REPORT TO THE NORTH CAROLINA LEGISLATURE ON THE FY 2021:

MILITARY VETERAN HYPERBARIC OXYGEN THERAPY (HBOT) PROGRAM







Prepared For: Community Foundation of North Carolina East

By:

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REPORT TO THE NORTH CAROLINA LEGISLATURE

ON THE USE OF FY 2021 FUNDING FOR

MILITARY VETERAN HYPERBARIC OXYGEN THERAPY (HBOT) PROGRAM

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NC Veteran Suicide Prevention Funding Results

North Carolina is leading the nation by treating our veterans with Hyperbaric Oxygen Therapy (HBOT). HBOT is a non-invasive therapy, combining oxygen and pressure, that heals much of the invisible wounds caused by war. Many veterans experience debilitating neurological damage resulting from their service to our nation.

The details contained in this report provides proof that the rate of suicide among our veterans, resulting in tragic losses for families, has a solution and path moving forward. North Carolina is now recognized as a leader in providing solutions for these enormously tragic suicides that effects dozens of veterans a day. The state has shown how its legislature along with corporate sponsors can step up in a big way to stop veteran suicide.

Beyond the details reported herein, what you won't see are the personal lives and journeys of our constituents. Thanks to this life saving program, we have witnessed veterans finally breaking free from the torture of TBI and PTSD. Tears of joy are often shed by our heroes and their families because of the healing experience of Hyperbaric Oxygen Therapy.

The challenge moving forward now is how best to expand the program and reach all our wounded warriors - to allow them a promising future and the hope they deserve.

Although it's important, our success it is not just determined by the state budget funding this program. It is equally important to educate the veterans in your district who are suffering. Most veterans are unaware of the benefits of Hyperbaric Oxygen Therapy and North Carolina's support.

If every member of the legislature - directed at least 5 veterans to the program from their district, working together with HBOT for Veterans, the leadership of NC will continue to shine like no other.

Moreover, we recommend following - the progress of veterans in your area, over the course of the 8-week treatment program. We trust that by seeing the healing and success firsthand, it will be an eye opener, and something for our North Carolinian constituents to cherish and feel honored to be a part of.

Please step-up and direct your veterans to the program. The future of our injured heroes and their families is now in NC legislator's hands.



Melissa Q. Spain, Chief Executive Officer Community Foundation of NC East 625 Lynndale Court, Suite A Greenville, NC 27858

January 15, 2023

RE: 2023 Contribution in Support of Hyperbaric Oxygen Therapy for Vets

Dear Ms. Spain,

We are grateful for your efforts supporting the HBOT for Vets program funded by the North Carolina legislature. Without the efforts of your staff, Jim Hooker, and Michael Weeks, the 25 Veterans completing the program would not have benefited from lifesaving HBOT.

We are pleased to inform you that TSN is committed to continue its matching contribution at Extivita-RTP for the HBOT for Vets 2023 program. In 2022, TSN contributed ninety-four thousand five hundred dollars (\$94,500) to fund treatments for Veterans. After witnessing the success from the 2022 program, TSN will increase the 2023 budget to two-hundred-fifty thousand dollars (\$250,000). Our goal is to commit additional resources towards the outreach effort and increase the number of veterans treated in this program.

In 2022, your program proved that HBOT was a game changer for treating NC vets and improving their mental health. This year, we hope to reach thousands of vets in our state suffering from TBI/PTSD. It is a continued honor to help your team educate our veterans that a safe and effective treatment is available to end their suffering. We intend to focus all our efforts to uncover the real need and hidden suffering we can help alleviate.

I believe the NC legislature working alongside companies like The Steel Network, a veteran owned steel manufacturer, speaks volumes to how we as patriots, prioritize and value our nation's heroes. In addition to TSN's contribution to the effort, we will be reaching out to our customer and vendor base to ask for additional support for the program.

May God bless you and keep you safe,

Edward di Girolamo, PE Chief Executive Officer The Steel Network, Inc.



TAB - A

HOUSE BILL 50 AUTHORIZING VETERANS HBOT

AN ACT AUTHORIZING CERTAIN MEDICAL PROFESSIONALS TO PRESCRIBE HYPERBARIC THERAPY FOR VETERANS WITH TRAUMATIC BRAIN INJURY AND POSTRAUMATIC STRESS DISORDER

STATE OF NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greeting:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto two (2) sheets to be a true copy of Session Law 2019-175, House Bill 50, of the 2019 Legislative Session, entitled

AN ACT AUTHORIZING CERTAIN MEDICAL PROFESSIONALS TO PRESCRIBE HYPERBARIC OXYGEN THERAPY FOR VETERANS WITH TRAUMATIC BRAIN INJURY AND POSTTRAUMATIC STRESS DISORDER.

ratified on the 18th day of July, 2019, by

The General Assembly of North Carolina

the original of which is now on file and a matter of record in this office.

In Witness Whereof, I have hereunto set my hand and affixed my official seal.

Done in This Office, at Raleigh, this the ____/ day of August, 2019.



Elaine F. Marshall Secretary of State

GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2019

HOUSE BILL 50 RATIFIED BILL RECEIVED JUL 19 2019

2:37 pm

AN ACT AUTHORIZING CERTAIN MEDICAL PROFESSIONALS TO PRESCRIBE HYPERBARIC OXYGEN THERAPY FOR VETERANS WITH TRAUMATIC BRAIN INJURY AND POSTTRAUMATIC STRESS DISORDER.

. Whereas, hyperbaric oxygen therapy is a recognized and accepted treatment for wound care and inflammation disorders; and

Whereas, traumatic brain injury and posttraumatic stress disorder are recognized to result from brain injuries and subsequent inflammation; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. This act shall be known and may be cited as the "North Carolina Veterans Traumatic Brain Injury and Posttraumatic Stress Disorder Treatment and Recovery Act of 2019."

SECTION 2.(a) G.S. 122C-455 through G.S. 122C-464. Reserved for future codification purposes.

SECTION 2.(b) Article 6 of Chapter 122C of the General Statutes is amended by adding a new Part to read:

"Part 5. Traumatic Brain Injury and Posttraumatic Stress Disorder Services for Veterans.

"<u>§ 122C-465. Definitions.</u>

As used in this Part, the following definitions apply:

- (1) Authorized medical professional. A doctor of medicine, nurse practitioner, physician assistant, or doctor of osteopathy licensed to practice in this State.
- (2) Hyperbaric oxygen therapy treatment. Treatment with a valid prescription from an authorized medical professional in either a hyperbaric chamber approved by the United States Food and Drug Administration (FDA), or a device with an appropriate FDA-approved investigational device exemption.
- (3) Veteran. A person who served on active duty, other than for training, in any component of the Armed Forces of the United States for a period of 180 days or more, unless released earlier because of service-connected disability, and who was discharged or released from the Armed Forces of the United States under other than dishonorable conditions.

"§ 122C-465.1. Hyperbaric oxygen therapy treatment authorized.

- (a) No person other than an authorized medical professional shall prescribe hyperbaric oxygen therapy treatment to a veteran for the treatment of traumatic brain injury or posttraumatic stress disorder. Any authorized medical professional who prescribes hyperbaric oxygen therapy treatment to a veteran for traumatic brain injury or posttraumatic stress disorder shall do so in a manner that complies with the standard approved treatment protocols for this therapy.
- (b) Any veteran residing in North Carolina who has been diagnosed with a traumatic brain injury of posttraumatic stress disorder by an authorized medical professional may receive hyperbaric oxygen therapy treatment in this State."



SECTION 2.(c) G.S. 122C-465.2 through G.S. 122C-465.5. Reserved for future codification purposes.

SECTION 3. This act becomes effective October 1, 2019.

In the General Assembly read three times and ratified this the 18th day of July, 2019.

Presiding Officer of the Senate

Tim Moore

Speaker of the House of Representatives

Roy Cooper Governor

Approved 12:12 p.m. this 26th day of July, 2019

$\overline{TAB - B}$:

- NORTH CAROLINA HBOT ASSISTANCE APPLICATION
- APPLICATION AND APPROVAL PROCESS
- HBOT TREATMENT PROTOCOL
- HBOT PRESCRIPTION
- PRE HBOT CONSULTATION:
 - o INTERVIEW RESULTS
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- HBOT TEST BATTERY DESCRIPTIONS
- EXTIVITA CLINIC DESCRIPTION

North Carolina HBOT Assistance Application

- 1. Signed and completed History Form
- 2. A personal biography of your situation (pages provided below)
 - a. Testimony about your situation and why you'd like to be considered for this HBOT assistance program
 - b. A description of your symptoms and the impact they have had on: 1) your life; 2) your work; 3) your family
 - c. A short description of your goals for treatment
 - d. A short biography from your significant other (if applicable) explaining the impact of your injury on him/her and his/ her program goals
- 3. A diagnosis of Traumatic Brain Injury, Post-Concussion Syndrome, and/or Post Traumatic Stress Disorder.
- 4. Signed and dated attached Code of Conduct and Consent form
- 5. A copy of your most recent DD214 or if Active Duty, your ID card or most recent orders
- 6. A copy of your Drivers License and Insurance Card if applicable
- *All six parts of the application must be submitted to be considered for the program.

Personal History Form

١.	Name				
	Birthdate				
	Street Address				
	Mailing Address (if different):				
5.	CityStateZip				
6.	Email Address:				
7.	Phone 1:Phone 2:				
8.	Spouse/Caregiver Name				
9.	Spouse/Caregiver Phone				
10	.Spouse/Caregiver Email				
11.	.Gender: Circle One Male Female				
12	2. Military Status: Circle One Active Duty Veteran				
13	. Did you serve in OIF or OEF: Circle those that apply				
14	. Branch of Service:				
15	. Are/ were you part of the Special Operations Community? Yes No				
16	.How did you hear about this program?				
17	.Have you been diagnosed with TBI, PTSD or PCS (Circle those that apply)?				
18	. Your annual household gross income:				
19	. Your annual household living expenses:				

20. Your highest level of education: (Circle highest) GED HS
Associate Degree Bachelors Degree Masters PhD

Personal Biography

We want to understand why you'd like to be considered for this HBOT assistance program; please simply explain your situation. You may use the following bullets as a guide.

a. Testimony about your situation:		

b.	Describe your symptoms and the impact they have had on: 1) your life; 2) your work; 3) your family
c.	Describe your goals for treatment

	Provide from the person listed on page 3 as your spouse/caregiver in your life (spouse, fiancé, parent, sibling, close personal friend) the impact the injury has had on this person, and the goals they seek from this therapy. This person person(s) may prefer to submit a separate statement in confidence directly to James Hooker at jameshooker@suddenlink.net.

Code of Conduct and Consent

This HBOT Program was established to address the significant need for safe and effective treatment for TBI, PTSD or PCS of former military or active duty personnel. It is enabled by 2021 funding provided by the North Carolina legislature. The goal in providing this therapy is to successfully treat as many of these heroes as possible. Therefore, it is imperative that each applicant sign and date the following Code of Conduct:

If accepted into this HBOT Program and medically cleared for treatment, I agree to:

- 1. Attend treatment and/or therapy sessions consistently and timely as prescribed by the doctor and the treatment center.
- 2. Notify James Hooker, the treatment coordinator, as soon as possible, if any deviation from prescribed treatment or schedule is necessary, regardless of the reason; jameshooker@suddenlink.net, 703-994-5201.
- 3. Honestly and accurately describe my experiences and results.
- 4. Keep confidential all personal information of others that may be acquire during treatment or interaction while receiving treatment.
- 5. Be courteous and respectful of others in care, as well as the treatment facility staff.
- 6. Abstain from using alcohol, tobacco, or any other non-prescribed medications, marijuana, cbd or illegal drugs, and from abuse of prescription and non-prescription drugs during the entire duration of treatment. (For over-the-counter medications, please consult your HBOT treatment physician.)

By signing below, you agree to each fo the above statements and consent to sharing your information with organizations that assist in the mission to help you; this consent may include providing your HBOT results to substantiate support for others needing this therapy.

Print Name:	Date:		
Signature:			

APPLICATION AND APPROVAL PROCESS

Applicants respond to a referral or an advertising campaign which sends them to the program website: HBOTFORVETS.COM. This page contains the application and instructions on preparation and forwarding for consideration. Each veteran is interviewed to determine their basic qualification for the program: honorable military service, and TBI and/or PTSD diagnosis. Veterans initially approved are referred to Extivita. Then in consultation with Extivita's nurse practitioner, relevant medical history is reviewed, and a physical exam is conducted. After the patient is medically cleared, a series of tests are administered to quantify and record symptom severity. At this point, the veteran can begin therapy.



