



**Government of the District of Columbia  
Department of Health**



**HEALTH REGULATION AND LICENSING ADMINISTRATION  
899 NORTH CAPITOL STREET NE, 2<sup>ND</sup> FLOOR  
WASHINGTON, DC 20002**

**ADDENDUM  
for the  
March 26, 2014 Meeting  
of the D.C. BOARD OF MEDICINE**

This document is an Addendum to the Open Session Agenda for the meeting of the D. C. Board of Medicine that will be held on March 26, 2014, starting at 10:30 a.m., at 899 North Capitol Street NE, Washington, D.C. 20002

**OPEN SESSION ADDENDUM:**

OS-14-020 ALL	<b><u>FSMB Foundation Grant Application Approval</u></b> The Federation of State Medical Boards (FSMB), in collaboration with the University of Nebraska Medical Center for Continuing Education, The France Foundation, and CE City, has approved a \$10,000 educational grant, submitted by the DC Board of Medicine, for a live education program titled, "Extended Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy."	
OS-14-021 ALL	<b><u>Trauma Tech Advisory Committee</u></b> Copy of the presentation slides related to OS-14-018.2 – trauma tech advisory committee – is provided for the public.	

This ends the Open Session Addendum.



RESEARCH & EDUCATION  
PROJECTS TO BENEFIT STATE MEDICAL BOARDS  
AND THE COMMUNITIES THEY SERVE

March 17, 2014

Jacqueline Watson, MD – Executive Director  
District of Columbia Board of Medicine  
899 North Capitol Street, NE  
Washington, DC 20002

RE: Grant application for Extended Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy – A Live Educational Program

Dear Mr. Watson:

On behalf of the FSMB Foundation in collaboration with the FSMB, the University of Nebraska Medical Center, Center for Continuing Education, The France Foundation and CE City, I am pleased to inform you that your educational grant request for the above-referenced activity in the amount of \$10,000.00 has been approved.

This letter outlines the conditions and requirements of accepting the grant. Please read all conditions carefully and return the enclosed Letter of Agreement (LOA) as soon as possible. Upon receipt of your signed LOA and a completed W9, you will be provided payment of up to 80% of the total funding. The remaining 20% will be disbursed upon receipt of the final items described below. Please note, funds must be used specifically for the designated purpose(s) as described.

To assist in the planning and delivery of your live event, all necessary live meeting materials will be provided to you and are available for download at [www.FSMBgrants.org](http://www.FSMBgrants.org). These materials include:

1. Slide content in PowerPoint format for presentation needs
2. Slide content for the Speaker Training Webinar
3. Slide content in PDF format (attendee handout components to be retained by the attendees)
4. Activity CME Information Page (attendee handout components to be retained by the attendees)

Within sixty (60) days of the conclusion of your live meeting, we ask that please return the following items to Ms. Kelly Alfred, FSMB Senior Director of Education Services:

1. Faculty attestation of disclosure forms
2. Budget & Reconciliation form
3. Completed CME pretest, evaluation and posttest forms by the attendees. The forms are to be distributed and collected on-site at the live meeting.
4. A summary report describing how the presentations were made, who gave the presentations, and how many prescribers attended. Please include any comments or suggestions for improvement.

Please accept our heartfelt congratulations on your successful proposal, and we look forward to working with you in the months ahead!

Sincerely,

A handwritten signature in black ink that reads "Janelle A. Rhyne, MD".

Janelle A. Rhyne, MD, MACP  
President



### Agreement for Collaborative Educational Grant (LOA)

The University of Nebraska Medical Center, Center for Continuing Education (UNMC-CCE) is committed to offering continuing medical education (CME) activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, UNMC-CCE has outlined in this written agreement the terms, conditions, and purposes of Collaborative Educational Grant support for its CME activities. This educational activity is supported by an independent educational grant from the ER/LA Opioid Analgesic REMS Program Companies (RPC). Please see [www.er-la-opioidREMS.com](http://www.er-la-opioidREMS.com) for more information, including a listing of the member companies.

