

http://www.csuci.edu/ira/index.htm

# Application Instructionally Related Activities Funds Request 2008-2009 Academic Year DEADLINE: Fall and Academic Year 3/14/08 Spring 10/15/08

Applications must first be sent to the appropriate program chair. Chairs will the recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

## Activity Title: Creating a Digital Library of Local Complementary Health Practitioner Demonstrations

Project Sponsor/Staff (Name/Phone): Barbara Thorpe/ 437-8421

Activity/Event Date(s): Tuesdays, 9/2-11/18, 3-5:50 p.m.

Date Funding Needed By: September, 2008

\*\*Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.

### Please check if any of the following apply to your IRA:

Estimated Number of Students Participating: 40

Equipment Purchase Event  X IT Requirements International Travel Space/OPC Requirements Infrastructure/Remodel Other Other  Field Trip Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter Risk Management Consultation Late Submission (Passed Deadlines: Fall 3/14, spring 10/15)
Previously Funded: YES XNO Yes, Request #
Does your proposal require IRB (Institutional Review Board) approval: Yes <b>X</b> No
Assessment submitted for previously Funded Activity: YES <b>X</b> NO
Academic Program or Center Name and Budget Code: Nursing Budget Code #721
Date of Submission: 3/14/08
Amount Requested: \$2250.00 (Should match item 2. E. on page 4)

## Application Instructionally Related Activities Funds Request 2008-2009 Academic Year

### **Conditions and Considerations**

**Equipment Purchase**-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

**Events**-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

**Participant Data Collection for Public Dissemination-**If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB **prior** to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

**Field Trip**-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

IT Requirements-Requires proof of correspondence and approval from IT Administration

**International Travel**-Requires International Travel application be submitted to Center for International Affairs.

**Risk Management Consultation**-Requires proof of correspondence with Risk Management.

**Space/OPC Requirements, Infrastructure/Remodel**-Requires proof of correspondence with OPC Administration.

**Late Submission (Deadlines: Fall 3/14, Spring 10/15)**-Requires explanation for emergency funding.

**Fiscal Management:** Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

## Application Instructionally Related Activities Funds Request 2008-2009 Academic Year

### Requirements and Signatures

Please provide the following in your application:

- 1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major. Expert complementary and alternative health (CAH) practitioners (8-10) will explain and demonstrate a variety of CAH therapies and practices to help students achieve 3 of 6 Nursing/Psychology 342 course objectives. The course is an upper division interdisciplinary general education course (C3b, E) satisfying the university writing requirement. Students will research and collect information on a CAH modality, reflect on a series of questions related to the modality, describe their reaction **following demonstration** of a CAH therapy/practice and analyze the practice or therapy using reputable, evidence-based literature to support their analysis.
- 2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed. The IRA request is integral to the fall, 2008 course offering: Nursing/Psychology 342, 3 units satisfying C3b, E, upper division GE and the university writing requirement.
- 3. Activity Assessment. Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. Please note a report will be due at the end of the semester. Three of six course objectives will be assessed through reaction papers and a formal research paper detailing a selected CAH practice along with evidence supporting its use within one or more of the National Institutes for Health Center for Complementary and Alternative Medicine five categories following observation and demonstration of that practice/modality.
- 4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4) We are requesting honoraria totaling \$2,250.00
- 5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity. CSUCI Instructional Technology department has been consulted with regard to videotaping 10 hours of CAH practitioner demonstrations during fall, 2008 and approval is indicated in attached email.
- 7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2. Barbara Thorpe and Karen Jensen have read and accepted the Conditions and Considerations detailed on page 2 of the Application for IRA and have signed on the next page.

### Signatures and Dates

Bosbara Shape	3/14/08
Project Sponsor	Date
Program Chair/Director	4/3/08 Date
Dean Dean	HIZIF

RECEIVED

MAR 14 2000

Dean's Office

## Application Instructionally Related Activities Funds Request 2008-2009 Academic Year

### ACTIVITY BUDGET FOR 2008-2009

1. Ope	rating Expense Budget	
	A. Supplies	
	B. Vendor Printing	
	C. In-State Travel	
	D. Out-of-State Travel	
	E. Equipment Rental	
	F. Equipment Purchase	
	G. Contracts/Indepen	dent Contractors
	H. Honorarium	\$2,250.00 *
	I. OPC Chargeback	
	J. Copier Chargeback	
	K. Other (Please Speci	y)
	TOTAL Expense	s
2. Reve		
	A. Course Fees B. Ticket Sales	
	C. Out of Pocket Stude	nt Fees
	(exclusive of course	
	<ul><li>D. Additional Sources funding</li></ul>	of \$1,200.00 **
	(Please specify	
	And indicate sourc	Academic Technology Services has agreed to videotape the guest speakers and "decode" the
		digital product for student accessibility (see email
	E. Requested Allocati	<u>approval/support)</u>
	from IRA	
	Total Revenue	\$3,450.00* **
•	* 8-10 guest spec	kers 1 hour per guest speaker totaling 10 hours for an
	ridoordping or	r noor per goest speaker rolating to hoors for all

accessible video clip library to be used for current and future classes with encoding at \$120 p.h.X10 hrs. totaling \$1200 provided by ATS budget.

From: "Tom.Emens" <Tom.Emens@csuci.edu>

Subject: Re: IT support email requested
Date: April 3, 2008 8:34:36 AM PDT

To: Barbara Thorpe Cartee <barbthorpe@roadrunner.com>

Cc: "Swanson, Judy" <Judy.Swanson@csuci.edu>

### Good morning Barbara-

### I only have one small edit on the proposal with regards to the name of our department:

Wherever you have **Instructional Technology department**, please replace with **Academic Technology Service (ATS).** 

As per our earlier conversation regarding the videotaping and online delivery of the lectures, the following applies.