HBOT TREATMENT PROTOCOL

- HBOT is applied in a sealed multi-seat chamber:
 - Hyperbaric oxygen 100 % medical grade is given at 2.0 atmospheres absolute
 (ATA)
 - Patients spend approximately 90 min in the chamber, 60 min of which is at 100%
 oxygen and full pressure. A trained attendant is in the chamber at all times.
- Treatment protocol is 40 sessions
- Sessions can be provided as often as 1-2 times per day, 4 hours apart in any 24 hour period
- Patient vital signs are taken prior to each therapy session
- An oral amino acid supplement is provided to support detoxification during HBOT treatments



Mailing: 8311 Brier Creek Parkway, Suite 105, Box 416, Raleigh, NC 27617 Street: 2012-D T.W. Alexander Drive, Durham, NC 27709 Tel: 919-354-3775 Fax: 919-354-3776

$\hfill \square$ Jay Stevens, MD, FAAFP, CAQSM, ABAARM

□ Elena Schertz, NP

Name:			OOB:
Address:		Phone Nur	mber:
HBOT Prescription	<u>1</u>		
Breathing Gas:	□ 100% OxygenX 100% Oxygen withAir Breaks [*specify below]□ Breathing Air	Pressure [ATA]:	□ 1.5 □ 1.75 X 2.0
Duration [minutes]:	X 60 ☐ 75 ☐ 90 ☐ Other see below		□ Linear increase from 1.0 to 2.0 ATA for duration.□ Other
Frequency:	X _1-2x_Time(s) Per Day Time(s) Per Week _ Every Other Day _ Other	Total # of Treatme	ents: <u>40</u>
time) then FiO2 100	to 1.25 ATA then FiO2 100% from % @ 2.0 ATA x 60 minutes then Fi ver 10 min (total decompression t	O2 100% @2.0 ATA to 1.2	25 ATA then FiO2 21% from



PRE HBOT CONSULTATION INTERVIEW RESULTS

Jane Doe is a 64-year-old female marine here for health and wellness via NCHBOT program.

History of multiple TBIs from blast exposures and direct impact with + LOC. Presenting complaints include- exhaustion 8/10, MCS, anxiety, agoraphobia, easily overwhelmed, IBS, migraines, photo and noise sensitivities, joint pain, MCS, tinnitus L>R, sleep issues.

PMH- Chronic fatigue, Military sexual trauma, HMT, hypothyroidism, TMJ, vertigo, PTSD

Neuro- migraines triggered by stress and chemical exposures, frequency- once a month; duration- up to la 1-2 weeks. Medications ineffective. GSH and magnesium helped. Dizziness - Triggers worse with sinus issues, going from sitting to standing, and/or with certain chem exposures. Severe intolerance to light and sound/noise. Brain "can't shut off". Neuropathy+

MSK- arthritis joint pain-, denies ROM limitations, occasional + balance problems from joint pain. Difficulty opening lids, bending over and walking upstairs and downstairs ("feels like knee will give way"; down worse than up) Getting up off floor is difficult Joints to ankle and knees worse R>L

Sleep- Takes sleep aids, L theanine, valerian root, which help. Takes 2-3 hours to fall asleep, interrupted, sometimes easy resleep but usually not. Nightmares, pain turning over interrupts sleep. Not rested when waking. Sleeps 5 hours on a good night. Rests but not naps.

Exercise- Does PBS Tai chi, yoga, Pilates, 22 minutes 5 days a week, Stationary bike tries to do daily at least 15 min (cumulative) a day. Energy level- 2/10

Diet- GF, minimal sugar (only in fruit), occasional dairy (loves cheese). + animal proteins and veggies. ETOH- occasionally drinks wine. Coffee- 1-3 a day -36 oz max a day.

GI-fairly regular BM's. + IBS, D>C, can be explosive

Psych- Stress level 9/10.

Social- lives alone which she loves. Family nearby, not as supportive as her friends. Spouse died 2018

Other therapies- acupuncture

Goal- Achieve normal life functions including sleep improvement, pain reduction, and increased energy

Assessment scores: ANAM: various, PCS= 94, PHQ -9= 24, PCL- M= 75



lame:	Date of Birth:	Date:	
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PATIENT MEDICAL HISTORY & CONTRAINDICATIONS:

- 1) Review the patient's medical history to ensure for accuracy and completion.
- 2) Identify any contraindications this patient may have [listed below].

Absolute Contraindications	Absolute Drug Contraindications
☐ Untreated [tension] pneumothorax	☐ Bleomycin (<6 mos) (interstitial pneumonitis)
	☐ Cisplatin/Cis-platinum (impair wound healing)
	☐ Disulfiram [Antabuse] (blocks SOD)
	☐ Doxorubicin [Adriamycin] (cardiotoxicity)
	☐ Mafenide acetate [Sulfamylon] (cause local carbon dioxide
	production and acidosis)

Relative Contraindications		
☐ Asymptomatic lesions, air cysts or blebs in lungs	☐ Known atherosclerotic disease and/or other risk factors	
[seen on chest x-ray]	for heart disease	
☐ Claustrophobia OR anxiety due to confinement	☐ Large skull defects following surgery	
☐ Compromised tympanic membrane integrity	□ Latex allergy	
☐ Congenital spherocytosis	☐ Malignant disease [ex. cancer]	
☐ Emphysema, COPD (hypercarbia), asthma (pulm baro/air trap)	☐ Pneumonia and/or any air-trapping evidenced by air bronchogram [i.e. due to asthma or emphysema]	
☐ Diabetes insulin dependent	☐ Pregnancy (unknown side effects on fetus)	
☐ History of ear surgery [ex. surgery for otosclerosis]	☐ Psychiatric/psychological/behavior disorders	
☐ History of lung disease	☐ Seizure disorders [including epilepsy & convulsions due to vitamin E deficiency]	
☐ History of optic neuritis or eye surgery	□ Smoking	
☐ History of spontaneous pneumothorax or pneumo-mediastinum [even if treated]	☐ Uncontrolled high fever (decreases seizure threshold)	
☐ History of thoracic surgery (pneumo/ atelectasis)	☐ Upper respiratory infection [URI], colds, flu, sinus infections/chronic sinusitis, allergies [i.e. anything that causes excessive mucus, congestion, and/or cough]	
☐ Inability to "clear ears" [i.e. equalize middle ear	☐ Perilymph fistulas (vertigo and other vestibular	
pressure] during chamber pressurization	symptoms	

Adverse Device/Object Interactions		
	☐ Implanted devices affected by INCREASED PRESSURE	
□ Dentures	[pacemakers, deep brain stimulators, pain/intrathecal	
	pumps, defibrillators, glucose pumps, etc.]	
	☐ Transdermal medication patches [*including nicotine	
☐ Hearing aids	patches] → must be removed PRIOR to treatment, but can	
	be replaced AFTER treatment	



Name:	Date of Birth:	Date:	
		-	

PATIENT MEDICAL HISTORY & CONTRAINDICATIONS [continued]:

Drugs with Potential for Adverse Reactions/Oxygen Toxicity Enhancement			
□ Acetazolamide	□ Heparin		
☐ Adrenomimetic, adrenolytic, and ganglion- blocking agents	□ Insulin		
☐ Ammonium chloride [NH₄Cl]	□ Narcotic analgesics		
☐ Antianginal drugs	□ Perfluorocarbon [PFC]		
☐ Aspirin	☐ Recent drug abuse and/or other intoxications		
☐ CNS stimulants [ex. dextroamphetamine]	□ Reserpine		
□ Digitalis/Digoxin	□ Scopolamine		
□ Ethanol	□ Thyroid extract		
☐ Guanethidine			

Factors that Enhance Oxygen Toxicity					
Gases	Physiological States of Increased Metabolism				
Carbon dioxide	Scuba diving				
Nitrous oxide	High humidity				
Hormones	Hyperthermia				
Thyroid hormones	Physical exercise				
Adrenocortical hormones	Trace Metals				
Neurotransmitters	Iron				
Epinephrine	Copper				
Norepinephrine					

PHYSICAL EXAM

Vital Signs					
Blood Glucose Level	O ₂ Saturation				
Blood Pressure	Respiratory Rate				
Lungs	Temperature				
Pulse Rate	TM Integrity				
Notes:					



POST-HBOT CONSULTATION

Jane Doe is a 64-year-old female here for health and wellness. She is a retired marine who initially came to Extivita via NCHBOT program. She has completed 40 HBOT treatments and 5 nutrient IV's since starting treatments about a month ago. Presenting complaints: exhaustion, sleep issues, migraines, MCS, anxiety, agoraphobia, easily overwhelmed, IBS, migraines, photo and noise sensitivities, joint pain throughout, nerve pain, tinnitus. Her goal was to achieve normal life functions including sleep improvement, pain reduction, and increased energy.

Med History: multiple TBI's with +LOC, C- PTSD, chronic fatigue, military sexual trauma, hypothyroidism, and vertigo.

Today, upon completion of 40 sessions, she reports:

- Neuro
 - o Migraines- immediate resolution after the first week of starting HBOT. Reported only having had 2 minor headaches since starting treatments
 - o Tinnitus: L ear- decreased intensity. Resolved in R ear.
 - o Light Sensitivity- decreased: is 5/10 (was 10/10).
 - o Noise Sensitivity- decreased and is now 5/10 (was 10/10)
- Immune
 - Decreased multiple chemical sensitivities (MCS)
- Energy
 - Continues to feel improvement in energy
 - o Chronic Fatigue: has not noticed since starting treatments.
- Pain-
 - O Pain is still present but overall pain has improved by 80%. Patient rates pain 2/10 now.
 - o Fibromyalgia and nerve pain: improved by 75%
- Sleep-
 - O Quality: improved. Falls asleep easier and in shorter amt of time (20 min vs 2-3 hrs) Sleeping 6 7 hours per night uninterrupted (was 5 hours), only wakes up to use restroom with easy resleep. Rested when waking. Has stated she has started dreaming, versus nightmares patient was experiencing prior to treatment.
- MSK
 - o Increase mobility and flexibility. Joints not as swollen and painful. Able to walk up and down stairs without pain and difficulty. Continues to use treadmill daily.

Assesment and scores	Initial:	Post 20:	Post 40:	% Change
PCS	94	26	13	86% improvement
PHQ-9	24	9	8	67% improvement
PCL-M	75	54	42	44% improvement

ANAM: please see attached report

In summary, she has improved in test scores post 40 sessions, now performing within expected range of functioning compared to her normative group. This includes improvement in reaction time, processing speed, attention span, and memory. Per mood scale, she has less anxiety, depression, fatigue, and restlessness. She is happier and has increased vigor. During her pre HBOT ANAM test, she appeared to have high level of anxiety, which resulted in comprehension issues, trouble following directions, fidgeting, needed reassurance, frustrated and tearful. She did not exemplify any of these qualities during her post 40 ANAM testing, and where she performed much better, reflected in her scores.

Jane has been a pleasure having around. She is cheerful and interacts with other patients and staff appropriately. She is more relaxed. She reports that she is finally feeling as if she is getting her life back. She would likely benefit from another 20 HBOT sessions given the severities of her symptoms as per assessment forms.

Thank you,

Elena Schertz, NP

HBOT TEST BATTERY DESCRIPTIONS

Neuropsychological and self-assessment tests:

These tests are administered to determine the effects of hyperbaric oxygen therapy (HBOT) on symptoms and quality of life among veteran military personnel with persistent post-concussion symptoms. These tests measure the number and severity of the veteran's symptoms prior to the beginning of therapy, after 20 and after 40 HBOT treatments. Tests include neurocognitive testing (ANAM) and three additional self-reported questionnaires: the three self-reported questionnaires are Post Concussion Symptom Checklist (PCSS), Posttraumatic Stress Disorder Checklist (PCL-M), and the Patient Health Questionnaire-9 (PHQ-9).

- 1. ANAM- Automated Neuropsychological Assessment Metrics- is an FDA cleared computer-based neurocognitive assessment tool patented by the U.S. Army. ANAM is used by DOD to establish the brain baseline capability of all military personal prior to deployment. ANAM has a three-decade long history of use in basic and applied research as well as in clinical practice. Over 350 peer-reviewed publications demonstrate its effectiveness in assessing cognition and measuring cognitive change. ANAM is used to measure the cognitive effects of stressful, extreme, or hazardous conditions; to quantify the effects and progression of neurological and other medical disorders; and to measure the effects of mild traumatic brain injury and sports concussion on cognitive function. In this application, a Core battery set was used, comprising 8 neurocognitive performance-based tests, as well as subtests reflecting mood scores. ANAM was used to assess the likelihood that a change in symptom reporting is reliable and clinically meaningful compared to military personnel sample as well as their own the pre-treatment baseline.
- 2. Post-concussion syndrome (PCS) is a collection of symptoms that can include cognitive, physical, and psychosocial complaints. It has been estimated that 10-15% complain of persistent post concussive symptoms which can last from months to years after injury and result in sometimes progressive, long term debilitating effects.
 The Post-Concussion Symptom Scale (PCSS) is a self-reported questionnaire widely used by health care professionals to document the intensity, and impact of symptoms after a concussion. It consists of a list of 22 symptoms for which the veterans rate the intensity from 0 (none) to 6 (severe). A total score was then calculated, with a maximum of 132 points.

Research has shown that the PCSS questionnaire can accurately detect meaningful changes in a patient's condition (responsiveness) and used by clinicians and researchers to evaluate change over time in patients with persistent symptoms after concussion1. Normative data, test-retest reliability (intraclass correlation coefficient [ICC], 0.62-0.69),23,29 internal consistency (r = 0.93), and minimal detectable change (MDC; total score of 12.3 points) of the PCSS have already been established (1).

