

Warren County Health Services

Health, Human and Social Services Committee

AGENDA FOR

February 28, 2017

Information Submitted By: Patricia Auer, DPH/DPS

Health and Human Services Committee Members: Frasier, MacDonald, Vanselow, Montesi, Braymer, McDevitt, Leggett

- I. **Committee meeting called to order by Chairperson**  
Motion to approve minutes of the January 24,, 2017 Health Services Committee meeting
- II. **Action Agenda/New Business**

**Request Resolution:**

To authorize a contract agreement with Jesse Matteson, OT-R to provide Occupational Therapy services in a form approved by the County Attorney paid at the pre- established rates set for therapy services.

**Rationale:**

Occupational Therapy services are billable and reimbursable.

**Request Resolution:**

To authorize a contract agreement with Suzanne Gowen to provide Physical Therapy Services in a form approved by the County Attorney and paid at the pre-established rates set for therapy services.

**Rationale:**

Physical Therapy services are billable and reimbursable.

**Request Committee Approval:**

To allow Jolie Nevatka, WIC Program Nutrition Facilitator, to enroll in a 6 week online course to begin March 15, 2017, to receive certificate in Perinatal Health Issues which is offered through SUNY Adirondack at a cost of \$175.00.

**Rationale:**

Jolie is a new employee in the WIC Program, and this will assist in her orientation to the skills needed for her job. The cost has been approved by NYS Department of Health and will be 100% reimbursed by the WIC Program grant.

**Request Resolution:**

To authorize a contract agreement with Kaplan University to allow for a 200 hour unpaid Externship for a student pursuing her Master of Public Health Degree.

**Rationale:**

This is an opportunity for our agency as well as the student to complete necessary projects in the Division of Public Health. Ginelle Jones, Assistant Director of Public Health, will provide specific plans at the meeting. The externship would commence on March 22, and be completed by the end of August 2017.

**Request Resolution**

**Budget Transfer:**

Please see **Attachment #5**.

**Rationale:**

Salary for transfer is needed from Full Time Salaries to Part Time Salaries in the Family Health Program in the amount of \$14,000.

**III. Referral/Pending Items**

In follow up from last month's meeting regarding the "Tobacco 21" initiative, I transmitted with the agenda information, a copy of a letter regarding a meeting to held and facilitated by Adirondack Health Institute (AHI) on March 6<sup>th</sup> to further discuss plans for reduction efforts. We plan to have a representative from our staff at the meeting and will report back at next month's meeting as to the topics and plans discussed. Please see **Attachment #7**.

**IV. Information for Discussion/Review**

**Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016.** Please see **Attachment #2**.

**Revenue and Expense Comparison Report for 2015 vs 2016:** Please see **Attachment #3**. Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

**Emergency Response and Preparedness:**

Please see **Attachment #1** for the monthly report.

**Status of Referrals:** Please see **Attachment #4** for the detailed report. (This report will be distributed at the meeting.)

**Staffing Update:**

This has not been a good month. Since our last meeting, we have lost 2 full time nurses, one Retirement and also to take a full time position at another agency, and one resignation to take a position in another agency, both with increased salaries.

Our WIC Infant Feeding Advocate (less than 20 hours per week) has also resigned, because her salary at prorated hourly to Grade 3 (\$12.41) does not cover her child care expenses. Historically, individuals in this position do not stay long, and we have brought this up with the Department of Health. Since it is a 100% grant funded position, we must get approval to change the salary.

We will request to back fill the positions and report on our progress at the next meeting. From our previous resignations, we have recruited one nurse, and are looking for committee approval to fill that position. We thought we had another nurse also, but we lost her to a position at Glens Falls Hospital for a higher salary.

Adirondack Health Institute offers funding for nursing recruitment and retention, but the we would need to pay for the advertising, and then request reimbursement only if the advertising actually yielded employees. Outreach advertising is not covered.

**Rabies Program Report:**

Please see **Attachment #6.**

We will provide and discuss additional information at the meeting.

**V. Privilege of the Floor to discuss any additional items to come before Committee**

**VI. Motion to adjourn the Health Services Meeting**

**Attachments:**

**#1 Emergency Response and Preparedness Activities Report**

**#2 Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016**

**#3 Revenue and Expense Comparison Report for 2016 vs 2017**

**#4 Report of Referrals Status (to be distributed at the meeting)**

**#5 Budget Transfer Request**

**#6 Rabies Program Report**

**#7 Tobacco Use Reduction Efforts Letter**

**ATTACHMENT #1**  
**BT ACTIVITY SHEET**  
**BP5 - 7/1/16 - 6/30/17**

Page 7

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;  
 Purple/Special Needs; Orange/Drill; Black/Pan Flu

1/11	IHANS communication list update	Created Warren County Certified Home Health Agency list in HCS Communication Directory and sent drill notification #21592 in IHANS	Dan	
1/17	Notification	ServNY Volunteers re: next week's POD drill	Dan	
1/17	Ongoing	Began updating PH Personnel contacts, phone tree, BT resource numbers, review EPR related procedures for GJ to update	Kathy	
1/18	TableTop Ex	GFH TTx- Construction Incident	Dan	<b>Exercise</b>
1/18		Completed Hadley POD to Go Binder	Kathy	<b>MCM</b>
1/19	Outreach	Article published: Registry for Ppl with Mobility and Access Needs In Chronicle Health and Fitness Issue 1/19-	Kathy	<b>Special Needs</b>
1/20	Meeting	Annual Chempack Review	Dan, Ginelle	<b>Chempack</b>
1/24	L-7 Deliverable	HSB POD staff notification, assembly and set up IHANS 12:08 pm: IHANS Home Care, Nursing Homes Staff Notification- IHANS and Internal notification system 12:16pm ServNY Drill Notification- 12:20PM Assembly- 1:30 pm Room 5-110	Dan, Kathy, Deb, Donna, Diana, Erik, Cheryl, Jackie, Emily, Pat B,	<b>DRILL</b>
1/25	Committee/Deliverable	EPR/LEPC quarterly meeting	Dan, Kathy, Ginelle, Pat B, Val	
1/26	Meeting	EPR Work Plan	Ginelle, Dan, Kathy	
1/26	Training	HSEEP Review Training	Kathy, Eric	
1/27		FIT Test for CHHA RN	Kathy, CHHA RN	
1/30	Deliverable at GFH	L-4 NYSDOH Functional Access Needs in ER Planning	Dan, Pat B	Special Needs/ Drill Planning
1/31	Training Recorded Webinar	CDMS-Quality Assurance of Operational Data (NYSDOH Matthew De Lafayette)	Kathy	<b>Training</b>
1/31	Meeting Minutes	Completed and sent out EPR/LEPC Minutes to committee	Kathy	
1/31	Deliverable	Began HSEEP After Action Report-Improvement Plan for HSB POD drill	Dan	

**ATTACHMENT #1**  
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2/1		Synchronized WC EPR Plan with Attachments in common file and with hard copy (binder)	Kathy	
2/2		Review and merge staff EPR related trainings to ensure deliverables and capabilities are met- edits in progress	Kathy	
2/3		Sent Out Special Needs Registry Recerts	Kathy	<b>Special Needs</b>
2/6		Finalized Dr. List	Kathy	
2/6	Deliverable	L-7 Submitted AAR-IP for HSB POD Set-up Drill	Dan	
2/10	Deliverable	L-7 Surveys- Staff Notification; Assembly and POD Set Up- data entry completed for review	Kathy	
2/10	Training	L-3 Exercise - CDMS IT Review - Question and Answer Session	Tammie DeLorenzo	<b>TRAINING</b>
2/13	Deliverable	Submitted L-7 Surveys and Annual Preparedness Surveys (APS) except community training M6 and M7 Surveys	Dan Durkee	
2/13	Planning Meeting	Exercise Evaluator, Controller Training for NPI – Location to be determined	Erik Mastrianni	<b>Drill Planning</b>
2/14	Deliverable	Completed M-6 and M-7 on APS- Community Trainings	Kathy	
2/14	Outreach	Outreach letters to municipalities	Kathy	
2/15	Volunteers	ServNY Coordinator Meeting	Kathy	
2/15	TTX	GFH- Pan Flu	Pat B	

**WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS**  
**REVENUE AND EXPENDITURES FOR 2017 AS OF 2/20/2017 3:46:47 PM**

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V  
 CODE(S): 4010, 4013, 4016, 4054, 4190, 4018, 4189

EXPENSES	2017 BUDGETED		2017 YTD ACTUAL		2016 Prior Year Totals	
	2017	2016	2017	2016	2016	2015
Salaries - Regular	\$2,596,617.00	\$1,452.27	\$226,045.44	\$11,452.27	\$2,464,774.00	\$108,802.81
Salaries - Overtime	\$133,500.00	\$428,443.00	\$39,152.74	\$276,650.45	\$347,831.73	\$2,921,408.54
Salaries - Part Time	\$428,443.00	\$7,160.00	\$276,650.45	\$176.27	\$86,078.01	\$86,078.01
100's PERSONAL SERVICES	\$3,158,560.00	\$6,141,809.00	\$6,141,809.00	\$159,133.27	\$194,266.45	\$4,860,508.55
200's EQUIPMENT	\$7,160.00	\$1,567,901.00	\$1,567,901.00	\$194,266.45	\$1,516,728.00	\$1,516,728.00
400's CONTRACTUAL	\$6,141,809.00	\$10,875,430.00	\$10,875,430.00	\$630,226.44	\$9,384,723.10	\$9,384,723.10
800's EMPLOYEE BENEFITS	\$1,567,901.00		\$1,567,901.00			
TOTALS	\$10,875,430.00	\$8,794,989.00	\$8,794,989.00	\$3,493,401	\$6,329,936.18	\$6,329,936.18

Notes: We are working on closing January 2017 billing for the CHHA and MCH programs. Keep in mind we no longer have the Long Term Care program or the Ebola Grant for 2017. Also to note, 2016 has not been finalized to date. We anticipate by March/April we will have final billing numbers for the Preschool Program and the WIC food voucher program to still book for 2016. The state does not send us final information on these programs until then.

**Warren County Health Services**  
**Salaries Comparison**  
 2016 vs 2017  
 as of 2/5/17 Payroll

	YTD 2017	YTD 2016	YTD 16v17	% Change	Total Budget 2017	Total Actual 2016
Total of All Depts	\$226,045.44	\$273,345.90	-\$47,300.46	-17.30%	\$2,596,617.00	\$2,464,774.00
Regular Salaries	\$11,452.27	\$13,187.82	-\$1,735.55	-13.16%	\$133,500.00	\$108,802.81
Overtime Salaries	\$39,152.74	\$31,795.38	\$7,357.36	23.14%	\$428,443.00	\$347,831.73
Part Time Salaries	\$276,650.45	\$318,329.10	-\$41,678.65	-13.09%	\$3,158,560.00	\$3,478,317.73
TOTALS	\$226,045.44	\$273,345.90	-\$47,300.46	-17.30%	\$2,596,617.00	\$2,464,774.00
% current YTD Salary to Total Budget	8.76%	10.90%				

\*Source: Detail G/L report for all Salary Category from 1/1/XX-2/5/XX

Overall, total salaries are \$41,678.65 less than total 2016 Salaries. We continue to utilize per diem staffing as much as possible, due to staffing shortages in nursing to cover referrals therefore increasing the Part time salary category and reducing the Full time and Overtime salary categories showing overall a 13.09% reduction in salary from 2016. Also to keep in mind, we no longer have the Long Term Care program or the Ebola Grant which effected both Full time and Part time categories. These costs totalled \$8,298.58 overall in 2016.

**Revenue and Expense Comparison 2017 vs 2016  
as of 2/28/17 meeting**

EXPENSES	2/28/17 Meeting	2016 YTD as of 2/22/16 G/L	Variance
	2017 YTD Actual as of 2/20/17 G/L		
Salaries - Regular	\$226,045.44	\$273,345.90	(\$47,300.46)
Salaries - Overtime	\$11,452.27	\$13,187.82	(\$1,735.55)
Salaries - Part Time	\$39,152.74	\$31,795.38	\$7,357.36
100's PERSONAL SERVICES	\$276,650.45	\$318,329.10	(\$41,678.65)
200's EQUIPMENT	\$176.27	\$0.00	\$176.27
400's CONTRACTUAL	\$159,133.27	\$138,315.15	\$20,818.12
800's EMPLOYEE BENEFITS	\$194,266.45	\$227,730.07	(\$33,463.62)
<b>TOTALS</b>	<b>\$630,226.44</b>	<b>\$684,374.32</b>	<b>(\$54,147.88)</b>

REVENUES	2017 YTD ACTUAL	2016 Prior Year to Date Totals	
		\$3,493.40	\$4,271.80

Notes:

It should be noted, reflected above for comparison are financials as of 2/22/16 to compare to our current of 2/20/17. Expenses are up in 2017 compared to 2016 primarily due to timing of invoices.

Salaries: (please see previous page ) Overall are \$41,678.65 below 2016. Full time and overtime salaries are below 2016 YTD salaries while Part time salaries are above 2016. This correlates with the per diem staff that continue to be utilized to assist in nursing shortage coverage. Overall, 2017 salaries are 8.76% of budget while this time last year we were at 10.90% of budget for total salaries.

Employee Benefits:

Employee benefits are below last year and correlates with the nursing position shortages that we have experienced.

Revenues:

Revenues at this time do not yet reflect January Revenues for either year for our CHHA or MCH programs.

**ATTACHMENT #3**

Warren County Health Services  
Patient Evaluations  
CHHA Division

CATEGORY	01/2015	02/2015	03/2015	04/2015	05/2015	06/2015	07/2015	08/2015	09/2015	10/2015	11/2015	12/2015
SN eval	122	110	114	109	122	109	122	111	99	104	106	102
SN IV eval	9	6	8	13	5	7	8	3	9	5	1	8
PRI & CDPAP	6	5	5	6	5	2	2	7	1	1	1	5
UASNY	18	15	23	16	10	13	23	10	14	15	14	17
SN Evals per month	155	136	150	144	142	131	155	131	123	125	122	132
PT Evals	80	75	94	80	71	82	80	70	73	75	65	67
PT only	25	26	34	30	31	24	26	31	34	29	24	17
Total Evals per month	180	162	184	174	173	155	181	162	157	154	146	149

CATEGORY	01/2016	02/2016	03/2016	04/2016	05/2016	06/2016	07/2016	08/2016	09/2016	10/2016	11/2016	12/2016
SN eval	102	111	99	106	104	102	120	123	85	106	101	104
SN IV eval	9	6	12	8	10	10	4	10	4	13	7	11
PRI	4	6	1	7	6	3	6	2	5	10	3	1
UASNY	19	11	11	17	13	9	13	12	9	7	12	14
SN Evals per month	134	134	123	138	133	124	143	147	103	136	123	130
PT Evals	76	76	62	66	68	77	69	82	69	67	71	65
PT only	25	26	19	23	18	20	20	27	16	26	21	27
Total Evals per month	159	160	142	161	151	144	163	174	119	162	144	157
Difference	-12%	-1%	-23%	-7%	-13%	-7%	-10%	7%	-24%	5%	-1%	5%

CATEGORY	01/2017	02/2017	03/2017	04/2017	05/2017	06/2017	07/2017	08/2017	09/2017	10/2017	11/2017	12/2017
SN eval	97											
SN IV eval	7											
PRI	3											
UASNY	16											
SN Evals per month	123	0	0	0	0	0	0	0	0	0	0	0
PT Evals	78											
PT only	27											
Total Evals per month	150	0	0	0	0	0	0	0	0	0	0	0
Difference	-6%											

*Attachment #4*

**RESOLUTION REQUEST FORM NO. 10**

**Request for Transfer of Funds**

TO: Amanda Allen, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: Patricia [Signature]

DATE: February 28, 2017

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4018.0020.110	Family Health-Full time Salaries	A.4018.0020.130	Family Health -Part Time Salary	\$14,000.00