<b>Title of CME Activity:</b>	<b>Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy</b>		
<b>Approval Date:</b>	March 17, 2014	<b>Project End Date:</b>	December 16, 2014
<b>Organization (Board):</b>			
<b>Accredited Provider:</b>	The University of Nebraska Medical Center, Center for Continuing Education (UNMC-CCE)		
<b>Amount of Educational Grant:</b>	\$10,000.00		

### Terms, Conditions, and Purposes

**Note:** The Organization (Board) agrees to abide by all requirements of the **ACCME Standards for Commercial Support**. Collaborative Educational Grants, when funded by Commercial Interests, are considered to be commercial support, and as such are subject to all provisions of the ACCME SCS. A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

#### Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of any Commercial Interest.

#### Appropriate Use of Commercial Support

2. The Organization (Board) will make all decisions regarding the disposition and disbursement of the funds from the Collaborative Educational Grant.
3. Neither any Commercial Interest nor the University of Nebraska Medical Center, Center for Continuing Education (UNMC-CCE) will require the Organization to accept advice or services concerning teachers, authors, or participants or other education matters as conditions of receiving this grant.
4. All Collaborative Educational Grants or commercial support associated with this activity will be given with the full knowledge and approval of the Organization. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
5. The Organization will, upon request, furnish the University of Nebraska Medical Center, Center for Continuing Education (UNMC-CCE) documentation detailing the receipt and expenditure of the Collaborative Educational Grant and any additional commercial support.

#### Commercial Promotion

6. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during, or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
7. A Commercial Interest may not be the agent providing the CME activity to the learners.

Extended-Release and  
Long-Acting  
Opioid Analgesics Risk Evaluation  
and Mitigation Strategy

*An Accredited Continuing Medical Education Activity*



## Disclosure

8. The Organization will ensure that the source of support from any Commercial Interest, either direct or "in-kind," is disclosed to the participants, in any program brochures, syllabi, and other program materials provided to the learner audience, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.
9. The Organization agrees to use the disclosure statement based on the Accredited Provider's policies; the organization should use this statement on the disclosure slide provided within the PowerPoint presentation, inserting the faculty's first name, last name, degree, and disclosure details (as shown below).

**It is the policy of the University of Nebraska Medical Center, Center for Continuing Education (UNMC-CCE), the Federation of State Medical Boards (FSMB), FSMB Foundation, and The France Foundation to ensure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. All faculty participating in this activity will disclose to the participants any significant financial interest or other relationship with manufacturer(s) of any commercial product(s)/device(s) and/or provider(s) of commercial services included in this educational activity. A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The intent of this disclosure is not to prevent a faculty member with a relevant financial or other relationship from participating in the activity, but rather to provide participants with information on which they can base their own judgments. The University of Nebraska Medical Center, Center for Continuing Education (UNMC-CCE), the Federation of State Medical Boards (FSMB), FSMB Foundation, and The France Foundation have identified and resolved any and all faculty conflicts of interest prior to the release of this activity.**

**Be sure to insert faculty first name, last name, degree, and disclosure information (*on the PowerPoint presentation slide*).**

## Grant Fulfillment Requirements

10. Provide three hours of live (face-to-face) education to a minimum of 250 ER/LA opioid prescribers between April 1, 2014-December 16, 2014
11. Direct and encourage licensees who did not attend the live (face-to-face) education to complete six (6) online enduring education modules between April 1, 2014–April 2016
12. Provide the education free of charge to learners
13. Grant monies must be used for live activity costs such as administrative costs, faculty identification, faculty recruitment, and management including honoraria, travel costs, meeting material production, etc. Grant monies cannot be used for food
14. Applicants must select and recruit faculty based on their expertise in the content area; applicants must ensure their faculty complete the online Speaker Training module available on this Web site prior to allowing them to present the content to learners
15. Board's primary target audience for education must be clinicians who are registered with the DEA, eligible to prescribe schedule 2 and 3 drugs, and who have written at least one ER/LA opioid script in the past year. Others may attend but will not count toward grant learner requirements
16. Achieve a participation level of a minimum of 250 ER/LA opioid prescribers for the 3-hour live (face-to-face) education session for each grant awarded.
17. Use approved core content for the live education in its entirety
18. Announce the availability of the online modules to full licensed constituency and aggressively encourage participation by those who do not attend the live (face-to-face) education session
19. Provide all required documentation to the collaborators within 60 days of the conclusion of the live activity, including but not limited to pre/posttest data, evaluation data, and registration data
20. Allow University of Nebraska Medical Center, Center for Continuing Education to award CME credit
21. Comply with all CME guidelines and policies
22. It is recommended that a representative from the grant recipient state medical board be present at the live meeting they are implementing



