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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF MILITARY AFFAIRS AND VETERANS SERVICES

BUSINESS ADMINISTRATION  
STATE MILITARY RESERVATION  
4 PEMBROKE ROAD  
CONCORD, NEW HAMPSHIRE 03301-5652

David J. Mikolaitis, Major General  
The Adjutant General

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May 14, 2020

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

**REQUESTED ACTION**

The Department of Military Affairs and Veteran Services respectfully requests approval to enter into a **retroactive** contract agreement with Occupational Health Service of Portsmouth Regional Hospital LCC. (vendor code #174383), in the amount of \$43,200, to provide National Fire Protection Association (NFPA) 1582 compliant firefighter physicals for firefighters stationed at Pease Air National Guard Base. Effective upon Governor & Council approval for the period of June 1, 2020 through May 31, 2021. **100% Federal Funds.**

Funds are available in the SFY 2020 operating budget:

**010-012-22560000-500731- MILITARY AFFAIRS AND VETERANS SERVICES - Air Guard Firefighter Expenditures – Firefighter Expense.**

	<u>Total</u>
Firefighter Physicals Services	\$43,200.00

**EXPLANATION**

This contract is **retroactive** because the completed contract was not received at this office prior to the closing date of May 6, 2020 for the May 20, 2020 meeting. Air National Guard regulations and procedures, as promulgated by the National Guard Bureau, require that selected types of National Guard facilities be provided Aircraft Rescue and Fire Fighting services to installations. These facilities include those that are home to Air National Guard Flying Units, Geographically Separated Units, and Training Sites. The Pease Air National Guard Facility meets the criteria for such protection as Pease is home of the 157<sup>th</sup> Air Refueling Wing that houses the KC-46 Pegasus tankers.

The purpose of the Firefighter Physicals Program is to reduce the risk of injury, illness, or death to our firefighters and ensure they are medically fit for duty. These physicals establish baseline values for future comparison and preventive measures. In addition, they identify any potential high risk areas to both the members and their physicians.

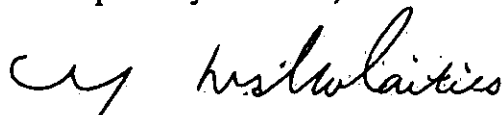
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His Excellency, Governor Christopher T. Sununu  
and the Honorable Executive Council  
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The Department of Military Affairs and Veteran Services solicited for these Firefighter Physicals services placing the RFP on the State of New Hampshire Bureau of Purchase and Property website. It was clearly stated in the bid materials and announced at the bid opening, that this award would not be based solely on low-bid, but would be awarded based on a rating system that included work plan, pertinent experience of vendor and staff expertise. A sample scoring form was included in the bid package and the rating method/form was reviewed by the New Hampshire Department of Justice in advance of this bid opening being posted.

Two (2) vendors submitted bid packages. Occupational Health Services of Portsmouth Regional Hospital, LLC, and Exeter Hospital Center for Occupational and Employee Health. Occupational Health Services of Portsmouth Regional Hospital, LLC scored the most points of the qualified bids received and was awarded this contract contingent upon Governor and Council approval. This contract is for a one-year period to be negotiated and mutually agreed upon between both parties; the Department of Military Affairs and Veterans Services and Occupational Health Services of Portsmouth Regional Hospital, LLC.

Funds to support the required Firefighter physicals are provided by the Federal Government and administered under an existing Federal-State Agreement. Under the Agreement, the State of New Hampshire – Department of Military Affairs and Veterans Services provides these services and the Federal Government reimburses the State for the costs related to the services at the rate of 100%. In the event that Federal Funds are not available for this contract, General Funds will not be used.

Respectfully submitted,



David J. Mikolaities  
Major General, NHNG  
The Adjutant General

**NFPA 1582 COMPLIANT FIREFIGHTER PHYSICALS  
PEASE AIR NATIONAL GUARD BASE 2020  
NEWINGTON, NEW HAMPSHIRE**

**RFP/MANAGEMENT SUMMARY**

The Department of Military Affairs and Veterans Services solicited for these fire fighter physicals by running a Request for Proposal (RFP) on the State of New Hampshire Bureau of Purchase and Property website on January 22, 2020. Two companies submitted a proposal for these services, and both proposals were considered qualified.

It was included within the Request for Proposal materials, that this contract award would not be based solely on lowest price proposal, but would be awarded according to a juried rating that included work plan, pertinent experience of vendor and staff expertise. The rating criteria was included in the Request for Proposal so potential responders knew what their proposals would be rated on.

The Department conducted a comprehensive and impartial evaluation of the proposals with a panel of five individuals which was composed of personnel from the Department of Military Affairs and Veterans Services, the New Hampshire Army National Guard (NHARNG) and the New Hampshire State Fire Marshal's Office. These individuals reviewed the qualified proposals and rated them according to the rating form provided in the posted RFP in the areas of Work Plan and Pertinent Experience of Vendor and Staff Expertise.

The proposal that received the highest rating was Occupational Health Services of PRH, Inc. Their proposal also received the higher rating of the two proposals submitted.

Occupational Health Services of PRH, Inc. offers a full service Health Center located in Portsmouth, New Hampshire, which is located less than 5 miles from the ANG Base and provides all the services required for the contract with expert staff. Currently three local municipal fire departments are already utilizing their services for fire fighter physicals. These departments are pleased with the services they are currently providing.

**NFPA 1582 COMPLIANT FIREFIGHTER PHYSICALS  
PEASE AIR NATIONAL GUARD BASE 2020  
NEWINGTON, NEW HAMPSHIRE**

**RATING SUMMARY OF QUALIFIED PROPOSALS**

**Occupational Health Services of PRH, LLC.**

Work Plan	225 points
Pertinent Experience of Vendor and Staff Expertise	<u>125 points</u>
	<b>350 Total Points,</b>

**Center for Occupational and Employee Health, Exeter Hospital**

Work Plan	200 points
Pertinent Experience of Vendor and Staff Expertise	<u>100 points</u>
	<b>300 Total Points</b>

**Pricing**

The base yearly price provided by each company:

Occupational Health Services of PRH, LLC:	\$ 43,200.00
Center for Occupational and Employee Health, Exeter Hospital:	\$ 47,429.00

**Fire Fighters Physicals – Pease Air Nat'l. Guard Facility – Newington, NH 2020**  
**Rating Panel Background Information**

H. C. – New Hampshire Department of Military Affairs and Veterans Services. Associates Degree in Business Management. Has over twenty-five (25) years with the State of New Hampshire. Spent twenty (20) years working as a Programmer/Analyst for NH Department of Administrative Services. This involved developing programs and detailed procedure manuals for various agencies including law enforcement and correctional agencies. Prepared and reviewed RFPs for various statewide IT equipment and systems.

R.G. – New Hampshire Department of Military Affairs and Veterans Services. Bachelor of Science Degree in Accounting/Finance. Has over eight years with the United States Army in the logistics and supply fields and internal auditing with the Department of Defense standards. Prior work experience includes internal auditing organizational payments and documentation at Southern New Hampshire University military benefits team to comply with Veterans of Affairs GI Bill operational standards.

R.D. – Member of the NH State Fire Marshal's Office since 2001. Has served as the Investigations Bureau Commander since 2014. The Bureau of Investigations (BOI) is comprised of sworn police officers who are responsible for investigating all fires and explosions, building collapses, and carbon monoxide releases, other than from automobiles, which cause death and will also respond to requests for assistance from local and state fire and law enforcement agencies. Graduate of the University of New Haven with Bachelor of Science Degrees in both Arson Investigation and Fire Administration. Certified Fire and Explosion Investigator (CFEI) with the National Association of Fire Investigators (NAFI) and a retired Deputy Fire Chief with the Peterborough Fire & Rescue Department where he served for 24 years.

C.S. – New Hampshire Army National Guard. Enlisted in the US Army Reserves in 1994. Commissioned in the NH Army National Guard as a Medical Service Corps officer in 2008. Currently assigned as the NHARNG Deputy State Surgeon. Previous assignments include Medical Operations Officer, 12th Civil Support Team; Operations Officer, 3-197th Field Artillery; Commander, HHB, 3-197th Field Artillery; Administrative Officer, 195th Regiment; and Executive Officer to The Adjutant General. Bachelor Degree in Political Science (1996) and Master of Public Administration (1998) degree.

**Rating Panel Moderator:**

E. Z. – State Employee, Department of Military Affairs and Veterans Services. Master of Business Administration (MBA). Seven (7) years of private sector experience within New Hampshire's Hospitality Industry overseeing business operations while implementing and refining business-related procedures to improve efficiency. Six (6) years of service with the State of New Hampshire in various capacities including Financial Management and Analysis, Project Management and Operations. Has worked with the Department of Military Affairs and Veterans Services for the last year overseeing the business operations of the Department including procurement processes.

FORM NUMBER P-37 (version 12/11/2019)



**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 <b>DEPT. OF MILITARY AFFAIRS AND VETERAN SERVICES</b>		1.2 State Agency Address <b>4 PEMBROKE ROAD CONCORD, NH 03301</b>	
1.3 Contractor Name <b>Occupational Health Services of PRH, LLC. (Vendor#-174383)</b>		1.4 Contractor Address <b>25 New Ave., Suite 105, Portsmouth, NH 03801</b>	
1.5 Contractor Phone Number <b>603-430-9675</b>	1.6 Account Number <b>010-012-22560000-500731</b>	1.7 Completion Date <b>May 31, 2021</b>	1.8 Price Limitation <b>\$43,200</b>
1.9 Contracting Officer for State Agency <b>Erin M. Zayac, Administrator of Business Operations</b>		1.10 State Agency Telephone Number <b>(603) 225-1361</b>	
1.11 Contractor Signature  Date: <b>4/22/20</b>		1.12 Name and Title of Contractor Signatory <b>Joshua Morris, CFO</b>	
1.13 State Agency Signature  Date: <b>4/22/20</b>		1.14 Name and Title of State Agency Signatory <b>Erin M. Zayac, Administrator of Business Operations</b>	
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: <b>Jon Daniel Laralle</b> On: <b>5/4/2020</b>			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

  
**4/22/20**

**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-e 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.

Contractor Initials 

Date 4/22/00

### 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

Contractor Initials

Date

*[Signature]*  
4/29/90



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 amendments 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, simplify 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

  
4/27/20

**THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF MILITARY AFFAIRS AND VETERAN SERVICES**

**NFPA 1582 COMPLIANT FIREFIGHTER PHYSICALS  
PEASE AIR NATIONAL GUARD BASE  
NEWINGTON, NEW HAMPSHIRE**

**EXHIBIT A – SPECIAL PROVISIONS, State Contract Form P-37**

The following special provisions modify, change, delete or add to the General Provisions of the agreement. Where any part of the General Provisions is modified or voided by these Special Provisions, the unaltered provisions for that part shall remain in effect.

