Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

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.

Your Name, Business Address, and Telephone Number: William Kohlhepp, DHSc, PA-C Quinnipiac University
School of Health Sciences – Physician Assistant Program 275 Mt. Caramel Avenue
Hamden, CT 06518
(203) 582-5226

- Are you appearing on behalf of yourself or a non-governmental organization?
 Please list organization(s) you are representing.
 Physician Assistant Education Association
 Ouinnipiac University
- 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?

Yes No X

3. Have you or any organization you are representing received any contracts or payments originating with a foreign government since October I, 2012 related to the agencies or programs funded by the Subcommittee?

Yes No X

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.

Signature: Date: March 6, 2017