**Total Transfers** **\$14,000.00**

1. To transfer funds from FT to PT salary in Family Health to cover Per Diem employees hours towards CSHCN Grant.

**CONTINGENT FUND TRANSFER REQUESTS**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

**Warren County Public Health  
Rabies Program  
January-December 2016**

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton					3			4		1		
Chester	1	3			1			2		3		
Glens Falls	9	20		4	20			6			2	
Hague		1										
Horicon		4			1							
Johnsburg		4			4					1	1	
Lake George	2	4		1	5			5				
Lake Luzerne		3			2			5			1	
Queensbury	5	23		11	46		3	6		3	1	
Stony Creek				1	1							
Thurman		3			1		1					
Warrensburg		4		1	15			1		1	1	
<b>Totals</b>	<b>17</b>	<b>69</b>		<b>18</b>	<b>99</b>		<b>4</b>	<b>29</b>		<b>9</b>	<b>6</b>	

**Bites Reported by Month**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2016	7	10	16	18	23	29	32	36	29	16	21	14	251

Attachment #6

**Auer, Pat**

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**From:** Tallon, Tom <ttallon@ahihealth.org>  
**Sent:** Thursday, February 16, 2017 10:24 AM  
**To:** Patty Hunt; Susan Franko (susan.franko.hcphns@frontier.com); Katie Strack (kstrack@co.franklin.ny.us); Reid, Jerie; Linda Beers (lbeers@co.essex.ny.us); Auer, Pat  
**Cc:** Gildersleeve, Nancy; Shaler-Smith, Courtney; Homkey, Alex  
**Subject:** PHIP Tobacco Use Reduction Efforts

Hi all

I want to make sure to keep you updated on what we're doing to promote tobacco use reduction efforts in the region, including prohibiting the sale of tobacco products to people under 21 years of age.

We're convening a meeting on March 6<sup>th</sup> from 10:00 to noon at the Holiday Inn Resort in Lake George to gather people who have an interest in advancing tobacco control efforts throughout the region. I've engaged each of the three NYSDOH-funded tobacco free contractors (Glens Falls Hospital, Champlain Valley Family Center, and Catholic Charities of Fulton/Montgomery which covers Hamilton County) in our efforts. As you would imagine, all are very supportive. I've asked that they invite their contacts to the meeting and registration to-date indicates that we are attracting people who work have a stake in tobacco control activities in the region (including you and/or your representatives – thank you).

In support of the regional initiative to increase the sale age, we're developing several documents and concepts to have available and/or discuss at the March 6<sup>th</sup> meeting. These are:

- A brief document that describes the high prevalence of tobacco use in the North Country, the benefits of prohibiting access to tobacco for people younger than 21, and a "call to action" to engage the entire region in the effort. We see this document as the primary educational piece that we will use to promote the initiative
- A letter of support template that organizations/individuals can use to demonstrate their support for tobacco use reduction in the region
- We're investigating the idea of having an on-line petition on HealthyADK for people to "voice" their support and which we could use to document support by residents of each county in the region
- We're developing a campaign to market/promote all our efforts and preparing to use HealthyADK as the repository of all the supporting documents and for updates on the progress of the initiative.

That's it for now. I'll keep you apprised of developments as they occur. Please let me know if you have any questions and thanks for your support.

Tom

Tom Tallon  
Population Health Improvement Program (PHIP) Manager  
101 Ridge Street, Glens Falls, NY 12801  
518.480.0111, ext. 306  
[ttallon@ahihealth.org](mailto:ttallon@ahihealth.org)

 a-H-I Adirondack Health Institute

Attachment #7

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 02/28/2017

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Jesse Matteson to provide occupational therapy services
- (c) Name of Contractor: Jesse Matteson
- (d) Address of Contractor: 5651 Pavilion Way, Fort Ann, NY 12827
- (e) Contractor's Contact Person and Telephone Number: (518) 588-7100, email: jesselmatteson@gmail.com
- (f) Has or will the Contract be provided, if so, please attach: Please use therapist contract
- (g) Commencement Date of Contract: 03/20/2017
- (h) Termination Date of Contract: upon 30 days written notice by either party
- (i) Payment Provisions: Paid upon receipt of required documentation for each individual visit
- i) lump sum amount – see attached rates
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. bimonthly)
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project  
Number, and Title, and Amount:  
A 4010.10.470 Health Services

**WARREN COUNTY HEALTH SERVICES  
THERAPY RATES**

**Certified Home Health Agency**

Evaluation Region 1	\$55.00
Revisit Region 1	\$53.00
Evaluation Region 2	\$75.00
Revisit Region 2	\$75.00
Meetings (for all services)	\$40.00

**Early Intervention Services Only**

Evaluation Region 1	\$50.00
Revisit Region 1	\$50.00
Evaluation Region 2	\$57.00
Revisit Region 2	\$57.00
Extended visit Region 1 & 2 (with IFSP approval)	\$70.00
Supplemental Evaluations Regions 1 & 2	\$117.00

**Preschool CPSE/Approved IEP**

Basic visit Region 1	\$53.00
Basic visit Region 2	\$60.00
Group visit per child Regions 1 & 2	\$44.00

<b>Meetings (for all services)</b>	<b>\$40.00</b>
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# JESSE MATTESON

5651 Pavilion Way Fort Ann, NY 12827  
(518) 588-7100 \* [jesselmatteson@gmail.com](mailto:jesselmatteson@gmail.com)

## Profile

Motivated Occupational Therapist with strong interpersonal communication skills and experience working as a multidisciplinary team member in a pediatric setting. Proficient in managing caseloads and completing documentation in a timely manner.

## Education

**Master of Science in Occupational Therapy**, Utica College May 2016  
• Research thesis and poster presentation May 2016  
**Masters Certificate in Conflict Analysis and Dispute Resolution**, NOVA Southeastern May 2011  
**Bachelor of Arts in English Communications**, Massachusetts College of Liberal Arts June 2006

## Occupational Therapy Experience

**Hudson Falls School District**, Hudson Falls, NY — January 2016 - April 2016  
Fieldwork- Level II

- Conducted screenings, evaluations, and treatment sessions for children with a variety of diagnoses.
- Worked as a multidisciplinary team member alongside general and special education teachers, counselors, physical therapists and speech language pathologists in order to implement students' IEPs.
- Completed daily written and electronic notes, quarterly report cards, evaluation write ups, and IEP updates.

**Asociación Dominicana de Rehabilitación (ADR)**, Santo Domingo, Dominican Republic December 2015  
Fieldwork- Level I

- Observed and participated in treatment of children and adults in early intervention, preschool, school based, and outpatient clinics.
- Educated teachers and fellow practitioners about best practice for school based occupational therapy.

**Glens Falls Hospital Rehabilitation and Wellness Center**, Queensbury, NY May 2015 - August 2015  
Fieldwork- Level II

- Completed electronic chart reviews, initial evaluations, treatment sessions, and discharge reports independently.
- Proficient with the use of modalities including ultrasound, fluidotherapy, paraffin, moist hot packs, and kinesio tape.
- Fabrication and adjustment of upper extremity custom orthotics including education on wear and care schedule.
- Educated clients and caregivers about diagnoses, use of adaptive equipment, and home exercise programs.

**The Terrace and The Landing**, Queensbury, NY December 2015  
Fieldwork- Level I

- Observed and participated in both evaluations and treatment sessions for older adults with a focus on fall prevention, strength, and maintenance therapy.
- Gained clinical experience working with individuals with varying stages of dementia.

## Work Experience

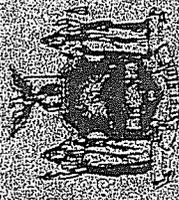
**Tribune Media Company**, Queensbury, NY November 2006 - January 2013 & December 2013 - August 2014  
Grade III Broadcast Editor

- Successfully maintained high volume programming databases for National broadcast affiliates.
- Worked closely with fellow employees, upper management and station contacts to insure accuracy of data listings
- Afforded leadership roles such as mentoring and post training new employees.

