This is a redacted version of the original decision. Select details have been removed from the decision to preserve anonymity of the student. The redactions do not affect the substance of the document.

Pennsylvania

Special Education Hearing Officer

DECISION

DUE PROCESS HEARING

Name of Child: R.M.

ODR #17588 / 15-16 KE

Date of Birth:
[redacted]

Date of Hearing:
May 16, 2016

CLOSED HEARING

Parties to the Hearing:	Representative:
Parent[s]	Daniel Fennick, Esquire Anderson, Converse & Fennick 1423 East Market Street York, PA 17403
Dover Area School District 2 School Lane Dover, PA 17315	Zachary E. Nahass, Esquire CGA Law Firm 135 North George Street York, PA 17401
Date Record Closed:	June 1, 2016
Date of Decision:	June 4, 2016
Hearing Officer:	Linda M. Valentini, Psy.D., CHO Certified Hearing Official

Background

Student is an elementary school-age Student enrolled in the District. Student is a qualified handicapped person / protected handicapped student under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), the federal regulations implementing Section 504 (34 C.F.R. §§104.32—104.37), and Chapter 15 of the Pennsylvania Code. Student has had a 504 Service Plan (504 Plan) since December 2014.

Student is diagnosed with Ehlers-Danlos syndrome, which also involves Postural Orthostatic Tachycardia Syndrome (POTS). Student may experience rapid lowering of blood pressure that can result in dizziness and occasional fainting.

In March 2016 Student fainted in the nurse's office and fell from a chair, sustaining a concussion. The Parents believe that to insure Student's safety Student requires a medically trained dedicated aide in close proximity to Student at all times throughout the school day. The District believes that it is capable of providing supervision of Student with existing staff and that a medically trained dedicated aide is not necessary to ensure Student's safety.

Based upon review of the record produced at the single hearing session, as well as review of the parties' respective written legal arguments, I find in favor of the District.

Issue

Must the District be required to provide a medically trained dedicated aide in close proximity to Student at all times during the school day?

Stipulations

Student is an "otherwise qualified" Student in accordance with Federal and State Standards. [NT 10]

The District will provide all the relief requested in the Parents' complaint, clauses B through O, other than clause A, referencing an aide, about which the dispute in this hearing revolves. [NT 10; S-1]

Findings of Fact[1]

1. Student carries the medical diagnosis of Ehlers-Danlos syndrome, a complication of which is Postural Orthostatic Tachycardia Syndrome (POTS). [NT 25-26]

[1] The parties submitted School exhibits, Parent exhibits and Joint exhibits; they are marked S, P, or J respectively.

2. In a May 19, 2014 letter addressed To Whom It May Concern Student's pediatric cardiologist who is the area specialist in POTS describes it as follows: "POTS consists of severe dysfunction of the autonomic nervous system, and includes varied symptoms such as severe dizziness and fainting, headaches, severe fatigue, difficulty with concentration, heat or cold intolerance, palpitations and chest pain, weakness and abdominal discomfort." [NT 70; J-1]

3. If early onset of symptoms is detected, Student can lie down or be put flat on the floor which raises blood pressure and allows Student to return to the interrupted activity. Student is expected to be able to provide "early warnings" to those around Student when Student experiences symptoms that could precipitate a loss of consciousness. [NT 33, 39]

4. On the occasions when Student experienced POTS-related symptoms at school, Student was always able to tell school staff about the onset of symptoms. Student knows to lie down right away if experiencing feeling faint or being about to pass out. [NT 71-72, 134, 136]

5. In his May 19, 2014 letter the pediatric cardiologist recommended a number of interventions for Student including that Student have unlimited access to water and the restroom, be accompanied to the restroom by a 'buddy', be allowed extra time for homework and testing, and be given 'forbearance' for frequent tardiness and/or absence. [J-1]

6. Student's initial 504 Plan dated December 19, 2014 began to be implemented on January 21, 2015. The 504 Plan contained the relevant interventions recommended by the pediatric cardiologist as well as some additional accommodations based on input from the Parents. Student's family pediatrician was also involved in developing the initial 504 Plan. [NT 30, 37, 57; S-4]

