
4/8-12/19	Best practices to respond to four major categories of child abuse and neglect (2 day course) National Conference on Child Maltreatment	Istanbul, Turkey
11/27-30/19	Adverse Childhood Experiences and Trauma Informed Care: 2nd International 7th National Pediatric Nursing Congress	Izmir, Turkey

4. Invited Lectures at other Meetings

9/23/03	Drug Endangered Children, Annual Public Forum of Prevent Child Abuse-Johnson County Council http://www.uiowa.edu/~ournews/2003/september/092203child-abuse-forum.html	Iowa City, IA
5/6/05	Shaken Baby Syndrome, City High School Health Class students	Iowa City, IA
5/17/05	Shaken Baby Syndrome, West High School Health Class students	Iowa City, IA
2/10/06	Perinatal Illicit Drug Screening Protocols in Iowa, Iowa Alliance on Drug Endangered Children bimonthly meeting	Des Moines, IA
2/28/06	Community collaboration is needed: Drug Endangered Children Community Task Force, Monthly luncheon meeting, Johnson County Juvenile Law Community	Iowa City, IA
8/8/06	Sexual Assault Nurse Examiner's responsibilities in assessing pediatric acute sexual assault cases, SART monthly meeting	Iowa City, IA
8/22/06	How to improve perinatal illicit drug screening in Iowa, Iowa Department of Public Health staffing meeting	Des Moines, IA

10/7/06	International training activities make a difference in the management of child abuse and neglect, American Academy of Pediatrics International child Health Section Executive Board Meeting	Atlanta, GA
3/8/07	How to improve perinatal illicit drug screening in Iowa, Department of Public Health, Maternal and Child Health Advisory Council Meeting	Des Moines, IA
1/10/08	Statewide Policy on Perinatal Illicit Drug Screening and Intervention in Iowa, Department of Public Health, Maternal and Child Health Advisory Council Meeting	Des Moines, IA
1/10/08	Statewide perinatal illicit drug screening and intervention policy in Iowa, Department of Public Health, Maternal and Child Health Advisory Council Meeting	Des Moines, IA
9/10/08	Shaken Baby Syndrome Prevention Panel, Family Career & Community Leaders Annual In-service Training	Ankeny, IA
9/10/08	Shaken Baby Syndrome Prevention Panel, Family Consumer Science Teachers Luncheon Meeting	Ankeny, IA
2008-2010	Profile of abusive families, Coe College Sociology Department (annual lecture to Sociology of the Family class	Cedar Rapids, IA
11/9/09	International Mondays: Child Abuse & Neglect prevention in Turkey	Iowa City, IA
2010-date	Historical background of the political environment in Turkey (annual lecture)	Cedar Rapids, IA
11/1/10	Profile of abusive families, Coe College Sociology Department	Cedar Rapids, IA
2/17/11	How to prevent missed abuse, Iowa Child Death Review Team	Des Moines, IA
3/19/15	How to address the needs of drug exposed children in foster care, Cedar Rapids Foster Families	Cedar Rapids, IA
4/13/15	Adverse Childhood Experiences and Trauma Informed Care: Kirkwood Community College Nursing students	Cedar Rapids, IA
9/10/15	Neonatal Abstinence Syndrome: Medicaid Enterprise of Iowa monthly meeting	Des Moines, IA
10/14/15	Career path of a pediatrician from general practice to neonatology to child abuse pediatrics: ImmUNITY campaign student group	Iowa City, IA
12/1/15	International systems building on child protection-From the University of Iowa to Turkey and beyond: Iowa City Foreign Relations Council	Iowa City, IA
1/5/16	Adverse Childhood Experiences: Johnson County Morning Rotary Club	Iowa City, IA
2/7/16	Implementing Trauma Informed Care on campus at the U of Iowa: Presentation to the President, Provost, Vice President of Students	Iowa City, IA
4/27/16	Resiliency Triumphs over Trauma: Just Living Theme Semester workshop	Iowa City, IA
8/4/16	Nurses' role in Trauma Informed Care: Nurse Managers Council monthly meeting	Iowa City, IA
11/4/16	Child Trauma Prevention: From UI to Greece – UI Fulbright Annual Presentation Series	Iowa City, IA
2/4/19	Panel presentation for the City Circle Theater in Relation to "Who is the Tommy" musical	Coralville, IA
8/27/19	Quechee Lakes Landowners Association CHaD Classic Gala Night	Queeche, VT

D. Areas of Research Interest and Projects

Research interests

- National Child Abuse and Neglect Prevention program development in developing countries (Turkey, Portugal, Pakistan, Greece)
- Drug endangered children and policies on hospital management of drug endangered children
- Perinatal illicit drug screening protocols at birthing hospitals
- Adverse Childhood Experiences and trauma informed care at the UIHC, on campus and employee clinic
- Parenting classes and their impact on child abuse prevention
- Bilateral skull fractures in infants abuse vs. accident