## Affiliations and Activities

**Member**, American Occupational Therapy Association August 2014 - Present  
**Member**, Sociedad Dominicana de Terapia Ocupacional December 2015 - Present  
**Wish Granter**, Make-A-Wish of Northeast New York, Albany, NY April 2009 - Present  
**Service Learning**, Young Pioneers, Utica, NY September 2015 - December 2015  
**ESL Teacher**, US Committee for Refugees and Immigrants December 2009 - September 2010

THE UNIVERSITY OF THE STATE OF NEW YORK  
EDUCATION DEPARTMENT



BE IT KNOWN THAT

JESSE LEIGH MATTESON

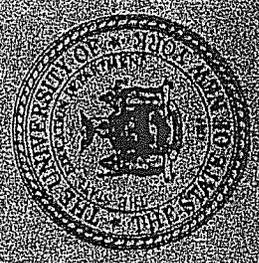
HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL  
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE AS AN

OCCUPATIONAL THERAPIST

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE  
UNDER ITS SEAL AT ALBANY, NEW YORK  
THIS TWENTY-FIFTH DAY OF AUGUST, 2016.

*Charlene Elin*  
LICENSE NUMBER  
070866



*D. De E. Reed*  
DEPUTY COMMISSIONER  
FOR THE PROFESSION

*[Signature]*  
EXECUTIVE SECRETARY  
STATE BOARD FOR  
OCCUPATIONAL THERAPY

SEE BACK FOR IMPORTANT INFORMATION

*The University of the State of New York  
Education Department  
Office of the Professions*

**REGISTRATION CERTIFICATE**  
*Do not accept a copy of this certificate*

Expende Number: 020866-1

Certificate Number: 9475165

MATHESON JESSE LEIGH  
5661 PAVILION WAY  
FORT ANN NY 12827-0000

is registered to practice in New York State through 07/31/2019 as a(n)  
**OCCUPATIONAL THERAPIST**

LICENSEE/REGISTRANT

*[Signature]*  
EXECUTIVE SECRETARY

*[Signature]*  
COMMISSIONER OF EDUCATION

*[Signature]*  
DEPUTY COMMISSIONER  
FOR THE PROFESSIONS

*This document is valid only if it has not expired, remains the only copy that the individual is authorized to practice in the State of New York, and is not a copy of a copy. However, having a registration certificate with a(n) may be a violation, please visit [www.op.nysed.gov](http://www.op.nysed.gov)*



**HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP**

**Certificate of Insurance**



**OCCURRENCE POLICY FORM**

<b>PRODUCER</b>	<b>BRANCH</b>	<b>PREFIX</b>	<b>POLICY NUMBER</b>	<b>Policy Period:</b>
018098	970	HPG	0644177904-8	From 11/01/16 to 11/01/17 at 12:01 AM Standard Time

**Named Insured**

Jesse Matteson  
5651 Pavilion Way  
Fort Ann, NY 12827-2515

**Program Administered by:**

Healthcare Providers Service Organization  
159 E. County Line Road  
Hatboro, PA 19040-1218  
1-800-982-9491  
www.hpso.com

**Medical Specialty** **Code**

Occupational Therapist 80721  
Excludes Cosmetic Procedures

**Insurance is provided by:**

American Casualty Company of Reading, Pennsylvania  
333 South Wabash Avenue Chicago, Illinois 60604

**Professional Liability** \$1,000,000 each claim \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- Good Samaritan Liability
- Malplacement Liability
- Personal Injury Liability
- Indirect Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

**Coverage Extensions**

License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$ 1,000 per day limit	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per deposition	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
<i>Includes Workplace Violence Counseling</i>		
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid	\$ 10,000 per incident	\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Information Privacy (HIPAA)	\$ 25,000 per incident	\$ 25,000 aggregate

**Workplace Liability**

Workplace Liability	Included in Professional Liability Limit shown above
Fire and Water Legal Liability	Included in the PL limit above subject to \$150,000 aggregate sublimit
Personal Liability	\$1,000,000 aggregate

**Total: \$116.00**

Premium reflects self-employed, full-time rate with recent graduate discount.

**Policy Forms & Endorsements** (Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D G-121501-C G-121503-C CNA82011 G-145184-A G-147292-A CNA81753 CNA81758 GSL13424 CNA80052  
CNA80051 G-123846-D31 G-123813-C31 GSL10550NY GSL11892NY GSL15563NY GSL18064NY GSL15565NY  
GSL17101 CNA79575

*Thomas F. Molamed*  
Chairman of the Board

*John M. Viter*  
Secretary

Keep this Certificate of Insurance in a safe place. This Certificate of Insurance and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

## POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. State specific policy forms and endorsements are not included in the list below. Should you require descriptions or samples of these documents, please visit us online at [www.hpsa.com/policyforms](http://www.hpsa.com/policyforms). Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period. All products and services may not be available in all states and may be subject to change without notice.

Think Green – expanded definitions and copies of these policy forms and endorsements are available online at [www.hpsa.com/policyforms](http://www.hpsa.com/policyforms).

### COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
G-121501-C	Occurrence Policy Form
G-121503-C	Workplace Liability Form
CNA82011	Healthcare Providers Related Claims Endorsement
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica Mold & Asbestos Disclosure
CNA81753	Cap on Losses from Certified Acts of Terrorism
CNA81758	Offer of Terrorism Coverage - Disclosure of Premium
GSL13424	Services to Animals
CNA80052	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
CNA80051	Amended Definition of Personal Injury Endorsement
G-123846-D31	New York Cancellation and Non-Renewal
G-123813-C31	New York Amendatory Change Endorsement
GSL10550NY	New York Amendatory Endorsement
GSL11892NY	New York Amendatory Endorsement
GSL15563NY	Information Privacy Coverage Endorsement HIPAA Fines - New York
GSL18064NY	New York Amendatory Change Endorsement
GSL15565NY	Healthcare Providers Professional Liability Assault Coverage - New York
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
CNA79575	Exclusion of Cosmetic Procedures

**PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.**

Self-employed individuals may be eligible for General Liability coverage subject to underwriting approval. Should an individual practitioner's status change from self-employed to employed, general liability coverage will be deleted and replaced with workplace liability. Please contact Healthcare Providers Service Organization for details.

Form #: G-141241-B31  
Master Policy #: 188711433

Named Insured: Jesse Matteson  
Policy #: 0644177904-8

## RESOLUTION REQUEST FORM NO. 3

### Request for New Contract

DEPARTMENT NAME: Health Services

DATE: 02/28/17

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Suzanne Gowen to provide physical therapy services
- (c) Name of Contractor: Suzanne Gowen
- (d) Address of Contractor: 22 Deer Run, Gansevoort, NY 12831
- (e) Contractor's Contact Person and Telephone Number: (413) 668-7369, email: sgowen@gmail.com
- (f) Has or will the Contract be provided, if so, please attach: Please see use therapist contract
- (g) Commencement Date of Contract: 03/20/2017
- (h) Termination Date of Contract: upon 30 days written notice by either party
- (i) Payment Provisions: Paid upon receipt of required documentation for each individual visit
  - i) lump sum amount – See attached rates
  - ii) hourly rate amount
  - iii) total amount not to exceed
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. ) Bi-monthly
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:

A 4010.10.470 Health Services

**WARREN COUNTY HEALTH SERVICES  
THERAPY RATES**

**Certified Home Health Agency**

Evaluation Region 1	\$55.00
Revisit Region 1	\$53.00
Evaluation Region 2	\$75.00
Revisit Region 2	\$75.00
Meetings (for all services)	\$40.00

**Early Intervention Services Only**

Evaluation Region 1	\$50.00
Revisit Region 1	\$50.00
Evaluation Region 2	\$57.00
Revisit Region 2	\$57.00
Extended visit Region 1 &2 (with IFSP approval)	\$70.00
Supplemental Evaluations Regions 1 & 2	\$117.00

**Preschool CPSE/Approved IEP**

Basic visit Region 1	\$53.00
Basic visit Region 2	\$60.00
Group visit per child Regions 1 & 2	\$44.00

<b>Meetings (for all services)</b>	<b>\$40.00</b>
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HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance  
OCCURRENCE POLICY FORM