7. The December 19, 2014 504 Plan was revised on August 21, 2015. There was another proposed revision dated January 21, 2016. There is some dispute between the parties as to whether the August 21, 2015 504 Plan or the January 21, 2016 504 Plan was in place at the time of the March 1, 2016 incident in question. [NT 61-62; S-3; S-4; P-5 p 6]

8. On February 9, 2016, the District's guidance counselor sent a copy of the January 21, 2016 revision of the existing 504 plan to Student's mother, with a request that she review it to ensure that she remained in agreement. Mother responded that "[e]verything looks fine" and only inquired about options when Student was absent. [NT 107; S-3, S-5]

9. Regardless of which 504 Plan was in place, in different places on the forms, all three 504 Plans (December 2014, August 2015, January 2016) contain the identical language that "If student reports dizziness, light-headedness, or feeling of passing out, call nurse to escort to health room for evaluation." [S-3, S-4, P-5 p 6]

10. The December 19, 2014 504 Plan, and its revision on August 21, 2015, describe the symptoms of Student's disability that substantially limit or prohibit participation in an

aspect of Student's program as follows: "[POTS] causes severe dizziness and fainting, headaches, severe fatigue, difficulty with concentration, heat or cold intolerance, palpitations and chest pain, weakness and abdominal discomfort." The January 21, 2016 proposed revision does not have the list of symptoms. [S-3, S-4, P-5 p 6]

11. On March 1, 2016, Student's teacher overheard Student telling a classmate that Student "thought [Student] was going to be sick." [NT 184]

12. The teacher did not believe that Student was experiencing warning symptoms of fainting, but rather that Student was suffering from a gastrointestinal condition that many of the children in the school were having at the time to the point where the school had to shut the lunchroom down. [NT 157, 185-186; S-4]

13. The teacher sent Student to the nurse's office where, waiting for the nurse who was present but attending another student, Student lost consciousness and fell from a chair, sustaining a concussion. On the day of the incident there was a substitute nurse on duty. [NT 54, 183-184, 186]

14. Student's fainting spells have not been frequent and most often Student's POTS symptoms fall short of fainting. The only time Student fainted in school before March 1, 2016 was in autumn of 1st grade, three-and-a-half years ago. [NT 25, 37, 55, 101-102]

15. Student is being seen at the concussion clinic at an area hospital for children. Student's concussive symptoms should resolve before the end of the summer. [NT 50-51, 68-70]

16. The family physician[2] advised the Parents that they could take Student on a pre-planned trip to Florida a few days after the incident as long as Student did not go on any "crazy rides". [NT 80, 208-209]

17. On March 17, 2016 immediately upon the family's return from vacation the District convened a meeting in order to amend Student's 504 Plan. [NT 208-209]

18. The record does not reveal why in the original 504 Plan of December 2014 and its subsequent August 2015 and February 2016 revisions the District and the Parents chose to limit symptoms that required calling the nurse to escort Student to the health room to "dizziness, light-headedness, or feeling of passing out". [S-4]

19. Unlike its predecessors, the proposed March 17, 2016 504 Plan reads as follows, "If student reports or shows signs of any of the following symptoms: severe dizziness, fainting, headaches, severe fatigue, difficulty with concentration, heat or cold intolerance, palpitations, chest pain, weakness, and abdominal discomfort, have student lie on floor immediately and then call nurse for a wheelchair escort to the health room for evaluation." [NT 108; J-2]

[2] Unspecified in the record

20. The District asked the Parents to take the draft March 17, 2016 504 Plan with them to their appointment that same day with Student's specialists at a hospital for children in Philadelphia, and to obtain feedback from those physicians on the draft March 17, 2016 504 Plan. The Parents did not provide any feedback from Student's specialists. [NT 64, 212; J-2]

21. On March 17, 2016, after the 504 meeting, the Parents asked the school principal for an aide for Student. [NT 210-211, 217]

22. None of the specialists who treat Student for POTS or follow Student for the concussion has ever, before or after the incident, recommended that Student be provided a dedicated aide to accommodate Student's condition. [NT 42]

23. In a post-incident March 17, 2016 letter the physician who is following Student's concussion noted, "No gym now, but [Student] can go out for recess". There were other recommendations, none of which were for a one-to-one aide. [J-3]