Completed Projects

- Established Child Assessment Clinic as a referral center to evaluate allegedly abused and neglected children
- Established a Shaken Baby Prevention Program at the NICU, Mother Baby Unit, Pediatrics Clinic, and Family Practice Clinic, after using three years of CMN grant funding, in 2013, it was adopted by the hospital as part of the capital budget, providing the program permanency.
- Spearheaded collaboration at the UIHC and revised the hospital perinatal illicit drug screening and intervention protocol
- Developed training curriculum on perinatal illicit drug screening protocol use for the UIHC staff and created a model curriculum to be used at the birthing hospitals in Iowa
- Co-led the statewide collaboration involving governmental and non-governmental agencies and developed a statewide policy for perinatal screening and intervention for illicit drugs, which became part of State Perinatal Care Clinical Guidelines
- Contributed to the development of an international medical curriculum on Child Abuse & Neglect for medical practitioners in developing countries by participating in the Ad Hoc Committee in International Society for the Prevention of Child Abuse and Neglect (ISPCAN)
- Led training activities in Turkey to create a network of trainers and participated in the establishment of >30 Multidisciplinary Child Protection Teams, became an invited consultant for the Turkish Ministries of Justice and Health in creating a network of Child Protection Centers in Turkey and for two congresswomen to draft a bill to support the same.
- Led Turkish National Child Abuse Task Force to join the ISPCAN International Working group on determining the epidemiology of Child Abuse & Neglect in developing countries
- Established a multicenter research team in Turkey to conduct a retrospective study on shaken baby syndrome: data collection completed, manuscript is being drafted
- Became recognized as an expert in Turkey, Portugal, Pakistan, and in Greece, in developing a national response to child abuse & neglect and specifically to child sexual abuse and abusive head trauma interdisciplinary/inter-sectorial management
- I completed multiple research projects and published them in peer-reviewed journals
- I joined the National Children's Alliance (NCA) as the leader of the Turkish collaboration in establishing the pilot Child Advocacy Center model in Ankara Turkey (invited by the NCA)
- Established and have been leading a statewide specialized medical consultancy program to assess child abuse cases from rural Iowa for DHS in real time with a follow-up multidisciplinary management component
- Participated in the adoption of umbilical cord testing to replace meconium testing for neonatal toxicology screening
- Working with Iowa Department of Public Health and National Center on Shaken Baby Syndrome to expand Shaken Baby Syndrome Prevention Program to all birthing hospitals in Iowa, I helped Iowa to be designated one of the "PURPLE" states by the National Center on Shaken Baby Syndrome where this program is used throughout the state.

- Video clip production on Adverse Childhood Experiences
- Worked with the University of Porto Department of Forensic Medicine and helped them implement regional interdisciplinary child abuse task forces in Portugal and develop guidelines for the Ministry of Justice on the management of child sexual abuse
- Worked as a consultant with national and regional policy makers and child protection agencies in Turkey and helped a congress bill passed to implement regional interdisciplinary child abuse task forces and child advocacy centers (15 such centers have been established)
- Worked with "Protection And Help of Children Against Abuse and Neglect (PAHCHAAN)" non-governmental agency in Pakistan and helped them develop a training curriculum for medical professionals on the hospital management of abused children
- Completed a project on establishing a network of trained medical providers across Iowa to serve as medical resources for local DHS workers: Spearheaded a team of medical directors of the child protection centers in Iowa and Child Health Specialty Clinics
- Founded the Iowa Chapter of American Professional Society on the Abuse of Children collaborating a team of child abuse professionals in Iowa.
- Successfully organized the Provost's Global Forum for Academic Year 2013-2014 (March 25-28/2014)
- Co-established a Council on Trauma Informed Care ("Promoting Resiliency Initiative") on campus collaborating with the colleges of Education, Public Health, Social Work, Nursing, Medicine, and Law
- Established Family-Well-being Assessment Clinic run by an independent licensed social worker
- Established Therapy Clinic run by an independent licensed social worker
- Implemented trauma informed care at the Burn Unit, UIHC
- Implemented trauma informed care at the ETC, UIHC
- Developed a training module on Trauma Informed Care in Collaboration with School of Social Work to implement Trauma Informed Care at the UIHC
- Created a package of child safety brochures including abuse and non-abuse related physical, sexual, and emotional injury prevention flyers both for parents and children
- European Union Grant PROMISE has been completed with the development of multiple practice tools to implement Child Protection Center model in European countries to address child sexual abuse. I functioned as a scientific consultant on this project.
- I organized 6 grand rounds for departments of Pediatrics, Family Practice, Emergency medicine, Nursing, Internal Medicine, Surgery, Anesthesiology, and Hospital Advisory Councill on "Implementation of Trauma Informed Care and Behavioral Health Services in Primary Care" to be held on 11/6-9/2018 by two speakers from Montefiore Hospital in New York City.
- I worked with UI Trauma Team and generated a clinical guideline handout for Trauma Team residents.
- Co-revised as invited editor The United Nations Manual Revision Committee: Effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment (Istanbul protocol, or IP) to set out minimum standards for legal and medical investigations of cases of alleged torture and ill-treatment.
- Completed research on "Data collection on UIHC staff's knowledge on trauma informed care", submitted to *Journal for Healthcare Quality*