1. This agreement is funded, wholly or in part, by monies of the Federal Government of the United States; therefore, all parts and provisions of this agreement that refer to contract which are funded in any part by the federal government are applicable to this agreement.

2. The term "Contracting Officer" as used in this agreement shall mean the State's Contracting Officer as is specified at item #1.9 of the General Provisions of this agreement or his authorized representative. No individual shall be an authorized representative of the Contracting Officer unless he or she is so appointed in writing by the Contracting Officer, in which case such written appointment shall be provided to the Contractor.

3. The Contractor shall be responsible to correct, at his own cost and expense, defective work, or damaged property when defects and damage are caused by the Contractor's employees, equipment or supplies. The Contracting Officer may withhold all, or part of, payments due to the Contractor until defective work or damaged property caused by the Contractor, his employees, equipment or materials, is placed in satisfactory condition

4. **General Provisions** of are amended as follows:

a. **Provision 7. PERSONNEL sub-part 7.2:** Delete the period at the end of the provision, and add the following:

"or who is a National Guardsperson or who is a federal employee of the National Guard."

b. **Provision 9. DATA: ACCESS; CONFIDENTIALITY; PRESERVATION:** Add the following sub-part:

9.4 Between the Effective Date and three (3) years after the Completion Date, as often as the State or Federal Government shall demand, the Contractor shall make available for audit purposes, all records that pertain to this Agreement. Upon demand the contractor shall provide copies of such documents which may include invoices, payrolls, records of personnel, and other information relating to all matters covered in this agreement.

 5/8/20

**c. Provision 14. INSURANCE AND BOND:** *Add* the following sub-sub-part:

14.1.3 Insurance against all claims arising from the upon contract award, the Contractor must obtain insurance at the following minimum amounts:

-Automobile Liability – Any Automobile \$2,000,000.00 single limit

-Excess Liability – Umbrella \$4,000,000.00 each occurrence, Aggregate \$4,000,000.00

-All Risk – Real and Personal Property - \$10,000,000.00.

**5. GOVERNING REGULATIONS:**

Title 2 Code of Federal Regulations (CFR) Part 200, and NGR 5-1, shall govern this Agreement and include the following terms and conditions:

**Nondiscrimination.**

The Grantee covenants and agrees that no person shall be subject to discrimination or denied benefits in connection with the State's performance under the MCA. Accordingly, and to the extent applicable, the Grantee covenants and agrees to comply with the following national policies prohibiting discrimination:

a. On the basis of race, color or national origin, in Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d et seq.), as implemented by DoD regulations at 32 CFR Part 195.

b. On the basis of race, color or national origin, in Executive Order 11246 as implemented by Department of Labor regulations at 41 CFR Chapter 60.

c. On the basis of sex or blindness, in Title IX of the Education Amendments of 1972 (20 U.S.C. Section 1681, et seq.), as implemented by DOD regulations at 32 CFR Part 196.

d. On the basis of age, in The Age Discrimination Act of 1975 (42 U.S.C. Section 6101, et seq.), as implemented by Department of Health and Human Services regulations at 45 CFR Part 90.

e. On the basis of handicap, in Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as implemented by Department of Justice regulations at 28 CFR part 41 and DoD regulations at 32 CFR Part 56.

**Lobbying.**

a. The state covenants and agrees that it will not expend any funds appropriated by Congress to pay any person for influencing or attempting to influence an officer or employee of any agency, or a Member of Congress in connection with any of the following covered federal actions. The awarding of any federal contract; the making of any federal grant; the making of any federal loan; the entering into of any CA; and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or Cooperative Agreement.

  
5/8/20

b. The Final Rule, New Restrictions on Lobbying, issued by the Office of Management and Budget and the Department of Defense (32 CFR Part 28) to implement the provisions of Section 319 of Public Law 101-121 (31 U.S.C. Section 1352) is incorporated by reference and the state agrees to comply with all the provisions thereof, including any amendments to the Interim Final Rule that may hereafter be issued.

#### **Drug-Free work Place.**

The Grantee covenants and agrees to comply with the requirements regarding drug-free workplace requirements in of 32 CFR Part 26, which implements Section 5151-5160 of the Drug-Free Workplace act of 1988 (Public Law 100-690, Title V, Subtitle D; 41 U.S.C. 701, et seq.).

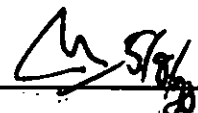
#### **Environmental Protection.**

a. The Grantee covenants and agrees that its performance under this Agreement shall comply with:

- (1) The requirements of Section 114 of the Clean Air Act (42 U.S.C. Section 7414);
- (2) Section 308 of the Federal Water Pollution Control Act (33 U.S.C. Section 1318), that relates generally to inspection, monitoring, entry reports, and information, and with all regulations and guidelines issued thereunder;
- (3) The Resources Conservation and Recovery Act (RCRA);
- (4) The Comprehensive Environmental Response, Compensation and Liabilities Act (CERCLA);
- (5) The National Environmental Policy Act (NEPA);
- (6) The Solid Waste Disposal Act (SWDA));
- (7) The applicable provisions of the Clean Air Act (42 U.S.C. 7401, et seq.) and Clean Water Act (33 U.S.C. 1251, et seq.), as implemented by Executive Order 11738 and Environmental Protection Agency (EPA) rules at 40 CFR Part 31;
- (8) To identify any impact this award may have on the quality of the human environment and provide help as needed to comply with the National Environmental Policy Act (NEPA, at 42 U.S.C. 4321, et seq.) and any applicable federal, state or local environmental regulation.

b. In accordance with the EPA rules, the parties further agree that the Grantee shall also identify to the awarding agency (NGB) any impact this award may have on:

- (1) The quality of the human environment, and provide help the agency may need to comply with the National Environmental Policy Act (NEPA, at 42 U.S.C 4321, et seq.) and to prepare Environment Impact Statements or other required environmental documentation. In such cases, the recipient agrees to take no action that will have an adverse environmental impact (e.g., physical disturbance of a site such as breaking of ground) until the agency provides written notification of compliance with the environmental impact analysis process.
- (2) Flood-prone areas, and provide help the agency may need to comply with the National Flood Insurance Act of 1968 and Flood Disaster Protection Act of 1973 (42 U.S.C. 4001, et seq.), which require flood insurance, when available, for federally assisted construction or acquisition in flood-prone areas.
- (3) Coastal zones, and provide help the agency may need to comply with the Coastal Zone Management Act of 1972 (16 U.S.C. 1451, et seq.), concerning protection of U.S. coastal resources.
- (4) Coastal barriers, and provide help the agency may need to comply with the Coastal Barriers Resource Act (16 U.S.C. 3501 et seq.), concerning preservation of barrier resources.
- (5) Any existing or proposed component of the National Wild and Scenic Rivers System, and provide help the agency may need to comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.).



(6) Underground sources of drinking water in areas that have an aquifer that is the sole or principal drinking water source, and provide help the agency may need to comply with the Safe Drinking Water Act (42 U.S.C 300H-3).

**Use of United States Flag Carriers.**

a. The state covenants and agrees that travel supported by U.S. Government funds under this agreement shall use U.S.-flag air carriers (air carriers holding certificates under 49 U.S.C. 41102) for international air transportation of people and property to the extent that such service is available, in accordance with the International Air Transportation Fair Competitive Practices Act of 1974 (49 U.S.C. 40118) and the inter-operative guidelines issued by the Comptroller General of the United States in the March 31, 1981, amendment to Comptroller General Decision B138942.

b. The state agrees that it will comply with the Cargo Preference Act of 1954 (46 U.S.C. Chapter 553), as implemented by Department of Transportation regulation at 46 CFR 381.7, and 46 CFR 381.7(b).

**Debarment and Suspension.**

Non-federal entities and contractors are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR part 180. These regulations restrict awards, sub awards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities. The grantee agrees to comply with the DOD implementation of 2 CFR Part 180 (at 2 CFR Part 1125) by checking the Excluded Parties List System (EPLS) at [www.sam.gov](http://www.sam.gov) to verify contractor eligibility to receive contracts and subcontracts resulting from this Agreement. The grantee and sub recipients shall not solicit offers from, nor award contracts to contractors listed in EPLS. This verification shall be documented in the grantee and sub recipient contract files, and shall be subject to audit by the grantor and Federal/State audit agencies

**Buy American Act.**

The state covenants and agrees that it will not expend any funds appropriated by Congress without complying with The Buy American Act (41 U.S.C.10a et seq.). The Buy American Act gives preference to domestic end products and domestic construction material. In addition, the Memorandum of Understanding between the United States of America and the European Economic Community (EEC) on Government Procurement, and the North American Free Trade Agreement (NAFTA), provide that EEC and NAFTA end products and construction materials are exempted from application of the Buy American Act.

**Uniform Relocation Assistance and real Property Acquisition Policies.**

The state covenants and agrees that it will comply with CFR 49 part 24, which implements the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 U.S.C. Section 4601 et seq.) and provides for fair and equitable treatment of persons displaced by federally assisted programs or persons whose property is acquired as a result of such programs.



