MEMBER / OFFICER
POST-TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from a private source for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the Member or officer’s annual Financial Disclosure Statement. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 15 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are received. Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.

Name of Member or Officer (print or type): Amy O'Donnell

Name of Accompanying Family Member (if any):

Relationship to Member/Officer: □ Spouse □ Child □ Other (specify):

Date of Departure and Date of Return: 10/4/07 late afternoon; speaking 10/5, departing 10/8/07

Dates at personal expense: 10/5 afternoon-10/6


Sponsor(s) (who paid for the trip): National Association of Long Term Hospitals (NALTH)

Describe meetings and events attended (attach additional pages if necessary): Keynote speaker on Friday morning for conference. Also served on a panel discussing recent legislative changes/potential changes and the regulatory process.

Attached to this form are EACH of the following (signify “yes” for each item by checking the corresponding box):

1. □ the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments;
2. □ the Privately-Sponsored Travel Approval Form completed by the Member or officer; and
3. □ the Committee on Standards’ letter approving my participation on this trip.

I represent that I participated in each of the activities reflected in the sponsor’s agenda (signify “yes” by checking box): □

If not, explain: I only participated in events on Friday morning.

Larson
TRIP EXPENSES:

<table>
<thead>
<tr>
<th></th>
<th>Total Transportation Expenses</th>
<th>Total Lodging Expenses</th>
<th>Total Meal Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Member or Officer:</td>
<td>1332.20</td>
<td>301.06</td>
<td>19.50 (breakfast at meeting)</td>
</tr>
<tr>
<td>For accompanying family member:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Specific Nature of Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Member or Officer:</td>
<td>(e.g., taxi, parking, registration fee, etc.)</td>
</tr>
<tr>
<td>For accompanying family member:</td>
<td></td>
</tr>
</tbody>
</table>

Other Expenses (dollar amount)

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: [Signature]

DATE: 10/15/07

Version date 4/2007 by Committee on Standards of Official Conduct
U.S. House of Representatives
Committee on Standards of Official Conduct

PRIVATELY SPONSORED TRAVEL: TRAVELER FORM
For Members, Officers and Employees
(submit directly to the Committee)

This form should be completed by House Members, officers or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule XXV, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer or employee, together with the completed and signed Private Sponsor Travel Certification Form.

Members, officers and employees seeking approval for travel are urged to submit all forms to the Committee at least 30 days before travel is scheduled to begin. The failure to provide the Committee with adequate time to review the form and attachments may result in the invitee not receiving approval for the trip. A copy of this form will be made available for public inspection. Please type form. Form (and any attachments) may be faxed to the Committee at (202) 225-7392.

1. Name of Member, officer or employee (traveler): Amy O'Donnell

2. Sponsor(s) (who will be paying for the trip): National Assn of Cong

3. Travel destination(s): Scottsdale, AZ

4. a. Dates of travel: 10/4/07 - 10/6/07
   b. Will you be extending the trip at your personal expense? Yes □ No □
      If yes, dates at personal expense: 10/5/07 afternoon - 10/6/07 afternoon

5. a. Name of accompanying family member (if any): No □
   b. Relationship to Member/Officer: ___ Spouse ___ Child ___ Other (specify):

6. a. Did the trip sponsor answer “yes” to Question 9(c) on the Trip Sponsor form (i.e., the travel is being sponsored by an entity that employs a lobbyist)? Yes □ No □
   b. If yes, check one of the following:
      (1) Approval for one-night’s lodging and meals is being requested: X □
      (2) Approval for two-nights’ lodging and meals is being requested: □
      If “(2)” is checked, explain why the second night is warranted:

7. Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other attachments (indicate that form is attached by checking box): X
8. Explain why participation in the trip is connected to your official or representational duties:
I will be speaking about recent Ways & Means Health Legislation.

9. I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: [Signature]

Name of Signatory (if other than traveler):

For staff, name of employing Member/Committee: JOHN B. CARSON

Office address: 1005 Longworth
Phone number: 5-2265
Email address: amy.o'donnell11@mail.house.gov

NOTE: You must complete the contact information fields above, as Committee staff may need contact you if additional information is required.