3. It has been increasingly recognized that there is a frequent association of mTBI and PTSD in modern warfare. **The PTSD Check List military version (PCL-M)** is a 17 item self-report instrument developed by staff at the Veterans Administration National Center for PTSD, to measure symptom severity, symptoms in response to "stressful"

military experiences" within the past month. A total symptom severity score (range = 17-85) can be obtained by summing the scores from each of the items that have response options ranging from 1 "Not at all" to 5 "Extremely." It can be self-administered and completed in approximately 5-10 minutes. Its 17 items are based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). It can be used to screen individuals for PTSD and make provisional diagnosis. For this purpose, this checklist is used to monitor change in PTSD symptoms during and after HBOT treatment. Evidence suggests that a 5–10-point change represents reliable change (i.e., change not due to chance) and a 10–20-point change represents clinically significant change (2). According to studies, The PCL-M is "psychometrically sound, is valid and reliable, useful in quantifying PTSD symptom severity, and sensitive to change over time in military service members".

- 4. **PHQ-9- Patient Health Questionnaire-9** is a reliable, valid, rapid and effective tool for detection as well as for monitoring the severity of depression (4). It has been widely used in community-based settings, in the general population, and among people with physical diseases. A study of 6000 subjects found that PHQ-9 is more than a screening tool for depression; it is also a reliable and effective tool for monitoring the severity of depression (3).
 - a. PHQ-9 is self-administered, which scores each of the 9 items/criteria (for depression) from 0 (not at all) to 3 (nearly every day.) PHQ-9 scores of 5, 10, 15, and 20 represented mild, moderate, moderately severe, and severe depression, respectively.

References

- Kroenke, K et al. "The PHQ-9: validity of a brief depression severity measure." Journal of general internal medicine vol. 16,9 (2001): 606-13. doi:10.1046/j.1525-1497.2001.016009606.x
- Langevin, Pierre et al. "Responsiveness of the Post-Concussion Symptom Scale to Monitor Clinical Recovery After Concussion or Mild Traumatic Brain Injury." Orthopaedic journal of sports medicine vol. 10,10 23259671221127049. 12 Oct. 2022, doi:10.1177/23259671221127049
- Sun, Y., Fu, Z., Bo, Q. et al. The reliability and validity of PHQ-9 in patients with major depressive disorder in psychiatric hospital. BMC Psychiatry 20, 474 (2020). https://doi.org/10.1186/s12888-020-02885-6

https://www.ptsd.va.gov/professional/assessment/documents/PCL handoutDSM4.pdf



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EXTIVITA

State of the Art Hyperbaric Oxygen Therapy Clinic







Extivita- RTP is a medical clinic which operates one of the largest, private, hyperbaric oxygen therapy centers in the United States. The clinic is located in Durham, NC on the edge of Research Triangle Park. The Extivita team is dedicated to extending and improving patients' quality of life by providing science-based integrative therapies. The outpatient clinic houses two state-of-the-art multi-seat Hyperbaric Oxygen Chambers, a Nutritional IV Clinic, Infrared Sauna, Pulsed Electromagnetic Field Therapy, and Neurofeedback Therapy. A medical director oversees Extivita's operations, and the team is committed to treating patients successfully. The therapy used has effectively demonstrated reduction in inflammation and detoxification throughout the body.



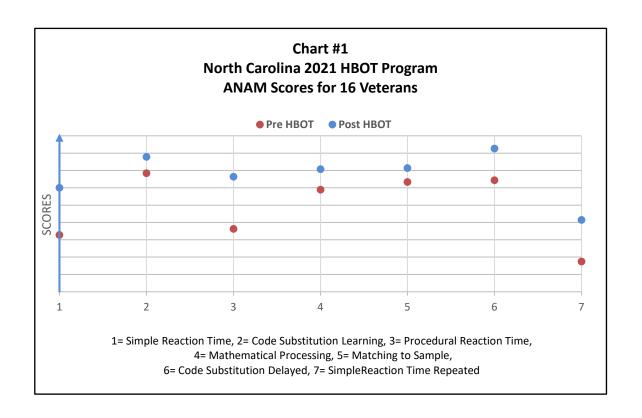


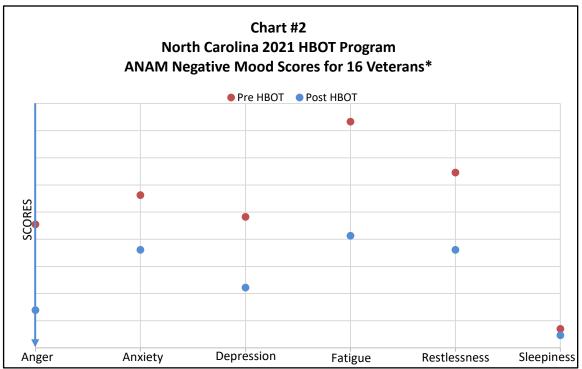
$\overline{TAB - C}$:

- ANAM RESULTS
- PCS, PCL-M, PHQ-9 RESULTS
- VETERAN VIDEO TESTIMONIALS

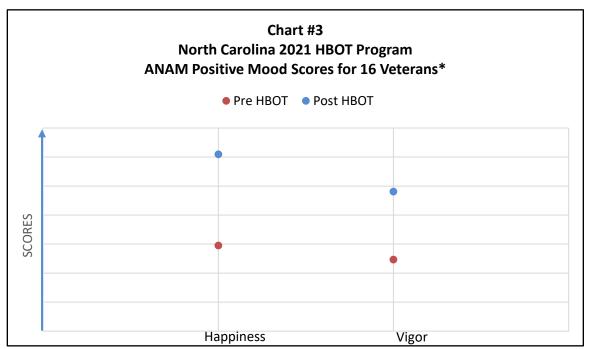
ANAM RESULTS

There were 16 individuals in the NC 2021 HBOT program who were treated with HBOT, who had a pre-assessment prior to beginning the HBOT treatment and a post-assessment after HBOT. The tests and mood scales that are given in the ANAM are listed in charts 1, 2, and 3 below. Examining chart 1 shows that there was improvement in scores from pre to post assessments. In chart 2, improvement in depression and anger scores is noted. Lower scores indicate less depression and anger. This is significant given the work of Stanley, Joiner, Bryan (2017), who showed that there was a relationship between the presence of depression and anger and suicide. They found that a higher presence of depression and anger with a history of TBI was associated with more suicidal thoughts and attempts. The pre and post assessment showed reduced suicidality indicators with improved positive mood (happiness and vigor) and less negative mood (anger, anxiety, depression, restlessness and fatigue).





*All 16 Veterans experienced a decrease in most negative mood indicators shown above; this outcome taken together with an increase in positive mood shown in Chart #3 below, has been associated with reduced suicidality.



*All 16 Veterans experienced an increase in positive mood as shown; this outcome taken together with a decrease in negative mood indicators as shown in Chart #3 above, has been associated with reduced suicidality.

A paired samples test was conducted, and the results are presented in table 1. This test measures the significance of the difference of the individual test items between the two assessments. Items that are bolded showed a significant difference from the pre assessment. Ten of fifteen test scores (Table 1) were significantly improved between pre and post, 10/15 = 67% improvement from the pre assessment. A repeated measures analysis showed that the Simple Reaction Time, Procedural Reaction Time and Code Substitution Delayed were the most noted improvements between the two assessments. This indicates an improvement in sustained attention, which suggests improvement in cognition.

Table 1

1 able 1									
ANAM Throughput Scores (df=15) and Mood Scales									
		Paired	Differe	nces					
				95% Confidence			Sig.		
		Std.	Std.	Interval of the			(2-		
		Deviat	Error	Difference			tailed		
	Mean	ion	Mean	Lower	Upper	t)		
Simple Reaction Time				-	• •	1			
	-13.625	22	5.5	25.348	-1.902	2.477	0.026		
Code Substitution Learning				-		-			
	-4.75	10.742	2.686	10.474	0.974	1.769	0.097		
Procedural Reaction Time				-					
	-15.063	25.637	6.409	28.724	-1.401	-2.35	0.033		
Mathematical Processing				-		-			
	-5.938	23.408	5.852	18.411	6.536	1.015	0.326		
Matching to Sample				-		_			
	-4	15.345	3.836	12.177	4.177	1.043	0.314		
Code Substitution Delayed				-					
	-9.125	10.112	2.528	14.513	-3.737	-3.61	0.003		
Simple Reaction Time									
Repeated	-12	24.489	6.122	-25.05	1.05	-1.96	0.069		
Anger		24.188	6.047	2.9103	28.688				
	15.79938	2	0	7	38	2.613	0.02		
Anxiety		23.895	5.973	-	22.800				
	10.06812	0	7	2.6646	9	1.685	0.113		
Depression		22.353	5.588	1.1079	24.930				
	13.01938	6	4	7	78	2.33	0.034		
Fatigue		23.742	5.935	8.3550	33.657				
	21.00625	0	5	1	49	3.539	0.003		
Happiness					-				
		24.124	6.031	_	18.568		<0.00		
	-31.4238	5	1	44.278	7	-5.21	1		
Restlessness		22.540	5.635	2.2266	26.248				
	14.2375	1	0	9	31	2.527	0.023		
Vigor					_				
		23.547	5.886	-	10.889	-			
	-23.4369	4	8	35.984	4	3.981	0.001		
Sleepiness	1.188	1.377	0.344	0.454	1.921	3.45	0.004		

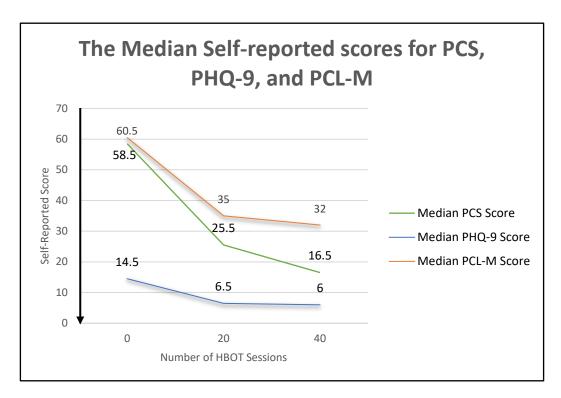
References

Stanley I.H, Joiner T.E, Bryan C.J. (2017). Mild traumatic brain injury and suicide risk among a clinical sample of deployed military personnel: Evidence for a serial mediation model of anger and depression. J Psychiatr Res. 84:161-168. doi: 10.1016/j.jpsychires.2016.10.004. Epub 2016 Oct 7. PMID: 27743528.

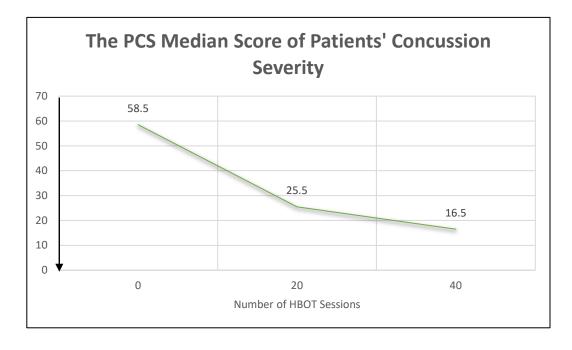
PCS, PCL-M, & PHQ-9 RESULTS

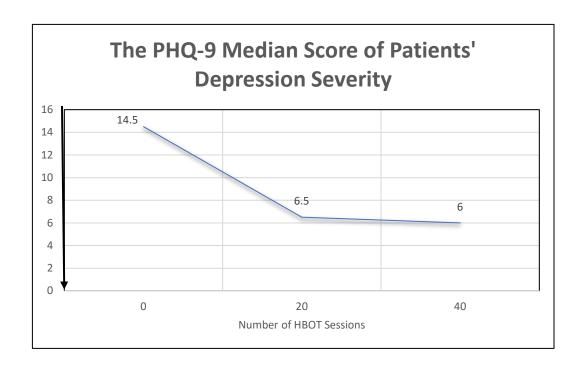
The US Dept of Veterans Affairs, and research from Kennedy, J. et al (2019), Borinuoluwa, R. (2022) and Loignon, A. et al (2020), among others, report chronically elevated rates of comorbid PTSD and depressive disorders among service members with a history of traumatic brain injury (mTBI). mTBI-related PTSD and depression are linked with impaired executive function, mood disorders, psychological impairments poor functional outcomes, and increased risk of suicide (Nichter, B. et al 2019).

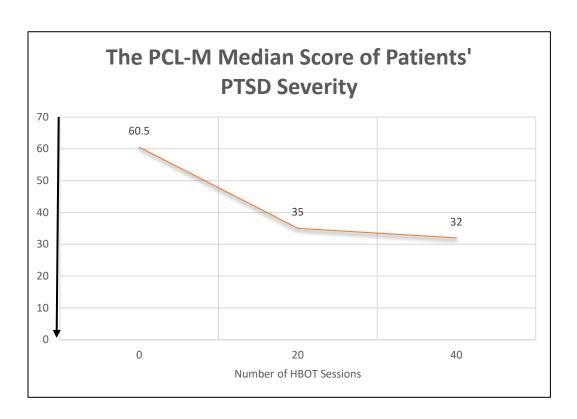
Patients with persistent symptoms after mTBI (N = 16) were evaluated with questionnaires at baseline, post-20, and post-40 hyperbaric oxygen treatments. These questionnaires, used with confidence by clinicians and researchers to monitor changes in such patients, included the Post-Concussion Symptom Scale (PCSS), Posttraumatic Stress Disorder Checklist (PCL-M), and Patient Health Questionnaire (PHQ- 9). All three assessments showed clinically significant decreases in the number of symptoms and their severity scores between baseline (pre-hyperbaric oxygen therapy) and post-40 hyperbaric oxygen therapy.