Note that the price for transcription and captioning per hour of finished video is now \$120 instead of \$100.

### Videography & editing:

Videotaping and final-cut editing will be done by Academic Technology Services (ATS) at no charge.

### 508 Accessibility Standards for media delivery:

Section 508 standard transcription and captions will need to be done by a 3rd party vendor. Virtually all standard video formats are supported (Flash, Quicktime, DVD, etc).

A budget line for this proposal must include <u>\$120 per finished hour of video</u>. ATS will coordinate such services as well as transfer of approved budget to vendor through appropriate channels.

### **Encoding and delivery:**

Encoding and delivery of final videos will be done by Academic technology Services (ATS) at no charge.

### Best-

### Tom Emens

Multimedia Specialist • CSUCI Academic Technology John Spoor Broome Library One University Drive, Camarillo, CA 93012 tel) 805-437-8946 fax)805-437-8910 tom.emens@csuci.edu

On 4/2/08 6:01 PM, "Barbara Thorpe Cartee" < barbthorpe@roadrunner.com > wrote:

- > Dear Tom, I know everyone is focused on Friday's big event but did you
- > and Judy receive this proposal from me Wed. am?
- > I'll call you and Judy Thursday as my chair is signing at 9 and I need
- > to take it forward to the Dean as it is late.

> Thanks!

> Barbara

> > >

>

# Application Instructionally Related Activities Funds Request 2008-2009 Academic Year

## ACTIVITY BUDGET FOR 2008-2009

1. Operating E	xpense Budget	
A. Supp	olies	
B. Venc	dor Printing	
C. In-Sto	ate Travel	
D. Out-	of-State Travel	
E. Equip	oment Rental	
F. Equip	ment Purchase	
G. Cont	racts/Independent Contra	actors
H. Hono		· <del></del>
	Chargeback	\$2,250.00 *
	er Chargeback	
	(Please Specify) ATS decod	ing\$1,200,00 **
TOTAL E		\$3,450.00
		\$6,450.00
2. Revenue		
A. Course B. Ticket		
C. Out of	f Pocket Student Fees	
(exclu D. Addit	sive of course fees) fional Sources of	
fundii	ng	
(Plea:	se specify	
And 11	ndicate source)	Academic Technology Services agreed to videotape the guest speakers
E. Reque	osto d Alla a ult	(see email approval/support)
from I	ested Allocation RA	
То	tal Revenue	\$3,450.00*
		Ψ0,400.00

<sup>\* 8-10</sup> guest speakers

<sup>\*\*</sup> Videotaping and decoding of 1 hour per guest speaker totaling 10 hours for an accessible video clip library to be used for current and future classes.

### Devins, Mary

From:

Emens, Tom

Sent:

Thursday, May 01, 2008 7:56 AM

To:

Thorpe, Barbara

Cc:

Devins, Mary

Subject:

Re: IRA Proposal needs modification

Importance: High

Good morning Barbara & Mary-

Yes-

The \$1200 is needed to make the videos accessible and will be paid to an outside vendor.

I would edit the proposal as follows:

K. Other (video captioning)

\$1200

### Best -

### **Tom Emens**

Multimedia Specialist • CSUCI Academic Technology Services John Spoor Broome Library One University Drive, Camarillo, CA 93012 tel) 805-437-8946 fax)805-437-8910 tom.emens@csuci.edu

On 4/30/08 9:40 PM, "Thorpe, Barbara" <Barbara. Thorpe@csuci.edu > wrote:

Dear Tom, I've been out of town and email range in remote Utah/Arizona, just rec'd Mary's email and hope it's not too late for IRA comm. to review. Pls. see changes Mary suggested on the proposal. I'm assuming the \$1200 is for the contracting for the decoding we had discussed and that the support from IT is the actual videotaping labor and materials. If this is not your understanding, pls. call me at 377-9266 and I will change it. If ATS needs the \$1200 to go directly to their budget code, pls. send it to me and I will add it under the nursing budget string. Pls. copy Mary Devins as I have so she knows she can go ahead in providing the revised proposal to the review committee. Sorry for the mix-up! Thank you!

Barbara

From: Devins, Mary

Sent: Friday, April 25, 2008 1:43 PM

To: Thorpe, Barbara

Subject: IRA Proposal needs modification

Barbara,

I spoke with Tom Emens today about your IRA proposal. I think that there was a bit of a misunderstanding. ATS is not paying the \$1200 to make the videos accessible from their budget. They were asking that your budget include a line item for this expense. If you would like IRA to fund the entire \$3450 cost to produce these videos, can you please revise your proposal to indicate this request?

The comittee will be meeting on Thursday and would like to be able to vote on your proposal. So, if you could

send me the revised version by Wednesday, I would appreciate it. Please let me know if you have any questions or need additional information.