**Copeland "Anti-Kickback" Act.**

The state covenants and agrees that it will comply with the Copeland "Anti-Kickback" Act (18 U.S.C. Section 874) as supplemented in Department of Labor regulations (29 CFR Part 3). As applied to this agreement, the Copeland "Anti-Kickback" Act makes it unlawful to induce, by force, intimidation, threat of procuring dismissal from employment, or otherwise, any person employed in the construction or repair of public buildings or public works, financed in whole or in part by the United States, to give up any part of the compensation to which that person is entitled under a contract of employment.

**Contract Work Hours and Safety Standards Act.**

The state covenants and agrees that it will comply with Sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 3701-3708) as supplemented by Department of Labor regulations (29 CFR Part 5). As applied to this agreement, the Contract Work Hours and Safety Standards Act specifies that no laborer or mechanic doing any part of the work contemplated by this agreement shall be required or permitted to work more than 40 hours in any workweek unless paid for all additional hours at not less than 1.5 times the basic rate of pay.

CS 5/10/10

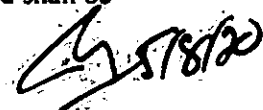
**THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF MILITARY AFFAIRS AND VETERAN SERVICES**

**NFPA 1582 COMPLIANT FIREFIGHTER PHYSICALS  
PEASE AIR NATIONAL GUARD BASE  
NEWINGTON, NEW HAMPSHIRE**

**EXHIBIT B- SCOPE OF SERVICES**

The vendor shall be able to provide all services as outlined within this scope of work.

- 1) The fire department shall provide the contracted physician with the list of essential job tasks to be used in each medical evaluation of members and candidates.
- 2) The contracted physician shall consider the physical, physiological, intellectual, and psychological demands of the occupation when evaluating a candidate's or member's ability to perform the essential job tasks.
- 3) All examinations conducted by the vendor must adhere to the following standards:
  - United States Occupational Safety and Health Administration (OSHA) standards, including 29 CFR 1910.120, "Hazardous waste operations and emergency response"; 29 CFR 1910.134 "Respiratory protection"; 29 CFR 1910.95 "Occupational noise exposure"; and 29 CFR 1910.1030 "Bloodborne pathogens."
  - National Fire Protection Agency (NFPA) 1582, comprehensive Occupational Medical Program for Fire Departments which contains minimal standards for release to work (attachment A).
- 4) All examinations shall be provided by the vendor through the use of a board certified MD and/or mid-level healthcare provider defined as a certified nurse practitioner or physician's assistant familiar with the medical review requirements of the National Fire Protection Association (NFPA) 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments as updated.
- 5) All medical information associated with the Pease Firefighter Physicals Program shall be handled as confidential information, subject to the confidentiality provisions under the Health Insurance Portability and Accountability Act (HIPAA).
- 6) Confidential medical records for each firefighter must be maintained by the selected vendor in accordance with OSHA requirement for Occupational Medical Records and in alignment with industry standards.
- 7) According to NFPA 1582, a medical history questionnaire to be completed by each member to provide baseline information with which to compare future medical concerns. This questionnaire will include changes in health status and known occupational exposures since the previous evaluation, and shall be

 5/18/20

completed by each member to provide follow-up information. Information on the questionnaire and interval concerns shall be reviewed with each member by the physician.

- 8) Physical Exam- each member shall receive an evaluation of the following concentrations that are identified in the NFPA 1582 Guidelines. These items include:

- Vital signs
- Medical history & medical conditions
- Head and Neck
- Eyes and Vision
- Ears and Hearing
- Nose, Oropharynx, Trachea, Esophagus & Larynx
- Lungs and Chest Wall
- Heart and Vascular System
- Abdominal Organs
- Gastrointestinal System
- Hernia
- Urinary System
- Spine and Axial Skeleton
- Extremities
- Neurological Disorders
- Skin
- Blood
- Endocrine and Metabolic Disorders
- Lymphatic System
- Tumors
- Breast
- Musculoskeletal System

- 9) Blood Work- Blood testing shall be performed and shall include the following: CBC with differential, RBC indices and morphology, and platelet count:

- Electrolytes (NA, K, HCO<sub>3</sub>, or CO<sub>2</sub>)
- Renal Function (BUN, creatinine)
- Glucose
- Liver function tests (ALT, AST, direct and indirect bilirubin, alkaline phosphatase)
- Total cholesterol, HDL, LDL, clinically useful lipid ratios, and triglycerides
- Prostate specific antigen (PSA) test

- 10) Urine Lab Tests- the urine laboratory tests required shall include the following:

- Microscopic analysis for RBC, WBC, casts and crystals.

- 11) Audiology- Audiology thresholds shall be assessed in each ear.

*AS 5/10/30*



12) Spirometry- Pulmonary function testing shall be conducted

13) Chest Radiographs- Chest x-rays shall be performed as part of the medical evaluation and interpreted by a NIOSH certified "B" reader.

14) Electrocardiograms- A resting 12 lead EKG shall be performed as part of the medical evaluation.

**Initial Firefighter Exam:**

- 1) The vendor shall provide an initial physical examination of Fire Department candidates (hereinafter referred to as "candidate") prior to the candidate being placed in training or fire department emergency response activities. The medical evaluation shall include a medical history, examination, and any laboratory tests required to detect physical or medical condition(s) that could adversely affect his/her ability to safely perform essential job tasks.
- 2) The Department of Military Affairs and Veterans Services and Pease Fire Department anticipate a need of approximately 10-15 initial firefighter exams annually.
- 3) The board certified physician or healthcare provider will issue an opinion to the fire chief indicating the candidate's qualification status as:
  - a. Fit for Duty: Healthy enough to engage in firefighting
  - b. Not Fit for Duty: Not healthy enough to engage in firefighting
- 4) The complete results of the medical evaluation are provided to the individual candidate only. This medical evaluation is not intended to discriminate against any individuals with pre-existing medical conditions or disabilities. The purpose of the medical evaluation is solely to ensure that the individual is able to perform the physical demanding work of firefighting and rescue operations.

**Annual Physical Examinations:**

- 1) The vendor shall provide annual physical examinations and blood tests for approximately 40 Department of Military Affairs and Veterans Services Pease Fire Department personnel (hereinafter referred to as "firefighter"). The medical evaluation shall be completed every 12 months and be compared to baseline and subsequent evaluation to identify clinically relevant changes.
- 2) The vendor will work with the Pease Fire Department Chief and/or his designee to ensure that all requirements of the agreement are met in a timely manner. This includes the scheduling for annual physicals and follow ups. Annual firefighter physicals shall be done in agreement with the Pease Fire Department duty schedule in order to maintain continuous operations and service to Pease.
- 3) Each firefighter annual physical shall consist of applicable components as outlined in NFPA Components of the Annual Occupational Medical Evaluation of Members (1582-18, 7.4)
- 4) The board certified physician or healthcare provider will issue an opinion to the fire chief indicating the candidate's qualification status as:
  - a. Fit for Duty: Healthy enough to engage in firefighting.
  - b. Not Fit for Duty: Not healthy enough to engage in firefighting.
  - c. Referred to his/her personal physician for a follow-up consultation.


 5/2/20

**Return to work Examination:**

- 1) The vendor shall provide return to work examinations on an as needed basis with an anticipated annual volume of approximately 10 examinations.
- 2) Once a member has been cleared by his/her personal physician to return to work, the vendor shall evaluate whether or not the member can perform the following outlined tasks:
  - a. Wearing personal protective ensemble and SCBA, performing fire-fighting tasks (e.g., hose-line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods
  - b. Wearing an SCBA, which includes a demand valve-type positive-pressure face-piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads
  - c. Exposure to toxic fumes, irritants, particulates, biological (i.e., infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA
  - d. Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg)
  - e. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C)
  - f. Wearing personal protective ensemble and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility
  - g. Wearing personal protective ensemble and SCBA, advancing water-filled hose-lines up to 2 1/2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
  - h. Wearing personal protective ensemble and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards
  - i. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration
  - j. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens
  - k. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions

*AS/20*

- l. Ability to communicate (i.e., give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose-lines and/or fixed protection systems (e.g., sprinklers)
  - m. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members
  - n. Working in shifts, including during nighttime, that can extend beyond 12 hours
- 3) The board certified physician or healthcare provider will issue an opinion to the fire chief indicating the candidate's qualification status as:
- a. Fit for Duty: Healthy enough to engage in firefighting.
  - b. Referred to his/her personal physician for a follow-up consultation

 5/18/20

**THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF MILITARY AFFAIRS AND VETERAN SERVICES**

**NFPA 1582 COMPLIANT FIREFIGHTER PHYSICALS  
PEASE AIR NATIONAL GUARD BASE 2018-2019  
NEWINGTON, NEW HAMPSHIRE**

**EXHIBIT C – COST AND PAYMENT TERMS**

The contract price and financial arrangements for the services provided under this agreement shall be as follows:

1. The sum to the Contractor shall not exceed \$43,200.
2. The total contract amount for Occupational Health Services to conduct NFPA 1582 COMPLIANT FIREFIGHTER PHYSICALS at their facilities for the period of June 1, 2020 through May 31, 2021 to include the contractor-provided supplies, equipment, property, insurance and other ancillary costs as specified in EXHIBIT B (Scope of Services) of this agreement shall be paid by the State of New Hampshire to the Contractor in twelve (12) equal monthly payments of \$3,600.
3. The payments under this portion of the agreement shall be made to the Contractor at the end of each specified month of service during the term of the agreement and within 30 days after the receipt of a proper invoice by the Contractor.
4. Invoices will be submitted by the contractor to:

The Department of Military Affairs and Veteran Services  
Attn: State BA Office - Accounting  
4 Pembroke Road  
Concord, New Hampshire 03301



# State of New Hampshire

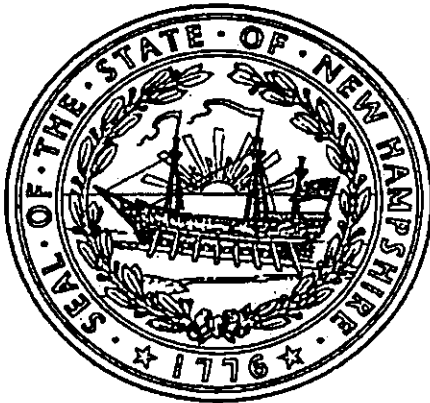
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that OCCUPATIONAL HEALTH SERVICES OF PRH, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on November 08, 2000. 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: 363617

