

ARC

ID



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE COMMISSIONER

Lori A. Weaver  
Commissioner

Morissa Henn  
Deputy Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-9200 1-800-852-3345 Ext. 9200  
Fax: 603-271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

March 25, 2025

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, to enter into an educational tuition agreement and to pay said costs in an amount of \$285.00 as follows:

Institution:	Tennessee Technological University One William L. Jones Drive Cookvielle, TN 38505
Course Title(s):	Advanced Pharmacology
Course Date(s):	Begin: 05/27/25 End: 08/01/25
Employee:	Kimberly Palmer
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$2,715.00
State Share:	\$285.00
Source of Funds:	Employee Training, 20% Federal, 80% General

### EXPLANATION

This education will benefit the Department of Health and Human Services (DHHS) and Kimberly Palmer by improving the overall efficacy and efficiency of the employee's work. Kimberly will incorporate the knowledge gained from this course into the current position by better assessing individual patient needs, critically evaluating the effectiveness and safety of psychiatric medications, and recognizing early signs of toxicity and side effects to ensure patient safety. With a deeper understanding of how medications work, Kimberly will be better equipped to explain the rationale behind specific drug choices to patients at New Hampshire Hospital.

This course, *Advanced Pharmacology*, will benefit the Department and the employee by enhancing Kimberly's ability to effectively manage medications, collaborate with the care team, educate patients, and respond to medical emergencies. This learning will directly impact the success of New Hampshire Hospital's mission to provide effective, evidence-based psychiatric care, giving individuals affected by mental illness access to the highest quality care possible. In addition, it will contribute to Kimberly's long-term career growth within the psychiatric nursing field.

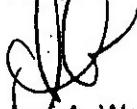
Kimberly has been employed by the Department of Health and Human Services for two and a half (2.5) years in the current position of 29-1140 Registered Nurse-3 with New Hampshire Hospital. This employee contributes to direct care services for patients in an acute psychiatric care facility in many ways, including but not limited to: administering medication and carrying out treatments as ordered by medical and psychiatric providers; reporting findings and patient responses to medications and treatment to providers; educating patients, families, and significant others regarding unit routines, rationales, medication, treatments, and health care needs; and collaborating with an interdisciplinary treatment team.

The Department of Health and Human Services encourages and supports employees who wish to further their professional growth through continuing education in disciplines that are mutually advantageous. Successful completion of the course will add to the overall strength of the Department to perform its mission for the residents of New Hampshire.

This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

Respectfully submitted,



Lori A. Weaver  
Commissioner



THE STATE OF NEW HAMPSHIRE  
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 30<sup>th</sup> day of Jan 20 25 by and through the Department of Health and Human Services (hereinafter referred to as the "State") and Kimberly Palmer (hereinafter referred to as the "Recipient"). The State and the Recipient do hereby mutually agree as follows:

1. The State shall pay to the named institution the sum of \$285, which monies shall be used for the purpose of enrolling the Recipient in: Advanced Pharmacology (NWS 6104) (course name), which course is being offered by: Tennessee Technological University and which course shall commence on May 27 20 25 and terminate on Aug 1 20 25.
2. The Recipient shall complete and achieve a passing grade in each course named in paragraph 1.
3. Should the Recipient fail to complete or achieve a passing grade in each course named in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, provided, however, that if more than one course is named in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
4. Upon the satisfactory completion of the courses named in paragraph 1, the Recipient shall continue in the employ of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for a period of six (6) months.
5. The Recipient shall work in any area of the State to which he/she may be assigned, provided that such assignment will not constitute a severe hardship to said Recipient.
6. Should the Recipient breach any of the conditions set forth in paragraphs 4 and 5, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to the Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.
7. The Recipient shall not raise any setoff or counterclaim against the State in any action brought by the State to collect any amount due under this agreement.
8. Should any amount be found to be due the State in any action brought against the Recipient pursuant to this Agreement, the State shall, in addition to said amount, be entitled to an award of costs and a reasonable amount in "attorney" fees.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their Ohands on the date first above written.

RECIPIENT  
(signature) Kimberly Palmer (printed name) Kimberly Palmer

NOTARY State of New Hampshire, County of Merrimack :  
On this the 30<sup>th</sup> day of January, 20 25, before me, Molly Baca, the undersigned officer, personally appeared, Kimberly Palmer (recipient) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes herein contained.

In witness whereof I hereunto set my hand and official seal.  
Molly Baca  
Notary Public/Justice of the Peace Signature

THE STATE OF NEW HAMPSHIRE  
DHHS Commissioner or Designee Signature [Signature]  
(printed name, title) Aust H. Landry, Assoc. Commissioner  
(date) 3/25/25

MOLLY A. BACA - Notary Public  
State of New Hampshire  
My Commission Expires January 10, 2029