Current Projects

- Working with National Children's Alliance to spread Child Advocacy Center model to Turkey, Greece, and Colombia
- Implementing Adverse Childhood Experiences Screening in the State of Iowa, in clinical settings

- Working on a book chapter via invitation from Greece on Sexual abuse and PTSD. In: Trauma and PTSD (ed: F. Triantafyllou and D. Giotakos) in collaboration with a colleague from Child Psychiatry at the UIHC, Peter Daniolos MD.
- Leading as the founding member the UIHC Trauma Informed Care Initiative
- Implementing trauma informed care at the Inpatient Child Abuse Services, Pediatrics, Family Practice, Obesity, and Prenatal Clinics
- Working with higher education stakeholders in Iowa to organize an annual workshop in order to disseminate trauma informed care model to the state
- Working with an NGO: ELIZA from Greece and University of Athens on Implementing Interagency collaborative response to child abuse and neglect

Grants received

12/20/01	Children's Miracle Network, Iowa City, IA: equipment and patient education	$12,000
1/02	Office of the Provost, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$900
11/2002	International Society for the Prevention of Child Abuse & Neglect. Training course organization in Antalya, Turkey. http://www.ispcan.org/Past%20Training%20Events.html	$3,000
11/2002	Office of the Provost, U of I, Iowa City, IA: International travel grant to attend training courses on Child Abuse & Neglect as instructor and organizer in Turkey	$400
4/03	Children's Miracle Network, Iowa City, Iowa. Video surveillance equipment installation in Child Assessment Clinic	$15,000
2/04	Office of the Provost, U of I, Iowa City, IA: International travel grant to attend training courses on Child Abuse & Neglect as instructor and organizer in Turkey.	$400
1/05	Children's Miracle Network. Research funding on surveying hospitals of Iowa on the current neonatal drug screening protocols	$4,500
2/05	Office of the Provost, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$300
1/10/06	Children's Miracle Network, Iowa City, Iowa. Shaken Baby Syndrome Prevention project.	$12,400
3/8/06	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$775
3/10/06	US Embassy in Ankara, Turkey. International Travel grant to bring a team of instructors to teach at training courses on Child Abuse & Neglect in Turkey	$3,000
3/20/06	British Council in Ankara, Turkey. International Travel grant to bring a team of instructors to teach at training courses on Child Abuse & Neglect in Turkey	$ 3,000
4/11/06	Office of Drug Control Policy, Des Moines, Iowa. Meeting organization support to develop a statewide policy on Perinatal Illicit Drug Screening	$750
4/11/06	Iowa Child Protection Council, Des Moines, Iowa. Meeting organization support to develop a statewide policy on Perinatal Illicit Drug Screening	$750

12/8/06	Children's Miracle Network, Iowa City, Iowa. Research project on the Impact of In-service training on perinatal illicit drug screening practices at the UIHC (Phase 1)	$15,970
12/14/06	Children's Miracle Network, Iowa City, Iowa. In-service training module development project on perinatal illicit drug screening practices at the UIHC	$3,000
2/13/07	British Council in Ankara, Turkey. International Travel grant to bring a team of instructors to teach at training courses on Inflicted Head Trauma in Turkey	$2,000
9/15/07	Turkish Society for the Prevention of Child Abuse & Neglect, Turkey. International travel grant to organize workshops on therapeutic approach to sexually abused children	$1,500
12/19/07	Children's Miracle Network, Iowa City, Iowa. Child Assessment Clinic Equipment upgrading project	$4,960
12/20/07	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$500
5/1/08	The Eagles, Iowa City, IA: Research grant to explore the prevalence of illicit drug exposure in children evaluated for abuse and neglect	$5,000
9/15/08	Turkish Association of Child and Adolescent Psychiatry, Turkey. International travel grant to instruct and moderate a workshop on forensic interview techniques for sexually abused children	$1,700
3/27/09	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$700
5/1/09	The Eagles, Iowa City, IA: Research grant to explore the incidence of shaken baby syndrome in Iowa	$3,000
6/15/09	Turkish Association for Child Safety and Knowledge, Turkey. International travel grant to instruct and moderate a workshop on forensic interview techniques for sexually abused children and a course on abusive head trauma management	$2,000
10/13/09	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$450
10/15/09	University of Iowa Foundation. Shaken Baby Syndrome Prevention Program funding	$6,000
12/10/09	Northern Portugal Institute of Forensic Medicine. International travel grant to instruct at a two day in-service course on interdisciplinary response to abusive head trauma and sexual abuse	$2,000
12/18/09	Children's Miracle Network, Iowa City, Iowa. Regional Shaken Baby Prevention Program at Mother Baby Units in 7 hospitals.	$4,300
1/19/10	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$400
3/10/10	Ankara University Child Protection Program, Turkey. International travel grant to fund a team of six instructors to instruct courses at the first Shaken Baby Syndrome Conference in Ankara, Turkey	$10,000
6/24/10	Turkish Ministry of Health, International travel grant to fund a team of two instructors to train the core personnel and trainers for the first Child Advocacy Center to be established in Ankara, Turkey	$ 5,000