PCS







References

- Borinuoluwa R, Ahmed Z. Does Blast Mild Traumatic Brain Injury Have an Impact on PTSD Severity? A Systematic Review and Meta-Analysis. Trauma Care. 2023; 3(1):9-21. https://doi.org/10.3390/traumacare3010002
- Bryan CJ, Clemans TA. Repetitive Traumatic Brain Injury, Psychological Symptoms, and Suicide Risk in a Clinical Sample of Deployed Military Personnel. JAMA Psychiatry. 2013;70(7):686–691. doi:10.1001/jamapsychiatry.2013.1093
- Jan E Kennedy, Lisa H Lu, Matthew W Reid, Felix O Leal, Douglas B Cooper, Correlates of Depression in U.S. Military Service Members With a History of Mild Traumatic Brain Injury, Military Medicine, Volume 184, Issue Supplement_1, March-April 2019, Pages 148–154, https://doi.org/10.1093/milmed/usy321
- Nichter, Brandon et al. "Psychological burden of PTSD, depression, and their comorbidity in the U.S. veteran population: Suicidality, functioning, and service utilization." Journal of affective disorders vol. 256 (2019): 633-640. doi:10.1016/j.jad.2019.06.072



VETERAN VIDEO TESTIMONY

James Stevens, MD



Watch Now: https://vimeo.com/742425082

"For the Vets that have TBI, so many of them don't know about this and story needs to be told and they need to learn."

"Once I started the treatment and got to that position, it really gave me an opportunity to see my life and get it back as a whole."

"Since I have been doing HBOT therapy, the bipolar medication they had me on, I haven't taken since I started treatments here."

"My short-term memory has improved."



Sergeant Dan Campbell, USA, Retired

A 76 year old Vietnam Veteran recovered from TBI/PTSD with HBOT



Watch Video: https://vimeo.com/731784760

"I just completed what I think was the best thing that I've ever done in my life. With PTSD, you don't have clarity of mind. I can't tell you how great that feels when you didn't have it all your life and all of a sudden you just your whole mind, everything improves. When I left there, I just seem to be a new person. I don't have the rage anymore."

"Hyperbaric oxygen therapy is a wonderful thing. It's noninvasive. They put you in a chamber you breathe in 100% Oxygen kind of changes your life. It did me."

"So many Vets that have TBI don't know about this and the story needs to be told and instead of some doctor giving you a pill, to confusion you even more. They need to start recommending this and I hope they do!"



Staff Sergeant Robert Dawson, USMC, Retired Gulf War, Iraq War, Afghanistan War.



Watch Video: https://vimeo.com/734378418

"Prior to the treatment I'd be very explosive, very agitated, very sluggish. After the first 5 treatments I already noticed a change; and that explosive, agitated, easily triggered mindset has definitely diminished."

"On my last ANAM, one of the portions where you have to hit the X and then not hit the circle; I could feel the communication. Where in the ANAM prior to my treatment I had hit maybe eight or nine circles, after HBOT I only hit one circle. But I could feel the tingling in my finger, the communication that I had not had when it comes to reflexes between my finger and my brain, and I sense that now with everyday things."

"It's improved and enhanced my way of life. I've been able to hone in on certain prioritized tasks. Rather than stress out, lose my mind, run around. It's just enhanced my whole way of life; my thought process and it's just been phenomenal."



Master Gunnery Sergeant Malvin Haubenstein, USMC, Retired Gulf War, Iraq War, Afghanistan War.



Watch Video: https://vimeo.com/748159060

"In 2013 my deployments were to include Iwakuni, Japan four to five times. And I did Kosovo. I did Desert Storm. Did three tours in Iraq. And a couple months in Afghanistan. In 2013, I had a knee replaced then I had my neck surgery and then I had esophageal cancer which I spent a long time recovering from that and that really put me into a depression."

"After coming to the HBOT program, I noticed energy burst and then it was like my head just cleared after the second week and as it went on, things got just clearer. Like a fog had just lifted, my joints, my range of motion, and everything."

"I have more energy. I wasn't as fatigued all the time. I was able to get up and go do stuff instead of just sitting around. It's just been a wonderful program."

TAB - D

NC HBOT PROGRAM TEAM RESUMES & BIO's

- MELISSA SPAIN, CEO COMMUNITY FOUNDATION OF NC EAST
- EDWARD DI GIROLAMO, PE, CEO, THE STEEL NETWORK
- MICHAEL WEEKS, MEDIA CONSULTANT
- COMMANDER JAMES HOOKER, USN, RETIRED
- JOHN MEYERS, ANAM CONSLUTANT
- SERGEANT MAJOR SIMON LEMAY, USMC, RETIRED
- CAPTAIN GREGORY GREEN, USA, RETIRED
- JAMES STEVENS, MD, MEDICAL DIRECTOR, EXTIVITA-RTP
- ELENA SCHERTZ, NP, CLINIC MANAGER, EXTIVITA-RTP
- JACKIE FAZ, LPN, ASSISTANT CLINIC MANAGER, EXTIVITA-RTP
- IAN MCKEOWN, NEUROFEEDBACK TECHNICIAN, EXTIVITA-RTP
- JUSTIN COCKERHAM, ADMINISTRATIVE OFFICE MANAGER, EXTIVITA-RTP

Melissa Quinn Spain

Chief Executive Officer – The Community Foundation of NC East

Melissa Spain is a native of Eastern North Carolina and has enjoyed living here and calling it home for all of her life. Growing up in Greenville, NC, she attended private school before moving to Lynchburg, Virginia, where she attended Liberty University and earned a B.S. Degree in Marketing and Communications, majoring in Public Relations with a minor in Public Speaking. Her passion for charitable and philanthropic work began in college as she served in numerous internship positions with Children's Miracle Network through Virginia Baptist Hospital, The Ronald McDonald House of Eastern North Carolina, Pitt County Memorial Hospital, and Make A Wish of Eastern North Carolina. Today, her philanthropic work spans for more than 30 years, and she has procured funding for hundreds of charitable and nonprofit organizations, colleges and universities and religious organizations throughout North Carolina, the United States and globally. She began her tenure as the Chief Executive Officer of The Greater Greenville Community Foundation in 2000, and as a result of tremendous growth and a vision for widespread philanthropic success that focuses on the eastern region of North Carolina, she led the expansion and name change of the Foundation to The Community Foundation of NC East, with offices in Greenville and Wilmington, North Carolina, and enabling philanthropic resources to be provided to hundreds of deserving organizations over the past 23 years. She is extremely proud to lead the only Foundation in the great state of North Carolina whose primary focus is to serve as many as possible in the eastern region.

Mrs. Spain's career spans over 30 years with extensive experience in the field of Public Relations, Marketing, Development and Fund Raising, Public Speaking, Consulting, and serving as a Lobbyist for North Carolina based nonprofits, both on a state level and a national level. Since beginning her service with the Foundation in 2000, the Foundation has grown to manage over 100 Funds, with assets that total over 70 million dollars by way of assets under current management and by way of estate/testamentary endowments. As CEO, Mrs. Spain oversees Foundation's endowments/assets, serves as a major partner with other key business leaders in eastern North Carolina and state wide, and serves as a major advocate and voice for the nonprofit sector as well as many significant initiatives including our North Carolina veterans, the arts, women and girls, at risk youth, homelessness and food deprivation, as well as family violence prevention, human trafficking education and children suffering from life threatening illness. She fosters close personal relationships with all Foundation donors and works in partnerships with elected officials of our eastern region as well as the North Carolina General Assembly. Having lived in eastern North Carolina for more than 50 years, her career has resulted in many opportunities for improving and empowering the lives of donors, clients, and members of the nonprofit sector throughout the state.

While representing The Community Foundation of NC East, Mrs. Spain has served as a Member of the North Carolina Network of Grant Makers and the National Council on Foundations, where

she completed a three-year term serving on the Media and Public Affairs Committee in Washington, DC, and has participated for many than 20 years in the annual Foundations of The Hill. She has served on numerous boards and committees for local, regional, and statewide organizations. In addition, she often speaks and advises as a consultant for Charitable Giving, Philanthropy, Fundraising and Development and Best Practices for Inclusiveness, Compliance and Board Development. Mrs. Spain is a graduate of the Duke University Executive Leadership in Nonprofit Scholars Program. She is a past member of the Wells Fargo Board of Directors Eastern NC Region, a current Board Member of Dogwood State Bank and is a proud Charter Member of TIE Carolinas, which is The International Entrepreneurs, founded in 1992 in Silicon Valley. TIE Carolinas is a nonprofit organization with a mission to foster and support entrepreneurship in the Carolinas and is a global nonprofit that supports global entrepreneurship by offering education, mentorship, networking, and funding opportunities to members.

Mrs. Spain is the proud Mother of two amazing adult children who are the greatest loves and joy of her life. She enjoys national and international travel, food & wine, cooking, writing, entertaining friends, family, and business colleagues, promoting philanthropic causes that are near to her heart, boating, and Alabama Crimson Tide football. She is married to R. Keith Spain and lives in Wilmington, North Carolina and Greenville, North Carolina.

Edward R. di Girolamo, P.E. CEO, The Steel Network, Inc. 1994 - present

The Steel Network, Inc. (TSN) has offices in Durham North Carolina, Hutto Texas and Las Vegas Nevada. Website: https://steelnetwork.com/

TSN is the parent company to:

- Applied Science International, LLC
- Basnight and Sons, LLC
- LifeSpan Homes, LLC

Applied Science International, LLC – A subsidiary of TSN and partially owned by its President, Hatem Tagel-Din, PhD. website: https://www.appliedscienceint.com/

- ASI has offices in Durham North Carolina, Cairo Egypt and Isernia, Italy.
- Hatem developed the applied element method (AEM) during his PhD studies at Tokyo University in the 90's.
- AEM drives the advanced (performance based design tool) found in ELS
 <u>https://www.appliedscienceint.com/extreme-loading-for-structures/</u> a product of ASI.
- ASI develop the SteelSmart System https://www.steelsmartsystem.com/ used by 1000+ structural engineering firms. SSS is a Light Steel Framing specific tool.
- ASI developed SteelSmart Framer a Rivet plug-in for steel framing, and panelization. https://www.steelsmartsystem.com/steel-smart-framer-light-steel-framing-bim-software/

Basnight and Sons, LLC - a TSN subsidiary partially owned by FDR Engineers, PLLC website: https://www.basnights.com/

- Basnight and Sons was acquired in 2018, a now 97-year-old door and hardware company (established 1924) located at TSN's Durham facility (and access to all TSN facilities).
- Hobert Beverly is the President of Basnight and Sons.
- Basnight and Sons has launched a propriety DFH delivery system leveraging TSN's R&D/Engineering capabilities.

LifeSpan Homes, LLC - A wholly owned TSN Home building arm located in Durham NC. website: https://www.lifespanhomes.com/

- LifeSpan Homes focuses on the use of light steel framing in custom residential single-family homes.

Extivita RTP, LLC – A TSN Affiliate and research project initiated to help heal the traumatic brain injuries suffered by soldiers returning from combat. The RTP clinic has expanded its patient criteria to include internationally accepted indications and injuries and, offering these to the public at large. The clinic centers its therapy on hyperbaric oxygen (HBOT) in combination with a variety of supporting therapies. Extivita operates outside the TSN family and is managed by Edward di Girolamo as its CEO and LLC Managing member. website: www.Extivita.org

FDR Engineers, PLLC - FDR is affiliated with TSN via Edward di Girolamo, PE (CEO of TSN & the D).

- FDR was a merger of Specialty Engineers (A TSN related company) and Structural Visions (Justin Fejfar's firm) https://www.fdr-eng.com/
- FDR has physical office's locations in Raleigh North Carolina, Hutto Texas, Wilmington North Carolina and Cairo Egypt.
- Justin Fejfar is FDR's managing partner. Heath Hendricks, PE Raleigh office manager, Robert Pennington, PE the Wilmington office, Simon Hoppman, PE the Hutto office and Nabil Abdel-Rahman, PE, PhD the Cairo office.

PeerEngine Services, LLC – FDR partnered with PeerEngine to deliver comprehensive panelization design services. https://www.peerengineus.com/engineering-services/

- Services are exclusively provided to PeerEngine Members and Stopanel Affiliates https://www.stopanel.com/affiliate-locator/
- Justin Fejfar and Edward di Girolamo sit on the PeerEngine Services Board and FDR is the exclusive service provider.
- **FDR** utilized software developed by **ASI** for the design and fabrication of finished panel and load-bearing structures.

PeerEngine, LLC – 13 members LLC that include top panel carpenter contractor Stopanel affiliates, FDR and Sto Corp. https://www.peerengineus.com/

Resume of Michael D. Weeks 219 Alderson Road Washington, North Carolina 27889 (252) 721-0470 weeksmike@mac.com

July 2007 to Present

President of the Michael Weeks Agency, https://www.michaelweeksagency.com/ a marketing and advertising agency serving a diverse group of clients.