Certificate Number : 0004886283



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 17th day of March A.D. 2020.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State




State of New Hampshire  
Department of State  
2020 ANNUAL REPORT

Filed
Date Filed: 02/27/2020 04:30:00 PM
Effective Date: 02/27/2020 04:30:00 PM
Filing #: 4821034 Pages: 1
Business ID: 363617
William M. Gardner Secretary of State State of New Hampshire

BUSINESS NAME: OCCUPATIONAL HEALTH SERVICES OF PRH, LLC		
BUSINESS TYPE: Domestic Limited Liability Company		
BUSINESS ID: 363617		
STATE OF FORMATION: New Hampshire		
CURRENT PRINCIPAL OFFICE ADDRESS	CURRENT MAILING ADDRESS	
25 New Hampshire Avenue Suite 105 PORTSMOUTH, NH, 03801, USA	One Park Plaza Nashville, TN, 37203, USA	
REGISTERED AGENT AND OFFICE		
REGISTERED AGENT: C T Corporation System (1108)		
REGISTERED AGENT OFFICE ADDRESS: 2 1/2 Beacon Street Concord, NH, 03301 - 4447, USA		
PRINCIPAL PURPOSE(S)		
NAICS CODE	NAICS SUB CODE	
OTHER / PROVIDE OCCUPATIONAL HEALTH & REHABILITATION SVCS & OTHER RELATED ACTS		
MANAGER / MEMBER INFORMATION		
NAME	BUSINESS ADDRESS	TITLE
HCA Health Services of New Hampshire, Inc.	One Park Plaza, Nashville, TN, 37203, USA	Member
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.		
Title: Member		
Business Name: HCA Health Services of New Hampshire, Inc.		
Signature:		
Name of Signer: John M. Franck II		
Title of Signer: Vice President		

**Limited Partnership or LLC Certification of Authority**

I, , hereby certify that I am a Partner, Member or Manager  
(Joshua Morris)  
of Occupational Health Services of PRH, LLC a limited liability partnership under RSA  
304-B,  
(Name of Partnership or LLC)

a limited liability professional partnership under RSA 304-D, or a limited liability company  
under RSA 304-C.

I certify that I am authorized to bind the partnership or LLC. I further certify that it is  
understood that the State of New Hampshire will rely on this certificate as evidence that the  
person listed above currently occupies the position indicated and that they have full authority to  
bind the partnership or LLC and that this authorization is valid as of April 22, 2020.

DATED: 5.8.2020

ATTEST:   
Dean M. Caruso, CEO



# Health Care Indemnity, Inc.

Health Care Indemnity, Inc.  
1100 Dr. Martin L. King Jr. Blvd., Suite 500  
Nashville, TN 37203  
Phone: 615/344-5193  
Fax: 855/775-0393  
Email: corp.insurance@hcahealthcare.com

## Certificate of Insurance

DATE: 1/1/2020

COI#: 31756

This is to certify to: Occupational Health & Laboratory Services

(Name of Certificate Holder) 25 New Hampshire Avenue

Portsmouth

NH 3801

that the described insurance coverages as provided by the indicated policy has been issued to:

Named Insured: HCA HEALTHCARE, INC. AND SUBSIDIARY ORGANIZATIONS  
Address: EXISTING NOW OR HEREAFTER CREATED OR ACQUIRED  
ONE PARK PLAZA  
NASHVILLE, TN 37202-0550

The Policy identified below by a policy number is in force on the date of Certificate issuance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the Policy having reference thereto. This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded under any policy identified herein.

POLICY NO.	POLICY PERIOD
HCI-10120	Eff. 1-1-2020 Exp. 1-1-2021
TYPE OF INSURANCE	LIMITS OF LIABILITY
Comprehensive General Liability - Occurrence Form <ul style="list-style-type: none"><li>• Bodily Injury</li><li>• Property Damage</li><li>• Products and Completed Operations</li><li>• Personal and Advertising Injury</li></ul>	\$5,000,000 Each and Every Occurrence  NONE Aggregate
Health Care Professional Liability - Occurrence Form	\$5,000,000 Each and Every Occurrence  NONE Aggregate

### SPECIAL CONDITIONS/OTHER

COID: 32902

THE NAMED INSURED INCLUDES Occupational Health & Laboratory Services

Cancellation: Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail ninety days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

  
Authorized Signatory





# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)  
12/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Willis Insurance Services of Georgia, Inc.  
c/o 26 Century Blvd  
P.O. Box 305191  
Nashville, TN 37205191 USA

CONTACT NAME: Willis Towers Watson Certificate Center  
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378  
E-mail: certificates@willis.com  
ADDRESS: certificates@willis.com

INSURED  
HCA Healthcare, Inc.  
One Park Plaza  
Nashville, TN 37203

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ACE American Insurance Company	22667
INSURER B: Indemnity Insurance Company of North America	43575
INSURER C: ACE Fire Underwriters Insurance Company	20702
INSURER D:	
INSURER E:	
INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: W14779255

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMPROP AGG \$
						\$
	GENTL AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
A	AUTOMOBILE LIABILITY		ISAB25283405	01/01/2020	01/01/2021	
	<input checked="" type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 7,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
						\$
	DED RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WLR C66038002	01/01/2020	01/01/2021	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	No				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ 5,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 5,000,000
						E.L. DISEASE - POLICY LIMIT \$ 5,000,000
B	Workers Compensation		WLR C66037927	01/01/2020	01/01/2021	E.L. Each Accident \$5,000,000
	(CT, NC, NH, PA, SC, VA)					E.L. Disease- Ea Emp \$5,000,000
	Per Statute					E.L. Disease- Policy \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

**CERTIFICATE HOLDER****CANCELLATION**

OCCUPATIONAL HEALTH & LABORATORY SERVICES  
25 NEW HAMPSHIRE AVENUE  
PORTSMOUTH, NH 03801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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SR ID: 18975096

BATCH: 1499237



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Insurance Services of Georgia, Inc.		NAMED INSURED HCA Healthcare, Inc. One Park Plaza Nashville, TN 37203	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

#### 32902 - OCCUPATIONAL HEALTH & LABORATORY SERVICES

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667  
 POLICY NUMBER: WLR C66037964 EFF DATE: 01/01/2020 EXP DATE: 01/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation (CA)	E.L. Each Accident	\$5,000,000
Per Statute	E.L. Disease- Ea Emp	\$5,000,000
	E.L. Disease- Policy	\$5,000,000

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667  
 POLICY NUMBER: SCF C6603804A EFF DATE: 01/01/2020 EXP DATE: 01/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation (MA)	E.L. Each Accident	\$5,000,000
Per Statute	E.L. Disease- Ea Emp	\$5,000,000
	E.L. Disease- Policy	\$5,000,000

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667  
 POLICY NUMBER: WCU C66038129 EFF DATE: 01/01/2020 EXP DATE: 01/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation (NV)	E.L. Each Accident	\$5,000,000
Per Statute	E.L. Disease- Ea Emp	\$5,000,000
	E.L. Disease- Policy	\$5,000,000

INSURER AFFORDING COVERAGE: ACE Fire Underwriters Insurance Company NAIC#: 20702  
 POLICY NUMBER: SCF C66038087 EFF DATE: 01/01/2020 EXP DATE: 01/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation (WI)	E.L. Each Accident	\$5,000,000
Per Statute	E.L. Disease- Ea Emp	\$5,000,000
	E.L. Disease- Policy	\$5,000,000

[View assistance for SAM.gov](#)

A NEW WAY TO SIGN IN - If you already have a SAM account, use your SAM email for login.gov.

[Log In](#)[Login.gov FAQs](#)

ALERT: SAM.gov will be down for scheduled maintenance Saturday, 03/14/2020 from 8:00 AM to 2:00 PM

## Search Results

Current Search Terms: Occupational Health Services of PRH, LLC\*

Total records:0

[Save PDF](#)[Export Results](#)[Print](#)

Result Page:

Sort by **Relevance** ▼

Order by **Descending** ▼

Your search for Occupational Health Services of PRH, LLC\* returned the following results...

**No records found.**

Result Page:

[Save PDF](#)[Export Results](#)[Print](#)

IBM-P-20200214-1547

WWW2

<a href="#">Search Records</a>	<a href="#">Disclaimers</a>	<a href="#">FAPHS.gov</a>
<a href="#">Data Access</a>	<a href="#">Accessibility</a>	<a href="#">GSA.gov/IAE</a>
<a href="#">Check Status</a>	<a href="#">Privacy Policy</a>	<a href="#">GSA.gov</a>
<a href="#">About</a>		<a href="#">USA.gov</a>
<a href="#">Help</a>		

This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

*Debarment*

## Godin, Ryan

---

**From:** DAS: PRCHWEB  
**Sent:** Wednesday, January 22, 2020 2:06 PM  
**To:** Godin, Ryan  
**Subject:** RE: Request for NFPA 1582 Compliant Firefighters Physicals bid to be posted on the Purchase & Property website.

Your RF(X) request has been posted to our website.  
<https://das.nh.gov/purchasing/bidscontracts/bids.aspx>

Please contact us with any amendments or any changes to this posting.

### Corrine Tatro

Purchasing Assistant  
State of NH, Dept of Administrative Services  
Bureau of Purchase and Property  
State House Annex RM 102  
25 Capitol Street, Concord, NH 03301  
PH: 603-271-4308  
Fax: 603-271-2700  
[Prch.web@das.nh.gov](mailto:Prch.web@das.nh.gov)

---

**From:** Godin, Ryan <Ryan.Godin@nh.gov>  
**Sent:** Wednesday, January 22, 2020 1:38 PM  
**To:** DAS: PRCHWEB <PRCH.WEB@das.nh.gov>  
**Cc:** Zayac, Erin <Erin.Zayac@nh.gov>; Champa, Helen <Helen.Champa@nh.gov>  
**Subject:** Request for NFPA 1582 Compliant Firefighters Physicals bid to be posted on the Purchase & Property website.