Than you,

Mary Devins Faculty Support Coordinator

CSU Channel Islands One University Drive Camarillo, CA 93012

(805) 437-3253

mary.devins@csuci.edu

State of California—Department of Health Services

### PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee DEPARTMENT/OFFICE 1 PURPOSE: Information contained in this form will CSU Channel Islands be used by state agencies to prepare Information **PLEASE** STREET ADDRESS RETURN Returns (Form 1099) and for withholding on One University Drive TO: payments to nonresident vendors. Prompt return of CITY, STATE, ZIP CODE this fully completed form will prevent delays when Camarillo, CA 93012 processing payments. TELEPHONE NUMBER (See Privacy Statement on Page 2) (805) 437-8400 PAYEE'S BUSINESS NAME 2 TC.R. Acopuncture à Integrative Medicine 2084 E. Ventura Blud. MAILING ADDRESS (Number and Street or P.O. Box Number) (CITY, STATE, and ZIP CODE) Camarillo CA 93000 CHECK ONE BOX ONLY 3 PAYEE **LEGAL CORPORATION** NOTE: State and **ENTITY PARTNERSHIP** INFORMATION local governmental MEDICAL CORPORATION **ESTATE OR TRUST** entities, including **EXEMPT CORPORATION (Non-profit)** school districts are not required to ALL OTHER CORPORATIONS submit this form. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) 26-0136197 NOTE: Payment will INDIVIDUAL SOLE PROPRIETOR not be SOCIAL SECURITY NUMBER processed without OWNER'S FULL NAME an accompanying taxpayer I.D. number. CHECK APPROPRIATE BOX(ES) 4 NOTE: California Resident - Qualified to do business in CA or a permanent place of a. An estate is a PAYEE business in CA. resident if RESIDENCY Nonresident (See Page 2). Payments for services by nonresidents may be subject decedent was a **STATUS** California resident to state withholding. at time of death. WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED b. A trust is a resident if at least SERVICES PERFORMED OUTSIDE OF CALIFORNIA one trustee is a California resident. (See Page 2) 5 I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. CERTIFYING AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) **SIGNATURE** TITLE JULIE RYAN OWNER SIGNATURE DATE TELEPHONE NUMBER 9/11/08 805.388.6101

### Devins, Mary

251

From:

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Thursday, May 01, 2008 7:56 AM

To:

Thorpe, Barbara

Cc:

Devins, Mary

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Than you,

Mary Devins Faculty Support Coordinator

CSU Channel Islands One University Drive Camarillo, CA 93012

(805) 437-3253

mary.devins@csuci.edu



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To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

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To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

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Division of Academic Affairs

November 13, 2008

Dear Dr. Boshoff,

Thank you for your willingness to offer your presentation on "Chiropracty" on November 20, 2008 at CSU Channel Islands in Camarillo from 3-4:15 p.m. This letter is to formalize the invitation and to let you know the details of the event.

The class is part of an upper division general education course entitled "Complementary and Alternative Health" and is attended by 40 students from several disciplines, among them nursing, psychology, business and liberal studies. The class will be videotaped by Tom Emens in conjunction with an instructionally-related grant that will enable access for students who may not be able to attend a traditional class. The classroom is located in the Bell Tower West Building in Room 2505. We hope to begin promptly at 3 p.m. with a brief introduction of you to the 40 students and conclude at about 4:15 p.m.

We are pleased to offer you an honorarium of \$200 each in gratitude for your participation, and to cover any travel expenses. We will have a parking pass for you at the Public Safety Office, first building on the right as you enter campus with free parking in front labeled "Placer Hall." The officers will tell you which parking lots are best for Bell Tower 2505. Allow 25 minutes to find and walk to the classroom on the second floor.

If you have any information that you would like me to photocopy for the students to read, please email it to me as a word attachment at bthorpe@ymail.com. Please don't hesitate to call me if any issues arise. Thank you again for your willingness to share this exciting area of complementary health.

Sincerely,

Barbara Thorpe Professor of Nursing

California State University Channel Islands (805) 437-8821; C 805-377-9266 Barbara.thorpe@csuci.edu

Cc: Mary Devins

p,2

15

State of California—Chapathrant of Health Services

### PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entitios, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1	l mu	st be	completed by the requesting state agency before for	warding to the payee				
1			ENT/OFFICE	PURPOSE: Informatio	on contained in this form will			
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PAYEE	1		LEGAL CORPORATION	PARTNERSHIP	NOTE: State and local governmental			
INFORMATI	ON	**	MEDICAL CORPORATION	ESTATE OR TRUST	r entities, including			
			EXEMPT CORPORATION (Non-profit)		school districts are not required to			
	1		ALL OTHER CORPORATIONS		submit this form.			
	1		FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)					
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RESIDENC	•		Nonresident (See Page 2). Payments for services to state withholding.	y nonresidents may be subjec	decedent was a California resident at time of death.			
			WAIVER OF STATE WITHHOLDING FROM FRANCE	HISE TAX BOARD ATTACHED	b. A trust is a			
			SERVICES PERFORMED OUTSIDE OF CALIFORN	IA .	resident II at least one trustee is a California resident.			
					(See Page 2)			
5			I hereby certify under penalty of perjury that the is true and correct. If my residency status should be a supplied to the correct of the cor	information provided on th ild change, I will promptly in	is document form you.			
CERTIFYING SIGNATURE		AUTH	ORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE				
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To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

MAKE CHECK PA	YABLE TO:	* * * * * * * * * * * * * * * * * * * *		PeopleSoft V				
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Approver: f required)  Printed	d Name & Extens	ion	Signa	iture		Date		



V5

November 10, 2008

Dear Mr. Nedeleff,

Thank you for your willingness to offer your presentation on "Fitness:cardiovascular, strength, flexibility, stress management" on November 13, 2008 at CSU Channel Islands in Camarillo from 3-4:15 p.m. This letter is to formalize the invitation and to let you know the details of the event.

The class is part of an upper division general education course entitled "Complementary and Alternative Health" and is attended by 40 students from several disciplines, among them nursing, psychology, business and liberal studies. The class will be videotaped by Tom Emens in conjunction with an instructionally-related grant that will enable access for students who may not be able to attend a traditional class. The classroom is located in the Bell Tower West Building in Room 2505. We hope to begin promptly at 3 p.m. with a brief introduction of you to the 40 students and conclude at about 4:15 p.m.

We are pleased to offer you an honorarium of \$200 each in gratitude for your participation, and to cover any travel expenses. We will have a parking pass for you at the Public Safety Office, first building on the right as you enter campus with free parking in front labeled "Placer Hall." The officers will tell you which parking lots are best for Bell Tower 2505. Allow 25 minutes to find and walk to the classroom on the second floor.