FOR STAFF:
TO BE COMPLETED BY YOUR EMPLOYING MEMBER:

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee’s official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member
Date: 9/26/07

If there are any questions regarding this form please contact the Committee:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (fax)

Version date 9/2007 by Committee on Standards of Official Conduct
U.S. House of Representatives  
Committee on Standards of Official Conduct

PRIVATE SPONSOR TRAVEL CERTIFICATION FORM  
(provide directly to each House invited)

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers or employees under House Rule XXV, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer or employee, who will then forward it to the Committee. The trip sponsor should NOT submit the form directly to the Committee.

Private sponsors are urged to submit this form to each House invitee at least 30 days before travel is scheduled to begin. The failure to provide the Committee with adequate time to review the form and attachments may result in the invitee not receiving approval for the trip. The submission of an incomplete form will delay the review process. Before completing this form, sponsors are urged to carefully review the Committee’s private travel guidelines and advisory memoranda detailing the rules and restrictions for private travel, as well as the instructions for completing this form. Sponsors should call the Committee with any questions prior to submitting the form. Please type form.

1. Sponsor(s) (who will be paying for the trip):

National Association of Long Term Hospitals ("NALTH")

2. I represent that the trip will not be financed (in whole or in part) by a federally-registered lobbyist or a registered foreign agent (signify "yes" by checking box): ☐

3. I represent that the trip sponsor(s) has not accepted from any other source funds earmarked directly or indirectly to finance any aspect of the trip (signify "yes" by checking box): ☐

4. Is travel being offered to an accompanying family member of the House invitee(s)? ☐ Yes ☐ No

5. Provide names and titles of ALL House invitees; for each invitee, provide explanation of why the individual was invited (include additional pages if necessary): Any O'Donnell, Legislative Assistant to Congressman Larson. Ms. O'Donnell will update NALTH Membership on LTCH Legislation recently passed by House.

6. Dates of travel: 10/4/07 late afternoon; speaking 10/5; departing 10/6/07

7. Cities of departure -- destination -- return: Washington, DC to Phoenix, AZ; Phoenix, AZ to Washington DC.

8. Attached is a detailed agenda of the activities taking place during the travel (i.e., an hourly description of planned activities) (signify "yes" by checking box): ☐

9. I represent that (check one of the following):
   a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: ☐
   b. The sponsor of the trip does not retain or employ a federally registered lobbyist or registered foreign agent: ☐
   ☒ c. The trip is for attendance at a one-day event and lobbyist involvement in planning, organizing, requesting, or arranging the trip was de minimis under the Committee's travel regulations. ☐

10. If travel is for participation in a one-day event (i.e., if you checked Question 9(c)), check one of the following:
    a. One-night’s lodging and meals are being offered: ☐
    b. Two-nights’ lodging and meals are being offered: ☐
    If "b" is checked, explain why the second night is warranted: Ms. O'Donnell is scheduled to address the Membership early in the morning so she will travel to Phoenix the previous evening.

**The event will last 2 days but Ms. O'Donnell’s participation will take place during a 24-hour period.
11. If the trip is not sponsored by an institution of higher education, I represent that a federally registered lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (signify "yes" by checking box): ☐

12. Private sponsors must have a direct and immediate relationship to the purpose of the trip or location being visited. Describe the role of each sponsor in organizing and conducting the trip: This trip is to address NALTH's Mid Year Meeting. NALTH is the sole sponsor of this meeting and trip. NALTH is a not-for-profit trade organization which is organized under Section 501(c) of the Internal Revenue Code. The meeting will include education programs and a description of the Congressional process described in the meeting agenda.

13. Describe each sponsor's organizational interest in the purpose of the trip: NALTH Membership is included in LYCH legislation recently passed by the House.