7/1/10	Children's Miracle Network, Iowa City, Iowa. Research project on the Impact of In-service training on perinatal illicit drug screening practices at the UIHC (Phase 3)	$11,665
7/21/10	Noon Pilot Club of Johnson County, Shaken Baby Prevention Program at Mother Baby Unit, UIHC	$ 2,000
2/25/11	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey and Portugal	$400
5/23/11	Children's Miracle Network, Iowa City, Iowa. Regional Shaken Baby Prevention Program at Mother Baby Units in 7 hospitals.	$6,500
4/16/12	Children's Miracle Network, Iowa City, Iowa. Regional Shaken Baby Prevention Program at Mother Baby Unit, UIHC.	$2,580
5/2/12	Children's Miracle Network, Iowa City, Iowa. Regional Shaken Baby Prevention Program at Mother Baby Unit, UIHC.	$5,500
5/4/12	The Eagles, Iowa City, IA: Project grant to disseminate the training curriculum to Iowa hospitals for perinatal illicit drug screening	$2,000
9/9-12/12	International Society for the Prevention of Child Abuse & Neglect. Attend and instruct at the 19th World Child Abuse Conference as the scientific committee co-chair of the same conference	$2,750
10/16/12	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$231
1/31/13	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$400
4/1/13	The Eagles, Iowa City, IA: Establishing a State Abusive Head Trauma Registry	$1,500
5/7/13	Provost's Global Forum Award: To organize multi-media training activities to engage international, national, and regional professionals and public on child abuse and neglect and adverse childhood experiences	$20,000
9/26/13	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$500
5/1/14	The Eagles, Iowa City, IA: Staff Compliance to drug screening in children assessed for child abuse	$2500
6/6/14	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Colombia	$600
10/15/14	Prevention of Sexual Abuse Project: United Way, Iowa	$29,500
3/31/15	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$600
8/18/15	Promoting Multidisciplinary Interagency Services for Child Victims of Violence: Applicant –Council of the Baltic Sea States – My role: Educational consultant –	E841,867.44
4/1/16	Fraternity of the Eagles, Iowa City, IA: Child Safety brochures	$1,500
5/4/16	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Turkey	$700
5/28-6/17/16	Fulbright Scholarship grant to travel to Greece for training and research purposes	$6,367.06
6/2016	IDPH Shaken Baby Syndrome Prevention training in Eastern Iowa Emergency Rooms	$4,000
3/1/17	International Programs, U of I, Iowa City, IA: International Travel grant to provide training courses on Child Abuse & Neglect as instructor in Bogota, Colombia	$700

3/1/17	International Programs, U of I, Iowa City, IA: International Travel grant to attend training courses on Child Abuse & Neglect as instructor in Belgium	$700
4/1/17	University of Iowa Office of Outreach and Engagement: Conference organization grant	$10,000
5/12/17	Iowa Child Protection Council: Conference organization grant	$11,000
7/1/17	University of Iowa Injury Prevention Research Center: Conference organization grant	$500
8/18/17	Collaborative Arts in Research Translation for Human Advancement	$500
2/5/18	Co-PI with Anne Nielsen - Sigma Theta Tau 2018 Research Award: *Trauma-Informed Care Survey*	$2,500
3/15/18	International Programs, U of I, Iowa City, IA: International Travel grant to lecture at Pakistani Task Force on National Child Abuse Case Management and Referral	$700
5/31/18	Fraternity of the Eagles, Iowa City, IA: Trauma Informed Care Education for UIHC staff	$2,500
8/13/18	International Programs, U of I, Iowa City, IA: International Travel grant to lecture at World Child Abuse Conference in Prague, Czech Republic on Trauma Informed Care for Abused Children	$700
10/9/18	International Programs, U of I, Iowa City, IA: International Travel grant to do training courses in Greece and Turkey on Child Abuse Systems Building	$500
3/31/19	Best practices to respond to four major categories of child abuse and neglect (2 day course) National Conference on Child Maltreatment, Istanbul, Turkey	$800
8/1/19	Adverse Childhood Experiences and Trauma Informed Care: Keynote Speech at 2nd International 7th National Pediatric Nursing Congress, Izmir, Turkey	$1500