If you have any information that you would like me to photocopy for the students to read, please email it to me as a word attachment at bthorpe@ymail.com. Please don't hesitate to call me if any issues arise. Thank you again for your willingness to share this exciting area of complementary health.

Sincerely,

Barbara Thorpe Professor of Nursing

California State University Channel Islands (805) 437-8821; C 805-377-9266
<a href="mailto:Barbara.thorpe@csuci.edu">Barbara.thorpe@csuci.edu</a>

Cc: Mary Devins

State of California—Department of Health Services

### **PAYEE DATA RECORD**

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

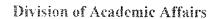
SECTION 1	must be completed by the requesting state agency before for	orwarding to the payee			
PLEASE RETURN TO:	DEPARTMENT/OFFICE  CSU Channel Islands  STREET ADDRESS  One University Drive  CITY, STATE, ZIP CODE  Camarillo, CA 93012  TELEPHONE NUMBER  (805) 437-8400	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.  (See Privacy Statement on Page 2)			
MAILIN	Tephen Nedeleff  791 Kendall Avenue  GADDRESS (Number and Street or P.O. Box Number)  Therefore (A 93010)  STATE, and ZIP CODE)				
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5 CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the is true and correct. If my residency status shot authorized payee representative's name (Type or Print) signature	TITLE  OWNEY  DATE / TELEI	ıment		





To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

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257

November 10, 2008

Dear Ms. Severa,

Thank you for your willingness to offer your presentation on "Fitness:cardiovascular, strength, flexibility, stress management" on November 13,2008 at CSU Channel Islands in Camarillo from 3-4:15 p.m. This letter is to formalize the invitation and to let you know the details of the event.

The class is part of an upper division general education course entitled "Complementary and Alternative Health" and is attended by 40 students from several disciplines, among them nursing, psychology, business and liberal studies. The class will be videotaped by Tom Emens in conjunction with an instructionally-related grant that will enable access for students who may not be able to attend a traditional class. The classroom is located in the Bell Tower West Building in Room 2505. We hope to begin promptly at 3 p.m. with a brief introduction of you to the 40 students and conclude at about 4:15 p.m.

We are pleased to offer you an honorarium of \$200 each in gratitude for your participation, and to cover any travel expenses. We will have a parking pass for you at the Public Safety Office, first building on the right as you enter campus with free parking in front labeled "Placer Hall." The officers will tell you which parking lots are best for Bell Tower 2505. Allow 25 minutes to find and walk to the classroom on the second floor.

If you have any information that you would like me to photocopy for the students to read, please email it to me as a word attachment at bthorpe@ymail.com. Please don't hesitate to call me if any issues arise. Thank you again for your willingness to share this exciting area of complementary health.

Sincerely,

Barbara Thorpe Professor of Nursing

California State University Channel Islands (805) 437-8821; C 805-377-9266 Barbara.thorpe@csuci.edu

Cc: Mary Devins

State of California—Department of Health Services

### **PAYEE DATA RECORD**

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

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To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

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# (Required in lieu of IRS W-9 when doing business with the State of California)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form. STD 204 (Rev. 2-2000)

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PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY  LEGAL CORPORATION  MEDICAL CORPORATION  EXEMPT CORPORATION (Non-profit)  ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)  INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER  OWNER'S FULL  SIGN - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 -	PARTNERSHIP ESTATE OR TRUST  NAME	NOTE: State and local governmental entities, including school districts are not required to submit this form.  NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.  NOTE:
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September 25, 2008

Dear Ms. Sterner,

Thank you again for your presentation on "Ayurvedic Medicine" on September 25, 2008. This letter is to formalize the invitation and to let you know the details of the event.

The class is part of an upper division general education course entitled "Complementary and Alternative Health" and is attended by 50 students from several disciplines, among them nursing, psychology, business and liberal studies. The class will be videotaped by Tom Emens in conjunction with an instructionally-related grant that will enable access for students who may not be able to attend a traditional class. The classroom is located in the Bell Tower West Building in Room 2505. We hope to begin promptly at 3 p.m. with a brief introduction of you to the 50 students and conclude at about 4:15 p.m.

We are pleased to offer you an honorarium of \$200 in gratitude for your participation, and to cover any travel expenses. We will have a parking pass for you at the Public Safety Office, first building on the right as you enter campus with free parking in front labeled "Placer Hall." The officers will tell you which parking lots are best for Bell Tower 2505.

Again, please don't hesitate to call me if any issues arise. Thank you again for your willingness to share this exciting area of complementary health.

Sincerely,

Barbara Thorpe Professor of Nursing

California State University Channel Islands (805) 437-8821; C 805-377-9266 Barbara.thorpe@csuci.edu

Cc: Mary Devins

25

**TO:** Mary Devins

FROM: Barbara Thorpe DATE: November 3, 2008

SUBJECT: Request for \$150 budget augmentation for IRA #257 Creating a Digital

Library project

I am requesting \$150 more in funding for guest speakers honoraria for the IRA #257 Digital Library Project. Our original line item was \$2250 based on 10 out of the 12 actually accepting and presenting. All twelve accepted. The additional \$150 would bring the total line item to \$2400 for guest speakers honoraria.

The reasons for the request follow:

- . All twelve (12) guest speakers were issued invitations in June and by September all had accepted our invitation, which is unusual.
- . Thus far, eight (8) out of the 12 speakers have presented with no cancellations or no shows.
- . The speakers have all been very well prepared and signed our Audio-visual release forms so that digitized material can be used broadly for the purposes of the grant.

Should there be a last minute guest speaker cancellation or illness in November, we will not use the entire allocation and will return the unused balance.