24. In a post-incident April 4, 2016 letter, Student's neurologist recommended that Student keep a diary of food, fluid intake, and sleep, among other recommended interventions, but did not recommend that Student receive the services of a one-on-one aide. [P-12]

25. A post-incident May 1, 2016 detailed report from Student's pediatric cardiologist's office indicates that Student has no barriers to learning, and discusses recommended interventions, such as a cooling vest and adequate fluid intake, but did not recommend that Student receive the services of a one-on-one aide. [P-20]

26. The May 1, 2016 detailed report from Student's pediatric cardiologist's office notes that the Parents were provided with a "POTS school accommodations letter". The POTS school accommodations letter was not entered into evidence by either party. [NT 91-93]

27. Student's father testified that he wanted a dedicated aide to watch what the District is doing because he does not trust the District. [NT 88]

28. While none of the specialists who provide Student's treatment for POTS recommended that Student receive a dedicated aide, and the family pediatrician had never before recommended a dedicated aide, after the incident the Parents asked Student's pediatrician to recommend the provision of a dedicated aide. [NT 97-98]

29. On April 12, 2016 prior to Student's next pediatric appointment the pediatrician addressed a letter to Parents' counsel saying that he would "*support* the following accommodations", the first of which was "a medically trained aide to be immediately available to [Student] throughout the entire school day". (Emphasis added) [J-4]

30. On April 25, 2016 the pediatrician addressed a letter To Whom It May Concern wherein he stated that "it is a reasonable accommodation to have a nurse or medically trained aide

in near proximity to Student in school and at other locations away from home such as summer programs." [P-17]

31. The pediatrician testified at the hearing, opining that Student should have a dedicated aide, but also testified that POTS does not limit Student's ability to play sports although Student may not play sports until the concussion has resolved. [NT 48]

32. The pediatrician, speaking about the dedicated aide, also acknowledged that "a person like that needs to take a break once in a while, I presume, and make their own bathroom trips; but, yes, as much as possible I would like -- I would foresee this person being available to [Student]…But, yeah, I think that as much as possible that I would, you know, hope for, you know, 95 percent of the day this person could be available to [Student]". [NT 32]

33. In support of the need for a medically trained aide, the pediatrician noted that although "we're going to be depending on [Student] a lot to give us these early warnings and … if [Student] has an upset stomach or a headache, you know, [Student] can't be treated like another child because this could be -- this could rapidly progress to a fainting episode, but I think -- yeah, a medically trained person could keep an eye on [Student] and if [Student] looks pale or is not acting right could intervene to contact [Student] and see if [Student] needs to be taken to the nurse's office." [NT 33]

34. The pediatrician defined 'medically trained' as someone with training as a medical assistant or higher. [NT 47-48]

35. The District's school nurse has been a registered nurse for twenty years, with fifteen of those twenty in pediatrics or cardiology. She has been a school nurse for nine of her twenty years. She has always had students with fainting disorders, neurological disorders, and seizure disorders on her caseload. [NT 131-132]

36. Based on her experience in the school setting and with Student in particular the District's school nurse is confident that Student does not require a dedicated aide.[3] [NT 144-145]

37. Since the incident, the District has developed a "medical alert" poster with Student's picture on it to be placed in prominent places in the nurse's office and in a folder on the teacher's desk to ensure that substitute nurses and substitute teachers are aware of Student's condition. [NT 155-156; S-8]

38. The school nurse has provided training to District staff regarding Student's condition, and she will continue to provide ongoing training to everyone who in any way has contact with Student. [NT 145-146]

[3] Although Student's current teacher has no concerns about her ability to implement the District's proposed interventions to keep Student safe she will not be Student's teacher next year, therefore her opinion in this regard is irrelevant. [NT 180, 187]

39. The District has developed a schedule whereby as much as possible there are always at least two adults in close proximity to Student and all are trained on what symptoms to look for and what actions to take in the event that Student experiences such symptoms. [NT 223]

40. Whereas prior to March 1, 2016, Student's 504 Plan only required the nurse to be called if Student expressed feeling dizzy and/or lightheaded, the proposed March 17, 2016 504 Plan now includes the provision that "If Student reports or shows signs of any of the following symptoms: severe dizziness, fainting, headaches, severe fatigue, difficulty with concentration, heat or cold intolerance, palpitations, chest pain, weakness and abdominal discomfort have Student lie on floor immediately and then call nurse for a wheelchair escort to the health room for evaluation". [NT 108, 177; J-2]

