



The Voice of VA Physicians and Dentists Since 1975

# NEWS

Volume 36, Number 2  
May 2014

Summit in  
Washington

June 11 & 12

National Press  
Club

Washington,  
DC

## NAVAPD Summit on Vets Health in DC June 11 & 12

For several months, NAVAPD leadership has been planning a Summit on The Future of Veterans Health Care in Washington, D.C.. Sponsored in conjunction with the Foundation for Veterans Health Care, this event is scheduled for June 11 and 12, 2014. It is open to all VA Physicians and Dentists whether members of NAVAPD or not, and is FREE. Every physician and dentist is urged to consider attending. The larger the representation from the ranks of VA physicians and dentists, the more attention we will focus on the major issues we are working to address. To learn more, or to register, go to <http://www.navapd.org/get-involved/events/>

Members of Congress, union representatives, individual physicians, VA representatives, Veterans Service Organizations (VSOs) and others are anticipated to be in attendance to learn about, discuss, and develop plans to resolve the manifold impediments to optimum care. Both clinical and legislative issue panels and presentations are scheduled for the morning and afternoon of June 11.

Further, an opportunity to attend a congressional briefing and meet with Members of Congress is planned for June 12. This will be a unique opportunity to meet face-to-face with some of the Senators and Representatives – and their staff – who make the decisions that determine the state of Veterans care, and the circumstances under which we all seek to provide the care our Veterans expect and deserve. Here is the opportunity to perhaps meet with VA leaders and express your concerns and ideas directly to them.

As you know, the VA is in the news in not-so-positive ways at the moment for issues related to the timeliness and quality of care provided to our Veterans. NAVAPD's focus has ALWAYS been to

improve the quality of care provided to our Veterans, and improving the conditions for those who are providing that care. Since 1975, NAVAPD has been the champion for more professional treatment of physicians and dentists in the VA system, transparency, fair treatment and equitable pay, all of which would allow the VA to retain and recruit the quality physicians and dentists required to fulfill the commitment to our Veterans.

This Summit will be an opportunity to discuss issues with colleagues, compare notes on strategies, and make your voice heard. A reception is planned for the evening of June 11, and other social opportunities are in development.

We hope you will be able to join us in this significant effort to bring the realities of caring for our Veterans to the Congress, VSOs, the VACO, and others who can make a difference to ensure that the care Veterans are told they rely on is delivered as promised.

NAVAPD is pleased to partner with the Foundation for Veterans Health Care and others to bring this Summit to reality. We hope we can count on you as a partner in this important endeavor. ❖

Again, you may go to <http://www.navapd.org/get-involved/events> to register.



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**NAVAPD is Working for You – Join Us**



Samuel V. Spagnolo, MD

## The President's Corner

**H**appy spring! May is a time of renewal ... of warmer temperatures, friendlier voices, and shaking off the last bits of

winter. This spring and summer is a time for renewal for NAVAPD, too.

By now, you should have received your email invitation to "Coming Together: The Future of Veterans Health Care" – co-hosted by NAVAPD and the Foundation for Veterans' Health Care. I want to extend my own personal invitation to you to come to Washington for this Summit because, now more than ever before, it's time to have our voices be heard.

I've lived and worked in Washington for a long time, and too often I go to Veterans' health meetings and conferences where the same old things get talked about and nothing happens afterward. You can imagine how frustrating that is, especially when we all see first-hand how the system isn't serving our veterans in the way it can and should.

It's time for that to change. It's time for real action. And I want to kick off this next phase of meaningful NAVAPD action at our Summit in Washington,

June 11-12.

I'm excited about "Coming Together" because we are bringing together some of the brightest minds and most determined advocates to talk about some really important topics. We'll cover TBIs and PTSD, and how the VA simply

**We all see first-hand how the system isn't serving our veterans the way it can and should. It's time for that to change. It's time for real action. I want to kick off this next phase of meaningful NAVAPD action at our Summit in Washington.**

must adapt to properly diagnose and take care of veterans suffering from these conditions and the related health issues that stem from them. We're also hosting a panel on "incidentalomas" – and how the way we diagnose and test has both benefits and drawbacks. We'll hear from Congressman Dan Benishek (R-MI), Chairman of the House Veterans

Affairs Committee Subcommittee on Health, as well as others from the Hill who will not only talk, but listen to what we have to say. I'm also excited about a panel that will focus on something we hear about from many of you – the continuity of care when soldiers transition from the Department of Defense into the VA.