14. Describe the type and class of the transportation being provided. Indicate whether coach, business-class or first-class transportation will be provided. In addition, for travel via aircraft, please indicate if travel is being offered on a commercial flight, chartered flight or on an aircraft operated or paid for by a carrier not licensed by the Federal Aviation Administration to operate for compensation or hire (i.e., a private aircraft). If first-class fare is being provided, or if travel is via chartered or private aircraft, please provide an explanation describing why such travel is warranted: coach - commercial flights

15. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (signify "yes" by checking box): ☐

16. I represent that either (check one of the following):

a. The trip involves an event that is arranged or organized without regard to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: ☐ or ☐

b. The trip involves events that are arranged or organized specifically with regard to congressional participation: ☐

If "b" is checked, detail the cost per day of meals (approximate cost may be provided):

17. Reason for selecting the location of the event or trip: NALTH Mid-Year Meeting

18. Name of hotel or other lodging facility: Hyatt Regency at Gainey Ranch, Scottsdale, AZ

19. Cost per night of hotel or other lodging facility (approximate cost may be provided): $260/night

20. Reason(s) for selecting hotel or other lodging facility: Location of NALTH Mid-Year Meeting
21. **TOTAL EXPENSES FOR EACH PARTICIPANT:**

<table>
<thead>
<tr>
<th></th>
<th>Total Transportation Expenses per Participant</th>
<th>Total Lodging Expenses per Participant</th>
<th>Total Meal Expenses per Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each Member, Officer, or employee</td>
<td>$435 air; $100 ground</td>
<td>$538.00 plus tax</td>
<td>n/a</td>
</tr>
<tr>
<td>For each accompanying family member</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Expenses (dollar amount)</th>
<th>Identify Specific Nature of &quot;Other&quot; Expenses (e.g., taxi, parking, registration fee, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each Member, Officer, or employee</td>
<td>n/a</td>
</tr>
<tr>
<td>For each accompanying family member</td>
<td>n/a</td>
</tr>
</tbody>
</table>

22. I represent that reimbursement for miscellaneous travel expenses for the trip, such as travel to and from airports, security costs, interpreter fees, visa application fees, and similar expenses, will be for actual costs incurred and are necessary for the purpose of the trip (signify "yes" by checking box): ☐

23. I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: [Signature]

Name and title: John Votto, D.O., President Hospital for Special Care and Vice President to NALTH

Organization: NALTH

Address: 150 York Street, Stoughton, MA 02072

Telephone number: 860.627.4761

Fax number: 860.627.4736

Email Address: jvotto@hsc.org

The Committee staff may contact the above individual above if additional information is required.

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phones)
(202) 225-7392 (general fax)
(202) 226-7172 (fax for travel approvals)

Version date 4/2007 by Committee on Standards of Official Conduct
Ms. Amy O'Donnell  
Office of the Honorable John B. Larson  
1005 Longworth House Office Building  
Washington, DC 20515  

Dear Ms. O'Donnell:

Pursuant to House Rule XXV, clause 5(d)(2), the Committee on Standards of Official Conduct hereby approves your proposed trip to Scottsdale, Arizona scheduled for October 4 to 6, 2007 sponsored by the National Association of Long Term Care Hospitals.

You must complete an Employee Travel Disclosure Form (which your employing Member must also sign) and file it with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are required to attach a copy of this letter and the Private Sponsor Travel Certification Form, including all attachments. You must also include a copy of the Privately-Sponsored Travel Approval Form completed by you and signed by your employing Member. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than $305 from a single source on Schedule VII of that statement.

If you have any further questions, please contact the Committee’s Office of Advice and Education at extension 5-7193.

Sincerely,

Stephanie Tubbs Jones  
Chairwoman

Doc Hastings  
Ranking Republican Member

STJ/DH:trs
**Travelocity**

Your Trip Details

Know Before You Go
- Print this page and keep for your records. This is your receipt and will not be available after your trip data.
- Refer to the PIGS Code.

Note: We sent a confirmation message to the email address you provided: [Amy.O'Donnell@mail.house.gov](mailto:Amy.O'Donnell@mail.house.gov).