41. Although the Parents have not yet approved the proposed March 17, 2016 504 Plan the District is currently implementing it. [NT 141]

General Legal Principles

Burden of Proof: The burden of proof consists of two elements: the burden of production [generally, which party presents its evidence first] and the burden of persuasion [which party's evidence outweighs the other party's evidence in the judgment of the fact finder, in this case the hearing officer]. The burden of persuasion lies with the party asking for the hearing. If the parties provide evidence that is equally balanced, or in "equipoise", then the party asking for the hearing cannot prevail, having failed to present weightier evidence than the other party. *Schaffer v. Weast*, 546 U.S. 49, 62 (2005);[4] *L.E. v. Ramsey Board of Education*, 435 F.3d 384, 392 (3d Cir. 2006); *Ridley S.D. v. M.R.*, 680 F.3d 260 (3rd Cir. 2012). In this case, because Parents asked for the hearing, they bore the burden of persuasion. As the evidence was not evenly balanced *Schaffer* was not applied.

Section 504: The claims in this case were asserted solely under the statute prohibiting disability-based discrimination, commonly referred to as "Section 504 of the Rehabilitation Act of 1973" or simply "Section 504," found at 29 U.S.C. §794(a). Section 504 provides that,

> No otherwise qualified individual with a disability in the United States, as defined in section 705(20) of this title, shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

[4] Although the Parents bring this matter solely under Section 504, the Supreme Court's analysis in *Schaffer* was based upon basic principles in the common law and in administrative law. I see no reason to deviate from this analysis under Section 504. Moreover, the Third Circuit Court of Appeals has recognized that the two statutes are unusually similar with regard to the rights that they protect, and that at least one procedural requirement of the IDEA should be applied in Section 504 cases. *P.P. v. West Chester Area School District*, 585 F.3d 727, 736 (3d Cir. 2009)(applying the IDEA statutory limitation of actions to Section 504 cases). I conclude that the reasoning in these cases is applicable to Section 504 cases; thus, I follow those cases here.

Notwithstanding language which, by its plain terms, proscribes discriminatory conduct by recipients of federal funds, in the context of education the protections of Section 504 are considered co-extensive with those provided by the IDEA statute with respect to the obligation to provide a disabled student with a free, appropriate public education (FAPE). *D.G. v. Somerset Hills School District*, 559 F.Supp.2d 484 (D.N.J. 2008); *School District of Philadelphia v. Deborah A. and Candiss C.*, 2009 WL 778321 (E.D. Pa. 2009).

The protections of Section 504 are implemented by federal regulations found at 34 C.F.R. §§104.32—104.37. In addition, Pennsylvania has adopted regulations implementing §504 in the context of prohibiting discrimination on the basis of disability and providing educational services in the public schools, which are found in 22 Pa. Code §§15.1—15.11 (Chapter 15). As explained in §15.1:

a. This chapter addresses a school district's responsibility to comply with the requirements of Section 504 and its implementing regulations at 34 CFR Part 104 (relating to nondiscrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance) and implements the statutory and regulatory requirements of Section 504.
b. Section 504 and its accompanying regulations protect otherwise qualified handicapped students who have physical, mental or health impairments from discrimination because of those impairments. The law and its regulations require public educational agencies to ensure that these students have equal opportunity to participate in the school program and extracurricular activities to the maximum extent appropriate to the ability of the protected handicapped student in question. School districts are required to provide these students with the aids, services and accommodations that are designed to meet the educational needs of protected handicapped students as adequately as the needs of non-handicapped students are met. These aids, services and accommodations may include, but are not limited to, special transportation, modified equipment, adjustments in the student's roster or the administration of needed medication. For purposes of the chapter, students protected by Section 504 are defined and identified as protected handicapped students.