We'll also go up to Capitol Hill for briefings with both the Senate and House Veterans' Affairs Committees, and will meet with Members and staff to determine what solutions can be brought about legislatively, and get their insights on how best to approach the changes NAVAPD members and our colleagues want most. After the Summit, we have plans to develop a short- and long-term strategic legislative and administrative agenda for NAVAPD and these meetings will help set the tone and define the dialogue for action.

I'm excited about the Summit, and hope you will join us.

I'm grateful for your membership in NAVAPD, and look forward to continuing to represent you well here in Washington. Joining NAVAPD is more important than ever before. Please have your colleagues sign up by clicking the "Join Now!" button on our website at [navapd.org](http://navapd.org). ❖

## NAVAPD President Meets with Veterans Health Council

**N**AVAPD President Samuel V Spagnolo, M.D., joined various veterans service organizations (VSOs) and others interested in the care of our Veterans at a Veterans Health Council meeting on Wednesday, April 23, 2014 in Washington, D.C. The meeting, Chaired by Tom Berger, Ph.D., Executive Director of Vietnam Veterans of America (VVA), lasted for nearly one-half day.

Numerous Items were discussed, including several comprehensive legislative proposals pending on Capitol Hill. Other topics were discussed, including the Post 9/11 GI Bill, possible health risks from Iraq and Afghanistan Burn-Pit chemical exposure, and Post-Traumatic Stress Disorder (PTSD) and dishonorable discharges. The Post 9/11 GI Bill provides up to 36 months of education benefits to those who qualify, as well as scholarships for children of Service members who died in the line of duty after September 10, 2001. More details are available at [www.benefits.va.gov](http://www.benefits.va.gov).

Dr. Spagnolo discussed the coming NAVAPD Summit "Coming Together: The Future of Veterans Health Care" in Washington on June 11 and 12, 2014, and extended general invitations to all to attend the event at the National Press Club. ❖

## Phoenix VAMC Accused of Systematic Delay of Appointments

The VA is again in the news, and not in a good way. CNN has reported that the Phoenix Veterans Affairs Health Care System developed a "secret list" that hid prolonged appointment wait times, and alleges that at least 40 U.S. veterans have died while awaiting care on this "secret list."

Problems with delays in providing appointments to Veterans in VA facilities in at least 4 states have been previously reported. The news out of Phoenix, if true, is the most disturbing yet as it suggests a coordinated deception and cover-up regarding this problem.

VA facilities are expected to provide initial appointments within 14-30 days of a Veteran presenting themselves for care. The alleged Phoenix "secret list" appears to be part of a scheme designed by VA managers in Phoenix who were hiding the fact that 1,400 to 1,600 veterans were forced to wait months to see a doctor, according to a recently retired top VA doctor and several high-level sources. Now a second Phoenix physician has come forward to claim there was a threat of destruction of records central to the investigation of the "secret list" investigation, despite demands from Congress that all such records be protected and retained.

Internal e-mails appear to show that top management at the VA hospital in Arizona knew about the "secret list" and even defended it as a way to avoid negative consequences for failing to meet targets for initial appointments. In more recent statements, director Helman has denied being aware of any such list or supporting its use

If correct, this plan involved the PENTAD (the hospital's leadership team) which includes the Director, Associate Director, Assistant Director, Chief of Nursing, and the Medical Chief of Staff.

A recently retired physician, Dr. Sam Foote, who served at the Phoenix VA for 24 years, alleges that the Phoenix VA keeps two lists for patient appointments: The "official" list that's shared

with officials in Washington shows the VA has been providing timely appointments. Dr. Foote calls this a "sham list," and says there is the real list that's hidden from outsiders, where wait times can be longer than a year, far beyond the official goal.

Dr. Foote indicated that "[t]he scheme was deliberately put in place to avoid the VA's own internal rules and monitors of appointment delays. According to him, officials at the Phoenix VA instructed their staff to not actually make appointments for veterans within the computer system, but instead capture the Veteran's information as a screen capture hard copy printout. This hard copy was then retained in the "secret list" until such time as the Veteran could be given an appointment within the mandated time-frame. Except for the hard copy, there was no evidence that a Veteran had requested care. Once an appointment was granted, any evidence that the Veteran had in fact been waiting for months was destroyed.

Several other high-level VA staff confirmed Foote's description of how the "secret list" works in Phoenix. Foote says the Phoenix wait times reported to Washington were entirely fictitious. CNN has obtained e-mails from July 2013 showing that top management, including Phoenix VA Director Sharon Helman, was well-aware about the actual wait times, knew about the electronic off-the-books list and even defended its use to her staff. In one internal Phoenix VA e-mail dated July 3, 2013, one staffer raised concerns about the secret electronic list and raised alarms that Phoenix VA officials were praising its use.