In addition to media planning, consulting, digital ad strategies and placement, video production and placement of television and radio commercials for client partners, Weeks has the distinction of having produced and aired over 400 half-hour television programs including production of the fifteen-part series *North Carolina Broadcast Legends* with thirteen half-hour and two one-hour programs documenting the history of broadcasting as told by broadcast trailblazers and pioneers in the Tarheel State.

North Carolina Broadcast Legends premiered on statewide public television channel UNC-TV in July 2020, enjoying an encore premier in primetime on PBS NC's North Carolina Channel in 2021. His current long form project, North Carolina Trailblazers, is designed to tell stories directly from the people (Trailblazers) that have made significant contributions and impact within the Tarheel state and is now being scheduled for air on public television in Fall 2022 or early 2023.

BRIEF HISTORY

Mike Weeks was born and raised in Iowa. He is the son of a farmer who continues to farm, raising field crops on the homestead that has been in the Weeks family more than 125 years. His mother is a retired real estate broker in the south San Francisco Bay area retiring from a 28-year career with United Air Lines, then full time real estate broker until January 2022. Mother currently 87 year old, his farming father is 89 years of age. Both in good health.

Weeks attended high school and college in his hometown of Indianola, Iowa graduating from Simpson College with a Bachelor of Arts degree in 1975. He is the only member of his father's side of the family to attend or graduate from college. Throughout college and for several years after he worked as a professional musician traveling in bands performing throughout the midwest and engaged as a studio musician on recording projects and advertising campaigns.

He began his broadcasting career in radio in Des Moines, Iowa, then moving to the Sacramento, California radio market. He transitioned to television at KWWL-TV

in Waterloo, Iowa in 1986 with a broadcast career that spans more than twenty-one years.

HONORS & DISTINCTIONS

- -President, North Carolina Association of Broadcasters 1989-1999
- -Board of Directors, North Carolina Association of Broadcasters 1995-2005
- -Distinguished Service Award 2000, North Carolina Association of Broadcasters
- -Double Recipient, Order of the Long Leaf Pine/NC's Highest Civilian Honor Double recipient of North Carolina's highest civilian honor, the Order of the Long Leaf Pine given by two North Carolina Governors, James B. Hunt and Mike Easley.

The first Long Leaf Pine was presented in recognition of Weeks' efforts on behalf of the state's flood victims. Weeks rallied the state's broadcasters, countless organizations, volunteers, and his own staff at WITN-TV and conducted a six-hour live telethon/radiothon all within a two-week period of time following Hurricane Floyd in September of 1999. The telethon was carried live by 133 television and radio stations in a four-state area raising over \$2.5 million dollars, and, for the North Carolina Association of Broadcaster's (NCAB) undertaking of a statewide public service campaign--*North Carolina Promise*--in conjunction with the Governor's office while Weeks was NCAB President. The initiative was implemented to find and match mentors with at-risk youth in the state. At the end of the year, over 20,000 mentors were signed up.

The second Long Leaf Pine from Governor Mike Easley recognized Weeks' tireless efforts and support of the local community in the eastern part of the state, in particular, his support of East Carolina University and Pitt Community College where he served on both Foundation Boards as well as Chairman of the PCC Foundation.

Work History

July 2007 to Present

President of the Michael Weeks Agency, https://www.michaelweeksagency.com/ a marketing and advertising agency serving a diverse group of clients.

September 1991 to July 2007

V.P./General Manager of WITN/NBC for the Greenville/New Bern/Washington DMA #107. Three ownerships during his tenure include...Gray Television Group, Inc. August 1, 1997-Present. Raycom Media...April 15-July 31, 1997. AFLAC Broadcast Group...July 1, 1985-April 15, 1997

December 1988 to September 1991

V.P./General Sales Manager of KWWL/NBC Affiliate market Waterloo/Cedar Rapids/Dubuque DMA AFLAC Broadcast Group

December 1986-December 1988

Local Sales Manager at KWWL-TV/NBC Waterloo/Cedar Rapids DMA AFLAC Broadcast Group

March 1986-December 1986

Regional Account Executive at KWWL-TV AFLAC Broadcast Group

July 1985-March 1986

Regional Account Executive at KSO-AM Radio, Des Moines, Iowa. Stoner Broadcasting.

October 1984-February 1985

Account Executive KPOP-FM radio, Sacramento, California. Fuller Jeffrey Group.

July 1983-October 1984

Local Sales Manager KJJY-FM Radio, Des Moines, Iowa. Fuller-Jeffrey Group.

July 1981-July 1983

Account Executive with KGGO-FM Radio, Des Moines, Iowa. Stoner Broadcasting.

July 1979-July 1981

Local Sales Manager for KCBC-AM Radio, Des Moines, Iowa. Blackhawk Broadcasting.

July 1978-July 1979

Account Executive, Anything Groes Corporation Franchise Sales to Floral Industry

<u>January 1976-July 1978</u> Professional Musician & Recording Artist

EDUCATION

Indianola Public School System K-12 graduated December 1971 Indianola, Iowa

Simpson College, Indianola, Iowa Bachelor of Arts Degree 1975 major in Political Science minoring in History, Theatre & English

Drake University Law School 1976.

ASSOCIATIONS

North Carolina Association of Broadcasters, Past President & Board Member

The East Carolina Bank (ECBE), Board of Directors

Pitt Community College Educational Foundation, Past Chairman & Director

East Carolina University Friends of S. Rudolph Alexander Series for the Performing Arts Board Member Emeritus

East Carolina University Brody School of Medicine Advisory Board (past member)

American Cancer Society Eastern NC Leadership Council

Rotarian, Washington Noon Rotary-District 7720

Pamlico Pals Mentoring Program-program for at-risk youth in a weekly mentoring role with NC Governor Hunts program for troubled youth. Participant for past nine years.

Weeks enjoys jazz, gardening, and travel. He is divorced with no children and enjoys spending time and traveling with his significant other.

James Stewart Hooker 3813 Alma Lee Dr Winterville, North Carolina 28590 703-994-5201

Mr. Hooker founded Stratford, Wayne & Associates LTD, a Virginia based corporation in 1982 after completing a 20-year career in the U.S. Navy. He is a specialist in government financial management and systems acquisition with extensive experience in contracting, acquisition strategy, pricing strategy, business and source selection processes. Since 2007 Mr. Hooker has been focused on supporting injured combat veteran families returning home.

During his last several years in the Navy, Mr. Hooker was assigned to several positions in the Joint (Navy/Air Force) Cruise Missiles Project Office (JCMPO). Initially, Mr. Hooker was the Director of Organization and Management. During this assignment he was responsible for the creation and staffing of the joint program, a 360-person organization composed of both military and civilian personnel. Subsequently, Mr. Hooker was the Director of Resources Management executing JCMPO financial management, budgeting, resources management, and cost analysis responsibilities. In this capacity, he served as the principal advisor to the Director of the JCMPO on all financial matters including preparation and presentation of budget justifications to the Navy, Air Force, DoD and congress.

For the two years prior to his departure from the Navy, Mr. Hooker was the Director of Contracts. In this position, Mr. Hooker supervised 46 personnel, including 26 contracting officers. The division awarded approximately two billion dollars worth of contracts annually to over 50 different contractors. During this period, Mr. Hooker authored a number of unique and complex terms and conditions including special incentive arrangements requiring congressional approval.

In early 2010 Mr. Hooker cofounded, and served as the Chief Operating Officer of a foundation which had as its mission to support the successful transition of Wounded In Action (WIA) military families into the civilian community.

As a result of his work in support of seriously injured veterans being treated at the Walter Reed National Military Medical Center (WRNMMC) at Bethesda, Maryland, Mr. Hooker has become proficient in understanding and the treatment of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD).

Examples of work accomplished include:

- Assisted in the development of the management strategy, planning, and creation of uniform financial management system requirements for 26 departments/agencies of the federal government, in compliance with government legislation.
- Developed and executed assistance for the transition of an Army WIA family into a local Maryland community.
- Prepared a detailed strategy and plan to implement accessibility of effective treatment for veterans with Traumatic Brain (TBI) and Post Traumatic Stress Disorder (PTSD) injuries.
- Directed the preparation of a video describing a "Soldiers Combat Experience and Homecoming" with a retired, TBI hyperbaric oxygen therapy (HBOT) recovered, U.S. Army Major.
- Initiated and executed interactions with a marine corps wounded warrior battalion medical staff, stimulating the prescribed use of HBOT for TBI/PTSD wounded marine families.
- Identified, resourced and supported several TBI/PTSD injured active duty and veteran personnel through successful HBOT.
- Authored several articles published in the North Carolina Medical Journal on TBI and PTSD veteran care in North Carolina.
- Authored NC Law 2019-175 authorizing prescribed HBOT for veterans with TBI and PTSD injuries, signed into law by the North Carolina Governor on 26 July, 2019.
- Supported North Carolina budget legislation resulting in the appropriation of funds to treat TBI/PTSD wounded Veterans with HBOT.
- Assisted in the implementation of the North Carolina HBOT program to treat veteran families with TBI and PTSD injuries. This program was funded by the 2021 and 2022 North Carolina legislatures and over 40 veterans have been treated or are in therapy as a result.
- Served as President and Chairman of the board of directors of the Kiwanis Club of Golden K, Greenville, NC.

Mr. Hooker has held clearances consistent his work.

Mr. Hooker received a Bachelor of Science Degree, in Commerce and Finance, from Villanova University and an M.B.A. from the U.S. Naval Post Graduate School, Monterey, California.

VITAÉ

JOHN E. MEYERS, Psy.D.

Clinical Neuropsychologist

Diplomate, American Board of Professional Neuropsychology # 295 (1996) Diplomate, American Board of Pediatric Neuropsychology # 2057 (2006) Fellow, National Academy of Neuropsychology

PERSONAL INFORMATION

Marital Status: Married

Children: Five Citizenship: USA

Second Language: American Sign Language (ASL)

Veteran: US Army; Honorable Discharge

LICENSURE/CERTIFICATIONS

Diplomate, American Board of Professional Neuropsychology # 295 (1996) Diplomate, American Board of Pediatric Neuropsychology # 2057 (2006) Licensed Psychologist: South Dakota # 403 (1999), Florida #PY 9381 (2015) National Register of Health Service Providers # 54152

HONORS/AWARDS

President, National Academy of Neuropsychology (NAN), 2017.

The President's Award, National Academy of Neuropsychology 2017.

President, American Board of Professional Neuropsychology (ABN) (2013-2015)

Commander's Award for Civilian Service, Department of the Army, and Pacific Region Medical

Command Employee of the Year. Awarded for the Virtual Behavior Health Pilot Program. March 11, 2011.

Commander's Award for Civilian Service, Department of the Army, Virtual Behavior Health (VBH)-Pilot Program Hawaii and Alaska. April 23, 2010.

Outstanding Professional Contributions Award, American Board of Professional Neuropsychology, 2008.

Fellow, National Academy of Neuropsychology, 2000.

PROFESSIONAL EXPERIENCE

<u>Meyers Neuropsychological Services</u>, Owner. Neuropsychological software, and consultation. 2020- present

Duties: Development and distribution of the Meyers Neuropsychological Battery (MNB) and interpretive system Meyers Neuropsychological System (MNS), ANAM Clinical Interpretation, Neuropsychological Dashboard (DB!) and Category tests (Victoria Version, Full Category, Intermediate Category, Child Category and Aeromed version) and Questionnaire software. Workshops and Training. Neuropsychological consultation, and research.

Chief, Neurocognitive Assessment Branch, ANAM Program Manager, Contracting Officers Representative. 2015-2020. Rehabilitation and Reintegration Division (R2D), HQDA, Office of the Surgeon General of the Army (OTSG). 7700 Arlington Blvd., Falls Church, VA 20042. Duties: Managing the neurocognitive testing program for the Department of Defense (DOD). These duties included budgeting and finance as well as managing the contracts. Program contracts totaled \$6 million a year. Duties included managing the world wide ANAM program to perform neurocognitive testing as well as managing the software and implementation. Other duties included research on effectiveness of the neurocognitive test used as well as functioning as the subject matter expert on cognitive testing. Managing the testing performed at over 400 testing sites worldwide across all services (Army, Navy, Air Force, Marines, Coast Guard). Duties also included training of providers and how to interpret and use the neurocognitive data and to oversee training of proctors who gave the ANAM. Additionally, assisting to write policy and program evaluation are also part of the assigned duties. Subject matter expert on ANAM and Neuropsychology for R2D/OTSG.

<u>Clinical Neuropsychologist</u>. Department of Defense (Army), Tripler Army Medical Center, Schofield Barracks, TBI Clinic. June 2009-2015. Schofield Barracks, HI 96857.

Duties: Performing Behavioral Health Testing and Outpatient Neuropsychological Assessment and treatment of active-duty service members. I worked on developing policies and procedures for behavioral health and improving quality of service by streamlining the neuropsychological assessment process and standardizing assessments including the use of computerized neurocognitive assessment tools. I also developed an In-Theater Neuropsychological Assessments program, including policies and procedures for the program. I train and supervise technicians for this program and the outpatient program. I am skilled in the use of the ANAM and other computerized neurocognitive assessment tools. I oversee and provide guidance for neuropsychological testing performed by technicians. I am the clinic TBI subject matter expert, and provide instruction on TBI for medics, and other providers. I also helped write the policies and procedures for the Virtual Behavior Health Pilot Program.