Your Travelocity Trip ID is: 2727 4770 2259

One important reminder: This is an e-ticket, so no paper ticket will be mailed to you.

What is an e-ticket?

---

**Itinerary**

<table>
<thead>
<tr>
<th>Primary Contact: Amy O'Donnell</th>
<th>Travel Tools: <a href="#">Online flight check</a></th>
<th><a href="#">Look up flight status</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>For questions about this itinerary, call 888-872-8258</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All flight times are local to each city.

**Flight:** 1 Round-Trip Ticket

**Confirmation #:** CD5QTV

Please check in with U.S. Airways
For your boarding pass, use reference code BY332X for online or airport check-in.

**Thu., Oct 4, 2007**

**Depart:** 04:45pm
**Arrive:** 09:20pm

Washington Ronald Reagan National Airport (DCA) to Phoenix Sky Harbor International Airport (PHX)

**Class of Service:** Economy
**Requested Seat:** 12E

Total Travel Time: 4 hrs 55 mins

**US Airways**
Flight 1479 (via Airbus A330)
Confirmation #: BY332X View flight info

Please check in with UNITED FOR TED
For your boarding pass, use reference code LILBS2 for online or airport check-in.

**Sat., Oct 6, 2007**

**Depart:** 02:30pm
**Arrive:** 07:50pm

Phoenix Sky Harbor International Airport (PHX) to Washington Ronald Reagan National Airport (DCA)

**Class of Service:** Economy
1 Stop—Change planes in Chicago, IL (ORD)
Connection Time: 25 mins

**United**
Flight 1469 operated by UNITED
FDR TED (via Airbus A319)
Confirmation #: LILBS2 View flight info

**Depart:** 06:45pm
**Arrive:** 11:28pm

Chicago, IL (ORD) to Washington, DC (DCA)

**Class of Service:** Economy
**Requested Seat:** 208

Total Travel Time: 5 hrs 58 mins

**United**
Flight 625 (via Airbus A319)
Confirmation #: LILBS2 View flight info

**Passenger Name:**
Amy O'Donnell

**Frequent Flyer Information:**
You can add your frequent flyer number at the airport.

---

**Pricing**

<table>
<thead>
<tr>
<th>1 Adult</th>
<th>$1,203.71</th>
<th>($1,203.71 per person)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxes &amp; Fees</td>
<td>$128.40</td>
<td>Includes 2% airport tax</td>
</tr>
</tbody>
</table>

**Total:** $1,332.20

We charged a total of $1,332.20 to your VISA XXXX-XXXX-XXXX-7579.

**Travel Alert!**
The TSA has added its ban on liquids, aerosols, and gels, so you can now carry the following items on board your flight:
- Travel-size toiletries (1 ounce or less) that fit comfortably in a quart-size, clear plastic zip-top bag.
- One zip-top bag is permitted per passenger. Beverages and other items purchased in the secure boarding area are allowed.
- At the security checkpoint, place the zip-top bag of liquids in a bin or on the conveyor belt for inspection.

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10/1/2007
Trip Details

- Passengers carrying large amounts of prescription liquid medications, baby formula, and diabetic glucose treatments must declare these at the security checkpoint for additional screening.

Arrive at the airport early. Enhanced security measures may mean longer lines at security checkpoints.

This new security policy applies to all domestic and international flights departing from U.S. airports. We always recommend checking the TSA Web site (www.tsa.gov) for the most up-to-date information about security procedures. If you are departing from a non-U.S. airport, be sure to check the airport's security policies and pack accordingly.