"I have to say, I think it's unfair to call any of this a success when Veterans are waiting 6 weeks on an electronic waiting list before they're called to schedule their first PCP (primary care physician) appointment," the e-mail states. "Sure, when their appointment is created, it can be 14 days out, but we're making them wait 6-20 weeks to create that appointment." The e-mail

adds pointedly: "That is unethical and a disservice to our Veterans."

CNN was sent a statement from VA officials, quoting Phoenix Director Helman: "It is disheartening to hear allegations about Veterans care being compromised and we are open to any collaborative discussion that assists in our goal to continually improve patient care." The VA issued an additional comment, stating, in part: "We have conducted robust internal reviews since these allegations surfaced and welcome the results from the Office of Inspector General's review. We take these allegations seriously." The VA statement to CNN added: "To ensure new Veterans waiting for appointments are managed appropriately, we maintain an Electronic Wait List (EWL) in accordance with the national VHA Scheduling Directive. The ability of new and established patients to get more timely care has showed significant improvement in the last two years which is attributable to increased budget, staffing, efficiency and infrastructure."

The problem, of course, is that "staffing, efficiency and infrastructure" issues have not been resolved. Limitations to efficient patient flow are endemic in many VA facilities, including limited rooms and support staff, restricting the number patients a physician can effectively see in a shift. NAVAPD has pointed out these system inefficiencies to the VA and others and will continue to do so.

VA physicians and dentists want to provide the best care possible and they are frustrated when they cannot. It must be assured that VA employees are given the resources necessary, and the system redesigned as necessary to meet mandates set by the VA, Congress and others. Nothing excuses or makes these kinds of unethical "games" to beat the system acceptable. However, it is critical that the VACO and Congress understand the reality of how much the current VA system as designed can absorb and deliver. Unrealistic goals cou-

*(Continued on page 4)*

## Phoenix VA "Secret Waiting List" (continued)

(Continued from page 3)

pled with inadequate resources can create the kind of desperation that sometimes leads to bad choices.

The Phoenix VA's "off the books" waiting list has now gotten the attention of the U.S. House Veterans Affairs Committee in Washington, whose chairman has been investigating delays in care at veterans hospitals across the country. Rep. Jeff Miller, chairman of the House Committee on Veterans' Affairs, has demanded the VA preserve all records in anticipation of a congressional investigation. On April 29, it was reported that a Phoenix physician is alleging that on April 26 she and a co-worker felt

compelled to take steps to prevent the destruction of these records. It is unclear what "threat" prompted her actions and claims.

President Obama has ordered an investigation of the "secret list" allegations at the Phoenix VA. Facility Director Helman, Associate Director Lance Robinson, and an unnamed third employee have been placed on Administrative Leave "until further notice."

Focus on VA care issues and the disposition of orders or appointments remains high. In a semi-related story, on May 1 the "Washington Examiner" published an article that reported that VA

Officials recently purged 1.5 million "unfinished medical orders." These are likely mostly consults that were not completed for a number of legitimate reasons (duplicate orders, Veteran left the facility before performed, Veteran died before could be completed, Veteran condition changed making the order unnecessary) and are not necessarily orders for service. However, the article points out that there are insufficient audit trails to confirm the nature of all cancelled or closed consults. Also, in this article, the Washington Examiner referenced a Facts Sheet issued in April by the VA that seems to indicate that 23 Veterans died awaiting services in the VA system as a whole. ❖

## NAVAPD's Mission and Principles

### Mission

**N**AVAPD is dedicated to the principle that this Nation's Veterans, as a result of their service to our country's Armed Forces, have earned an entitlement to quality health care to meet their needs as they become sick or injured. The Department of Veterans Affairs ("VA") is that agency of government obligated to honor the Nation's contract with its deserved Veterans.

**NAVAPD** has as its highest priority the preservation and strengthening of the VA Health Care system, so that it stands ever ready to give Veterans quality medical care equal to or better than that which can be obtained elsewhere in our society.

Just as VA doctors care for those who have served, they also stand ready to treat the military and civilian casualties of future conflicts and non-military disasters.

VA Health Care facilities are a principal element in our national security and in our national defense, representing as they do a vast resource to back up the limited capabilities of our military hospitals.