<u>Clinical Neuropsychologist</u>. Center for Neurosciences, Orthopedics & Spine, P.C. January 2004-June 2009. 575 Sioux Point Road, Dakota Dunes, SD 57049.

Duties: In and outpatient Clinical Neuropsychological Assessment and Treatment, Vocational Assessment, and Pain Management Assessment and Treatment, (Adult, Geriatric and Child). Specialist with the Hearing Impaired. Forensic and IME Evaluations. Oversee and develop policies and procedures for behavior health clinic (neuropsychology).

Clinical Neuropsychologist. Mercy Medical Center Rehabilitation Unit. September 1993-December 2003. Ste. 360, Central Medical Building, 500 Jackson Street, Sioux City, IA 51101. *Duties:* Provided in and outpatient Clinical Neuropsychological Assessment and Treatment, (Adult, Geriatric and Child). Developed policies and procedures for TBI and brain injury treatment and rehabilitation. Supervised non-doctoral level therapists, and technicians. Provided consultation on patient needs and treatment plans with Rehabilitation Therapists, Physicians and Rehabilitation Staff. Hospital Specialist with the Hearing Impaired.

<u>Clinical Neuropsychologist</u>. Taylor, Turner and Associates. September 1992- September 1993. Penn Medical Place, 1301 Penn Avenue, Suite 306, Des Moines, IA 50316. Duties: Clinical Neuropsychological Assessment and Treatment. Forensic Evaluation, Consultation and Stress Management. Specialist with the Hearing Impaired.

<u>Clinical Neuropsychologist/Program Director</u>. On With Life, Inc. September 1991-September 1992. 715 SW Ankeny Road, Ankeny, IA 50021.

Duties: Provided Neuropsychological Assessment and Treatment of In and Out Patients. Developed and Supervised Neuropsychological Treatment, Cognitive Rehabilitation, Behavioral Health Programming, and Individual, Group and Family Counseling. Provided consultation, training and supervision for medical and treatment staff regulating patient treatment programs. Administrative Duties: Hire and direct professional treatment staff, prepare budgets, policies, procedures and other administrative responsibilities. Provided supervisory oversight for subordinate staff. Oversaw traumatic brain injury testing and cognitive rehabilitation programming.

<u>Psychologist/Counselor & Instructor.</u> University of Osteopathic Medicine and Health Sciences, Department of Behavioral Science/Psychiatry. July 1984-July 1988. Des Moines, IA.

Duties: Neuropsychological and Psychological Assessment, Marriage and Individual Counseling, Stress Management, Biofeedback, Weight Control Groups, Smoking Cessation Program, Specialist with the Hearing Impaired. Outpatient settings with a variety of patients including brain injured and chronically mentally ill patients.

Teaching Responsibilities, Topic Titles: "Introduction to Behavioral Medicine," "Special Topics in Behavioral Medicine, (Neuropsychology)," "The Mental Status Exam," "Biofeedback," "Stress Management," "Psychology of Dietary Change I & II," "Promoting Positive Change in Patients," and Psychology Labs (Deaf Personality, Personality Disorders, Interviewing Skills)

<u>Psychologist II.</u> Deaf Services of Iowa, Department of Community Health, State of Iowa. November 1983-July 1984. Des Moines, IA.

Duties: Psychological and Neuropsychological Assessment, Individual, Marriage, and Family Counseling, consultation, and developing statewide mental health services for hearing impaired people.

<u>Social/Psychological Specialist.</u> Petra Howard House. August 1982-August 1983. St. Paul, MN.

Duties: Psychological and Neuropsychological Assessment, Individual and Group Counseling, Case Management, Biofeedback, and developing programming for mentally ill and behaviorally disturbed hearing impaired persons. Providing inservice training for staff.

<u>Counselor/Psychology Intern.</u> Alan R. Anderson Clinic. September 1982-November 1983. Minneapolis, MN.

Duties: Psychological testing, individual, family, marriage, group counseling, and biofeedback.

Counselor. Student Special Services. September 1981-August 1982.

Brigham Young University, Provo, UT.

Duties: Psychological testing, individual counseling, and coordinating services for hearing impaired students.

ACADEMIC and PROFESSIONAL TRAINING

<u>Psy.D. Clinical Psychology</u>. Oregon Graduate School of Professional Psychology, Pacific University. Forest Grove, OR. Graduate Training in Clinical Psychology. Sept 1988-July 1991.

Clinical Rotations: Psychology Services Center, Hillsboro, OR- General Clinical Psychology; January 1989-July 1989. Open Gate Rehabilitation, Hillsboro, OR- Clinical Neuropsychology; January 1990-July 1990. Good Samaritan Hospital Vestibular Clinic, Portland, OR. July 1989-January 1990.

Clinical Competency Demonstration: Neuropsychological Assessment.

Dissertation Topic: The Rey-Osterrieth Complex Figure: A Recognition Subtest.

Clinical Neuropsychology Internship: September 1990-September 1991. Kelowna General Hospital, Department of Psychology (Adult), Kelowna, B.C.; Okanagan-Similkameen Neurological Society, Child Guidance Centre (Child), Penticton, B.C.: Diagnosis and Treatment of Psychological and Neuropsychological Disorders, Pain Management and Rehabilitation.

University of Osteopathic Medicine and Health Sciences (UOMHS). Des Moines, IA. 1985-1987

Areas of Training: Credit courses in Psychiatry, Neurobiology and Neurology (special topics). Courses taken while employed at UOMHS.

M.Ed. Counseling and Guidance, Educational Psychology. Brigham Young University. Provo, UT. August 1982.

Areas of training: Psychological and Vocational Testing, and vocational, individual, marriage, family and group counseling. Special emphasis on working with disabled/handicapped persons (Adult and Children).

B.S. (Double Major BS/BA) Justice Administration and Public Policy. Brigham Young University. Provo, UT. August 1981.

Areas of training: Working with the legal system.

Areas of training: Program administration, policy and program development, supervision and management training.

OTHER PROFESSIONAL EXPERIENCE

President, National Academy of Neuropsychology (2017) and Board Member 2016 -2021. President of the national neuropsychology organization and member of the Board of Directors (BOD). Duties: Overseeing policy and planning for the organization.

President elect/President, American Board of Professional Neuropsychology. 2012-14 as president elect and 2014-2015

Duties: Oversee national organization, develop policies and procedures for neuropsychological testing, overseeing subordinate staff and volunteers.

Treasurer, National Academy of Neuropsychology. 2008-2010

Duties: Overseeing budgets and expenditures, Chair of Finance Committee. Developed policies and procedures for management of 1.2-Million-dollar budget. Oversee subordinate staff and volunteers.

Adjunct Journal Reviewer. 1996-present

Duties: Reviewing articles for The Clinical Neuropsychologist, Archives of Clinical Neuropsychology, and Applied Neuropsychology--on going as requested.

Diplomate Reviewer, American Board of Professional Neuropsychology. November 1997–present.

Duties: Evaluation of credentials, work samples and oral examination for Diplomate Status.

Chair of Written Examination Committee.

Duties: Development of national written examination, data gathering and analysis.

Treasurer, American Board of Professional Neuropsychology. 2005-2007.

Duties: Overseeing budgets, and expenditures.

Post Graduate Educational Committee, University of Osteopathic Medicine and Health Sciences, Des Moines, IA. August 1986-June 1988.

Duties: Developing continuing education programs for University faculty.

Knoxville Veteran's Administration Hospital, Neuropsychology Lab, Knoxville, IA.

January 1987-August 1987 (100 hours).

Duties: Performing Neuropsychological evaluations.

Iowa State Correction System, Intensive Supervised Parole (ISP), Des Moines, IA. March 1987-January 1988.

Duties: Consulting with parole officers, psychological assessments of parolees.

TEACHING EXPERIENCE

Adjunct Assistant Professor: Department of Psychology, University of South Dakota, Vermillion, SD. April 1995-2009.

Teaching topics: Neuropsychology, Special Topics in Research (supervising student research), Readings classes (neuroanatomy). Supervising and training graduate students in neuropsychological testing, overseeing policies and procedures for behavior health clinic.

Special Instructor Iowa State University, Ames, IA. HDFS/Child Welfare Project. SW 121. 1997-1999.

Teaching topics: Brain injury and behavioral management of brain injured persons.

Contract Trainer: State of Iowa Brain Injury Waiver Program. Des Moines, IA. April 1997-April 1998.

Duties: Providing State mandated training in brain injury for Brain Injury waiver program.

Instructor: University of Osteopathic Medicine and Health Sciences, Department of Behavioral Science/Psychiatry. Des Moines, Iowa. July 1984-July 1988.

Teaching Topics: "Introduction to Behavioral Medicine," "Neuropsychology: Special Topics in Behavioral Medicine," "The Mental Status Exam," "Biofeedback," "Stress Management," "Psychology of Dietary Change I & II," "Promoting Positive Change in Patients," and Psychology Labs (Deaf Culture, Personality Disorders, Interviewing Skills).

PUBLICATIONS

Meyers, J.E., Miller, R.M., and Vincent, A.S. (2022). A Validity Measure for the Automated Neuropsychological Assessment Metrics, Archives of Clinical Neuropsychology. https://doi.org/10.1093/arclin/acac046

Joseph Hirsch, Steven Mandel, Les Kertay, James B. Talmage, Greg Vanickachorn, Kurt Hegmann, James Underhill, John Meyers, Christopher R. Brigham; Long COVID-19 Neurological and Psychological Claims: Assessment Guidelines. *Guides Newsletter* 1 May 2022; 27 (3): 1–27. doi: https://doi.org/10.1001/amaguidesnewsletters.2022.MayJun01

Sergeant Major Simon Ellis LeMay

Sergeant Major LeMay is from Liberty Hill, Texas and enlisted in the Marine Corps June 5, 1994. Sergeant Major LeMay completed recruit training at Marine Corps Recruit Depot, San Diego, CA in September of 1994 and attended Marine Combat Training at Camp Pendleton, CA. Upon completion of Marine Combat Training, Sergeant Major LeMay reported to Basic Military Policeman School at Fort McLellan, AL. After completing introductory training as a Military Policeman, Sergeant Major LeMay was directed to report to Marine Corps Air Station, Yuma, AZ. where he served with Marine Wing Support Squadron 371 as a Military Policeman, subsequently promoted to the ranks of Lance Corporal, Corporal and Sergeant. Sergeant Major LeMay served in a myriad of special assignments while assigned to Marine Corps Air Station, Yuma, AZ to include Bicycle Patrolman, Commanding Officer's Driver, and Field Training Officer.

In June of 1998, Sergeant Major LeMay met his End of Active Service and returned to Texas. In April of 1999, Sergeant Major LeMay re-enlisted in the Marine Corps and was sent to Artillery Training School at Fort Sill, OK. Upon completion of Artillery Training School, Sergeant Major was directed to report to Alpha Battery 1st Battalion 11th Marines at Camp Pendleton CA. where he served as an Artillery Section Chief, deploying on the 13th MEU aboard the USS Tarawa and promoted to the rank of Staff Sergeant in April 2001. Sergeant Major 's daughter Sierra Alexis LeMay was born in La Jolla, CA on December 19, 2001.

In August 2002, Sergeant Major was directed to report to the 1st Marine Division Schools to serve as a Marine Corps Martial Arts Instructor Trainer. While serving as an instructor at 1st Marine Division School's, Sergeant Major was ordered to return to Alpha Battery 1st Battalion 11th Marines where he was deployed in support of Operation Iraqi Freedom serving as Section Chief and Platoon Sergeant. Upon returning from Iraq, Sergeant Major was directed back to 1st Marine Division Schools where he served in the capacity of Martial Arts Instructor Trainer and Chief Instructor in support of Pre-Deployment; Combined Action Program, Convoy Operation and Foreign Weapons. In January 2004, Sergeant Major was again deployed in support of Operation Iraqi Freedom (OIF) to Ramadi, Iraq.

In August of 2005, Sergeant Major was ordered to report to Echo Battery, 2nd Battalion 10th Marines at Camp Lejeune, NC, to serve as Platoon Sergeant. Shortly after reporting to Echo Battery, Sergeant Major LeMay was selected to assist the Center for Advanced Operational Culture in Quantico, VA with the development and dissemination of information, through a four-hour period of instruction mandatory for all Marines deploying in support of Operation Iraqi Freedom, worldwide. In August 2006, Sergeant Major LeMay was directed to Headquarters Battery 2nd Battalion 10th Marines. While serving with Headquarters Battery 2nd Battalion 10th Marines, Sergeant Major was deployed in support of OIF in Fallujah, Iraq and promoted to Gunnery Sergeant in August 2007. Upon return from Iraq, Sergeant Major was directed to report to Lima Battery, 3rd Battalion 10th Marines where he deployed with the 26th MEU. In February

2009, Sergeant Major was given orders to Headquarters Battery 3rd Battalion 10th Marines, where he deployed to Afghanistan in support of Operation Enduring Freedom.

