

Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

<p>Your Name, Business Address, and Telephone Number: Stephanie P. VanderMeulen, MPAS, PA-C Division of Physician Assistant Education University of Nebraska Medical Center 984300 Nebraska Medical Center Omaha, NE 68198-4300 (402) 559-7993</p>
<p>1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing. Physician Assistant Education Association</p>
<p>2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2012 related to the agencies or programs funded by the Subcommittee? <input checked="" type="radio"/> Yes No</p>
<p>3. Have you or any organization you are representing received any contracts or payments originating with a foreign government since October 1, 2012 related to the agencies or programs funded by the Subcommittee? <input checked="" type="radio"/> Yes No</p>
<p>4. If your response to question #2 and/or #3 is "Yes", please list the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof), and/or the amount and country of origin of any payment or contract originating with a foreign government. Please also indicate whether the recipient was you or the organization(s) you are representing.</p>

Signature



Date: 4/21/15

Stephane VanderMeulen – Witness Disclosure Form

2.

Physician Assistant Training in Primary Care

Grant No: D57HP24687

Funding Agency: DHHS/HRSA/BHP

Project Period: 2012 – 2017

Total Dollars: \$993,920

Recipient: University of Nebraska

Affordable Care Act: Expansion of Physician Assistant Training

ID Number: HRSA 10-278

Funding Agency: DHHS/HRSA

Project Period: 2010 – 2015

Total Dollars: \$924,000

Direct Cost: \$924,000

Recipient: University of Nebraska

3.

I am uncertain if this MOU relates to the agencies or programs funded by the Subcommittee, but I am disclosing the following information:

Type: Memorandum of Understanding (MOU)

Funding Agency: Canadian Forces Physician Assistant Program at the Canadian Forces Health Sciences Training Center

Project Period: 2014-15 MOU

Total Dollars: \$24,840

Country of Origin: Canada

Recipient: University of Nebraska

The University of Nebraska has a collaborative arrangement with the Canadian Forces Physician Assistant Program at the Canadian Forces Health Sciences Training Center to grant a Bachelor of Science degree to their PA graduates. The Canadian Forces does not award degrees. I am happy to provide additional information.