

4. A copy of the writing (invoice, purchase order, lease agreement, etc.) on which the administrative expense is founded, if any, is attached hereto or cannot be attached for the reason set forth in the statement attached hereto.

5. The amount of all payments on the administrative expense have been credited and deducted for the purpose of making this request.

6. The undersigned is aware that under 18 U.S.C. §§ 152 and 3571, the penalty for presenting a fraudulent claim in a bankruptcy case includes a fine of up to \$500,000 or imprisonment for up to five years, or both.

WHEREFORE, the undersigned requests that the Court allow the administrative expense or expenses requested herein, to be paid in accordance with the priorities set forth in the Bankruptcy Code and based upon availability of funds.

Dated: 1/27/2016

Name of Claimant: Bill Reynolds, MBA

Signed: Bill Reynolds

By (if appropriate): _____

As Its (if appropriate): _____

INSTRUCTIONS:

Mail the completed form by March 7, 2016, to the Clerk, United States Bankruptcy Court, Northern District of Georgia, Room 339, 600 East First Street, Rome, Georgia 30161, with a copy served on Trustee's Claims Agent: (i) if by overnight or hand delivery: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, 300 Continental Blvd., #570, El Segundo, CA 90245; (ii) if by first class mail: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, PO Box 90100, Los Angeles, CA 90009.

DISTRIBUTION LIST

Martin P. Ochs
Office of the United States Trustee
362 Richard Russell Building
75 Ted Turner Drive, SW
Atlanta, GA 30303

J. Robert Williamson
J. Hayden Kepner, Jr.
Scroggins & Williamson, P.C.
One Riverside
4401 Northside Parkway
Suite 450
Atlanta, GA 30327

David B. Kurzweil
Greenberg Traurig, LLP
3333 Piedmont Road, NE, Suite 2500
Atlanta, GA 30303

David E. Lemke
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219

COLLEGE of MEDICINE
Office of Continuing Medical Education
960 East Third Street, suite 104 • Chattanooga, TN 37403
Tel: (423) 778-6884 • Fax: (423) 778-3673
www.utcomchatt.org/cme

INVOICE

Invoice # UT1519
Date: May 15, 2015

For: **2015 CME Activity Certification fee**

Bill To: Hutcheson Medical Center • Attn: Angela Helmes
4750 Battlefield Parkway • Ringgold, GA 30736

Fee Description:	Amount:
CME Course Certification: CME Series; jointly-provided by a hospital <i>2015 Hutcheson Tumor Conferences</i> January-December • live activity 1 <i>AMA Category 1 Credit</i> x 52 meetings <u>Joint Sponsor:</u> Hutcheson Medical Center	\$2,000.00
Total: \$2,000.00	

Make check payable to:

The University of Tennessee
Office of CME
960 East Third Street, suite 104
Chattanooga, TN 37403

Emailed them on 6/17/15

Payment is due within 30 days of invoice

COLLEGE of MEDICINE
Office of Continuing Medical Education
960 East Third Street, suite 104 • Chattanooga, TN 37403
Tel: (423) 778-6884 • Fax: (423) 778-3673
www.utcomchatt.org/cme

INVOICE

Invoice # UT1539
Date: November 17, 2015

For: **2015 Credit Certificates**

Bill To: Hutcheson Medical Center/Battlefield Imaging • Attn: Angela Helmes
4750 Battlefield Parkway • Ringgold, GA 30736

Fee Description:	Amount:
CME Credit Certificates: 21 credit certificates at \$25.00 per certificate <i>2015 Hutcheson Tumor Conferences – live activity</i> Dates: January 1 – December 31, 2015 1 CME/AMA Category 1 Credits x 52 meetings Joint Sponsor: Hutcheson Medical Center/Battlefield Imaging	\$525.00

Total Due: \$525.00

Make check payable to:

The University of Tennessee
UT College of Medicine, Office of CME
960 East Third Street, suite 104
Chattanooga, TN 37403

Payment is due within 30 days of invoice

CME Credit Application & Activity Summary

Purpose: Use this form to apply to have an educational activity certified for *AMA PRA Category 1 Credits™* (Category 1 credits towards the American Medical Association Physician's Recognition Award). This form is the mechanism we use to ensure that your activity is planned, developed, implemented & evaluated in accordance with the Accreditation Criteria, Standards for Commercial Support, and Policies established by the Accreditation Council for Continuing Medical Education for providing continuing medical education (CME) to physicians in a way that is evidence-based, scientifically balanced, and free from promotion. The mission of the University of Tennessee College of Medicine (UTCOM) is to serve the continuing education needs of Tennessee physicians, so discuss your activity with the Office of CME before completing this application if your primary target audience is something other than Tennessee physicians.

Instructions: Begin completing this application whenever you begin planning the activity. Submit this application a few months prior to the activity to ensure proper planning & coordination of the activity. Save this form to your computer and enter the requested information and responses. Once completed, print & sign this application, and then scan & email it to the Office of CME along with the supporting documents. Click any *blue* words in this application for more info about it. Click here (or visit www.utcomchatt.org/cme/application) or contact your nearest Office of CME for assistance in completing your application:

Chattanooga Office of CME
 960 East Third Street, Suite 104
 Chattanooga, TN 37403
 Tel: (423) 778-6884

Knoxville Office of CME
 1924 Alcoa Hwy, D-116
 Knoxville, TN 37920
 Tel: (865) 305-9190

Memphis Office of CME
 910 Madison Avenue, suite 1031
 Memphis, TN 38163
 Tel: (901) 448-5128

Accreditation: The University of Tennessee College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

ACTIVITY INFORMATION

Activity Title: 2015 Hutcheson Tumor Conferences

Annual: 52 (for example, "4th" for a fourth annual conference)

Host Organization or Department: Hutcheson Tumor Conference

Date(s) & Time(s): Thursdays, 8:00a.m.-9:00a.m.