Good afternoon Purchasing,

I have attached documents for a bid posting. The closing date for the RFB which is 2/10/20 at 1:00 pm. Can you please have it available for 4PM today.

Thanks for your help and support!

### Ryan Godin

Procurement Technician  
Department of Military Affairs and Veterans Services  
4 Pembroke Road, BLDG C.  
Concord, NH 03301  
Phone: (603) 227-5094  
e-mail: [ryan.godin@nh.gov](mailto:ryan.godin@nh.gov)

## Department of Administrative Services Procurement and Support Services | Statewide Bids and Proposals

Dept. of Administrative Services | Procurement and Support Services

Contact Us

[View Contracts](#)

BIDS are currently available for Download via PDF format and *Require Adobe Acrobat Reader 5.0 or higher* go to the [NH.gov Portable Document Format \(PDF\) Readers](#) page for assistance in obtaining the Adobe Acrobat Free Reader.

Click the Bid # to view the bid details.

Click the contact name to email the contact.

Bid Results are currently available for Download when they have been awarded.

Please click the "Awarded Bid" link under the "Status/Bid Results" column to view the bid results.

### Submitting A Bid

Search by Bid#:

Use any one or combination of these search options to search for contracts by:

Bid description contains:

Status/Bid Results:

Closing Between

Start:   End:

Contact:

Commodity Category contains:




 Indicates a NH Economic Stimulus Project

Bids are sorted by posted date most current to least current. Click column heading links to change the sort order.

Description	Bid #	Attachments	Addendum	Closing Date	Closing Time	Status/Bid Results	Contact	Commodity Category
<del>Compliance Firefighter Physical...</del>	<del>RFP</del>		<del>Addendum 1</del>	<del>2/18/2020</del>	<del>1:00PM</del>	<del>Contact</del>	<del>Champa, Helen</del>	<del>HEALTH RELATED SERVICES (FOR H...</del>
	<del>DMAVS</del>		<del>Addendum 2</del>					
	<del>2020-</del>		<del>Addendum 3</del>					<del>SERVICES (FOR H...</del>
	<del>02</del>							
Pre-Employment Physicals & Dru...	RFP		Addendum 1	3/12/2015	2:00pm	Contact	Patten, Jeanette	MISCELLANEOUS SERVICES, No 1 (...)
	DOS							
	2015-							
	06							
Pre-Employment Physicals and D...	RFP	Attachment 1		4/12/2019	2:00pm	Cancelled	Hagerty, Cynthia	MISCELLANEOUS PRODUCTS (NOT OT...
	DOS							
	2019-							
	09							
Pre-Employment Physicals and D...	RFP	Attachment 1	Addendum 1	4/26/2019	2:00pm	Contact	Hagerty, Cynthia	MISCELLANEOUS PRODUCTS (NOT OT...
	DOS							
	2019-							
	12							



# NEW HAMPSHIRE Online Licensing

nh.gov  
Licensing  
Home

Person Information			
Name: GEOFFREY W SHRECK, MD			
Address Information			
Address: CONCENTRA 66B CONCORD ST City: WILMINGTON Zip: 01887 State: MA			
Phone: 9786573826			
License Information			
License No: 12178 Profession: Medicine License Type: Physician			
License Status: Current Issue Date: 12/3/2003 Expiration Date: 6/30/2021			
Additional Information			
Specialty:		Internal Medicine	
Board Certification Information			
Board Certified	Certification	Expiration	ABMS Board Specialties
Yes	IM		
Yes	189642	Dec 31 2019 12:00AM	ABIM
Medical Education Information			
Type	Facility Name	Country	Year
Medical School	UNIVERSITY OF OKLAHOMA, OKLAHOMA CITY OK	US	1995
Internship	MAINE MEDICAL CTR, PORTLAND ME		1996
Residency	BERKSHIRE MEDICAL CTR, PITTSFIELD MA		1997
Remarks			
No Related Documents			
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**Home:**



**Chief Internal Medicine Resident from 7/1998 to 6/1999**

**Internal Medicine Resident from 7/1996 to 6/1998**

7/1995 - 6/1996      Maine Medical Center      Portland, ME

**Preliminary Surgery Resident (Internship): General Surgery Department**

### **Education**

1999 - 2002      University of Massachusetts      Amherst, MA

**Master of Business Administration**

Professional MBA earned from Isenberg School of Business May 25, 2002

1991 - 1995      University of Oklahoma      Oklahoma City, OK

**Doctor of Medicine**

MD earned from Oklahoma College of Medicine June 4, 1995

1987 - 1991      Phillips University      Enid, OK

**Bachelor of Science (Major in Biology)**

Cum Laude honors April 28, 1991

### **Accreditation**

Board Certified in Internal Medicine through ABIM from 1999 through 2019

Medical Review Officer (MRO) Certification since 2002 (certified currently until 11/24/2019)

USMLE Steps 1-3

### **Licensure**

Massachusetts Full Active Medical License

New Hampshire Full Active Medical License

Texas Full Active Medical License

California In-Active Medical License

New York In-Active Medical License

Pennsylvania In-Active Medical License

Virginia In-Active Medical License

**Geoffrey W. Shreck, MD, MBA**

**Vitae**

**Page 2 of 3**

**Curriculum**

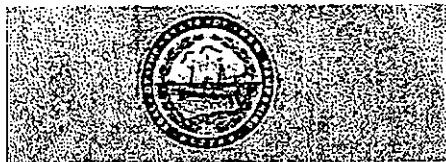


### Professional Memberships

New England College of Occupational and Environmental Medicine- **Board Member**  
**2004 to 2012 and Treasurer from 1/2006 to 12/2010**

American College of Occupational and Environmental Medicine

Massachusetts Medical Society



## NEW HAMPSHIRE Online Licensing

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### Person Information

Name: MARY JEAN UHRICH, PA

### Address Information

Address: Occupational Health Services 25 New Hampshire Ave., Suite 105 City: Portsmouth Zip: 03801 State: NH  
Phone: 603-430-9675

### License Information

License No: 0150 Profession: Medicine License Type: Physician Assistant (PA)  
License Status: Current Issue Date: 2/1/1989 Expiration Date: 12/31/2020

### Remarks

Lapsed 12/31/02---Reinstated 9/7/05 Lapsed 12/31/99 - Reinstated 5/7/14

### No Related Documents

Disclaimer: The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.



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January 31, 2020

Mary Jean Uhrich is currently certified by NCCPA and holds identification number 1034155, which will remain valid until December 31, 2021. This PA was initially certified or regained certification on December 06, 1996.

Thank you for utilizing the Verify PA-Certification service for validation of certification. NCCPA recommends using this online system as the real-time primary source of verification. The use of certificates and wallet cards is discouraged as the documents may be altered.

If you have any questions regarding this information or NCCPA's certification requirements and policies, visit our website at [www.nccpa.net](http://www.nccpa.net), email [nccpa@nccpa.net](mailto:nccpa@nccpa.net) or call 678-417-8100 (8:30 a.m. - 5:00 p.m. Eastern, Monday - Friday).

MARY JEAN UHRICH, PA-C

**Center for Occupational & Employee Health, Exeter, NH**

April 2015 to May 2018. Physician Assistant, Occupational Health /Urgent Care at Seabrook Nuclear Power Plant, Seabrook, NH and Rockingham Occupational Health Services, Brentwood, NH.

**Concentra, Manchester & Brentwood, NH**

April 2014 to April 2015. Physician Assistant, Occupational Health/Urgent Care at Concentra Manchester, NH and Rockingham Occupational Health Services, Brentwood, NH.

**Commonwealth Care Alliance, Charlestown, MA**

May 2010 to May 2012. Physician Assistant, senior care organization/insurance company. Provided care management of medically complex seniors at home and upon transition to or from inpatient settings. Proficient in EMR use, MDS, CMS and geriatric assessment.

**Parkland Physician Services, Salem & Derry, NH**

March 2006 to September 2008. Physician Assistant, Internal Medicine. Additional duties managing NH breast and cervical care program.

**Occupational Health and Rehab, Londonderry, NH**

August 2005 to January 2006. Physician Assistant, Occupational Health/Urgent Care. Skilled in suturing, I & D, splinting, D.O.T. physicals and workmen's compensation case management.

**Family Services, Inc., Lawrence, MA**

November 2004 to August 2005. RN, Community outreach providing geriatric psycho-social and medical assessment in homes, assisted-living, and skilled nursing facilities. Directed senior center presentations and wellness clinics.

**Vaccine clinic development, Cambridge, MA**

August 2002 to July 2004. Entrepreneurial venture with physicians and vaccine manufacturer to bring travel immunization franchise to New England. Travel medicine training through Passport Health USA, Baltimore, MD.

**Plaistow Medical Center, Plaistow, NH**

March 1999 to April 2002. Physician Assistant, Urgent Care and administrative oversight of nursing and allied health staff.

**Pentucket Medical Associates, Haverhill, MA**

September 1995 to March 1999. Physician Assistant, Pediatrics.

**Maple Street Family Practice, Manchester, NH**

September 1988 to July 1989. Physician Assistant, Family Practice and Occupational Health Medicine.

**Lahey Clinic, Burlington, MA**

January 1987 to May 1988. Physician Assistant Plastic & Reconstructive Surgery. Responsibilities included pre and post-operative evaluation, intra-operative first and second assist, suturing and in-hospital rounding and care. Independent duty responsibility managing breast cancer reconstruction clinic. Laser certified.

**Mercy Hospital, San Diego, CA**

October 1983 to July 1986. RN, Emergency Room, level II trauma center, serving in roles of administrative charge nurse, mobile intensive care nurse and lead trauma nurse receiving Life Flight patients. Instructor of ATLS, BCLS, and ACLS.

**Sharp Cabrillo Hospital, San Diego, CA**

January 1982 to September 1983. Administrative Charge Nurse, Emergency Room.