Thank you for your consideration of this request





To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

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Division of Academic Affairs

September 11, 2008

Dear Ms. Petyak-Ryan,

Thank you again for your presentation on "Traditional Chinese Medicine" on September 11, 2008. This letter is to formalize the invitation and to let you know the details of the event.

The class is part of an upper division general education course entitled "Complementary and Alternative Health" and is attended by 53 students from several disciplines, among them nursing, psychology, business and liberal studies. The class will be videotaped by Tom Emens in conjunction with an instructionally-related grant that will enable access for students who may not be able to attend a traditional class. The classroom is located in the Bell Tower West Building in Room 2505. We hope to begin promptly at 3 p.m. with a brief introduction of you to the 53 students and conclude at about 4:15 p.m.

We are pleased to offer you an honorarium of \$200 in gratitude for your participation, and to cover any travel expenses. We will have a parking pass for you at the Public Safety Office, first building on the right as you enter campus with free parking in front. The officers will tell you which parking lots are best for Bell Tower 2505.

Again, please don't hesitate to call me if any issues arise. Thank you again for your willingness to share this exciting area of complementary health.

Sincerely,

Barbara Thorpe Professor of Nursing

California State University Channel Islands (805) 437-8821; C 805-377-9266 Barbara.thorpe@csuci.edu

Cc: Mary Devins

## NRS/PSY 342 List of Guest Speakers (in order of appearance)

Julie Petyak-Ryan, MS., L.Ac 2084 E. Ventura Blvd. Camarillo, CA. 93010 O 805-388-6101 F 805-388-6103 ryanjuli@gmail.com

George Lamoureux

Los Angeles, CA. C-323-385-5464 gjlamoureux@earthlink.net

Karen Sterner (Osburn)
Clinical Ayurvedic Specialist
Westlake Holistic
3180 Willow Lane Suite 106
Westlake Village, CA. 91361
C-805-358-3958

Julie Tumamait
365 N. Poli Ave.
Ojai, CA. 93023
O-805-646-6214
jtumamait@hotmail.com

Dr. Montano
Doctor of Naturopathy
529 S. A Street
Oxnard, CA. 93030
O-805-822-5160
cmontano@drcmontano.com

Dr. Richard Hiltner
Doctor of Homeopathy
169 E. El Roblar
Ojai, Ca. 93023
O-805-646-1495
rhiltner@sbc.global.net

Francie Broughton francieB2@hotmail.com



Cassie Severa AFAA 815 Calle La Roda Camarillo, CA. 93010 C-805-216-4667 cassiesevera@gmail.com



Todd Nedeleff AFTA, BS Kinesiology 815 Calle La Roda Camarillo, CA, 93010 C-805-218-4054 toddnedeleff@gmail.com



Nick Boshoff
Doctor of Chiropractic
3639 Las Posas Road. #127
Camarillo, CA. 93010
O-805-987-5450
nickb@cipcug.org



Special consultants: Dr. Kevin Volkan Kevin.volkan@csuci.edu



Dr. Kimmey Kee Rose Kimmeykee.rose@csuci.edu



### Visual/Audio Image Release Form

I grant permission to California State University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. CSU will not materially after the original images. I agree that CSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for any non-university sues. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release CSU and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used within the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact and I freely accept the terms.

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### VISUATA AUDIO IMAGE RELEASE FORM

I GRANT PERMISSION TO CALLFORNIA STATE UNIVERSITY, ITS EMPLOYEES AND AGENTS. TA\*K\*E\* AND US\*E\* VI\*S\*UA'L\*/A'UDI\*⊙ I\*MA'GE\*S\* T∗® ⊕F\* ΜE\*. VI-SUAL/AUDIO I-MAGES ARE ANY TYPE OF RECORDING, INCLUDING BUT L'I-MI-TED PHOTOGRAPHS. DI\*GI\*T\*A'L\* I\*MA'G'E'S\*. Ň⊕T∗ T∗**(**\*) DRAWINGS. RENDERLING'S, VOLCES, SOUNDS, VIDEO RECORDING'S, AUDIO CLIPS OR ACCOMPANYING WRITTEN DESCRIPTIONS. CSU WILL NOT MATERIALLY AFTER THE ORIGINAL IMAGES. I AGREE THAT CST OWNS THE IMAGES AND ALL RIGHTS RELATED TO THEM. THE IMAGES MAY BE USED IN ANY ANNER OR MEDIA WITHOUT NOTHFYING ME, SUCH AS UNIVERSITY-RELEASE CSU AND ITS EMPLOYEES AND AGENTS, INCLUDING ANY FIRM PONSORED WEB SITES, PUBLICATIONS, PROMOTIONS, BROADCASTS, MANNER \* RAFATA SPONSORED SPONSORED WEB SIFES, PUBLICATIONS, PROMOTIONS, BROADCASTS, AUTHORIZED TO RUBLISH AND/OR DISTRIBUTE A FINISHED PRODUCT ADVERTISEMENTS, POSTERS AND THEATER SUIDES, AS WELL AS FOR ANY CONTAINING THE LMAGES, FROM ANY CLAIMS, DAMAGES OR LIABILITY NON-UNIVERSITY SUES. I WALVE ANY RIGHT TO INSPECT OR APPROVE THE WHICH I MAY EVER HAVE IN CONNECTION WITH THE TAKING OF USE OF FINISHED IMAGES OR ANY PRINTED OR ELECTRONIC MATTER HAVE MAY THE MAYES FOR ANY PRINTED OR ELECTRONIC MATTER HAVE MAY THE MAGES OR ANY PRINTED OR ELECTRONIC MATTER MAY THE MAGES OR ANY PRINTED OR ELECTRONIC MATTER HAVE MAY THE MAGES FOR THE STAND RELEASE. I HAVE READ THIS RELEASE BEFORE SIGNING, I UNDERSTAND ITS CONTENTS, MEANING AND IMPACT AND I FREELY ACCEPT THE TERMS.