Activity Type (check one): Course (?) Regularly-Scheduled Series (?) Enduring Material (?)

Hours of Continuing Medical Education per meeting: 1.00 Number of Meetings: 52

NOTE: If you want to certify this activity for CME credits other than *AMA PRA Category 1 Credits™*, please discuss this with the Director of CME.

Activity Location (facility or building): Battlefield Imaging City/State: Ringgold, GA 30736

ACTIVITY ADMINISTRATORS

Activity Medical Director (must be an MD or DO): James Santoro MD

The physician who is responsible for ensuring that this activity is educational for the target audience and is administered in accordance with CME policies.

Address/City/State/Zip Code: 4750 Battlefield Parkway, Ringgold, GA 30736

Phone: 706/858-2873 Fax: 706/841-0659 Email: jamesjsantoro@gmail.com

Activity Coordinator: Angela Helmes

The person is responsible for coordinating the operations and logistics of this educational activity in accordance with CME policies.

Address/City/State/Zip Code: 4750 Battlefield Parkway, Ringgold, GA 30736

Phone: 706/858-3322 Fax: 706/841-0659 Email: ahelmes@hutcheson.org

CONTENT REQUIREMENTS

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. **Continuing Medical Education must be:** **1) Designed Specifically for your Physicians** – Your CME activity must address shortcomings in the current professional practice of your target audience (TN physicians) (EA 2-2). **2) Unbiased by Commercial Interests** - The following aspects of your CME activity must be free from control of a commercial interest: (a) identification of the educational needs, (b) determination of educational objectives, (c) selection and presentation of content, (d) selection of all persons and organizations that will be in a position to control the content of the CME, (e) selection of the educational methods, and (f) evaluation of the activity (EA 2-7 & 2-8; SCS 1.1). **3) Educational** - The content and presentation must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest (EA 2-10). **4) Evidence-Based** - All recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. (ACCME) **5) Free from Promotion** - The content and presentation must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest (EA 2-10).

Attestation: *I have read the content requirements above and attest that all CME content will evidence-based, educational & free from promotion, and that this activity has been (and will be) designed to address shortcomings in target audience's professional practice and planned/coordinated in a way that is unbiased by commercial interests.*

Initials of Activity Medical Director: JS

Initials of Activity Coordinator: AH

CME FEES

Fees for CME Services – Two types of fees are associated with all UTCOM CME activities: a *Course Certification fee* (varies by activity) and a *Certificate of Attendance fee* (a fixed fee for each certificate/transcript of attendance issued). There is also a *Grant Administration fee* for any commercial support received for this activity (if applicable).

Click here to review the Office of CME Fee Schedule (or visit www.utcomchatt.org/cme/fees)

Attestation: *I attest that I have reviewed the Fee Schedule referenced above and agree to the fees listed.*

Initials of Activity Medical Director: JS

Initials of Activity Coordinator: AH

FINANCIAL RISK & LIABILITY

Attestation: *I understand that planning & implementing an event, meeting or CME activity involves many tasks, resources, contracts, expenses, and other variables that create financial risk & liability, and that having the UT College of Medicine certify this activity for CME credit carries no guarantee about the activity's profitability, attendance, success, etc.*

Initials of Activity Medical Director: JS

Initials of Activity Coordinator: AH

CME ACTIVITY CLOSEOUT & CERTIFICATES

After this CME activity is over, the CME Activity Closeout form must be completed and provided to the Office of CME, and the Office of CME does not issue CME credit certificates until this documentation is accurate and complete. **Click here** or visit www.utcomchatt.org/cme/closeout to download the CME Activity Closeout forms or for more information and resources in closing-out the CME documentation for your UTCOM-certified CME activity.

Attestation: *I understand that I need to submit a CME Closeout form and supporting attachments to the Office of CME after this activity before the Office of CME will issue the CME credit certificates.*

Initials of Activity Medical Director: JS

Initials of Activity Coordinator: AH

ACTIVITY OVERVIEW

1. **In 2 or 3 sentences, tell us about this activity:** *What is the broad purpose of this activity? What topics and specialties will be taught?* The Conference is to promote open discussion between physicians to determine optimum treatment for cancer patients. Chemotherapy, Radiation Therapy, and Surgical Interventions will be presented.

TARGET AUDIENCE

2. **What is the Target Audience for this activity?** Continuing Medical Education activities must be designed and directed to serve the clinical and professional performance of practicing physicians.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Tennessee Physicians, specify specialty(ies): | <input checked="" type="checkbox"/> Nurse Practitioners |
| <input type="checkbox"/> Specialty Physicians (specify): | <input checked="" type="checkbox"/> Registered Nurses |
| <input type="checkbox"/> Physician Assistants | <input checked="" type="checkbox"/> Allied Health Professionals |
| <input type="checkbox"/> Pharmacists | <input checked="" type="checkbox"/> Other (specify): Georgia Physicians |

What makes this activity particularly useful or applicable to your target audience? This will be an opportunity for physicians to directly discuss treatment options for their patients.

How many learners do you expect to educate through this activity? 10

YOUR TARGET AUDIENCE'S PROFESSIONAL PRACTICE GAP

Does the target audience need the education that this activity will provide? Yes No

CME activities should be designed to address shortcomings or gaps in the professional practice of your specific target audience. In order to demonstrate the need for this activity, you must identify at least one Professional Practice Gap that exists for your target audience (EA 2.3). A *Professional Practice Gap* is the difference between the current professional medical practice of the target audience and the ideal/optimal professional medical practice.

3. **In one sentence, tell us how your target audience's current professional practice is less than ideal or how it could be better** in terms of its knowledge, competence, performance, and/or patient outcomes: Cancer care is an ever evolving discipline in medicine. There is a need for professionals in all fields to come together to enable a collaboration in the care of cancer patients, so there are optimal outcomes and survival.