Travel Checklist

- Printed itinerary—As you will not receive a paper ticket, we suggest you print this page to take along with you on your trip.
- Photo ID—Every passenger must have a valid government-issued photo ID (such as a driver's license or passport). Please note that the name on the photo ID must match the passenger's name on the reservation.
- Terminal location information—Check with the airline for updated terminal information the day of your travel. Also, please note, you may verify the flight status online. Due to increased security measures, you should plan to arrive at the airport two hours prior to departure.
- What to expect at the airport—The airline will issue your boarding pass upon check-in. Some airlines allow you to pre-print your boarding pass with an online check-in feature.
- Baggage guidelines—Be sure to review your airline's baggage allowance guidelines. Airline rules for checked baggage allowances vary. Many carriers allow passengers two checked bags and one carry-on, while some only permit two checked bags. All carry-on baggage will be subject to search. Review the Transportation Security Administration guidelines for baggage.

Instructions and Policies

General Policies

- Once ticket is issued, it may not be reissued to a different passenger or airline.
- There is a fee to change the ticket.
- This price includes a nonrefundable $7.00 service fee, which may be charged separately to our credit card.

Change Policies

Cancellation Policies

Domestic Flight Notice

International Flight (Warsaw Convention) Notice

Help

Please refer to the ID 2127 4770 2209 when calling Travelocity's Customer Service Center.

In the US 1-800-378-7706 24 hours a day / 7 days a week

In Europe 888-888-3333 7:00am - 12:00pm CST

TDD/TTY hearing impaired 310-556-7555 7:00am - 12:00pm CST

Outside the US (1) 210-521-5771 24 hours a day / 7 days a week

Everything about your booking will be RIGHT, or we'll work with our partners to make it right, right away. Learn More

Complete Your Travel Plans for Phoenix!

Add an Activity

More things to do

Scottsdale Fashion Square Shopping Packages from $35

Phantom Horse Golf Club from $18

Rent a Harley Davidson at EagleRider Phoenix from $143

Add a Hotel

More Hotel Deals

5-Star Hotels

Ramada Plaza Hotel and Suites Phoenix at Tempe

from $67

4-Star Hotels

Scottsdale Plaza Resort

from $89

Add a Car

More Car Deals

Economy Car from $35/day

Intermediate Car from $38/day

Compact Car from $35/day


10/1/2007
NATIONAL ASSOCIATION OF LONG TERM HOSPITALS

18TH MID-YEAR MEETING

AGENDA

October 4 – 5, 2007

Hyatt Regency at Gainey Ranch, Scottsdale, AZ
Arizona Ballroom

Day 1
Thursday, October 4, 2007

8:00  Registration
Continental Breakfast Sponsored by Dairyland Healthcare Solutions

Morning Session Focus: Strategic Planning

8:20  Welcome of Membership
Theme – The Future of Post Acute Care
• Margaret Crane, NALTH, President

8:30  LTCH Future Forecasts
• Noblis – Daniel Walter
• Barlow Respiratory Hospital – Stephen Packwood
• Youville Hospital – Michael Keller

9:30  Membership Presentation
• The 5 C’s of a Corporate Culture in Healthcare – Alan Fisher, CEO, Compass Hospital, TX

10:00 Break/Vendor Fair – Arroyo E Room
• PCSI
• Convatec
• Baxter Healthcare
• Respironics, Inc.
• Dairyland Healthcare Solutions
• CPSI

10:30 PAC-PAI Demonstration Project Update
• Barbara Gage, Ph.D., Research Triangle Institute

11:30 Co-Location of IRFs and LTCHs
• Edward D. Kalman, Esq.

12:00 Lunch
12:00-4:00 NHIS Discussions & Demonstrations - Boardroom
Afternoon Session Focus: Workforce Issues

1:30  What Works: Healing the Healthcare Staffing Shortage
     • PricewaterhouseCoopers, LLP – Nicholas Korns, M.D.

2:30  Break – Vendor Fair - Arrovo E Room

3:00  Employee Engagement and Staff Retention
     • Gallup Healthcare Group – Stephanie Sharma
     • Madonna Rehabilitation Hospital – Paul Dongilli, Jr., Ph.D.