**Airport Medical Services, Honolulu International Airport, HI**

March 1980 to December 1981. RN, providing Urgent Care and Travel Medicine services for airline passengers, and Urgent and Occupational Health care for airline employees. Served on airport disaster committee.

**Kaiser Permanente Medical Center, Honolulu, HI**

September 1979 to December 1981. Physician Assistant, Internal Medicine.  
RN, Charge Nurse Emergency Room.

**Hale Hospital, (now Holy Family Hospital), Haverhill, MA**

July 1975 to September 1977 & April 1979 to September 1979. RN, labor & delivery, post partum care, and neonatal nursery. Charge Nurse ICU/CCU.

**Education:**

Northeastern University, Boston, MA  
Physician Assistant Studies

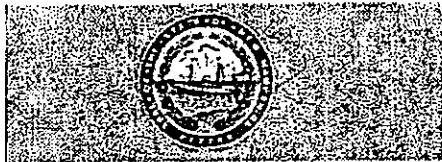
Boston College, Chestnut Hill, MA  
Bachelor of Science in Nursing

**Licenses/Certifications:**

Massachusetts PA Lic. # 721  
Massachusetts RN Lic. # 127951  
New Hampshire PA Lic. # 0150  
New Hampshire RN Lic. # 033301-21  
NCCPA certification # 1034155  
BCLS certified exp. 4/03/2019

**Prior Certifications:**

Certified Emergency Room Nurse  
Advanced Trauma Life Support  
Mobile Intensive Care Nurse



## NEW HAMPSHIRE Online Licensing

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### Person Information

Name: LYNN MARTHA BATCHELDER

### License Information

License No: 044605-23 Profession: Nursing License Type: APRN-NP-Family  
License Status: Active Issue Date: 7/27/2000 Expiration Date: 10/19/2021

All ARNP license numbers have been converted to xxxxxx-23. There will no longer be a category distinct license number (xxxxxx-23-xx). Any questions, please contact the Board office.

### Discipline Information

No Discipline Information

### Board Action

No Related Documents

No Related Documents

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The Commission on Certification grants

Lynn W. Batchelder  
the credential of

FAMILY NURSE PRACTITIONER  
FNP-BC

valid from August 15, 2015 to August 14, 2020

Certification Number: 0348926



*Theresa A. Kessler*

Theresa A. Kessler, PhD, ACNS-BC  
Chair, Commission on Certification

*Michael L. Evans*

Michael L. Evans, PhD, RN, NEA-BC, FAAN  
President, American Nurses Credentialing Center



**ABSNC** Accreditation Board for Specialty Nursing Certification

Formerly the ABNS Accreditation Council

This ANCC certification is accredited by the National Commission for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification.

# LYNN W. BATCHELDER RN, MS, FNP-C

## *Curriculum Vitae*

Lynn W. Batchelder



### **Current Licensure and Certification**

- American Nurses Credentialing Center ANCC = Family Nurse Practitioner
- New Hampshire RN, APRN
- Maine RN, ARNP
- Connecticut RN
- Current DEA number
- DOT Examiner certification- Certified April 2013.
- Advanced Cardiac Life Support (ACLS)
- Cardiac Pulmonary Resuscitation (BLS)

### **Education**

- Master of Science - Family Nurse Practitioner –May, 1996 to May, 2000  
St. Joseph College – West Hartford, Connecticut
- Bachelor of Science – Nursing – Jan. 1993 to May, 1996  
St. Joseph College – West Hartford, Connecticut
- Registered Nurse Diploma Program – 1971-1974  
Hartford Hospital School of Nursing – Hartford, Connecticut

### **Professional Experience**

#### *Advanced Registered Nurse Practitioner – Certified*

- 2012- present Scacoast RediCare – Somersworth, NH –Currently 20 hours but had started as a per diem Nurse Practitioner –It is an Occupational Medicine and Urgent Care Facility. Responsibilities include DOT, pre employment and sports physicals; Worker's Compensation diagnosis, management and treatment; suturing, xrays and splinting.
- 2012- present My Health Kittery –affiliate of York Hospital, York, ME –Nurse Practitioner at Urgent Care Center in Kittery. Opened the new urgent care center. Worked 30 hours per week for 2 years and now am per diem. Used a self governing model. Responsibilities included all types of urgent care patients, xray, suturing and splinting.
- 2001- 2013 Monadnock Community Hospital, Peterborough, NH – Nurse Nurse Practitioner in Occupational Health and Wellness Department. DOT, pre-employment, Workers Compensation. Urgent care overflow for hospital practices. Let No Woman Be Overlooked Program (a Federal breast and cervical cancer screening program). Did Quality Improvement reports, assisted with special projects including setting up new accounts.



## **LYNN W. BATCHELDER**

- 2000- 2012 Clinical Instructor / Adjunct Professor in the RN Program at Mount Wachusett Community College, Gardner, MA.
- 2000-2003 Monadnock Community Hospital, Peterborough, NH – Family Practice Nurse Practitioner at Monadnock Family Care and other offices caring for patients of all ages.

### *Registered Nurse Experience*

- 1998-2000 Monadnock Health Services, Peterborough, NH. – Per Diem RN in all offices including family practice, internal medicine, and pediatrics.
- 1998-1999 Naugatuck Valley Community College, Naugatuck, CT. Adjunct Professor taught continuing education for RNs on Pain Management.
- 1994-1999 The Pain Management Center of Connecticut affiliated with Bristol Hospital – opened and expanded the practice – responsibilities included clinical coordination, research studies, marketing and CARF accreditation.
- 1990-1994 Bristol Hospital, Bristol, CT. – IV Therapy Department – Working Manager – CRNI certification.
- 1990-1996 Per Diem RN, several home care agencies in the greater Hartford area.
- 1989-1990 Kimberly quality care (home health Agency), Farmington, CT. – Maternal-Child Health Coordinator / Manager
- 1981-1989 Tunxis OB/GYN, Bristol, CT. – Assistant Head Nurse/ Office Manager.
- 1984-1990 Childbirth Educator, Bristol Hospital, Bristol, CT. (private classes given 1990-2000).
- 1979-1981 Bristol Hospital, Bristol, CT. – Charge nurse in labor/delivery/nursery and OB/GYN unit.
- 1977-1979 Newington Children's Hospital, Newington, CT. – Staff nurse.
- 1975-1977 Extended Care Facility, Bristol, CT. – Staff Nurse / Supervisor.

### **Professional Organizations**

- 2000- present - New Hampshire Nurse Practitioner Association
- 2007-present - American Association of Occupational Health Nurses
- 2006- present - HEHNA –Healthcare Employee Health Nursing Association
- 2009- present - AOHP – Association of Occupational Health Professionals in Healthcare
- 1999 - Sigma Theta Tau

### **Committees, Professional Activities:**

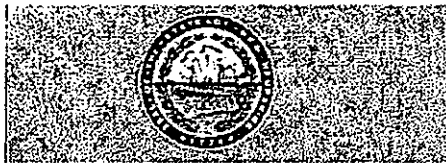
- 2013-present –Infection Control Committee –York Hospital
- 2005- 2013- Credentials Committee – Monadnock Community Hospital
- 2010- 2012 - Hospital Policy Committee – Monadnock Community Hospital
- 2010 - Nominated to be included in “Best Doctors” for excellence in the Worker’s Compensation management and treatment

## LYNN W. BATCHELDER

- 2007- present -Preceptor for UMass, UNH, USM, and BC Nurse Practitioner students
- 2007-Nominating / Recruitment Committee for HEHNA
- 1997-1998-Research Investigator – Botulism Toxin Study
- 1993-1995-Consultant to Johnson & Johnson, Southington, CT.
- 1992-1998 -CRNI – ANCC - National Certification in Intravenous therapy
- 1984- 1997 - CCES – Level III – Council Childbirth Educators
- 1995-1997 - Pharmacy and Therapeutics Committee, Bristol Hospital
- 1991-1995 - Connecticut IV Therapy Association – Executive committee - Vendor Coordinator

### **Educational Presentations, Publications and Community Activities:**

- 2011 -2013 –Coordinator for 2013 National Convention for (LWML) Lutheran Women in Mission –Convention for 3500 people.
- 2008- 2012 -President of the New England District of (LWML) Lutheran Women in Mission
- 2008-present – Member of the New England District (LCMS) Lutheran Church Missouri Synod's mission planning board
- 2007- present – Planning Board for Humanitarian and Medical efforts in Kenya
- 2007 – Medical Mission trip to Kenya
- 2006 – *Random Drug Testing in the Workplace* presentation for HEHNA
- 2005 – *Pain Management Update* for Monadnock Community Hospital
- 2002 - Chapter 56. *Management of Wound Pain* in the book: Wound, Ostomy, and Continence Secrets. Edited by Catherine T. Milne, Lisa Q. Corbett, and Debra Dubuc. Published by Hanley & Belfus, Inc.
- 2000 - Poster Presentation, *The Development of Parish Nursing in Connecticut*, at the CT. Parish Nurse Symposium
- 1998 - Pain Management and Pharmacology Lecturer, Purdue Fredrick Pharmaceuticals
- 1996 - Pain Management, Palliative Pain Coalition Lecturer (a CT. branch of American Cancer Society)
- 1991-1998 - Family Life Series – Facilitator for Bristol Board of Education for sex education program for parents and their fifth grade children
- 1990-1994 - IV Therapy including IV insertion, central line catheters, long line catheters (PICC and midlines) fluid and electrolytes, IV safety devices, blood hanging and patient controlled analgesic machines for Bristol Hospital Education Department (Video presentations also made on these subjects)



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Licensing  
Home

Person Information	
Name:	TROY C WILLIAMS
NH Multi-state license	
License Information	
License No:	015973-22
Profession:	Nursing
License Type:	Licensed Practical Nurse
License Status:	Active
Issue Date:	5/16/2012
Expiration Date:	10/22/2021
Discipline Information	
No Discipline Information	
Board Action	
No Related Documents	
No Related Documents	
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WorkHealth, LLC

2023 Certifies  
**Troy Williams, LPN**  
has successfully completed

***NIOSH-Approved Spirometry Training  
Course #121***

May 17-18, 2018  
at Eastern Maine Healthcare Systems  
in Bangor, ME



Lisa Gordon PA-C, Course Director

*This certificate is valid for 5 years from the course completion date  
and will expire on May 17-18, 2023.*



DEPARTMENT OF PROFESSIONAL AND FINANCIAL  
REGULATION  
MAINE STATE BOARD OF NURSING  
**GALE A. WHITE**

**REGISTERED NURSE**

License Number: RN38434  
Status: Active  
First Licensure: 04/07/1995  
Expiration Date: 11/07/2020

Mailing Address: [REDACTED]

**History**

Detailed license history prior to November 14, 2011 is unavailable online.