The Professional Practice Gap(s) you have identified must be acknowledged in medical literature. What data source(s) did you use to identify and/or support the professional practice gap(s) in your target audience?

- | | |
|--|---|
| <input type="checkbox"/> Opinions of Health Professionals | <input type="checkbox"/> Institutional or Organizational Data |
| <input type="checkbox"/> Newspapers & Local Media | <input type="checkbox"/> Specialty Society Guidelines |
| <input checked="" type="checkbox"/> Research Literature or Findings | <input type="checkbox"/> Hospital Quality Improvement Info |
| <input type="checkbox"/> National Benchmarks, Guidelines, Safety Goals, etc. | <input type="checkbox"/> Gold Standards for Treatment |
| <input type="checkbox"/> Healthcare Data (local, regional or national) | <input type="checkbox"/> Patients |
| <input type="checkbox"/> Surveys or Feedback from the target audience | <input type="checkbox"/> Other (specify): |

Required Attachment #1: You must provide articles or documentation from the data sources you selected (above) that acknowledge the existence of the professional practice gap(s) you have identified.

Gap Analysis: *Why does this Professional Practice Gap exist? What caused it? To what extent does it exist?*

With so many specialties in regard to taking care of cancer it is not possible for the different medical disciplines to know about all of the treatment options there are available. This conference will promote collaboration and continuity of care for cancer patients.

EDUCATIONAL NEEDS

Based on the Professional Practice Gap(s) you identified in your target audience, you should now determine their *Educational Needs* for your target audience. The Educational Needs of your target audience include any education that will 'fill' or address the professional practice gap(s) that you identified (from section 3, page 3). (EA 2.2)

4. What education will address the professional practice gap(s) you identified in your target audience?

Educational Need(s):	Specify whether this need relates to the target audience's Knowledge, Competence and/or Performance:
The conference will present new findings from literature, and clinical trials. 2) ...	knowledge, competence & performance

What **potential barriers** will your target audience have in incorporating the new knowledge, competency, and performance that they learn from this activity into practice? (EA 2.18 & 2.19)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> No perceived barriers | <input type="checkbox"/> Lack of administrative support/resources | <input type="checkbox"/> Lack of consensus on professional guidelines |
| <input type="checkbox"/> Lack of money/funding | <input type="checkbox"/> Insurance/reimbursement issues | <input type="checkbox"/> Lack of resources for additional guidance |
| <input type="checkbox"/> Lack of time | <input type="checkbox"/> Patient compliance issues | <input type="checkbox"/> Other: Specify: |

Will the education provided at this CME activity address any of these barriers? Yes No

ACTIVITY OBJECTIVES

Based on the Educational Needs you identified for your target audience, what are your Learning Objectives for this educational activity? Your learning objectives should be measurable, should address the educational needs that you identified for your target audience (above), and should state what the learners should be able to do as a result of this activity. Specifically, the learning objectives should state how you hope to improve the knowledge, competence, performance, and/or patient outcomes of your target audience. Use verbs such as discuss, explain, describe, analyze, compare, differentiate, examine, formulate, propose, assess, measure, select, and choose. The word 'understand' should not be used. The number of objectives is not important as long as the educational needs identified are met.

5. What will participants *be able to do* as a result of what they learn from this activity? What is this activity designed to change? (EA 2.3)

	Activity Objectives or Learning Objectives:	What question will the evaluation for this activity ask to measure how successful this activity was at accomplishing this learning objective?
I)	The participants will be able to engage in collaboration between medical disciplines to provide comprehensive care for oncology patients; with consideration of pathology, surgical, and imaging findings.	What knowledge have you gained, and will that change your practice?
II)	Educate attendees on newer findings	Did you gain knowledge that will change your patient care?
III)		
IV)		

ACTIVITY FORMAT, SOCIAL EVENTS & MEALS

6. Please identify the Educational Format(s) of this educational program:

- | | | |
|--|---|---|
| <input type="checkbox"/> Lecture/Didactic | <input checked="" type="checkbox"/> Question & Answer Session | <input type="checkbox"/> Enduring Material, specify format: |
| <input checked="" type="checkbox"/> Case Discussions & Study | <input type="checkbox"/> Hands-on Workshops | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Panel Discussion | <input type="checkbox"/> Journal Club | |

Explain how these educational formats are appropriate for the setting, learning objectives, and desired results of this activity? Allows collaboration between medical discipline (EA 2.5)

7. What social event(s) are planned in conjunction with this activity? **NOTE:** Social events or meals at CME activities may not compete with or take precedence over the educational event (SCS 3.11), and expenses for social events or meals planned in conjunction with CME activities may not be paid directly from a commercial interest (per UTCOM/Ernst & Young policy); contact the Office of CME for instructions on how to fund such events.

- | | | |
|--|------------------------------------|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Entertainment (specify): |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Lunch | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Dinner | |

Required Attachment #2: You must provide a detailed *Meeting Agenda* for this CME activity showing all sessions (educational or not), breaks between sessions, and any related social events (e.g., reception, fundraiser, etc.) for each day. Your *Meeting Agenda* needs to include the start time, end time, topic/presentation title, and name(s) of the speaker(s) for each presentation of the meeting. Your agenda can be a brochure or other promotional material as long as it contains the required information. Click here or visit www.utcomchatt.org/cme/application to download our agenda template. **CME Activities with Multiple Meetings:** If your CME activity has more than one meeting, you will also need to provide an *Agenda for the Year* that shows the dates & times for each meeting. **Changes to your Agenda(s):** You are responsible for providing the Office of CME with an updated version your *Meeting Agenda* or your *Agenda for the Year* if any changes are made to them after this activity is approved for CME credit. The Office of CME reserves the right to charge a fee of \$25 for each revised agenda submitted for the time it takes to recalculate the CME count and cross reference the new agenda with your application and all supporting documents.

