

**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST  
AND DETERMINATION BY APPOINTING AUTHORITY  
AS REQUIRED BY G. L. c. 268A, § 6**

<b>STATE EMPLOYEE INFORMATION</b>	
Name:	Stacy Potvin
Title or Position:	Member, Board of Allied Health Professions
State Agency:	Division of Professional Licensure
Agency Address:	1000 Washington St. Suite 710 Boston, MA 02118
Office Phone:	617-701-8662
Office E-mail:	alliedhealth@mass.gov
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
<b>PARTICULAR MATTER</b>	
Particular matter: E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, opinion, determination, or finding.	Please describe the particular matter. As an appointed member of the Board, I will be participating in the Board's discussion of, deliberation upon, and vote to approve promulgation of new regulations creating a continuing competency requirement for all individual licensees.
Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter. As an appointed member of the Board, I am required to review and vote to approve regulations changes establishing a continuing competency requirement for all individual licensees, beginning at the regularly scheduled Board meeting of January 28, 2021 and continuing thereafter until the task is complete. My participation is required, along with five other similarly situated Board members, because the Board cannot achieve a quorum if the six members with financial conflicts recuse themselves from the matter.
<b>FINANCIAL INTEREST IN THE PARTICULAR MATTER</b>	
Write an X by all that apply.	<input checked="" type="checkbox"/> I have a financial interest in the matter. <input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.


Financial interest in the matter:	Please explain the financial interest and include a dollar amount if you know it.  I stand to benefit financially by the establishment of a continuing education requirement because I intend provide continuing education services for a fee. Although I do not have a specific plan to provide such services, I have taught physical therapy curricula in higher education in the past and it stands to reason that I would provide continuing competency services in the future for a fee.
Employee signature:	<i>Atrey Felini</i>
Date:	12/10/2020

**DETERMINATION BY APPOINTING OFFICIAL**

<b>APPOINTING AUTHORITY INFORMATION</b>	
Name of Appointing Authority:	Governor
Title or Position:	Governor
Agency/Department:	Office of the Governor
Agency Address:	Room 271 State House Boston, MA 02133
Office Phone:	857-400-5303
Office E-mail:	Kirk.Hanson@mass.gov
<b>DETERMINATION</b>	
Determination by appointing authority:	As appointing official, as required by G.L. c. 208A, § 5, I have reviewed the particular matter and the financial interest identified above by a state employee.
Write an X by your selection:	<input type="checkbox"/> I am assigning the particular matter to another employee, or <input type="checkbox"/> I am assuming responsibility for the particular matter, or <input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	
Comment:	

Attach additional pages if necessary.

**DETERMINATION BY APPOINTING OFFICIAL**

<b>APPOINTING AUTHORITY INFORMATION</b>	
Name of Appointing Authority:	Charles D. Baker
Title or Position:	Governor of the Commonwealth of Massachusetts
Agency/Department:	Office of the Governor
Agency Address:	State House Room 360 Boston, MA 02133
Office Phone:	(617) 725-4000
Office E-mail	
<b>DETERMINATION</b>	
Determination by appointing authority:  Write an X by your selection.	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.  <input type="checkbox"/> I am assigning the particular matter to another employee, or <input type="checkbox"/> I am assuming responsibility for the particular matter, or <input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	2/5/21
Comment:	

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File copy with:

**State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108**

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AND DETERMINATION BY APPOINTING AUTHORITY  
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	<b>STATE EMPLOYEE INFORMATION</b>
Name:	Catherine Lane
Title or Position:	Member, Board of Allied Health Professions
State Agency:	Division of Professional Licensure
Agency Address:	1000 Washington St., Suite 710 Boston, MA 02118
Office Phone:	617-701-8682
Office E-mail:	alliedhealth@mass.gov
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Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it.  I stand to benefit financially by the establishment of a continuing education requirement because I may provide continuing education services for a fee. Although I do not have a specific plan to provide such services, I have previously provided test preparation services for a fee for those seeking to obtain physical therapist licensure in the Commonwealth. This, along with my general professional expertise, leads me to conclude that I may offer continuing education services for a fee in the future.
Employee signature:	<i>Catherine Lane</i>
Date:	12/14/2020