A school district is not required to maximize a child's opportunity; it must provide a basic floor of opportunity. *See Lachman v. Illinois State Bd. of Educ., 852* F.2d 290 (7th Cir.), *cert. denied*, 488 U.S. 925 (1988). In a homespun and frequently paraphrased statement, the court in *Doe v. Tullahoma City Schools* accepted a School District's argument that it was only required to "...provide the educational equivalent of a serviceable Chevrolet to every handicapped student." and that "....the Board is not required to provide a Cadillac..." *Doe ex rel. Doe v. Bd. of Ed. of Tullahoma City Sch.*, 9 F.3d 455, 459-460 (6th Cir. 1993)

The Third Circuit has adopted this minimal standard for educational benefit, and has refined it to mean that more than "trivial" or "*de minimis*" benefit is required. *See Polk v. Central Susquehanna Intermediate Unit 16*, 853 F.2d 171, 1179 (3d Cir. 1998), *cert. denied* 488 U.S. 1030 (1989). *See also Carlisle Area School v. Scott P.*, 62 F.3d 520, 533-34 (3d Cir. 1995), quoting *Rowley*, 458 U.S. at 201; (School districts "need not provide the optimal level of services, or even a level that would confirm additional benefits, since the IEP required by

IDEA represents only a "basic floor of opportunity"). Thus, what the statute guarantees is an "appropriate" education, "not one that provides everything that might be thought desirable by 'loving parents.'" *Tucker v. Bayshore Union Free School District*, 873 F.2d 563, 567 (2d Cir. 1989).

Credibility: During a due process hearing the hearing officer is charged with the responsibility of judging the credibility of witnesses, weighing evidence and, accordingly, rendering a decision incorporating findings of fact, discussion and conclusions of law. Hearing officers have the plenary responsibility to make "express, qualitative determinations regarding the relative credibility and persuasiveness of the witnesses". *Blount v. Lancaster-Lebanon Intermediate Unit*, 2003 LEXIS 21639 at *28 (2003); *see also* generally *David G. v. Council Rock School District*, 2009 WL 3064732 (E.D. Pa. 2009); *T.E. v. Cumberland Valley School District*, 2014 U.S. Dist. LEXIS 1471 *11-12 (M.D. Pa. 2014); *A.S. v. Office for Dispute Resolution (Quakertown Community School District*, 88 A.3d 256, 266 (Pa. Commw. 2014). I found the pediatrician, who participated in the creation of Student's first 504 Plan, to be testifying as a strong advocate for the Parents' position rather than offering an expert objective opinion to assist the fact-finder. In his written correspondence with Parents' counsel and in a letter To Whom It May Concern the pediatrician used the phrases "*support* the following accommodations" and "reasonable accommodation" when referencing the aide. There was considerable wrangling on the record about his failure to use the phrase "medically necessary" with regard to the aide, but finally upon re-direct examination from Parents' counsel he did answer in the affirmative to the question of whether the aide was medically necessary. Given that the answer was in the context of litigation and advocacy I cannot give it full weight since he never committed it to writing and the first time the pediatrician used that phrase was at the hearing during his third round of being questioned. [NT 42-46]

Discussion

Student's POTS meets the legal test of Section 504 and Pennsylvania Chapter 15 regulations for a disability that affects full participation in school in the absence of accommodations, namely, reasonable safety precautions in light of the potential for fainting spells. 22 Pa. Code §15.2. Student's disability requires reasonable provisions in order to ensure Student's safety in a public school setting.

I am perplexed as to why, in Student's initial December 2014 504 Plan and its revisions in August 2015 and January 2016, the Parents, the District and the family pediatrician who contributed to the initial 504 Plan, knowing that symptoms of possible fainting included more than dizziness, light-headedness, or a feeling of passing out, chose to include only those symptoms as triggers for calling the nurse to escort Student to the nurse's office. The other symptoms - headaches, severe fatigue, difficulty with concentration, heat or cold intolerance, palpitations, chest pain, weakness, and abdominal discomfort - although listed elsewhere in the December 2014 and August 2015 504 Plans (but not in the January 2016 504 Plan) were not named as triggers for the nurse's involvement. These symptoms were known to the District since at least May 19, 2014, and to the Parents presumably earlier, when the pediatric cardiologist described them in his letter**.**

The dispute between the parties as to whether the August 2015 504 Plan or the January 2016 504 Plan was in effect on the date of the incident is not relevant to this decision. As of March 1, 2016 the classroom teacher would have had the August 2015 504 Plan and possibly but not necessarily the January 2016 504 Plan. Including the initial December 2014 504 Plan, all three 504 Plans prior to March 1, 2016 included the language, "If student reports dizziness, light-headedness, or feeling of passing out, call nurse to escort to health room for evaluation." None of the 504 Plans the Parents and the District agreed upon prior to March 1, 2016 triggered the nurse's being called to escort Student to the office if Student experienced headaches, severe fatigue, difficulty with concentration, heat or cold intolerance, palpitations, chest pain, weakness, and abdominal discomfort.