License Type	Start Date	End Date
REGISTERED NURSE	10/28/2010	11/07/2020

**License/Disciplinary Action**

Disciplinary information for decisions prior to November 14, 2011 may be found at Maine State Board of Nursing and/or NURSYS.

None.

**Other License Information (1 record) hide**

Description
Compact Status: GF_MULTI

**GENERAL INFORMATION**

Gender: Female  
NURSYS ID: 40477552

**Other Addresses (1 record) hide**

Address	Type
OCCUPATIONAL HEALTH SERVICES 25 NEW HAMPSHIRE AVE SUITE 105 PORTSMOUTH, NH 03801	Business

Please Note: Despite our efforts to be accurate, these pages may contain errors. We present this website to you with a good-faith representation that the information it contains is generally reliable. Information on this site should not be relied upon for legal purposes. The information

GALE WHITE



## QUALIFICATIONS

Broad experience in medical and occupational health nursing in both hospital and clinic settings. Able to provide quick and accurate assessments and work efficiently with physicians and other staff.

## EDUCATION

B.S. - Nursing, University of Rhode Island (1978)

## EMPLOYMENT

Seacoast Redicare, Somersworth, New Hampshire 9/94-present

R.N. - Occupational health and urgent care clinic- Room and interview clients. Help to provide pre-employment physicals, DOT exams and health testing including phlebotomy, PFT, EKG, audiogram, eye exams, vaccine administration and Mantoux testing. Conduct onsite flu clinics and health screenings. Certified drug screen collector and breath alcohol technician. BLS certified. HIPAA trained. Share responsibility for telephone triage and case management of worker's compensation injuries, keeping companies informed via telephone regarding client's medical progress. Make referrals to specialists. Assist with medical procedures such as wound repair, I & D, removal of foreign body and burn care. Skilled in sterile dressing changes, ear and eye irrigations. Performs onsite lab testing consisting of quick strep, mono and flu, blood sugar and HgA1c. Proficient in use of electronic medical record software, SYSTOC.

Eden Prairie Clinic, Eden Prairie, Minnesota 2/92-6/94

R.N. - Telephone Triage- In this busy five physician family practice clinic, assessed patients by telephone. Coordinated scheduling of patients with physicians and other office staff. Answered medical questions and assisted patients with self home care when appropriate. Assisted patients in contacting

NO TUESDAYS

community services when necessary. Documented each call in patient record. Physicians were, in turn, able to spend more time seeing patients and less time returning telephone calls.

Fairview Ridges Hospital, Burnsville, Minnesota 2/91-3/92

R.N. - on call- Labor and delivery-performed all labor and delivery functions at this ten room labor and delivery department which had approximately 250 births per month. Also performed outpatient procedures, such as non stress tests, stress tests, prostaglandin gel insertions and assisted with versions.

Wentworth Douglas Hospital, Dover, New Hampshire 1/90-5/90

R.N.-Nursery and Post Partum- Worked in both level II and newborn nursery. Performed all post partum functions for both vaginal and cesarean deliveries. Assisted new mothers with breast feeding and newborn care.

Frisbie Memorial Hospital, Rochester, New Hampshire 9/78-1/90

R.N. - Obstetrics 9/81-1/90- Worked in labor and delivery, post partum and newborn nursery. Normally functioned independently in each area.

Charge Nurse, Medical/Surgical 9/78-3/81



**DEPARTMENT OF PROFESSIONAL AND FINANCIAL  
REGULATION  
MAINE STATE BOARD OF NURSING  
LOIS P. BENNETT**

**REGISTERED NURSE**

License Number: RN28432  
Status: Active  
First Licensure: 06/13/1985  
Expiration Date: 10/13/2021

Mailing Address:



**History**

Detailed license history prior to November 14, 2011 is unavailable online.

License Type	Start Date	End Date
REGISTERED NURSE	09/25/2011	10/13/2021

**License/Disciplinary Action**

Disciplinary information for decisions prior to November 14, 2011 may be found at Maine State Board of Nursing and/or NURSYS.

None.

**Other License Information** (1 record) hide

Description
Compact Status: GF_MULTI

**GENERAL INFORMATION**

Gender: Female  
NURSYS ID: 42122348

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## **LOIS P. BENNETT, BSN, RN**

### **PROFESSIONAL OVERVIEW**

Competent, motivated Registered Nurse with excellent communication, collaboration and relationship management skills. Proficient in medical case management, care coordination and implementation of quality care strategies, and committed to the highest levels of customer service.

### **PROFESSIONAL EXPERIENCE**

#### **MEDICAL SERVICES CONSULTING, Eliot, ME**

2012 - Present

##### **Independent Nurse Consultant**

Partner with healthcare, managed care, medical case management and insurance organizations providing case management and care coordination to facilitate quality service and outcomes.

- Act as liaison with patient, medical care provider, insurance carrier and employer
- Conduct case evaluations and develop medical management strategies
- Collaborate with physicians and key healthcare disciplines to facilitate maximal outcomes
- Complete patient medical assessments for determination of clinical needs and level of care
- Complete worksite and ergonomic assessments, develop risk prevention and management plan

Includes work with:

Sport, Spine & Rehab, Eliot, ME – Business Development

Emdeon / Gould Health Systems, Augusta, ME – Field Assessor

Medical Case Management Group, Gray, ME – Case Manager

#### **Liberty Mutual Group, Dover, NH**

2006 - 2011

##### **Regional Manager, Corporate Safety & Health**

Managed regional team of 6 field-based nurse consultants for implementation of safety, health and wellness services to 22,000 employees in 360 offices and 23 states throughout the eastern U.S.

- Partnered with senior management and stakeholders for development of national safety objectives to align with organizational business goals and support strategic corporate initiatives
- Key contributor on design and delivery plan for safety consulting and injury prevention programs
- Analyzed risk data and injury trends to develop regional implementation plan for risk mitigation
- Partnered with national Business Unit Safety Managers and regional Safety Committees to facilitate risk mitigation strategies
- Provided leadership for facilitation of national employee wellness initiatives and office safety and regulatory compliance programs
- Collaborated on design and development of management-level and employee training programs
- Led development, and established corporate-wide best practice guidelines for national Ergonomic Solutions program
- Assisted with design and implemented regional approach for improved customer quality survey outcomes

**PRODUCER / AGENT, LIFE, ACCIDENT AND HEALTH, Portland, ME**

2005 - 2006

**Account Executive, Colonial Supplemental Insurance**

Operated and managed agency with sales focus in workplace voluntary benefit programs. Solicited leads, prospected accounts and consulted with employers to determine benefit needs.

- Developed partnerships with communities, employers and employees; participated in employer benefit fairs promoting wellness benefits and growing business account
- Coordinated account renewals, maintained business accounts and policyholder relationships, and achieved successful National Account enrollments

**MAINE EMPLOYER'S MUTUAL INSURANCE CO. (MEMIC), Portland, ME**

2002 - 2004

**Safety Management Specialist / Loss Control Consultant**

Provided loss control services to companies of diverse lines of business, with primary focus on regional healthcare clients. Facilitated development and implementation of safety programs and loss reduction strategies to control worksite hazards, reduce risks and prevent injuries.

- Consulted with senior level management to conduct prospect surveys for new business and design progressive safety and return to work programs
- Partnered with insurance brokers/agents for strategic account management and objective setting
- Collaborated with account management team to facilitate case management and return to work
- Performed worksite surveys, safety audits, risk assessments and ergonomic evaluations to establish recommendations for risk controls and corrective actions
- Served as resource for regulatory compliance and facilitated program implementation through senior management and risk control committees
- Conducted safety program management training for client company managers, resulting in successful implementation of safety programs

**SEACOAST REDICARE, OCCUPATIONAL HEALTH CENTER, Somersworth, NH**

1993 - 2002

**Clinical Coordinator / Director Case Management**

Developed and administered occupational health programs and services for 700 corporate clients. Provided coordination and oversight of clinical care for 15,000 annual patient visits.