Print Date: 2/22/2017

**Producer Branch Prefix Policy Number Policy Period**  
018098 970 HPG 0646579371 from 02/21/17 to 02/21/18 at 12:01 AM Standard Time

**Named Insured and Address:**  
Suzanne Gowen  
22 Deer Run  
Wilton, NY 12831-1772

**Program Administered by:**  
Healthcare Providers Service Organization  
159 E. County Line Road  
Hatboro, PA 19040-1218  
1-800-982-9491  
www.hpsso.com

**Medical Specialty:**  
Physical Therapist

**Code:**  
80995

**Insurance is provided by:**  
American Casualty Company of Reading, Pennsylvania  
333 S. Wabash Avenue, Chicago, IL 60604

Excludes Cosmetic Procedures

**Professional Liability** \$1,000,000 each claim \$ 3,000,000 aggregate

Your professional liability limits shown above include the following:

- \* Good Samaritan Liability
- \* Malplacement Liability
- \* Personal Injury Liability
- \* Indirect Sexual Misconduct included in the PL limit shown above subject to \$25,000 aggregate sublimit

**Coverage Extensions**

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	\$ 1,000	per day limit	\$ 25,000	aggregate
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault	\$ 25,000	per incident	\$ 25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	\$ 10,000	per incident	\$ 10,000	aggregate
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate
Information Privacy (HIPAA)	\$ 25,000	per incident	\$ 25,000	aggregate

**Workplace Liability**

Workplace Liability Included in Professional Liability Limit shown above  
Fire & Water Legal Liability Included in the PL limit shown above subject to \$150,000 aggregate sublimit  
Personal Liability \$1,000,000 aggregate

**Total: \$ 197.00**

Base Premium \$197.00

Premium reflects Self Employed , Part Time

**Policy Forms & Endorsements**(Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D	GSL10550NY	G-121503-C	G-121501-C	GSL11892NY	CNA81753	CNA81758
G-145184-A	G-147292-A	GSL15563NY	GSL15565NY	GSL17101	GSL18064NY	GSL13424
CNA80051	CNA80052	G-123813-C31	G-123846-D31	CNA82011	CNA79575	

Chairman of the Board

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.  
Master Policy # 188711433

G-141241-B31 (03/2010)

Coverage Change Date:

Endorsement Change Date:

## POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability insurance policy.

### **COMMON POLICY FORMS & ENDORSEMENTS**

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
GSL10550NY	New York Amendatory Endorsement
G-121503-C	Workplace Liability Form
G-121501-C	Occurrence Policy Form
GSL11892NY	New York Amendatory Endorsement
CNA81753	Coverage & Cap on Losses from Certified Acts Terrorism
CNA81758	Notice - Offer of Terrorism Coverage & Disclosure of Premium
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15563NY	New York Information Privacy Coverage
GSL15565NY	New York Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL18064NY	New York Amendatory Endorsement
GSL13424	Services to Animals
CNA80051	Amended Definition of Personal Injury Endorsement
CNA80052	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-123813-C31	New York Amendatory Change
G-123846-D31	New York Cancellation and Non-Renewal
CNA82011	Related Claims Endorsement
CNA79575	Exclusion of Cosmetic Procedures

**PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.**

- For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.
- For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the KY LGPT is the KY Local Government Premium Tax which includes charges at a municipality and/or county level.
- For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.
- For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2012 Regular Assessment.

Form#: G-141241-B31 (03/2010)  
Master Policy#: 188711433

Named Insured: Suzanne Gowen  
Policy#: 0646579371

# SUZANNE GOWEN

22 DEER RUN GANSEVOORT, NY 12831 413-668-7369 SGOWENEO@GMAIL.COM

## Experience

PREFERRED THERAPY SOLUTIONS- (February 2011-present) *Glens Falls, NY*

THE PINES AT GLENS FALLS

SKILLED NURSING FACILITY  
STAFF PHYSICAL THERAPIST, PER DIEM

- Evaluate and treat patients with a variety of diagnoses in a SNF setting.
- Effectively communicate with full-time therapists regarding patient status.
- Coordinate with Nursing and Aides for out-of-bed schedules, and ensure safe patient handling.
- Working knowledge of Rehab Optima.
- Complete all billing and progress notes in a timely manner to ensure proper reimbursement.

NEWMeadow (October 2012-November 2014) *Queensbury, NY*

PRESCHOOL FOR CHILDREN WITH SPECIAL NEEDS  
STAFF PHYSICAL THERAPIST, PART-TIME

- Completed motor sessions with children with a variety of disabilities.
- Completed all annual review evaluations and documentation, including IEP goals.
- Provided supervision to PTAs.
- Effectively communicated with collaborative team: OT, SLP, Teacher, and Teacher Aides.
- Completed all documentation in a timely manner, complying with all State Regulations.
- Experienced with IEP Direct and Cleartrack programs.
- Attended CPSE and CSE meetings as needed.
- Trained in Bridges/ABA; experience with data collection and Bridges Software.
- Experienced with PDMS-2.
- Provided family training and activity recommendations for home to maximize student gains.

HEALTHSOUTH REHABILITATION HOSPITAL OF WESTERN MASS (May 2003 – November 2010) *Ludlow, MA*

INPATIENT ACUTE REHABILITATION  
STAFF PHYSICAL THERAPIST, PER DIEM (JUNE 2007- NOV 2010), FULL TIME (MAY 2003- JUNE 2007)

- Evaluated and treated patients with a variety of neurological, orthopedic, cardiopulmonary, and medical diagnoses in an intensive rehab setting.
- Participated in weekly team meetings with MD, RN, OT and CM to discuss patient progress and discharge planning.

- Completed ongoing staff training through 1:1 sessions and transfers rounds to improve staff handling techniques.
- Supervised PTAs and SPTs.
- Facilitated weekly Mobility Clinic with orthotist/prosthetist to address bracing and prosthetic needs of both inpatients and outpatients.
- Chair of Neuro PI Team and Co-Chair of Stroke Team.
- Completed training on the indications and use of the Healthsouth Autoambulator.

SENIOR PHYSICAL THERAPIST (JANUARY 2006- JUNE 2007)

- Supervised the inpatient physical therapy staff of PTs and PTAs.
- Managed weekly payroll.
- Completed all scheduling.
- Participated in all quality improvement projects.
- Completed Annual Performance Reviews for PT department.

QUABOAG VALLEY VNA & HOSPICE

(January 2009- April 2010)

*Palmer, MA*

HOME CARE

STAFF PHYSICAL THERAPIST, PART-TIME

- Completed initial assessments and implemented treatment programs for patients with varied diagnoses, including total joint replacements, multiple fractures, amputation, cancer, Parkinson's, and CVA.
- Ensured compliance with all infection control methods used in the home setting to prevent cross-contamination.
- Provided patients with thorough home assessments and DME recommendations to maximize safety.
- Communicated frequently with treating RN and OT to maximize patient recovery.
- Instructed patients in comprehensive HEPs to improve compliance with therapy.
- Knowledge of computerized documentation, careplans, and OASIS C.
- Acted in a courteous and respectful manner at all times in patients' homes.

WING MEMORIAL HOSPITAL

(June 2005- September 2010)

*Palmer, MA*

INPATIENT ACUTE CARE

STAFF PHYSICAL THERAPIST, PER DIEM

- Completed evaluations and treatments for patients in the acute hospital setting, including the ICU.
- Communicated effectively with shift nurses and aides on patient status, mobility needs, and pain.

HELEN HAYES HOSPITAL

(August 2002- May 2003)

*West Haverstraw, NY*

INPATIENT ACUTE REHAB/SUBACUTE REHAB

STAFF PHYSICAL THERAPIST

- Knowledge of MDS documentation and billing.
- Supervised PTAs and SPTs.

NEWTON-WELLESLEY  
HOSPITAL

(August 2001- August 2002)

*Newton, MA*

INPATIENT ACUTE/SUBACUTE REHAB  
STAFF PHYSICAL THERAPIST

- Treated and evaluated patients at the acute level in the hospital, as well as in the SNF setting.
- Supervised PTAs and SPTs.