In August of 2010, Sergeant Major LeMay was appointed as the Chief Instructor of 10th Marines Artillery Training School, Cannon Section. In October of 2010, Sergeant Major was directed to report to Headquarters Company, Headquarters Battalion, Marine Corps Base, Camp Pendleton, CA to serve as the Company Gunnery Sergeant. In January 2013, Sergeant Major was frocked to the rank of First Sergeant and moved to Bravo Company, 1st Combat Engineer Battalion where he was promoted to his current rank. In October of 2013, he was deployed to Afghanistan in support of Operation Enduring Freedom serving as the Company First Sergeant for both Bravo Company and Engineer Support Company, while deployed.

In July of 2014, Sergeant Major was directed to report to Marine Special Operations Support Battalion (MSOSB) later identified as 2d Marine Raider Support Battalion (2DMRSB) Stone Bay, Camp Lejeune, NC to act as the Logistics Company First Sergeant. In December of 2015, Sergeant Major was assigned to Headquarters Company 2DMRSB to act as the Headquarters Company First Sergeant. In September of 2016, Sergeant Major was assigned to Headquarters Company, Marine Raider Support Group as the Headquarters Company First Sergeant. In February 2017, Sergeant Major was promoted to his current rank of Sergeant Major and transferred to Marine Tactical Air Command Squadron 28 to serve as the Squadron Sergeant Major. In December 2017, Sergeant Major LeMay was assigned to Marine Air Control Squadron 2 to serve duties as the Squadron Sergeant Major.

In January of 2018, SgtMaj LeMay was admitted into Laurel Ridge Treatment Center in San Antonio, TX, where he went through a number of different treatments for PTSD, depression and anxiety. Upon completion of treatment SgtMaj LeMay was transferred to Marne Corps Wounded Warrior Battalion East to continue treatment and therapy. SgtMaj LeMay subsequently went through 4 surgeries over the course of a year to correct injuries sustained over the course of the last 25 years. While part of Wounded Warrior Battalion SgtMaj LeMay was liked up with Jim Hooker and Rob Beckman in January of 2019, subsequently leading to introduction to and continued therapy through Hyperbaric Oxygen Therapy.

Personal Awards:

Purple Heart

Meritorious Service Medal

- 5 Navy and Marine Corps Commendation Medals (2 Combat V's)
- 2 Navy and Marine Corps Achievement Medal (1 Combat V)

Gregory Andrew William Green 2143 Harris Ridge Rd Winterville, NC 27834 252-414-2412

Gregg Green is the owner of Great Harvest Bread Co, in Greenville NC and the recipient of the 2020 Pitt County Small Business Leader of the Year by the Pitt County Chamber of Commerce. As a social entrepreneur, Gregg challenges conventional business norms by intentionally pursuing a double bottom line within his business and is often asked to speak regarding how a business can be profitable while still aggressively pursuing social mission. Gregg's passion is public service and coming alongside those who serve in unique ways to empower and prolong their service.

In 1998 Gregg graduated from Whitworth University in Spokane, WA with a Bachelor of Arts in Religion and Certification in Youth Ministry. In 2004 he went on to earn a Masters of Divinity from Princeton Theological Seminary in Princeton, NJ and most recently a Masters in Public Administration and Non-Profit Management from the University of North Carolina – Wilmington in 2014.

Gregg completed the Chaplain Officer Basic Training Course at Fort Jackson, SC in 2007. Gregg has specialty training in Clinical Pastoral Education (CPE) from Trenton Psychiatric Hospital in Trenton, NJ (2003); ASSIST Suicide Prevention from Fort Lewis, WA (2007); Battlemind – Crisis Intervention and Resiliency from Fort Sam Houston, TX (2008); and Emergency Medical Ministry from Tripler Army Medical Center, HI (2008).

Professionally, he has served as a Program Director with the YMCA, the Head of Maintenance at Sportsman's Cove Fishing Lodge in Alaska, and the Interim Director of Development for the Bald Head Island Conservancy.

Ordained by the Presbyterian Church USA in 2004, Gregg has served congregations in Washington, New Jersey, North Carolina and in the Army as a Chaplain from 2007-2010.

As an Army Chaplain Gregg was assigned to Fort Lewis, WA where he served in a Calvary Squadron for a Striker Brigade. As Squadron Chaplain he was responsible for the morale and spiritual welfare of 482 soldiers. He served as the suicide prevention officer and special advisor to the command regarding morale, welfare, religion, and ethics. He led Brigade level resiliency events specializing in marriage retreats. He also served on the staff as a preacher and officiant for the Main Post Chapel.

In 2009 Gregg deployed to the border of Afghanistan and Pakistan as FOB Chaplain for FOB Spin Boldak, where he oversaw all chapel programs for the 1200 soldiers, civilians, and contractors on the FOB; he supervised the construction of four building projects; conducted 1400 hours of trauma counseling; supervised the Combat Stress Team; and collected and dispersed 80,000 pounds of humanitarian aid. He was awarded a bronze star for his service while deployed.

While in the Army, Gregg experienced a Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD). Since leaving the military he has undergone Hyperbaric Oxygen Therapy (HBOT) with great success and has become an advocate for providing access to HBOT for others who serve. He has also become an advocate for suicide prevention and non-stigma mental health provision for those who serve the public in the military, law enforcement, first responder groups, social work, and in non-profit agencies.

Gregg currently sits on the boards of the Pitt County Chamber of Commerce, Hope of Glory Ministries, and CareNet Counseling Services. He also oversees the *Living Generously* Philanthropic Fund which exists to enable acts of service, foster generous living, and be a resource for community needs.

Gregg has four children - Eli, Amelia, Norah, and Audrey. He is married to Kim who is a native of Greenville, NC.



Curriculum Vitae of:

James R. Stevens, MD, CAQSM, ABAARM

Telephone: 919.215.8300 3750 NW Cary Parkway Suite 111

Facsimile: 919.926.3013 Cary, NC 27513 E-mail: jay@ehwell.com USA

PROFESSIONAL EXPERIENCE

October 2022 – present - Essential Health – Bountiful

Managing Partner - Founder

Bountiful, UT

July 2022 – present - Aspen Academy of Anti-Aging and Regenerative Medicine

Partner Aspen, CO

January 2019 – present - Founder and Chief Innovation Officer

Essential Holding Company

Cary, NC

January 2018 - present - Chief Medical Officer

Extivita - RTP

Durham, North Carolina

March 2011 - present - Founder and President

Essential Health & Wellness, PLLC

Cary, North Carolina

July 2003 - Present - Physician Administrator

Carolina Family Practice & Sports Medicine

Cary, North Carolina

February 2001 – 2011 - Chief Medical Officer

A.I.H.F. Executive Health Raleigh, North Carolina

February 2001 – 2011 - President

American Institute of Healthcare & Fitness

Raleigh, North Carolina

August 2005 – 2012 - President & Chief Medical Officer

VitalChart

Raleigh, North Carolina

Cary, NC 27513

Curriculum Vitae James Romer Stevens, M.D.

1997 - Present	-	Head Medical Team Physician Carolina Hurricanes, NHL
1999 - Present	-	Primary Physician Carolina Ballet of North Carolina
1995 to 2003	-	Family Physician Rex Primary Care of Cary Cary, North Carolina
1996 to 2003	-	Chairman Rex Primary Care Executive Committee
1997 to 2003	-	Vice Chairman RexMed Board of Managers
1997 - 2003	-	Co-Chairman RexMed Finance Committee
1997 – 2003	-	Director Rex Sports Medicine
1997 - 2008	-	Medical Director Rex Urgent Care of Cary
2001 – 2003	-	Director PEAK Post-Rehabilitation Exercise Program Rex Healthcare
1995 – 1996	-	Preceptor Primary Care Nurse Practitioner Curriculum UNC School of Nursing Chapel Hill, NC
1992-1994	-	Family Physician Outer Banks Medical Center Nags Head, North Carolina
1993-1994	-	Supervising Physician Dare County Health Department Manteo, North Carolina
1991-1992	-	Sports Medicine Fellow and S.H.S. Physician UNC Student Health Service
1990-1991	-	Family Physician Blue Ridge Family Practice Raleigh, North Carolina
1978-1982	-	Custom Homebuilding Subcontractor-Carpentry

James Romer Stevens, M.D.

1975-1978 Nags Head, North Carolina

Steamboat Springs, Colorado

La Jolla, California

EDUCATION

2022 Peptide Certification - A4M

Boca Raton, FL

2019-present Seeds Scientific Research & Performance Institute - Masterminds

Ashtabula, OH

2015-2017 Stem Cell Fellowship

American Academy of Anti-Aging and Regenerative Medicine

Boca Raton, FL

2013-2015 Metabolic & Nutritional Medicine Fellowship, The Metabolic

Medical Institute; Boca Raton, FL

1991-1992 Sports Medicine Fellowship, University of North Carolina at

Chapel Hill; Chapel Hill, NC

Family Practice Residency, Fairfax Family Practice Program, 1987-1990

Medical College of Virginia; Fairfax, Virginia

1983-1987 Doctor of Medicine, East Carolina University School of Medicine;

Greenville, NC

1973-1982 Bachelor of Arts (Zoology), University of North Carolina at

Chapel Hill; Chapel Hill, NC

LICENSURE AND CERTIFICATIONS

1990 - Current North Carolina License #39104

2015 American Board of Anti-Aging and Regenerative Medicine -

Board Certified Physician (A4M)

1990-1997 American Board of Family Physicians

1997-2004

2004-2011

2011-2018

2019-2026

1993-2003 Certificate of Added Qualification, Sports Medicine

2003-2013

2013-2026

2022 Peptide Certification - A4M 2012 - Cenegenics Medical Institute Certificate of Age Management

Medicine

1992 - Team Physician Certification, American College of Sports

Medicine

1987-Present - Advanced Cardiac Life Support

1986-Present - Basic Life Support

1994-2003 - Pediatric Advanced Life Support

PROFESSIONAL ACTIVITIES

Attending - UNC Primary Care Sports Medicine Fellowship

Carolina Family Practice & Sports Medicine

Cary, NC

Preceptor - East Carolina University School of Medicine, Duke University

School of Medicine, University of North Carolina School of

Medicine

Preceptor - Department of Family Medicine

University of North Carolina at Chapel Hill

Chapel Hill, NC

COMMUNITY SERVICE AND SPORTS EVENT MEDICAL COVERAGE

2002 – Present - North Carolina High School Athletic Association Men's and

Women's State Playoff Championships – Volleyball, Football, Tennis, Soccer, Swimming and Diving, Basketball, Baseball,

Softball, Track and Field

2009 – 2013 - Carolina Concussion Clinic

2003 – 2020 - Urban Ministries – volunteer medical clinic

2007 – 2020 - Alliance Ministries – volunteer medical/orthpaedic clinic

1999 – Present - RBC Arena Special Events – World Wrestling Federation, Stars on

Ice, Dixie Chicks, Eagles and Bruce Springstein

1999 – Present - Pre-participation sports physicals and performance testing for the

following Wake County High Schools: Athens Drive, Broughton, Cary, East Wake, Greenhope, Leesville, Millbrook, Sanderson, St.

Timothy Hale, Southeast Raleigh, and Wakefield

James Romer Stevens, M.D.

1998 – 2013 - Triangle Education Advancement Foundation Showcase Events -

Pigskin Preview, Fall Eurosport, Glaxo Smith Kline Holiday

Basketball Invitational, Spring Eurosport

1999 – 2001 - NHL Breakout - Inline Hockey Tournament

1998-2000 - BTI Champions Tour Tennis Tournament – Professional Seniors

Tennis

AWARDS

2011 - Triangle Sports Medicine Community Contribution Award

2006 - 2006 Stanley Cup Championship – Carolina Hurricanes, NHL

1999 - Multiple Sclerosis Community Citizen of the Year, 1999

2001 - AAFP Teaching Recognition Award

PAST LEADERSHIP ACTIVITIES

Chair - Rex Primary Care Executive Committee

Vice Chair - RexMed Board of Managers

Co-Chair - RexMed Finance Committee

Member - Rex Primary Care, Inc. Board of Directors

Member - Rex Primary Care Leadership Council

Chair - Chancellor's Ad Hoc Advisory Committee on AIDS Education,

East Carolina University School of Medicine

Member - Tar Heel Home Health Executive Board

Member - American Cancer Society, Dare County Chapter Executive Board

President - East Carolina University School of Medicine Senior Class

President - East Carolina University School of Medicine Medical Student

Council

PRESENTATIONS

2002 - Asthma in the Elite Athlete

World Conference of Sports Medicine – Hockey

Toronto, Canada

James Romer Stevens, M.D.