**Grantee Name (Organization (Board))**

Tax ID Number (required): \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Tel Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**University of Nebraska Medical Center, Center for Continuing Education (Accredited Provider)**

Contact Person: Lois Colburn, Executive Director  
UNMC, Center for Continuing Education  
986800 Nebraska Medical Center  
Email: lcolburn@unmc.edu  
Tel Number: 402-559-2824

**Agreed by Authorized Representatives**

**University of Nebraska Medical Center,  
Center for Continuing Education**

**Organization  
(Board)**

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Print Name  
  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Print Name  
  
\_\_\_\_\_  
Date

**Grant Check Information – Important**

Organization: \_\_\_\_\_  
Attention: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Please return signed Letter of Agreement to Kelly Alfred, MS, Federation of State Medical Boards, 400 Fuller Wiser Road, Suite 300 Euleless, TX 76039, Email: [KAlfred@fsmb.org](mailto:KAlfred@fsmb.org), FAX: 817-868-4163

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification:	
<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
<input type="checkbox"/> Other (see instructions) ▶	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
					-				

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### Specific Instructions

#### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

**Exempt Payee**

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [irs.gov](http://irs.gov) to learn more about identity theft and how to reduce your risk.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor* <sup>3</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# Trauma Technologist in the Emergency Department



**James Chamberlain, MD**

**Mohsen Saidinejad, MD, MBA**

**Alexandra Rucker, MD**

**Eric Rosenthal, MD**

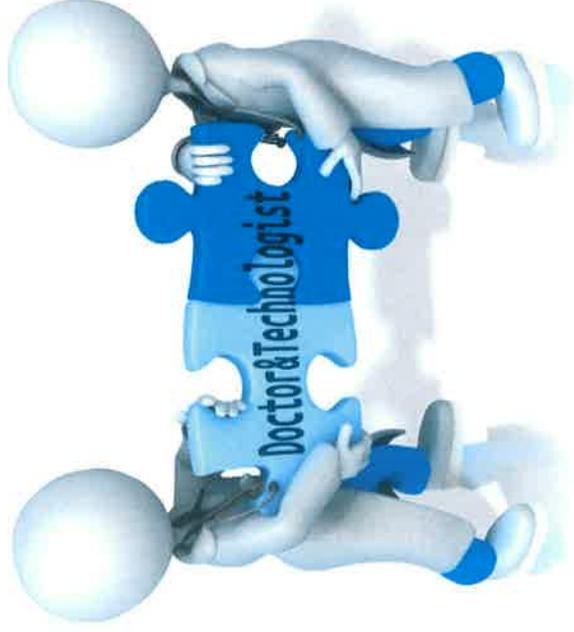
**Marshall Jackson, Trauma Technologist**

**March 26, 2014**

# Overview

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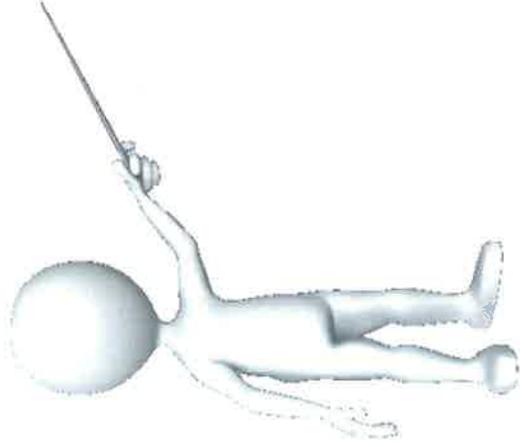
- The Trauma Technologist program is designed to create specific expertise and skill in performing minor procedures in the emergency department (e.g., **suturing, simple foreign body removal from ear, nose, skin, etc.**)
- Trauma Technologist are **supervised** by the licensed independent practitioners (**LIPs**) with whom they work
- The LIP is responsible for documenting, observing, and approving the work of the technologist



# Determination of Competence

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- Competence will be determined through the following means:
  - **Direct observation** by the LIP
  - **Demonstration of knowledge base** for the procedure prior to beginning the procedure (e.g. proper technique, instruments, procedure, sterile technique, etc...)
  - **Simulation** (use of pigs foot and suture material) similar to the methods used to test medical students and residents
  - **Written exam** requirement will mimic that of the current surgical technician programs
  - Provide documentation of completion of **50 hours** of Board approved continuing medical education **every 2 years**