## Education

*Springfield College*

September 1996-May 2001

*Springfield, MA*

*master of science in physical therapy*

*bachelor of science, cum laude*

## Licenses/Certifications

New York Physical Therapy License

CPR and First Aid

\*References available upon request\*

# ***RESOLUTION REQUEST FORM NO. 3***

## ***Request for New Contract***

**DEPARTMENT NAME:** Health Services

**DATE:** February 28, 2017

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To enter into a contract agreement with Kaplan University to allow for an unpaid externship for a student working on a masters in Public Health Degree in a form approved by the County Attorney.**
- (c) Name of Contractor: **Kaplan University**
- (d) Address of Contractor: **6301 Kaplan University Avenue  
Fort Lauderdale FL 33309  
Atten: Tricia Berry, Director, Clinical and Praction Programs**
- (e) Contractor's Contact Person and Telephone Number: **Tiffany Wagstaff, Clinical Student Manager- Tel#: 931-801-4024, Fax# 877-638-9899,  
e-mail: twagstaff@kaplan.edu**
- (f) Has or will the Contract be provided, if so, please attach: **Yes**
- (g) Commencement Date of Contract: **March 22, 2017**
- (h) Termination Date of Contract: **Per terms of attached agreement in form approved by the County Attorney**
- (i) Payment Provisions:
  - i) lump sum amount **NA**
  - ii) hourly rate amount **NA**
  - iii) total amount not to exceed **NA**
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **NA**
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: **Not applicable, no funding involved****

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx  
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

\*as listed in budget and LOGOS

**EXTERNSHIP AFFILIATION  
AGREEMENT**

This Affiliation Agreement (“Agreement”) is made and entered into this 22nd day of March, 2017 (the “Effective Date”) by and between Iowa College Acquisition LLC doing business as Kaplan University (“School”), and Warren County Health Services (“Site”).

**WHEREAS**, the School offers an educational program in the field of Public Health and Health Education.

**WHEREAS**, the Site operates a facility or business capable of providing a practical learning experience for students enrolled in the Public Health and Health Education program and desires to utilize School’s students at its facility; and School has agreed to make students available to the Site for this purpose. The parties agree that the students at the Site will at all times be unpaid externs.

**NOW, THEREFORE**, in consideration for the foregoing recitals, the promises contained herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

**1. RESPONSIBILITIES OF SCHOOL**

(a) The School shall be responsible for providing its students to the Site, for training in the Site’s training program. [OPTIONAL If the Site so desires, the School shall, with the Site’s assistance, create an appropriate training program for the students at the Site, which shall be approved in advance by the Site. (whether created by the Site or the School,)] (the “Training Program”).

(b) At all times while this Agreement is in effect, the School shall maintain for itself and for students in the Training Program (the “Program Participants”), appropriate insurance coverage.

**2. RESPONSIBILITIES OF SITE**

(a) Site shall provide Program Participants with a minimum of 200 hours of practical experience in the Participants fields of study. Site shall make efforts to provide each Program Participant with hands-on clinical/ practical/learning experience of educational value;

(b) The Site shall provide an orientation for Program Participants, including but not limited to the Site’s standard operating and safety procedures, emergency and evacuation procedures;

(c) The Site shall provide supervision and control of Program Participants in compliance with all applicable laws, rules, and regulations. Supervision shall be by an experienced and qualified employee in the field; and student assignments are to be of an educational and training nature with the understanding that such assignments are not to be construed to be a substitute for the services of an employee of Site. As a result, Site agrees to maintain appropriate staffing levels at the facility and will not substitute student externs to handle paid staff responsibilities.

(d) Upon the request of School, the Site shall assist School in the evaluation of each Program Participant’s performance in the Training Program by completing the School’s final evaluation form.

(e) At all times while this Agreement is in effect, the Site shall maintain appropriate insurance coverage.

**3. WITHDRAWAL OF PROGRAM PARTICIPANTS**

(a) Site may immediately remove from the premises any Program Participant for unprofessional behavior, or who poses an immediate threat or danger to personnel, customers or patients or to the quality of the Site’s services.

(b) Site may request School to withdraw a Program Participant from the Training Program if his or her performance is unsatisfactory to Site.

(c) The School may upon notice to the Site, remove any Program Participant from the Training Program.

#### 4. INDEPENDENT CONTRACTORS

The parties hereby acknowledge that they are independent contractors, and neither the School nor any of its agents, representatives, students or employees shall be considered agents, representatives, or employees of Site.

#### 5. INDEMNIFICATION

(a) School agrees to hold Site harmless against any and all expenses incurred by Site in defending actions brought against Site, its officers, directors, employees, or agents, related to the negligent or willful acts or omissions of School in School's performance of its duties under this Agreement.

(b) Site agrees to hold School harmless against any and all expenses incurred by School in defending actions brought against School, its officers, directors, employees, agents, or students related to the negligent or willful acts or omissions of Site in its performance of its duties under this Agreement.

(c) The indemnification obligations pursuant to this Section shall survive the expiration or termination of this Agreement with respect to any such claims which are attributable to the performance of this Agreement prior to its expiration or termination.

#### 6. CONFIDENTIALITY

(For Medical Externships) The School shall ensure that Program Participants are aware of the sensitive nature of health information, particularly patient identifiable information and will familiarize students, instructors, and staff with the requirements of the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the privacy regulations promulgated pursuant to HIPAA.

(For All Other Externships) The School shall ensure that Program Participants are aware of the sensitive nature of client/customer information and

the obligation to keep any confidential client/customer information confidential.

#### 7. TERM & TERMINATION

(a) The term of this Agreement shall commence on the Effective Date and shall remain in effect for one (1) year. Thereafter, this agreement shall automatically renew for additional one-year terms unless terminated sooner as provided herein.

(b) Either party may terminate this Agreement at any time without cause upon giving at least sixty (60) days written notice to the other of its intention to terminate the agreement.

#### 8. NON-DISCRIMINATION

Site shall not discriminate on the basis of race, national origin, religion, creed, sex, age, veteran status, sexual orientation or handicap in either the selection of Program Participants, in training any of the program Participants.

#### 9. AMENDMENTS

This instrument contains the entire agreement between the parties and shall be binding on all successors and assigns of the respective parties. No amendments, deletions, or additions shall be made to this agreement except in writing signed by all parties.

#### 10. NOTICES

All notices and other communications required hereunder by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or received when using overnight courier or three business days after being deposited in the United States mail, postage prepaid, addressed as follows:

If to School:

Kaplan University  
6301 Kaplan University Ave.  
Fort Lauderdale, FL 33309

Attn: Tricia Berry, Director, Clinical and  
Practicum Programs c/o Angela Sutherland

With a copy to (which copy shall not constitute effective notice):

Kaplan Higher Education  
6301 Kaplan University Avenue  
Fort Lauderdale, FL 33309  
Attn: Legal Department

If to Institution:  
Warren County Health Services  
1340 State Route 9  
Lake George, NY 12845

**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be executed by their duly authorized representative on the day and year first written above.

**Iowa College Acquisition LLC d/b/a Kaplan University**

By: \_\_\_\_\_  
Name: Tricia Berry  
Title: Director, Clinical and Practicum Programs

**Warren County Health Services**

By: \_\_\_\_\_  
Name: Ronald Conover  
Title: Board of Supervisors



SCHEDULE "A"  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Health, Human and Social Services hereby authorizes Jolie Nevatka, WIC Prog. Nutrition Facilitator  
(Supervisory Committee) (Employee Name)

to <sup>enroll</sup> attend in the online course to receive Certificate in Perinatal Issues  
(Name of meeting or organization)

at offered through SUNY Adirondack online  
(Address)

On March 15, 2017 (for six weeks) Mode of transportation to be used Not applicable  
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:  
\_\_\_\_\_

**Proper documentation must be attached when submitting for approval.**  
(Please check documents attached)

- Notice of meeting or convention including cost. *\$175 - see attached course information*
- For Overnight Travel**
  - Room rate \$ NA GSA\* Rate \$ \_\_\_\_\_ *Expense is 100% covered by WIC Program*
  - Meal costs - GSA\*per diem rate \$ \_\_\_\_\_

\*[www.gsa.gov](http://www.gsa.gov)

Date: 2/21/17

  
\_\_\_\_\_  
Department Head Signature

Date: 2/28/17

  
\_\_\_\_\_  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

\*\*\*\*\*  
\*\*\*\*\*

Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

\*\*\*\*\*  
\*\*\*\*\*

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to County Administrator if credit card will be used.