Attachment #7 (Required if 2 hours or more of CME per meeting): If your activity has 2 hours or more of CME at each meeting, you must use a Continuing Education Credit Request form to allow attendees to verify which sessions they attended. Click here or visit www.utcomchatt.org/cme/application to download our form template.

8. Will a registration fee be charged? No Yes, specify amount:

DESIRABLE PHYSICIAN ATTRIBUTES

It is good to incorporate *desirable physician attributes* into your CME activity where possible. Below is a list of desirable physician attributes according to the Institute of Medicine and Accreditation Council for Graduate Medical Education.

9. Check all desirable physician attributes that will be address at this activity: (EA 2.6)

- | | | |
|--|---|--|
| <p>ACGME/ABMS competencies</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient care and procedural skills <input checked="" type="checkbox"/> Practice-based learning & improvement <input checked="" type="checkbox"/> Interpersonal & communication skills <input checked="" type="checkbox"/> Medical knowledge <input checked="" type="checkbox"/> Professionalism <input checked="" type="checkbox"/> System-based practice | <p>Institute of Medicine (IOM) competencies</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient-centered care <input checked="" type="checkbox"/> Interdisciplinary teamwork <input checked="" type="checkbox"/> Evidence-based practice <input checked="" type="checkbox"/> Quality improvement <input checked="" type="checkbox"/> Utilizing informatics | <p>Interprofessional Education Collaborative Competencies</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Values/Ethics for Interprofessional Practice <input checked="" type="checkbox"/> Roles/Responsibilities <input checked="" type="checkbox"/> Interprofessional Communication <input checked="" type="checkbox"/> Teams and Teamwork |
|--|---|--|

ACTIVITY PLANNERS & PRESENTERS

Enter the information requested below for all planners & speakers at this CME activity. Do not refer to an attachment as a substitute for typing all names into this form.

10. List the names and roles/affiliations of all planners for this activity. This includes the activity medical director(s), activity coordinator(s), planning committee member(s), and anyone else in a position of control over the planning, speaker selection, topic selection, content, agenda, implementation, evaluation, etc. for this activity.

Activity Planner's Name(s)	Role/Affiliation
James Santoro, M.D.	Activity Director
Angela Helmes	Activity Coordinator
Isaac White	Radiology Coordinator
Crystal Blaylock	Pathology Coordinator

11. List the names of **all speakers, presenters, moderators & anyone else with a speaking for the CME sessions of this activity.* List their names in alphabetical order (by last name) and put each name on its own row.

Agenda *Comm. Ind. forms*

Presenter/Speaker Name(s)	
Tim Ashburn, M.D.	✓
Brett Austin, M.D.	✓
Hope Craft, NP	✓
Vaishali Doshi, M.D.	✓
Lori Emerson, M.D.	✓
John Erdman, M.D.	✓
Eugene Fong, M.D.	✓
Jitendra Gandhi, M.D.	✓
Tom Gilmore, M.D.	✓
Andrew Kreck, M.D.	never a speaker
John McCravey, M.D.	✓
John Nelson, M.D.	✓
Lori Proctor, M.D.	✓
Deit Purcell, M.D.	✓
Lawrence Samuels, M.D.	✓
James Santoro, M.D.	✓
Lynn Swearingen, M.D.	✓
Garth McPherson	✓

- Angela asked him for 3 times but he never completed,

***For Case Discussion & Journal Club CME Activities** – For CME activities where medical cases or journals are discussed, only list the names of the primary case/journal presenter(s); do not list the names of people who will only discuss the cases/journals presented.

DISCLOSURE POLICY

In order to ensure transparency of the people in control of this activity, all individuals in a position to control the planning, content, implementation, and/or evaluation of this activity are required to disclose relevant financial relationships (or the lack thereof) prior to the activity (SCS 2.1). This includes the activity medical director, activity coordinator, planners, coordinators, speakers, presenters, moderators, and anyone else in a position of control over this activity. Individuals who refuse to disclose are not allowed to be in a position of control over this activity (SCS 2.2).

The Activity Medical Director and Activity Coordinator for this activity are responsible for gathering financial disclosure information from all planners, speakers, and anyone else in position of control over this activity at least 30 days prior to the activity. The necessary disclosure information is gathered by having all planners for this activity complete a *Commercial Independence form for Planners* and by having the speaker(s)/presenter(s)/moderator(s) for this activity complete a *Commercial Independence form for Speakers*.

Required Attachment #3: You must provide a completed *Commercial Independence form* for every planner, speaker, and anyone else in a position of control over this activity to the UTCOM at least 30 days prior to the activity. A *Commercial Independence form for Planners* (click here or visit www.utcomhatt.org/cme/application to download) must be completed by each planner for this activity, and a *Commercial Independence form for Speakers* (click here or visit www.utcomhatt.org/cme/application to download) must be completed by everyone with a speaking role during the continuing medical education at this activity.

Attestation: *I attest that I have read the Disclosure Policy above and agree to comply with it, and to have all planners & speakers for this activity complete the Commercial Independence form at least 30 days prior to the activity.*

Initials of Activity Medical Director: **JS** Initials of Activity Coordinator: **AE**

The Disclosure Policy above ties into the following Conflict of Interest Policy:

CONFLICT OF INTEREST POLICY

In order to ensure the objectivity, scientific rigor, and commercial independence of the people in control of this activity, any real or potential *conflicts of interest* must be resolved prior to the activity. (SCS 2.3) A *conflict of interest* exists for an CME activity when someone in a position of control over the activity has a relevant financial relationship and an opportunity to affect the content of CME in favor of a commercial interest. To aid the Office of CME in identifying and resolving any conflicts of interest for this CME activity, the Activity Medical Director and/or the Activity Coordinator must do the following at least 30 days prior to the activity:

- 1) **Make a List of the Planners & Speakers that have a Relevant Financial Relationship** - Review the checkbox responses to the two Yes/No questions in the "Disclosure of Financial Relationships" section on each *Commercial Independence form*. Make a list of the names of all planners and speakers that checked the "Yes" to both questions.
- 2) **Facilitate the Office of CME in Resolving Conflicts of Interest** - If a planner or speaker checked "Yes" to both Yes/No questions of the *Commercial Independence form*, then the Office of CME needs to review his/her content (for speakers) and/or contributions (for planners) to this activity for any bias that favors the commercial interest with which they have a financial relationship. For Planners who checked "Yes" to both questions, the Office of CME will need to review all aspects of this activity that they coordinated, so you will need to provide the Office of CME with a list of all aspects of the activity that were coordinated by these planners at least 30 days prior to the activity. For Speakers who checked "Yes" to both questions, the Office of CME will need to review all of their educational materials (slides, handouts, and any other literature shown/provided to learners), so you will need to provide the Office of CME with a copy of all of their educational materials (slideshows, handouts, etc) at least 30 days prior to the activity.