- Directed clinical operations, trained and managed clinical staff and consulted with multidisciplinary team for coordination of care and quality service delivery
- Developed, implemented and facilitated successful case management and clinical care management programs, serving as liaison for employers, employees and insurance carriers
- Maintained referral network of medical specialists and facilitated communication and reporting processes
- Marketed programs, developed corporate client base and managed corporate relations
- Performed worksite and job task analyses, workers' compensation program review and development of injury management and return to work programs. Facilitated compliance with OSHA, DOT and other regulatory agencies

**EDUCATION**

Certified Ergonomic Assessment Specialist (CEAS), 2011

Producer License, Life, Accident and Health Insurance, 2005

Certified Occupational Health Nurse Specialist (COHN-S), 2000

Bachelor of Science, Nursing (BSN), Saint Joseph's College, Standish, ME



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### Person Information

Name: WILLIAM EDWIN DOOLEY, PT

### License Information

License No: 2395 Profession: Allied Health License Type: Physical Therapy  
License Status: Active Issue Date: 7/21/1999 Expiration Date: 12/31/2020

### Board Disciplinary Action

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# William E. Dooley, PT

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## EXPERIENCE

### Portsmouth Regional Hospital – Portsmouth, NH

9/00-present

#### **Manager – Occupational Health Services**

11/15 to present

- Manage all aspects of occupational health clinic averaging 750 monthly visits and \$1.5M annual revenue with services including: medical treatment of work-related injury or exposure, physical therapy, employment physicals, DOT physicals, medical surveillance physicals, drug & alcohol testing, employee health clinic
- Responsible for staffing and supervising 15 employees, including physicians, nurse practitioner/physician assistants, nurses, physical therapist, physical therapist assistant, billing specialist, office staff as well as an on-site nurse at client company
- Treating physical therapist – work related injury care and functional screens for employment testing
- Accountable for budgetary control of facility. Instrumental in financial turnaround of facility in 2015, followed by three consecutive years that exceeded budgetary goals
- Present monthly operational review to senior management
- Maintain oversight of billing and collections for facility
- Responsible for generating new growth of services through sales and marketing efforts in addition to maintenance of existing client relationships
- Responsible for contracting with insurers, client companies, medical providers, third parties and labs
- Ensure hospital employees meet hospital policy for immunizations & vaccinations, drug screening, tuberculosis, respiratory protection, medical surveillance for hazardous drugs as part of post-offer physical
- Work with hospital's Injury Coordinator to provide staff education as part of Healthy Work Environment program aimed at reducing patient handling injuries and slips, trips and fall injuries
- Coordinated facility transition to electronic medical record. Proficient in all aspects of Systoc occupational health software
- Hold case management meetings with medical providers, nurse case managers and physical therapists

#### **Coordinator – Occupational Health Services**

1/06 to 11/15

- Managed activities of off-site occupational health clinic
- Supervised staff of 16 employees, including physicians, nurse practitioner/physician assistant, nurses, physical therapist, physical therapist assistant and office staff.
- Provided physical therapy treatment for a wide variety of orthopedic injuries
- Performed functional capacity evaluations, pre-employment screenings and work conditioning
- Managed satellite occupational health sites
- Oversight of Portsmouth Hospital's employee health department, including on-site Employee Health Nurse
  - OSHA recording of injuries
  - modified duty work assignments
  - reporting and communication with workers' comp insurer
- Member of Portsmouth Hospital's Employee Safety Committee (established to reduce employee worker's compensation injury rates and costs)
  - Performed job hazard analyses and made policy changes to reduce injury rates
  - Implemented Back Injury Prevention Program
  - Educated managers in injury prevention strategies
  - Efforts of committee earned annual workers' comp insurance premium credits of up to \$179K for hospital

**Clinical Specialist – Occupational Health Services / Portsmouth Hospital Outpatient Rehab 9/00 to 1/06**

- Board Certified Orthopedic Clinical Specialist (APTA)
- Clinical physical therapist sharing time between Occupational Health and Outpatient Rehab departments
- Performed functional capacity evaluations, post-offer/pre-employment screenings, and work conditioning sessions

**Creekside Therapy – Dover, NH**

9/99 to 9/00

**Physical Therapist**

- Full time physical therapist for home healthcare agency
- Responsible for supervision of PTAs and home health aides
- Coordinated home healthcare services for the Homemakers of Strafford County

**HealthSouth Sports Medicine and Rehabilitation**

1/97 to 7/99

**Administrator - Norwalk, CT**

9/98 to 7/99

- Managed operation of profitable orthopedic physical therapy clinic with seven full time and seven part time employees, averaging 1,400 monthly treatments
- Responsible for hiring, scheduling and training of staff
- Accountable for budgetary control of salaries and wages, patient revenues, insurance collections, inventory, and other expenditures
- Ensured compliance with Medicare and OSHA standards, including infection control, risk management, safety, and program evaluation
- Functioned as marketing coordinator for facility in conjunction with regional HealthSouth marketing department
- Scheduled educational in-services by doctors and staff members
- Reviewed and updated clinical policies & procedures and protocols with medical directors
- Maintained full clinical treatment schedule in addition to administrative duties

**Clinical Site Coordinator - Sleepy Hollow, NY**

1/98 - 9/98

- Directed activities of orthopedic clinic averaging 700 monthly treatments with seven full time employees
- Managed staffing, scheduling, payroll, and budgetary control of facility
- Responsible for maintaining HealthSouth's expectations of facility maintenance and corporate standards of employee performance
- Assisted HealthSouth marketing representative with regional marketing activities
- Treated full schedule of orthopedic physical therapy patients

**Site Coordinator - Fairfield, CT**

9/97 - 1/98

- Assisted administrator in all aspects of clinical operation
- Maintained full orthopedic clinical schedule
- Casted for custom orthotics, and fit patients for custom knee braces

**Clinical Coordinator - Norwalk, CT**

1/97-9/97

- Handled full patient treatment schedule at busy orthopedic and sports medicine clinic
- Tracked and submitted staff payroll
- Implemented risk management and infection control procedures
- Worked with orthopedic surgeons to establish post-operative protocols

**Professional Sports Care - Norwalk, CT (Acquired by HealthSouth 1/97)**

5/95 to 1/97

**Staff Physical Therapist**

- Managed full patient case load at busy outpatient orthopedic facility
- Coordinated scheduling of in-services and staff meetings

- Responsible for control and budgeting of inventory

### **EDUCATION**

**Columbia University, College of Physicians & Surgeons, New York, NY**  
Master of Science, Physical Therapy (MSPT), with honors, 1995

**Syracuse University, Syracuse, NY**  
Bachelor of Arts, Economics, 1990

### **LICENSURE**

NH Licensed Physical Therapist #2395 - Active  
Massachusetts Physical Therapist #12144– Expired – In process of renewal  
Maine Physical Therapist #PT2278– Expired – In process of renewal

### **MEMBERSHIP, CERTIFICATION & AWARDS**

Board Certified Orthopedic Clinical Specialist (OCS) – APTA 2003-2013  
Certified Work Capacity Evaluator (CWCE) - Roy Matheson Functional Capacity Evaluation 2002-2012  
Certified Strength and Conditioning Specialist (CSCS) – NSCA 2006-2008



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## Person Information

Name: MARISA L DORMAN, PT

## License Information

License No: 4608 Profession: Allied Health License Type: Temporary Physical Therapy  
License Status: Active Issue Date: 12/26/2019 Expiration Date: 4/24/2020

## Board Disciplinary Action

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# Marisa Dorman, PT DPT

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## Summary

Recent graduate from Simmons University with my Doctorate of Physical Therapy and licensed Physical Therapist. My clinical experiences provided an opportunity to work with patients of multiple different backgrounds for both inpatient and outpatient care. I am a collaborative team player with an excellent work ethic, passion for learning, strong interpersonal skills, and commitment to providing the best evidence-based individualized care to all types of patients.

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## Education

Simmons University, Boston, MA

Graduated May 2019

*Doctorate of Physical Therapy*

GPA: 3.9

Capstone Project: Assessment of Self-Efficacy and Fear of Falling Using a Novel Outcome Measure Versus Contemporary Outcome Measures

Simmons University, Boston, MA

Graduated May 2017

*Bachelor of Science in Exercise Science*

GPA: 3.8

Leadership: Simmons College Circle K, Exercise Science Liaison, Education Sparks

## Licensure

Licensed Physical Therapist in the state of MA, 2019-Present

## Certifications

Adult and Pediatric CPR/AED Certified, 2018-2020

## APTA Member

2016- Present

## Clinical Experience

**Hewbrew Rehabilitation, Sub-Acute/ Skilled Nursing Facility**

January 2019 - March 2019

- Evaluated and treated patients from differing cultural, economic, and social backgrounds with diagnoses including generalized weakness, impaired balance, post joint replacement, post laminectomy and other spinal surgery, post stroke, and functional movement disorder.
- Instructed and assisted patients with bed mobility, transfers, gait, stair training, and therapeutic exercise to optimize function.
- Observed PT perform bed mobility, transfers, and gait training on the Medically Acute Care floor
- Collaborated with OTs, SLPs, and NPs to provide excellent patient care and determine appropriate discharge recommendations
- Managed a full caseload of 6-8 patients per day

**Spaulding Rehabilitation, Hospital-Based Outpatient Clinic**

October 2018- December 2018

- Evaluated and treated patients with a variety of diagnoses including impaired balance, general weakness, post-surgical, and chronic pain.
- Learned and utilized therapeutic principles from Polestar Pilates in the management of multiple conditions including generalized lower back pain, hip, and knee pain.
- Diverse patient population allowed me to observe treatments of patients with amputations and various neurological conditions including Cerebral Palsy and spinal cord injury.

**Elite Physical Therapy, Private Practice Outpatient Clinic**

June 2017 - August 2017

- Evaluated and treated patients aged 14-86 with a variety of diagnoses, including impaired balance, post concussion syndrome, vertigo, post-surgical, and general orthopedic conditions.
- Assisted CI with assessment and treatment of athletes during the CrossFit Games.



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## **Other Experience**

**Hostess/Administrative Assistant, Ristorante Massimo, Portsmouth, NH** **January 2011- Present**

- Responsible for making reservations
- Seating guests in a timely manner
- Perform ad hoc assignments
- Organize Monthly Bills and prepare them for procurement
- Trained employees in the use of a new OpenTable system

**Tutor and Mentor, Education Sparks, Boston, MA** **September 2015- May 2017**

- Worked with children ages six to ten years old
- Taught basic math, reading, writing, and science concepts

**Office Assistant, Hampton Physical Therapy, Seabrook, NH** **October 2012-December 2013**

- Responsible for making appointments
- Organizing patient charts
- Faxing notes and charts when needed to patients doctor

## **Service Learning Experience**

### **University College of Dublin Study Abroad Service Learning Experience**

- Developed protocols to prevent hamstring injuries for the UCD Gaelic Football Team
- Made posters and pamphlets to increase public knowledge of hamstring injury prevention
- Collaborated with students from Simmons and UCD
- Presented findings and future plans at both Simmons University and UCD as well as the president of World Confederation of Physical Therapy

## **Additional Skills**

- Modifying cueing for therapeutic exercise based on patient preferred learning style
- Proficient with computers
  - Epic EMR trained
  - Meditech EMR trained
- Cultural sensitivity trained
- Effective communicator
- Prioritizing tasks and organization
- Conversational in Spanish and Italian
- Trained in HIPAA Compliance