IV. SERVICE

Offices held in professional organizations, other service activities

Rape Victims Advocacy Program, Johnson County — Iowa City, IA
2002-2005 Board Member

Prevent Child Abuse – Johnson County — Iowa City, IA
2003-2005 Founding Member, Board Member

Drug Endangered Children Task Force, Wapello County — Ottumwa, IA
2003-2006 Member, Medical Consultant

Drug Endangered Children Task Force Education Committee, Wapello County — Ottumwa, IA
2004-2006 Member

Sexual Assault Response Program, Johnson County — Iowa City, IA
2004-2007 Board Member

Iowa State Alliance for Drug Endangered Children — Des Moines, IA
2004-date Member & Medical consultant

Prevent Child Abuse Iowa — Des Moines, IA
2006-2009 Board Member & Medical consultant

State Child Protection Council of Iowa — Des Moines, IA
2001-2017 Member & Medical consultant

State Citizen's Review Panel — Des Moines, IA
2001-2017

Prevent Child Abuse Iowa — Des Moines, IA
2018-date Board Member & Medical consultant

Memberships in Professional Organizations

Turkish Society for Prevention of Child Abuse & Neglect
1994-date Member

American Academy of Pediatrics
1999-2001 Resident member

International Society for Prevention of Child Abuse & Neglect
1999-date Member, Faculty on Education Board, serving on the International Curriculum Development Committee since 2006

American Academy of Pediatrics
2001-date Fellow

Iowa Chapter of American Academy of Pediatrics
2001-date Member

Child Protection Council, State of Iowa
2001-date Member

Iowa Medical Society
2001-date Member

Midwest Society for Pediatric Research
2001-2010 Member

American Academy of Pediatrics, section on Child Abuse & Neglect
2002-date Member

American Professional Society on the Abuse of Children
2002-date Member

2011-date Iowa Chapter, Founding Board Member

Ambulatory Pediatrics Association
2004-date Member

Iowa Chapter of American Academy of Pediatrics, section on Child Abuse & Neglect
2004-date Chair

American Academy of Pediatrics, section on International Child Health
2006-date Member, serving on the Committee to review I-CATCH grants

American Academy of Pediatrics, section on International Child Health
2008-date Member, serving on the Nominations Committee

The Ray Helfer Society (Society for pediatric child abuse & neglect experts)
2007-date Invited member
2010-date Nominations Committee member

Turkish Society of Nervous System Surgery
2009-date Invited member

National Children's Alliance
2010-date Invited member

Johnson County Child Death Review Team
2010-date Invited founding member

Johnson County Child Abuse Multidisciplinary Team
2010-date Invited founding member

Portugese Society for Prevention of Child Abuse & Neglect
2010-date Invited member

Midwest Alliance on Shaken Baby Syndrome
2011-2012 Invited founding board member

Council on the Status of Women
2012-date Board member (Faculty representative)

Iowa Chapter of American Professional Society on the Abuse of Children
2012-date Founding Board member

American Pediatric Society
2013-date Elected active member

Ray Helfer Society
2014-date International Subcommittee member of the Helfer Fatal and Nonfatal Severe Abuse Committee
2018-date Founding member, Ad Hoc Advocacy Committee

World Perspectives
2015-date Board member, a biennial publication of the International Societies for Prevention of Child Abuse and Neglect and World Health Organization.

Editorial Board membership

1994-98 *Journal of Neonatology,* Assisting Editor, published in Turkey with an international Editorial Board in English
2010-date *Journal of Injury and Violence Research,* internationally published
2014-date *Journal of Pediatrics & Child Care,* internationally published, open access journal

Reviewer/scientific consultant for Peer Reviewed Journals

2000-date *International Journal of Child Abuse & Neglect*, Journal of International Society to Prevent Child Abuse & Neglect