Any aspects of the planning, content, presentation, implementation, and/or evaluation planning for this activity that are not in compliance with the ACCME Accreditation Criteria, Standards for Commercial Support, and the ACCME Policies will be removed or resolved by the Office of CME prior to the activity.

Attestation: *I attest that I have read the Conflict of Interest Policy (above) and agree to comply with it, and to notify the Office of CME about all planners & speakers that checked Yes to both questions (on the bottom of the Commercial Independence form) at least 30 days prior to the activity.*

Initials of Activity Medical Director: **JS** Initials of Activity Coordinator: **AE**

PROMOTION OF YOUR CME ACTIVITY

Office of CME Promotion: The *Office of CME* will market this CME activity on our CME Opportunities webpage, CME Calendar, and bi-weekly E-newsletter by default unless you ask us not to.

Check this box if you do not want to Office of CME to promote this CME activity.

How will this activity be marketed or promoted to prospective participants?

DIGITAL PROMOTIONS:

- Brochure/Invitation
- E-newsletter
- Webpage
- Email
- Online advertisement
- Other (specify):

PRINT PROMOTIONS:

- Invitation
- Save-the-Date announcement
- Newsletter
- Print Advertisement
- Brochure/Flyer/Handout
- Poster or Signs
- Bulletin Board/office Memo
- Other (specify):

Required Attachment #4: You must provide a draft of all marketing materials – printed and digital – that will be used to promote this CME activity.

No Promotion of CME Credit Prior to Approval: Promotion of CME credit for this activity is prohibited until this application has been approved by the Office of CME. This includes (1) statements such as “CME credit has been applied for.”, (2) use of the AMA Credit statement and Accreditation statement, and/or (3) mention of the UT College of Medicine’s affiliation with this activity.

Review of Promotional Materials: All promotional materials for this activity – printed and digital (includes webpages) – must be approved by the Office of CME prior to distribution or use. For this reason, you should have all promotional materials for this CME activity reviewed by the Office of CME prior to having them printed or produced to avoid having to re-print or re-create any.

Required Statements: All promotional materials – printed and digital (includes webpages) – for your CME activity that mention CME credit or the University of Tennessee must contain the AMA Credit statement and Accreditation statement. **Exception:** Save-the-date announcements and other promotional materials that only contain general, preliminary information about the activity such as the title, date, & location are not required to include the two statements, but if more specific information such as the number of *AMA PRA Category 1 Credits™*, faculty, or learning objectives is included, the statements must be included.

Send an email to cme@erlanger.org to request to have the AMA Credit Statement and Accreditation Statement emailed to you for use in all Promotional materials and Program materials for this activity.

Attestation: I attest that I have read the policies above regarding promotion of CME activities and agree to comply with them. Initials of Activity Medical Director: JS Initials of Activity Coordinator: AE

PROMOTION DURING YOUR CME ACTIVITY

The following policies govern the promotion of business interests during a CME activity: (EA 3-9)

- Arrangements for commercial exhibits or advertisements may not influence planning, interfere with the presentation, or be a condition of the provision of commercial support for CME activities. (SCS 4.1)
- Promotional exhibits/activities/interactions, advertisements, and promotional materials are prohibited in the educational space immediately before, during, and after a CME activity. (SCS 3.9)
- ‘Commercial breaks’ are prohibited.
- Educational materials that are part of a CME activity such as handouts, abstracts & slides may not contain any advertising, trade name, corporate logos, or product-group messages of ACCME-defined commercial interests. (SCS 4.3)
- Printed advertisements and promotional materials may not be interleaved within the pages of the CME content, but they may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of this activity. (SCS: 4.2)
- Schedules, content descriptions, and other information that is not directly related to the transfer of education to the learner may include advertisements and/or product-promotion messages. (SCS 4.4)
- A commercial interest may not serve as the agent providing a CME activity to learners (e.g., arranging for electronic access to CME activities’ or distributing self-study CME activities). (SCS 4.5)

Attestation: I attest that I have read the policies above regarding promotion of CME activities and agree to comply with them. Initials of Activity Medical Director: JS Initials of Activity Coordinator: AE

DESIRED ACTIVITY IMPACT

What areas of professional practice do you **hope to change within your target audience?** (check all that apply) (EA 2-3)

- Knowledge
 Competence
 Performance
 Patient Outcomes

ACTIVITY EVALUATION

In what areas of professional practice will you **measure change through your evaluations?** (check all that apply) (EA 2-3)

- Knowledge
 Competence
 Performance
 Patient Outcomes

You are required to evaluate this educational activity (EA2-11). **Only one evaluation method is required**, and the Post-Activity evaluation is the most common and simpler than some of the other evaluation methods. Evaluations are used as tools to determine if the desired educational result was achieved for learners. In choosing the evaluation methods for this activity, consider the goal of the activity, the method of education, applicability of the tool, and your available resources. Vehicles for evaluating your activity include handouts, online surveys, and an audience response system.