*pat*

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### Certificate in Perinatal Issues

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20 contact hours

The Certificate in Perinatal Issues is a multidisciplinary educational experience designed to enhance the knowledge and skills of individuals who provide care and support for childbearing women, newborns, and families. The demand for knowledgeable providers to meet the needs of this population is dramatically increasing; new jobs are being developed and new services created. Health professionals who work with this population will need continuing professional education to gain a broad understanding of this specialized area of care and to stay current with emerging trends.

#### Program Benefits

Your *Certificate in Perinatal Issues* will distinguish you as a knowledgeable, skilled, and committed professional in this specialized field of care. The program:

- enhances professional marketability,
- builds skills and competencies, and
- fulfills continuing education requirements for many professionals.

This certificate program provides you with current knowledge in specific perinatal topics so you can effectively meet the needs of childbearing women, newborns, and families through a wide range of professional career paths.

#### Participants

This certificate program is relevant for registered nurses, nurse practitioners, advanced practice nurses, licensed vocational or practical nurses, nursing assistants, and social workers.

#### Curriculum

The Certificate in Perinatal Issues program provides 20 contact hours and includes the following nine courses:

1. Childbirth and Culture—Practices, Beliefs, and Traditions
2. Diabetes in Pregnancy
3. Ectopic Pregnancy
4. Hyperemesis Gravidarum
5. Hypertensive Disorders in Pregnancy
6. Pediatric Abusive Head Trauma (Shaken Baby Syndrome)
7. Perinatal Health—A Global Perspective
8. Postpartum Depression

#### Details

Learning Type:  
Instructor-Led Course

Hours:  
20

Duration of Access:  
6 weeks

Session Start Dates:  
January 18  
February 15  
March 15  
April 12

Need Help?

Accreditation

ALLEGRA Learning Solutions, LLC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

ALLEGRA Learning Solutions, LLC was awarded Accreditation with Distinction, the highest recognition awarded by the American Nurses Credentialing Center's Accreditation Program.

ALLEGRA Learning Solutions courses are acceptable for CE contact hours in all states.

Provider approved by the California Board of Registered Nursing, Provider #CEP 14693, for the stated number of contact hours.

ALLEGRA Learning Solutions courses are approved for continuing education credit for diabetes educators. All ANCC accredited courses are accepted for continuing education credit by the National Certification Board for Diabetes Educators (NCBDE).

ALLEGRA Learning Solutions, LLC is approved by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) as a continuing education Approved Provider. Provider Number 451562-11

This activity is being provided by ALLEGRA Learning Solutions, LLC and jointly provided by Cengage Learning, Inc.

Expiration Date: 10/21/2018

Course Revised February 2016

About The Instructor

Cyndie Koopsen, RN, BSN, MBA, HNB-BC, RN-BC, HWNC-BC is a nurse who has cared for patients in acute care settings, community clinics, and the home. Her professional nursing career has involved nursing executive leadership and administration, staff development and education, community education and wellness, and holistic care. She has designed, developed, and presented numerous educational programs for audiences covering integrative health, promotion and wellness, and chronic disease management and prevention. She is the co-author of Spirituality, Health, and Healing and Integrative Health: A Holistic Approach for Health Professionals.

Caroline Young, MPH, has an extensive public health background that includes experience in research, workshop presentations in various areas of health care, and online and onsite teaching. She has expertise in holistic community health and wellness program design, development, marketing, implementation, and evaluation. She has also designed, developed, and presented integrative health programs for culturally diverse populations, senior populations, and faith communities. She is the co-author of Spirituality, Health, and Healing and Integrative Health: A Holistic Approach for Health Professionals.

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## Certificate in Perinatal Issues



\$175.00 (USD)

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📅 6 WEEKS

🕒 24 COURSE HRS

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A new session of each course opens each month, allowing you to enroll whenever your busy schedule permits!

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How does it work? Once a session starts, two lessons will be released each week, for the six-week duration of your course. You will have access to all previously released lessons until the course ends.

Keep in mind that the interactive discussion area for each lesson automatically closes 2 weeks after each lesson is released, so you're encouraged to complete each lesson within two weeks of its release.

The Final Exam will be released on the same day as the last lesson. Once the Final Exam has been released, you will have 2 weeks plus 10 days to complete the Final and finish any remaining lessons in your course. No further extensions can be provided beyond these 10 days.

## Week 1

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### Lesson 01 - Perinatal Health—A Global Perspective

*Wednesday*

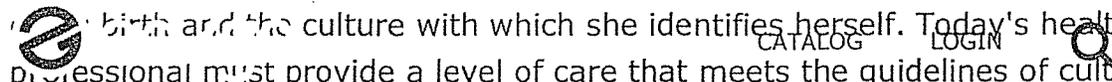
Poverty, scarce education, poor economic opportunities, gender discrimination, and unjust laws challenge the advancement of women's health around the world. These factors restrict access to important health services and the education women need to improve their lives and the lives of their children and community. When a priority is placed on women's health concerns, women's rights, and empowerment, immense improvements in the health and well-being of women and their children result.

The goal of this course is to provide an overview of global perinatal issues, including the extent of the problem; maternal, newborn, and child health issues; the global impact of maternal and child health on communities; and initiatives for improving perinatal health worldwide.

### Lesson 02 - Childbirth and Culture: Practices, Beliefs, and Traditions

*Friday*

An intimate and complex experience, childbirth reflects a woman's biology as well as the social context in which delivery takes place. The experience of every woman is unique to her and deeply personal because of the culture in which she

 birth and the culture with which she identifies herself. Today's health-care professional must provide a level of care that meets the guidelines of cultural competence and respects different cultural values and belief systems to assure that patients will be truly cared for in a holistic way that advocates for them appropriately, thoughtfully, and sensitively.

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~~The goal of this course is to provide an overview of culture and its effect on childbirth, examine cultural practices in childbirth, and describe the components of cultural competence.~~

## Week 2

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### Lesson 03 - Ectopic Pregnancy

*Wednesday*

Ectopic pregnancies are a gynecological emergency that can seriously affect a woman's health and fertility. However, new developments in the diagnosis and treatment of this condition have resulted in greatly improved maternal mortality and morbidity rates. The health-care provider is key to patient education, early assessment and diagnosis, and the proper treatment of this serious condition.

The goal of this course is to provide health-care practitioners with an overview of the incidence of ectopic pregnancy, describe risk factors associated with the condition, identify the signs and symptoms of ectopic pregnancy, and describe the diagnostic and treatment options for women with ectopic pregnancies.

### Lesson 04 - Hyperemesis Gravidarum

*Friday*

Hyperemesis gravidarum (HG) is a serious, potentially life-threatening condition affecting thousands of pregnant women each year. More severe than morning sickness, HG can affect every aspect of a woman's life. With early recognition and treatment, however, this condition can be effectively managed.

The goal of this course is to provide health-care providers with an overview of HG, discuss the epidemiology and etiology of this condition, identify its maternal and fetal effects, list associated risk factors, and examine diagnostic and treatment options for women suffering from this syndrome.

## Week 3

---

### Lesson 05 - Perinatal Issues: Hypertensive Disorders in Pregnancy

*Wednesday*

 Hypertensive disorders in pregnancy (previously called pregnancy-induced hypertension or PIH) are complex and serious conditions of pregnancy, which, if untreated or improperly treated, can result in maternal and fetal complications including death. These disorders are present in up to 22% of pregnancies. Health care providers must have a working knowledge of the pathophysiology of these conditions as well as the classifications of the disease and the recommended treatment modalities in order to provide safe and effective care.

The goal of this course is to provide health care professionals with an understanding of hypertensive disorders in pregnancy, including the pathophysiology, classifications, and symptoms. In addition, steps for managing the patient and medications for treating these disorders will be presented. Finally, the HELLP syndrome will also be discussed.