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Agency Address:	Room 271 State House Boston, MA 02133
Office Phone:	857-400-5303
Office E-mail	Kirk.Hanson@mass.gov
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Title or Position:	Governor of the Commonwealth of Massachusetts
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Office Phone:	(617) 725-4000
Office E-mail:	
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<b>STATE EMPLOYEE INFORMATION</b>	
Name:	Stephanie Smith
Title or Position:	Member, Board of Allied Health Professions
State Agency:	Division of Professional Licensure
Agency Address:	1000 Washington St., Suite 710 Boston, MA 02118
Office Phone:	617-701-8682
Office E-mail:	alliedhealth@mass.gov
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
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**Form Revised February, 2012**

Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it.  I stand to benefit financially by the establishment of a continuing education requirement because I might provide continuing education services for a fee. Although I do not have a specific plan to provide such services, my past experience as an occupational therapist and my current situation (I have obtained a J.D. degree and am currently seeking licensure as an attorney in the Commonwealth) put me in a somewhat uniquely qualified position potentially to provide such services for a fee.
Employee signature:	<i>Alphane L Smith</i>
Date:	<i>December 8, 2020</i>


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Office E-mail	Kirk.Hanson@mass.gov
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Date:	2/5/21
Comment:	

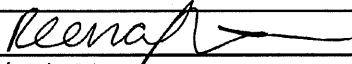
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<b>STATE EMPLOYEE INFORMATION</b>	
Name:	Reena Patel
Title or Position:	Member, Board of Allied Health Professions
State Agency:	Division of Professional Licensure
Agency Address:	1000 Washington St., Suite 710 Boston, MA 02118
Office Phone:	617-701-8682
Office E-mail:	alliedhealth@mass.gov
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
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Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it.  I stand to benefit financially by the establishment of a continuing education requirement because I may provide continuing education services for a fee. Although I do not have a specific plan to provide such services, I hold dual licensure among the allied health professions. This, along with my general professional expertise, leads me to conclude that I may offer continuing education services for a fee in the future.
Employee signature:	
Date:	12/8/20

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Agency/Department:	Office of the Governor
Agency Address:	Room 271 State House Boston, MA 02133
Office Phone:	857-400-5303
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Attach additional pages if necessary.

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**State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108**

**Form Revised February, 2012**

**DETERMINATION BY APPOINTING OFFICIAL**

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Name of Appointing Authority:	Charles D. Baker
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Agency Address:	State House Room 360 Boston, MA 02133
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<b>STATE EMPLOYEE INFORMATION</b>	
Name:	Deborah Yarett Slater
Title or Position:	Member, Board of Allied Health Professions
State Agency:	Division of Professional Licensure
Agency Address:	1000 Washington St., Suite 710 Boston, MA 02118
Office Phone:	617-701-8682
Office E-mail:	alliedhealth@mass.gov
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Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it.  I stand to benefit financially by the establishment of a continuing education requirement because I might provide continuing education services for a fee. Although I do not have a specific plan to provide such services, I am generally regarded as a national expert on occupational therapy ethics and am regularly consulted about my area of expertise, so I could potentially provide continuing competency services, or consult with providers of such services, for a fee.
Employee signature:	<i>Seborah Yarett Stater OT, MSOT, FAOTA</i>
Date:	<i>12/8/20</i>