Please indicate the Evaluation method(s) that will be used to evaluate this activity:

Evaluation Method(s):	Description & Rationale:
<input checked="" type="checkbox"/> Post-Activity Evaluation (most common)	Administered immediately after the education to measure post-activity ability.
<input type="checkbox"/> Pre-Test and Exit-Test	Quizzes or case vignettes are completed by the learners prior to the activity and again immediately after, and the results of each are compared to measure what was learned.
<input type="checkbox"/> Post-Test	Administered after the activity (ideally months after) to measure content retention.
<input type="checkbox"/> Monitoring Performance Improvement Data Source(s):	Data about your target audience's performance in practice is collected prior to the activity and then after the activity, and the two are compared. Pre-activity performance data should be provided with this application, and then the post-activity performance data and the discussion should be provided after.
<input type="checkbox"/> Monitoring National Quality of Care Indicators and Local Data Source(s):	Data about national/local quality of care indicators is collected prior to the activity and then after the activity, and the two are compared. Pre-activity performance data should be provided with this application, and then the post-activity performance data and the discussion should be provided after.
<input type="checkbox"/> Other (specify):	

Required Attachment #5: You will be required to evaluate this educational activity, and a draft of the evaluation tool(s) selected above must be provided with your application. Click here or visit www.utcomchatt.org/cme/application to download our Post-Activity Evaluation templates.

Question about Commercial Bias: Your evaluation should ask learners if they perceived commercial bias in the activity as a whole but also for each presentation (for activities with multiple presentations), and should give attendees an opportunity to describe any commercial bias they perceived. For example, "Did you perceive commercial bias in this [presentation OR activity]? (circle one) *NO YES, please explain: _____*".

Evaluations for Regularly-Scheduled Series (RSS): Evaluations must be administered at least twice a year for grand rounds and other RSS's, and your evaluations should ask attendees about every meeting of your RSS. For example, if you want to administer evaluations quarterly for your RSS, your first evaluation could ask attendees to evaluate all January-March sessions, your second evaluation could ask them to evaluate all April-June sessions, and so on. If certain meetings/sessions of your RSS are better-attended than others, administer your RSS evaluations during the meetings/sessions that have the most attendees, so that you get feedback from more attendees. **Generic Evaluation:** A Generic Evaluation form should be available to the attendees at every meeting in case they want to provide feedback. Click here or visit www.utcomchatt.org/cme/application to download our Generic Evaluation form template.

COMMERCIAL SUPPORT

Commercial support is monetary or in-kind contributions (for example, an educational grant) from a commercial interest used to fund all or part of the costs of a CME activity. (A commercial interest is an entity that produces, markets, re-sells, or distributes health care goods/services consumed by or used on patients.) **Exceptions by Organization Type:** Hospitals and other providers of clinical service directly to patients are not considered to be commercial interests. **Exceptions by Income Type:** Commercial exhibits and advertisements are promotional activities and not continuing medical education, so monies paid by commercial interests for these promotional activities are not considered commercial support (ACCME).

Do you plan to seek commercial support for this CME activity? No Yes, specify companies:

Commercial support for a CME activity is governed by the following CME policies: (EA 2.7, 2.8, & 2.10)

POLICIES GOVERNING THE RECEIPT OF COMMERCIAL SUPPORT

Grant Administration Fee: The Office of CME charges a fee of 10% (or a \$200 minimum) for each disbursement of commercial support received for this CME activity. Click here or visit www.utcomchatt.org/cme/fees for more information on CME fees.

Independence: The following aspects of your CME activity must be free from control of a commercial interest: (a) identification of needs, (b) determination of educational objectives, (c) selection and presentation of content, (d) selection of all persons and organizations that will be in a position to control the content of the CME, (e) selection of the educational methods, and (f) evaluation of the activity (EA 2-7 & 2-8; SCS 1.1). A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship (EA 2-7; SCS 1.2). Expenses for social events or meals planned in conjunction with CME activities may not be paid directly from a commercial interest (UTCOM/Erlanger policy).

Letter of Agreement Required (EA 2-3): All commercial support for this CME activity must be given/received with the full knowledge and approval of the University of Tennessee College of Medicine (SCS 3.1 & 3.3). The terms, conditions, and purposes of the commercial support must be documented in a signed letter of agreement between (a) the commercial interest providing the financial support, (b) the UTCOM Office of CME, and (c) the educational partner organization (your organization) (SCS 3.4, 3.5 & 3.6). All letters of agreement for commercial support should be signed and provided to the Office of CME prior to the activity; you should notify the Office of CME if commercial support is being received but it is not possible to get the letter of agreement signed prior to the activity. A separate letter of agreement must be signed for each disbursement of commercial support received for this CME activity.

Attachment #8 (Required if commercial support is received): You must provide a letter of agreement for each disbursement of commercial support that is received for this CME activity. You can use a letter of agreement from the commercial interest if they have provided one, or download our letter of agreement template (click here or visit http://utcomchatt.org/docs/CME_LOA_for_Commercial_Support.doc) if they did not provide one.

Commercial Support Designations for Individuals (EA 2-8; SCS 3.7): Payments to teachers or authors for honoraria and/or reimbursement of out-of-pocket expenses may not be made directly from the commercial interest; designated funds for these expenses must be paid to your organization or the UTCOM and then issued to the teacher or author (SCS 3.8). Commercial support may be used to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers, but it may not be used to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity (SCS 3.12). If teachers or authors facilitate or conduct a session but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only (SCS 3.10). No other payment shall be given to the Activity Medical Director, Activity Coordinator, or any other individuals involved with the supported activity (SCS 3.9).

Commercial Promotion Restrictions: Arrangements for commercial exhibits or advertisements may not influence planning, interfere with the presentation, or be a condition of the provision of commercial support for CME activities. 'Commercial breaks' are prohibited. A commercial interest may not serve as the agent providing a CME activity to learners (e.g., arranging for electronic access to CME activities or distributing self-study CME activities). Also see the *Promotion During your CME Activity* section on page 8 of this application for rules governing promotion of commercial interests during a CME activity.