2002-date	*Journal of Forensic Sciences,* nationally published journal from Ankara University Medical School, Ankara, Turkey
2003-date	*Journal of Forensic Psychiatry*, nationally published journal from Ankara University Medical School, Ankara, Turkey
2003-date	*Turkish Journal of Toxicology*, nationally published journal from Ankara University Medical School, Ankara, Turkey http://www.medicine.ankara.edu.tr/internal_medical/forensic_medicine/tokdergi.html
2003-date	*The Turkish Journal of Emergency Medicine*, nationally published journal from Ankara University Medical School, Ankara, Turkey http://www.medicine.ankara.edu.tr/internal_medical/forensic_medicine/atddergi.html
2005-date	*Journal of Pediatric Infectious Diseases,* internationally published journal from Yuzuncu Yil University Medical School, Van, Turkey
2006-date	*Pediatrics,* Journal of American Academy of Pediatrics
2009-date	*Archives of Pediatrics & Adolescent Medicine*
2009-date	*Journal of Pediatric Neurology,* internationally published journal from Yuzuncu Yil University Medical School, Van, Turkey
2010-date	*Journal of Justice Academy of Turkey,* internationally published journal from Ankara University Medical School, Ankara, Turkey
2010-date	*Journal of Injury and Violence Research*
2010-date	*Journal of Children and Youth Services Review*
2010-date	*Journal of Pediatric Neuroradiology,* internationally published journal from Yuzuncu Yil University Medical School, Van, Turkey
2010-date	*Behcet Uz Children's Hospital Journal,* nationally published journal, Izmir, Turkey
2012-date	*Academic Pediatrics*
2014-date	*Journal of Pediatrics & Child Care,* Open access journal, Editorial Board Member
2015-date	*Journal of Forensic Scholars Today,* Open access journal, Editorial Board Member and reviewer
2017-date	*British Medical Journal*

Consultancy

♦ Service for fee ♦♦ Voluntary consultancy

2001-2015	♦ Iowa Department of Human Services County Offices	Iowa
2001-date	♦ Iowa County Attorney Offices	Iowa
2001-2015	♦ Iowa County Police and Sheriff's Departments	Iowa
2003-date	♦♦Gazi University Medical School, Child Protection Center	Ankara, Turkey
2003-date	♦♦Ege University Medical School, Child Protection Team	Izmir, Turkey
2004	♦♦Aydin Regional Child Protection Task Force	Aydin, Turkey
2004-date	♦♦Hacettepe University Medical School, Child Protection Program	Ankara, Turkey
2004-date	♦♦Sami Ulus Children's Hospital Child Protection Team	Ankara, Turkey
2004-2014	♦♦Medical consultant for Iowa Alliance for Drug Endangered Children	Des Moines, Iowa
2005-date	♦♦Coordinator of staffing meetings at the PICU, Pediatric Wards, and the Burn Unit to improve interdisciplinary response to child abuse	Iowa City, Iowa
2005-date	♦♦Duzce University Medical School, Child Protection Team	Duzce, Turkey
2005-date	♦♦Erciyes University Medical School, Child Protection Center	Ankara, Turkey

2005-date	♦♦Turkish Society for the Prevention of Child Abuse & Neglect	Ankara, Turkey
2006-date	♦♦Consultant for "What do professionals need to know on Child Abuse and Neglect?", Distant Learning: Turkish Medical Association Child Abuse & Neglect Task Force	Ankara, Turkey
2006-date	♦♦Osmangazi University Medical School, Department of Forensic Medicine	Eskisehir, Turkey
2006-date	♦♦Ankara State Hospital, Child Protection Team	Ankara, Turkey
2007-date	♦♦Gaziantep University, Department of Forensic Medicine	Gaziantep, Turkey
2007-date	♦♦Cumhuriyet University, Department of Forensic Medicine	Sivas, Turkey
2008	♦♦Abstract review for the 17th National Conference on Child Abuse and Neglect	Arlington, VA
2008-date	♦♦Afyon University, Department of Forensic Medicine	Afyonkarahisar, Turkey
2008-date	♦♦Ankara University, Child Protection Program	Ankara, Turkey
2008-2014	♦♦ University and community hospitals from Wisconsin, Kansas, Georgia, Florida on perinatal illicit drug screening & intervention program development	USA
2009	♦♦Abstract review for the 4th International Conference on Forensic Sciences	Antalya, Turkey
2010-2015	♦ Statewide specialized medical consultant for Department of Human Services service areas on high profile cases	Iowa
2010-date	♦♦Consultant for Turkish Ministry of Justice, Ministry of Health, and Parliamentary Committee on "Child Protection Center Model as the model to establish interdisciplinary-interagency collaboration to respond to child abuse and neglect in Turkey"	Ankara, Turkey
2010-date	♦♦Marmara University, Child Protection Program	Istanbul, Turkey
2010-2011	♦♦Acibadem University, Child Protection Program	Istanbul, Turkey
2010-date	♦ University of Porto, Department of Forensic Medicine	Porto, Portugal
2013-date	♦♦National Institute of Forensic Medicine	Istanbul, Turkey
2014-date	Afecto: Child Abuse Prevention NGO in Colombia	Bogota, Colombia
2014-2016	Invited honorary consultant to join National Medical Consortium consisting of scientists of Turkish origin practicing in the USA: Turkish Ministry of Health	Ankara, Turkey
2015-2017	♦Invited consultant to collaborate with an NGO (ELIZA) in Greece to train all pediatricians on how to address child abuse	Athens, Greece
2015-2019	♦♦ Iowa Department of Human Services County Offices	Iowa
2015-2019	♦♦ Iowa County Police and Sheriff's Departments	Iowa