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November 3, 2008

Dear Ms. Broughton,

Thank you for your willingness to offer your presentation on "Yoga" on November 6, 2008 at CSU Channel Islands in Camarillo from 3-4:15 p.m. This letter is to formalize the invitation and to let you know the details of the event.

The class is part of an upper division general education course entitled "Complementary and Alternative Health" and is attended by 50 students from several disciplines, among them nursing, psychology, business and liberal studies. The class will be videotaped by Tom Emens in conjunction with an instructionally-related grant that will enable access for students who may not be able to attend a traditional class. The classroom is located in the Bell Tower West Building in Room 2505. We hope to begin promptly at 3 p.m. with a brief introduction of you to the 50 students and conclude at about 4:15 p.m.

We are pleased to offer you an honorarium of \$200 in gratitude for your participation, and to cover any travel expenses. Attached find the Payee Data Record and AudioVisual Release forms for your completion. We will have a parking pass for you at the Public Safety Office, first building on the right as you enter campus with free parking in front labeled "Placer Hall." The officers will tell you which parking lots are best for Bell Tower 2505. Allow 15 minutes to find and walk to the classroom on the second floor.

I have given you Chapter 15 on Yoga that the students will have read. Please don't hesitate to call me if any issues arise. Thank you again for your willingness to share this exciting area of complementary health.

Sincerely,

Barbara Thorpe Professor of Nursing

California State University Channel Islands (805) 437-8821; C 805-377-9266

Barbara.thorpe@csuci.edu

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Cc: Mary Devins





257

September 12, 2008

Dear Mr. Lamoureux,

Thank you again for your presentation on "Herbs and Traditional Chinese Medicine" on September 18, 2008. This letter is to formalize the invitation and to let you know the details of the event.

The class is part of an upper division general education course entitled "Complementary and Alternative Health" and is attended by 50 students from several disciplines, among them nursing, psychology, business and liberal studies. The class will be videotaped by Tom Emens in conjunction with an instructionally-related grant that will enable access for students who may not be able to attend a traditional class. The classroom is located in the Bell Tower West Building in Room 2505. We hope to begin promptly at 3 p.m. with a brief introduction of you to the 50 students and conclude at about 4:15 p.m.

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Again, please don't hesitate to call me if any issues arise. Thank you again for your willingness to share this exciting area of complementary health.

Sincerely,

Barbara Thorpe Professor of Nursing

California State University Channel Islands (805) 437-8821; C 805-377-9266 Barbara.thorpe@csuci.edu

Cc: Mary Devins



To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

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MAKE CHECK PAY	ABLE TO:					
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Adverti Freight Honora Interpre PO Clo CSU O Lodging * To be used **Please atta	/Shipping rium/Speaker Fee(u ting/Notetaking Svo	Non-   Parki nder 1K) Payro   Perm   Tax R   Art M   Marriott (Camaril t only.	it/License Fee emittance fodels lo only)	F	Postage Refund Registration Fee (w/ Subscription/Period Utilities Sodexho (w/ Meal A Prizes/Awards (Non RA Activity	ical Approval Frm)
	on and/or explanat		- social closed and pric		ocen reverted.	
Honorarii attached (	um for speaker for was previously fa ASE SEND ATTA	IRA funded spea	ent).	ttached proposa	al. Payee data for	m
CHARGE						
Account 613802	Fund TK910	Dept ID	Program 90221	Class	Project/Grant	<b>Amount</b> \$200.00
		/21	70221			\$200.00
<u> </u>			······································		Total	\$200.00
Requested Ma	ary Devins x3253		Mary	Len	10/1/08	
	Printed Name & Extension	n .	Signature	Zh	10/1 /G	
	Printed Name		Signature		Date	

### PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)



STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1	must be completed by the requesting state agency before for	warding to the payee			
PLEASE RETURN TO:	CSU Channel Islands STREET ADDRESS One University Drive CITY, STATE, ZIP CODE Camarillo, CA 93012 TELEPHONE NUMBER (805) 437-8400 E'S BUSINESS NAME NG COMPANY INC	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.  (See Privacy Statement on Page 2)			
MAILIN	33 S. LOS ANGELES ST SUIT	E 502,			
1	A CA 90013				
(CITY,	STATE, and ZIP CODE)				
PAYEE ENTITY INFORMATIO	EXEMPT CORPORATION (Non-profit)  ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)  INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FU  Cong	PARTNERSHIP ESTATE OR TRUST  PLL NAME E J. Lamouseux	NOTE: State and local governmental entities, including school districts are not required to submit this form.  NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.		
4	CHECK APPROPRIATE BOX(ES)		NOTE:		
PAYEE RESIDENCY STATUS	California Resident - Qualified to do business in CA business in CA.      Nonresident (See Page 2). Payments for services be to state withholding.      WAIVER OF STATE WITHHOLDING FROM FRANCE      SERVICES PERFORMED OUTSIDE OF CALIFORN	a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident.			
5	I hereby certify under penalty of perjury that the				
CERTIFYING SIGNATURE	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)  SIGNATURE  ALL CALLS TO ALL	DATE TELE	PHONE NUMBER 3-873-4411		