4:00  Dr. Frank Indihar Tribute
4:10  Reception Sponsored by Respironics, Inc. – Regency E Room

Arizona Ballroom
Day 2
Friday, October 5, 2007
BEGINNING CLOSED SESSION – NALTH MEMBERS ONLY

8:00  Continental Breakfast

8:30  Keynote Speaker:
     Amy O’Donnell, Legislative Assistant to Congressman John Larson

9:15  Regulatory/Legislative Update
     • Edward D. Kalman, Esq.
     • Amy O’Donnell, Legislative Assistant to Congressman John Larson

10:30  Break

10:45  Membership Presentation
     • The Path to Growth – Mary Ann Papa, Vice President and General Manager,
       St. Agnes Continuing Care Center, PA

11:15  Business Meeting and Committee Updates

12:30  Adjourn
# List of Attendees

<table>
<thead>
<tr>
<th>Facility</th>
<th>Name</th>
<th>State</th>
<th>NALTH MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Specialty Hospital</td>
<td>Toth, Jackie</td>
<td>OH</td>
<td>Y</td>
</tr>
<tr>
<td>American Hospital Association</td>
<td>Archuleta, Rochelle</td>
<td>DC</td>
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<tr>
<td>American Hospital Association</td>
<td>Sonik, Susanne</td>
<td>IL</td>
<td>N</td>
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<tr>
<td>Baptist Memorial Hospital</td>
<td>Maples, Arthur</td>
<td>TN</td>
<td>Y</td>
</tr>
<tr>
<td>Barlow Respiratory Hospital</td>
<td>Crane, Margaret</td>
<td>CA</td>
<td>Y</td>
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<tr>
<td>Barlow Respiratory Hospital</td>
<td>Packwood, Stephen</td>
<td>CA</td>
<td>S</td>
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<tr>
<td>Baxter Healthcare</td>
<td>Etta, Cindy</td>
<td></td>
<td>V</td>
</tr>
<tr>
<td>Bay Special Care Hospital</td>
<td>Burzynski, Cheryl</td>
<td>MI</td>
<td>Y</td>
</tr>
<tr>
<td>Behar &amp; Kalman</td>
<td>Kalman, Edward D.</td>
<td>MA</td>
<td>Y</td>
</tr>
<tr>
<td>Behar &amp; Kalman</td>
<td>Nee, Joyce A.</td>
<td>MA</td>
<td>Y</td>
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<tr>
<td>Benchmark Healthcare</td>
<td>Glasser, Susan</td>
<td>MA</td>
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<td>Benchmark Healthcare</td>
<td>Hyland-Miller, Brenda</td>
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<td>Bethesda Hospital</td>
<td>Huttunen, Ross</td>
<td>MN</td>
<td>Y</td>
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<td>Indihar, Frank, M.D.</td>
<td>MN</td>
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<td>Bethesda Hospital</td>
<td>Barr, Cathy</td>
<td>MN</td>
<td>Y</td>
</tr>
<tr>
<td>Center for Restorative Care and Rehabilitation</td>
<td>Bowling, Kay</td>
<td>VA</td>
<td>Y</td>
</tr>
<tr>
<td>Center for Restorative Care and Rehabilitation</td>
<td>Lewis, China</td>
<td>VA</td>
<td>Y</td>
</tr>
<tr>
<td>Center for Restorative Care and Rehabilitation</td>
<td>Saunders, Suzanne</td>
<td>VA</td>
<td>Y</td>
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<tr>
<td>Columbus Specialty Hospital</td>
<td>Thomsen, Greg</td>
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<td>Y</td>
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<tr>
<td>Compass Hospital</td>
<td>Fisher, Alan</td>
<td>TX</td>
<td>Y/S</td>
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<tr>
<td>Continuous Care Center of OK</td>
<td>Replogle, Raymond</td>
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<tr>
<td>Continuous Care Center of OK</td>
<td>Harris, Mike</td>
<td>OK</td>
<td>Y</td>
</tr>
<tr>
<td>Convatec</td>
<td>Hardwick, Jennifer</td>
<td>OK</td>
<td>V</td>
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*Y/S* indicates a Yes or No entry is possible.