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	<b>STATE EMPLOYEE INFORMATION</b>
Name:	Jamie L. Musler
Title or Position:	Member, Board of Allied Health Professions
State Agency:	Division of Professional Licensure
Agency Address:	1000 Washington St., Suite 710 Boston, MA 02118
Office Phone:	617-701-8682
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Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it.  I stand to benefit financially by the establishment of a continuing education requirement because I may potentially provide continuing education services for a fee or other compensation. Although I do not have a specific plan to provide such services, I have presented at conferences at which continuing education credit is awarded in the past for honoraria and/or conference fee waivers and it stands to reason that I could provide such services, under the same or similar conditions, in the future.
Employee signature:	
Date:	12/15/2020

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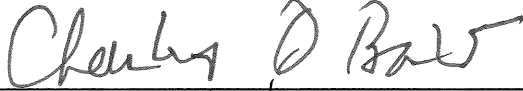
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Office E-mail:	
<b>DETERMINATION</b>	
Determination by appointing authority:  Write an X by your selection.	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.  <input type="checkbox"/> I am assigning the particular matter to another employee, or <input type="checkbox"/> I am assuming responsibility for the particular matter, or <input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	2/5/21
Comment:	

Attach additional pages if necessary.

File copy with:


**State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108**

**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST  
AND DETERMINATION BY APPOINTING AUTHORITY  
AS REQUIRED BY G. L. c. 268A, § 6**

	<b>STATE EMPLOYEE INFORMATION</b>
Name:	Andrew J. Rizza
Title or Position:	Member, Board of Allied Health Professions
State Agency:	Division of Professional Licensure
Agency Address:	1000 Washington St., Suite 710 Boston, MA 02118
Office Phone:	617-701-8682
Office E-mail:	alliedhealth@mass.gov
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
	<b>PARTICULAR MATTER</b>
Particular matter  E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Please describe the particular matter. As an appointed member of the Board, I will be participating in the Board's discussion of, deliberation upon, and vote to approve promulgation of new regulations, creating a continuing competency requirement for all individual licensees.
Your required participation in the particular matter:  E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter. As an appointed member of the Board, I am required to review and vote to approve regulations changes establishing a continuing competency requirement for all individual licensees, beginning at the regularly-scheduled Board meeting of January 28, 2021 and continuing thereafter until the task is complete. My participation is required, along with five other similarly situated Board members, because the Board cannot achieve a quorum if the six members with financial conflicts recuse themselves from the matter.
	<b>FINANCIAL INTEREST IN THE PARTICULAR MATTER</b>
<b>Write an X by all that apply.</b>	<input checked="" type="checkbox"/> I have a financial interest in the matter. <input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.

**State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108**

**Form Revised February, 2012**

Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it.  I stand to benefit financially by the establishment of a continuing education requirement because I may potentially provide continuing education services for a fee or other compensation. Although I do not have a specific plan to provide such services, nor have I done so, nor engaged in a similar compensated activity, in the past, in an abundance of caution, I cannot state that I will never provide such services for a fee in the future.
Employee signature:	
Date:	12/15/2020


**DETERMINATION BY APPOINTING OFFICIAL**

	<b>APPOINTING AUTHORITY INFORMATION</b>
Name of Appointing Authority:	Governor
Title or Position:	Governor
Agency/Department:	Office of the Governor
Agency Address:	Room 271 State House Boston, MA 02133
Office Phone:	857-400-5303
Office E-mail	Kirk.Hanson@mass.gov
	<b>DETERMINATION</b>
Determination by appointing authority:  <b>Write an X by your selection.</b>	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.  <input type="checkbox"/> I am assigning the particular matter to another employee, or <input type="checkbox"/> I am assuming responsibility for the particular matter, or <input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	
Comment:	

Attach additional pages if necessary.