#### Lesson 06 - Perinatal Issues: Diabetes in Pregnancy

*Friday*

Diabetes during pregnancy can provide a special challenge to the patient and her health care providers. The effects of poorly controlled blood glucose levels can result in life-threatening effects for both the mother and the fetus.

The goal of this course is to provide the health care professional with an overview of diabetes, the types of diabetes, and the metabolic changes that occur during diabetic pregnancies. The signs and symptoms of pregestational and gestational diabetes will be discussed, and treatment options (including diet, exercise, and medication) will be addressed. New treatment options will also be explored.

#### Week 4

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#### Lesson 07 - Perinatal Issues: Prevention of Neonatal Group B Streptococcal Infection

*Wednesday*

Great strides have been made in preventing and treating neonatal group B streptococcal infection during the last 20 years, especially with the use of prophylactic antibiotics during labor. In addition, the development of rapid detection tests and a vaccine look promising.

The goal of this course is to provide health care professionals with an overview of this disease. Topics covered include its incidence, consequences, risk factors, and types. The latest recommendations by the American College of Obstetricians and Gynecologists (ACOG), the Centers for Disease Control and Prevention (CDC), and the American Academy of Pediatrics (AAP) are also presented.



~~For most women, the birth of a baby is a joyous and exciting time. However, for some women, childbirth is accompanied by depression, anxiety, feelings of hopelessness, and even suicide.~~

~~Depression following the delivery of an infant can take three basic forms: postpartum blues, postpartum psychosis, and postpartum depression. All three types can profoundly affect the lives of women and their families.~~

The goal of this course is to provide the health care professional with an understanding of the types of postpartum depression disorders, as well as their prevalence, causes, symptoms, and treatment options.

## Week 5

### Lesson 09 - Pediatric Abusive Head Trauma (Shaken Baby Syndrome)

*Wednesday*

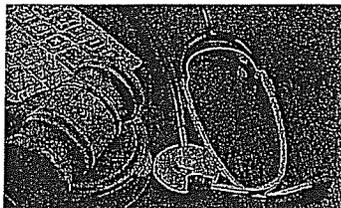
The prevention of child maltreatment, particularly the reduction of abusive injuries and their consequences, is an important public health concern. Even when they do not result in death, serious traumatic brain injuries in children have profound lifetime consequences. The crime of pediatric abusive head trauma (PAHT) is a preventable and severe form of child abuse. In the United States, child abuse is the third leading cause of all head injuries, and its prevention and treatment present a challenge to health care providers.

The goal of this course is to provide an overview of PAHT, also called "shaken baby syndrome." The epidemiology, risk factors, physical signs and symptoms, diagnosis and treatment, and prevention strategies are discussed.

### Lesson 10

*Friday*

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**Cc:** Meier, Geraldine M (HEALTH)  
**Subject:** RE: WIC re QN Continued Education cost

This sounds like a good idea for Jolie. You can incur this cost from your budget. Please make sure Jolie keeps a copy of the syllabus and other relevant materials (her certificate at the end) as we will likely need copies of these once the course is completed.

Thank you,

Amanda

**Shireen Amanda Sobhani, MS, RDN, CDN**  
Public Health Nutritionist  
Bureau of Supplemental Food Programs, Fiscal Management Section

**New York State Department of Health**  
Riverview Center, 150 Broadway, Suite 650, Menands, NY 12204  
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**From:** Roth, Antoinette [<mailto:rotha@warrencountyny.gov>]  
**Sent:** Monday, January 09, 2017 3:08 PM  
**To:** Sobhani, Shireen A (HEALTH) <[Shireen.Sobhani@health.ny.gov](mailto:Shireen.Sobhani@health.ny.gov)>  
**Cc:** Meier, Geraldine M (HEALTH) <[geraldine.meier@health.ny.gov](mailto:geraldine.meier@health.ny.gov)>  
**Subject:** WIC re QN Continued Education cost

*ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.*

Hello – Thanks for spending time with us on Friday. It was a long day but many areas were covered. We will continue to offer Pam and Jolie the opportunity to work at clinic and became familiarized with WICSIS.

Amanda, when you and Anne and I spoke at the end of the day, I mentioned my observation of Jolie Navatka's need for a child development refresher. Jolie explained to me that she did take a child development class; however, it was a class she took early in her college career.

I found the Perinatal Issues Certificate, offered on-line through ACC. I would like her to take this course and she is very willing to do so. I believe this course and a book review of child development will make her more comfortable initiating conversation with our participants.

<http://www.ed2go.com/adirondack/online-courses/perinatal-issues-certificate?tab=detail>

Please take a look at the syllabus. I believe the cost is \$175. Our budget has room for this expenditure. Would you please give us the okay to incur this cost from our current budget? Thanks very much. Toni

Toni Roth  
Coordinator  
Warren County WIC Program  
Municipal Center  
1340 State Route 9

Lake George, NY 12845  
P (518) 761-6555  
F (518) 761-7643  
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RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 3600
Title of Position: Registered Professional Nurse Base Salary of Position: 43,787 Grade: 19
Filling at Step # (If Known): Not known Request to Backfill Due to Promotion: [ ] Yes [X] No
Budget code and title: A 4010.110 Fulltime Salaries Union [X] Non-Union [ ]
This position is vacated due to: [ ] Retirement [X] Resignation [ ] Termination [ ] Promotion [ ] Other
Employee No.: 8941 Is this position mandated? [ ] Yes [X] No Is the position reimbursable? [X] Yes [ ] No
Source of reimbursement: [X] Federal [ ] % [X] State [ ] % [X] Other [ ] % varies depending on pt. insurance nursing insur are reimbursable

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[ ] Competitive-active eligible list [ ] Competitive-no list (hiring would be provisional) [X] Non-Competitive [ ] Other SW
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. [Signature] 1-4-17

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[ ] The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 1/10/17

BUDGET OFFICER COMPLETES THIS SECTION

[X] The Budget Officer has no objection to the filling of the vacancy.
[ ] The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature [Signature] Date 1/13/17

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
[X] The committee has no objection to the filling of the vacancy.
[ ] The committee objects to the filling of the vacancy.
[ ] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[ ] In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 1/24/17

# RESOLUTION REQUEST FORM NO. 12

Schedule "A"

## NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

### DEPARTMENT HEAD COMPLETES THIS SECTION

Department: HEALTH SERVICES Payroll Dept. No: 36.00  
Title of Position: Registered professional nurse Base Salary of Position: 43,787 Grade: 19  
Filling at Step # (If Known): not known Request to Backfill Due to Promotion:  Yes  No  
Budget code and title: A. 4010.110 Full Time Salaries Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No.: 7764 Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_ %  State \_\_\_\_\_ %  Other \_\_\_\_\_ % VARIES depending on pt. insurance nursing visits are reimbursable

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other own reimbursement  
Actual Impact to Budget Report will be provided monthly by Human Resources Director.  
Candidate's qualifications must be approved by Personnel Officer prior to hiring.  
Human Resources Director has approved this form when initialed. 1/14/17

### COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.  
 The Administrator objects to the filling of the vacancy.

Administrator Signature W.B. Muff Date 1/10/17

### BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.  
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank E. Thomas Date 1/13/17

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

- Name of Committee Health Human & Social Services  
 The committee has no objection to the filling of the vacancy.  
 The committee objects to the filling of the vacancy.  
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.  
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A. Francis Date 1/24/17

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.00
Title of Position: Registered Professional Nurse Base Salary of Position: 43,787 Grade: 19
Filling at Step # (If Known): not known Request to Backfill Due to Promotion: Yes No
Budget code and title: A4010.110 Health Services Full Time Selected Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: 11379 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal medical % State medical % Other pvt 175.5 % payment sources vary depending on patient payment sources

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (hiring would be provisional) Non-Competitive Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. 12-14-16

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 12/15/16

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature [Signature] Date 1/5/17

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
The committee has no objection to the filling of the vacancy.
The committee objects to the filling of the vacancy.
In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature [Signature] Date 1/24/17