To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAY	E CHECK PAY	ABLETO			- 1		
MAIN							
	Name: Ric	chard Hiltner, MI	)		PeopleSoft	Vendor ID:	
	Address 1:	169 E. El Rubla	r Dr		Note: New ve	endors must complet	e a Form 204
	Address 2:				Check will I	the address at left	
	City, State	Zip: Ojai, CA 9	3023			p from Cashier - Ex	
	A	200.00				should appear on reports	s (30 characters)
	Amount \$	200.00		8	Hiltner Hon	orarium	<del></del>
TYP	E OF PAYM	ENT (Attach original	receipts and invoice, i	f applicable)	· · · · · · · · · · · · · · · · · · ·		
	Advertis Freight/s Honorar Interpret PO Clos CSU Ov Lodging *To be used b **Please attac ***To be used Descriptio Honorarium was previo	Shipping ium/Speaker Fee(uning/Notetaking Svoted *** erhead Costs -Hampton/Country by payroll department ha signed Non-Empl at year end only whe	Non- Parkinder 1K) Payro Perm Tax R Art M /Marriott (Camaril oyee reimbursement en PO on invoice has ion of payment.  IRA funded speacurement.	form to this check req s been closed and prior aker series. See att	uest. year funds have		ical Approval Frm) -General Fund)
CHAR	RGE						
	Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
	613802	TK910	721	90221			\$200.00
Į		<u> </u>		1		Total	\$200.00
Reques		ry Devins x3253		Signature	<u>di</u>	10/20/08  Date	\$200.00
Approv	ved by: <u>Dan</u>	Wakelee Printed Name		Signature	Dul	- 10/21/06	>

### PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

257

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION ?		st be completed by the requesting state agency before forwa	arding to the payee	
PLEASE RETURN TO:	C: STF O CIT	ARTMENT/OFFICE SU Channel Islands LEET ADDRESS THE University Drive Grandel STATE, ZIP CODE LAMBER 110, CA 93012	ained in this form will prepare Information for withholding on ors. Prompt return of prevent delays when	
	,	EPHONE NUMBER 05) 437-8400	(See Privacy Stateme	nt on Page 2)
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(CITY	Y, STA	DDRESS (Number and Street or P.O. Box Number)  O THF, CH 93023  TE, and ZIP CODE)	>	
3		CHECK ONE BOX ONLY		
PAYEE ENTITY INFORMATI		LEGAL CORPORATION  MEDICAL CORPORATION  EXEMPT CORPORATION (Non-profit)  ALL OTHER CORPORATIONS	PARTNERSHIP ESTATE OR TRUST	NOTE: State and local governmental entities, including school districts are not required to submit this form.
		FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)        -                  INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL    49 7 - 46 - 443		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
4		CHECK APPROPRIATE BOX(ES)  California Resident - Qualified to do business in CA o	r a nermanent place of	NOTE:  a. An estate is a
PAYEE RESIDENC STATUS		business in CA.  Nonresident (See Page 2). Payments for services by to state withholding.	resident if decedent was a California resident at time of death.	
		☐ WAIVER OF STATE WITHHOLDING FROM FRANCH☐ SERVICES PERFORMED OUTSIDE OF CALIFORNIA		b. A trust is a resident if at least one trustee is a California resident.  (See Page 2)
5		I hereby certify under penalty of perjury that the is true and correct. If my residency status should	information provided on this docu d change, I will promptly inform yo	ment ou.
CERTIFYING SIGNATURE		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)  PICHBILD / FILTWETT  SIGNATURE / 7 / L	TITLE  PIES: DENO  DATE  TELEF	PHONE NUMBER
ANT - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		ffor (	16/9/08 50	15 646 1495

### PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1	mus	be completed by the requesting state agency I	pefore forwar	ding to the payee				
[1]		RTMENT/OFFICE	PURPOSE: Information contained in this form will					
<u></u>	cs	J Channel Islands	be used by state agencies to prepare Information					
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RETURN TO:		University Drive		payments to nonresident	vendors. Prompt return of			
		STATE, ZIP CODE narillo, CA 93012		tnis fully completed form processing payments.	will prevent delays when			
		PHONE NUMBER	l	<b>4</b>	ement on Page 2)			
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2 PAYE	EE'S BI	SINESS NAME						
	UA	HTEMOC MONTANO			251			
5	39	S. A ST						
		DRESS (Number and Street or P.O. Box Number)						
		120, CA 93030						
(CITY	Y, STAT	E, and ZIP CODE)						
3		CHECK ONE BOX ONLY						
				_	NOTE: State and			
PAYEE		LEGAL CORPORATION		PARTNERSHIP	local governmental			
INFORMATI		MEDICAL CORPORATION	entities, including					
		EXEMPT CORPORATION (Non-profit)			school districts are not required to			
		ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBE	FR (FFIN)		submit this form.			
			,		NOTE: Payment will			
		INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER	OWNER'S FULL I	NAME	not be processed without an accompanying			
		623-02-3080	Cu AUHTA	MOC MONTANO	taxpayer I.D. number.			
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		SERVICES PERFORMED OUTSIDE OF	CALIFORNIA		one trustee is a California resident. (See Page 2)			
5		I hereby certify under penalty of perju is true and correct. If my residency s						
CERTIFYIN		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type o		TITLE				
SIGNATUR	=	CUAUTTEMOC MONTANO		Owners				
	Ì	SIGNATURE		DATE	TELEPHONE NUMBER			
		CVAVITTEMO C MONTANO  SIGNATURE  OATE  10/16/08  TELEPHONE NUMBER  10/16/08						



To be used for transactions other than employee travel or those requiring a purchase order or service agreement.