# Frequency Of Competency Testing

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- **Competency and learning is a life-long process**
- **Trauma Technologist will be supervised and receive feedback on every case, and will have periodic video taping of procedures for the purpose of specific feedback and teaching (at least twice a year)**
- **Quarterly reviews for each Trauma Technologist will include:**
  - Positive patient experience comments
  - Discussion of any case of wound infection, wound dehiscence, or any complications resulting in re-work or negative outcome
  - Evaluations received by LIPs who have worked with the Trauma Technologist. This will occur in the same fashion as those for physician assistants and nurse practitioners.



# If Trauma Technologist Is Deemed Not Competent

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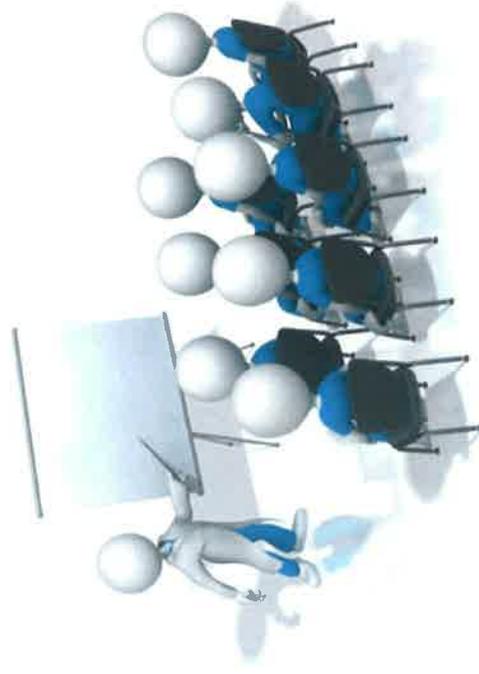
- Depending on the problem encountered, the first step will involve remediation by reverting to full supervision by LIP (90 days) throughout the procedure to determine root cause.
- If issue is a **medical condition** (unsteady hands, lack of coordination, or ability to focus), the Trauma Technologist **will not** be allowed to perform procedures until correction of the problem can be demonstrated through simulation.



- If the issue is **skill and ability**, an **additional 90 day** extension of full supervision will be given until competence is demonstrated. If the evaluator (LIP) still is unable to sign-off on the competency of the Trauma Technologist, the involved Trauma Technologist will be required to observe others and continue with simulation.
- **Suspension of privilege** to perform procedures can occur if competency can not be demonstrated despite prolonged orientation, simulation, and observation.

# Minimal Standard

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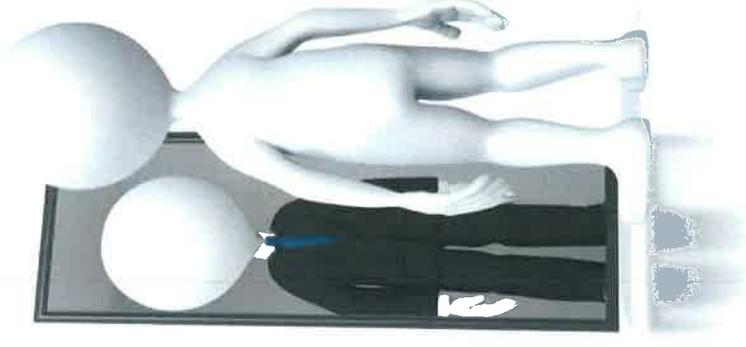


- ✓ Perform appropriate procedure using the proper technique and proper material
- ✓ Observation of universal precautions
- ✓ Understanding the limitations and being able to ask for help when needed
- ✓ Patient-centered care and the ability to professionally communicate and provide reassurance to patient and family
- ✓ Ability to properly document the procedure in the patient medical record
- ✓ Flexibility and ability to work well with others in the patient care team

## Re-certification Criteria

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- Performance review by at least **two LIP** and recommendation for re-certification
- Successful completion of **50 hours** Board approved continuing medical education **every 2 years**
- Participation in **at least one** procedure workshop session as facilitator **every 2 years**
- Other criteria as outlined by the surgical technician program requirements for certification



# Questions

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**Thank you for your time**