Other Volunteer Activities

2003	Volunteering to mentor female medical students via working with American Medical Women's Association, U of I, College of Medicine	Iowa City, IA
2003-2019	Volunteering to interview prospect medical students, U of I, College of Medicine	Iowa City, IA
2003-2019	Volunteering to mentor medical students for Summer Research Fellowship Program, research distinction and service distinction projects, U of I, College of Medicine	Iowa City, IA
2003-2007	Volunteering for the Mobile Clinics of the UIHC	Iowa City, IA

2003-2019	Volunteering for Marketing Office to be the UIHC contact person for the media representatives on Child Protection issues	Iowa City, IA
2004-2019	Volunteering for medical student shadowing program in the Family Care Center U of I, College of Medicine	Iowa City, IA
2004-2016	Volunteering to assess medical students' performance via Performance Based Assessment Program	Iowa City, IA
2011-2019	Volunteering to orient new faculty to the U of I	Iowa City, IA
2012-2018	Volunteering to mentor undergraduate students violating the U of I student code (Critical MASS)	Iowa City, IA
2013	Lecturing to medical student organizations to interest them in fundraising activities for Child Protection Program at CCOM	Iowa City, IA
2015-2019	Iowa City Foreign Relations Council membership and lecturing	Iowa City, IA

Departmental, Collegiate, or University Committees

Meeting organization committees

2002-date	Grand Rounds Organization (3 grand rounds)	Iowa City, Iowa
2002-date	Annual Child Abuse course/conference organization committees (Member, Scientific consultant)	Ankara, Izmir, Istanbul, Duzce, Adana, Antalya, Aydin, Kayseri, Samsun, Gaziantep, Bursa, Antakya, Sakarya, Cappadocia, Sivas, Manisa, Turkey
2005	AAP Fall Postgraduate Course on Child and Adolescent at Risk (Course co-director)	Iowa City, Iowa
2010	Period of PURPLE Crying In-service training: Shaken Baby Prevention Program (Director)	Iowa City, Iowa
2010-date	Annual Child Abuse course/conference organization committee (Scientific consultant)	Porto, Portugal
2010-2011	Scientific Committee and Organization Committee member for 2nd International Child Abuse & Neglect Prevention Congress	Porto, Portugal
2010-2012	Scientific Committee Chairperson, Organization Committee member for the 19th ISPCAN World Child Abuse & Neglect Prevention Congress	Istanbul, Turkey
2013-2014	Provost's Global Forum, Chairperson, Organizing Committee	Iowa City, IA
2013-2014	International Child Maltreatment Conference, Member of Organizing Committee	Istanbul, Turkey
2016-to date	Resiliency Triumphs Over Trauma Workshop Series	Iowa City, IA
9-11/2018	Series of 7 grand rounds on Trauma Informed Care in multiple departments at the UIHC	Iowa City, IA
2018-2019	Multidisciplinary response to child abuse and neglect in Turkey: workshop 4/8-12/2019, Member of Scientific Committee	Istanbul, Turkey

Teaching Committees

1999-date	Training Organization Committees, Training Courses on Child Abuse & Neglect in Turkey. I chair these committees collaborating with university staff, which organize 4-6 symposia/ workshops/courses a year in Turkey	Turkey
2006-08	Training curriculum development committee on Perinatal Illicit Drug Screening Practices at the UIHC	Iowa City, IA
2010-date	Training Organization Committees, Training Courses on Child Abuse & Neglect in Portugal (1-2 conferences a year)	Portugal

Other Committees

2001-03	Member, Clinical Utilization Team, UIHC	Iowa City, IA
2001-date	Member, Protection of Persons Committee, UIHC	Iowa City, IA
2001-date	Member, Child Abuse Panel, UIHC	Iowa City, IA
2006-date	Chair, Child Abuse Panel, UIHC	Iowa City, IA
2007	UIHC Emergency Department Review Ad Hoc Committee	Iowa City, IA
2009-date	Pediatric Trauma Multidisciplinary Team, UIHC	Iowa City, IA
2011-2016	U of I Department of Pediatrics Promotions Advisory Committee	Iowa City, IA
2014-date	Vice-chair, Protection of Persons Subcommittee, UIHC	Iowa City, IA
2014-date	Chair, UIHC Trauma Informed Care Initiative	Iowa City, IA
2014-date	Member, U of Iowa International Programs Funding Opportunities Committee: This group reviews proposals for the Provost's Global Forum, IP Major Projects Awards, and IP Summer Research Fellowships.	Iowa City, IA
2016-date	At Large member, UIHC Hospital Advisory Board	Iowa City, IA
2016-date	Member, UI Faculty Senate	Iowa City, IA
2016-date	Member, UI Faculty Council	Iowa City, IA
2016	UIHC Radiology Department Review Ad Hoc Committee	Iowa City, IA
2017-date	Member, Professional Practice and Well-being Subcommittee	Iowa City, IA
2017-date	Pediatric Inpatient Services Committee	Iowa City, IA
2018-date	United Nations Manual Revision Committee: Effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment (Istanbul protocol, or IP) to set out minimum standards for legal and medical investigations of cases of alleged torture and ill-treatment.	International
2018-date	CMN Research grant evaluation committee	Iowa City, IA
2018-2019	Member, UIHC Multi-departmental Pediatric Trauma Committee	Iowa City, IA
2018-2019	Member, UI Department of Pediatrics Wellness Committee	Iowa City, IA
2019	Member, Selection committee for Michael J. Brody Award for Faculty Excellence in Service at U of Iowa	Iowa City, IA