The Parents were in agreement with Student's December 19, 2014 504 Plan and its August 2015 revision, and possibly with the January 2016 revision which mother reviewed in February 2016. They now are requesting that a medically trained aide accompany Student throughout the school day. The incident on March 1, 2016 was, if not a perfect storm, at least a series of highly unfortunate combined events: the District and the Parents did not include in any of three 504 Plans a complete list of the symptoms for which the nurse needed to be called to escort Student to the nurse's office; the nurse covering in the school that day was a substitute who was not closely familiar with Student; another child was in need of the nurse's attention when Student arrived; Student's posture in the chair was such that a fall was not prevented. As a result of this convergence of circumstances, Student fell and sustained a concussion.

The Parents are understandably very concerned about their child's wellbeing, and now very frightened for their child's safety. Further, they currently harbor great mistrust of the District's ability to protect their child. In order to try to prevent any possible future harm from fainting befalling their child the Parents appealed to their family pediatrician to assist in securing a medically trained aide to accompany Student throughout the school day, or at least in the pediatrician's words, "as much as possible…95 percent of the day." Of course there is absolutely no guarantee that another near-perfect storm would occur during the 5 percent of the day when the medically trained dedicated aide was not in attendance. Additionally it has to be recognized that the last time when Student fainted in school was three years ago in 1st grade.

The pediatrician's opinion on the type of training that would qualify an aide as being 'medically trained' was training as a "medical assistant or higher". However, it does not stand to reason that since, as the pediatrician testified, we are going to be "depending on Student a lot to give us these early warnings" we need a medically trained aide who "could keep an eye on Student and if Student looks pale or is not acting right could intervene to contact Student and see if Student needs to be taken to the nurse's office." It does not take training as a medical assistant or higher to ascertain what can be observed by staff in a school setting, parents, sitters/and or a neighbor thoroughly familiar with Student's condition. The Parents have adduced no evidence that the person[s] who are occasionally left to care for Student at home have medical training. [NT 79]

I recognize that there is likely nothing that will completely allay the Parents' fears; however, it is noteworthy that the District administration responded immediately to utilize its resources to address the causes of the incident as comprehensively as possible. The District has placed a medical alert poster with Student's picture on it in the nurse's office and in a folder on the

teacher's desk so substitute nurses and teachers would recognize Student and have necessary information; the school nurse has trained every staff member who potentially can come in contact with Student about what to do if Student expresses or is observed to be experiencing a symptom associated with POTS; the District has agreed to have a licensed nurse present in the building at all times when Student is in attendance; and as far as possible the District has more than one adult in close proximity to Student. Furthermore, the District has offered the comprehensive proposed March 17, 2016 504 Plan including provisions 'b' through 'o' as stipulated. Most importantly the proposed 504 Plan now includes the provision that "If Student reports or shows signs of any of the following symptoms: severe dizziness, fainting, headaches, severe fatigue, difficulty with concentration, heat or cold intolerance, palpitations, chest pain, weakness and abdominal discomfort have Student lie on floor immediately and then call nurse for a wheelchair escort to the health room for evaluation".

In order to bolster their request for a dedicated medically trained aide the Parents raised other roles for the aide such as being responsible for monitoring dietary restrictions and location/educational activities for Student. The father testified that the school nurse would be the one to train the aide, for example, about dietary restrictions and schoolwork issues. [NT 99] Although considerable time was spent on these topics, I find that they were red herrings, not relevant to the core issue in this hearing.

Order

In accordance with the foregoing findings of fact and conclusions of law, it is hereby ordered that:

The District is not required to provide Student with a medically trained dedicated aide.

Any claims not specifically addressed by this decision and order are denied and dismissed.

June 4, 2016
Date

Linda M. Valentini, Psy.D., CHO

Linda M. Valentini, Psy.D., CHO
Special Education Hearing Officer
NAHO Certified Hearing Official