MAKE CHECK PAY	ABLE TO:			5.15.00	-25	<del></del>
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Address 2:					the address at left	
City, State	Zip: Oxnard, Ca	A 93030		·	p from Cashier - E	
Amount \$	200.00	****				
TYPE OF PAYM	ENT (Attach origina	il receipts and invoice, i	f applicable)		···	
Advertis Freight/S Honorar Interpret PO Clos CSU Ov Lodging * To be used 8 **Please attace ***To be used Descriptio Honorariu Form attace	Shipping ium/Speaker Fee(using/Notetaking Sved *** erhead Costs -Hampton/Country by payroll department a signed Non-Empton and/or explanation for speaker for thed, was previous	Non- Parki Inder 1K) Payro Perm Tax R Art M //Marriott (Camaril at only. Ployee reimbursement and PO on invoice has	ait/License Fee Remittance Models Illo only)  It form to this check re s been closed and prio	quest.		lical Approval Frm) n-General Fund)
CHARGE						
Account	Fund	Dept ID	Program	Class	Project/Grant	Amount
613802	TK910	721	90221			\$200.00
	<u> </u>					
	ry Devins x3253 rinted Name & Extension	on	Signature	Der	Total	\$200.00
Approved by: <u>Dan</u>	Wakelee Printed Name		Signature	lalse	- 10/2/JE Date	3





To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

MAKE CI	HECK PA	YABLE TO:				Vendor ID:	
Nar	ne: Mich	nael Jensen, M	D		Note: New ve	ndors must complete a	Form 204
		•			Check Insti		)53
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	, State Zip:		, CA 91024 *Check will on		Jensen Hon	o appear on reports (3 norariumification before bein	
TYPE OF	PAYMEN	NT:	***************************************				
TACO  DESCRIP	counting Use  FION AN  norarium	stage n/Speaker g/Note taking e Only **Ham D/OR EXPLA	☐ Me ☐ Par ☐ Pay ☐ Per ☐ Reg pton Inn/Country	nposium, The W	rence riott	☐Tax Remitt☐Utility/Tele	ephone ty <b>t</b> be explained
·····		APPROVAL:					
}	Account 3802	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
01.	0002	TK910	720	90242			\$1,000.00
*Dep Requestor: Approver:	Mary I Printe Dan W	Devins x3253_ d Name & Extens	sion	roval as designated  Signated  Signated	Ilui Dec	Total	\$1,000.00 4/23/69 Date  Date
Approver: (If required)	Printe	d Name & Extens	ion	Signa	ature	·····	Date



April 17, 2009

Dear Dr. Jensen,

Thank you again for your participation in our 5<sup>th</sup> Annual Poe Symposium, titled "New Weapons For The War On Cancer". This letter is to formalize the invitation and let you know all the details of the event.

The symposium will be held on May 1, 2009 in the lecture hall in Aliso Hall, Room 150, from 12:30 till about 5:45. I have scheduled about 45 minutes for each speaker, which provides time for questions and the inevitable unforeseen incidents. If you would like more or less time, please let me know – there will room for some adjustment.

### The schedule of speakers is:

12:30-12:40: Opening remarks by CSUCI President Richard Rush

12:40-12:55: Welcome and introduction to the symposium by Charles Sackerson

1:00-1:50: Calvin Li (Children's Hospital of Orange County): "Tackling pediatric brain tumor stem cells"

1:55-2:45: Glen Begley (Amgen): "The complexity of cancer (or why haven't we cured it yet?)"

2:50-3:40: Lee Rosen (Premiere Oncology): "Ten Plus Years of Inhibiting Angiogenesis: What have we learned? Where are we going?"

3:40-3:55: break

4:00-4:50: Pamela Holland (Amgen): "Pro-apoptotic receptor agonists as a targeted therapy for cancer"

4:55-5:45: Michael Jensen (City of Hope): TBA

We are pleased to offer you an honorarium of \$1,000 in gratitude for your participation, and to cover any travel expenses. Parking on campus will be provided. A lunch will be set up in Aliso Hall, Room 221, and we can meet there if you would like to arrive on campus early. My office is Aliso Hall, Room 101.

Please be in touch if any issues arise.

Sincerely,

Charles Sackerson Biology Program California State University Channel Islands (805) 437-8806 charles.sackerson@csuci.edu State of California-Department of Health Services

### PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Gov	ernmental Entities, federal, state, and local (	ncluding school districts) a	ire not required to su	ıbmit this form.			
SECTION 1	must be completed by the requesting state ager	cy before forwarding to the p	ayee				
11	DEPARTMENT/OFFICE						
	CSU Channel Islands	PURPOSE: Information contained in this form v					
PLEASE	STREET ADDRESS	be used by	y state agencies to	prepare Information			
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TO:	CITY, STATE, ZIP CODE	payments to	o nonresident vend	ors. Prompt return of			
	Camarillo, CA 93012			prevent delays when			
1	TELEPHONE NUMBER	processing	• •				
	(805) 437-8400	(Se	e Privacy Stateme	nt on Page 2)			
2 PAYE	E'S BUSINESS NAME						
	Michael Jensey	1 MD					
		énue.					
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	Dierra Madre	CA 91024					
(CITY,	STATE, and ZIP CODE)						
3	CHECK ONE BOX ONLY						
PAYEE ENTITY	LEGAL CORPORATION	PART	NERSHIP	NOTE: State and			
INFORMATIC	MEDICAL CORPORATION	ESTA	TE OR TRUST	local governmental entities, including			
	EXEMPT CORPORATION (Non-pro	fit)		school districts are not required to			
	☐ ALL OTHER CORPORATIONS			submit this form.			
	FEDERAL EMPLOYER'S IDENTIFICATION NU	MBER (FEIN)					
				NOTE: Payment will			
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	CHECK ADDRODUATE DOV(50)			number.			
4	CHECK APPROPRIATE BOX(ES)	·		NOTE:			
PAYEE	California Resident - Qualified to do bu	siness in CA or a permanent	place of	a. An estate is a			
RESIDENCY	business in CA			resident if decedent was a			
STATUS	Nonresident (See Page 2). Payments to state withholding.	may be subject	California resident at time of death.				
· .	WAIVER OF STATE WITHHOLDING	ROM FRANCHISE TAX BOARD	D ATTACHED	b. A trust is a			
	SERVICES PERFORMED OUTSIDE	•		resident if at least one trustee is a			
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