Disclosure to the Audience: The source of all support from commercial interests must be disclosed to learners prior to the beginning of the educational activity (SCS 6.3 & 6.5). See the "Disclosure to the Learners" section (next page) #4 for details.

Attestation: I attest that I have read the Commercial Support Policies (above) and agree to comply with them and notify the Office of CME immediately after commercial support is received.

Initials of Activity Medical Director: JS

Initials of Activity Coordinator: AH

DISCLOSURES TO LEARNERS

In order to ensure transparency of this activity and its planners & speakers, the Activity Medical Director and Activity Coordinator are responsible for ensuring that the following disclosures are provided to learners:

- 1) **Learning Objectives** – The Activity Learning Objectives for this activity (*from page 4*) should be provided to learners on a handout; ideally the same handout that provides a welcome/overview of the activity. Our Disclosures to Learners Handout template is a great starting point for creating a handout to disclose this information to the learners at your CME activity.
- 2) **AMA Credit statement and Accreditation statement** – The AMA Credit Designation statement and Accreditation statement must be included on all Promotional Materials and in some part of the Program Materials for this activity.
 - i. **Promotional Materials** – The two statements must be included in all Promotional Materials for this activity (except save-the-date announcements) in both print and electronic formats, and all promotional materials for this activity must be approved by the Office of CME prior to distribution. Also see the *Promotion During Your CME Activity* section on page 8 for more info on promotional materials for your CME activity.
 - ii. **Program Materials** - The two statements must also be included in some part of the Program Materials for this activity in both printed and digital formats. The most logical place to disclose the AMA Credit statement & Accreditation statement in the program materials is on the handout that contains the welcome/overview and learning objectives for this activity. Our Disclosures to Learners Handout template is a great starting point for a handout to disclose this information to your learners.
 - iii. **Any other materials that mention the # of AMA PRA Category 1 Credits™** - The two statements must be included on any other document that references the number of *AMA PRA Category 1 Credits™* designated for the activity.

Send an email to cme@erlanger.org to request to have the AMA Credit Statement and Accreditation statement emailed to you for use in all Promotional materials and Program materials for this activity.

- 3) **Disclosure of the Relevant Financial Relationships (or lack thereof) for all Planners & Speakers** - Disclosure of the Relevant Financial Relationships (or the lack thereof) of all planners & speakers should be provided to the learners prior to the beginning of the education (SCS 6.1, 6.2 & 6.5). If a speaker checks Yes to both Yes/No questions on the bottom of page 1 of their Commercial Independence form, then they have relevant financial relationships that need to be disclosed to the audience. Disclosure should include 1) the name of the commercial interests, 2) the nature of the relationships, and 3) the content areas/focuses of the financial relationships. Disclosure must never include the use of a trade name or a product-group message (SCS 6.4). This disclosure should be provided to learners in two ways:
 - i. **In Writing** – On a handout; ideally the same handout that contains the welcome/overview, learning objectives, and AMA Credit & Accreditation statements. Our Disclosures to Learners Handout template is a great starting point for a handout to disclose this information to the learners at your CME activity, and it explains how these disclosures need to be worded and the information that needs to be included.
 - ii. **Verbally** – Speakers should state their relevant financial relationships (or the lack thereof) at the beginning of each presentation. Verbal disclosure is as simple as “I have no relevant financial relationships to disclose.” or “I have relevant financial relationships with: [Names of Organizations and Nature of Relationships]” for speakers with relevant financial relationships.
- 4) **Disclosure of any Commercial Support received for this activity (if applicable)** – The source (i.e., company name) and nature (e.g., financial vs. in-kind) of all commercial support must be disclosed to learners in writing prior to the beginning of the educational activity (SCS 6.3 & 6.5). Disclosure of commercial support must never include a logo or the use of a trade name or product-group message (SCS 6.4). The most logical place to disclose commercial support is on the handout that contains the welcome/overview, learning objectives, AMA Credit & Accreditation statements, etc. Our Disclosures to Learners Handout template is a great starting point for a handout to disclose this information to the learners at your CME activity, and it explains how the disclosure statements should be worded. It is also good to disclose commercial support on signage at the conference, but commercial support signage should not be displayed in the educational space.

Attachment #6: You must create a document (or multiple documents) that will be provided to the learners at this activity that discloses the information described above. Click here or visit www.utcomchatt.org/cme/application to download our Disclosures to Learners Handout template for a single handout that will provide all of these disclosures.

Attestation: I attest that I have read the Disclosures to Learners policy (above) and agree to ensure that information above is disclosed to learners where applicable.

Initials of Activity Medical Director: JS Initials of Activity Coordinator: AH

SUPPORTING DOCUMENTATION CHECKLIST

REQUIRED ATTACHMENTS: The following documents must be provided with this application.

Required in order to approve this activity for CME credit:

- Attachment #1: Literature that acknowledges the Professional Practice Gap that you identified. (see page 3, section 3)
- Attachment #2: A Detailed Agenda for this activity. (see page 5, section 7)
- Attachment #3a: A Commercial Independence form for all Planners for this activity. (see page 7, the Disclosure Policy section)

Required prior to the activity:

- Attachment #3b: A Commercial Independence form for all Speakers for this activity. (see page 7, the Disclosure Policy section)
- Attachment #4: A copy of all Marketing Materials that will be used to promote this activity. (see page 8, yellow box)
- Attachment #5: A draft of the Evaluation for this activity. (see page 9, yellow box)
- Attachment #6: A handout containing the Disclosures to Learners for this activity. (see page 11, yellow box)

Other Attachments that are Required When Applicable:

- Attachment #7: A Continuing Education Credit Request form for activities with 2 hours or more of CME per meeting. (see page 5, section 7)
- Attachment #8: A Letter of Agreement for Commercial Support if any is received. (see page 10, yellow box)

Visit www.utcomchatt.org/cme/application to download templates and other useful application resources.