File copy with:

**DETERMINATION BY APPOINTING OFFICIAL**

<b>APPOINTING AUTHORITY INFORMATION</b>	
Name of Appointing Authority:	Charles D. Baker
Title or Position:	Governor of the Commonwealth of Massachusetts
Agency/Department:	Office of the Governor
Agency Address:	State House Room 360 Boston, MA 02133
Office Phone:	(617) 725-4000
Office E-mail	
<b>DETERMINATION</b>	
Determination by appointing authority:  <b>Write an X by your selection.</b>	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.  <input type="checkbox"/> I am assigning the particular matter to another employee, or <input type="checkbox"/> I am assuming responsibility for the particular matter, or <input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	2/5/21
Comment:	

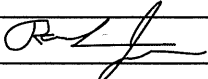
Attach additional pages if necessary.

File copy with:

**State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108**

**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST  
AND DETERMINATION BY APPOINTING AUTHORITY  
AS REQUIRED BY G. L. c. 268A, § 6**

<b>STATE EMPLOYEE INFORMATION</b>	
Name:	Randy A Jean
Title or Position:	Member, Board of Allied Health Professions
State Agency:	Division of Professional Licensure
Agency Address:	1000 Washington St., Suite 710 Boston, MA 02118
Office Phone:	617-701-8682
Office E-mail:	alliedhealth@mass.gov
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
<b>PARTICULAR MATTER</b>	
Particular matter  E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Please describe the particular matter. As an appointed member of the Board, I will be participating in the Board's discussion of, deliberation upon, and vote to approve promulgation of new regulations, creating a continuing competency requirement for all individual licensees.
Your required participation in the particular matter:  E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter. As an appointed member of the Board, I am required to review and vote to approve regulations changes establishing a continuing competency requirement for all individual licensees, beginning at the regularly-scheduled Board meeting of January 28, 2021 and continuing thereafter until the task is complete. My participation is required, along with five other similarly situated Board members, because the Board cannot achieve a quorum if the six members with financial conflicts recuse themselves from the matter.
<b>FINANCIAL INTEREST IN THE PARTICULAR MATTER</b>	
Write an X by all that apply.	<input checked="" type="checkbox"/> I have a financial interest in the matter. <input type="checkbox"/> My immediate family member has a financial interest in the matter. <input type="checkbox"/> My business partner has a financial interest in the matter. <input type="checkbox"/> I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. <input type="checkbox"/> I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.

Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it.  I stand to benefit financially by the establishment of a continuing education requirement because I may potentially provide continuing education services for a fee. Although I do not have a specific plan to provide such services, I have taught physical therapy curricula in higher education in the past and it stands to reason that I could provide continuing competency services in the future for a fee.
Employee signature:	
Date:	12/17/20

**DETERMINATION BY APPOINTING OFFICIAL**

<b>APPOINTING AUTHORITY INFORMATION</b>	
Name of Appointing Authority:	Governor
Title or Position:	Governor
Agency/Department:	Office of the Governor
Agency Address:	Room 271 State House Boston, MA 02133
Office Phone:	857-400-5303
Office E-mail	Kirk.Hanson@mass.gov
<b>DETERMINATION</b>	
Determination by appointing authority:  <b>Write an X by your selection.</b>	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.  <input type="checkbox"/> I am assigning the particular matter to another employee, or <input type="checkbox"/> I am assuming responsibility for the particular matter, or <input type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	
Comment:	


Attach additional pages if necessary.

File copy with:

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Form Revised February, 2012

**DETERMINATION BY APPOINTING OFFICIAL**

<b>APPOINTING AUTHORITY INFORMATION</b>	
Name of Appointing Authority:	Charles D. Baker
Title or Position:	Governor of the Commonwealth of Massachusetts
Agency/Department:	Office of the Governor
Agency Address:	State House Room 360 Boston, MA 02133
Office Phone:	(617) 725-4000
Office E-mail	
<b>DETERMINATION</b>	
Determination by appointing authority:  <b>Write an X by your selection.</b>	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee.  <input type="checkbox"/> I am assigning the particular matter to another employee, or <input type="checkbox"/> I am assuming responsibility for the particular matter, or <input checked="" type="checkbox"/> I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	2/5/21
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