Community Involvement

1999	Presentations to Rotary club members on Child Abuse & Neglect	Columbus, OH
2001-date	Consultant and expert witness for Department of Human Services and County Attorneys in the State of Iowa for Child abuse & Neglect	IA
2001-date	Presentations to Rotary Clubs in Iowa City, Cedar Rapids, Oelwein, and Independence on Child abuse & Neglect	IA
2002-05	Board Member, Rape Victims Advocacy Program	Iowa City, IA

2002-date	Attending Radio – TV Programs to talk on Child Abuse & Neglect, interviews with journalists for printed media	Iowa City, IA
2003-05	Iowa City Noon Rotary Club invited member	Iowa City, IA
2003-05	Founding Board member of Prevent Child Abuse – Johnson County	Iowa City, IA
2003-date	Presentations to Rotary Clubs in Izmir, Turkey on Child Abuse & Neglect	Izmir, Turkey
2003-date	Member of Johnson County Multidisciplinary Child Protection Team	Iowa City, IA
2003-date	Member of Drug Endangered Children Task Force of Wapello County	Ottumwa, IA
2003-date	Presentations to non-governmental community organizations to raise public awareness on Child Abuse & Neglect	Iowa City, IA
2004-09	Board member, Johnson County Sexual Assault Response Team	Iowa City, IA
2004-date	Member of Iowa Alliance of Drug Endangered Children	Des Moines, IA
2004-date	Member of Medical Committee, Iowa Alliance of Drug Endangered Children	Des Moines, IA
2005-09	Presentations on Shaken Baby Syndrome to High School Students to prevent Shaken Baby Syndrome (City High and West High Schools, Family, Science & Community Leaders of America)	Iowa City, IA
2005-date	Iowa statewide collaboration on perinatal illicit drug screening and intervention policy development	Iowa
2006-date	Member of Johnson County Juvenile Law Community	Iowa City, IA
2006-09	Board Member of Prevent Child Abuse Iowa	Iowa City, IA
2010-date	Historical background of the political environment in Turkey, Coe College (annual lecture)	Iowa City, IA
2012-date	Board member of Council on the Status of Women	Iowa City, IA
2012-2013	Council on Status of Women Board member	Iowa City, IA
2013-date	Iowa Adverse Childhood Experiences Steering Committee member	Des Moines, IA
2014-date	Johnson County Trauma Informed Care Task Force	Iowa City, IA
2015-date	Prevent Child Abuse Johnson County Board member	Iowa City, IA
2107-date	Johnson County Adverse Childhood Experiences Coalition	Iowa City, IA
2018-date	Iowa Trauma Informed Leadership Team	Des Moines
2018-date	Johnson County Trauma Informed Care Master Trainers group	Iowa City, IA
2019	Panel organization and speaker: Who is Tommy production publicity efforts	Coralville, IA

Other Clinical Assignments

9/00-06/01	Sexual Assault Examiner, Long Island College Hospital Rape Victims Advocacy Program	Brooklyn, NY
2001-10	Pediatrician, U of I Hospitals & Clinics, Division of General Pediatrics and Adolescent Medicine, Family Care Center	Iowa City, IA
2001-2019	Director, Child Assessment Clinic & Child Protection Program, UIHC	Iowa City, IA
2003-06	Child abuse specialist, U of I Child Health Specialty Clinics, Wapello County Clinic	Ottumwa, IA
2019-date	Director, Child Advocacy and Protection Program, Children's Hospital at Dartmouth	Lebanon, NH Manchester, NH

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Resmiye Oral	MD, Director, CAPP			
Cornelia Gonsalves	APRN, CAPP			
Anna McKay	APRN, CAPP			
Kiersten Robert	APRN, CAPP			
Patricia Glowa	MD, CAPP			
Brian Beals	MD, Berlin FQHC			
Karyn Patno	MD, Lake Regions CAC			