OPTIONAL ATTACHMENTS:

- Educational Tools – Consider supplemental educational learning tools for post-activity use. Examples include algorithms, patient education tools, pocket references, posters for clinical use, stickers for clinical reminders, etc. Please list any additional educational tools that participants can use after the educational activity (does not include presentation handouts):
- Other (please specify):

ATTESTATION & SIGNATURES

I understand that the UT College of Medicine is committed to providing continuing medical education programs that are evidence-based, objective, scientifically-supported, balanced, and free from commercial bias, and that the policies outlined in this application work toward that goal. I attest that I have the authority to administer this activity on behalf of the Host Organization identified and that the information & documents provided in/with this application are complete & accurate to the best of my knowledge. Furthermore, I agree to comply with all policies in this application.

Signature of Activity Medical Director: [Signature] Date: 5/18/15
 Signature of Activity Coordinator: [Signature] Date: 5/18/15

OFFICE OF CME USE ONLY

Office of CME Reviewer: Bill Sponsorship Type: Direct Joint Notes: _____
 Approved for: 1 AMA PRA Category 1 Credits™ x 52 meetings Other credit: _____
Bill Reynolds Date 5/18/15 CME Physician Advisor/ CME Associate Dean Date _____



IT IS ORDERED as set forth below:

Date: January 7, 2016

**Paul W. Bonapfel
U.S. Bankruptcy Court Judge**

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ROME DIVISION**

IN RE:)	CHAPTER 11
)	
HUTCHESON MEDICAL CENTER, INC.)	Jointly Administered Under
and HUTCHESON MEDICAL DIVISION,)	CASE NO. 14-42863-pwb
INC.,)	
)	
Debtors.)	

**ORDER AND NOTICE OF LAST DATE TO FILE APPLICATIONS
FOR PAYMENT OF ADMINISTRATIVE EXPENSE CLAIMS
ARISING ON OR BEFORE NOVEMBER 30, 2015**

The Trustee in these cases has filed a Motion to Set Administrative Claims Bar Date (the “Motion”) [Doc. 433]. The Court having determined that is appropriate to set a bar date, it is,

ORDERED AND NOTICE IS HEREBY GIVEN, as follows:

1. All individuals and entities who provided goods, services, or other consideration to the Debtors on or after **November 20, 2014** (the “**Petition Date**”) and who assert that they have not been paid in full (“**Post-Petition Claimants**”), except those listed in paragraph 5 below, **must** file a request for allowance of their claims substantially in the form attached to this order (a “**Request**”

for Claim Allowance”) for all claims that arose between the Petition Date and November 30, 2015;

2. All Post-Petition Claimants, except those listed in paragraph 5 below, must file their Requests for Claim Allowance **no later than March 7, 2016** (the “**Administrative Bar Date**”). The Request for Claim Allowance **must** be filed with the Clerk, United States Bankruptcy Court, Northern District of Georgia, Room 339, 600 East First St., Rome, Georgia 30161-3187 or filed electronically through the CM/ECF system no later than the Administrative Bar Date. Post-Petition Claimants must also serve a copy of any Request for Claim Allowance upon the Claims Agent at the following address:

If by overnight or hand delivery:

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
300 Continental Blvd., #570
El Segundo, CA 90245

If by First Class Mail:

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
PO Box 90100
Los Angeles, CA 90009

3. Any Post-Petition Claimant, except those listed in paragraph 5 below, who does not file a Request for Claim Allowance by the Administrative Bar date **may be forever barred from any recovery for any such claim.**

4. This Order does **not** apply to the following claimants, who are **not** required to submit a Request for Claim Allowance by the Administrative Bar Date:

(a) current or former **employees** of the Debtors with respect to claims arising out of their employment;

(b) current or former **patients** of the Debtors with respect to claims arising out of medical treatment received from the Debtors,

(c) claimants asserting claims under 11 U.S.C. § 503(b)(9) for the value of goods provided to the Debtors within 20 days before the Petition Date;

(d) claimants requesting compensation and reimbursement of expenses under 11 U.S.C. §§ 330(a) and 503(b)(2);

(e) creditors who have filed a proof of claim asserting a claim against the Debtors that arose before the Petition Date and who do not contend that they have a claim arising after the Petition Date;

(f) any claimant listed as undisputed on the List of Post-Petition Claims filed by the Trustee pursuant to paragraph 5; and

(g) claimants asserting any claims arising on or after December 1, 2015.

5. The Trustee shall within seven days from the date hereof file a list of Post-Petition Claims that the Debtors' books and records show are unpaid as of November 30, 2015. This list will be available through BMC Group, the Trustee's claim agent (the "**Claims Agent**") on its website www.bmcgroup.com and accessible to all parties that receive notice of this Order and Notice. The Trustee shall identify the claims on said list that are not disputed. Any Post-Petition Claimant included on the Trustee's list, but who disputes the claim amount must file a Request for Claim Allowance. Any claims listed as undisputed shall be allowed as administrative expenses subject to later objection by the Trustee or any other party in interest.

Counsel for the Trustee shall promptly serve a copy of this Order and Notice on (a) the Office of the United States Trustee, (b) all other interested parties requesting notice, (c) all parties listed on the creditors matrix maintained in this case, and (d) any other party who has transacted

business with the Debtors' estates post-petition with respect to which (i) the Debtors' records do not reflect payment in full or (ii) the party, by written communication to the Debtors, has disputed that it has been paid in full. Counsel for the Trustee shall file a certificate of such service.

[END OF DOCUMENT]

Prepared and presented by:

SCROGGINS & WILLIAMSON, P.C.

/s/ J. Robert Williamson

J. ROBERT WILLIAMSON

Georgia Bar No. 765214

J. HAYDEN KEPNER, JR.

Georgia Bar No. 416616

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