2000 - Vertigo in the Athlete

NHL Team Physician Society Conference

Toronto, Canada

1999 - Management of Concussion in Sports

NC National Athletic Training Association

Raleigh, North Carolina

1998 - Dermatology in Sport

6th Annual Triangle Area Sports Medicine Symposium

Raleigh, North Carolina

1997 - Sports Nutrition and Supplementation

Athletic Trainers' Sports Medicine Conference

Raleigh, North Carolina

ORGANIZATIONS

1990 - Current - American Academy of Family Physicians

North Carolina Academy of Family Physicians American Medical Society of Sports Medicine

2012 – Current - American Academy of Anti-Aging and Regenerative Medicine

PERSONAL

Date of Birth - July 23, 1955

Place of Birth - Plainfield, New Jersey

Married to Patience Bosley Stevens, MD MPH CIP with three sons

elena.schertz@gmail.com (c) 919-616-2772

EDUCATION

SIMMONS COLLEGE Boston, MA

June 2018

Masters of Science in Nursing Family Nurse Practitioner Sigma Theta Tau Honor Society 3.9

GPA:

MICHIGAN STATE UNIVERSITY East Lansing, MI

Bachelor of Science in Nursing

BARBARA BRENNAN SCHOOL OF HEALING Boca Raton, FL

Professional Studies Diploma in Holistic Healing

LICENSURE & CERTIFICATIONS

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Family Nurse Practitioner North Carolina

Active

License # 5010953

Registered Nurse North Carolina

Active

License #104317

CERTIFICATIONS:

American Academy for Anti Aging

In progress

A4M Practitioner

AHA Basic Cardiac Life Support AHA Advanced Cardiac Life Support Active Active

EXPERIENCE

Extivita- RTP 3/2019- present

Hyperbaric Oxygen Clinic

Clinic Director and FNP

- Consults, evaluates and treat patients with hyperbaric oxygen therapy (HBOT), IV therapy, and neurofeedback therapy. Write orders, and document off label indications, rationale, and progress of HBOT. Responsible for delivering high quality, evidence based care
- Supports research efforts for veterans to receive Hyperbaric Oxygen treatments Research responsibilities vary.
- Provides clinical medical direction for the wound healing centers and hyperbaric medicine units.
- Develops patient care policies and procedures for hyperbaric and IV therapy programs
- Responsible for the overall supervision of nurses and clinic staff
- Operates hyperbaric chamber, assists patients during hyperbaric treatments

Administrative Responsibilities:

• Clinic director/ manager- oversees and ensures clinic operations

- Develops, reviews, and approves all operating policies and procedures for the clinic along with hyperbaric safety officer
- In conjunction with the administrative manager, identifies and recommends objectives for the clinic consistent with values, mission and goals
- At the request of the CEO, participates in matters relating to hyperbaric chamber build / design and facility renovation
- In partnership with designated administrator develops and implements a marketing and visibility plan.
- Website content writing

Essential Health and Wellness, Raleigh, NC

9/2018-2/2019

Primary Care, Functional Medicine

• RN- Performs comprehensive patient intake, EKG's, PFT's, vision and hearing testing, summarizes health history using EMR. Administers IV therapy, injections, and vaccines. Travel Vaccine education and teaching. Weight loss teaching and health coaching. (Awaiting transition to NP position as clinic grows). Assists with hormone replacement therapy.

Haven Medical, Chapel Hill, NC

3/2013-5/2018

Holistic, integrative, primary care practice

- Nursing Supervisor- Train new clinical staff, oversee IV room, Hyperbaric Oxygen therapy, phlebotomy, halo-therapy, order supplies
- Created and started infusion program for clinic
- Collaborated with medical director in writing protocols
- Performed comprehensive patient intake, summarize health history using EMR, vision testing, nasal and throat cultures, otoscopic examinations, IV therapy, central line care, phlebotomy, injections, dispense and refill prescriptions, assist facilitating group visits, patient communication
- Point person for management of challenging patients

Carolina Center for Integrative Medicine Raleigh, NC

1/2010-5/2013

Integrative health clinic specializing in the care of patients with Lyme Disease and other chronic illness.

- Infusion Nurse: antibiotic, hydration, nutrient, iron, and chelation solutions
- Trained new clinical staff
- Nursing role included responsibilities similar to above

University of North Carolina Hospitals Chapel Hill, NC

1988-2010

Pediatric Heme/Oncology Unit, Pediatric Surgery Unit

Clinical Nurse- Charge nurse, preceptor, acquired skills related to chemotherapy, antibiotic therapies, blood transfusions, immunotherapy, respiratory care, central lines. Managed supportive care of the dying child and family. Facilitated care for pre- and post-pediatric surgery.

PSA Home Health 1990-1992

Pediatric Home Health Care

• Home health nurse- provided comprehensive home health services to children with chronic illness

ELENA SCHERTZ

Durham, NC 27705

elena.schertz@gmail.com (c) 919-616-2772

ADDITIONAL ACCOMPLISHMENTS and AFFILIATIONS

ACCOMPLISHMENTS

Wake Medical Center Raleigh, NC

• Co-developed mindfulness pilot program for staff nurses

2/2012-6/2012

• Presented in Nursing Grand Rounds for Mindfulness based stress reduction

2/2012

AFFILIATIONS

- AANP
- SIGMA THETA TAU
- INSTITUTE OF FUNCTIONAL MEDICINE

JACKELYN F. FAZ 403 Indian Spring Trail Knightdale, NC 27545 (828) 582-2883 jackabril@gmail.com

PROFESSIONAL SUMMARY

Licensed Practical Nurse

- Highly skilled career professional with more than 15 years practical experience in hospital, home health, and primary care environments.
- Established in geriatric nursing including assessment, education regarding medications and treatment, lab work, documentation with care plan for diagnosis, and administration of treatment procedures and medication.
- Computer skilled, managing heavy daily patient volume including triage, appointment scheduling, and patient referral. Proficient in all documentation/record maintenance/paperwork to ensure accuracy and patient confidentiality.
- All areas of major and minor surgical procedures performed in a hospital environment.

CREDENTIALS	
Board Examination	2009
License, State of North Carolina	2009
EXPERIENCE	
Assistant Clinical Nurse Manager)2018 to
Extivita-RTP, Durham, North Carolina	resent
Trac/Vent Nurse	
Bayada Home Health, Gastonia, NC	2022 to Present
United States Army National Guard/Combat Medic	
Mocksville, North Carolina	
	2013-Present
Med Nurse/Treatment Nurse	
Autumn Care, Saluda, North Carolina	2014 2014
	2014-2014
Med Nurse/Treatment Nurse	
Summit Hills Rehab, Spartanburg, South Carolina	2013-2014
Med Nurse/Assistant Living Nurse	
	2012-2013

Tryon Estates, Columbus, North Carolina

Med Nurse – 3 rd Shift Supervisor Brookview Healthcare Center, Gaffney, South Carolina	2011-2012
Med Nurse White Oak Estates, Spartanburg, South Carolina	2009-2011
CNA-Baylor Shift Golden Living Center, Hendersonville, North Carolina	2008-2008
Office/Medical Office Assistant Rutherford Hospital Inc, Forest City, North Carolina	2007-2007
EDUCATION	
Diploma, Nursing <i>ECPI/MCI, Greenville, South Carolina</i>	2009
AFFILIATIONS	
National Federation of License Practical Nurses	2009-Current

Ian Scott McKeown

3101 Summit Cove, Apt 206. Raleigh, NC 27613 Tel: 910-388-4610 Email: iansmckeown@gmail.com

Education

University of North Carolina at Chapel Hill 2021

August 2019 – May

Major: Neuroscience (BS) Minor: Chemistry

Relevant Coursework: Statistics, Calculus, Decision Sciences, Methods Data Analysis, Data Modeling and Inferencing, Scientific Programming, Quantitative Chemistry Lab, Organic Chemistry Lab, Analytical Lab

Related Experience

Extivita-RTP, Durham, NC

October 2021 –

Current

Clinical Research Associate/Neurofeedback Technician

- Conduct neurofeedback consultations and EEG recordings to generate qEEGs
- Analyze results of patient assessments, consultations, and qEEGs and translate into formal reports to run neurofeedback therapy sessions for patients
- Track all qualitative and quantitative data from neurofeedback therapy sessions to monitor patient progression
- Having the didactic and technical skills required for Hyperbaric Chamber operation and monitoring
- Data analysis and administrative work in regard to an ongoing research project to receive funds for veterans.
- Licensed independent BEMER distributor
- Responsible for compiling and using patient records to generate necessary reports
- Researching the effects of our therapies on multiple disease states
- Administration of Automated Neuropsychological Assessment Metrics (ANAM) and generating APRs and VIRS for use in patient care

CURE, Chapel Hill, NC

August 2020 – December

2020

Student/Research Assistant

- Worked in collaboration with Dr. David Nicewicz research team on the syntheses and analyses of pyrylium salts.
- Developed with Spartan
- Analyzed with NMR, UV-Vis, Fluorescent Spectroscopy, and Cyclic Voltammetry

Ruffalo Noel Levitz, Wilmington, NC

January 2018 –

May 2019

Supervisor

- Oversaw a team of student fundraisers.
- Trained each group of new employees for efficiency in the workspace: Software training, hardware training, policy, and etiquette.
- Recorded employee performance regularly and implemented procedures to improve employee performance.

Student Representative

- Represented the university in the acquisition of Alumni Contributions.
- Frequently collected and organized demographic records for each Alumni.
- Worked individually and as a team to achieve quantitative goals.

Skills

- Microsoft Office 365
- Data analysis and collection
- Basic Training in Python, R studio, SPSSAbility to Multitask in a Fast-Paced environment
- Patient Interaction

Justin Cockerham

Justin.Cockerham@icloud.com ❖ (919) 398-0112 ❖ Hillsborough, NC

WORK EXPERIENCE

Healthcare/Retail Professional

Mar. 2003

Durham, NC

Summary

Experienced healthcare/retail professional with the ability to provide technical, Epic, patient and Lawson support. Excellent at supporting staff and patients with scheduling, inventory, and technical support. Highly organized with the ability to manage multiple projects and consistently meeting deadlines in a team environment.

Extivita-RTP July 2022- Current

Office Manager

Durham, NC

- Provides administrative support while anticipating the needs of provider and the practice.
- Manages patient communication when generating new business.
- Manages customer portal for billing, scheduling, and medical file maintenance.
- Supports the organization's policies and procedures; maintain compliance with employment laws, HIPPA and other regulatory requirements.

UNC Health Care Jun. 2020– Jun. 2021

Administrative Support Supervisor

Chapel Hill, NC

- Handled patient complaints
- Supported Director of Urology and the Clinical Supervisor of Urology
- Supported Urology for UNC Chapel Hill and UNC Hillsborough
- Answering calls in a high-volume department. 2000 per week.
- Book meetings and schedule events.

UNC Health Care

Apr. 2017- Jun. 2020

Inventory Coordinator

Chapel Hill, NC

- Supported inventory for Vascular Interventional Radiology at UNC Chapel Hill and UNC Hillsborough
- Reported to Director, Nurse supervisor, Vascular manager, and Inventory supervisor
- Identifying, analyzing and addressing gaps in inventory processes.
- Performing complete inventory checks of all stock and supplies twice a year.
- Managing inventory and filing systems.

UNC Health Care

Mar. 2016-Apr. 2017

Administrative Specialist

Chapel Hill, NC

- Answering calls, as well as welcoming and assisting patients and visitors
- Creating and maintaining electronic health records
- Managing inquiries and relaying messages about scheduling referrals and prescription refills
- Supported New patients for Urology
- Entering payment information into an electronic billing system

UNC Health Care

Administrative Associate

Apr. 2015 – Mar. 2016

Chapel Hill, NC

- Scheduled Appointments
- Issue invoices to clients
- Answer phone calls
- Supported Hematology/Oncology
- Supported Bone Marrow Transplant

UNC Health Care

Apr. 2011 – Apr. 2015

Health Unit Coordinator

Chapel Hill, NC

- Train new employees on hospital processes
- Maintain appointment calendar, schedules, and medical charts
- Worked with medical and non-medical
- Safety coordinator
- Plan patient procedures and activities

Sears

Apr. 2009 - Apr. 2011

Raleigh, NC

Brand Central Manager

- Provided disciplined leadership including setting clear expectations and holding the team and self-accountable for results
- Executes customer focused strategies, policies and programs as measured by Customer Satisfaction Survey data and verbatim comments.
- Ensures consistent delivery of acceptable compliance scores as measured by the standards-based store visits

Sears

Mar. 2006 – Apr. 2009

Home Improvement Lead

Raleigh, NC

- Reached sales goals monthly
- Outstanding customer service
- Maintained cleanliness of the home improvement department
- Trained new staff
- Customer complaints

Sears

Mar. 2005 - Mar. 2006

Sales Associate

Durham, NC

- Number 1 sales associate monthly
- Very Knowledgeable about appliances
- Top sales in warranties monthly
- Repeat business with several customers

Sears

Mar. 2003 – Mar. 2005

Durham, NC

Inventory Associate

- Loaded and unloaded inventory
- Loaded merchandise into customers cars
- Unloaded returns from customers
- Making sure merchandise is to the customer in a 5-minute window.

EDUCATION

University of North Carolina

Aug. 2018 - Dec. 2020

Healthcare Administration

Chapel Hill, NC

Durham Technical Community College

Aug. 2001 – Jun. 2003

Charles E. Jordan High School High School Diploma

Aug. 1997 – Jun. 2001

SKILLS & INTEREST

Skills

Technical support, customer complaints, Microsoft Office, Android, customer service, sales, Apple products, software support, hardware support

Interest

Fishing, camping, collecting, karaoke, cars