### Guiding Principles

**NAVAPD** shall function as the official professional organization of the VA physicians and dentists at all levels in the VA Health Care system, from the local health care facilities through VISNs to the national level.

**NAVAPD** shall cooperate to the maximum extent possible with official representatives of the VA, to the end that the best possible health care is provided to Veteran beneficiaries.

**NAVAPD** shall endeavor to ensure that qualified physicians and dentists are recruited into the VA Health Care system and retained therein.

**NAVAPD** shall support VA physician research, participate in activities of professional organizations, continuing medical education and participation in equal partnership affiliation with medical schools.

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## Physician Authority Under Attack; NAVAPD Responds

In mid-February, NAVAPD was advised by one of its Board Members of a proposal by the Florida House Select Committee on Health Care Work Force Innovation that would grant advanced practice nurses complete independent practice and expand their abilities to prescribe narcotics independently without any physician oversight. The proposal would also give RNs the right to prescribe medications. The NAVAPD Board felt this was a clear threat to patient safety, and drafted a letter to the members of the House Select Committee. The text of that letter follows:

*“February 18, 2014*

*Dear Select Committee Member:*

*The National Association of Veterans Affairs Physicians and Dentists has just received information regarding Florida PCB SCHCWI 14-01, a sweeping proposal that would grant advanced practice nurses complete independent practice and prescriptive narcotics authority without any physician oversight, and grant most RNs prescriptive authority for medications. This proposal allows these non-physicians to practice well beyond their training. Registered Nurses were never expected to have general prescriptive authority, their training is not designed to prepare them for this, and the proposal is a very real threat to patient safety.*

*We at the NAVAPD realize that this is a Florida-specific proposal, but many of our members practice in Florida. We as a professional association for physicians and dentists are compelled to advise when we believe a proposal is contrary to the interests of patients in any and all states.*

*The solution to access issues for health care is to remove requirements that make physicians less available to patients, not granting non-physicians unrestricted practice beyond their scope or skills or safety zone. Every day, untold hundreds of physician access hours are wasted completing documentation and clerical procedures imposed by government and insurers which COULD be safely performed by non-physicians. Please work toward solutions that improve physician availability to patients, not strategies that increase patient risk while ignoring more appropriate options.*

*PCB SCHCWI 14-01 is bad law. It is bad medicine for Florida and could lead to bad medicine for people of other states. Free physicians to do what they do best, and keep nurses doing the tasks for which they were properly and thoroughly trained. We urge you to vote NO on PCB SCHCWI 14-01.*

*Sincerely,*

*/s/ Samuel V. Spagnolo*

*President, National Association of Veterans Affairs Physicians and Dentists”*

While this proposal was passed at the committee level, its future chances are uncertain. Of equal concern is the fact that this appears to be only a piece of a planned and coordinated effort on the part of nursing to remove any oversight of nurses by physicians. Many of these proposed changes outpace the ability of nursing curricula to keep up with the new responsibilities and authorities.

In the month of April, one governor has had to veto such a measure, two other states are in the process of considering such actions, and there is a move to remove Anesthesiologist oversight of CRNAs in their practice. It appears there is a wholesale strategy to marginalize physicians and further empower nurses to take on physician roles. As we make clear in our letter, the better option is to remove administrative duties from physicians and allow them greater opportunity to see and care for patients. Let nurses take on the administrative and clerical functions being pushed onto physicians. Let doctors be doctors.

There are members of Congress who are concerned about this erosion of physician oversight of lesser trained providers, and NAVAPD is working to explain the depth of this change initiative to all involved. It will be one of the topics addressed during the Summit in Washington. While the underlying argument is that there are insufficient physicians to care for all of the patients, the reality is that inefficiencies in operations, and excessive clerical duties, are the major reasons that physicians are unable to see all patients. These impediments need to be removed from physicians.

NAVAPD will continue to work with Anesthesiologists and all specialties to recognize these ill-conceived plans and seek to prevent their adoption. Such actions are a clear threat to the health, safety and quality of care provided to our Veterans. ❖

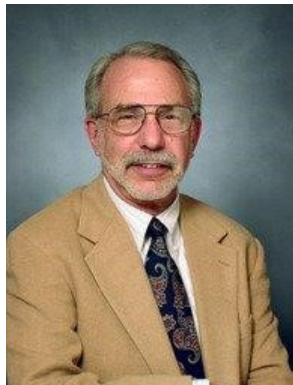


## Rubin and Rodriguez Join NAVAPD Board of Directors

**N**AVAPD is always seeking individuals to join the Board of Directors to enhance representation and to contribute to the important work NAVAPD seeks to impact. To that end, two additional members have recently accepted election to the Board.

Dr. Robert T. Rubin, M.D., Ph.D. is a psychiatrist at the VA Greater Los Angeles HCS, Distinguished Professor in the Department of Psychiatry and Biobehavioral Sciences at the David Geffen School of Medicine at UCLA, and Adjunct Professor at Drexel University College of Medicine.

Born in Los Angeles, Dr. Rubin received his A.B. (Major: pre-medicine) from the



Robert T. Rubin, M.D.

University of California at Los Angeles in 1958, his M.D. from the University of California School of Medicine (San Francisco) in 1961, and his Ph.D. from the University of Southern California, School of Medicine (Physiology) in 1977. He completed numerous residencies and has received several professional appointments in California and Pennsylvania. He served as a Lt. Commander in the Naval Reserve, has served as a Principal Investigator on 37 Research Grants, has over 278 articles to his credit, and has made over 130 national and international presentations.

Also joining the NAVAPD Board of Directors is Dr. Remberito Rodriguez, who is currently the Medical Director for Primary Care and Medical Director of Home Telehealth at the Miami VA Medical Center.

Previously he served as the Chief of Primary Care Miami VA Medical Center and Southern CBOCs, PACT Lead Miami VA HCS, Chief of primary Care Red Firm Miami VA, Director of emergency services Miami VAMC, and ER staff physician at the East Orange VA Medical Center.



Remberito Rodriguez, M.D.

Dr. Rodriguez received his M.D. from Universidad Autonoma de Guadalajara, Guadalajara, MX in 1985. He received his Fifth Pathway Certificate from the Albert Einstein College of Medicine, Bronx, NY, 1986, and completed his

residency in Internal Medicine at the University of Medicine and Dentistry of New Jersey, Newark, NJ in 1989. ❖

## Issues With Payment for Physician/Dentist CME

**N**AVAPD frequently receives questions concerning VA denial of financial support for CME despite inclusion in the Physician & Dentist pay system provisions. NAVAPD was instrumental in getting the up to \$1,000 CME provision into the pay system. In 2011, there was an effort to remove this provision, and NAVAPD joined others to defeat that effort. Unfortunately, the phrase “up to” is being interpreted by some directors as “no more than.” meaning they can provide NO financial support for CMEs, or cap it at any level below \$1,000. They see it as an easy way to cut expenditures.

While NAVAPD continues to seek a simple solution to this issue and advocate for adherence to the spirit AND the letter of the law, it is likely that the only way to correct this ongoing problem is with legislation to modify and clarify the initial language. Legislation is a slow process, but NAVAPD is proceeding with efforts to strengthen VA support for CME. ❖

## NAVAPD Says “Thank You” to Our Donors

**E**ach year, some members of NAVAPD go above and beyond their standard Membership dues and make separate, special contributions to further the work of NAVAPD. Some are still fully employed while others are retired, but still see the importance of supporting NAVAPD as it works for its members and their patients. Thank you to:

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# **“Coming Together: The Future of Veterans Healthcare”**

**June 11 – 12, 2014**

**National Press Club and Capitol Hill  
Washington, DC**

**Hosted by**



**Foundation for Veterans Health Care**

**and**



**National Association for Veterans Affairs Physicians and Dentists**

**Please join us in Washington, DC for an important educational summit on the future of veterans health care!**

**The scope of war has changed drastically over the past forty years and, as a result, veterans' short and long-term health care needs have changed dramatically as well. This summit will convene experts in the field to talk about how our veterans are treated when it comes to important topics such as:**

- the long-term impact of TBI and PTSD and how we treat Veterans**
  - continuity of care between DoD and the VA**
  - what diagnostic findings cost the VA**
- what Congress and the VA must do to serve Veterans most effectively**

**Come discuss these important topics, share best practices with colleagues from across the country, learn more about how we can work together on emerging issues, and spend time on Capitol Hill hearing from those who are working on these issues in the Senate and House of Representatives.**

***To learn more about and to register for this \*free\* conference, go to  
<http://www.navapd.org/get-involved/events>***

**We look forward to your participation!**

**National Association of VA Physicians and Dentists**  
**P.O. Box 15418**  
**Arlington, VA 22215**

**Phone: (866) 836-3520**



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**Join NOW!**

**Mail to: NAVAPD, P.O. Box 15418, Arlington, VA 22215**

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You can join by mail with this form OR

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